Sheffield City Council

Sheffield Children's NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Protocol

Transition of Young People from Children's and Adolescent mental health service to Adult Mental Health Services

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Approved:
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Purpose

To ensure a smooth transition where appropriate from service to service i.e. CAMHS to Adult services.

The Protocol outlines the principles and processes that underpin the transfer of care "transition" of young people from CAMHS to AMHS.

Intended Audience

CAMHS practitioners and Adult Mental Health practitioners

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1. INTRODUCTION

This protocol describes the transition arrangements for children's services to adult services.

The age of transition will be 18 years unless otherwise indicated e.g. Early Intervention in Psychosis Services (EIS) or Eating Disorders Service (EDS).

The protocol is aimed at transitioning from any children's service to adult services including IAPT and Primary Care. All Children's Mental Health Partitioners practitioners to consider referral suitability for adult mental health services for each individual approaching 17.5 years.

The main principles that inform the transition process include:

- For the referring agency to ensure Person-centred care to ensure that the young person and their carers, where appropriate are kept informed and involved with the process.
- A whole systems approach is used to ensure partner agencies and primary care are aware of transition arrangements.
- Transition processes set out in this policy will be initiated by CAMHS where AMHS may be the most appropriate provider of follow-on care or treatment**.**
- A Joint transitions meeting will be held every month
- The purpose of the meeting is to discuss potential referrals from Children and Adolescent Mental Health services to adult mental health services and begin to plan their future care including how and when the transition will be managed as part of a transitions plan that can be shared across the organisations and with the young person.
- The meeting will have representation from Adult Mental Health Services (Adult Community teams and the Single Point of Access are core members) Early Intervention Psychosis Eating Disorders service, Home treatment, Children's Social Care and the Provider Collaborative case manager are invited to attend as required. Children's and Adolescent Mental Health services will have representation from CAMHS transition lead and Community and In Patient leads as appropriate
- The intended transition should be logged by the CAMHS clinician on the electronic records system and the receiving service coded as AMHS.
- As best practice a joint first meeting would be beneficial. Risk and care planning will be considered at this meeting.

- Consideration should be given as to whether adjustments are needed to ensure age appropriate care (e.g. involvement of carer, reminders of appointments by text, step forward referral, arrangements for appointments etc). This information to be recorded in the young person's care plan.

2. INTENDED AUDIENCE

CAMHS and AMHS practitioners who are transitioning a young person's care from CAMHS to AMHS.

STANDARDS for Initial/transfer appointment.

The meeting should include the following headings and is not exhaustive:

- Transition goals
- Risk management plan
- Medication discussion/review
- Physical health needs
- Education and employment
- Family/Carer requirements
- Specific individual needs
- Independent living e.g able to make own appointments/travel independently
- Sharing of outcome measures
- Contact information for AMHS/Where possible a named keyworker.
- Evidence of young person participation and consent to plan

3. PROTOCOL CONTENT

This protocol should be followed and reasons for deviation from the protocol must be documented in the patient notes.

<u>Transition Standards:</u>

- Case notes show evidence of Joint Agency Transition Planning
- There has been a meeting between transitioning services at least six months before transition occurs.
- A dedicated point of contact is identified for transition from the receiving service.
- There is evidence the YP has been a participant in the Transition plan.
- There is evidence the YP feels prepared for Transition.
- There is evidence the YP has agreed to the transition plan.
- There is evidence of transitions goals for the YP.

- A Pre Transition questionnaire has been completed.
- For those entering CAMHS less than 6 months before their date of transition, the above actions have still been completed with the YP.

The transition process overarches pre-transition preparation in CAMHS, transition handover meeting(s) and development of age-appropriate care plan post-transition in AMHS are explained in the main principles outlined above.

Dealing with disagreements – Accountable Care Model:

From time to time, a situation could arise where there is a disagreement regarding the need for or circumstances of future service provision. In such cases, workers from both teams should discuss concerns within MDTs and resolve disagreements via a face to face professionals meeting if necessary. Further disagreements should be referred to Senior Professionals within the respective Trusts and managed through clinical disagreements policies if necessary.

3.1 Summary of Services and Contact Details

3.1.1 **SHEFFIELD CHILDRENS TRUST** – Please see internet/intranet for details.

3.1.2 **Adult Mental Health Services** – Please see Sheffield Health and Social Care Trust website for details.

4. APPENDIX

APPENDIX 1 – REFERRAL FORM

UNDER DEVELOPMENT

Appendix 2: Young Peoples wish for a good transition (shared by Chilypep)

Young Peoples
wish for a good trar

Appendix 3: Early Intervention in Psychosis transition SOP

Standard Operating
Procedures CAMHS EI

Appendix 4: Eating Disorders


Eating Disorders Service - self referral


Sheffield Eating Disorders Service - r

https://www.shsc.nhs.uk/services/eating-disorder-service

Appendix 5: Young Persons who attend STH Emergency Department


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