

<b>POLICY NAME:</b>	<b>All Age Learning Disability and / or Autism Policy</b>	
<b>POLICY ID NUMBER:</b>	<b>TW24-040</b>	
<b>VERSION NUMBER:</b>	<b>1.0</b>	
<b>APPROVING COMMITTEE:</b>	<b>Safeguarding Effectiveness Group (SEG)</b>	
<b>DATE THIS VERSION APPROVED:</b>	<b>February 2024</b>	
<b>RATIFYING COMMITTEE</b>	<b>PARG (Policy Approval and Ratification Group)</b>	
<b>DATE THIS VERSION RATIFIED:</b>	<b>June 2024</b>	
<b>AUTHOR (S) (JOB TITLE)</b>	<b>Clinical Lead Learning Disability and/or Autism Clinical Lead Behaviour</b>	
<b>DIVISION/DIRECTORATE:</b>	<b>Trust Wide</b>	
<b>LINKS TO ANY OTHER POLICIES/PROCEDURES:</b>	<b>Least Restrictive Policy and associated SOP</b> <b>Safeguarding Policy (Adult and Children)</b> <b>STOMP &amp; STAMP Guidance</b> <b>Best Interest decision Meeting SOP</b> <b>Enhanced Care Framework</b> <b>Mental Capacity Act and Deprivation of Liberties (DOLS)</b> <b>Carers policy</b> <b>Learning Policy</b>	
<b>CONSULTED WITH:</b>	<b>Deputy Chief Nurse</b> <b>Associate Chief Nurse – Education &amp; Workforce</b> <b>Assistant Director of Safeguarding</b>	

<b>DATES PREVIOUS VERSION(s) APPROVED</b>	Version N/A	Date 17.11.2023
<b>NEXT REVIEW DATE:</b>	<b>June 2027</b>	
<b>MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)</b>	<b>Head of Nursing</b>	

## **Version Control**

Version	Date	Amendment

## **CONTENTS PAGE**

CONTENTS	TITLE	PAGE NUMBER
1	INTRODUCTION	2
2	SCOPE	3
3	POLICY STATEMENT	3
4	DEFINITIONS	3
5	KEY PRINCIPLES	5
6	RESPONSIBILITIES	6
7	HUMAN RIGHTS	8
8	INCLUSION AND DIVERSITY	8
9	MONITORING AND REVIEW	8
10	ACCESSIBILITY STATEMENT	9
11	REFERENCES	9
12	GLOSSARY	10

APPENDICES		PAGE NUMBER
App 1	Associated legislation	12
App 2	What are Reasonable Adjustments?	13
App 3	Learning Disabilities Acute Liaison Nurse	14

App 4	Maternity Flowchart for Women with Learning Disability/Learning Difficulty/Hidden Disability/Autism	15
-------	---	----

**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT  
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

## 1 INTRODUCTION AND BACKGROUND

- 1.1 People with Learning Disabilities (LD) and or autism are known to have poorer health and health outcomes than the general population and are four times more likely to die of a preventable cause of death, with respiratory disease being the leading cause, followed by coronary heart disease. It has also been found that people with an LD have a proportionately higher rate of Gastrointestinal cancer than the general population.
- 1.2 The *Equality Act 2010* (incorporating the *Disability Discrimination Act 2005*) puts the responsibility on all public services to ensure that no discriminatory practices exist within their organisation and that services meet the needs of the individual. Hospitals have a clear 'duty of equality'. This does not mean treating everybody the same but rather that all hospitals must make 'reasonable adjustments' to meet the needs of disabled people.
- 1.3 The parliamentary and health service ombudsman's and the local government ombudsman's report '**Six Lives**' (2009) and the Michael Report '**Healthcare for All**' (2008) made recommendations for the care of people with learning disabilities, and this policy has been created to aid compliance with these recommendations. There continues to be reviews of all deaths of adults 18+ with a learning disability and or autism within the LeDeR reviews.
- 1.4 The *Autism Act (2009)* and the *Autism Strategy (2010)*, together with the *NICE guideline for Autism (2014)*, dictate that statutory services make the necessary adjustments to improve accessibility for people with autism.
- 1.5 The incidence of LD within the general population is estimated to be 2%, and that up to 45% of individuals with autism may also have a learning disability.
- 1.6 Some examples of the difficulties that individuals with LD and/or autism may be encounter when they are accessing the acute Trust may include: -
- Frequent failed attendances at outpatient appointments.
  - May have many repeat admissions to A&E with the same presenting need.
  - They may be unable to read letters or instructions of medication or be unable to follow post-operative instruction.
  - May be scared of medical procedures, which could present as challenging behaviour.
- 1.7 The list is extensive, but it is important that we understand that the person with LD and/ or autism will need some adjustment to their care delivery.

