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2 Introduction

This document outlines the process for the transfer of young people from Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.

The transition years from child to adulthood can sometimes be stressful for young people as they develop their identity and increasing independence from family/carers. CAMHS services work with children and young people up to their 18th Birthday. This protocol should be used when it is considered that young people using CAMHS services may benefit from transition to Adult Mental Health Services.

3 Purpose & Scope

To ensure that transition between CAMHS to Adult Mental Health Services is as seamless as possible: this protocol aims to ensure:

- Young people and their families are engaged in a collaborative and transparent process.
- Young people and their families are empowered to share in the decision making process.
- Young people and their families can exercise their right to flexibility from mental health services.
- Clinical responsibility is clear and understood by all parties including the different agencies involved, the young person and their family
- Awareness of the Safeguarding needs of the individual should be kept in mind at all times
- Liaison with the Local Authority at an early point in the transition process is necessary to ensure they can provide a transition assessment to support the young person and their parent/career as required under the Care Act 2014.

4 Policy Specifics

Duties

5.1 Medical Director and Clinical Director for CAMHS

To ensure the clinical aspects of the policy are followed and to intervene where differences of clinical opinion on the protocol as applied to individual young people occur.

5.2 Heads of Service, Clinical Managers and Team Managers

To ensure all teams follow the revised protocol in a way which delivers optimum care for young service users.

5.3 Care Co-ordinators/Lead professionals

To follow the protocol when initiating/accepting the transfer of a young person.

5.4. Ratification process

Key Area	Lead Director	Working Group	Ratification Body
Clinical	Daljit Jadgev		

5.5 Consultation Process

This is an updated protocol

5 Implementation

TRANSITION PROTOCOL

1. Principles

This protocol outlines the process to be followed to ensure that transition is as smooth as possible.

- There must be a seamless transition between services.
- Plans should be consistent with the principles of care as provided within CAMHS: for most young people and their families the work focusses on Goal focussed care plans or for those with more complex needs the Care Programme Approach.
- Responsibility for care, including Care Co-ordinator, risk assessment, and monitoring any ongoing Safeguarding concerns must be explicit at all times.
- Co-operation and flexibility should characterise the approach to care planning to ensure the young person is supported by the most appropriate services.
- Young people and their families/carers should be involved in a collaborative process and empowered to be involved in decisions.
- Plans should be negotiated and agreed on the basis of informed consent or best interest decisions (under the Mental Capacity Act 2005) for young people aged 16/17 years and within the framework of Gillick competence and parental responsibility for those under 16.
- Inter-agency sharing of information should be consistent with the Trust's Information Sharing Policy and the 5 Borough Information Sharing Agreements.
- Wherever possible care plans should be shared, discussed and agreed with any multi-agency network.

2. Age of Transition: CAMHS to Adult Mental Health Services.

2.1. Young people receiving care from CAMHS

- Local Authorities must carry out a transition assessment of the child and family if they are likely to have needs for care or support after the child turns 18.
- Where young people are receiving a service from CAMHS, and are likely to require on-going mental health care, the CAMHS Care Co-ordinator for the client should commence discussion with the relevant Adult team six months prior to the young person's 18th birthday including about the time-scales for them to be able to take over care and manage the referrals process and transition in line with this. The transfer of care arrangements should be agreed in writing.

- If the young person does not want to actively engage with adult services, the family will need help in thinking about how they will manage the situation, including discussion about options for support. Depending on the individual case adult services may still accept the transfer.

- When CAMHS are providing time-limited interventions, these may continue beyond the 18th birthday in agreement with the Adult CMHT but not beyond 3/12 after the 18th birthday. These should form part of the CPA and be reviewed jointly by services in conjunction with patient and family or carers. The Adult service should care co-ordinate with the former CAMHS care co-ordinator and should co-work where applicable.

- After the young person's 18th birthday, adult services may continue to seek consultation and advice from CAMHS and contributions on a multi-agency basis from CAMHS at CPAs.

- Some young people, who are eligible for a service from a CAMHS team, may not meet the criteria for services from the Adult Mental Health Teams. There should be a documented discussion with the young person and their family about the criteria for Adult Mental Health Services and the reason they are not eligible for the service. In these cases the CAMHS team may explore referral to other agencies and organisations with advice and signposting for the young person and their family. Adult services can be consulted about appropriate agencies or services for young adults, when eligibility for Trust services has not been met. When the young person is 17 and a half, the CAMHS worker will need to start discussing support options with the family to prepare them for the changes.

2.2. New referrals aged 17 – 18 years old

Referrals of young people between 17 and 18 years of age should be assessed in the first instance by the CAMHS team. If the young person is within two months of their 18th birthday, and likely to meet the eligibility criteria for the Adult Team there will be a discussion between Team Managers to decide if the referral would best go directly to the Adult mental health service.

