



PROCEDURE FOR THE REFERRAL AND TRANSITION OF YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS INTO LANCASHIRE ADULT MENTAL HEALTH SERVICES.

PROCEDURE NO	
DATE RATIFIED	15 th July 2010
REVIEW DATE	April 2011

Procedure Statement / Key Aims:

This procedure exists to provide procedural guidance to all agencies working with young people and their families.

It ensures that when referral or transfer arrangements are required all aspects of the young person's needs are taken into account.

ACCOUNTABLE DIRECTOR: Chief Executive

PROCEDURE AUTHORS: Transition Group
(see appendices for membership)

KEY POLICY ISSUES

- To ensure referral of young people into adult mental health services is uncomplicated
- Transition between CAMHS and Adult Mental Health Services are well planned and effective
- Young peoples needs are central to any transfer

Checklist for the Review and Approval of Procedure Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval?

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, procedure, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	

Committee Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name (Chair or nominated deputy)		Date	
Signature			
Committee Ratification			
If the committee is happy to ratify this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name (Chair or nominated deputy)		Date	
Signature			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

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EXECUTIVE SUMMARY

Procedure Information

Subject	Transition and referral of young people into Lancashire Adult Mental Health Services
Applicable to	All clinical staff employed by Lancashire Care NHS Foundation Trust and all partner agencies involved in the care of young people across Lancashire
Key Procedure Issues	To ensure that all agencies adhere to an agreed procedure to ensure referral and transition, on all occasions, is uncomplicated and occurs smoothly with full agency commitment.
Date Issued	July 2010
Dates Procedure reviewed	Will be reviewed initially in April 2011; then every 2 years
Next review due date	To commence March 2011
Procedure written by	Transition Group (see appendices for membership)
Consultation	Executive Directors Senior Management Team Lancashire PCT's Children's Integrated Services/Children's Services Children and Young Peoples Mental Health and Well Being Partnership Groups CAMHS Service Providers (Lancashire) Children's Trust Safeguarding Boards
Procedure reviewed by:	Identified working groups
Lead responsible for procedure	LCFT - Delegated Network Director for CAMHS, EIS & SMS
Monitoring arrangements	LCFT - the procedure will be monitored via EMT Governance PCT Policy ratification group in Blackburn with Darwen PCT Governance Groups LCC- Adult MH Services Unitary Authorities (Blackpool and Blackburn with Darwen)
Approved by	LCFT – Policy and Procedures group; Governance Group PCT Policy ratification group in Blackburn with Darwen Children's Trust Safeguarding Boards
Authorised by	LCFT – Governance Group PCT Policy ratification group in Blackburn with Darwen
Signature	
Related procedural documents	As per 3.4 and other related procedural documents

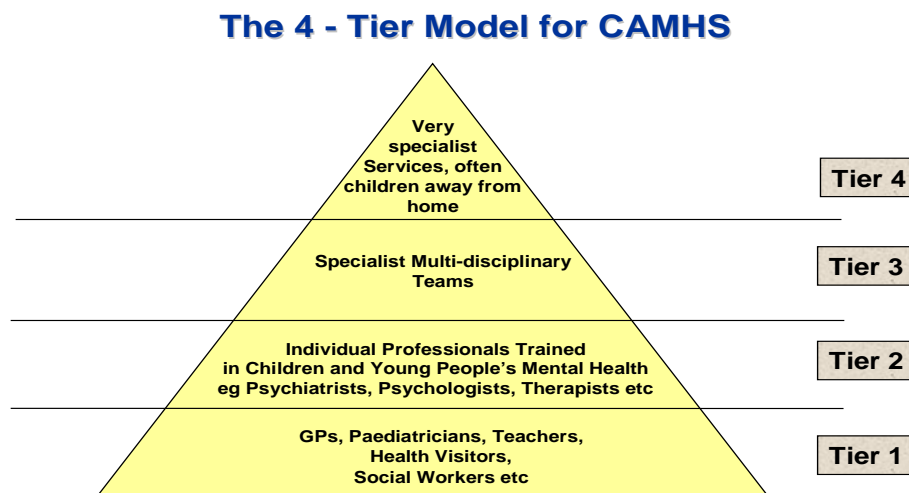
Following procedure ratification and dissemination these pages should be retained for reference for 3 months.

1. INTRODUCTION

1.1 Rationale

This Procedure determines a structure for the referral and transfer of responsibility from either Child and Adolescent Mental Health Services (CAMHS) or Young Peoples Services to the Adult Mental Health Services when a young person reaches 16 years of age (chronological age – not based on being in full time education).

- 1.2.1 CAMHS delivers services in line with a four-Tier strategic framework which is now widely accepted as the basis for planning, commissioning and delivering services.



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The exception for this procedure will exist when a young person is receiving inpatient care from a CAMHS Tier 4 provider.

The Junction (LCFT CAMHS Tier 4) provides care for young people up to their sixteenth birthday, or until they have completed year eleven education, as agreed by Commissioners of the service. Therefore, good practice would determine the continuing involvement of the CAMHS Tier 3 team, until after the young person's completed inpatient care package. This is essential to provide continuity of care and ensure that the inpatient care package is unaffected by transition to Adult Mental Health Services. Adult Mental Health services should be included at an early stage in the discharge planning process so the transitional arrangements can be in place as soon as possible following discharge once a young person is 16 years of age. The Platform is the inpatient unit for young people 16 to 18 years of age, there are also identified adult ward areas if there is no bed available in The Platform. The outreach team will undertake to work with young people admitted to adult wards to promote age appropriate placement and intervention.