- 1.8 Attending hospital can be a stressful time for any patient and the person(s) accompanying them, this can often be worse when the patient has additional needs such as LD and/or autism. The aim of this policy is to try and reduce the anxiety of people with LD and/or Autism when they access services within WWL, so to make their journey through the system more effective and efficient. The LD Liaison Nurse should be informed when patients are admitted to WWL acute hospital sites (*see appendix 3*).
- 1.9 The Trust will continue to provide reasonable adjustments to people with LD and/or autism monitored within NHSE Standards and the *Equality and Diversity Strategy (2010)*.

## 2 SCOPE

- 2.1 This policy applies to all staff working at Wrightington Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL), also referred to as *the Trust*, involved in providing support, services or direct care to individuals adults and children with LD and/or autism.
- 2.2 Everyone within WWL has a responsibility for and is committed to ensuring all children and adults with LD and/or autism receive the correct care and support required regardless of any associated problem relating to their LD and/or autism.
- 2.3 To enable the highest standard of care to be achieved, this policy sets out the expected practice standards to ensure that patients with LD and/or autism will have their specific needs identified and met, ensuring reasonable adjustments are made to enable appropriate services to be delivered in an acceptable manner.

## 3 POLICY STATEMENT

- 3.1 This Policy has been developed and underpinned by the following aims: -
- 3.1.1 To Identify people with a Learning Disability that access WWL services or receive care provided by WWL.
  - 3.1.2 To deliver safe, effective and compassionate care to service users who have a known or suspected LD and/or autism.
  - 3.1.3 To avoid diagnostic overshadowing, inappropriate sedation, to always provide care jointly with family and/or carers.
  - 3.1.4 To identify the specific care needs of people with a learning disability in order to give them equality to access and receive all services that they are entitled to at WWL.
  - 3.1.5 Will utilise the Patient Passport to enhance communication with the patient.
  - 3.1.6 To deliver an appropriate response to concerns or complaints in relation to the care of children and adults with LD and/or autism that access services or receive care provided by WWL.
- 3.2 This policy and supporting standard operating procedures set out clear Terms of Reference to ensure that a multi-disciplinary and multi-agency approach is adopted to ensure that staff respond effectively and consistently with the delivery of care to service users who have LD and/or autism. This policy will allow for the quality of care given to service users with learning disability and/or autism to be audited and monitored in order to deliver and maintain safe, compassionate and equitable care.

## 4 DEFINITIONS

- 4.1 **Learning Disabilities** is a significantly reduced ability to understand new or complex information to learn new skills. A reduced ability to cope independently (impaired social function) which started before adulthood and has a lasting effect on development (*DoH 2009*). There is difficulty with verbal communication and comprehension, which may impact upon consent. Patients may also suffer from complex health needs and physical disability.
- 4.2 **Learning Difficulties** is often used in educational services to describe people with specific learning problems, such as Dyslexia. This does not mean that the person has a learning Disability as with the correct adjustments in place the person should be able to function. People with Learning difficulties may benefit from approaches used for people with learning disabilities around accessibility etc.
- 4.3 **Autistic Spectrum Disorder:** A term that is used to describe a group of disorders, including Autism and Aspergers Syndrome. The word 'Spectrum' is used because the characteristics of the condition vary from one person to another. Autism is a lifelong developmental disability that first appears during infancy or childhood and affects how a person communicates with, and relates to, other people.
- 4.4 **Social Communication:** Difficulty with understanding verbal, and non-verbal communication, body language, gestures, facial expression, tone of voice. Autistic people have difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice. Some autistic people are unable to speak or have limited speech while other autistic people have very good language skills but struggle to understand sarcasm or tone of voice. Other challenges include:
- taking things literally and not understanding abstract concepts
  - needing extra time to process information or answer questions.
  - repeating what others say to them (this is called echolalia)
- 4.5 **Adult:** Is defined by law as a person who is aged 18 years or over.
- 4.6 **Reasonable Adjustments:** Are anything that is needed to make sure a disabled person gets as good a service as anyone else. These could be physical things, such as wheelchair access in hospitals or *easy read* appointment letters. Reasonable adjustments could also be things like priority appointments if someone who finds it difficult waiting in their GP surgery or hospital, or longer appointment times if someone needs longer with a doctor or nurse to make sure everyone understands the information they are given (*MENCAP 2023*) (see *appendix 2*).
- 4.7 **Transitional Patients:** Are defined within this policy as young people between the ages of 16 and 18 years, who have severe learning disabilities, often in association with a physical disability. They are cared for in the community by the paediatric team until they are 18 years old, but on admission to hospital come under the care of an adult consultant because from the age of 16 they are cared for in an adult environment. The LD liaison nurse will work with children aged 16+ if they are accessing an adult ward as an inpatient.
- 4.8 **Carers:** For the purpose of this policy, a carer may be defined as a person who provides emotional or practical support to a family member including a friend or partner who is ill, has a disability, is experiencing mental distress or is affected by substance abuse. A carer can be anyone aged 18 or over (adult carer) or anyone under 18 (young carer who provides this kind of support. A carer is *not a paid* worker or volunteers for a voluntary agency.
- 4.9 **Mental Capacity:** The ability to make a decision about a particular matter at the time the decision needs to be made. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless proved otherwise.

