

Transitions Protocol Child and Adolescent to Adult Services / Primary Care

CLIN-0023-v10

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Contents

1	Introduction	3
2	Context	3
3	Purpose	5
4	Scope	5
5	Related documents	5
6	Roles and responsibility	6
7	Criteria for considering transfer of care	6
7.1	A young person needing transfer to adult Tees, Esk and Wear Valleys NHS Foundation Trust Services	6
7.2	A young person needing transfer to GP or adult Services outside of the Trust.....	6
8	Planning for the transfer.....	7
8.1	Exceptions	7
9	Initial contact with appropriate adult services	7
10	Planning and engagement	9
11	Assessment	10
12	Transfer/Referral.....	10
13	Discharges from Child and Adolescent Services to Adult Services or GP	11
14	How this protocol will be implemented	11
15	How the implementation of this protocol will be monitored	11
16	References	11
17	Document control.....	13
	Appendix 1 - Equality Analysis Screening Form	15
	Appendix 2 - Equality and Diversity 'Have you thought about'	21
	Appendix 3 – Flowchart.....	23
	24
	Appendix 4 a): Transitions Process flow for under 18 patients with EIP involvement.....	25
	Appendix 4 b): Transition Care Plan standard wording for patients reaching 18 years old whilst under the sole care of EIP but with CAMHs psychiatric involvement	26

1 Introduction

The Public Sector Equality Duty (PSED) of the Equality Act 2010 states; Public Authorities including the NHS must not treat people worse (discriminate) because of their age or age group or any disability that they may have (including mental health and learning disability). This means that all of our service users must have full and equitable access to services that meet their needs irrespective of age.

Transitions from Children and Adolescent Mental Health Services (CAMHS) to Adult Services or back to the GP can be a stressful period for the young person and their carers. Young people that have been accessing CAMHS services for some time may have some anxieties around moving on to the unknown. With this in mind we must compassionately consider how we ensure that the transitioning process from CAMHS to any of TEWVs adult services, adult services outside of the Trust or to their GP is the very best it can be for all involved. The timescales referred to in this protocol are such that they allow plenty of time for smooth transitions to take place. Please note: young people and their carers must also be well informed and supported throughout the transitioning period.

The policy has given due regard to all discriminatory categories by completing an Equality Impact Assessment (please see Appendix 1). In making transitions it is important to consider the needs of young people from protected groups. Appendix 2 gives details of considerations that may need to be taken in relation to these young people.

2 Context

This protocol is intended to facilitate the transition of care from Child and Adolescent Mental Health Services (CAMHS).

When a young person currently receiving a service from the Trust's Child and Adolescent Mental Health Services (CAMHS), Children's Learning Disability Service or Learning Disability CAMH Services appears likely to have needs which will continue into adulthood, it is essential to involve the appropriate locality Adult Service to ensure the timely and robust transfer of care.

Decisions about transfer of care must:

- consider full information;
- be based on assessed need. Further details regarding issues to consider can be found at 8.1 (exceptions).
- be discussed fully and agreed with service user and parents/carers.

This protocol is underpinned by service policies and principles relating to Children & Young Peoples Services, Adult Mental Health, Learning Disability and Forensic Service, and by the Trust's policies and procedures for Care Co-ordination/Care Programme Approach. When young people are transferred from child to adult services their continuity of care is ensured by the use of the Care Programme Approach (CPA). CPA applies to young people as defined in the Trust's

Care Programme Approach Policy. This Policy also recognises that there are variations across Local Authorities regarding Social Services Transitions Teams and Transitions Policies. Clinicians must also refer to these policies where appropriate/available.

3 Purpose

This protocol aims to promote the smooth transition for young people approaching 18 years from Child and Adolescent Services to Adult Services or discharge from CAMHS services to GP or other adult service outside of the Trust.