In order to deliver the optimum level of care for young people presenting with a determined level of need this partnership arrangement will be applied. Historically young people have either fallen between or been passed from service to service and therefore risk falling between the gaps between agencies.

All staff regardless of professional background, agency or location, will have a duty to adhere to this procedure and its direction to ensure transparent care and cooperation is provided.

It is Lancashire Care Foundation Trust's (LCFT) determination as the lead provider of specialist adult mental health services to ensure a single model of practice is adopted across Lancashire, to develop and promote improved ways of working with partner agencies in order to ensure timely, consistent intervention for all young people

This document describes arrangements for the care of young people and their families, care co-ordination and joint working. It also clearly outlines duties and responsibilities.

1.2 Scope

- 1.2.1 The absence of a formally agreed transition agreement in LCFT between CAMHS and Adult Mental Health Services has sometimes caused a lack of clarity about service responsibility and differing views of clinical need and incompatible eligibility criteria. Agreeing the point at which a young person moves from CAMHS to Adult Mental Health Services is one aspect of ensuring effective transition for the young person, whilst encouraging collaborative working practices for LCFT, CAMHS providers and all partner agencies.
- 1.2.2 The Mental Health Procedure Implementation Guide (2002) suggests that there should be flexibility in the way care is determined, in line with locally agreed protocols, concerning transitions from CAMHS to Adult Mental Health Services. The National Service Framework for Children (Standard 9 for CAMHS) clearly states that the age range for the service is extended to 18 years, which is reflected within the procedure. Within Lancashire currently young people transfer at the age of 16 so until such time as these services are re-commissioned this procedure will provide the necessary guidance.
- 1.2.3 The development of Early Intervention Services in first onset psychosis demands a clear framework for Service User's between the ages of 14-35. The Mental Health Policy Implementation Guide (2002) identifies a need to provide a user centred, seamless service that effectively integrates CAMHS and Adult Mental Health Services, which works in partnership with Primary Care, Education, Social Services, Youth and other related services.
- 1.2.4 The procedure also covers the transfer of responsibility for the provision of specialist mental health services within Youth Offending Establishments. This

places particular responsibility on provider services to ensure referral and transition arrangements are effective and are embedded in practice, acknowledging the unique factors that can influence any planning for young people and young adults who are sentenced; and under the direction of Her Majesty's Prisons.

- 1.2.5 Young people who access Drug and Alcohol services are also involved in transition, and there may be clinical concerns usually relating to dual diagnosis and co-morbidity issues. There currently exists transitional pathways for substance misuse services however there is a need to ensure the same procedures are followed within these services and therefore for those individuals with mental health and substance misuse problems these procedures will apply.
- 1.2.6 This transition procedure encourages consideration of the most appropriate care provision for a young person, fully involving them in this process. It also encourages the role of joint working between CAMHS and Adult Mental Health Services to help all young people achieve a smooth transition. This procedure applies to all transfers from CAMHS to Adult Mental Health Services including the young person experiencing an early onset of psychosis. LCFT does not at the time of this policy provide ADHD treatment/interventions. This needs to be considered in the pathway for each individual. It is understood through experience that traditional age cut offs can be unhelpful and may not reflect the individuality of a service user and their right to choices over their care. Service users who have learning disability needs and mental health co-morbidity needs should be accepted and care coordinated by the best team to meet their needs supported by the other respective service. The greenlight strategy must be considered within this context.

1.3 Safeguarding

Safeguarding is a more inclusive concept than child protection and emphasises not only the recognition and management of harm to children but also the importance of recognising children in distress, this may be as result of mental health problems or mental illness and staff must intervene to prevent a range of adverse outcomes.

There is a range of legislation relating to this area namely The Children's Act (1989), Children's Act (2004) & Working Together to Safeguard Children (2006). The definition of safeguarding – (1.18 of Working Together) (2006) defines this as 'safeguarding, promoting welfare & child protection' and (a) protecting children from maltreatment; (b) preventing impairment of children's health or development; and (c) ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

The safeguarding of children and young people is paramount and must be considered throughout the child/young persons contact with services.

When a young person is receiving services an assessment must include physical and emotional health, education and safeguarding needs. The assessment should be based on the three dimensions of the Common Assessment Framework (CAF) and it should be in accordance with LSCB and Organisational Procedures.

Where additional need is identified then the CAF process must be offered to the child/young person/ parent. A CAF cannot be completed if the young person/ parent declines the offer however staff must clearly document the CAF process has been refused.

While every attempt to obtain consent should be made, Section 47 referrals for Child Protection can be completed without the consent of the young person or their family members. Similarly, for young people placed in Tier 4 services referrals to Children's Integrated Services/Children's Services under Section 85 Children Act 1989 are a statutory duty when the young person has been in patient for more than 12 weeks. While practitioners should seek to gain consent, it is a legal requirement that the referrals are made.

Risk to Children's welfare and concerns must be assessed using local Safeguarding Board Procedures and aided by their Continuum of Need and response.

All children considered to be at risk of significant harm must be referred directly to Children's Integrated Services/Children's Services in line with LSCB and specific Organisational Procedures. This will require the completion of a CAF. The professional in contact with the young person will be responsible for completing the CAF.

All staff must ensure they attend safeguarding and protecting children training in line with Mandatory Training policies.

Appendix 6 includes Every Child Matters Framework this outlines appropriate aims, judgments and evidence and suggests how these fit with the transition process.

