



Transition of Care from Specialist Child and Adolescent Mental Health Services to Adult Mental Health Services Operational Policy

Version:	3.2
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Approved Date:	23rd September 2014
Approved By:	East & North Herts SBU Quality and Risk Management Meeting
Ratified Date:	13th January 2015
Ratified By:	Policy Panel
Issue Date:	22nd January 2015
Review Date:	22nd January 2018

Target Audience:

This Policy must be understood by:

- ❖ All staff working in HPFT Child & Adolescent Mental Health Services
- ❖ All staff working in HPFT Adult Mental Health Services

P1 – Version Control

Version	Date of Issue	Author	Status	Comment
V3	22 nd January 2015	Service Development Manager	Superseded	Full review
V3.1	1 st May 2015	Service Development Manager	Superseded	Updated for Care Act 2014
V3.2	September 2015	Consultant Social Worker CAMHS	Current	Further Care Act update

P2 - Relevant Standards:

- a) **Guidance on the Children and Young People’s Plan - [link](#)**
- b) **CQC Key Lines of Enquiry / Fundamental Standards**
- c) **Equality and RESPECT:** The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.
- d) **Care Act 2014**

P3 - The 2012 Policy Management System and the Policy Format:

The PMS requires all Policy documents to follow the relevant Template.

- **Policy Template** is the essential format for most Policies. It contains all that staff needs to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services, how they work and who can access them.
- **Care Pathways Template** is at the moment in draft and only for the use of the Pathways Team as they are adapting the design on a working basis.
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance’s which will need to go back to the Approval Group annually.

Symbols used in Policies:

RULE =internally agreed, that this is a rule & must be done the way described

STANDARD = a national standard which we must comply with, so must be followed

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

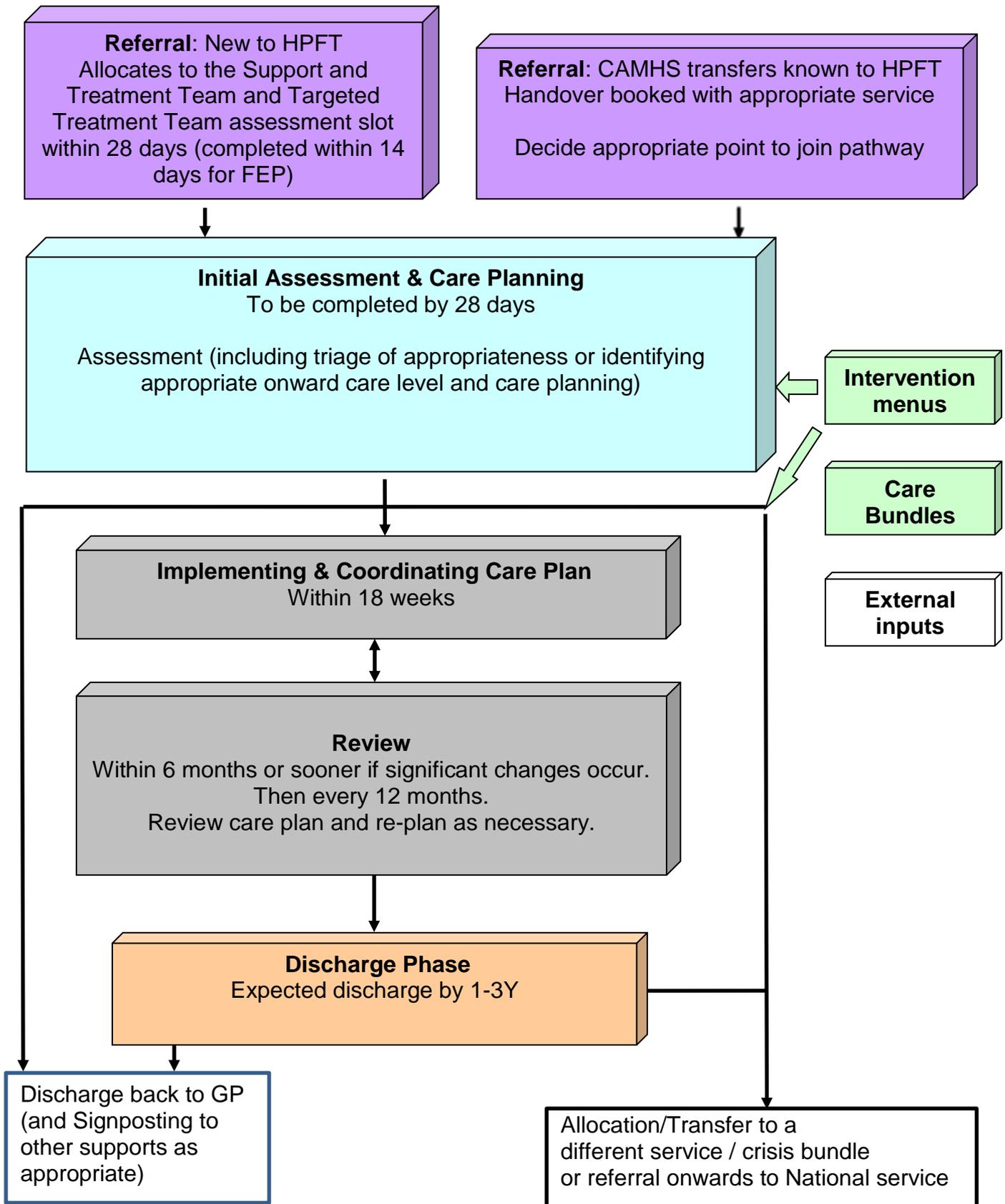
All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained & archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or <http://trustspace/InformationCentre/TrustPolicies/default.aspx>

