Appendix A

Protocol for Transition from children's to adult pathways

1. Introduction

This protocol details Haringey Council and Haringey Clinical Commissioning Group's (CCG) commitment to ensuring that young people with special educational needs, mental health conditions and disabilities are prepared for adult life in a timely way that is right for them.

This protocol covers both the transition from children's to adult services at 18 years old, and also the transition out of education when the Education and Health Care (EHC) plan is ceased. The majority of young people who transition to adult care services are young people with complex disabilities or with severe mental illness who are receiving services in Haringey.

Young people attending out of borough schools, residential or day settings should be monitored during transition planning to ensure their needs are also met.

There is a separate policy[1] detailing how to make referrals of young people to Child and Adolescent Mental Health services with learning disabilities (CAMHS- LD).

2. Preparation for transition

The first formal discussion around a young persons' needs will be held at the young person's year 9 review:

- Special Educational Needs (SEN) service will email the young person's school.
- The review will cover the areas of planning for education and work, independent living, health and wellbeing and leisure and hobbies.
- The review will be held by the school, and information collated following the review by the SEN service on young people who may require referral to adult services.
- The school is responsible for providing appropriate support to young people on careers guidance. The family and young person will also complete a survey about their key areas of need, to be used for user satisfaction, service improvement and commissioning information.

If the young person is not known to the SEN service, then the first discussion may happen later. For example, for CAMHS to adult mental health services, transition planning may not start until aged 17 due to the way mental illness is managed in adolescents (e.g. young people who had been severely ill can recover well in their 17th year and not need to transition)

3. Identification

3.1 Move Into Adulthood Panel (MIA)

An annual multi-agency MIA panel will take place in January/ February to discuss young people with social care needs, establishing those most likely to be referred to adult services. The panel will be chaired by the Head of SEND who will update the destinations spreadsheet and share this with the relevant services afterwards. This will act as an estimate for services to know who is likely to be referred.

[1] http://www.haringey.gov.uk/sites/haringeygovuk/files/camhs-ld_transition_2018.pdf

The MIA panels will agree the initial referral destinations for young people to one of the following pathways:

- Haringey Learning Disabilities Partnership;
- adult physical disabilities services via First Response Team;
- mental health support via referral from First Response Team to Barnet, Enfield and Haringey Mental Health Trust (BEH);
- employment and skills pathway to non-statutory support.

Those identified as requiring a screening assessment for adult eligibility will be agreed, notes will be updated on the relevant IT system (e.g. Mosaic).

The CCG will update and track patients via its Caretrack system for people who may be CHC eligible; Barnet Enfield and Haringey Mental Health Trust (BEHMHT) will record people supported within specialist mental health services on to the RIO database.

3.2 Transition panel

Transition between children's services and adult services for young people will be discussed at the Transition panel for young people with primary needs other than mental health, and at CAMHS meetings for young people with primary mental health needs to ensure joined up planning is in place for young people with eligible needs.

The principles of the panel are as follows:

- Timely assessment of young people's needs, including their social care needs, health needs and mental health;
- assessments are outcomes focused;
- family carers and young people are engaged and information is shared appropriately;
- there is yearly review of the young person's needs;
- there is appropriate data collection;
- commissioning needs are highlighted and based on robust data.

3.3 CAMHS Transition meetings

The Barnet Enfield Haringey CAMHS Transition meetings with adult services takes place quarterly and reviews young people aged 17 who may require adult care, treatment or other support services, and identify the likely clinical requirement for services and oversee the transition planning process.

4. Referral from children's services to adult services

Most young people likely to move into adult services will be known to the Disabled Children's Team, whose social care officers will undertake annual reviews and make referrals via the client database.

Referrals will take place when a Social Worker has assessed a young person and made the referral to Adult Services. Other professionals in children's services can make a referral to adult services if there will be an ongoing social care need at the age of 18. Adult services will treat these referrals as initial assessments in line with Care Act requirements.

The young person and their family will in due course be contacted by adult social care services to arrange an initial assessment at the age of 17. The family or young person may refuse the assessment process, they may also initiate a referral in future. This must be recorded onto the Mosaic.

If a young person has significant health needs, the Bradford Decision Support Tool will need to be carried out by their local health team if in a local school, or by an identified staff member if not

known. If this indicates eligibility, the full assessment will be carried out by the First Response Team in Adult social care (ASC).