1.4 Purpose

- 1.4.1 Young people and their carers will be encouraged to exercise choice in the type of service they are involved in.
- 1.4.2 Young people and their carers will be actively empowered to share in the decision making process.
- 1.4.3 Young people and their carers have the right to expect flexibility from all the services they access.
- 1.4.4 Care plans should be consistent with the principles of effective Care Coordination, this must include specific risk assessment and risk management

plans for those young people presenting with suicidal ideation, self harm and other high risk behaviour.

- 1.4.5 Care coordination and clinical responsibility must be made explicit to all partner agencies.
- 1.4.6 Inter-agency arrangements will be made in ways which are consistent with the right to confidentiality, but within the guidance requiring agencies to discuss risk when a young person may be in crisis requiring intervention and resolution.
- 1.4.7 Early assessment and treatment is essential to a Young Person's Mental Health and future engagement.
- 1.4.8 Ensuring a safe smooth transition of care that is pre-planned and effective for the young person and their family.

2. Duties

2.1 Transition Steering Group (TSG)

The TSG was formed following at Serious Case Review in Blackburn with Darwen (no: 2134) in order to review existing pathways and develop procedures for the referral and transition of young people into adult mental health services. The TSG will reconvene as required to ensure effective implementation of this procedure and its associated protocols across all agencies. The TSG will be reconvened and will include all LCFT representatives from relevant networks, safeguarding leads and colleagues from other provider organisations, safeguarding representatives and CAMHS services to ensure a comprehensive transition protocol is in place.

2.2 Chief Executive(s) will be responsible for:

Working with partner agencies to ensure effective implementation of the procedure, highlighting any organisational barriers that are communicated to the Chief Executive by the relevant governance structures

2.3 Duties of the Lancashire Care Foundation Trust board

The Trust board will be responsible for:
Receiving assurances of compliance with this procedure from the Network Director of CAMHS, EIS, SMS

2.4 Deputy Chief Executive will be responsible for:

Ensuring effective implementation of the procedure takes place within LCFT. Reporting any internal barriers to the Chief Executive and ensuring these are addressed if they relate to internal structures.

2.5 Pan Lancashire responsibilities will be held by:

PCT commissioners and CAMHS provider leads again by reporting any service barriers through appropriate channels i.e. line management or meeting structures

2.6 Lead Network Director who will be the CAMHS, EIS & SMS Network Director will be responsible for:

Ensuring in collaboration with the Network Director for Adult Mental Health Services (LCFT) that all localities have developed robust protocols. The protocols must be developed in conjunction with, and with the approval of all partner agencies. The lead Network Director will, in collaboration with the Adult Network Director, have the final decision regarding any resolution difficulties.

2.7 Medical Director

The Medical Director will be responsible for:
Ensuring all medical staff employed by LCFT fully comply with this procedure and any local protocols. The Medical Director will communicate any barriers to implementation to the Chief Executive or to medical directors in partner agencies as appropriate.

2.8 Network Directors

The Network Directors will be responsible for:

- Ensuring local protocols are developed and implemented within the agreed timescales.
- Addressing any internal barriers and blockages identified to ensure effective implementation

2.9 Director of Nursing

The post holder is the lead director and holds the executive lead for the safeguarding and protecting children's agenda within LCFT and reports directly to the Chief Executive on related issues. The post holder is a member of Lancashire, Blackburn with Darwen and Blackpool Safeguarding Children's Board. The Director of Nursing is responsible for providing assurance to the Trust Board of compliance with this procedure

2.10 Safeguarding Lead, Public Health Advisor, Children and Families

The Safeguarding lead will be responsible for:

Reporting any concerns related to the implementation of the procedure or protocols to the lead Network Director

2.11 Nominated Leads Pan Lancashire

The nominated leads who will be identified within all partner agencies by post will be responsible for:

Ensuring the policy is disseminated and implemented in individual organisations

2.12 Service Managers in all agencies

Service managers will be responsible for:

- Supporting staff in the development of the implementation of the framework
- Ongoing review of the framework with partner agencies
- Attendance at all necessary forums
- Liaison with partner agencies in order to determine optimum outcome for young people where difference of opinion arises.
- **And resolving any referral issues and barriers**

2.13 Training Development Manager and Professional Leads in all agencies

Training leads and professional leads will be responsible for:

- Identifying training needs of the work force
- Maximising opportunities for training
- Reporting to the Strategic Training Group any training needs that cannot be met internally
- Reviewing training opportunities with regard to partner agencies
- Reviewing the value of accreditation of courses
- Working in partnership with academic centres

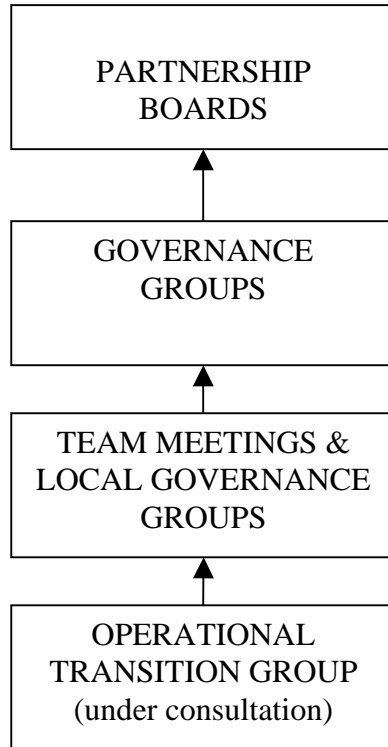
2.14 Practitioner Staff

Regardless of professional background all staff will be responsible for:

- Complying with the procedure requirements and contributing to any local protocol development
- Attending training as determined by the employing organisation
- Facilitating, planning and contributing towards the teaching and training of other staff.
- **Work collaboratively to promote and protect the best interests of the young person**

2.15 Protocol Support Structure

The following structure will ensure adherence to the procedure and allow for escalation as required:



3. THE PROTOCOL

3.1 The appendices contain templates which act as guidance for the development of local protocols.

This is to ensure that any local protocols are developed in an agreed format and also reflect the local systems and referral pathways in place.

