Keele University Teaching Trust

NHS
North Staffordshire Combined Healthcare NHS Trust

Our Ref: NG/RM/25338
Date: 20th October 2025

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 22nd September 2025**.** Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:
I am a researcher working on a project about transitions between children and young people mental health services and adult mental health services. I would like to request information under the Freedom of Information Act in response to the questions listed in the attached document.

Please see Appendix 1 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Nicola Griffiths
Deputy Director of Governance

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PROUD TO CARE

Dear Sir/Madam

I am making this request under the Freedom of Information Act 2000.

I am a researcher working on research project about transitions between children's and adults' community mental health services.

I would like to request the following information:

1. Does your Trust have a policy on Transition between children and adult mental health services? Could you please share a copy of the policy or include a link if it is available online. **Please see Appendix 2 attached. This is currently under review.**

2. Does your Trust offer 0 to 25 pathway for mental health support and if it does, who is it offered to past the age of 18 (e.g. all young people or specific groups)? **The 16 – 25 pathway is being developed, post 18 mental health support is currently provided by Adult services or in the community dependant on need.**

3. Please provide information in the table below on the total number of 17 yo with an active referral to community children's mental health services within your Trust and by main mental health condition they were referred for in the following periods of time a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025. If it is not possible to provide numbers by conditions in the list below please provide them by conditions as recorded on your systems or by care pathways.

   We are only able to provide the numbers of 17 year olds with an active referral during the specified time periods. The breakdown by condition is not available due to there being data completeness and data quality issues within our patient management system.

	a)1 April 2021 to 31 March 2022	b) 1 April 2022 to 31 March 2023	c)1 April 2023 to 31 March 2024	d)1 April 2024 to 31 March 2025
Total number of 17 year olds with active referral	**393**	**370**	**476**	**576**
17 yo with active referral due to **post traumatic stress disorder**				
17 yo with active referral due to **obsessive compulsive disorder**				
17 yo with active referral due to **phobias**				

17 yo with active referral due to **conduct disorders**				
17 yo with active referral due to **depression**				
17 yo with active referral due to **anxiety**				
17 yo with active referral due to **self-care issues**				
17 yo with active referral due to **gender discomfort issues**				
17 yo with active referral due to **personality disorder**				
17 yo with active referral due to **bi-polar disorder**				
17 yo with active referral due to **eating disorder**				
17 yo with active referral due to **being in crisis**				
17 yo with active referral due to **self-harm behaviour**				
17 yo with active referral due to (suspected) **first episode psychosis**				
17 yo with active referral due to **organic brain disorder**				
17 yo with active referral due to **relationship difficulties**				
17 yo with active referral due to **drug and alcohol difficulties**				
17 yo with active referral due to **suspected autism**				
17 yo with active referral due to **diagnosed autism**				
17 yo with active referral due to **neurodevelopmental conditions**				
17 yo with active referral due to behaviour that challenge due to **learning difficulties**				
17 yo with active referral due to **gambling disorder**				

4. Please provide information in the table below on the number of 17 year olds who accessed treatment (treatment means 2 or more contacts with services) within your Trust's community children and young people mental health services in the following periods of time
   a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025

   The data provided shows the numbers of 17 year olds who either had two patient facing contacts during the requested time period or at least one contact during that time period but two or more contacts in a previous time period, indicating they were already in a treatment programme.

	1 April 2021 to 31 March 2022	1 April 2022 to 31 March 2023	1 April 2023 to 31 March 2024	1 April 2024 to 31 March 2025
Total number of 17 yo who accessed treatment from children and young people mental health services	**325**	**370**	**306**	**367**

5. Of the 17 year olds who accessed treatment (treatment means 2 or more contacts with services) within your Trust's community children and young people mental health services how many were: discharged back to GP; recorded as completed treatment; referred to adult mental health services; and continued treatment with children mental health services upon reaching the age of 18 in the following periods of time
   a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025. Please provide information in the table below.

   Due to data quality concerns within the Trust's clinical system discharge methods are not accurately available at the time of creating this information. We are unable to confidently provide the numbers of discharges to GPs and the numbers completing treatment.

	1 April 2021 to 31 March 2022	1 April 2022 to 31 March 2023	1 April 2023 to 31 March 2024	1 April 2024 to 31 March 2025
number of children age 17 discharged back to GP				
number of children age 17 recorded as completed treatment				

number of children age 17 referred to adult mental health services	**55**	**90**	**120**	**80**
number of children age 17 continuing treatment with children mental health services upon reaching the age of 18	**27**	**14**	**11**	**22**

6. Please provide information in the table below on the total number of 18 year old with active referral to community adults mental health services within your Trust and by mental health conditions they were referred for in the following periods of time a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025 If it is not possible to provide numbers by conditions in the list below please provide them by conditions as recorded on your systems or by care pathways

   We are only able to provide the numbers of 18 year olds with an active referral during the specified time periods. The breakdown by condition is not available due to there being data completeness and data quality issues within our patient management system.

	a)1 April 2021 to 31 March 2022	b) 1 April 2022 to 31 March 2023	c)1 April 2023 to 31 March 2024	d)1 April 2024 to 31 March 2025
Total number of 18 year olds with active referral	**258**	**350**	**326**	**361**
17 yo with active referral due to post traumatic stress disorder				
18 yo with active referral due to obsessive compulsive disorder				
18 yo with active referral due to phobias				
18 yo with active referral due to conduct disorders				
18 yo with active referral due to depression				
18 yo with active referral due to anxiety				
18 yo with active referral due to self care issues				
18 yo with active referral due to gender discomfort issues				
18 yo with active referral due to personality disorder				
18 yo with active referral due to bi-polar disorder				

18 yo with active referral due to eating disorder				
18 yo with active referral due to being in crisis				
18 yo with active referral due to self-harm behaviour				
18 yo with active referral due to (suspected) first episode psychosis				
18 yo with active referral due to organic brain disorder				
18 yo with active referral due to relationship difficulties				
18 yo with active referral due to drug and alcohol difficulties				
18 yo with active referral due to suspected autism				
18 yo with active referral due to diagnosed autism				
18 yo with active referral due to neurodevelopmental conditions				
18 yo with active referral due to behaviour that challenge due to learning difficulties				
18 yo with active referral due to gambling disorder				

