

Guidance: Adults with an intellectual disability or Autism Spectrum Disorder and substance misuse problems.
Draft 3 – 13th September 2018

Services for People with a Learning Disability

All mental health services in HPFT and substance misuse services in Spectrum are available to people with a learning disability.

HPFT and Spectrum have a responsibility to ensure that all people with a learning disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks.

People with a learning disability presenting with a Dual Diagnosis of mental illness and substance abuse are directed to the service that is best placed to meet their needs. Clear, assessments carried out jointly by representatives of both HPFT / Spectrum and Learning Disability Services should take place.

Definitions

This guidance refers to services available to people aged 18 years and older who have an intellectual disability or autism and are experiencing substance misuse problems. The following is the definitions of these terms.

Intellectual (learning) disability:

An intellectual (or learning) disability refers to a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), both of which started before adulthood.

Autism Spectrum disorder:

An autism spectrum disorder (ASD) varies from person to person in terms of the severity and type of symptoms. People with ASD also have wide range of abilities and characteristics. Difficulties associated with ASD can range from mild to severe and also change over time.

The characteristics of ASD fall into three categories:

- **Communication problems:** including difficulty using or understanding language. Some people with ASD focus their attention and conversation on a few topic areas, some frequently repeat phrases and some have very limited speech.
- **Difficulty relating to people, things and events:** including trouble making friends and interacting with people, difficulty reading facial expressions and not making eye contact.
- **Repetitive body movements or behaviours:** such as hand flapping or repeating sounds or phrases.

Many people with ASD have a strong preference for routines and sameness. Many people sometimes have difficulty adjusting to unfamiliar surroundings or changes in routine. Many people with ASD have cognitive skills in the normal range whilst others have significant cognitive challenges.

Substance Misuse Disorders: “Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage.” - (NICE guideline: Severe mental illness and substance misuse (dual diagnosis): community health and social care services)

Who is covered by this guidance?

This guidance covers any person who requires treatment or support for substance misuse disorders who has either an intellectual disability, autism spectrum disorder or both.

Spectrum’s key role is to provide expert advice or a specific substance misuse treatment package for those under its care with co-existing disability (Dual Diagnosis). The provision of specific treatment packages may also be delivered by other agencies that specialise in the provision of substance misuse support. Spectrum will work in partnership with HPFT services, local authority teams and other agencies, to ensure well-integrated care and treatment.

Individual Referrals

Before making a referral:

Prior to making a referral, each agency will identify a person to be the key contact person for the service user.

Spectrum/CGL is only able to accept referrals where the person gives consent to the referral. If there is a concern in relation to consent, Spectrum/CGL will also accept a no-names consultation if HPFT/HCC staff members are not sure whether an intervention is possible or recommended.

If a capacity assessment indicates that the person does not have the capacity to consent to the referral and it is believed that the service user would benefit from the involvement of Spectrum/CGL, then a best interests meeting should be convened. A representative of Spectrum/CGL shall be invited to attend this discussion.

Referral from HPFT/HCC services to CGL/Spectrum:

It was agreed that if someone is identified as needing intervention for a clear substance misuse issue, a referral will be submitted to Spectrum.