The lead Network Director (CAMHS, EIS & SMS) (LCFT) will be responsible in collaboration with the Adult Network Director (LCFT) for ensuring that these protocols are written.

3.2.1 Process to be followed where there is a difference of opinion between Professionals

It is the purpose of this procedure to make sure that the pathway works to ensure maximum collaboration takes place and which ensures the young person and the family are at the centre of all care planning. In the event that a difference of opinion is experienced between professionals and services the following steps will be followed.

3.3 The minutes and outcome from this discussion/meeting between service managers must be recorded. These minutes will be forwarded to the Network Director for Adults, Lead Network Director responsible for implementation of this procedure (CAMHS, EIS & SMS) and the relevant CAMHS/ Service Manager in the event of a failure to reach compromise agreement.

Upon receipt of this the Adult and CAMHS Network Directors must then consider if the incident requires review under Serious and Untoward Incident Policies. The decision will be made relating to acceptance into service by the Network Director in collaboration with the Adult Network Director. Their decision will be binding.

Incident forms must also be completed by the respective organisations in line with internal policies.

3.4 Sharing of Information & Monitoring

Information must be shared with the services that are being referred to and in line with information sharing agreements in place with other trusts and organizations inline with best practice. LCFT has signed up to Tier 0 & Tier 1 Information Sharing Agreement that is a Lancs & Cumbria wide agreement. Many NHS and Social Care partners have also signed up to this across the patch. Tier 2's are being developed as well with separate organizations as they are being identified and this is ongoing, Tier 2 is an operational procedure between sharing organisations.

<http://intranet/applications/articles/ExternalDocInterface.asp?newsid=12568&headline=Lancashire+and+Cumbria+Tier+One+Information+Sharing+Protocol&link=%2E%2E%2F%2E%2E%2F%2E%2E%2Fclientfiles%2F2009914162>

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These links are also in the references.

Time should be taken to explain the information sharing protocols with service users and carers. A leaflet explaining is found on this link:

<http://intranet/applications/articles/ExternalDocInterface.asp?newsid=12965&headline=New+Information+Governance+Leaflet+%2D+%27Sharing+Information+With+Us%27&link=%2E%2E%2F%2E%2E%2F%2E%2E%2Fclientfiles%2F200912285931%5FSharing+Information+With+Us%2Epdf>

The following list represents justifiable purposes for the receipt and disclosure of service user information between the partner organisations.

- To support the delivery and co-ordination of health and social care as an integrated service
- Ensuring and improving the quality of health and/or social care and treatment as an integrated service
- Monitoring and protecting public health
- Managing and planning services
- Statutory reporting
- Commissioning and contracting for services
- Performance management and audit
- Risk management
- Investigating complaints and notified or potential legal claims
- Teaching
- Statistical analysis
- Research
- Supporting national initiatives on multi-agency working and information sharing
- Protecting people, communities, staff and management
- Any other purpose or purposes agreed to in consultation by parties to the general agreement
- Where there are concerns relating to the welfare of children/young people of child protection concerns.

All staff are directed to follow procedures laid down by Local Area Child Protection Committee/Safeguarding Children's Board and their own organizational procedures.

Consent to share information will be re-considered/up-dated at regular review meetings and documented within care record.

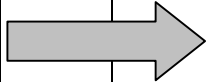
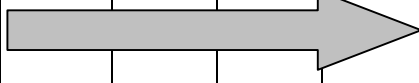
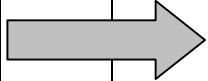
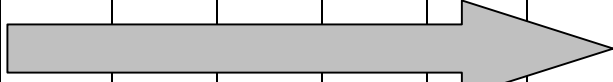
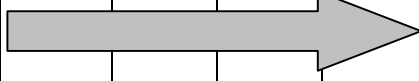
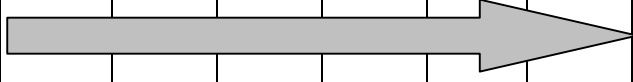
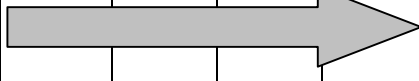
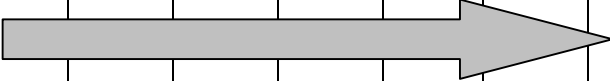
3.5 Related Pathways

A range of pathways and procedures exist to support implementation of this procedure. It is important that at the review of any local existing policies/procedures that this procedure is incorporated.

The following are examples to illustrate the range of policies and procedures that may be affected by the Transition Procedure:

Adult Mental Health Service-Operational Policies
Eating Disorders-Pathways
CAMHS –Operational Polices (Lancashire Services)
Children’s Integrated Services/Children’s Services – any related operational procedures/ referral pathways
Youth Justice Board (YJB) – Youth Offending Teams (YOT) operational policies and referral procedures

Diagram 1 highlights some of the transitions that a young person could encounter.