7. How many of young people age 18 with active referral to community adults' mental health services within your Trust had referral source recorded as 'children and young people mental health services' in the following periods of time a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025. Please provide information in table below

   Current referral sources do not specify CYP Mental Health Services as an option. The figures given below are the numbers of 18 year olds who were transferred internally from CAMHS services to adult mental health.

	a)1 April 2021 to 31 March 2022	b) 1 April 2022 to 31 March 2023	c)1 April 2023 to 31 March 2024	d)1 April 2024 to 31 March 2025
Total number of 18 year olds with active referral by referral source 'children and young people mental health services'	**92**	**94**	**65**	**71**

8. Of young people age 18 who had active referral to adult mental health services within your Trust by referral source ‘children and young people mental health services’ how many accessed treatment (2 or more contacts with services) within community adult mental health services in your Trust in the following periods of time a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025:

	a)1 April 2021 to 31 March 2022	b) 1 April 2022 to 31 March 2023	c)1 April 2023 to 31 March 2024	d)1 April 2024 to 31 March 2025
Total number of 18 year olds referred from ‘children and young people mental health services’ who accessed treatment within community adult mental health services	**54**	**57**	**45**	**56**

9. For young people age 18 who accessed treatment from adult mental health services within your Trust and whose referral source was ‘children and young people mental health services’ what was the median wait in days; the longest wait in days; and the shortest wait in days from referral to second contact in the following periods of time a) 1 April 2021- to 31 March 2022 b) 1 April 2022 to 31 March 2023 c) 1 April 2023 to 31 March 2024 d) 1 April 2024 to 31 March 2025

The figures provided are the number of days a patient who was referred from CAMHS to AMH services internally waited for their second appointment with AMH.

	a)1 April 2021- to 31 March 2022	b) 1 April 2022 to 31 March 2023	c)1 April 2023 to 31 March 2024	d)1 April 2024 to 31 March 2025
Median wait in days from referral to second contact for 18 year olds who accessed services and whose referral came from children and young people mental health services	**70**	**70**	**66**	**82**
Longest wait in days from referral to second contact for 18 year olds who accessed services and whose referral came from children and young people mental health services	**333**	**436**	**350**	**378**

Shortest wait in days from referral to second contact for 18 year olds who accessed services and whose referral came from children and young people mental health services	**0**	**1**	**14**	**2**

10. Does your Trust record information on the sources of referrals to children and young people mental health services and adult mental health services? And if yes, what are the sources of referrals listed in both cases.
    Below is a list of Source of Referral options which are available within the Trust's Patient Administration System for both Children and Young People Mental Health Services and Adult Mental Health Services.

    - **Acute Secondary Care: Emergency Care Department.**
    - **Child Health: Community-based Paediatrics.**
    - **Child Health: Hospital-based Paediatrics.**
    - **Child Health: School Nurse.**
    - **Employer.**
    - **Employer: Occupational Health**
    - **Improving Access to Psychological Therapies Service.**
    - **Independent Sector - Low Secure Inpatients.**
    - **Independent sector - Medium Secure Inpatients.**
    - **Internal Referral.**
    - **Justice System: Court Liaison and Diversion Service.**
    - **Justice System: Courts.**
    - **Justice System: Police..**
    - **Justice System: Prison.**
    - **Justice System: Probation Service.**
    - **Justice System: Youth Offending Team.**
    - **Local Authority and Other Public Services: Education Service / Educational Establishment.**
    - **Local Authority and Other Public Services: Housing Service.**
    - **Local Authority and Other Public Services: Social Services.**
    - **Mental Health Drop In Service.**

- **Other Independent Sector Mental Health Services.**
- **Other Primary Health Care.**
- **Other secondary care specialty.**
- **Other SERVICE or agency.**
- **Other: Asylum Services.**
- **Other: Drug Action Team / Drug Misuse Agency.**
- **Other: Jobcentre Plus.**
- **Other: Out of Area Agency.**
- **Other: Single Point of Access Service.**
- **Other: Telephone or Electronic Access Service.**
- **Other: Urgent and Emergency Care Ambulance Service.**
- **Permanent transfer from another Mental Health NHS Trust.**
- **Primary Health Care: General Medical Practitioner Practice.**
- **Primary Health Care: Health Visitor.**
- **Primary Health Care: Maternity Service.**
- **Self-Referral: Carer/Relative.**
- **Self-Referral: Self.**
- **Temporary transfer from another Mental Health NHS Trust.**
- **Voluntary Sector.**

North Staffordshire Combined Healthcare NHS Trust

Document level: Trust
Code: 1.01
Issue number: 2

Transition of Young People to Adult Mental Health Services Policy

Lead executive	Executive Director of Operations
Authors details	CAMHS Consultant Nurse - Consultant Nurse Service Matron

Type of document	Clinical policy
Target audience	Clinical and operational staff
Document purpose	To effectively transition young people to adult service provision

Approving meeting	Quality Committee Trust Board	Meeting date	6th July 2020 9th July 2020
Implementation date	17th July 2020	Review date	30th July 2023

Trust documents to be read in conjunction with	
1	Care Management Policy NSCHT (2019)
2	Transition from children's to adults' services for young people using health or social care services. NICE guidance 43 (2016)
3	Mental Health Crisis Concordat (2014)
4	Care programme Approach (2008)
5	Children and Families Act (2014)
6	Mental Capacity Act (2005)
7	Safeguarding Children and Young People Policy NSCHT (2020)

Document change history		Version	Date
What is different?	New policy	1	26/01/2020
Appendices / electronic forms			
What is the impact of change?			