This will result in:

- greater continuity and higher quality of care for young people using, and transferring between, children's and adults' services or to their GP
- better communication
- better outcomes for young people

4 Scope

This protocol covers transitions from services for young people provided by Tees, Esk and Wear Valleys NHS Foundation Trust which are:

- Tier 3 CAMHS Locality Teams (including ASD teams)
- Learning Disability CAMHS Teams (including Challenging Behaviour Service)
- Children's LD Service
- Tier 4 Inpatient Services
- Specialist Eating Disorder Services
- Looked After Children & Young People Services
- Adolescent Forensic Outpatient Team

To

- Adult services provided by Tees, Esk and Wear Valleys NHS Foundation Trust (Adult Mental Health, Forensic Adult Mental Health, Forensic Learning Disability Service, Adult Learning Disability Services)
- GP (discharge from children's services)
- Adult Services outside of the Trust (including Social Care and Voluntary Sector)

5 Related documents

- IA-0002 Care Programme Approach Policy (A Framework for Multi-Agency Working in Mental Health & Learning Disability Services Promoting Recovery)
- Admissions, Transfer and Discharge of service users within hospital and residential settings CLIN -0012 v7
- Transition from children's to adults' services for young people using health or social care services NICE Guidelines (NG43)

6 Roles and responsibility

Role	Responsibility
Chief Operating Officer	Executive responsibility for ensuring that this protocol is implemented
Head of Service / Modern Matron / Service Manager/Team Manager	Ensuring this protocol is adhered to within their area of accountability
Clinical staff within the scope of this protocol	Implementation of this protocol within their area

7 Criteria for considering transfer of care

7.1 A young person needing transfer to adult Tees, Esk and Wear Valleys NHS Foundation Trust Services

The young person is in receipt of services identified in section 3 and

- is approaching their 18th birthday which at the latest would be 17 years and three months of age, to allow adequate planning time for transfer between teams and co-working for more difficult/complex cases, where required.
- has mental health and / or learning disability needs which are likely to continue into adulthood.

7.2 A young person needing transfer to GP or adult Services outside of the Trust

The young person is in receipt of services identified in section 3 and

- is approaching their 18th birthday, which at the latest would be 17 years and three months of age, to allow adequate planning time for transfer to their GP or to other adult services outside of the Trust.
- has not got mental health and / or learning disability needs which are likely to continue into adulthood or are currently considered clinically fit for discharge from the service.

8 Planning for the transfer

- For young people who are likely to need transfer to inpatient or outpatient care at 18, planning should start at **least** three months before probable transfer date and involve all relevant agencies/professionals, i.e. at 17 years and three months where possible.
- Those who come into CAMHS near to their 18th birthday - consideration should be given for a joint assessment between CAMHS and AMHS.
- Clinicians will ensure that the young person and, with the young person's consent, their parent(s)/carer(s) receive education, information and awareness of Adult Services.
- Throughout the transition process, clinicians will continuously evaluate that expectations are being met.
- The final decision regarding date of transfer will be made by the lead clinician / Multi-Disciplinary Team.
- For young people involved with the Learning Disability CAMH Service, planning may begin sooner for complex care cases. Reference should be made to the Learning Disability Services Transitions Procedure within the service's Operational Policy and Local Authority Transitions policies.
- The young person (and where appropriate, their family and carers) will be at the centre of the process and involved at all stages of planning, through regular consultation and dialogue with responsible clinicians.

8.1 Exceptions

Exceptions to transition of the young person at the age of 18 years may include:

- Young people who are in the middle of treatment and the lead clinician feels it would be clinically detrimental to the patient to transfer to Adult Services at this stage;
- Where the patient's needs may continue to be best met in Young People's Services due to the patient's level of maturity;
- Early Intervention in Psychosis Service: This service provides for an age range of 14 to 65 years; therefore discharge/transition decisions are not contingent on CAMHS/AMHs age boundaries, though psychiatry care will involve CAMHS/AMHs transition. Appendix 4 a & b provides guidance on the action required for the different scenarios of EIP involvement a young person may have.

9 Initial contact with appropriate adult services

Where the young person is to be transferred to an adult service provided by the Tees, Esk and Wear Valleys NHS Foundation Trust the Care Coordinator in Children & Young People's Services will make contact initially with the following services as required – see table.

Referral information should include as a minimum; patient contact details, risk assessment, treatment plans, diagnosis (where available). The meeting can take place between Children and Young People's Services and Adult Services using: panel meetings, huddles, telephone conferences or similar.