Contents Page

PART:		Page:
Preface	Preface concerning the Trust Policy Management System:	
	P1 - Version Control History	2
	P2 - Policy Context	2
	P3 - Relevant Standards	2
PART 1	Preliminary Issues:	
	1. Flowchart	4
	2. Introduction	5
	3. Purpose	6
	4. Definitions	6
	5. Standards for Transition from CAMHS to Adult Mental; Health Services	7
PART 2	Who does what	
	6. Procedure for the Transition of Young People from CAMHS to Adult Mental Health Services.	8
	7. Procedure for the transition arrangements for a young person from CAMHS to Adult Mental Health Services who is an inpatient or is living in a specialist placement at the time of transfer	11
	8. Resolving Disputes	12
	9. Clinical Risk Assessment & Management	12
	10. Safeguarding	13
	11. Young People who Do Not Attend	14
	12. Access for people with a Learning Disability	14
	13. Capacity to Consent	15
	14. Induction, Supervision, Appraisal and Training	16
	15. Comments, Complaints and Compliments	16
	16. Confidentiality	16
	17. Access to Records	17
	18. Consent to Share Information	17
	19. Records Management	19
	20. Health and Safety	19
	21. Embedding a culture of Equality & RESPECT	19
	22. Process for Monitoring Compliance	22
PART 3	Associated Issues	
	23. Version control	23
	24. Archiving Arrangements	23
	25. Associated Documents	23
	26. Comments and Feedback	24

1. FLOW CHART



2. Introduction

Child and Adolescent Mental Health Services (CAMHS) describe the broad range of services, which support the emotional wellbeing, and mental health of children and young people.

In the last 10 years, a raft of policies heralding the way for the development of a comprehensive Child and Adolescent Mental Health Service (CAMHS) has emerged.

Key strategic direction has been found in:-

- Change for Children - Every Child Matters, Department for Children, Schools and Families (DCSF), 2004;
- The National Service Framework for Children, Young Peoples and Maternity Services, Department of Health, 2004;
- The Children's Plan-Building Brighter Futures, DCSF, 2007;
- Children and Young People in Mind: the final report of the National CAMHS Review, DCSF, 2008.
- Care Act 2014
- Children and Families Act 2014
- Model specification for Children and Adolescent Mental Health Services (CAMHS) "<http://www.england.nhs.uk/resources/resources-for-ccgs/>"

The National Service Framework for Children, Young People and Maternity Service (2004) establishes clear standards for promoting the health and well-being of children and young people and for providing services which meet their needs.

Included in Standard 4 'Growing up into Adulthood,' is the transition to adult services. It is acknowledged that the transition from child to adult services can be a difficult time for young people at a time when they are faced with many personal changes.

The Care Act requires that the wellbeing of each young person or carer must be taken into account so that assessment and planning is based around individual needs, wishes and outcomes. Early conversations provide an opportunity for young people and their families to reflect on their strengths needs and desired outcomes and to plan ahead for how they will achieve their goals.

The purpose of carrying out a transition assessment is to provide young people and their families with information so they know what to expect in the future and they can prepare for adulthood. Transition assessments can be of benefit in providing solutions that do not necessarily involve the provision of services and which may aid planning that helps to prevent and reduce or delay the development of needs for care and support.

Professional from different agencies, families, friends and wider community should work together in a coordinated manner around each young person to help them achieve their desired outcomes

The professionalism, flexibility and dialogue between clinicians will ensure safe, seamless and timely transfer of care between services. It is the task of services to ensure that the transition process and the change in services run smoothly. Within this, individual professional groups should have a clear protocol for the management of young people's health during the transfer to adult care.

The duty to conduct a transition assessment applies when a young person is likely to have needs for care and support under the Care Act. A transition assessment must be

conducted for all those who have likely needs. However the timing of this assessment would depend on when it is of significant benefit to the young person. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving CAMHS services and /or Children's Social Care but for anyone who is 'likely to have needs' for adult care and support after turning 18. 'Likely to have needs' means they have any likely appearance of need for care and support as an adult, not just those needs that will be deemed eligible under the Care Act.

This protocol and procedure sets out the requirements with regard to the transition of service users from the Hertfordshire Partnership University NHS Foundation Trust (HPFT) Child and Adolescent (CAMHS) services to the Adult Mental Health services or other appropriate care pathways.

Particular care must be taken to ensure that there is close liaison between the adult team delivering care for those with first episode psychosis (FEP) and CAMHS professionals responsible for CYP with a psychotic presentation.

This protocol is based on transfers between HPFT services. For interagency transfers of care refer to the Adult Care Services Cross Service Protocol and the Adult Care Services Multi-Agency Transition Protocol for Disabled Young People.

The protocol is underpinned by the service policies and principles of HPFT Child and Adolescent Mental Health Services. This policy should be read in conjunction with the HPFT Delivery of Care policy. The CAMHS vision and values are based on the following clinical principles, in line with the principles which underpin CYP-IAPT and CAPA:

- **Evidence-based** – interventions are informed by the best research evidence
- **Goal focused** – interventions focus on the goals and wishes of the child/young person and his/her family
- **Feedback Informed** – session by session feedback on clinical progress and therapeutic alliance, facilitates better working relationships and outcomes
- **Outcomes focused** – use of routine outcomes monitoring informs service development and clinical practice
- **Service-user led** – authentic participation guides service development to meet local populations' needs.

3. Purpose

The purpose of this Policy is to provide staff within CAMHS and Adult Mental Health services with guidance on transition of young people with care and support needs from Child & Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services. This will ensure that young people with continuing mental health problems are effectively supported during the transition from CAMHS to adult mental health services or to other appropriate support or services.