- 4.10 **Best interest:** Any decisions made, or anything done for a person who lacks capacity to make specific decisions, must be in the person's best interests. There are standard minimum steps to follow when working out someone's best interests.
- 4.11 **Least restrictive option:** anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms. The trust has a least restrictive policy.
- 4.12 **Patient Passports:** patient passports are used to communicate the needs of a person with learning disabilities and or autism when they are accessing healthcare services, they may document things from preferred drinks to how you assist a person to have their bloods taken and are an extremely useful document when used effectively, there are a number of different passports in use in Wigan borough, the one used by the trust can be accessed via the learning disability team, for people with autism no LD the National Autistic Society have one freely available on their website.

## 5 KEY PRINCIPLES

- 5.1 This Policy is underpinned by the principles of *Health Care For All (2008)*, *Valuing People Now (2009)* and *NHS Long term plan (2019)* and provides a coherent framework to ensure that equality of care for people with Learning Disabilities will be recognised and managed within the framework provided by this Policy.

### 5.2 NHS Long Term Plan and Learning Disabilities and/or Autism

The NHS has a crucial role to play in helping people with LD and/or autism to lead longer, happier and healthier lives. The *NHS Long Term Plan (2019)* aims to improve people's health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support them as patients.

### 5.3 Learning Disability Improvement Standards NHS England

Follow the Guidance within **The NHS England – Learning Disability Improvement Standards** The improvement standards reflect the strategic objectives and priorities described in national policies and programmes, in particular those arising from 'Transforming care for people with learning disabilities – next steps' and the 'Learning Disabilities Mortality Review' (LeDeR) programme. Compliance with these standards requires organisations to assure themselves that they have the necessary structures, processes, workforce and skills to deliver the outcomes that people with learning disabilities, their families and carers, expect and deserve. It also demonstrates a commitment to sustainable quality improvement in developing services and pathways for people with learning disabilities. The standards review aims to collect data from a number of perspectives to understand the overall quality of care across Learning Disability services.

There are four standards, which include:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Learning disability services standard (aimed solely at specialist mental health Trusts providing care to people with learning disabilities, autism or both)

### 5.4 Oliver McGowan Learning Disability and Autism Training

WWL staff will receive the national mandated Oliver McGowan LD and Autism Training to the guidance standard.

5.5 There should be a digital flag on the patient record to record LD and or Autism this is in place within the community patient record system and HIS task item lists for admitted patients

#### 5.6 **Learning Disability Mortality Review (LeDeR)**

A LeDeR review is not a mortality review. It does not restrict itself to the last episode of care before the person's death. Instead, it looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. LeDeR reviews take account of any mortality review that may have taken place following a person's death.

5.7 LeDeR reviews are not investigations or part of a complaints process, and any serious concerns about the quality of care provided should be raised with the provider of that service directly or with the Care Quality Commission (CQC) via their online system.

5.8 Every person with a learning disability whose death is notified to LeDeR will have an initial review of the health and social care they received prior to their death. Using their professional judgement and the evidence available to them, the reviewer will determine where a focused review is required. The person's family has the right to request a focused review. Focused reviews will also be completed for every person from a minority ethnic background.