2.3. Admissions of young people aged 17+ years

- Young people under the age of 18 should be admitted to an adolescent ward (Aquarius, or Wisteria) at Springfield Hospital or an appropriate alternative ward suitable for young people within the South London Partnership.
- Young people who are approaching their 18th birthday (either as inpatients or outpatients) will not be admitted to an adult ward prior to their 18th birthday, other than in exceptional circumstances.
- The Mental Health Act 1983 amendments (2007) requires "Age Appropriate Services: it requires hospital managers to ensure that patients under the age of 18 admitted to hospital for mental disorders are accommodated in an environment that is suitable for their age (subject to their needs)."
- The requirements to meet the specific needs of young people subject to detention are described in the 2015 Code of Practice to the Mental Health Act and this should be used as day to day guidance in practice to ensure lawful good practice and effective use of detention for young people.
- Young people, who are currently inpatients, will not be able to remain on the CAMHS ward from the day of their 18th birthday, other than in exceptional circumstances. Preparation for their transfer to an adult ward ro Adult community team, if required, should begin as early as possible, in line with CPA policy, whether an internal transfer within the Trust, or external. The CAMHS ward or AAOT will liaise with the appropriate Adult ward and/or community team, invite them to CPA meetings, and follow the Trust Guidance for the transfer of patients between wards and services across Trust sites and with external providers.
- Aquarius staff will complete Discharge check list Appendix 1

In the event of an admission to an adult ward this must be notified as a Serious Untoward Incident using the Trust's Ulysses electronic reporting system. CQC and NHSE must be informed.

3. Transition to the Early Intervention Service

Patients under 17 years of age with a first episode psychosis who are considered to require mental health services are the responsibility of CAMHS. Depending on individual need, discussion may occur with adult early intervention services regarding joint working. EIP will when it is required care cooridate young people from the age of 17 with psychiatric responsibility remaining with Tier 3 CAMHS.

4. Transition to the Complex Needs Service

Young people are prioritised (held on a separate w/l to other referrals) and may be able to be assessed prior to their 18th birthday provided the referral has been done in a timely manner. If CNS do not have the capacity to assess and begin treatment prior to the 18th birthday, or if transitions happens too late to allow for this, then CAMHS (as the referrer) will be asked to refer to the relevant RST to ensure that the RST manage the risk until they are assessed by CNS.

5. Transfers to other specialist adult services

Some young people will require transfer from CAMHS directly to other adult specialist services, for example Eating Disorder, Adult Learning Disability Service or ADHD teams. In these cases the principles outlined in Section 2 will apply. All young people who are using CAMHS deaf services will transfer if indicated to generic adult services supported by DACT.

6. **Adult Borough Care Pathway meetings**

CAMHS staff are encouraged to attend these meetings to discuss transition of young people aged 171/2 with the CMHT/RST/CNS consultant and/or clinical manager. This facilaitates consideration of the referral with the CAMHS care coordinator present and discussion re thresholds, joint assessments and non trust services which might

If a transition gets delayed or there are difficulties encountered then the case can be brought to this for discussion. If particular trends or challenges emerge repeatedly regarding transitions from CAMHS to Adult these can also be taken to the meeting for discussion and resolution.

7. Leaving Care Teams and Education, Health and Care plans

This protocol applies to young people who are also under the care of Social Services Leaving Care Teams. These teams will be involved in the arrangements for the transfer of care from CAMHS to Adult Services and will continue to be involved until the young person is 24 years old. Likewise young people with Special Educational Needs who have an Education health and Care plan in place will continue to be supported through that process until they are 24 and the Education workers will liaise with Adult services once transition has been effected.

8. Documentation Associated with Transfer of Care

Adult teams will ask for completion of specific referral forms. All transfers of care must include the following documentation – this may be written in a collaborative process with young person and family.

- Diagnosis and date when made and Formualtion and reports documenting initial diagnosis if available
- What treatment/therapeutic intervention(s) have **occured**
- **Were** these helpful or unhelpful ?
- If helpful – why? Name specific elements
- If unhelpful – why? Name specific elements

- Education/work plan and whether an EHCP
- Preferred appointment times (after school/college) and preferred venues (in/out of clinics)
- How young person would like family or carers to be involved
- Names of other professionals involved, contact details

- Current Risk Assessment and Managemeent plan
- Integrated Crisis Management Plan

Safeguarding issues must be highlighted as these may move from Safeguarding children concerns to Safeguarding Vulnerable Adults.

The referring team retains responsibility for providing and co-ordinating care until the transfer has been effected. No case will be closed without the involvement of all relevant agencies in the decision making process.

In some situations clinicians and young people/families might find it helpful to complete Children and Young Person's Mental Health Service Information Passport – Appendix 2

Transition Check List

CAMHS Service managers will forward a list of young people aged 17 ½ in Tier 2/3 teams to clinicians every 2/12. Clinicians can use Transition check list see Appendix 3 when appropriate.

9. Arbitration

The appropriate teams should agree all transfer of care arrangements locally. In exceptional circumstances where there is a disagreement about the point at which care should transfer; Consultant Psychiatrists and Team Managers should involve the appropriate Heads of Service and Clinical Directors or Heads of Nursing as necessary.

