

Livewell Southwest

**Community Learning Disabilities Team  
Operational Policy**

Version No 1.2

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author:                      Operational Manager  
                                    Community Learning Disabilities Team**

**Asset Number:      811**

## Reader Information and Asset Registration

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| <b>Author</b>   | CLDT (Community Learning Disabilities Team) Operational Manager   |
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## Document Review History

| Version No. | Type of Change | Date          | Originator of Change      | Description of Change   |
|-------------|----------------|---------------|---------------------------|---|
| 0.1         | New policy     | December 2014 | CLDT Operational Manager  |   |
| 0.2         | Updated policy | November 2013 | CLDT Operational Manager  |   |
| 1           | Ratified       | November 2013 | Policy Ratification Group | Ratified.   |
| 1.1         | Updated        | December 2014 | CLDT Operational Manager  | Minor changes to section 'Philosophy'. Access criteria added. |
| 1.2         | Extended       | April 2016    | CLDT Operational Manager  | Extended and updated to LSW.                                  |

| <b>Contents</b> |  | <b>Page</b> |
|-----------------|--|-------------|
| 1               | Introduction                                   | 6           |
| 2               | Purpose  | 6           |
| 3               | Duties   | 7           |
| 4               | Service Definitions                            | 7           |
| 5               | Philosophy                                     | 8           |
| 6               | Working relationships                          | 9           |
| 7               | Operational availability                       | 9           |
| 8               | Who is the Service for?                        | 10          |
| 9               | The interface with other Service Areas         | 10          |
| 10              | The Referral Process                           | 10          |
| 11              | Assessment                                     | 11          |
| 12              | Care Plans                                     | 11          |
| 13              | Service User and Carers Involvement            | 11          |
| 14              | Unmet need                                     | 11          |
| 15              | Caseloads                                      | 12          |
| 16              | Staff absences                                 | 12          |
| 17              | Supervision                                    | 12          |
| 18              | Meetings/Communication and Information sharing | 13          |
| 19              | Safety   | 13          |

|    |                               |    |
|----|-------------------------------|----|
| 20 | Staff Induction               | 13 |
| 21 | Information about the Service | 13 |
| 22 | Workforce Planning            | 13 |
| 23 | Complaints/Compliments        | 13 |
| 24 | Audit                         | 14 |
| 25 | Training                      | 14 |
| 26 | Consultation                  | 14 |
| 27 | Closing Statement             | 14 |

# Community Learning Disabilities Team Operational Policy

## 1. Introduction

- 1.1 The intention of this document is to provide clarity as to the function of the Service and to outline how it is to be delivered.
- 1.2 The Community Learning Disabilities Team (CLDT) is a city wide Service hosted in the Central and North East Locality within Livewell Southwest (LSW) and will provide or work within:
- A service user centered approach to meeting individual needs using a range of interventions with a health based focus.
  - Refocusing the Care Programme Approach.
  - Effective care co-ordination.
  - The Mental Health Act 1983 (Amendments 2008) and related legislation and associated Codes of Practice.
  - A philosophy underpinned by the Government White Paper, Valuing People (2001) and Valuing People Now (2010).
  - Mental Capacity Act 2005.
  - “Green light” for Mental Health.
  - Valuing diversity and delivering race equality.
  - Involve service users and their families in decision making wherever possible.
  - LSW Policies and Procedures.
  - Valuing People Now (DH 2010).
  - Healthcare for All (DH2008).
  - Mansell Report (DH2007).
  - Winterbourne View (DH 2012).
  - Raising our Sights (DH 2010).
  - No Secrets (2000).
- 1.3 This policy should be read in conjunction with all of the above. The above list is by no means exhaustive and will be reviewed and updated in line with the local need.

## 2. Purpose

- 2.1 This policy provides an outline of the CLDT philosophy and objectives, as well as key services provided. The purpose is to provide clarity regarding the role and function of CLDT to staff, and to provide an overview of the Service, for carers and other stake holders.
- 2.2 This policy has been informed by a review and subsequent Service re-design conducted in 20011/12 and to bring the Service into line with national and local Policies and Protocols to build on quality and effective Service delivery.