5.9 The Trust will continue to report deaths of people with LD and/or Autism as per LeDeR guidance, this includes completion of a structured judgement review (SJR) for all LD and/or autism deaths within the acute setting.

#### 5.10 **STOMP/STAMP Stopping the Over Medication of People with Learning Disabilities and Supporting the Appropriate Medication in Paediatrics.**

STOMP stands for '*stopping over medication of people with LD and/or autism with psychotropic medicines*'. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life.

5.11 **STOMP** and **STAMP** are about ensuring there are the right therapeutic interventions available for adults and children this could include ensuring that a PBS (positive behaviour support plan) is offered and a communication aide and use of multi professional assessment and intervention i.e. from occupational therapy around sensory needs or speech therapy for communication, before using psychotropic drugs this should be seen as last resort.

5.12 Adults and children with LD and/or autism are more likely to be given these medicines than other people. Public Health England says that every day about 30,000 to 35,000 adults and children with a learning disability are taking psychotropic medicines, despite not having the health conditions the medicines are intended for. Psychotropic medicines can cause problems if people take them inappropriately.

## 6 **RESPONSIBILITIES**

### 6.1 **Chief Executive Officer**

Has overall accountability for ensuring that the trust adheres to the LD and or Autism Policy.

### 6.2 **Chief Nurse**

Board level lead who is responsible for monitoring and assuring the quality of service being provided to children, young people and adults with a learning disability and/or autism in accordance with NHS Improvement standards. Accessibility to the Trust to ensure all patients are given an equitable service.

### 6.3 **Chief People Officer**

Board level lead who is responsible for providing assurance for the compliance with the education and training strategy for all WWL staff.

#### **6.4 Professional Practice and Learning and Development Team**

Support managers and individuals in maintaining standards through the provision of education and training to meet the needs of the organisation. Support in house training that meets the needs of the organisation through support of in-house trainers and external training providers. Support managers and individuals to access education and training available to meet the needs of the organisation. Monitor and provide assurance of compliance with the Oliver McGowan mandatory training for all WWL staff. Evaluate the quality of training provided to ensure quality, consistency, and content of training standards in line with national regional and local guidance. Support the maintenance of training records utilising the learning hub and provide timely reports to Trust Board and the executive team and to support the requirement of external standards and auditors.

#### **6.5 The Assistant Director of Safeguarding**

Responsible for the development of a WWL Think Family Safeguarding Strategy which is inclusive and considerate of the specific needs of people with LD and/or autism whilst ensuring its delivery via agreed objectives underpinned by a robust operational workplan. Contributes to and supports corporate and executive oversight of compliance with *NHS Learning Disability Improvement Standards (2018)*. Supports the development of relevant LD and/or Autism Strategy, Policy and Standard Operating Procedures ensuring consideration of national legislative and statutory safeguarding frameworks

#### **6.6 Named Professionals for Safeguarding Children, Children in Care, Adults & Maternity and the Think Family Safeguarding Service**

Responsible for providing effective support, advice, and training to trust staff to enable them to fulfil their safeguarding roles and responsibilities in relation to patients and service users with learning disabilities and/or autism. Ensure effective liaison and information sharing with WWL clinical and operational leads for learning disabilities and autism, and wider multi-agency partners/agencies to ensure both preventative and reactive responses to safeguarding concerns.

#### **6.7 Associate Director of Quality, Patient Safety and Governance**

Oversees and coordinates the administration and ratification process of the LD and/ or autism policy. Ensures that LD and/ or autism agenda is considered within the trust wide governance framework; this is about reducing inequality. Escalates performance against the LD and/or autism policy to Board Level. Responds to divisional escalation.

#### **6.8 Divisional Triumvirate**

Ensure that the LD and Autism agenda is considered within the divisional governance framework, this is about reducing inequality. Escalates Performance against the Learning Disability and/or Autism policy to trust wide meetings. Enables the facilitation of Learning Disability and/or Autism Policy.

#### **6.9 Chief / Deputy Pharmacist**

Identify and challenge the inappropriate and over prescribing of psychotropic medication in accordance with **STOMP/STAMP** guidance.

#### **6.10 Senior Manager/Matron**

Support the implementation of pathways, policy and training. Responsible for ensuring staff are compliant in their training for Learning disabilities and/ or autism.