Service		Referral contact
Adult Mental Health	Community services	<ul style="list-style-type: none"> • Contact appropriate Locality Psychosis Team for transfers from EIP Service. • For all other diagnostic groups refer to Locality Affective Disorder Team.
Specialist Eating Disorder Outpatient Service		<ul style="list-style-type: none"> • For patients currently on caseload of CAMHS Specialist Eating Disorders Outpatient Team, refer to Specialist Adult Eating Disorders Outpatient Service.
	Inpatients	<ul style="list-style-type: none"> • For CAMHS inpatients who may need transferring to adult inpatient care, RMO to discuss patient needs with RMO for identified adult ward. Heads of Service/Clinical Directors to arbitrate where required.
Forensic Adult Mental Health	Community	<ul style="list-style-type: none"> • Forensic outreach service members will be available for advice at any time. • Referrals can be made to the Forensic Community Mental Health Team by telephoning the team duty worker on 01642 837509. Cases must be open to secondary mental health services prior to referral.
	Inpatients	<ul style="list-style-type: none"> • Internal referrals to be made by via internal referral form via email (where ward to ward). Any person not on Ridgeway would go via the Regional Secure Services via completion of referral form. Returned via email to respective administrator.
Secure Outreach & Transitions Team	Outpatients	<ul style="list-style-type: none"> • Direct all referrals to the Secure Outreach & Transitions

		Team to: Team Manager Tel: 01642 837444.
	Inpatients	<ul style="list-style-type: none"> LD CAMHS Consultant to make referral to Consultant responsible for identified inpatient service.
Adult Learning Disability Services	Community Services	<ul style="list-style-type: none"> Contact appropriate Locality Adult LD Multi-Disciplinary Team. <p>Also, for the following localities contact:</p> <ul style="list-style-type: none"> Darlington:- Transitions Team Social Services Check InTouch for up-to-date telephone numbers Durham:- Transitions Team Social Services Check InTouch for up-to-date telephone numbers Middlesbrough:- Transitions Team Social Services Tel: 01642 303902 Redcar:- Social Services Access Team Tel: 01642 065070
	Inpatient/residential provision	<ul style="list-style-type: none"> Written referral to Consultant responsible for identified inpatient service

10 Planning and engagement

During and when the initial assessment/discussions are complete, the identified care co-ordinators from each service will ensure that appropriate levels of liaison take place with the patient, parent(s) /carer(s) and other professionals and/or agencies involved, to include the following information:

- Adult Services Care Coordinator;
- Agreed transition or discharge process, including date of transfer of care, problems and how to minimise them, diagnosis and thrive;
- Where discharge is taking place - provision of information on where support can be provided including from the third sector;
- Agreed and identified arrangements for joint working where required;
- Communicate agreement on roles;
- Links to the Health and Education plans where the young person has one.

This should be detailed in the jointly developed transition plan and care plan and detailed in My Care Plan on PARIS.

- The Adult Mental Health Services/Learning Disability Services key worker will work with the service user and parents/carers to produce a plan summarising the above.
- Where it is agreed that it is not appropriate for an Adult Service to be provided, Children's Services will provide advice for the young person about any alternative sources of help and support.
- The Young Person's GP and any referring agency should be informed where a young person is in transition or in the process of being discharged.
- The Young Person and their parents / carers should be offered the opportunity to evaluate their transitions experience by completing a survey. The survey can be found at the following link: <T:\Patient and Carer Experience\Printable surveys\AMH>

11 Assessment

Where an internal transfer is being made, Adult Mental Health and or Learning Disability Services will allocate an identified case worker/care coordinator who will contact the existing Care Coordinator. They will agree the most appropriate method to assess the level of need and required intervention in line with Care Co-ordination. This may include meetings involving clinicians from both Children & Young People's Services and Adult Services and involvement of service users and parents/carers.

Where a transfer is being made to an external service the young person's Care Coordinator will work with the new service provider to facilitate a smooth transition.

12 Transfer/Referral

Where an internal transfer is being made the formal transfer/referral will be made using the PARIS system and in line with requirements in the Care Programme Approach Policy. The transfer/referral will not be treated as an external referral as the young person is already receiving specialist services from the Trust. The exception would be where Adult Integrated LD Community Teams use Social Service's Record Systems not PARIS.

Where a transfer is being made to an external service the young person's Care Coordinator will work with the new service provider to facilitate a smooth transition. This includes meetings arranged by CAMHs in a CAMHs base.