Training requirements	Transition training

Document consultation	
Directorates	All
Corporate services	
External agencies	

Financial resource implications	None

External references

Monitoring compliance with the processes outlined within this document	

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Less favourable / More favourable / Mixed impact**
Does this document affect one or more group(s) less or more favorably than another (see list)?		
– **Age** (e.g. consider impact on younger people/ older people)	Yes	More Favourable
– **Disability** (remember to consider physical, mental and sensory impairments)	No	
– **Sex/Gender** (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– **Gender identity and gender reassignment** (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– **Race / ethnicity / ethnic communities / cultural groups** (include those with foreign language needs, including European countries, Roma/travelling communities)	No	
– **Pregnancy and maternity, including adoption** (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)	No	
– **Sexual Orientation** (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not)	No	
– **Marriage and/or Civil Partnership** (including heterosexual and same sex marriage)	No	
	No	
	No	

– **Religion and/or Belief** (includes those with religion and /or belief and those with none) – **Other equality groups?** (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)		
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
Specifically focusing on improving transition for young people into adult services		
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?		
Enter details here if applicable		
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	~~Yes~~ / No	
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason	Yes / No	
Enter details here if applicable		
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk		
Was a full impact assessment required?	~~Yes~~ / No	
What is the level of impact?	~~Low~~ / medium / high	

Training Needs Analysis for the policy for the development and management of Trust wide procedural / approved documents

There **is no** specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	✓
There **is** specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trust wide learning programme for this staff group (✓ if yes)
Consultant Psychiatrist				
Career Grade Doctor				
Training Grade Doctor				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non-registered Nurse				
Community Registered Nurse				
Community Non Registered Nurse / Care Assistant				
Psychologist / Pharmacist				
Therapist				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				

Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable) Not applicable

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc. Not applicable

Any other additional information **Not applicable**

Completed by		Date	28/04/2020

CONTENTS

1) Introduction

North Staffordshire Combined Healthcare NHS Trust aims to provide high quality, safe and effective services to all patients and recognises the importance of enabling effective continuity of care, particularly at times of transition when patients may be particularly vulnerable.

The transition from child to adult services can be a difficult time for young people. During this time there may be many other changes in a young person's life, including: transitions from school to further/higher education or employment; changes in self-identity and relationships and changes which arise from the shift from childhood to adulthood. This can result in uncertainty, anxiety and stress. It is important that any required transition process is managed sensitively and collaboratively to ensure there is continued support and engagement of the young person and their parents /carers.

The collaborative involvement of the young person and their parent/carer's in working and communicating effectively between everyone involved is essential for a successful transition. Children and Young People's Mental Health services (CAMHS), Early Intervention in Psychosis (EIP), Learning Disability (LD) services, substance misuse services and Adult Mental Health services (AMHS) will work in partnership with young people and their parents/carers and each other and will share their expertise and resources to achieve smooth and effective transitional care arrangements in the best interest of the young person.

The importance of using the Care Programme Approach (CPA) (DH, 2008a) for children and young people with mental health needs is increasingly recognised. Standard 9 of the National Service Framework for Children, Young People and Maternity Services (DfES & DH, 2004), first identified CPA as good practice in delivering effective transitional care for young people: 'The Care Programme Approach, modified to meet the needs of younger people and should be used to plan transition, supported by agreed protocols,' and 'When children and young people are discharged from in- patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the Care Programme Approach (DH, 2008a).'

Adults who have parenting responsibilities for a child under the age of 18 years may require help with these responsibilities. In such cases, councils may also have a duty to provide services under Section 47 of the Children Act (1989), to safeguard and promote the welfare of children in their area. Where appropriate the early help assessment framework (Staffordshire Safeguarding children's Board, 2020) should be used to explore whether there are any issues relating to children in need and their parenting. See Care Management Policy (2019) and Safeguarding Children and young people Policy (2020). It is important in transition planning to assess the need for necessary agencies to collaboratively support the young person through the transition process and beyond if deemed necessary, these may include agencies such a social care, substance misuse services, housing services, and advocate services, however this is list is not exhaustive and should include agencies relevant to the young person's needs

2. Purpose

For the purpose of the report, reference to child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) are inclusive of all Trust services; including children's and adult Learning Disability (LD) services, substance misuse services and early intervention in psychosis (EIP) services

The purpose of this policy is to ensure a safe, effective and positive transition of care for those young people who due to the on-going nature of their health and/or mental health needs, will require care and treatment from adult mental health services (AMHS). This policy sets out the requirement for planning and supporting the transition for those young people who are 17 ½ who are newly referred to services and those receiving care in CAMHS. Assessment and care planning should be proactive to ensure smooth transition arrangements are in place and the experience of the young person is positive; and on-going care provision is safe and effective.

3. Scope

This policy applies to young people who are 17 ½ and need the provision of adult mental health services.

4. Procedure/ Implementation

4.1 General principles of transition

It is important that the transition process is managed sensitively and collaboratively to support continued engagement of the young person and their parents/carers. By involving the young person and their parent/carer's in effective collaborative working is central to successful transition arrangements.

The Mental Capacity Act (2005) applies to young people aged 16 years and over and as such young people are presumed to have capacity. All staff must work within the provisions of the Act and its Code of Practice (2007). Should it be determined that a young person lacks capacity for a specific decision being made in the transition process, the young person should be involved in the decision as much as they are able to do so, whilst those with parental responsibility are able to make the decision on the young person's behalf (should they be deemed to have capacity themselves) (see Mental Capacity Act (2005) Policy). The Care Programme Approach (CPA) (DH, 2008a) is applicable for all young people that will need transition to AMHS. CPA will underpin the transition process and any on-going care planning needs.

4.2 Initiation of transition

Wherever possible, when significant mental health problems have already been identified and treatment has commenced in CAMHS services; the treatment episode should continue until completion with CAMHS or until an appropriate transitional point is reached within the care plan.

The CAMHS care coordinator/ lead professional will identify those young people known to their services age 17 ½ years and over and whose care will potentially need to transfer to AMHS. The appropriate AMH service will jointly manage the transition of the young person to AMHS and once the young person is identified for transition, AMH will identify and allocate a care coordinator within **4 weeks** of being informed of the need for transition. Once the AMH care coordinator has been identified, they will work with the CAMHS care coordinator to plan and manage the transition of the young person.

4.2.1 Planning the transition

Once the allocation of the AMHS care coordinator has been identified, a joint appointment will be arranged between the CAMHS, AMHS and the young person and parent/carer within 4 weeks. The appointment date should be no longer than 8 weeks from when the young person was identified for transition.