### **3. Duties**

- This policy was devised by the Operational Manager in conjunction with the management team within the CLDT.
- The Chief Executive is ultimately responsible for the content of all Policies and their implementation.
- The Director of Operations is responsible for identifying, producing and implementing LSW Organisational Policies relevant to their area.
- The Locality Managers will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure effective implementation of this Policy within their speciality.
- The CLDT Operational Manager will ensure that the Service adheres to this policy.
- Clinical staff have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.

### **4. Service Definitions**

- The CLDT is an important and fundamental part of LSW's LD Pathway by working collaboratively with other organisations who deliver services to people with LD.
- The CLDT is a city wide Service which operates with an Access and Discharge Protocol and provides services to those people who meet the eligibility criteria who are registered with GP Practices with the City of Plymouth boundaries.
- The Service is located at the Westbourne Unit and operates some services at Camden Street and Antiss Street.
- Although hosted in the Central and North East Locality, services are provided equally across the city with plans to develop some services specific to the needs of localities and local communities with a view to promoting and developing partnerships and other agencies working.
- The service is a "specialist" service commissioned to focus and prioritise meeting the needs of those people with Learning Disabilities with the most complex needs whilst also developing pathways to mainstream primary and secondary health services to ensure equal access and reduce health inequalities for people with learning disabilities.
- Psychotherapies for people with learning disabilities previously provided by the CLDT are now provided via access to an Integrated Service within Mental Health Services.
- The CLDT have a responsibility to deliver Services that are:
  - 1) Safe and effective.
  - 2) Provide the target population with appropriate comprehensive and flexible Services according to identified health needs.

- 3) Adhere to relevant Organisational policies and guidelines and relevant national policies such as the Mental Health Act (1983) and the Mental Capacity Act (2005).
- 4) Adhere to Care Quality Commission regulations and standards and NICE (National Institute of Clinical Excellence) guidelines.
- 5) Adhere to standard/recommendations from Department of Health and related policies and white papers e.g. Valuing People Now (DH 2010), Healthcare for All (DH 2008), Winterbourne View (DH 2012).

## **5. Philosophy**

### **Community Learning Disabilities Team Vision**

**We aim to help people with learning disabilities to take control of their lives and support them to be valued by others in their community**

#### **Our purpose**

Our purpose is to provide specialist health (and social care) services to people with learning disabilities and their carers whose lives and needs are so complex that services struggle to understand or make changes to meet their needs.

The services we provide are:

- Tried and tested
- Timely
- Safe
- Effective
- Fair

#### **Our role**

We provide specialist assessments and interventions to people with learning disabilities whose lives and needs are complex as a result of their learning disabilities.

We provide support to families, carers and provider organisations to improve the quality of their service delivery and ability to meet the needs of those they support

We support and facilitate people with learning disabilities to have fair and equal access to mainstream health and social services.

#### **Our principles**

We enshrine and protect people's human rights in all that we do

We believe that people with learning disabilities have a right to take as much control of their lives as possible.

We believe people have a right to take positive risks and benefit from the learning they take from their actions

We work to place the needs, aspirations and wellbeing of people with learning disabilities at the centre of everything we do

We are a learning organisation who constantly check that we are doing a good job

We have an open and accessible culture

We are committed to being a high performing organisation and apply the same standards for improvement as we expect of others

## **6. Working Relationships**

### 6.1 The CLDT will:

- Provide a holistic assessment for the target population and if required specialist care, treatment and specific interventions.
- Allocate a Care Co-ordinator (to oversee and co-ordinate the care/support being given) or Lead Clinician (the most involved clinician) for those clients who have an open episode of care.
- Provide support and advice regarding health related needs to mainstream primary and secondary health services and community based Independent Sector Providers of Service for people with Learning Disabilities.
- Agree and develop shared care protocols and integrated care pathways within Primary Health Care Teams.
- Provide a suitable and nurturing training and learning environment for students of nursing and allied health professionals.

## **7. Operational availability**

7.1 The service will normally operate between the hours of 0900 and 1700 Monday to Friday excluding Bank/Public holidays.

