

## Transition Policy from Child and Adolescent Services (CAMHS) to Adult Services

<b>Version</b>	3
<b>Policy Lead/Author &amp; position</b>	Service Manager Barnet CAMHS, Service Manager Haringey CAMHS, Assistant Director Enfield CAMHS.
<b>Responsible Directorate</b>	Operations
<b>Replacing document</b>	Transition policy 4
<b>Approving Committee</b>	Policy review Group.
<b>Date approved/ Ratified</b>	12.06.2019
<b>Previous reviewed dates</b>	May 2013 June 2015
<b>Relevant NHSLA Standards</b>	Standard 4, Criterion 9&10
<b>Target Audience</b>	All trust staff.

### EQUALITY STATEMENT

Barnet, Enfield and Haringey NHS Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Equality Act (2010) including the Human Rights Act 1998 and promotes equal opportunities for all.

This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Barnet, Enfield and Haringey Mental Health NHS Trust embraces the four staff pledges in the NHS Constitution and this policy is consistent with these pledges. The Trust is also committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

## CONSULTATION RECORD OF PROCEDURAL DOCUMENT FORM

Name and Title of Individual	Date consulted
Contributing Authors: Nicholas Clarke, Enfield CAMHS Sharon Thompson, Service Manager, Barnet Adult Services. Ben Mensah, Service Manager Beacon Centre.	
Name of Committee	Date of Committee
Policy Review Group	

## Version Control Summary

Version	Date	Section	Author	Comments
2	May 2011	All Sections	Shaun Collins	The policy is now out of date and requires refreshing and reviewing to ensure processes are up to date
3	May 2015	All	Alex Thurston	Medical responsibility to be agreed at CPA (17yrs 6mths)
4	Sept 2018	All	Tina Read	Policy requires

				<b>updating in line with new Nice Guidance.</b>
--	--	--	--	---

## Table of contents

Section	Contents	Page
1	Introduction	
2	Aims	
3	Scope and outcomes	
4	Timing and Review	
5	Core Principals	
6	Support before and during transfer	
7	Transition from inpatient facilities	
8	Post Transition Support.	
9	Discharge planning for young people not eligible for transition to adult services.	
10	Definitions	

## Policy Statement

Barnet Enfield and Haringey Mental Health Trust has an approved, widely disseminated and publicised policy on the transition of care for adolescents/young adults into adult mental health services from specialist Child and Adolescent Mental Health Service (CAMHS). All staff in CAMHS and Adult Mental Health Services should be aware of the transition process and how to access the policy for reference.

This policy applies to those adolescents/young adults who are transitioning from CAMHS to adult mental health services. It is the responsibility of CAMHS to ensure discharge planning is completed according to policy for adolescents/young adults who do not require further secondary mental health services beyond their 18<sup>th</sup> birthday.

### 1. Introduction

1.1 This policy outlines arrangements for the transfer of care of patients from Child and Adolescent Mental Health Service (CAMHS) to Adult Mental Health Services within the Trust. This includes all 0-18 CAMHS including generic and specialist services. The policy covers the time before, during and after the young person moves from children's to adults services.

This service design, delivery and evaluation of this policy must involve service users and their parents and carers.

1.2 The aim of this policy is to ensure that transition support meets the following

criteria:

- That transition is developmentally appropriate, taking into account the young person's maturity, cognitive abilities, psychological status and needs in terms of long term conditions, communication needs, caring responsibilities and social and person circumstances.
- That the Trust adopt a person centred approach to transition and treats the young person as an equal partner in the process and takes full account of their views and needs.
- That the Trust involves the young person and their family or carers, primary care practitioners and colleagues in education as appropriate and includes regular review of the transition plan with the young person as their needs change.

1.3 This policy should be considered in conjunction with any shared and jointly agreed transition protocols with local authority partners, joint mission statements or visions for transition.

1.4 For the purposes of this policy the age ranges of patients in the transition stage of care is any young person transitioning or discharging out of CYPMHS as a consequence of their age, what ever that age may be, as dictated by local commissioning arrangements.

1.5 In practice the majority of cases will be 17-18 years but it is accepted that in a small number of cases it may be necessary for CYPMHS to support transition beyond the age of 18. In this instance clinical and medical responsibility will transfer to the receiving adult service at 18 years, with provision for local CAMHS team to support the young person through transition beyond the age of 18 years if necessary.