In both cases the GP should be informed of this changed arrangement.

13 Discharges from Child and Adolescent Services to Adult Services or GP

At the end of the transfer process, this should be clearly documented on PARIS and a letter will be produced by Child and Adolescent Services and circulated to all agencies involved. This may be as a result of a final Care Co-ordination/Care Programme Approach review or simply at the end of the transfer plan.

14 How this protocol will be implemented

- This protocol will be published on the Trust’s intranet and external website.
- Line managers will disseminate this protocol to all Trust employees through a line management briefing.

15 How the implementation of this protocol will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Transitions CQUIN	Audit of Transition Plans in line with CQUIN requirements. Transitions CQUIN Lead.	Reported to CQUIN Steering Group, audit subgroup, QUAGS and SDGs.
2	Transitions CQUIN	Patient surveys in line with CQUIN requirements. Transitions CQUIN Lead.	Reported to CQUIN Steering Group, audit subgroup, QUAGS and SDGs.

16 References

- NICE Clinical Guidance: Transition from children’s to adults’ services for young people using health or social care services NG 43
- Children and Families Act 2014
- Care Act 2014
- Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing DOH and NHS England 2015

- The Five Year Forward View Forward Mental Health – Mental Health Task Force for NHS England 2016

17 Document control

Date of approval:	15 August 2019	
Next review date:	30 August 2023	
This document replaces:	CLIN/0023/v9 Transition of Care from Child to Adult Services	
Lead:	Name	Title
	Jacky Richardson	Service Development Manager Children and Young People's Service
Members of working party:	Name	Title
	Clare Abley Anna Boyce Keri Brearey Lynne Brown Sue Todd Denise Colmer Kath Davies Chris Davis Jo Dent Zoe Gilder Kassie Greenwood Diane Jackson- Croker Joanne James Gillian Jones Gillian Leckenby Rose Milburn Leanne McCrindle Jodie McKeown Carol Redmond Ben Smith Debbie Smith Lennon Swart	Locality Manager Consultant Psychiatrist Team Manager Service Manager Project Manager CQUIN Transitions Service Development Manager Consultant Clinical Psychologist Head of Service Corporate Information and Clinical Coding Manager Consultant Psychiatrist Assistant Corporate Performance Manager Clinical Audit Facilitator Service Manager Project Manager Patient Experience Service Manager Team Secretary /Administration CAMHS CQUIN Head of Assurance and Effectiveness Assistant Locality Manager Head of CAMHS York and Selby Locality Manager Service Development Manager Clinical Director

	Donna Sweet Catherine Tobias Nicola Wigington	Service Development Manager Consultant Psychiatrist Tier 4 CAMHS Quality Assurance Nurse
This document has been agreed and accepted by: (Director)	Name	Title
	Ruth Hill	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	CAMHS Service Development Group & AMH Service Development Group	15 08 2019
An equality analysis was completed on this document on:	05 07 2019	

Change record

Version	Date	Amendment details	Status
8	1 Jul 2016		Withdrawn
9	30 Aug 2018		Withdrawn
10	15 Aug 2019	<p>Full review resulting in new major version, changes include:-</p> <p>Section 8.1 – addition of a service descriptor for Early Intervention in Psychosis (EIP)</p> <p>Appendix 2 – new addition. Called ‘Have you thought about...’ as part of EA.</p> <p>Appendix 3 – Flowchart (old appendix 2 re-numbered)</p> <p>Appendix 4a & 4b – added information on Transition Flowchart when EIP are involved, & Transitions care planning when EIP are involved</p> <p>More specific detail on how the outcomes of the EA relate to people affected by the procedure. Updated details, including contact details for the Equality, Diversity & Human Rights Team, added on pages 3 & 22.</p>	Published
10	30 Mar 2021	Review date extended to 15 Feb 2023	Published
10	May 2023	Review date extended to 30 Aug 2023	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Child and Adolescent Mental Health Services			
Name of responsible person and job title	Zoë Gilder, Consultant Psychiatrist and Lead Psychiatrist (Inpatient CAMHS and Tees community CAMHS)			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Kassie Greenwood, Assistant Corporate Performance Manager (leading on CQUIN) Lynne Brown, Service Manager (Tees) Clare Cuthbertson, Service Development Manager Kath Davies, Consultant Clinical Psychologist (NYY), Senior Clinical Director (CAMHS) Jo Dent, Corporate Information and Clinical Coding Manager Zoë Gilder, Consultant Psychiatrist (Tees) Diane Jackson-Crocker, Clinical Audit Facilitator Gillian Jones, Project Manager Patient Experience Leanne McCrindle, Head of Assurance and Effectiveness Carol Redmond, Head of CAMHS (NYY) Ben Smith, Locality Manager (Tees) Sally Bell, Senior Clinical Director (AMHS) Denise Colmer, Service Development Manager (AMHS) Maxine Watchman, Assistant Corporate performance manager Nicola Wigington, Tier 4 CAMHS Quality Assurance Nurse			
Policy (document/service) name	Transitions Protocol Child and Adolescent to Adult Services / Primary Care			
Is the area being assessed a...	Policy/Strategy		Service/Business plan	Project