The document supports the transfer process by setting out the procedures to be followed to ensure that where transition is required, it takes place with full information and assessment of need being made available to the receiving Adult Mental Health service or to other services that might provide care.

The procedure applies to the transfer of care and treatment for all young people including Children Looked After. It applies to all transfers from all services delivered by HPFT CAMHS to all services delivered by HPFT Adult services.

The responsibilities for the implementation of the procedure are set out in the body of the document.

In matters of transition as in all matters, the Trust requires its staff both health and social care professionals to abide by their own professional codes of conduct.

4. Definitions

ADHD	– Attention Deficit Hyperactivity Disorder
CAMHS	– Child & Adolescent Mental Health Services
CAPA	– Choice & Partnership Approach
CMHS	– Community Mental Health Services
CPA	– Care Programme Approach
CYP/IAPT	– Children & Young People’s Improved Access to Psychological Therapies
FEP	– First Episode Psychosis
EPR	– Electronic Patient Record
HAOT	– Hertfordshire Adolescent Outreach Team
HCT	– Hertfordshire Community Trust
HPFT	– Hertfordshire Partnership University NHS Foundation Trust
KPI	– Key Performance Indicator
SPA	– Single Point of Access
STT	– Support & Treatment Team
TTT	– Targeted Treatment Team
WT	– Wellbeing Team
YOT	– Youth Offending Team
HCS	- Herts Community Service

5. Standards for Transition from CAMHS to Adult Mental Health Services

- The needs of the young person, not of the service, should come first and foremost
- Transfer of care should not be undertaken when the young person is acutely unwell.
- There should be effective information sharing between services that is clearly communicated within the transfer process
- The Care Programme Approach is integral to transferring to adult services if the young person is subject to CPA.
- The young person (and where appropriate their family) will be at the centre of the process, and involved at all stages
- Information regarding any child protection/vulnerable adult concerns will be clearly communicated within the transfer/referral assessment and planning process
- Safeguarding children/vulnerable adults procedures will be adhered to at all times
- A period of joint care may be beneficial to the young person
- It should also be recognized that not all young people in the care of CAMHS will transfer to adult mental health services. All young people should have a written and agreed plan at discharge if no further interventions or treatment are planned. The plan should identify resources for advice, information, self help and support, so that the young person and, where appropriate, parents/carer knows what to do if they become unwell.

Referrals for the transfer of care for young people receiving an adolescent mental health service from a provider i.e. other than HPFT, including those out of Hertfordshire should be made via the Single Point of Access.

6. Procedure for the Transition of Young People from CAMHS to Adult Mental Health Services.

6.1 CAMHS services work with young people with mental health problems up to the age of 18 years and up to 19 years where they are already in the service.

If a young person presents within 6 months of their 18th birthday then CAMHS would do the initial assessment and liaise with Adult Mental Health Services to develop a care plan which best meets the needs of the young person. This may involve interventions by CAMHS, adult services or a mixture of both including appropriate transition arrangements.

6.2 Criteria for Consideration of Transition into Adult Mental Health services

The young person has symptoms which indicate either:-

- a psychosis or major mental illness or
- mental health/psychological needs, which are likely to continue into adulthood or
- an enduring mental health problem
- mental health / psychological needs that would benefit from an intervention from the Wellbeing team

6.3 Transition Planning

Consideration of 'significant benefit' is related to the timing of the transition assessment. Factors in establishing the right time to assess can include the following:

- Current mental state including any planned medical treatment
- Stage of education and any upcoming exams
- Aspirations around further education and training or employment
- Needs relating to accommodation
- Whether the young person will have care leaver status
- The time it may take to carry out an assessment
- The time it might take to put in place the adult care and support plan
- Any relevant family circumstances

This process should commence at least 6 months before transition.

For children with Special Educational needs with an education health and care plan (EHC plan) under the Children and Families Act preparation for adulthood must begin from year 9 and should be undertaken as a combined assessment where possible and appropriate.

Where a young person receiving a service from CAMHS, is assessed as requiring HPFT mental health services beyond their 18th birthday, the CAMHS care coordinator/lead professional will discuss a proposed transfer with the young person and their family/carers.

The young person and their family/carers should continue to be involved at each stage in the transfer process and receive the appropriate information regarding the new service/s, contact numbers etc.

The CAMHS care coordinator/lead professional will make a formal written referral to the relevant local Adult Mental Health Service.

This referral should be made direct to the relevant adult service and not made via the Single Point of Access.

The referral should include:-

- a case summary;
- reasons for transfer
- details of the young person's GP
- request to arrange a planning/transfer meeting and allocation of a Care Coordinator within the receiving adult team. This should take place at least 6 months before the transition, in order to ensure a smooth and timely transition to adult services,

On receipt of the referral, the receiving service should bear in mind all relevant eligibility criteria for Adult Mental Health services including the National Eligibility Threshold as set out in the Care Act 2014.

The Adult Mental Health Service receiving the referral will contact the CAMHS care coordinator/lead professional within two weeks of receipt of referral to discuss the referral. If the referral is agreed to be appropriate, a planning/transfer meeting date within 2 weeks will be set at this time.

Local arrangements should be put in place across adult mental health services and CAMHS to facilitate good communication and case discussion so that transfer arrangements are clear and work well.