#### **6.11 Clinical Lead for LD and Autism**



Ensures the LD and/or Autism Policy is embedded throughout the whole Community LD team. Supports the LD Hospital Liaison Nurse through supervision, enabling training and case review. Will work with the LD Hospital Liaison Nurse and hospital staff to develop pathways of care to improve access to the Trust for people with Learning Disabilities. Maintains links with the local LD partnership board and GM wide learning disability services to ensure awareness of local and national guidance in relation to LD and/ or autism and to escalate this appropriately.

#### 6.12 Learning Disability Hospital Liaison Nurse

The Community Learning Disability Acute Hospital Liaison role is available to help and support clinical areas meet the needs of people with learning disabilities who are admitted to WWL acute beds or attend for hospital services treatment. The LD Liaison Nurse has specialist expertise to help clinical teams plan and support the patients care to ensure they have a positive experience (*see appendix 3*)

#### 6.13 All WWL Staff

Have a responsibility under our Trust pledge to treat patients with respect, dignity and compassion providing equity of care for all patients. Staff should be aware of the needs of people with LD and/or autism who come in to contact with the Trust. Assessing clinicians should undertake a comprehensive assessment to identify individual and support needs to promote continuity of care and maintain appropriate levels of support during episodes of care for patients with LD and/or Autism. All staff must listen to the patients', carers and family's views whilst following the Trust Carers Policy.

Staff must: -

- Attend the level of mandatory Oliver McGowan LD and autism training appropriate for their role
- Seek out and utilise the patients LD/Autism passport or information document to understand the needs of the patient
- Use the HIS task system to inform the LD Hospital Liaison Nurse that a patient with a learning disability is in hospital, this can be completed via the HIS Safeguarding Notification process or admission documents
- Make reasonable adjustments to enable access to care (*see appendix 1*)
- Advise Acute hospital trust staff on reasonable adjustments that can be made to help the person to access the hospital services
- Encourage people with LD and/ or autism to access their **Annual Health Check** at their GP practice
- Escalate to the community LD team if the person with a LD and/or autism is struggling with their health and access to services provided by the trust

## 7 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

## 8 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

## 9 MONITORING AND REVIEW

Compliance and monitoring of this policy will be monitored via: -

- Audit work specifically upon service use and WWL care provision to patients with LD and/or autism
- Report from the Safeguarding Effectiveness Group, and other relevant Trust groups/forums to be presented to the Trust Quality and Safety Committee

## 10 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd. For more details, please contact the HR Department on 01942 77 3766 or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)

## 11 REFERENCES

The Equality Act 2010 (incorporating the Disability Discrimination Act 2005).

Department of Health 2007 Mental Capacity Act Code of Practice 2005.

Department of Health 2008 Deprivation of liberty safeguards Code of Practice.

Department of Health 2008 Healthcare for all – independent Inquiry into Access to Healthcare for people.

Department of Health 2009 Valuing People now – A five-year strategy for people with Learning Disabilities.

<https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

Mencap 2007 Death by Indifference.

[NHS England » Learning from lives and deaths – People with a learning disability and autistic people \(LeDeR\)](#)

Parliamentary and Health Service Ombudsman 2009 Six lives: the provision of public services for people with Learning Disabilities.

RCN 2006 Meeting the Health Care needs of people with Learning Disabilities, Guidance for Clinical Staff.

<https://www.england.nhs.uk/wp-content/uploads/2019/06/stomp-stamp-family-leaflet.pdf>

<https://www.autism.org.uk/advice-and-guidance/what-is-autism>

<https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf>

The Disability Discrimination Act 2005.

The Equality Act 2010.

[NHS Long Term Plan » Learning disability and autism](#)

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

NHS England 2019 STOMP STAMP guidance leaflet [stomp-stamp-family-leaflet.pdf \(england.nhs.uk\)](#)

National Autism Strategy: <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

LeDeR reports: <https://www.england.nhs.uk/wp-content/uploads/2019/05/action-from-learning.pdf>

Learning Disability and Autism Improvement Standards: [NHS England » The learning disability improvement standards for NHS trusts](#)

NHS Benchmarking- Action from Learning Report: <https://www.nhsbenchmarking.nhs.uk/>

## 12 Glossary

**Learning disabilities Learning Disabilities:** Is a significantly reduced ability to understand new or complex information to learn new skills. A reduced ability to cope independently (impaired social function) which started before adulthood and has a lasting effect on development (*DoH 2009*). There is difficulty with verbal communication and comprehension, which may impact upon consent. Patients may also suffer from complex health needs and physical disability