	Procedure/Guidance	Code of practice
	Other – Protocol	
Geographical area covered	Trustwide – Tees, Durham and Darlington, North Yorkshire and York. The service will continue to be provided in the local area where the young person lives.	
Aims and objectives	<p>The protocol aims to improve the experience of young people in transition by promoting the smooth transition for young people approaching 18 years from Child and Adolescent Services to Adult Services or discharge from CAMHS services to GP or other adult service outside of the Trust.</p> <p>This will result in:</p> <ul style="list-style-type: none"> • greater continuity and higher quality of care for young people using, and transferring between, children's and adults' services or to their GP • better communication • better outcomes for young people. 	
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	22 nd January 2018 Reviewed 5 th July 2019	
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	21 st February 2018 Review complete 5 th July 2019	

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

The protocol aims to improve the transition process. The focus is on engaging the young person and where appropriate their carers/ family in planning and implementing the transition process. This will lead to person-centred plans which are focused and ensure any particular protected characteristics are taken account of. The young person will know in advance how the transition will work for them.

The service will benefit as clear responsibilities are defined and they are able to have contact with and be able to build relationships with the young person before their service becomes the lead provider.

- Young people approaching their 18th birthday who are in transition (but takes account of different ages considering the young person's needs)
- The family and carers of the young person in transition
- The CAMHS Service
- The agency or GP to whom the young person is transferring

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory, autism (ASD) and medical disabilities)	No	Gender (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical)	No	Pregnancy and Maternity (includes pregnancy, women who	No	Marriage and Civil Partnership	No

belief's)		are breastfeeding and women on maternity leave)		(includes opposite and same sex couples who are married or civil partners)
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>All No – see part 1 for benefits/positive impacts</p>				

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?	Yes	X	No	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) <p>NICE Clinical Guidance: Transition from children's to adults' services for young people using health or social care services NG 43</p> <p>Children and Families Act 2014</p> <p>Care Act 2014</p> <p>Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing DOH and NHS England 2015</p>			

The Five Year Forward View Forward Mental Health – Mental Health Task Force for NHS England 2016

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Staff have been consulted with about the protocol, this has been done via the working group, via SDMs taking to their services, SDG and EMT. This has been done by email, meetings and one to one conversations.

5. As part of this equality analysis have any training needs/service needs been identified?

No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: Zoë Gilder You the Policy owner/manager: Type name:					Date: 5.7.19
Your reporting (line) manager: Kath Davies Type name: SCD					Date: 5.7.19
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					

Appendix 2 - Equality and Diversity 'Have you thought about'

Tees Esk and Wear Valley NHS Foundation Trust (TEWV NHS FT) Equality Strategy of 2016 sets out the Trusts continuing commitment to embed Equality, Diversity and Human Rights.

The objectives of the strategy are to drive and support positive organisational change which contributes towards better patient care, patient experience and better health outcomes.

TEWV NHS FT must ensure that staff do not treat someone differently, less importantly or less valuable because of their disability or colour of their skin or who they love, what they believe in or how old they are. So not only is this a negative duty not to discriminate etc. it is also a positive duty to provide more support, different service to ensure that people from protected groups have the opportunity to have the same level of experience and outcomes as others.