	Age 14	Age 15	Age 16	Age 17	Age 18	Age 19	
CAMHS*							Adult Mental Health
CAMHS* Complex Needs							Adult Learning Disabilities Service
School^							College/Employment /Training/NEET
School (Young People with statements)							College/Employment /Training/NEET
Children's Integrated Services							Adult Social Care or Leaving Care
Young Peoples Service							(up to age 25 if the young person has a learning disability)
YOT							Adult mental health or EIS
EIS							Transition within EIS

*Young People would usually only experience one of these pathways.

3.6 Time Scales

Partner services must refer to their own specific targets regarding time-scales for assessment and intervention.

Information regarding these time-scales must be communicated to service users/carers/families and to other services involved in care, in order to clarify expectations and to inform decisions about referral and treatment.

These timescales must be included in the local protocol development.

3.7 Support for staff

Support for staff will be provided by their Line Manager in relation to the implementation of this Transitional Procedure.

Transition/referral should always be underpinned by the policies and procedures outlined in the CPA guidance. All patients must have an up to date risk assessment contingency plan and care plan to support transfer.

4. TRAINING

As far as possible training provided should be joint agency in respect of this procedure

Level	Method	What should it cover?	Target Group	Who will do this?	Associated costs?
General awareness of this procedure	Team meetings	Procedure content, roles and responsibilities	Practitioners Admin staff	Team managers	Nil
All staff must ensure they attend safeguarding training in line with Mandatory Training policy	Mandatory Training	Safeguarding	All staff	Training dept to co-ordinate	Nil
All staff must ensure they attend Vulnerable adults training	Mandatory Training	Vulnerable Adults	All staff	Training dept to co-ordinate	Nil

5. IMPLEMENTATION

5.1. It is the responsibility of Line Managers to ensure that all staff within their area of responsibility are aware of this procedure and ensure its full implementation.

5.2 Communication of the Transition Procedure/Protocols:

Line Managers will ensure that all staff are fully aware of their roles and duties in relation to this procedure and that the link staff provide, advise and support other staff.

5.3 Distribution of the Transition Procedure

The procedure will be:

- Circulated to all Managers in relevant clinical areas.
- Available to all staff on the Intranet.
- Available to all stakeholders as required.

5.4 Record Keeping

Following acceptance of a referral by Adult Services, all records will be kept via National Care Records Service (NCRS), electronic Care Program Approach (eCPA)/ Mind-Set/IPM which will include the Health and Social Care Needs Assessment, Safety Profile and Daily Records.

6. MONITORING COMPLIANCE

What is to be monitored	How will it be monitored	Frequency of monitoring	Responsibility
Referrals made under protocol	e-CPA NCRS MindSet IPM	annually	Team managers
Disputed referrals	Written reports	As required	Lead Network Director
Protocol development	Submission of written protocol	One month from ratification	Lead Network Director

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8. Glossary

LCFT	Lancashire Care Foundation Trust
PCT	Primary Care Trust
CAMHS	Child and Adolescent Mental Health Services
Tier 4	In Patient Services
Tier 3	Specialist Community services
LSCB	Lancashire Safeguarding Board
CAF	Common Assessment Framework
EIS	Early Intervention Services (Psychosis)
SMS	Substance Misuse Services
cCBT	Computerised Cognitive Behaviour Therapy
CAT	Cognitive Analytical Therapy
IAPT	Improving Access to Psychological Therapies
PCMHT	Primary Care Mental Health Team
BWD	Blackburn with Darwen
CCTT	Complex Case Treatment Team

Appendix 1

Referral and Transition Protocol For Young People Not Known To Specialist Services

This protocol is included as a guide for local services to describe the single point of access for any referrals being made to adult mental health services.

All localities should use this framework and change any areas which do not reflect current provision. The key aim should be to develop a protocol that can be operationalised locally to ensure procedure implementation.

These protocols should include timescales and contact details for services.

1. Consent to referral to Primary Care Services

The Case Worker will discuss possible transfer to Adult Mental Health Services with the young person and, where appropriate, their carers when the young person is approaching 16 years of age.

The relevant worker will secure written consent from the young person to discuss the case with the relevant Adult Mental Health Team (single Point of Access) and share written documentation. Consent will also be sought from a young person who is approaching 16 years of age, but subject to Section under the Mental Health Act or Community Treatment Order. However, this may not always be possible, but it is important that the young person is informed of the process and changes to care provision.

The relevant worker will make sure that the young person and their carers, if appropriate, understand that the focus of the work in the Adult Mental Health Team will be around the identified needs of the young person.

The referral to access mental health can be made by letter, telephone or fax, and the service is operation from Monday to Friday from 9am to 5pm.

2. Access Mental Health (single point of access)

Once the referral is received this will be triaged and prioritised according to the level of need and risk into 3 categories:

- (a) Same day assessment/action
- (b) Urgent assessment/action (within 5 days)
- (c) Routine/action (maximum of two weeks)

As part of the triage function this will identify the most appropriate service which will be:

- Signposting out of the service
- Support and liaison with the referrers
- Fast tracking to specialist mental health services including:

- CCTT
 - Crisis
 - Home treatment
 - Early intervention
 - Eating disorder services
 - Post trauma stress service
- Primary care service which offers a range of low and high interventions which are time limited and may include:

Step 2 – **Low intensity;**

- cCBT
- CBT
- Guided self help
- Brief counselling
- Social support

Step 3 **Higher intensity:**

- Counselling
- Solution focused therapy
- Psychological interventions
- CAT

The interventions will be agreed with the person and will include risk management strategies and minimum data set information.