The appointment will include the young person, parent/carers, peer support workers and any other agencies as appropriate to the wishes of the young person. The purpose of the meeting will be to discuss and agree with the young person and their parents/carers the components of the transitional care plan, any on-going care needs, including identification and management of any safety/risk issues and who is responsible in supporting the young person and family with these.

CPA (2008a) and other essential considerations require the following interventions to be completed between the care coordinators (CAMHS and AMHS) and the young person and their parent/ carer's to ensure the development of an informed effective transition care plan-

1) Comprehensive assessment of health and social care needs
2) Identifying the need to explore the emotional impact and subsequent needs at the point of transition for all young people.
3) To provide information and manage expectations about transition to adult services.
4) To determine the need at the point of transition for all young people and ensure the processes are implemented to support these.
5) Person centred considerations should be included when transferring young people to AMHS.
6) Clear explanations about the differing approaches between child and adult services.
7) Clear explanation about the differing response to incidents and thresholds for increased levels of observation, this applies to all contexts.
8) Clear explanation in differing engagement approaches that a person may be used to.
9) All explanations and information given to the young person and their parent and carer's should be given more than once and in more than one format.
10) Future care plan needs in consideration of services offered within adult mental health
11) Timescales for transition
12) Consideration of Special Education Needs and Disability plans (SEND).

Where a young person has an Education Health Care Plan (EHCP) in place, this will inform and be part of the transition plan between services. EHCP's cover ages 0-25 years of age, as part of the Children and Families Act (HM Government, 2014a); EHCP's support access to education where a young person has additional needs.

13) Coping strategies to manage any anticipated concerns as a result of transition
14) Exit/discharge plans from CAMHS
15) Goal based outcomes aligned to the transitional care plan
16) Agreement and production of a collaborative transition care plan
17) Does the young person want an advocate to help with the transition process?

The care coordinators should ensure that they use the collaborative transition checklist (See appendix one) to ensure that all necessary conditions are met in planning the transition. Once the collaborative transition checklist and the initial transfer care plan has been developed between CAMHS and AMHS; both care coordinators will share equal responsibility for the delivery of care for the young person throughout the transition process and CAMHS will only discharge that duty at the end of the agreed transfer process.

Due consideration will be given to the content and wishes of any Advance Statement produced by the young person. Any discussion and decision-making should take place with the involvement of the young person, their parents/carers and relevant professionals during the transition process. Information relevant to the provision of effective care and treatment will be shared with the consent of the young person.

4.2.2 Managing and supporting the transition

Once the collaborative transition checklist and care plan has been developed and completed, there is a need to ensure that that there is sufficient opportunity for the young person to build a therapeutic relationship with the care co-coordinator appointed to take over the young person's care needs upon transition. This is an essential aspect of the transition care plan. It will be the responsibility of the appointed care coordinator to ensure that this process is not delayed, especially when a young person being under the care of inpatient provision.

The responsibility for leading the transition arrangements will remain with the service the young person is currently involved. If the young person is residing in adult inpatient services then the responsibility will remain with the adult inpatient team. There should not be a delay transition due to inpatient admission whether this is on a child or adult ward. However this will need mutual commitment from the AMH service the young person is transitioning too.

Transitional arrangements will be implemented at a pace with which the young person and their parents/carers are happy and which promotes consistent quality, safety and continuity of care.

Regular meetings are to be arranged which should the young person, their parent/carers (if requested by the young person to attend), any other support the young person requests and the two care coordinators (services the young person is transitioning from and to). These meetings should:

1) Be no longer than three weeks apart
2) Occur on at least two occasions
3) Review the information collected through the collaborative transition checklist and transition planning phase
4) Review and discuss the information about the differing approaches between child and adult services,
5) Review and discuss the information about the differing response to incidents and thresholds for increased levels of observation, this applies to all contexts.
6) Review and discuss the information about differing engagement approaches that a person may be used to.
7) Discuss with the young person about any difficulties they have during the transition process; the collaborative transition checklist can provide structure for this.
8) Discuss with the young person about any fears they have in transitioning to AMHS.
9) Ensure that the goal based outcomes are being achieved through the meetings.
10) Discuss exit and discharge plans from CAMHS.

4.2.3 Completing transition

Completing transition is a very important part of the process. It offers a further opportunity to ensure that all of the interventions are reviewed and are completed.

A CAMHS discharge date will be agreed upon completion of the transfer. Once the transition date has passed then the discharge of the young person can be formally recorded.

It is important to ensure that a future date is arranged to evaluate the transition process with the young person and their parent/ carer's to consider what has been helpful and what needs to improve to develop transition processes in the future.

4.4 Special considerations

There are some transitions that need specific consideration over and above the transition planning identified in section 4.1

4.4.1 Admission to inpatient adult mental health

Under the Mental Health Crisis Concordat (2014b), young people who need to have an inpatient admission should be accommodated in an environment that is suitable for their age. Particular needs of the young person may determine that the inpatient bed may be on an adult ward. However the decision making process should include assurances that decisions not to admit to CAMHS Inpatient services are not based on the therapeutic impact on the ward without considering interventions to limit this potential in the CAMHS inpatient environment. The Mental Health Act (MHA) 1983: Code of practice (2015) stipulates-

> "the needs of other children and young people should not override the need to provide accommodation in an environment that is suitable for the patient's age

(subject to their needs) for an individual patient aged under 18. This means that the detrimental impact on other young patients is not an acceptable reason for transferring a child or young person to an adult ward".

(Section 19.102, p.191)

If it is agreed that an adult mental health ward is the most suitable for the young person, then it is paramount that the assessment criteria in 4.2.1 are completed during the assessment on the adult inpatient ward.

It is imperative that transition to an inpatient bed is not delayed and that the full assessment and explanation of care is undertaken at the earliest opportunity to ensure that young person's best interests are upheld.

Clinicians from children's and adult mental health services are to ensure that they uphold their roles and responsibilities in line with Mental Health Act 1983: Code of practice (2015). This includes assurance that CAMHS staff are aware of their responsibility for providing regular specialist advice, review and consultation for young people under 18 years of age admitted to adult mental health inpatient wards. The responsibility lies with both children and adult services to ensure that the needs of the young person are fully met.