6.4 Care Planning

The planning meeting should be attended by :-

- the young person
- their parent/s/carers
- representatives of the CAMHS and other services that are currently involved in the care of the young adult

Representatives of the adult services that it is considered most appropriate to meet the needs of the young adult who is approaching transition. This may be the local Community Mental Health Service to the young adult but may involve other services such *Community Eating Disorders Service, Wellbeing Team, Community Learning Disability Team, Vocational, Employment and Education Services, Children's Services, Housing and any other voluntary and statutory agencies involved with the young person*

In all cases where people attending the meeting have additional communication needs, such as physical, sensory or learning disabilities, and people who do not speak or read English, their range of communication needs must be met. The Trust Policy "On Communicating with Service Users from Diverse Communities" provides guidance on communication and procedures for accessing the interpreting service.

The Care Planning meeting should discuss and agree a care plan using the CPA process. The Care Plan should include:-

- An agreed time table for the transfer

- The details of the transition process with planned milestones
- An agreed plan and timetable for any joint working required ahead of the transfer
 - this should include :-
 - how and when the young person will be introduced to their new care coordinator in adult services.
 - Ensuring that the young adult, their family/carers know who to contact and what to do if they feel things are not going according to plan.
- Agreement on roles and responsibilities during and after the transfer
- Review of the care plan and current clinical risk assessment.
- An agreed date for the final Care-coordination/CPA transfer meeting

The young person should have confidence that the planning meeting will focus on need, rather than age or diagnosis, and will be flexible.

In some circumstances, the young person may not be ready to make the transfer to adult services due to the state of their physical or mental health or development. In such circumstances the young person's need should dictate the timescale and this may go beyond the young person's 18th birthday. However it should be as near to the young person's 18th birthday as possible.

If the young person has mental health problems and learning disabilities, the CAMHS care coordinator/lead professional should discuss their needs with the specialist learning disability services and where appropriate invite their representative to attend the Planning meeting. This will ensure that a clear support plan can be made which should include how services work together to deliver integrated care and support to the young person.

The on-going care coordination role in adult services should generally be taken by the service with the skills and experience most suited to meet the needs that are putting the person at the greatest risk.

During the transition process, the CAMHS care coordinator/lead professional is responsible for ensuring that all reasonable adjustments should be made to facilitate the process, in accordance with the guidance referred to in Section 13 below.

In considering transfer of care the needs of the carer should also be considered and a carer's assessment offered if appropriate.

The CAMHS care coordinator/lead professional will make a record of this meeting which will detail the actions agreed and distribute the notes to all involved *within 5 days*.

If the planning meeting decides that the nominated service i.e. Adult Mental Health Service or any other represented service originally identified as relevant to meet the young person's needs, is not the appropriate service, the CAMHS care coordinator/lead professional will inform the CAMHS team. S/he will discuss the outcome of the planning meeting and make arrangements for a referral to an alternative agency, following the principles set out in the Adult Care Services Cross Service Protocol.

The CAMHS care coordinator/lead professional will have the responsibility to ensure that the transition between services goes smoothly.

The HPFT Delivery of Care Policy should be followed to ensure the care requirements are efficiently and smoothly transferred between services.

It may be necessary to have several joint meetings/ sessions between the services and the young person before hand-over is complete.

If it is not possible to follow any of the above procedure for any reason, the CAMHS care coordinator/lead professional should make a record of this in the EPR and detail the actions that have taken place to ensure an effective handover.

At the earliest opportunity CAMHS care coordinator/lead professional is responsible for ensuring all relevant information is available to the receiving service and for updating the 'location field' in the EPR/registration screen to enable the receiving team to access the record. This must happen as part of the transfer process, before the service user is seen at the new location.

CAMHS services will then start to reduce their contact with the young person, allowing key worker from the adult mental health service to get more involved.

The CAMHS care coordinator/lead professional will then arrange a final Care-coordination/CPA transfer meeting at which responsibility for the young person's care and treatment will be formally transferred to adult mental health services. This official transfer will include any Responsible Clinician responsibility.

The young person will then be formally discharged from the CAMHS service.

6.5 Discharge from CAMHS

RULE All discharges and transfers from the specialist CAMHS service will be made in accordance with principles laid down in the Trust's overall Discharge policy which is available on the HPFT staff intranet.

RULE Following the final transfer meeting, the CAMHS care coordinator/lead professional will send a CAMHS discharge letter to the young person, their GP and all those involved in the young person's care.

The CAMHS care coordinator/lead professional will document the transfer and discharge on the EPR PARIS. The discharge/transfer summary should include the following information:-

- *The reason for the transfer*
- *The child/young person's condition at the time of transfer*
- *A written final evaluation summary of the child/young person's progress towards identified treatment/care goals, including any on-going risks and possible management strategies*
- *A summary of the care plan agreed with adult mental health services*
- *The name of the new care coordinator*

RULE *This summary will be sent within 5 working days of the child/young person's transfer and the case subsequently closed on the EPR PARIS.*

It is the responsibility of the CAMHS service to ensure all services providing on-going services to the young person are aware of the date on which the official handover has taken place.

7. Procedure for the transition arrangements for a young person from CAMHS to Adult Mental Health Services who is an inpatient or is living in a specialist placement at the time of transfer

As stated above, in some circumstances, the young person may not be ready to make the transfer to adult services due to the state of their physical or mental health or development. In such circumstances the young person's need should dictate the timescale and this may go beyond the young person's 18th birthday. However it should be as near to it as possible.

Where the young person is an inpatient or living in a specialist placement, and the clinician responsible for the young person's care determines that the young person is ready and able to make the transfer then the procedures described in the section above should be followed with the following difference/s:-

- where the young person is an inpatient in an HPFT resource, then the care coordinator/lead professional role detailed in Section 6 above, will be identified from within the in-patient unit staff;
- where the young person is in a placement outside of HPFT resource, the care coordinator/lead professional role will be held by the CAMHS service care coordinator/lead professional that referred the young person to that service.