Things to be considered are the following:

Race

If a service user does not speak English as their first language then ensure a translator is available for their appointment. If they have a regular interpreter then aim to ensure they are available for the appointment. Never use a family, ensure you consider the effects of race, culture and religion and provide appropriate interventions e.g. to suggest to a young muslim woman that she goes out on a Saturday night may not be appropriate. Also with young people you need to be aware of the tension between family culture and white British culture the transition process out of CAMHS needs to be handled sensitively.

Where English is a second language, accessing mental health services can be very difficult. Language is a key contributing factor to incidences of misdiagnosis, as well as low referral for psychotherapy and counselling. Source: (Positive Steps – NHS 2007).

Gender

Take into consideration if a female service user would prefer female worker or male and equally the same for male service users.

Also consider race and religion of the young person.

Disability

If a service user needs special equipment or help because of their disability the Trust must make reasonable adjustments to provide this. The impact of this maybe that a young person needs more transition meetings with CAMHS and the receiving provider prior to transition and the transition period maybe longer, this would be assessed on an individual need.

Under the Autism Act (2009) and the revised Statutory Guidance (Think Autism - 2015) we have a responsibility to ensure that timely and appropriate mental health support is available for people with autism and that there is widespread use of tailored communication methods and a recognition of each person's sensory, communication and environmental needs. As a result the Trust must make reasonable adjustments for people with autism who access our services.

Under the Equality Act 2010 it suggests that anyone with “a physical or mental impairment which has a substantial and long term adverse effect on daily activities” is protected under this act.

Sexual Orientation

The Trust must offer fair and equal access to service.

The Trust must offer lesbian, gay, bisexual and transgender an equal service.

Due to the sensitivity of sexual orientation the impact of this maybe that a young person may need more time to allow the transitions from CAMHS.

e.g. sometimes young people exploring their sexual orientation may find this a particular issue.

Religion or Belief

The Government Equalities Office stated: People are also protected from being discriminated against because of lack of religion or belief, so they cannot be treated less favourably because they do not follow a certain religion or have no religion or belief at all.

Young people’s religious beliefs may be a support to them or may be causing tension, e.g. a muslim young person who is also attracted to people of the same gender.

Gender reassignment

This can be a sensitive time for service user(s).

The impact on the transition of the young person will need to be handled sensitively and may impact on the time to transition from CAMHS.

Pregnancy and Maternity

What if a young person is pregnant and has not disclosed to their parent/carer and the parent/carer then attends with the young person for an appointment within CAMHS. How might this be addressed?