When a young person is admitted to an adult mental health inpatient facility, planning for discharge in to the community and the young person's aftercare package under the Care Programme Approach (DH, 2008) is necessary to arrange. If the young person is 17 ½ years or older then it would be expected that this young person is discharged to adult community services, unless it can be determined that the care and treatment from the community service can be completed before the young person's 18th birthday, in which event, the young person can be discharged to community CAMHS services.

Adult Community teams are to assure procedures are in place which allows for compliance with expected transition timelines and are monitored and addressed; all staff should be aware of their roles and responsibilities in this transition process.

4.4.2 Transition delay

Should there be a delay in social care transition arrangements for young people moving from child social care provision to Adult social care provision. It will be the care-coordinators responsibility to ensure concerns are escalated through the safeguarding children's policy escalation process. If the young person is transitioning from children's services then it will be the responsibility of the care coordinator from children's service to facilitate the escalation process. If the child is being referred into adult services but is not currently in children's services then this will be the responsibility of the assigned care coordinator in adult mental health services. The children safeguarding board escalation policy can be viewed in appendix three.

4.4.3 New referrals of young people aged 17½ years.

Where new referrals for young people aged 17½ years and over are received, there should be an assessment made with regards which service will be the most appropriate for the young person to access. This should be completed collaboratively between CAMHS and AMHS (via the Access team). Consideration will be given to the views and wishes of the young person and will be balanced with the expected duration of intervention required and presenting needs.

Where a young person aged 17½ years or over is referred to adult mental health services and has not previously been involved with CAMHS; it is the responsibility of adult mental health services to contact CAMHS to obtain information relevant to care planning, continuity of care and management of any identified risk/safety issues.

4.5 Transition and joint working with CAMHS and Early Intervention in Psychosis Team

For young people under 16 years of age, the responsibility and care coordination will be with the CAMHS clinician, with close liaison with the EIP team for additional support as necessary. Medical input will be provided by a child and adolescent psychiatrist with support from the EIP team psychiatrist for those under 16 years of age. For young people aged 16-18 years, the responsibility for care coordination will be with the EIP team, with additional support and therapeutic interventions from the CAMHS as required that are deemed beneficial for the young person and their family. Medical input will be provided by the EIP team psychiatrist.

4.6 Transition from CAMHS to Adult Learning Disability Services

The transition to Adult learning disability services will follow the same transition

arrangements as indicant between CAMHS to AMHS in section 4.2

5. Training implications

Transition Policy – Children and Young People's Mental Health to Adult Mental Health Services- this is inclusive of learning disabilities, EIP, substance misuse services and any other services within NSCH Trust.

Staff groups requiring training

All clinical staff that work with young people aged between 14-25 years of age

How often should this be undertake

Annually

Length of training

One hour

Delivery method

Presentation to team/ staff briefing

Training delivered by whom?

Adult mental health/learning disability staff to deliver information about the adult services, developments via CAMHS team meeting/ appropriate forum and vice versa

Where are the records of attendance held?
Electronic Staff Record system (ESR)

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through:

- Team meetings
- One to one meetings Supervision
- Special meetings
- Practice Development Days
- Local Induction

6. Monitoring arrangements

Quality of transition process

How
Questionnaire to young person and parent/carer at transition and following 3 months

Who by
Adult mental health services

Reported to Frequency
Quarterly

7 Responsibilities, accountabilities and duties
The Board of Directors has responsibility for the implementation of this policy and the monitoring of compliance. This responsibility is delegated to the Trust Chief Executive who will delegate lead strategic responsibility to a Director.

7.1 Chief Operating Officer
As nominated strategic lead, the Chief Operating Officer is responsible for:
•The implementation of all policies and procedures which are in place to meet the needs of patients
•Monitoring adherences to this and other related policies
•Adequate resources and training being available to the clinical teams
•Monitoring staff compliance with training as set out in the Mandatory Risk Management Training Policy and Mandatory Risk Management Training Needs Analysis Matrix
•The development, implementation and monitoring of effective systems of supervision for clinical staff

7.2 Executive Medical Director
The Executive Medical Director is responsible for providing clinical leadership within the Trust and for the provision of senior clinical advice to the Board of Directors. The Executive Medical Director is responsible for resolving issues where there are differences of opinion, which cannot be resolved by the Medical Directors in the locality care groups, and the lead Clinical Director in Children and Young People's Mental Health (CAMHS).

7.3 Director of Nursing and Quality
The Director of Nursing and Quality has lead responsibility for clinical assurance within the Trust, supported by the Deputy Director of Nursing and Quality. They are responsible for supporting implementation this policy through for example, clinical audit and mandatory risk management training.

7.4 Clinical Directors – Stoke Community, North Staffs Community, Specialist and Urgent Care and lead Consultant Psychiatrist, CAMHS
The role of the Clinical Director is to provide advice to colleagues within Children's services and locality directorates. The role is supportive and facilitative. The Clinical Director may be asked to advise and/or provide a second opinion for patients with complex needs where there are professional differences of opinion between Directorates.

7.5 Associate Directors (Stoke Community, North Staffs Community, Specialist and Urgent Care)
Associate Directors are responsible for:
•The implementation of the policy across the specified directorates
•The on-going review of the policy to keep it up to date with current best practice
•Promoting collaborative working between services, in order that the needs of the patient remain at the centre of the process
•Providing reports to the Operational Management Meeting (OMM) on any issues associated with the implementation of the policy
•Facilitating effective joint working with internal and external partners and stakeholders
•Monitoring staff compliance with the relevant mandatory risk management training as set out in the Mandatory Risk Management, Training Policy, Mandatory Risk Management and Training Needs Analysis Matrix
•The development, implementation and monitoring of effective systems of supervision for clinical staff within their Directorate

7.6 Service Managers (Stoke Community, North Staffs Community, Specialist and Urgent Care)
•Service Managers are responsible for the implementation of the policy within their areas of responsibility
•They are the next point of escalation in cases where there are differences of opinion at team manager and/or at pathway meetings
•They will monitor that all relevant staff access the relevant mandatory risk management training as set out in the Mandatory Risk Management Training Policy and Mandatory Risk Management and Training Needs Analysis Matrix