In both circumstances, it is important that the Bed Management and Placement Team are fully involved in the planning meeting for transition arrangements.

8. Resolving Disputes

On occasions, despite everyone's best efforts, there will be disputes as to the appropriate service for the individual young person. It is essential that these disputes are resolved as quickly as possible.

When a dispute arises, the CAMHS care coordinator/lead professional should arrange a case discussion. *This* should be held as soon as possible from the time when the conflict/lack of agreement has arisen. The relevant team managers from CAMHS and Adult services should attend the case discussion where it will be expected that an agreement will be reached on the most appropriate way forward to meet the health needs of the service user.

If an agreement cannot be reached at this meeting, the CAMHS & relevant adult mental health and CAMHS managers should inform their respective Service Line Leads (adult mental health services and CAMHS) who should discuss the situation and make a decision. *This should happen no longer than 5 days after the case discussion.*

If the dispute involves an ACS service outside of HPFT, the Adult Care Services Cross Service Protocol should be referred to.

If a resolution can still not be made then the appropriate Managing Directors should be approached and must make a final decision.

In all cases, the CAMHS care coordinator/lead professional has the responsibility to ensure that the young person involved receives the appropriate care and treatment whilst the conflict is resolved.

9. Clinical Risk Assessment/Management

Clinical Risk Assessment and Management is defined by the Trust as a continuous and dynamic process for judging risk and subsequently making appropriate plans considering the risks identified.

“Modern risk assessment should be structured, evidence based and as consistent as possible across settings and service providers” (Best Practice in Managing Risk – Department of Health 2009.)

Clinical risk assessment and management is fundamental to ensure:-

- Risks to the wellbeing of children, young people and their families, staff and others are assessed and identified
- Indicators of possible adverse outcomes e.g. non-compliance with treatment or non-attendance at appointments are addressed.
- Risks to children, young people, their families, staff and others are regularly reviewed *and actions taken to mitigate the risks*
- Risks to children, young people, their families, staff and others are communicated *appropriately to those who need to know*
- Children, young people, their families, staff and others are safeguarded
- Shortfalls in services are identified and addressed

RULE The CAMHS care coordinator/lead professional responsible for the young person’s transition will update the risk assessment and consider whether an enhanced and comprehensive risk assessment should be completed where a significant risk is indicated.

RULE Any identified risks will be shared with the young person and their family so that an agreed risk management plan can be developed. This will be shared as part of the transition process with the adult mental health service to whom the young person’s care is being transferred. A copy of the updated risk assessment and management plan will be placed upon the electronic record.

RULE It will be a clinical decision about whether and with whom this information should be shared outside the organisation. Such decisions will be taken in accordance with the guidance on consent to share information in Section 22 below.

All risk assessments are on-going processes and any change/s to risk during the transition process will be documented in a timely manner by the young person’s care coordinator/lead professional.

10. Safeguarding

The Trust is committed to safeguarding children and young people and all vulnerable adults whom it serves in accordance with the multi-agency policies and procedures agreed under the auspices of the Hertfordshire Safeguarding Adults Board and the Hertfordshire Safeguarding Children Boards.

RULE Where, during the transition planning, there is reason to believe that the young person under the age of 18 years or an unborn baby has suffered, is suffering or is likely to suffer significant harm, a referral should be made under the local Hertfordshire safeguarding procedures. These can be found on the HPFT intranet.

RULE During the transition period, the CAMHS care coordinator/lead professional should seek to discuss concerns with the young person and where appropriate, his/her parent/carer and where possible seek agreement to making the referral.

This should only be done where such discussion and seeking agreement will not place the child/young person at increased risk of significant harm.

If the CAMHS care coordinator/lead professional is unsure about making a referral, then s/he can consult with the Safeguarding Vulnerable Adult Practitioner/ Lead Nurse for Safeguarding Children.

All cases of suspected or actual abuse must be taken seriously and acted on, including those which initially may appear as minor as well as serious incidents.

RULE The CAMHS care coordinator/lead professional must ensure that s/he records his/her concerns and actions taken in the EPR PARIS, including entering an alert about any child protection matters.

If the CAMHS care coordinator/lead professional has concerns about subsequent action/s taken by partner agencies, s/he must escalate these to the relevant line manager for discussion with the appropriate Safeguarding lead (Vulnerable adults/children) who will advise about appropriate action.

Where such situations arise, the CAMHS care coordinator/lead professional should consider in discussion with his/her line manager and where appropriate the relevant Safeguarding lead, whether the process of transition from CAMHS to adult services should be put on hold until the safeguarding issue has been addressed and/or resolved.

11. Young People Who Do Not Attend (DNA)

RULE Where a child/young person who is or has been referred by CAMHS to Adult Mental Health services does not engage with the transition process, the CAMHS clinician should ensure that the HPFT Did Not Attend policy is followed.

If the young person continues to DNA and thus does not engage in the transition process, a summary of the attempts made to engage and involve the young adult in the process should be documented on the EPR, including potential risks and the likelihood of future presentation to adult services.

RULE A discharge summary should be written and sent within 5 working days to the GP, highlighting any potential risks and whether the young adult would benefit from future interventions if they present at a later date to the appropriate adult mental health services.

RULE The CAMHS clinician should also write to the young person informing them of the position and their discharge from service and providing them with the contact details of how to access services in the future if they should wish, including other support and services in the community that may be available to them.

12. Access to healthcare for people with communication, involvement and capacity needs

STANDARD HPFT have a responsibility to ensure that all people access appropriate services, have their views represented throughout the assessment and care planning process, and that they receive the best treatment available in line with good practice and legal frameworks.