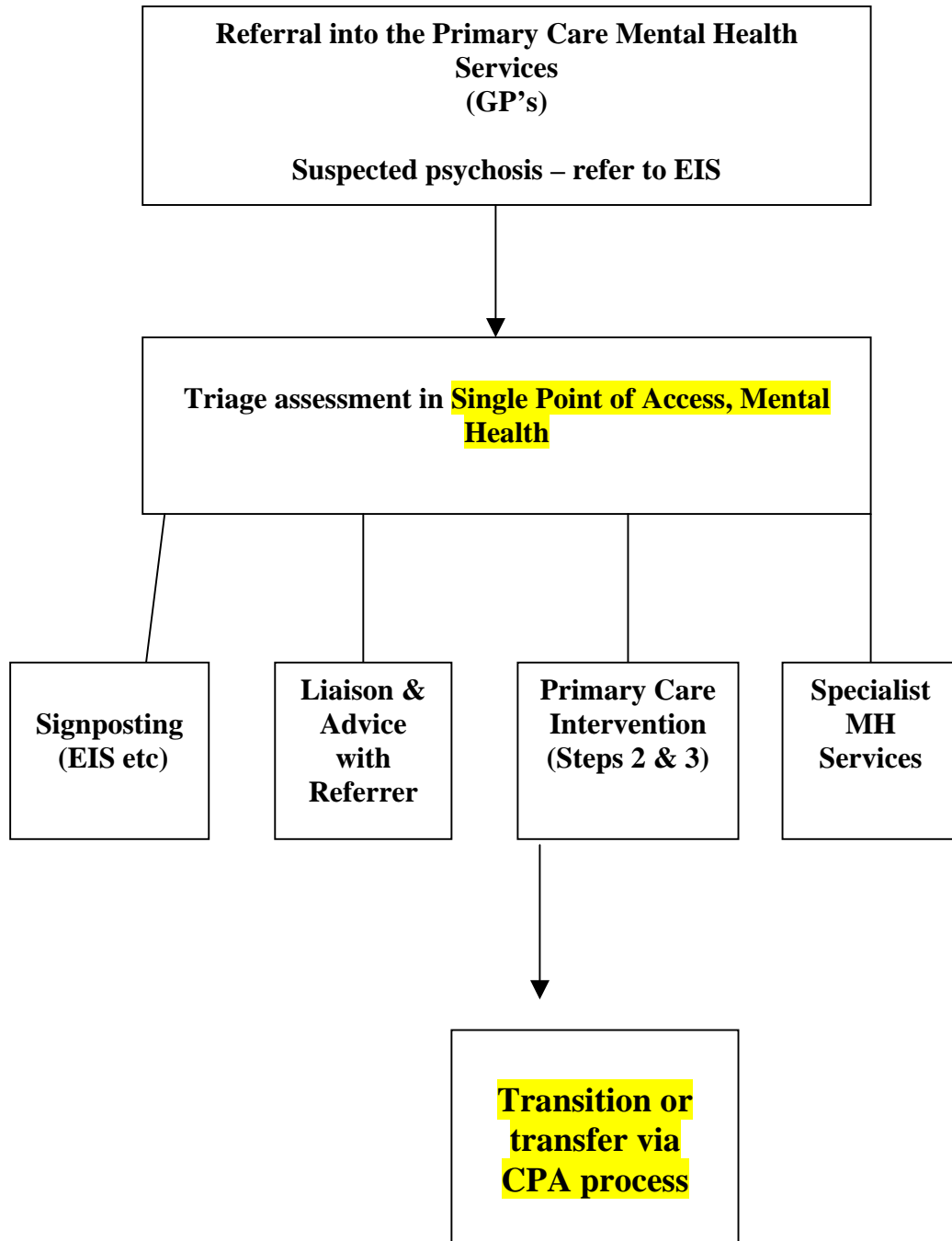
3. **Transition Plan**

The young persons care plan will be reviewed at each session and at the last session clear plans will be agreed and formulated on the discharge from the service or any further interventions, which could include referral to other specialist's Mental Health services. The timescale between sessions is defined by service user need. Good practice suggests that an overlap of care/interventions during the transition process in the ideal. A service user satisfaction sheet will be used to gain the young persons experience of the service.

4. **Disputes**

If there are disagreements, then Worker who is in contact with the young person will contact their line manager. The line manager will speak to the Link Worker from the Complex Cases Treatment Team and if necessary their line manager in order to ensure the matter is resolved in the best interests of the service user. If this does not achieve the desired outcome then the procure document section 3.3 should be followed.

Summary flowchart of referral and transition protocol for young people not known to specialised services



Appendix 2

TRANSITION PROTOCOL FOR THOSE KNOWN TO SERVICES

This protocol is for use in local services to develop a pathway which matches services. The key aim should be to develop a protocol that can be operationalised locally to ensure procedure implementation.

(All transfers of care are to be undertaken within the Care Programme Approach process).

1. Consent to Referral to Adult Services:

The Case Worker in Child and Adolescent Mental Health Service will discuss possible transfer to the Community Mental Health Team with the young person and, where appropriate, their carers when the young person is approaching 16 years of age.