## **2. Aims**

The guiding principles of this policy are:

2.1 To ensure a seamless transfer of care for vulnerable adolescents as they reach early adulthood.

2.2 That transition support is strengths based and focuses on what is possible for the young person rather than on a pre-determined set of transition options.

2.3 To minimise the impact of the arbitrary age barrier between CAMHS and Mental Health Services, facilitate joint working across the adolescent and adult age ranges thus ensuring continuity of care.

2.4 To ensure that this group of young people are properly prepared for discharge.

## **3. Scope and Outcome**

3.1 This policy is aimed at all professionals working in Child and Adolescent and

## Adult Mental Health Services

3.2 It is essential that all practitioners and managers in both Child and Adolescent and Adult Mental Health Services are conversant with both the principals and process of transition and familiar with any local protocols that may apply.

3.3 The intended outcome of the transition process is to ensure that vulnerable adolescents and young adults receive age appropriate care. Age appropriate care is based on chronological age, but managers and clinical staff in both CAMHS and adult age services should be mindful of developmental and psychosocial factors that lead to reduced levels of functioning for some adolescents and young adults, as a result of serious and prolonged difficulty in earlier childhood.

## 4. Timing and Review

4.1 For children who have an EHC Plan transition planning in general will start at age 14. It is therefore possible that CAMHS clinicians will be involved in joint planning for transition from age 14 onwards. It is not anticipated that this will involve adult services.

4.2 For young people leaving care transition planning will start at age 15 year 6 months. It is therefore possible that CAMHS clinicians will be involved in joint planning for transition from age 14 onwards. It is not anticipated that this will involve adult services.

4.3 Ensuring Transition planning is developmentally appropriate, planning should take place at a time of relative stability for the young person and should not be based on a rigid age threshold.

4.5 This policy recognises that dependant on the young person's needs some transition planning will need to happen several years in advance and other young people will need a shorter transition planning period. As a minimum, a transition plan should be in place by 17 years 6 months and this should be reflected in the care plan. A transition meeting between services at 17 years and 9 months will also be arranged prior to transition.

4.6 Where a young person enters the service after these ages, transition planning should start immediately if appropriate.

4.7 Where planning has begun two years before transition, multi-agency annual review meetings should be held and outcomes shared with all those involved in the young person's care. It is understood that adult mental health services will only be involved when appropriate and as agreed with the young person.

4.8 It is also acknowledged in this policy that transition to services can be a complex and challenging time for a young person and that clinicians may decide to begin the process sooner or later than is outlined in this policy. Should the clinical decision be

that a differentiated timescale is in the young person's best interest and is done so with the agreement of the young person and their family (where appropriate) that the meetings and steps outlined below are still followed but within an adjusted time frame

4.9 Local protocols should identify enhanced planning and co-ordination between services.

## **5. Core Principals**

5.1 Each young person should have a named worker who will co-ordinate their transition care and support. The named worker can be a clinician, nurse or social care practitioner and should be someone with whom the young person has a meaningful relationship.

5.2 The named worker will track the transition six months prior to and six months post transition.

The named worker's roles and responsibilities will include:

- oversee, coordinate or deliver transition support, depending on the nature of their role
- be the link between the young person and the various practitioners involved in their support, including the named GP
- help the young person navigate services, bearing in mind that many may be using a complex mix of care and support
- ensure that young people who are also carers can access support
- act as a representative for the young person, if needed (that is to say, someone who can provide support or advocate for them)
- proactively engage primary care in transition planning
- direct the young person to other sources of support and advice, for example peer advocacy support groups provided by voluntary and community sector services provide advice and information.

5.3 Where a named work is unable to remain with the young person six months prior to and six months post transition, the named worker in the receiving service will be identified at the transition meeting. The named worker from CAMHS will arrange a joint meeting prior to hand over and will then hand over their responsibilities as named worker to the named worker in adults' services at the point of case transfer.

5.4 For disabled young people in education, the named worker should liaise with education practitioners to ensure comprehensive student-focused transition planning is provided.

5.5 Staff have a responsibility to raise any delays in the process with their immediate line manager in order to seek prompt resolution.

## **6. Support before and during Transfer**

This policy acknowledges that local service and local team referral processes will be outlined in local protocols. The overarching principles of transfer are as follows:

6.1 Children's and adults service managers and practitioners should ensure that a practitioner from the relevant adult services meets the young person before they transfer.