RULE Therefore all HPFT services will ensure that

- Reasonable adjustments are made to ensure that each child/young person has the same opportunity for health (Equality Act 2010, Care Act 2014)
- Assume that each person presented to the service has capacity. If assessment shows they don't, a decision must be made in their best interest. (Mental Capacity Act 2005)
- Everyone has a right to expect and receive appropriate healthcare. (Human Rights Act 1998)
- If an individual has substantial difficulty in communicating or being involved in the assessment and care planning processes, then appropriate actions are taken to ensure that the individual is enabled or represented during the process (eg reasonable adjustments or advocacy). (Care Act, 2014)

Reasonable adjustments may include:

- spending time with the individual to gain an understanding of their circumstances and preferences
- asking them where they would prefer to be treated
- providing additional support to assist with communication, this support will be available via easy read material/and/or audio equipment. Templates for appointment letters and easy read information leaflets are available via the Performance page on the intranet.
- If a child/young person or his/her family continue to have difficulty understanding it is the responsibility of both the CAMHS or Adult Mental Health staff to agree and make a referral to a specialist learning disability service for additional support as part of the transition planning process.
- Asking permission to see the Health Action Plan (Valuing People) which all people with a learning disability should have and contributing to and/or amending this as appropriate during the transition planning.
- Valuing and welcoming the contribution of the relative/carer/advocate

13. Capacity to Consent

STANDARD

Where the young person does not have capacity to consent to his/her transfer to adult care services, the CAMHS care coordinator/lead professional will act in accordance with the requirements of the relevant legislation. In particular the CAMHS practitioner may wish to refer to the Mental Capacity Act 2007. This states that a health professional can and should provide treatment if it is considered to be clinically necessary and in the "best interests" of the service user.

The CAMHS care coordinator/lead professional should discuss the circumstances of the individual young person with the multi-disciplinary team and where appropriate the parents and carers. In some situations, it will be necessary to seek legal advice about the

most relevant legislation under which to act to safeguard the health and welfare of the child/young person whilst ensuring necessary treatment.

Staff should work to the principle that wherever possible, a child/young person should be involved in an age appropriate way in contributing to the decisions about their care/treatment. In the same way, the needs of the individual young person, their health and welfare should dictate the pace of the transition.

14. Induction, Training & Supervision

STANDARD Staff development and training is a high priority for HPFT.

To assist with the effective transition of a young person into adult mental health services, staff of receiving teams should be helped and supported to better understand and respond to the development needs of young adults making the transition across services.

The onus to highlight the training needs of staff rests with the receiving services. This should be achieved through the Trust's usual Induction, Appraisal and Continuing Personal Development planning processes and monitored through regular professional and line management supervision.

This applies to all staff groups whether temporary or permanent.

Such training should include awareness that concepts of mental illness and the understanding of the origins of children's emotional and behavioural difficulties vary across cultures. Adult Mental Health services need to be particularly sensitive to these differences during a period of transition and ensure that staff are equipped with the knowledge to work effectively with the different groups represented within the community they serve.

Equality and diversity awareness training is available from the HPFT training department.

15. Comments, Complaints and Compliments

All comments, compliments and complaints should be dealt with in accordance with the Trust Compliments Concerns and Complaints Policy and Procedure (see Policy document).

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the Complaints Manager at Trust Head Office, Waverley Road, St. Albans. Comments and Compliments, once responded to, should be sent for information to the Complaints Team at Trust Head Office. Leaflets outlining the procedure are available [in or on location].

16. Confidentiality

STANDARD

In line with the Trust's confidentiality policy, the CAMHS care coordinator/lead professional will aim to preserve the confidentiality of information acquired from young people and protect the privacy of the individuals about whom such information is collected or held during the transition process.

RULE Parents, relatives and carers frequently request information. This will be given to them when appropriate and with the agreement of the young person except in circumstances where there is significant risk as detailed in Section 19. below.

Further guidance can be found in the HPFT Policy on the Management of Care records and the protocol Interagency Exchange of Information.

17. Access to Records

STANDARD Members of HPFT staff have a statutory duty under the Data Protection Act 1998 to inform young people that information about them is being held by the Trust on Paris, the electronic patient record used by HPFT. This records details of their health and social care assessment, treatment and progress and that these records are identifiable.

RULE The young people must also be informed about their right to access these records. The CAMHS care coordinator/lead professional should inform the young person both verbally and by offering them the relevant information leaflet about the information held within CAMHS. The CAMHS staff should inform young person that all information is confidential but may be shared on a “need to know basis”

RULE Formal applications for access to records have to be made in writing.

“Access to your Health Records” leaflets are available within CAMHS and Adult community mental health services.

STANDARD These requirements do not override the promotion of good practice where health and social care staff share information and records with young people during the course of their treatment/care episode.

RULE In order to provide evidence that the best possible care and treatment is being given to the young people and their families/carers, CAMHS staff must follow the record management and confidentiality policies listed below:-

- Care Records Management Policy
- Clinical Information Filing Policy
- Protection & Use of Service User Information Policy
- Formal Access to Service User Records Policy
- Freedom of Information Act Policy
- Written & Electronic Communications Policy
- Corporate Records Management Policy

18. Consent to Share Information

STANDARD

18.1 In general, the sharing of information held by the Trust with regard to its service user/s, and if applicable, their families and carers must meet the requirements of the Data Protection Act 1998, the Human Rights Act 1998 and any other legislation or guidance which is applicable to the Trust.

It is the responsibility of the CAMHS staff to ensure that in taking action under this Policy they are complying with the law.