7.7 Team Managers (Stoke Community, North Staffs Community, Specialist and Urgent Care)
•All team managers are responsible for identifying the appropriate numbers and levels of staff and the training required for those staff to deliver safe and effective services
•All adult team managers are responsible for the appropriate allocation of transition cases to staff

•All team managers are responsible for the provision and monitoring of supervision within their team in line with the Supervision Policy for Clinical Staff
•The CAMHS team manager is responsible for ensuring that appropriate, relevant and up to date information is provided to the service which the young person is transferring to
•Adult mental health and learning disability services will identify a key worker for CAMHS staff to liaise with in relation to discussing relevant team to meet the needs of the young person and their family to discuss any transition issues

7.9 Community Clinical Staff (Stoke Community, North Staffs Community, Specialist and Urgent Care) - Care Coordinator/ Lead professional/ Allocated Worker
Must all-
•Work collaboratively with colleagues in CAMHS, Adult Mental Health Services and special needs schools is imperative to ensure that the needs of the young person remains at the centre of the process
•Implement the guidance set out within this policy and the Care Programme Approach Policy
•Implement the Policy for Children and Young People who do not attend appointments and or disengage/are at risk of disengaging from services
•Inform the Manager of any circumstances in which the application of this policy is compromised
•CAMHS practitioners will provide up to date relevant clinical information to summarise care and treatment provided from CAMHS, alongside future care needs

7.10 All Clinical Staff involved in the delivery of care to children, young people and adults, are responsible for:
Alerting the Care Co-ordinator/Key Worker/Allocated Worker of any concerns regarding quality, safety or effectiveness of care or if a child or young person has not attended an appointment or it is suspected that they are disengaging from services.

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been included at the beginning of this policy.

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '*not just clinically but in terms of dignity and respect'*. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

Indicate how this will be met

This policy supports the development of personalised care planning for young people who are transitioning from CAMHS to Adult Mental Health Services.

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over should participate in the decision making process unless assessed as not having capacity. Consequently, no intervention should be carried out without either the individual's informed consent, or the powers included in a legal framework, or by order of the Court.

The Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act (2005). For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act (2005) to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

9. References

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10. APPENDICES

Appendix 1 – Collaborative transition checklist
Appendix 2 – CAMHS to Adult Mental Health services and new referrals pathways
Appendix 3- Stoke on Trent and Staffordshire children's safeguarding board escalation policy.

Appendix 1
Collaborative Transition checklist

Appendix one: **Collaborative Transition Checklist**

This document is to be completed as part of the transition process. This word document can be typed into and therefore each area expanded for all relevant detail to be included. This document should not be answered in a yes/ no format.

	Transition Criteria	**How has criteria been achieved?** ***Both CAMHS and AMHS clinician to describe detail***	**Young person's comments** ***Do you feel that this is achieved, what more information do you need?***	**Date completed**
1	**Comprehensive assessment of health and social care needs.**		**Do you feel adult services have all the relevant information? If not what else do they need?**	
2	**Identifying the need to explore the emotional impact and subsequent needs at the point of transition for all young people.**		**What are your worries or fears about going into adult services? Have these been addressed? What support do you need?**	
3	**To provide information and manage expectations about transition to adult services.**		**What information have you been given? Have you had a service information leaflet? Do you have the contact details for your new care coordinator?**	
4	**To determine the need at the point of transition for all young people and ensure the processes are implemented to support these**		**What do you think you need help with? Are you clear how these are going to be supported in adult mental health services? Are the plans clear?**	

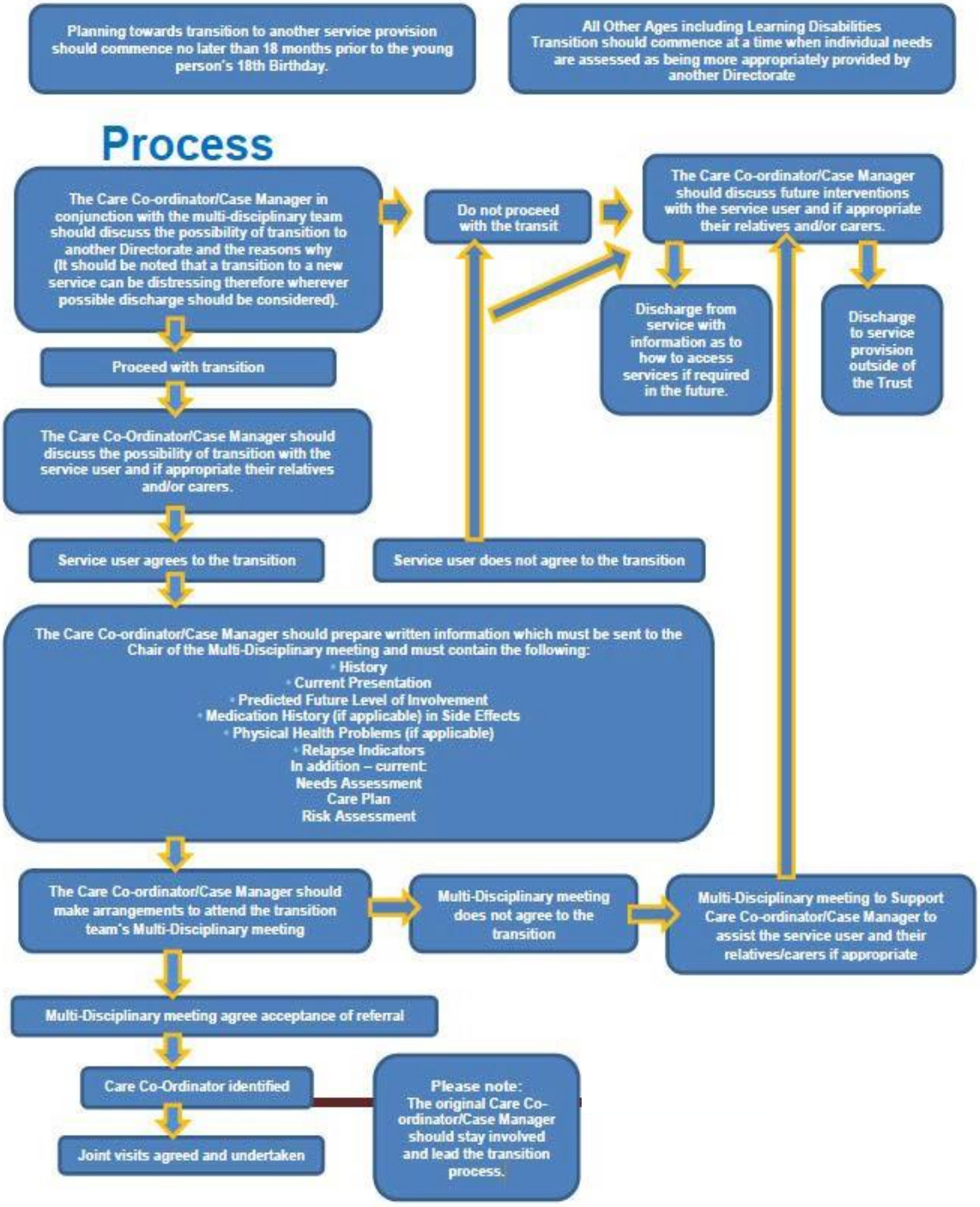
5	**Person centred considerations should be included when transferring young people to AMHS**		**What do people need to know about you that will help adult services support you? This could be about your preferences, religion, culture, who you want involved in your care, ways in which you like to be contacted, ways in which you like your appointments to happen.**	
6	**Clear explanations about the differing approaches between child and adult services.**		**Have you had the differences explained to you? Are you aware of appointment frequency? Are you aware of what happens if you don't attend regularly? Do you know how the appointments will be facilitated?**	
7	**Clear explanation about the differing response to incidents and thresholds for increased levels of observation, this applies to all contexts.**		**Have the response to incidents been explained to you? Do you know how and when you will be supported when you are finding things difficult? If going in to inpatient, has there been a discussion about how the observations work and what will happen during these? Do you know how the staff will respond to you if there is an incident?**	