6.2 The CAMHS team holding clinical responsibility for adolescents with complex, mental health needs will notify the appropriate adult service team, to which the patient is to be referred, when the patient reaches the age of 17 years and 6 months of the intention to commence the process of transition.

6.3 If the patient has been referred to the relevant CAMHS service after 17 years and 6 months, the adult team will be informed at the first available opportunity.

6.4 The following information will be provided by the referring CAMHS team to the receiving adult team; Referral Form, Case Summary, Risk Assessment, Contact Details Sheet, and an updated care plan. It is the responsibility of the referring team to ensure that this data is accessible on RiO.

6.5 The CAMHS team holding clinical and medical responsibility will arrange a Transition meeting, to be held between CAMHS and Adult Mental Health Services. This meeting will only be quorate if attended by representatives from both CAMHS and the Adult Mental Health Services team. Medical responsibility will be discussed and agreed at the meeting and clearly documented also to include a clear date and plan in place for the handover of Medical responsibility from CAMHS to Adult Mental Health Services. The date for the transfer of care, to be held around the time of the patient's 18th birthday, will be agreed and set at this meeting.

6.6 Joint planning may include supplying information about what adult mental health services are available and a visit to adult mental health services.

6.7 Following transition to adult services it is recommended that the young person see the same clinician for two appointments

6.8 The pre-transition questionnaire should be completed by the young person prior or during to the transition planning meeting.

6.9 The post-transition questionnaire should be completed by the young person after the transition planning meeting.

## **7. Transition from/between in-patient facilities**

7.1 A care transfer meeting CPA should be arranged on admission to facilitate the process of the handover to adult services where the patient is aged 17 years and 6 months or over.

7.2 All care information, including risk assessments and care plans should be discussed at all the transfer meetings.

7.3 Consideration should be given to a graduated hand over from CAMHS in-patient care coordinator to adult care coordinator to minimise or prevent the service user suffering further problems during transition.

7.4 Throughout the inpatient stay and during the discharge planning process, it is important that regular consultation is held with the relevant CAMHS and adult teams.

7.5 Discharge from Inpatient services to the CMHT should involve consultation with the Crisis Teams and CAMHS community services.

7.6 Transition meetings will be attended by the Service Manager for inpatient services to plan the move from CAMHS to adult mental health services and to discuss and plan for any possible future placement issues with the Delayed Transfers of Care team.

## **8. Post Transition Support**

8.1 Following transition to adult services it is recommended that the young person see the same clinician for two appointments. The named worker will track the transition six months post transition.

8.2 Adult services to develop local protocols for follow arrangements for young people who have moved from children's to adult services but do not attend their first meeting or appointment.

## **9. Discharge planning for young people not eligible for transfer to adult services**

9.1 Close attention should be paid to all young people transitioning from CAMHS at 18 years. For those who do not transition to adult services the following should take place:

9.2 Make sure that they, their families and carers are given information about alternative support.

9.3 If a young person does not meet the criteria for specialist adult services, recognise that involving the GP in transition planning is crucial. A detailed discharge letter should be sent to the GP including information for the young person about known and trusted third sector organisations who could provide support.

## **10. Definitions**

10.1 Services for children and young people under the age of 18 years with complex mental health and emotional difficulties are provided by the Child and Adolescent Mental Health Service (CAMHS).

10.2 Mental health services provided for adults i.e. those aged 18 years and over is provided by a range of services across service lines, referred to in this policy as 'adult services'.





## MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF PROCEDURAL DOCUMENTS FORM

<b>1.</b>	<b>How will the document be monitored? (please circle as appropriate)</b>	<b>Audit</b>		<b>Review</b>	<b>Other, please specify;</b>
		<b>Methodology:</b>			
<b>2.</b>	<b>What is the process for reviewing results of monitoring?</b>	<b>Part of CQUIN monitoring Through IPM, TOMG</b>			
<b>3</b>	<b>Report to:</b>				
<b>4.</b>	<b>Who is responsible for conducting the monitoring? (please circle as appropriate)</b>	<b>Group / Committee</b>		<b>Individual</b>	
		<b>Name / Title (also include position of individuals):</b>			
<b>5.</b>	<b>How often will the document be monitored? (please circle as appropriate)</b>	<b>Monthly</b>	<b>6 Monthly</b>	<b>Yearly</b>	<b>Other, please specify;</b>
		<b>Comments:</b>			
<b>6</b>	<b>Responsibility for action planning after review</b>				