STANDARD

18.2 Information held by the Trust is subject to the legal “duty of confidence” and should not normally be disclosed without the consent of the person/s who have provided the information or are the subject of the information.

RULE However, the CAMHS’ duty of care to the individual or the public interest can override the requirement for confidentiality or the requirement for the individual’s consent to disclosure in some instances.

These include matters where:-

- the information is required by statute or court order
- the information is required by the Coroner
- there is a serious risk of harm to the individual or to others
- there is a serious risk to public health
- the information is required for the prevention, detection or prosecution of serious crime within the Crime & Disorder Act 1998
- the child/young person is in the care of Child Social Services and the sharing of information with carers is necessary to ensure the best interests of the child/young person
- a child protection investigation is being carried out or the child/young person is on the child protection register and disclosure is necessary to assess the risk to the child/young person or to promote the effective protection of the child/young person. In all such matters, the overriding principle is to ensure the safety of the child/young person.

STANDARD

18.3 Disclosure without consent in all instances, must be necessary and justifiable in each case and the information disclosed must be the minimum necessary to achieve the aim.

RULE If in doubt, advice should be sought before disclosure is made. However due regard must be made to the fact that seeking advice may cause unnecessary delay which could have additional implications.

Where a service discloses information without consent, it is responsible for ensuring that such action complies with the Data Protection Act 1998, Human Rights Act 1998 and any other legislation or guidance which is applicable to the Trust.

The reason for disclosing information without consent must be recorded in the EPR.

18.4 Further guidance on the release of information is given in the Trust’s Guidelines for Sharing Information and Involvement in the Legal process of Child Protection”.

If staff have concerns they should refer the matter to their line manager.

RULE

18.5 When sharing and sending information the Trust expects all members of staff to ensure that the information is safeguarded during transit e.g. fax to a safe haven or password protected (via a separate email) on a secure e-mail system.

19. Records Management

STANDARD All CAMHS service staff, including seconded staff are responsible for the records that they create or use in the course of their duties. This responsibility is defined both in law and in other professional guidance, covering the handling of records, for example the Data Protection Act 1998 and the Freedom of Information Act 2000. The Trust's Records Management Policies give full details of those responsibilities and the standards CAMHS staff need to meet.

20. Health and Safety

STANDARD

The health and safety of its staff, young people, their families and carers are of high importance. Any kind of violence – verbal or physical – to staff, children/young people or their families and carers will not be tolerated. All such incidents must be reported using the appropriate form. Where appropriate, incidents will be reported to the police and a criminal prosecution may follow.

It is the general duty of every member of CAMHS staff to take reasonable care of their own health and safety and that of others. This includes acts of commission as well as omission which may impact on others. It also includes the use of necessary safety devices and protective clothing and to cooperate with managers in meeting their responsibilities under Health & Safety legislation.

21. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of its service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service and during transition from one element of service to another within HPFT's services. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

This is of particular importance when it relates to the transition between CAMHS and adult mental health services.

All staff must be aware of issues relating to equality and diversity for service users, carers and staff including:

- Understanding how to ask questions about culture, religion and ethnic background.
- Arranging interpreters where necessary.
- Offering adaptations for people with disabilities e.g. Hearing Loop, Downstairs meeting rooms etc.
- Opportunity to discuss relationships and issues relating to sexuality.
- Ensuring that older people do not suffer disadvantage and are supported appropriately within services.
- Ensuring that people with learning disabilities do not suffer disadvantage and are supported appropriately within services.
- The needs of both men and women are represented equally –

including the needs of transgendered service users.

Working in this way within CAMHS builds a culture where staff, children and young people can flourish and be appropriately involved in their care and where staff, their families and carers can receive appropriate support.

RULE Access to and provision of services must take full account of the needs relating to all groups that the Trust serves. Care and support for children and young people, their families and carers and staff should be planned to take into account the individual's needs.

RULE For people with physical, cognitive or sensory disabilities and people who do not speak or read English, information should be provided in a way that is suited to the individual's requirements and enables them to participate as partners in decisions about their health or social care.

It is not good practice to use family members, especially siblings or children under the age of 16, to act as interpreters for health care information. The telephone interpreting service Language Line is available to all staff for short conversations over the phone or face to face interpreters including a sign language interpreter can be arranged in advance of consultations or meetings.

Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust's Inclusion & Engagement team.

RULE Where discrimination, inappropriate behaviour or some other barrier occur, the Trust expects its staff to challenge all discrimination they may witness and report in accordance with the appropriate trust procedure for example the risk management, complaints and/or incident processes.

All Staff have the right to be treated with dignity and respect. Any situations of harassment, bullying or other abuse must be dealt with in accordance with the Trust's Harassment & Bullying policy and other associated HR guidance. All staff also have access to the Employee's Assistance Programme which includes a counselling service, if required.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Service User, carer and/or service access needs (including disability)	This policy document sets out the procedure to be followed when service users, aged 17-18, move from CAMHS to Adult Mental Health services. It seeks to ensure that consistent standards of service provision and practice are maintained for service users during this transition. The policy underlines the need for both CAMHS and Adult Mental Health services to consider the particular needs of the individual at this time to facilitate a smooth transition and continuing appropriate level of care and treatment, recognising the change in status of the young person from "child" to adult.
Involvement	The staff of the Specialist CAMHS clinic and Adult Mental Health services were involved in the development of the original transition protocol. This revision is devised to act as an interim