8	**Clear explanation in differing engagement approaches that a person may be used to.**		**Has it been explained how staff will talk to you? Do you know who will be involved in your care? Do you know when you can expect someone to contact you and how this will be done? Do you know when and where you will be seen?**	
9	**All explanations and information given to the young person and their parent and carer's should be given more than once and in more than one format.**		**Have you had a discussion about your care? Do you have written information? Have you been given leaflets or website addresses?**	
10	**Future care plan needs in consideration of services offered within adult mental health**		**Have you been able to tell people what you need or want in your future care? What do you need to support you in adulthood?**	

11	**Timescales for transition**		**Do you know the dates for your transition? Do you know when your appointments are? Do you know your discharge date from CAMHS (If appropriate?)**	
12	**Consideration of Special Education Needs and Disability plans (SEND). Where a young person has an Education Health Care Plan (EHCP) in place, this will inform and be part of the transition plan between services. EHCP's cover ages 0-25 years of age, as part of the Children and Families Act (HM Government, 2014); EHCP's support access to education where a young person has additional needs.**		**Has the adult care coordinator discussed your EHC Plan with you? Have you identified what is important in your plan that your new care coordinator will need to know for you care in adult services?**	
13	**Coping strategies to manage any anticipated concerns as a result of transition**		**Have you identified your current coping strategies with your new care coordinator? With the fears you have identified in criteria 2, will your coping strategies work for you or do you need some different ones? If so your care coordinator can support you with developing these.**	

14	**Exit/discharge plans from CAMHS**		**Are you clear about the discharge plan from CAMHS? (If appropriate) Do you know how and when this will happen?**	
15	**Goal based outcomes aligned to the transitional care plan https://goalsintherapycom.files.wordpress.com/2018/03/gbo-version-2-march-2018-final.pdf**		**Do you have your goal based outcomes? Do you know how you are going to achieve them?**	
16	**Agreement and production of a collaborative transition care plan**		**Have you collaboratively developed your care plan? Are you happy with the content? Do you have a copy?**	
17	**Does the young person want an advocate to help with the transition process?**		**An advocate can help you understand information and can support you in the transition process and in meetings**	

Appendix 2
CAMHS to AMHS flowchart for transition



Appendix three- Stoke on Trent and Staffordshire Children's safeguarding board Escalation policy

www.staffsscb.org.uk

www.safeguardingchildren.stoke.gov.uk

SECTION 7B (Staffordshire)

SECTION G02 (Stoke-on-Trent)

PROFESSIONAL DISAGREEMENTS AND ESCALATION POLICY

(RESOLVING MULTI AGENCY DISAGREEMENTS)

Professional disagreements escalation policy

Effective working together depends on an open approach and honest relationship between agencies and good communication. The learning from serious case reviews shows that escalations between professionals can be resolved early on if the following principles are adopted.

- ✓ Take the time to understand and appreciate another professionals' role and responsibilities
- ✓ Collectively agree and make decisions together in a multi agency arena and take responsibility for those decisions
- ✓ Effective supervision and support within your own organisation is key to building confidence.
- ✓ Develop effective relationships with professionals as this helps to resolve disputes early on

How to use the escalation procedure to resolve disputes Stage 1-4

Stage 1

1. In the first instance workers should raise the matter with their fellow professional, either verbally or in writing, within a maximum of 1 working day of the disagreement or on receipt of the disputed decision and they should provide clear evidence-based reasons for their disagreement. They should also make it clear that this is in line with this procedure.
2. The receiving professional must read and review the case file, speak to the professional who has raised the disagreement as soon as possible and attempt to find a mutually agreeable way forward via a meeting or discussion. They may need to seek their own management advice if needed. If agreement is reached, the receiving professional will advise the agency of the outcome within a maximum of **1 working day**[1] and confirm in writing.
3. The professionals involved in this resolution process must record each intra-agency and multi-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications and information.

Stage 2

1. If the workers are unable to reach agreement about how to resolve the issue then the matter should be escalated to their line managers[2]. The line manager should ascertain the specific circumstances of the disagreement and contact should occur between agencies within **1 working day**. The purpose of this contact is to review the available information and to resolve the concern. Where necessary, this may involve a meeting between managers.