If this proposed transfer is agreed, the Child and Adolescent Mental Health Worker will secure written consent from the young person to discuss the case with the **Complex Cases Treatment Team and share written documentation.** Consent will also be sought from a young person who is approaching 16 years of age, but subject to Section under the Mental Health Act or Community Treatment Order. However, this may not always be possible, but it is important that the young person is informed of the process and changes to care provision.

The Child Adolescent Mental Health Worker will make sure that the young person and their carers, if appropriate, understand that the focus of the work in the **Complex Cases Treatment Team** will be around the identified needs of the young person. This may well be a shift of focus from family based in Child Adolescent Mental Health Service to individual based **in Complex Cases Treatment Team**.

Sharing of personal information:

See paragraph 3.4 above

2. Initial Case Discussion:

The Child and Adolescent Mental Health Worker will arrange a discussion meeting with the identified Child and Adolescent Mental Health Service Link Worker or the Team Manager (in the absence of a Link Worker) from the **Complex Cases Treatment Team**. The request to meet must contain relevant demographic information, current Risk Assessment, a brief history and relevant current clinical information. This will take place as early as possible after the young person reaches the age of 15 and a half years of age.

This meeting is to consider the reasons for proposing transfer and to identify the appropriate care post 16 for the young person. This meeting should happen within four weeks after the request. If transfer is not appropriate, consideration as to where

support can be gained for the young persons' needs are to be discussed, agreed and documented by the CAMHS worker and Adult Mental Health Services.

Best practice would suggest that Honos Payment By Results (HonosPBR) and the cluster tool should be used to help identify and assist appropriate step / service allocation; ensuring that the young person's transition is meeting their needs.

The SPA will be the point of initial referral to services. Where there are problems relating to service acceptance this will be managed through the dispute resolution process. The SPA is a signposting service for transitions and will assist the smooth transition process.

Any dispute at this stage must be addressed to ensure the needs of the young person are fully met.

3. Transfer:

Following the discussion meeting the Child Adolescent Mental Health Worker should formally refer the young person to the appropriate **Complex Case Treatment Team** via the **Complex Case Treatment Team link person** (Blackburn 01254 226170 or Darwen 01254 226360).

This referral then should take place under the Care Programme Approach process and inputted onto eCPA and NCRS.

An initial joint assessment meeting with the Child Adolescent Mental Health Services Link Worker or identified Care Coordinator from the **Complex Case Treatment Team** and the young person and their carers, if appropriate, needs to be arranged to agree the transition arrangements and clarify any issues for the carers and young person.

The transfer plan must be agreed by all agencies and discussion at the **Complex Case Treatment Team** allocation meeting will take place to agree a Care Coordinator. All young people accepted by **the Complex Case Treatment Team** will formally enter the Care Programme Approach process.

There will be a period of joint working / share care prior to transfer. The final handover from Child Adolescent Mental Health Services to Adult Services will take place after / or on the 16th Birthday.

All Child Adolescent Mental Health Service notes are to be made available to the **Complex Case Treatment Team** (written consent should have been obtained in Stage 1).

Until transfer is complete, Child Adolescent Mental Health Service retain clinical responsibility.

4. Communication with General Practitioner:

Child Adolescent Mental Health Service will inform the General Practitioner of the intention to transfer, and that the process has commenced. Both Child Adolescent Mental Health Service and the **Complex Case Treatment Team** have a duty to inform the General Practitioner once the process has finished. **Child Adolescent Mental Health Services to formally discharge and the receiving Complex Care Treatment Team to formally accept.** The **CCTT** must, as with all cases, continue to communicate with the GP about on going care and treatment.

5. Disputes

If there are disagreements, then the Child Adolescent Mental Health Worker and the Child Adolescent Mental Health Link Worker from the Complex Case Treatment Team should meet and attempt to resolve these. This should be a formally recorded meeting. If this fails to resolve the issue then Service Managers from both Child Adolescent Mental Health Services and the Complex Case Treatment Team need to be involved to try and resolve the outstanding issues.

The minutes and outcome from this meeting should be recorded and forwarded to the Network Director for Adults, Lead Network Director responsible for implementation of this procedure (CAMHS, EIS & SMS) and the relevant CAMHS Service Manager.

SUMMARY FLOW CHART OF TRANSITION PROTOCOL CAMHS TO ADULT MENTAL HEALTH SERVICES

In discussion with the young person / family and staff, the young person is identified as possibly requiring ongoing care from Adult Services. This is identified six months prior to the 16th Birthday.



The CAMHS Worker will arrange a discussion meeting with the CCTT Link Worker / Team Manager to discuss the referral.



A joint discussion meeting will take place within four weeks of the request. If transfer is not appropriate, alternatives must be sought to meet the needs of the young person.



If the transfer is agreed at that point, the CAMHS Worker will make a formal referral to the CCTT. To be documented onto eCPA/MindSet/IPM and NCRS.



An initial joint assessment will take place between the CAMHS Worker, CCTT Link Worker and the young person and family if appropriate.



If appropriate for Adult Services, a transfer plan will be agreed by all parties and discussions at the CCTT allocation meeting will take place to agree a Care Coordinator.



A period of joint working will take place prior to transfer after their / or on their 16th Birthday.



Until transfer is complete, the CAMHS retain clinical responsibility.