7.2 Weekends and out of hour's support, advice and crisis intervention will be available either via direct intervention or on an individual basis or in the form of on call to organisations by prior arrangement.

7.3 The main hub at Westbourne will maintain reception cover for general enquiries during normal working hours and can be contacted in person or by telephone. Appointments with individual clinicians can only be

made by prior arrangement. Referrals can be made during regular office hours by contacting the Referral Co-ordinator via the main reception.

- 7.4 Mobile phones are made available to all clinical staff to ensure contact can be maintained whilst working in community settings away from the main hub at Westbourne.
- 7.5 The CLDT do not normally provide a duty system but arrangements are made to ensure there is always management and clinical cover to be able to respond to urgent enquiries.
- 7.6 The CLDT will work within Lone Working guidelines and policy.

## **8. Who is the service for?**

- 8.1 Those adults with learning disabilities who are eligible as defined in the Access/Discharge Protocol who are registered with a GP Practice within the Plymouth boundary or others as defined in the Access/Discharge Protocol e.g. those placed in out of county hospital treatment funded by Plymouth.

<http://LSWnet.derriford.phnt.swest.nhs.uk/Portals/3/Policies/A/Access%20to%20Plymouth%20Community%20LD%20v1.2.doc>

## **9. The interface with other service areas**

- 9.1 Key relationships will involve close liaison and working with NHS Hospital Trust, Private Sector Providers, GP Practices, Adult Social Care and Mental Health Services within Livewell Southwest for example and will involve designing specific roles within job descriptions within the CLDT to help ensure those key relationships are effective.

## **10. The Referral Process**

- 10.1 Referrals to the CLDT are accepted from both statutory and non statutory services as well as self referrals or by carers or families. These can be made by phone or by written referrals to the Referral Co-ordinator during normal working hours at Westbourne. GP referrals are made using the "TRAC" system.
- 10.2 The CLDT will adhere to the targets for referral to treatment time as per LSW policy wherever possible but may need to generate a waiting list or prioritise some referrals depending on demand and capacity at any given time.
- 10.3 The CLDT operates a Multi Disciplinary Team approach to referrals although some referrals may be fast tracked depending on the complexity and priority of the referral.

10.4 Referrals for LD Psychiatry need to be made through the person's GP.

## **11. Assessment**

11.1 Assessments will be undertaken by an appropriate competent and suitably qualified clinician based on the information provided by the referrer and information gathered as part of the screening process.

11.2 All relevant clinical information will be entered onto the SystemOne clinical database system.

11.3 Following assessment written feedback will be given to the referrer and copied to the service user and GP when appropriate and relevant.

11.4 Referrals may be prioritised depending on clinical risk and available resources and capacity at the time of the referral.

## **12. Care Plans**

12.1 The CLDT will develop a person centered outcome focused care plan whenever possible.

12.2 The Care Programme Approach will be followed for all service users with mental health needs or whose risks are identified as being high.

12.3 Care Plans should be agreed and signed by the service user wherever possible not as an indication of capacity but as evidence that the care plan has been discussed and shared with the individual service user.

## **13. Service User and Carer Involvement**

13.1 The CLDT positively encourages feedback and participation from service user and carers in the process of planning and delivery of care and development of the Service. We will do this by a range of methods including:

- Regular consultation with service users and their carers in order to accurately evaluate the quality of service provision using a range of methods e.g. presenting questionnaires, forums/meetings, encouraging the use of advocacy services and information in easy to read formats making reasonable adjustments where necessary to encourage participation.

## **14. Unmet Need**

14.1 When an assessed need can not be met the "unmet need" form will be used.

## **15. Caseloads**

- 15.1 A recognised caseload weighting tool may be used as a guide as part of the line management process.
- 15.2 Caseload supervision will be provided in line with Organisational Policies and Protocols.