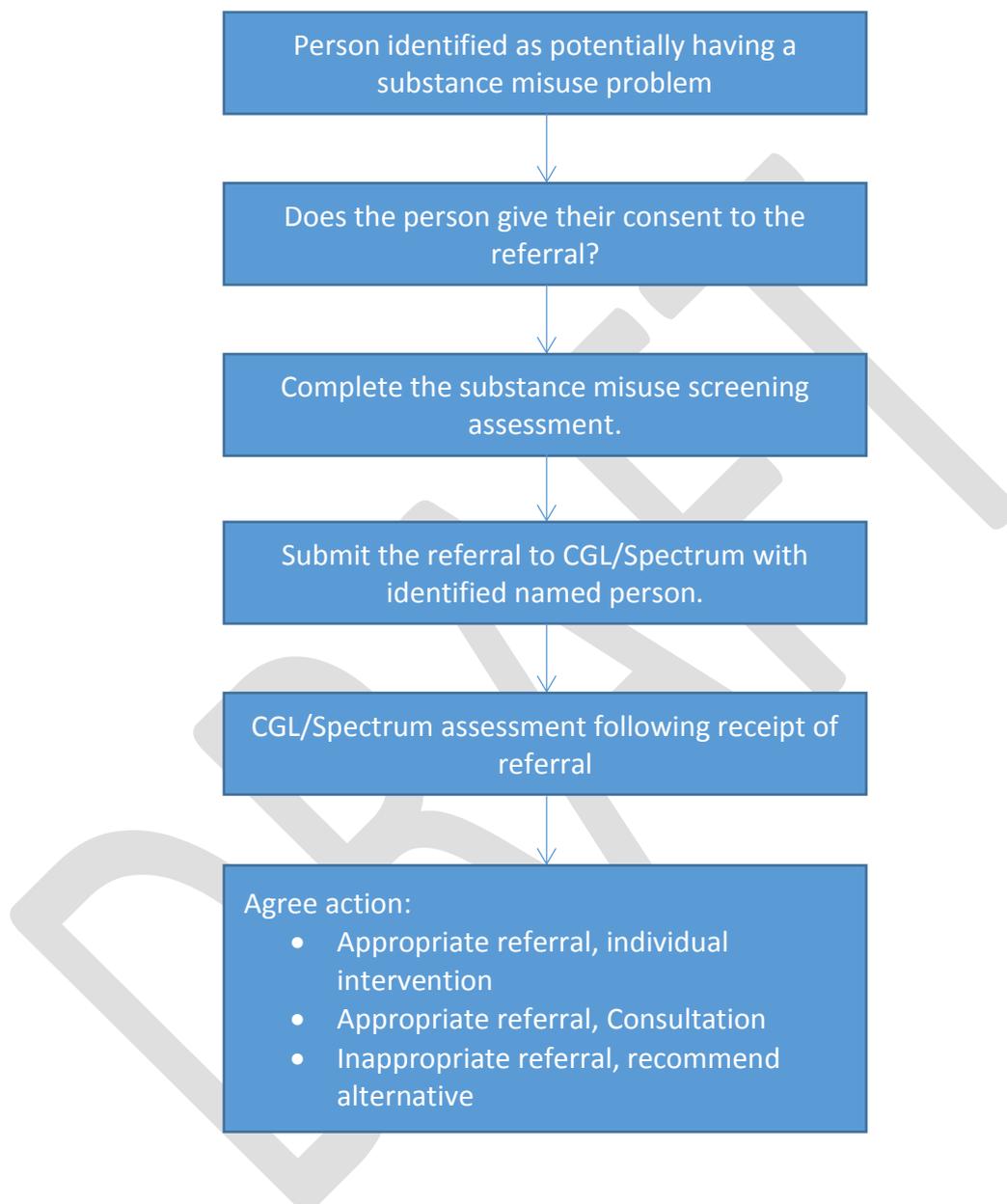
To assist the initial assessment process, Spectrum/CGL has asked that the disability service complete the attached substance misuse screening assessment with the person and attach it to the referral. Spectrum/CGL will provide training on the use of this tool when required.

On receipt of the referral, Spectrum/CGL will identify the named person for primary contact with HPFT/HCC. Based on the referral information and the initial assessment, CGL/Spectrum may:

- Agree that the referral is appropriate offer an individual intervention.
- Agree that the referral is appropriate and that the most appropriate action is for Spectrum to provide consultation to the disability service on how best to support the person.
- Decide that the referral is not appropriate and recommend alternative support options.

Spectrum/CGL will include family and paid caregivers in the support planning process where the service user gives consent.

The following diagram describes the process of HCC or HPFT making a referral to CGL/Spectrum.



Referral from Spectrum/CGL to HPFT/HCC Services

If Spectrum/CGL are involved with a service user that they believe either has an intellectual disability or an autism spectrum disorder, and the person has significant health or social care needs, they can make a referral either to HCC or HPFT.

The following is the referral process for each agency:

HPFT

- For people with an intellectual disability, with or without an ASD, and significant healthcare needs, a referral can be made to the Community Assessment and Treatment Service.
- For people with an ASD who do not have an intellectual disability, they need to be referred to generic mental health services according to the Joint Protocol.

Referrals to any HPFT service, need to be forwarded to the Single Point of Access (SPA).

HCC

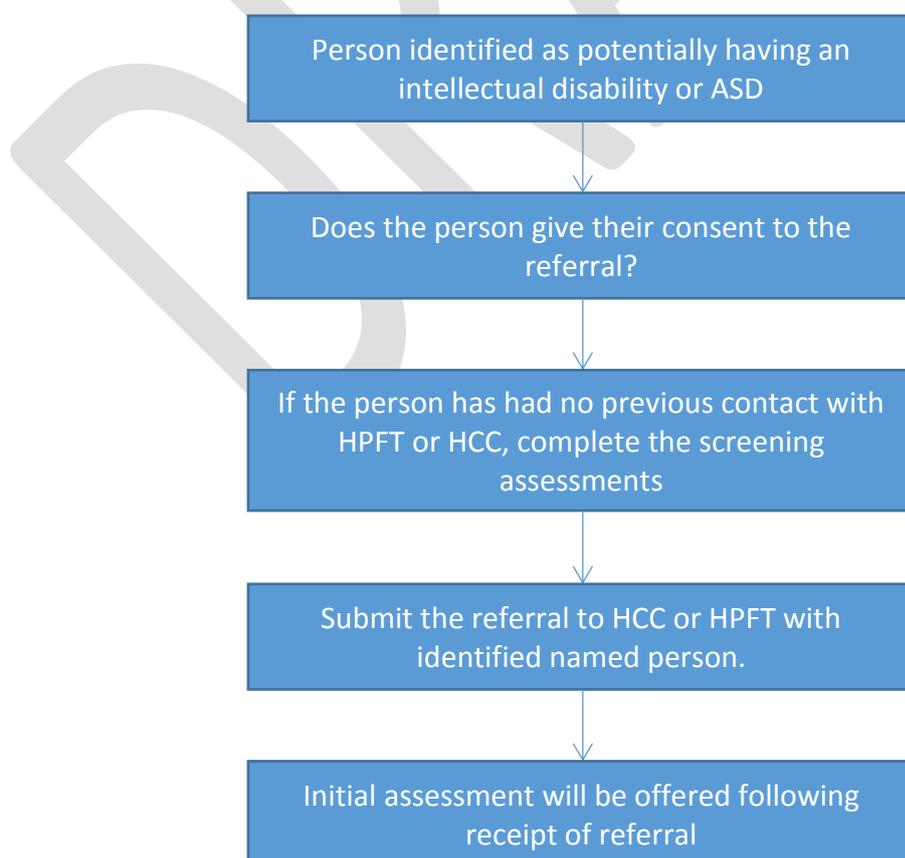
Referrals for people with an intellectual disability or ASD should be forwarded directly to the relevant team. See the attached contact information for details.