- A learning disability affects the way that someone communicates and understands information. This means that someone may have difficulties: understanding new or complex information; learning new skills; and coping independently.
- It is estimated that around 1.5 million people in the UK have a learning disability, and around 350,000 people have a severe learning disability. A learning disability can affect children and adults, although children and young people with a learning disability may also have special educational needs.
- The broad term 'learning disability' can cover a spectrum of conditions, from a mild learning disability where someone can manage independently but might take longer to learn new skills, to a profound and severe learning disability where an individual may need substantial care and support with every aspect of their life.
- Learning Disability is divided into four classification groups: Mild, Moderate, Severe and Profound. The diagnosis of profound and multiple learning disability (PMLD) is used when the individual has more than one impairment (i.e. sensory, physical, complex health needs, mental health issues) with the most significant being a learning disability. People with PMLD will require support from a carer/s to assist them with most areas of everyday life, such as eating/drinking, washing/dressing and going to the toilet.

Learning Disability does not include:

- The development of intellectual, social or adaptive impairments after the age of 18
- Brain injury acquired after the age of 18
- Complex medical conditions that affect intellectual and social/adaptive functioning: e.g. dementias; Huntington's Disease
- Specific learning difficulties e.g. dyslexia, dyspraxia, dyscalculia, literacy or numeracy problems or delayed speech and language development.

**Autistic Spectrum Disorder:** A term that is used to describe a group of disorders, including Autism and Aspergers Syndrome. The word 'Spectrum' is used because the characteristics of the condition vary from one person to another. Autism is a lifelong developmental disability that first appears during infancy or childhood and affects how a person communicates with, and relates to, other people.

The Autism Act (2009), Autism Strategy (2010) and NICE Autism Guideline (2014) identify that a significant proportion of people with autism across the whole spectrum experience social and

economic exclusion. The condition has been noted as 'frequently overlooked by health, education and social care professionals, which in turn creates barriers to accessing the support and services needed'.

The NICE guideline offers the best practice advice on the person-centred care of people with autism. It highlights that support and care 'should consider peoples' individual needs and preferences'. Additionally, it states 'people with autism should have the opportunity to make informed decisions about their care, in partnership with healthcare professionals'.

It is estimated that up to 45% of individuals with autism may also have a learning disability. People with Learning disabilities can have average, or above average, intelligence, but still have difficulty making sense of the world and interacting with others.

Autism can co-exist with many other diagnoses including depression, social anxiety, Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Tourette's syndrome, developmental coordination disorder, eating disorders, personality disorders and psychosis. A number of genetic syndromes are also associated with autism such as Tuberous Sclerosis, Fragile X, Angelman syndrome, Rett syndrome and Turner syndrome

People with ASD experience three main difficulties,

- Social Interaction - difficulty with social relationships often appeared distant or detached.
- Social Communication – difficulty with understanding verbal and non-verbal communication, body language, gestures, facial expression, tone of voice.
- Social Imagination – difficulty in the development of play and imagination with others. People with ASD often have a limited number of activities that are possibly copied and performed rigidly and repetitively.

## **APPENDICES**

### **Appendix 1**

#### **Relevant Legislation**

##### **HUMAN RIGHTS ACT 1998**

The Trust as an NHS authority has a statutory duty to act in accordance with the Human Rights Act, in relation to the following articles: -

<b>Article 1</b>	<b>Right to Life</b>
<b>Article 3</b>	<b>Prohibition of torture, inhumane or degrading treatment</b>
<b>Article 5</b>	<b>Right to liberty and security of person</b>

All Staff will work in partnership with all agencies, patients, carers and families to ensure that equality of care is delivered to all service users with a suspected or known Learning Disability and/or Autism. Consider a person's broader spiritual needs as well of their religious needs and refer to Chaplaincy and Spiritual Care if support or full assessment would be helpful.

##### **Children Act 1989; Children's Act 2004; Working Together to Safeguard Children 2023**

WWLFT has a statutory duty under section 11 of the *Children's Act 2004* to make arrangements to safeguard and promote the welfare of children and young people in accordance to the *Children Act 1989* and *Working Together to Safeguard Children 2023*.

##### **The Care Act 2014**

States that individuals who have care and support needs whom are believed to be at risk and unable to protect themselves due to their care and support needs requires the local authorities to make enquiries. An enquiry should establish whether any action needs to be taken to prevent harm or stop abuse or neglect and if so by whom.