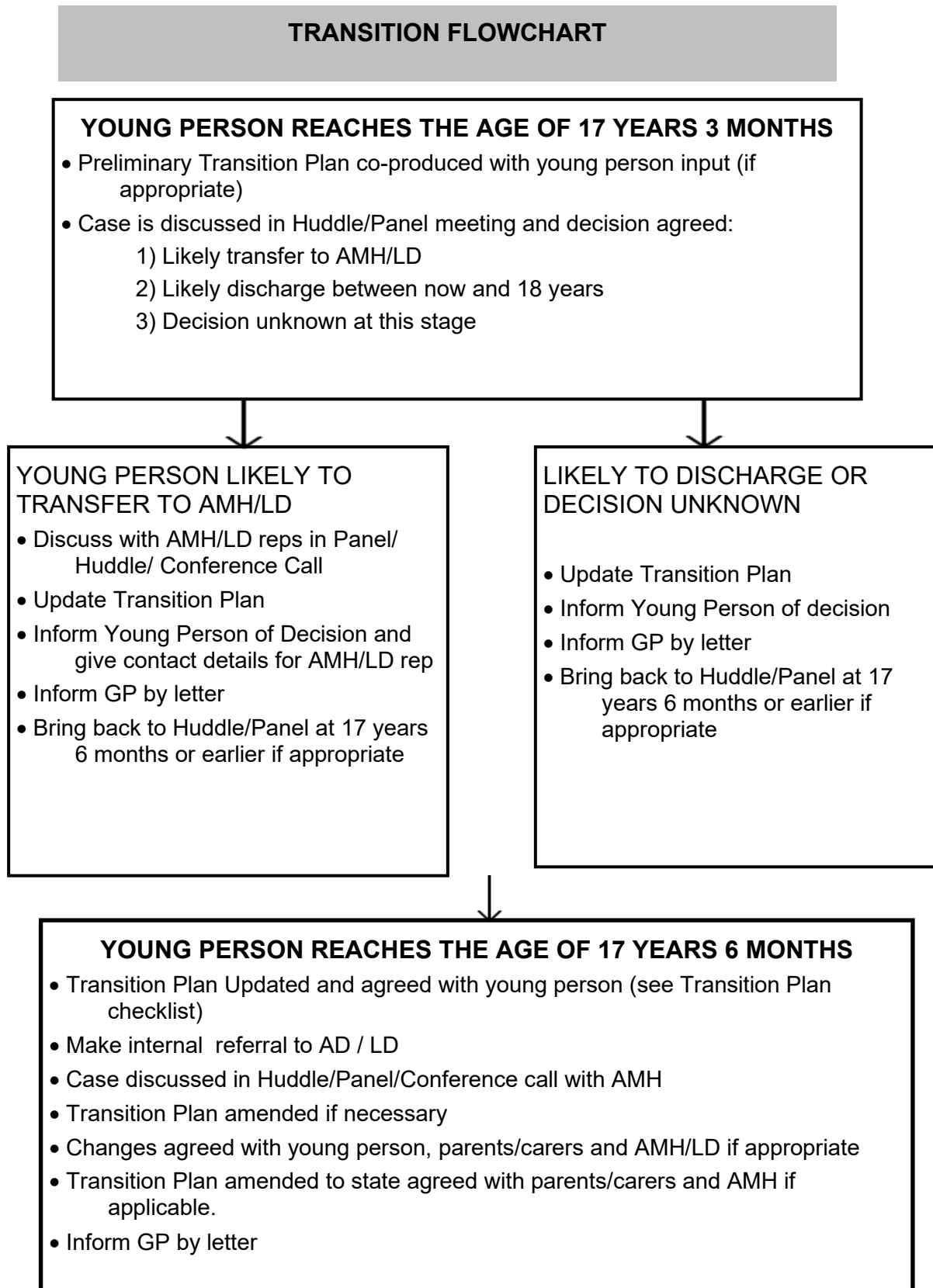
Communication needs

Consider what the persons communication needs are; for example might someone need a larger font if suffering with a sight issue and to therefore ensure that they are able to receive an appointment in a format they can understand.

Service users who may be deaf should be offered the use of an interpreter to ensure they are able to understand and are satisfied during a consultation. Use British Sign Language (BSL) interpreter or other support to communicate.

Further advice can be sought from the Equality, Diversity and Human Rights Team on 0191 3336267.

Appendix 3 – Flowchart



TRANSITION FLOWCHART (Pg 2)

YOUNG PERSON REFERRED INTO CAMHS SERVICE AGED 17 YEARS 6 MONTHS OR OLDER

- Preliminary Transition Plan developed with young person at first appointment
- Case discussed in Huddle and decision agreed:
 - 1) Likely transfer to AMH
 - 2) Likely discharge between now and 18
 - 3) Decision unknown at this stage
- Discuss in Huddle/Panel/Conference Call with AMH/LD
- Outcome recorded on Plan and young person informed
- Inform GP by letter