   NB: It is worth noting that this process may vary depending on the management structure within an organisation. It is likely therefore that some stages may not be relevant. On this basis it is expected that professionals, as a minimum would have followed stage 1 and 2 before escalating to their Board

[1] Working day does not include weekends

[2] For some 3rd sector organisations who may not have a line manager, it would be advisable to escalate their concerns to their safeguarding contact within SCYVS/ for Stoke-on-Trent it would be the Designated Lead for child protection

representative. Any agreed plan arising from this contact should be fed back immediately to the operational staff involved, confirmed in writing between agencies and include a date for review if required.

2. Each agency will need to define, through their respective scheme of delegation, who their appropriate line management equivalents are eg:

   - A police detective sergeant
   - A named or designated health professional
   - A social work team manager / practice / principal manager / line manager
   - A designated teacher
   - A designated lead within early years
   - A designated lead within the voluntary sector

3. It is acknowledged that some organisations, particularly in the third sector, may not have extended schemes of delegation. An appropriate person within this organisation must be identified to discuss and address the area of disagreement. In cases where there is confusion about thresholds and roles and responsibilities, peer support should be considered as a means of additional advice and support to the agency.

4. If agreement can be reached the responsible line manager will advise the agency of the outcome within a maximum of **1 working day** and confirm by letter.

5. As previously stated, the professionals involved in this resolution process must record each intra-agency and multi-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications and information.

Formal Escalation

Stage 3

6. If this process does not achieve consensus between agencies, the line managers should refer the matter to their relevant senior managers, equivalent to service manager. An escalation form should be completed by the line manager raising the issue with their senior manager, outlining the area of disagreement and what efforts have been made to resolve the issue. This notification should be made within **1 working day.** This will result in a review of the case, including the circumstances leading to the disagreement, with a view to resolving the issue.

7. The senior manager will contact their agency equivalent within a maximum of **1 working day** and attempt to resolve the issue. If necessary, a meeting should take place within **2 working days** to resolve the issue.

8. Any decision making arising from this process should be communicated to relevant personnel in each agency without delay and in writing within **2 working days** of the matter being formally escalated and be subject to monitoring and reviewing processes as appropriate.

Stage 4

1. Where a resolution is still not agreed the senior manager will raise the disagreement with their Assistant Director, or equivalent level in the organisation, who will contact and meet their agency equivalent within five working days.

2. Where concerns arise particularly in the management of a case, for example where an agency has failed to meet the specific requirements of the inter-agency plan to safeguard a child, a senior manager can request that an agency's case record on the child is reviewed.

3. The respective agency representatives on the relevant Local Safeguarding Children Board should be alerted that a disagreement has reached this stage

4. It will be unusual for many situations to reach this stage and for this reason there should be some consideration from the relevant Local Safeguarding Children Board as to whether there are wider lessons to be learned including any procedural or policy matters.

5. Any issues which have been resolved through use of the escalation procedure must be documented on all relevant case files for the purpose of audit trail.

Stage 5

1. If it has not been possible to resolve the professional differences at stage four the matter should be referred to the nominated SCB representative for the agency (see respective SCB website for details of the agency representative). If the agency does not have a nominated representative the matter must be referred to the relevant Safeguarding Children Board manager in Stoke-on-Trent or Staffordshire.

2. In all cases the LSCB 'Formal Escalation' form must be completed which should then be forwarded to the relevant LSCB manager. The escalation form will enable the LSCB to collate evidence of escalations and to offer assurances that they are being resolved at the right level and to gather information about the issues that need to be resolved.

3. At all stages of the process, actions and decisions must be recorded in writing and shared with relevant personnel and include the professional who raised the initial concern. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

4. In each case the nominated representative and relevant LSCB Manager will liaise with the Independent Chair of the Safeguarding Children Board as a matter of urgency and, in discussion with the nominated LSCB representative of the agency with whom the dispute is being raised (where applicable) a final decision will be reached.

5. Where a dispute remains unresolved despite the above arrangements, it shall be referred to an independent professional adviser

Appendix 1

FORMAL ESCALATION FORM (to be used at Stage 3 and 4 only)

Date:

Name of Child:	**DOB:**
NHS number:	
Practitioner:	**Agency/Team:**

Summary of Concerns, including the specific difference/s which has resulted in utilising the Escalation process:
(It is important that you provide information that details how you have made every effort to resolve this matter at a local level within Stages 1 & 2.)

Requested Action:

Response:

Date:

Resolution of Issues:

Date:

Actions Taken to Resolve the Professional Disagreement:

THIS DOCUMENT MUST BE SENT SECURELY

Professional Escalation/ Disagreement Process

Professional disagreement arises

↓

Stage 1
Professionals should raise the matter with their fellow professional, either in writing or verbally within **1 working day.**

↓

Stage 2
If professionals are unable to reach agreement about how to resolve the issue, then the matter should be escalated to their line manager. The line manager should ascertain the specific circumstances of the disagreement and contact should occur between agencies within **1 working day**.

↓

Stage 3
Formal escalation
If stage 2 does not resolve the issue, the line manager completes an LSCB Escalation Form (See appendix A) and refers it to their relevant senior manager within **1 working day**.

↓

The senior manager contacts their agency equivalent within a maximum of **1 working day** in an attempt to resolve the issue. If necessary a meeting should take place within **2 working days** to resolve the issue. The outcome of this meeting is to be communicated in writing within **2 working days** of the matter being formally escalated.

↓

Stage 4
Where a resolution is still not agreed the senior manager will raise the disagreement with their Assistant Director, or equivalent level in the organisation, who will contact and meet their agency equivalent within **5 working days.**

↓

Stage 5
If at stage 4 the issue is still not resolved the matter should be referred (using the LSCB Escalation form) to the nominated LSCB representative for the agency **within 2 working days**. If the agency does not have a nominated representative the matter must be referred to the relevant LSCB Manager.

↓

The nominated representative and relevant LSCB Manager will liaise with the Independent Chair of the Board and, in discussion with the nominated LSCB representative of the agency with whom the dispute is being raised (where applicable) a final decision will be reached.

↓

Where a dispute remains unresolved despite the above arrangements, the LSCB shall refer it to an independent professional adviser.