## **16. Staff absences**

- 16.1 Under normal circumstances cover for annual leave, planned sickness or study leave will be provided by other members of the team.
- 16.2 Individual staff are responsible for ensuring their electronic diaries are kept up to date and that designated administrative staff and their line manager have access to it. They will be responsible for ensuring that suitable effective arrangements for any planned interactions that cannot go ahead as planned are made.
- A weekly MDT meeting will take place.
  - A monthly Governance meeting will take place.
  - A fortnightly Service Management meeting will take place.
  - Regular clinical forum groups should be encouraged to develop special interest amongst staff.
  - Core group meetings should take place as and when needed.
  - Case conference/case discussion will take place as and when needed.
  - Steering groups to help stage and implement new initiations/service developments will be set up as and when necessary.
  - Regular representation at the Learning Disabilities Partnership Board should take place.
  - Relevant staff will actively contribute and participate in legal meetings under the Mental Health Act (1983), Mental Capacity Act (2005) as and when required.
  - Relevant staff will attend Safeguarding Strategy Meetings and case conference as and when required.
- 16.3 In extreme situations where operational liability is threatened then the Operational Manager must alert the Locality Manager and/or Organisational Operational Manager at the earliest opportunity.

## **17. Supervision**

- 17.1 All staff working within the CLDT will receive line management supervision and caseload management supervision on a regular basis as per the relevant organisational policies.
- 17.2 Line Management Supervision is a two way process that assists practitioners to develop skills, knowledge and professional values throughout their careers. This enables them to develop a deeper

understanding of what it is to be an accountable practitioner and to link this to the reality of practice. It is particularly valuable for helping plan treatment and for discharge.

- 17.3 Clinical and Practice supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues.

## **18. Meetings/Communication and Information Sharing**

- 18.1 Regular whole staff briefings from the Operational Manager will take place on a monthly basis to include Organisational and Service Developments. A clinical forum will take place on a monthly basis where relevant clinical issues will be discussed and information sharing and learning can take place.
- 18.2 Regular representation at the monthly Central & North East Locality Meeting should take place and attendance at other Locality meetings should be facilitated as and when required.

## **19. Safety**

- 19.1 LSW takes its responsibility for staff safety under the 1984 "Health and Safety at Work Act" seriously. All staff have a responsibility for safe working practices and to follow Health and Safety guidelines, we have developed lone working guidelines specific to the Service that have been developed in line with the organisational Lone Working Policy.

## **20. Staff Induction**

- 20.1 All new staff participates in Organisational Induction Programme and a Service Induction within the first two weeks of employment. An induction checklist has been developed.

## **21. Information about the Service**

- 21.1 Information on the Service is available on the organisation website and a service leaflet is available in easy to read format.

## **22. Workforce Planning**

- 22.1 The workforce plan for the CLDT is reviewed on an annual basis.

## **23. Complaints/Compliments**

- 23.1 The CLDT keeps a register of both compliments and formal and informal complaints. Formal complaints can be made in line with the

organisational policy and easy to read information on complaints is available when required.

## **24. Audit**

- 24.1 The CLDT participate in Organisational Audits which include annual peer review, annual record keeping, annual child protection records and regular clinical audits are undertaken annually as prioritised by member of the service clinical governance group.

## **25. Training**

- 25.1 The CLDT has its own specialist training department which delivers training on relevant topics to staff within the service, the organisation and staff in the private sector.
- 25.2 We also have close links with the University of Plymouth to provide training opportunities, the Service has its own training budget which enables the management teams to identify and purchase specialist training to promote the service and personal development as identified through the annual appraisal process.

## **26. Consultation**

- 26.1 This draft document was distributed to all staff within the service and comments received were included in this latest version. Consultation has also taken place with a number of Service User Self-Advocacy Groups including the Executive Committee which represents a number of Self Service User Groups across the City and the Operational Manager attended a Consultation session with People First Self-Advocacy Group where a summarised easy to read version was shared and feedback incorporated into the current draft version.

## **27. Closing Statement**

- 27.1 The Operational Policy is not exhaustive and will be an evolving and dynamic document requiring revision and modification as the Service develops.

It will be revised annually to ensure compliance with existing legislation and other national and local policies.

**All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Deputy Director of Operations.

Date: 30/1/15