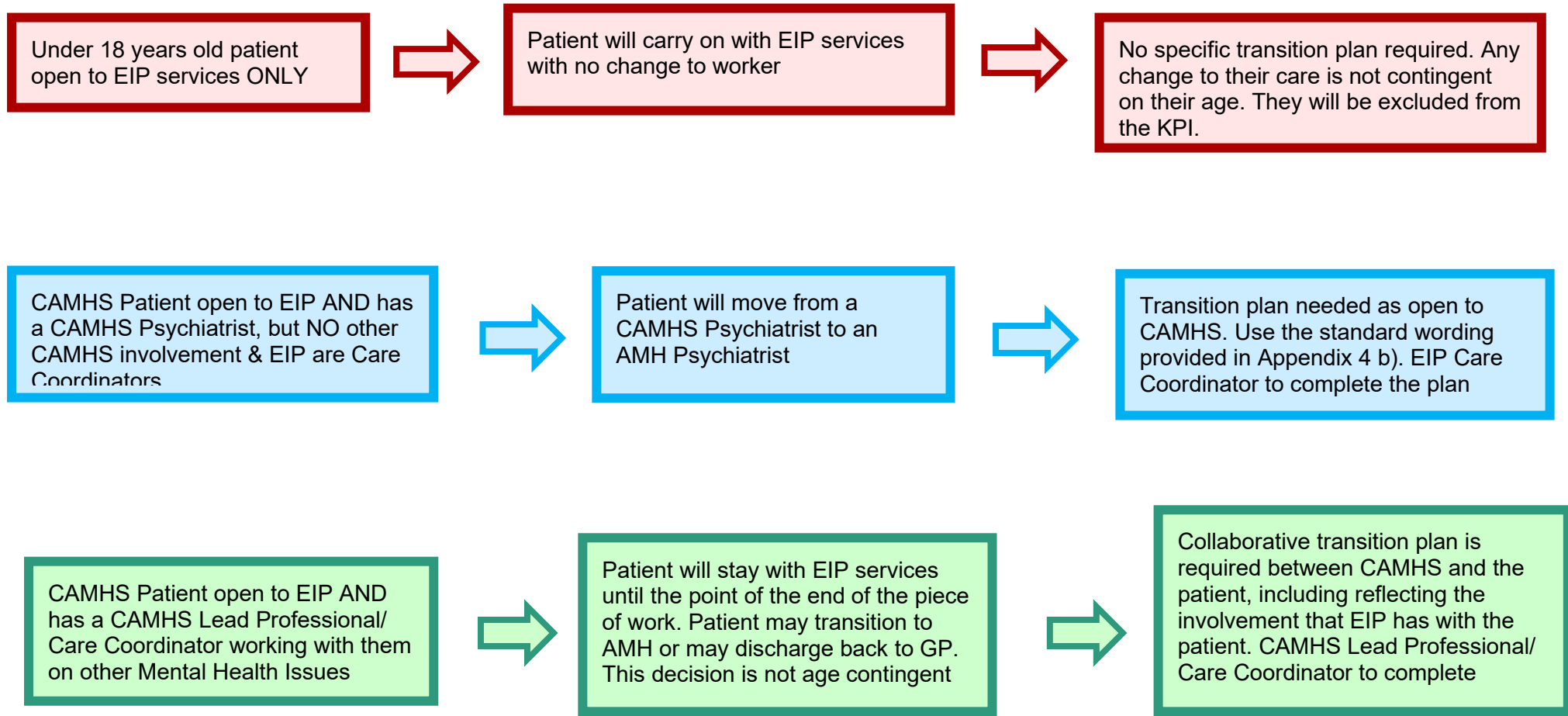
YOUNG PERSON NEARING 18 AND TRANSFERRING TO AMH/LD

- Arrange meeting with new AMH/LD Care Coordinator, young person and parents/carers if applicable and record on PARIS. Arranged by CAMHS in CAMHS base (pre transfer) .
- Give contact details of new AMH/LD Care Coordinator to young person
- Update Transition Plan
- Attend formulation at AMH if required
- Give out transitions survey at last appointment with CAMHS
- Inform GP by letter

YOUNG PERSON BEING DISCHARGED

- Update Discharge Plan
- Give young person copy of Discharge Plan
- Send GP copy of Discharge Plan
- Inform GP by letter that patient has been discharged and give recommendations for future care if appropriate
- Give out transitions survey at last appointment with CAMHS

Appendix 4 a): Transitions Process flow for under 18 patients with EIP involvement



Appendix 4 b): Transition Care Plan standard wording for patients reaching 18 years old whilst under the sole care of EIP but with CAMHs psychiatric involvement

Reason for Assessment: SELECT: REV1 SCHEDULED REASSESSMENT

Need: Ongoing psychiatric involvement with care

Aim: Continuity of psychiatric care through AMH- CAMHS transition

Intervention: Next CPA or medical review will be joint session with CAMHS and EIP AMH Psychiatrist and EIP Care Coordinator. This meeting will be held at AMH/EIP clinical base. X will be made aware he/she can invite anyone else who is important to him/her to this meeting also.

Evidence Base: TEWV CAMHS-AMH transitions protocol

Outcome: SELECT: ONGOING CARE REVIEW