	measure until full reviews of the relevant CAMHS & Adult policies are undertaken later in the year in line with the full implementation of the changes to the Trust CAMHS & Adult services. These interim revisions to the current policy have been reviewed by the CAMHS Programme Manager, the CAMHS Service Line Lead and the CAMHS Community Managers and SBU Service Line Leads/Deputy Leads – West/East & North.
Relationships & Sexual Orientation	The CAMHS service is founded on principles of “real choice and respectful partnership” which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. These principles of Respect are also fundamental to the delivery of Adult Mental Health Services. Staff in both elements of service respect the individual and fully consider issues relating to personal relationships & sexual orientation into consideration in planning the transition from CAMHS to Adult services.
Culture & Ethnicity	The CAMHS service is founded on principles of “real choice and respectful partnership” which require the service to take into consideration the particular needs and circumstances of the individual and/or their parents/carers. These principles of Respect are also fundamental to the delivery of Adult Mental Health Services. Staff in both elements of service respect the individual and fully consider issues relating to an individual child/young person’s ethnicity and cultural beliefs and requirements whilst planning the transition from CAMHS to adult services.
Spirituality	As above, staff in both elements of service respect the individual and fully consider issues relating to a young person’s spiritual beliefs and requirements whilst planning the transition from CAMHS to adult services.
Age	This is a specific policy to manage the transition between CAMHS and Adult Mental Health services. This requires specific guidance and communication between the different elements of service as well as between the service user and their family/carers.
Gender & Gender Reassignment	As above, staff in both elements of service respect the individual and fully consider any issues relating to a young person’s gender or gender reassignment and any consequent requirements whilst planning the transition from CAMHS to adult services.
Advancing Equality of Opportunity	The CAMHS & Adult Mental Health service are both required to monitor and report on the delivery of their service through complaint and incident reporting as well as the usual “Having Your Say” feedback processes and staff surveys.

Promoting and considering individual wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;

- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.

22. **Process for monitoring compliance with this document – STANDARD**

This policy will be reviewed and monitored in line with current Practice Governance standards relating to both the wider CAMHS and Adult Mental Health services.

Service Managers for the relevant CAMHS and Adult Mental Health Services will monitor the implementation of the procedure and identify any persistent problem areas which need addressing through further development of the protocol and areas of unmet need.

An annual audit of compliance with the Transition protocol will be commissioned by the appropriate CAMHS & Adult Services Governance groups as part of the annual audit programme in order to:-

- monitor the standard of practice
- monitor the effectiveness of the process of transition
- learn any lessons and
- identify any training needs.

Action:	Lead	Method	Frequency	Report to:
Monitor Activity	CAMHS/SBU	Collate and	Monthly	Managing

	West/East & North Practice Governance Lead	report key performance indicators		Director and Senior Management Group
Monitor Feedback	CAMHS/SBU West/East & North Practice Governance Lead	Collate and report on feedback	Monthly	HPFT Executive/Board

23. Version Control

STANDARD

Version	Date of Issue	Author	Status	Comment
V2	September 2011	CAMHS Community Manager	Superseded	Archived
V3	22 nd January 2015	Service Development Manager	Superseded	Full review
V3.1	1 st May 2015	Service Development Manager	Superseded	Updated for Care Act 2014 (Addendum)
V3.2	September 2015	Consultant Social Worker	Current	Further Care Act update

24. Archiving Arrangements

STANDARD: All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

25. Associated Documents

STANDARD

- Access to Records
- Adolescent Outreach Policy
- CAMHS Specialist Child & Adolescent Clinic Operational Policy
- Clinical Risk Assessment and Management
- Comments, Complaints and Compliments Policy
- Crisis Assessment & Treatment Team Operational Policy
- Care Coordination Policy
- DNA Policy
- Early Intervention Psychosis (EIP) Services Operational Policy
- Hertfordshire Joint Safeguarding Children Board Policy & Guidance
- Information Sharing Protocol
- Joint Protocol on the Assessment & Provision of Services to Adults with Aspergers Syndrome/High Functioning Autism
- Learning from Adverse Incidents
- Management of Care Records
- Whistleblowing Policy

25.1 National Legislation & Guidance

- Children’s Act 2004
- Disability Discrimination Act 2005
- Emotional & Wellbeing Strategy 2007
- Mental Health Act
- Mental Capacity Act 2007
- Data Protection Act 1998
- Human Rights Act 1998
- Equality Act 2010
- Race relations Amendment Act 2000

26. Supporting References

STANDARD

- Young Minds Transitions in Mental Health Care 2011
- Children, Schools and Families/Department of Health, (2008), Children and young people in mind: the final report of the National CAMHS Review.
- Department for Education and Skills and Department of Health, (2004), National Health Service Framework for Children, Young People and Maternity Services “The Mental Health and Psychological well-being of Children and Young People
- Department of Health (2008) Moving on Well: A good practice guide for health professionals and their partners on transition planning for young people with complex health needs on a disability
- Department of Health (2010) Implementing Fulfilling and Rewarding Lives: Statutory Guidance for Local Authorities and NHS Organisations to Support Implementation of the Autism Strategy
- Department of Health (2008) Refocusing the Care Programme Approach: Policy and Positive Practice Guidance
- Valuing People (2004) Green Light for Mental Health, how good are your mental health services for people with learning disabilities?
- Valuing People – A new strategy for Learning Disability for the 21st Century (2001)
- Royal College of Nursing (2004) Adolescent transition care, Guidance for nursing staff.

27. Comments and Feedback – List people/ groups involved in developing the Policy.

STANDARD

List of people/groups involved in the consultation.

CAMHS Leadership Team	SBU Quality & Governance Meeting
CAMHS Senior Clinical Leads	CAMHS Programme Manager

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

Our  values
Welcoming Kind Positive Respectful Professional