##### **The Mental Capacity Act 2005; Deprivation of Liberty Safeguards (DoLS) 2007**

People with Learning Disabilities and/ or Autism are more likely to need help for them to understand their care and treatment needs, however this does not mean that they will always lack capacity and all steps should be taken to help the patient to understand specific decisions. This may include

- Providing accessible information
- Work with people who know the person well
- Giving the patient extra time to consider the information given

If reason to doubt the person has capacity, follow the principles of the Trust Mental Capacity Act and DoLS policy.

## **The Equality Act 2010 (incorporating the Disability Discrimination Act 2005)**

This legislation puts the responsibility on ALL public services to ensure that no discriminatory practices exist within their organisation and that services meet the needs of the individual. The NHS Acute Hospital Trusts must make reasonable adjustments to meet the needs of disabled people.

## **Appendix 2**

### **What are Reasonable Adjustments?**

#### ***Mencap says***

‘Equal healthcare is a basic right, meaning that everyone should have equal access to treatment. However, equal does not mean the same.’

Under the *Equality Act 2010*, the NHS must make sure that disabled people have the same access to health services as everyone else.

This means the NHS must try to make it as easy for disabled people as anyone else to use health services. This is called making reasonable adjustments.

**Reasonable adjustments** are anything that is needed to make sure a disabled person gets as good a service as anyone else.

These could be physical things, such as wheelchair access in hospitals or **easy read** appointment letters. Reasonable adjustments could also be things like priority appointments if someone finds it difficult waiting in their GP surgery or hospital, or longer appointment times if someone needs longer with a doctor or nurse to make sure everyone understands the information they are given (*MENCAP 2023*).

#### **Examples of Reasonable**

- **Staff speak clearly and use easy words.**
- **Offering a longer appointment**
- **Staff reading a hospital passport which tells them all about the person.**
- **A quiet place to wait, or a private room.**
- **Easy read information**
- **An appointment at a time which is better for the person.**
- **Support workers or family members being allowed to stay with the person at appointments and in hospital.**
- **Help from a learning disability nurse.**
- **Better physical access and help to get around.**

## Appendix 3

### Learning Disability Acute Liaison Nurse

The Community Learning Disability Acute Hospital Liaison Team is available to help and support Clinical areas meet the needs of people with learning disabilities when they are admitted to WWL or attend for treatment. These Learning Disability Nurses have specialist expertise, which will help the clinical teams plan, support the patients care to ensure they have a positive experience.

The Learning Disability Liaison Nurse should be informed when patients are admitted by calling **0300 7071345** or via the **HIS task system**

#### Aims of the Learning Disability Liaison Nurse: -

- ✓ To support people aged 18+ (16+ when accessing an adult ward) who have a learning disability when they are accessing the acute trust. The Learning Disability Liaison Nurse role is to ensure that the health needs of the person with a Learning Disability are met in an equitable way when they are accessing the Acute site through ensuring they can access all required assessment, intervention, and treatments, during planned and urgent admissions
- ✓ The role involves communicating with and working in partnership with a range of clinicians and educating where appropriate, advising on reasonable adjustments and use of accessible information.
- ✓ The role also includes enhancing the use of the mental capacity act where the person lacks capacity
- ✓ It also involves close communication and involvement with family, carers, and others during the period of care.

During 2022 the LD liaison nurse received the majority of the referrals from the HIS system (hospital electronic patient record system) but the service continues to receive phone calls from carers, family members and ward staff. From November 2022 to October 2023 there were 272 referrals received to the service for people who had a known learning disability this averaged 23 per month.