If the person has not previously had contact with disability services, Spectrum/CGL will use an appropriate screening device. The following are currently recommended:

- For referrals that are suspected of having an ASD, the AQ10 will be used.
- For people that are suspected of having an intellectual disability at the moment, the LDSQ will be used. (Once the new national screening tool is released, we will review this recommendation).

The Community Assessment and Treatment Service, HPFT, will provide training on using these tools when required. They will also accept a no-names consultation about potential referrals where the Spectrum/CGL clinician is unsure if the person has a disability.

The following diagram describes the process of CGL/Spectrum making a referral to either HPFT or HCC.



Definition of joint working

For the purpose of this guidance the term 'joint working' describes situations where staff from different agencies are actively involved with a service user with a dual diagnosis. Agencies may include HPFT (or other healthcare), Local Authority services, voluntary sector agencies and Spectrum. The involvement may include one or more of the following situations:

- Conducting, or contributing to a formal comprehensive assessment of a service user's needs and risks.
- Leading and or contributing to the drawing up of a joint care plan with a service user, in response to the needs identified during assessment.
- Keeping staff from the other organisation informed about developments, which may have a bearing on the joint working arrangements.
- Working collaboratively with the service user's carers, family members or advocates, as expressly agreed by the service user.
- Carrying out actions delegated to particular staff within the Care Plan.
- Organising or participating in Care Plan review meetings.
- Attending relevant staff meetings, training or other events which promote the building of relationships between staff from different organisations.
- Supporting a person with a disability to participate in and develop a person-centred support/care plan.
- Informing the other provider(s) if a service user disengages and is no longer accessing the service.

Where and When

In general joint working should take place at a time and location which facilitates the person with a disability to access and engage with services. Joint working will often involve joint appointments with staff from different agencies. In other circumstances one agency will take the lead with direct contact with consultative support from the other services.

Joint working may take place at either:

- The home of the person with a disability
- Residential or supported living service including statutory, voluntary or private services.
- Premises of HPFT or other health service
- Premises of HCC
- Premises of CGL/Spectrum
- Other community locations including GP surgeries, Probation and other Services involved in the care of the person with a disability

Safeguarding Concerns

All safeguarding concerns shall be reported according to the local safeguarding processes by the agency in which they were first identified. This will include and concern about children or the adult with a disability.

Involvement of Families and/or Caregivers

Carers are important partners in supporting a service user with a disability and they usually play a vital role in recovery and preventing relapse. Wherever possible, all agencies will facilitate the involvement of families and caregivers in the care planning process. However, caring takes its toll and can have an impact on the carer's own health. It is essential to listen and respond to the needs of carers and ensuring, where consent is given, that carers are invited to attend, exchange ideas with the treating team so that they can have an active role in joint reviews.

The relevant social care team in Hertfordshire County Council will offer a carer's assessment when desired.

Identified carers may be referred to **Carers in Hertfordshire** who provide carers with information and advice on caring, support services, training sessions and workshops, newsletters and the opportunity to influence service providers. *Carers in Hertfordshire* services offer specialist support for Carers of people with Substance Misuse and/or Intellectual Disability, they are free of charge and can be contacted on **01992 586 969** for advice and support / contact@carersinherts.org.uk / www.carersinherts.org.uk

It is recognised that we have statutory duties to support Carers, and to discuss with them their aspirations around education, leisure and work, as well as helping them to see a life beyond caring should they so desire.

We believe that carers should be able to seek the support they need at the time that they need it and that they should be recognised as expert partners in care. With this in mind we follow the national vision that eventually carers will be universally recognised and valued as being fundamental to strong families and stable communities. (HPFT Carer Strategy: Our Commitment to Carers 2013 – 2018).

Spectrum/CGL provides a Carers programme which offers support, advice and information through developing supportive relationships with services and other carers. Identified carers will be provided relevant information and invited to attend carers groups.

In addition to the Spectrum Carers programme, Spectrum will support a self-referral to other services where appropriate.

Dispute Resolution

Disputes between the clinicians across organisations that cannot be resolved at a local service level, should be escalated to the respective team managers.

Attachments will include key numbers for each service, screening assessments and referral forms.