## EQUALITY IMPACT ASSESSMENT AND ANALYSIS FORM

1. Please indicate the expected impact of your proposal on people with protected characteristics					
Characteristics (where relevant)	Significant +ve	Some +ve	Neutral	Some -ve	Significant -ve
Age:			X		
Disability:			X		
Ethnicity:			X		
Gender re-assignment:			X		
Religion/Belief:			X		
Sex (male or female)			X		
Sexual Orientation:			X		
Marriage and civil partnership			X		
Pregnancy and maternity			X		
The Trust is also concerned about key disadvantaged groups even though they are not protected by law					
Substance mis-users			X		
The homeless			X		
The unemployed			X		
Part-time staff			X		
Please remember just because a policy or initiative applies to all, does not mean it will have an equal impact on all.					
<b>2. Consideration of available data, research and information. (delete grey guidance text once read)</b> Please list any monitoring, demographic or service data or other information you have used to help you analyse whether you are delivering a fair and equitable service. Social factors are significant determinants of health or employment outcomes. Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equitable service. Social factors are significant determinants of health outcomes. Please consult these types of potential sources as appropriate. There are links on the Trust website: <ul style="list-style-type: none"> <li>• Joint strategic needs analysis (JSNA) for each borough</li> <li>• Demographic data and other statistics, including census findings</li> <li>• Recent research findings (local and national)</li> <li>• Results from consultation or engagement you have undertaken</li> <li>• Service user monitoring data (including age, disability, ethnicity, gender, religion/belief, sexual orientation and)</li> <li>• Information from relevant groups or agencies, for example trade unions and voluntary/community organisations</li> <li>• Analysis of records of enquiries about your service, or complaints or compliments about them</li> <li>• Recommendations of external inspections or audit reports</li> </ul>					
	<b>Key questions (supports EDS Goals)</b>	<b>Your Response</b> <i>Please reference data, research and information that you have reviewed which you have used to form your response</i>			
2.1	What evidence, data or information have you considered to determine how this development contributes to delivering better health outcomes for all?	<b>New policy is in line with NICE guidance.</b>			
2.2	What evidence, data or information have you considered to determine how this development contributes to improving patient access and experience?	<b>New policy contains recommendations to improve patient journey between services in line with National Guidance.</b>			

2.3	What evidence, data or information have you considered to determine how this change/development/plan/policy contributes to delivering a representative and well supported workforce?	NA
2.4	What evidence, data or information have you considered to determine how this change/development/plan contributes to inclusive leadership and governance?	NA


**3. It is Trust policy that you explain your proposed development or change to people who might be affected by it, or their representatives. Please outline how you plan to do this.**

Group	Methods of engagement
Service Users	Via service user engagement group in Enfield and Barnet.

**4. Equality Impact Analysis Improvement Plan**

If your analysis indicates some negative impacts, please list actions that you plan to take as a result of this analysis to reduce those impacts, or rebalance opportunities. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Negative impacts identified	Actions planned	By who
none		

<b>6. Sign off and publishing</b>		
<p>Once you have completed this form, it needs to be 'approved' by Service Director, Clinical Director or an Executive Director or their nominated deputy. If this Equality Impact Analysis relates to a policy, procedure or protocol, please attach it to the policy and process it through the normal approval process. Following this sign off by the Policy Review and Monitoring Committee your policy and the associated EqlAn will be published by the Trust's policy lead on the website.</p> <p>If your EqlAn related to a service development or business /financial plan or strategy, once your Director or the relevant committee has approved it please send a copy to the Equalities Team (<a href="mailto:equalities@beh-mht.nhs.uk">equalities@beh-mht.nhs.uk</a>), who will publish it on the Trust's website. Keep a copy for your own records.</p>		
I have conducted this equality Impact analysis in line with Trust guidance		
Your name: Tina Read	Position Service Manager, Barnet CAMHS	
Signed: 	Date: 21.05.2019	
Approved by:		
Your name:	Position	
Sign:		
Date		

### Checklist for the Review and Approval of procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title simple and clear to everyone who reads it?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?		
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?		
	Are individuals involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are local/organisational supporting documents referenced?		
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	If appropriate, have the joint staff side committee (or equivalent) approved the document?	Yes	
7.	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	<b>Document Control</b>		
	Does the document identify where it will be stored?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	<b>Process for Monitoring Compliance</b>		
	Are there measurable standard to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	