A map of the referral process for transition is at the end of Appendix A and is detailed below:

- **Learning Disabilities**: Disabled Children's Team to refer via Mosaic to Haringey Learning Disabilities Partnership and to email list of names to Team Manager for Transition;
- **Physical disabilities:** Disabled Children's Team to refer via Mosaic to Adults First Response Team and to email the list of names to the Team Manager;
- **Mental Health:** Referral via Mosaic to the First Response Team for initial assessment and email to Barnet, Enfield & Haringey Mental Health Trust if there are eligible needs.
- **Education and employment pathway:** The young person should be sent a Preparing for Adulthood Pathway Guide by lead professional who should also discuss future options.

Following referral, those who have had an assessment competed will be reported back to the Transition panel monthly to log eligibility and service packages offered on mosaic.

Adult social services may not recommend education packages as part of this process, if the young person has previously decided to leave education, without discussion with the SEN service.

5. Information required as part of the transition referral panel

The SEN officer, social worker from the Children's Service or NHS professional will provide an up to date Education, Health and Social Care Plan.

If the child attends an out-borough school, the gathering of assessment information will be led by the Education, Health and Care Coordinator from Haringey Council with assistance from other Local Authority and NHS representation as needed, and a lead will be allocated by the Transition panel.

A named, most appropriate, worker from either children or adult services will assume care co-ordination responsibility for the young person from the age of 17 years. This is most likely to be the Transition social worker, adult social worker or CAMHS lead professional but may be another appropriate professional, dependent on circumstances for the young person and their family.

Transition work should involve young person and their family / carers in the transition planning and handover process.

6. Not eligible for adult services

The lead professional should have a detailed conversation with the young person and their family about their future options if they are unlikely to be referred for adult services. These include signposting, referral and support to local employment support programmes.

7. Responsibilities of Commissioners

Transition is an operational process between social care and health services, it requires the right services to be in place for young people to access and clear process in place for agreeing and implementing funding of care packages.

Commissioners will support the panels through

- Ensuring services are commissioned to deliver good transition outcomes, and hold them to account;
- timely response to and resolution of any funding disputes;
- Identify gaps with operational colleagues, families and young people, and to work with services to meet priority service delivery gaps within available resources.

8. Continuing Health Care (CHC)

It is the responsibility of the Transition panel to ensure that all potential Continuing Health Care cases are identified, and assessment carried out at the age of 17 years. This is key if the young person is not in borough;

- Children's services should identify young people with likely needs for adult CHC, and notify the relevant CCG when such a young person turns 14
- There should be a formal referral for adult CHC screening at 16
- CCGs should use the 'National framework for NHS continuing healthcare' to determine what ongoing care services young people should receive.

A decision on adult continuing healthcare (CHC) can only be made through application of the Decision Support Tool (DST), usually after a checklist has indicated the necessity to complete a full assessment. However, the Transition panel may decide to proceed directly to a full DST based on the clinical condition of the young person, if advised to do so by the CHC representative. The CHC team will lead on the assessment (checklist and/or DST) and ensure an appropriate multi-disciplinary team complete the DST.

The statutory duty for decision making on eligibility for CHC rests with the CCG and the assessment will follow the usual decision-making process (process map will be available to view soon). Should the CCG determine that the young person is eligible for CHC they have the statutory duty to provide for the health and social care needs of the young person from the age of 18 years. In the case of the young person being determined not eligible for CHC, the CCG will also determine if there is eligibility for Funded Nursing Care.

9. **Financial budget prediction**:

A representative from children's service's and a representative from adult services will meet in February of each year to review those who have been referred and share:

- The young person's current respite/short breaks package and if this is high/medium or low
- The young person's education top-up cost and if this is high/medium or low and their likelihood of remaining in education
- Whether the young person has a health package and how many hours this covers.

As part of planning respite care provision under adult services' frameworks, the Council and CCG will apply its joint Respite Care policy in determining requirements for and levels of respite care.[2]

10. Information, advice and guidance

Annual Transition events will be jointly organised by children's and adult services to enable Families and young people to meet local providers, decide on the best courses and activities open to them and talk to professionals about destinations.

The Council commissions SENDIASS to provide Information, Advice and Guidance to families in relation to SEND support. Families should be given these details and be given a copy of Preparing for adulthood pathway guide[3] which is available in print and on the Local Offer website.

11. Review

This protocol will be reviewed annually with partners and co-ordinated between the Head of Integrated SEND, Head of Haringey Learning Disabilities Partnership and Head of Adult Social Care.

[2] http://www.haringey.gov.uk/sites/haringeygovuk/files/respite_care_policy_final.pdf
[3] https://www.haringey.gov.uk/sites/haringeygovuk/files/preparing_for_adult_pathway_guide.pdf

Appendix A

Pathway for Transitioning from Children's to Adult services