10. Clarity of Information

- All clients referred to adult mental health services, aged 21 or below, must be reviewed on the relevant electronic record system to ascertain whether there has been any previous CAMHS involvement. Young people receiving care from outpatient CAMHS services will have their care recorded on the IAPTUS-CYP system; those who have been inpatients within the Trust or received care from AAOT will have those episodes recorded on RiO.

10. Training Needs

There are no training needs associated with the implementation of this policy. In highly complex cases where transition may increase risk, advice and support may be sought from the Named Safeguarding Professionals, CAMHS CD and the Trust Virtual Risk Team.

6 Monitoring of Compliance

Clinical Directors will be involved where the policy is not being followed and/or problems have arisen. They or teams themselves can make recommendations for changes to the policy.

7 Associated Documents & References

- The Mental Health Act 1983 as amended 2007
- Care Act 2014
- Safeguarding and Promoting the Welfare of Children Trust Policy TWC03
- Information Sharing Policy Trust Policy IG3
- Five Borough Information Sharing Agreement Trust Policy IMT03
- Transitions in Mental Health Care, Young MINDs 2011
- National CAMHS Review “Children & Young People In Mind” 2007
- Care Programme Approach Trust Policy TWC12

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
The trust needs to ensure that CAMHS staff plans in advance of the 18th birthday to facilitate transition and or to prepare the family for service changes.		IAPtus / RiO patient record	Scrutiny patient record prior to 18th birthday via the CAMHS performance analysts.	CAMHS governance structures	and Clinical Director	Training and audit via CAMHS learning Events

8 Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the **[ENTER NAME]** together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the **ENTER CONTACT DETAILS**.

9 APPENDICES

AQUARIUS DISCHARGE CHECKLIST

Name of Young Person:…….

Before the young person leaves the ward:
(Tick when completed)

- □ Organise leaving cake and Leaving Circle.
- □ Order and provide TTO's
- □ Take final set of physical health observations
- □ Check safe, yp valuables drawer, store room and clinical room for personal belongings.
- □ Return young person's own phone.
- □ Inform young person that they will receive discharge summary after discharge, and to seek support from parents, care coordinator and/or ward if distressed by it or have any questions.
- □ Inform parents that young person will receive a discharge summary and encourage parents to support young person around with this when received.
- □ Before leaving the ward, identify the young person's next CAMHS appointment (within 7 days, or within 3 days if the young person is higher risk)
- □ Make sure relevant agencies are informed of the Discharge date (CAMHS, School, Children's Services etc.…) particularly if the discharge is earlier than planned.

Complete these forms;

- □ Individual Discharge Meeting with the young person - see document in 'Discharge Documents' folder on the server
  - Hand out CAMHS-SS (Service Satisfaction Questionnaire). There is one copy for the young person and another for their parents. Copies are in the blue 'Discharge Questionnaire' folder in the MDT office. Put completed ones in the pigeon hole labelled 'Lydia/Janine/Jenny'.
  - Friends and Family Test completed on the tablet or Real Time Feedback Kiosk by the young person. The password can be requested from Jo.
- □ Consent letter to be given to young person and copy taken and upload onto RiO.
- □ Write and give young person their discharge summary card

Administration Tasks:

- □ Inform Admin staff that the young person has been discharged.

- □ Ask Admin staff to send Final Discharge Summary Form to GP (completed by discharging doctor).

Nursing Tasks

- □ Make a discharge note in RIO progress notes including member of staff to last see patient, the ward they were discharged from, where they were discharged to, quantity of medication given, mental state at time of discharge.

- □ Update risk assessment to being discharged.

- □ Reallocate community care co-ordinator and inform them of this.

- □ Must do discharge Cgas and Honosca *before* taking off RIO bed status. Please also document last vital signs in physical health and monitoring.

- □ Clean Bed area in accordance with Infection Control policy.

Appendix 1 - Children and Young Person's Mental Health Service Information Passport

Transition passport.docx

Appendix 2 – Transition Check List

Transitions checklist.docx

Appendix 3 Transtitions flow chart

Transitions flow chart v2.docx

Appendix 4

Checklist for the Review and Approval of Trust-Wide Policies

Checklist		If No, why?
Have the 'Style & Format' requirements of the 'Policy on Policies' been followed in the development and review of this document?	Yes / No	
Are the following headings with supporting information included?		
• Introduction	Yes / No	
• Definitions	Yes / No	
• Purpose and Scope	Yes / No	
• Policy Specifics	Yes / No	
• Implementation	Yes / No	
• Monitoring of Compliance	Yes / No	
• Associated Documents & References	Yes / No	
• Equality Impact Assessment		
• Appendix: Checklist for the Review and Approval of Trust-Wide Policies	Yes / No	
Does the document clearly detail who has been involved as part of the consultation?	Yes / No	
Has the document received final approval from the appropriate committee / group as described in the 'Policy on Policies' prior to submission for ratification?	Yes / No	
Does the 'Document Location and History' section clearly state where the current document can be located, the document that it replaces and where the archived document can be found?	Yes / No	
Does the 'Version Control History' clearly outline the type of changes that have taken place and when?	Yes / No	
Have all relevant external legislative and regulatory requirements been considered and / or added with internal advice sought where necessary?	Yes / No	