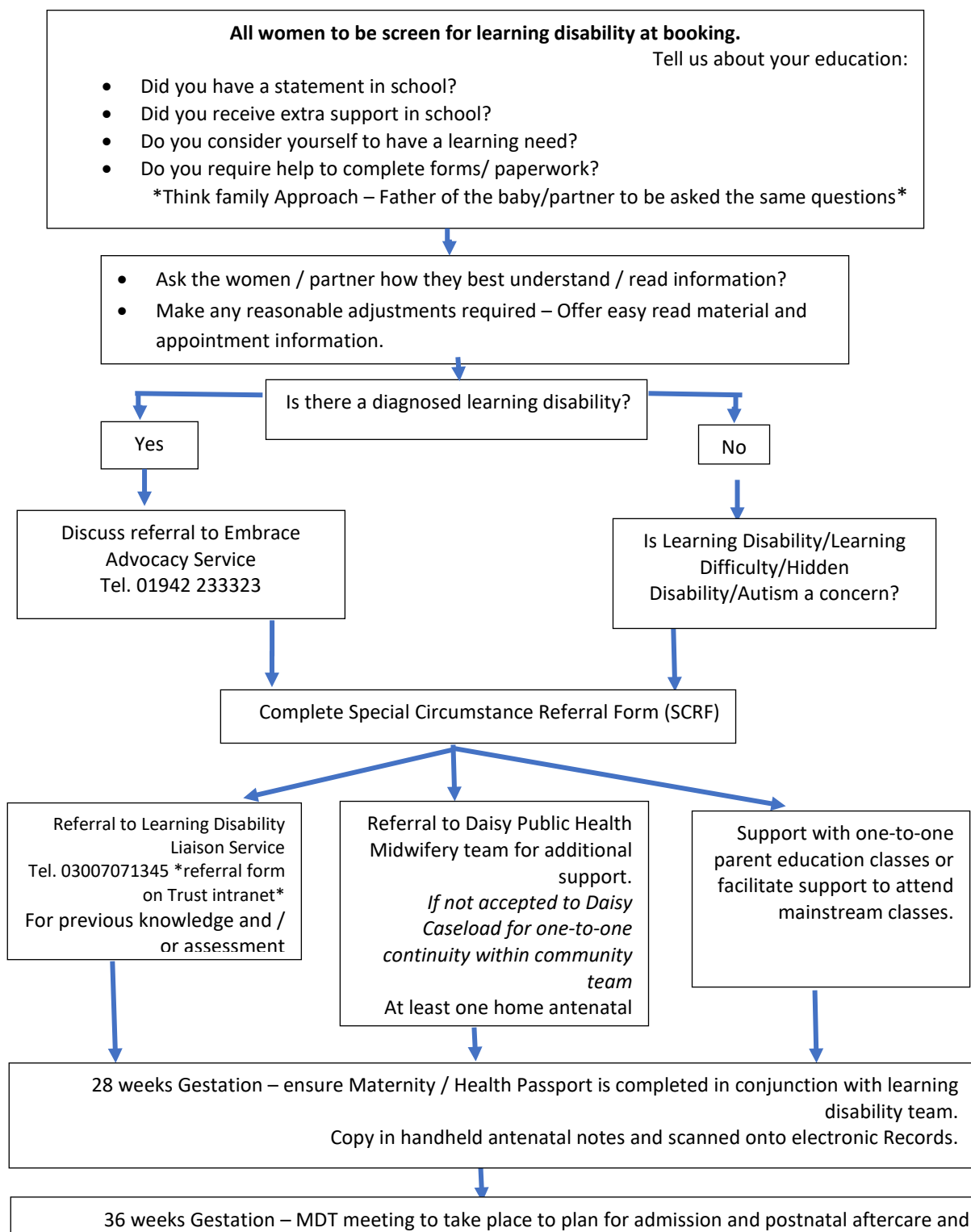
The reason for admissions continues to vary from physical ill health to mental health issues and some social care needs, each person requires a different approach of care from the liaison nurse and a different level of response.

The liaison nurse will follow local and national guidance on learning disabilities to ensure best practice intervention.

**Please note that the LD liaison nurse will only work with patients with a diagnosed learning disability and not people with autism who do not have a learning disability.**

## Appendix 4

### Maternity Flowchart for Women with Learning Disability/Learning Difficulty/Hidden Disability/Autism





## Equality Impact Assessment Form

### STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using  Y to indicate Yes and  N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	y	Y	y	y	y	y	y	y	y	y	y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	N	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.

Job Title	Community learning disability clinical lead	Date	11.01.2024
-----------	---	------	------------

**IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via [http://intranet/Departments/Equality\\_Diversity/Equality\\_Impact\\_Assessment\\_Guidance.asp](http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp)**

**Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.**

## POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Check the Learning Disability policy is being adhered to.	Random Case File Audit.	Named Nurse for Safeguarding	Annual	Safeguarding Committee	Audit Trail	Safeguarding
	STOMP Medicine Management						
	OMG Moved from page 5. 10.1 Compliance with OMG training should be fed back through the SEG and Education Governance committee						
	Audit Standards 10.2 WWL trust will take part in the Audit tool each year which benchmarks the trust against the standards in comparison to other trusts.						

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	1.1. assuring the WWL Board and public that there are policies, processes and monitoring systems in place so that WWL is compliant in its obligations under the Care Act, Equality Act, quality/safety standards and Government requirements						