Appendix 3

Terms of Reference

<u>Group</u>	Transition Group
<u>Frequency</u>	Monthly during Procedure development/reconstituted as required
<u>Day/Time</u>	Varies
<u>Venue</u>	Sceptre Point
<u>Chair(s)</u>	Network Director (CAMHS, EIS & Substance Misuse)
<u>Deputy Chair(s)</u>	Deputy Network Director (CAMHS, EIS & Substance Misuse)
<u>Minute taker</u>	Deputy Network Director (CAMHS, EIS & Substance Misuse)

Purpose

- Work with all partner agencies to ensure the referral and transition of young people into adult mental health services is uncomplicated and effective
- Develop this procedure and protocols for approval by agencies who come into contact with young people who may require access to adult mental health services
- Informing the Network Governance Groups of the approval of this procedure
- Communicating with partner agencies in order to ensure effective implementation.

Scope

Joint working
 Procedure development
 Effective pathways
 Reviewing any cases if procedure fails

Membership

Name	Job Title	Organisation
Andrew Simpson	Network Director CAMHS, EIS & SMS	Lancashire Care NHS Foundation Trust
Jeff Warburton	Deputy network Director CAMHS, EIS & SMS	Lancashire Care NHS Foundation Trust
Colette Rimmer	Asst Network Director CAMHS, EIS & SMS	Lancashire Care NHS Foundation Trust
Linda Ravenscroft	Adult Service Manager	Lancashire Care NHS Foundation Trust

Name	Job Title	Organisation
Bridget Welch	Lead for Children & Families	Lancashire Care NHS Foundation Trust
Anne-Marie Alexander	Healthy Minds Manager	Lancashire Care NHS Foundation Trust
John Herring	Step 2/3 Manager	Lancashire Care NHS Foundation Trust
Karen Bowman		Lancashire Care NHS Foundation Trust
Vicky Baker	Service development Manager	NHS Blackburn with Darwen
Kath Thompson	Safeguarding Nurse	NHS Blackburn with Darwen
Ann Atkin	Head of Children and Young People	NHS Blackburn with Darwen
Gary Chadwick	Adult Service Manager	Lancashire Care NHS Foundation Trust
Phil Boswell	Outreach Team Lead (The Junction)	Lancashire Care NHS Foundation Trust
Martin Howe	Project Lead-PCMHT (BWD).	NHS Blackburn with Darwen

Attendance at meetings

All agencies must be represented

Reports to

Governance Groups in respective organisations

Quorum

All agencies must be represented

Appendix 4

Contact details for Team Managers

Central Lancashire		
Name	Role / Title	Team Contact
Linda Ravenscroft	Adult Step 4 Manager Central	Pathways, Bamber Bridge, Preston PR5 6GD Tel: 01772 676085
Phil Winnard	Community Mental Health Team Manager – Ormskirk	Hilldale, Ormskirk Hospital L39 2AZ Tel: 01695 598092
Mark Walton	Community Mental Health Team Manager – Skelmersdale	Daniels Lane, Skelmersdale WN8 9NH
Paul White	Community Mental Health Team Manger – Preston	West Strand House, West Strand Preston PR1 8UY Tel: 01772 401275
Maggie Wheeldon	Community Mental Health Team Manager - South Ribble	Pathways, Bamber Bridge, Preston PR5 6GD Tel: 01772 676068
Amanda Duncan	Community Mental Health Team Manager	Oakfield Unit, Chorley DGH PR7 1PP Tel: 01257 245848
Mick Jenkins	Assertive Outreach Team Manager – Preston	West Strand House, West Strand, Preston PR1 8UY Tel: 01772 401261
Bridget Smyth	Assertive Outreach Team Manager – Chorley / South Ribble	Dob Bridge Cottage, Bretherton Road, Chorley PR26 9RF Tel: 01772 676100

North Lancashire		
Name	Role / Title	Team Contact
Joe Crocock	Adult Service Manager, Step 5 Service Manager North Lancashire	Parkwood, East Park Drive, Blackpool FY3 8PW Tel: 01253 306825
Phil Horner	Acting Adult Service Manager Step 4 North Lancs	Ridge Lea Hospital, Quernmore Road, Lancaster LA1 3JR Tel: 01524 586222
Robert Sangster	Team Manager – Wyre Community Mental Health Team	Mountcroft, Albert Street, Fleetwood FY7 6AH Tel: 01253 651830

Name	Role / Title	Team Contact
Wendy Hardman	Team Manager – Fylde Community Mental Health Team	Woodlands, 155 St Andrews Road South, St Annes FY8 1YB Tel: 01253 651355
Steve Lewis	Team Manager – Blackpool South Community Mental Health Team	The Gateway, The South Stand The Blackpool Football Stadium, Seasiders Way Blackpool FY1 6JX Tel: 01253 651750
Donna Garrard	Team Manager – Blackpool North Community Mental Health Team	The Gateway, The South Stand The Blackpool Football Stadium, Seasiders Way Blackpool FY1 6JX
Chris Sheridan	Team Manager – Assertive Outreach Team – Blackpool	The Gateway, The South Stand The Blackpool Football Stadium, Seasiders Way Blackpool FY1 6JX Tel: 01253 651750
Sue Crutchley	Adult Service Manager – Step 2/3	Ridgelea Hospital, Quernmore Road, Lancaster LA1 3JR Tel: 01254 586273

East Lancashire		
Name	Role / Title	Team Contact
Anita Massey	Acting Step 4 Service Manager	Pendle House, Leeds Road Nelson BB9 9TG Tel: 01282 657289
Geraldine Earley	Blackburn CCTT	Daisyfield Mill, Appleby Street, Blackburn BB1 3BL Tel: 01254 226150
Jenny Swarbrick	Pendle CCTT	Pendle House, Leeds Road Nelson BB9 9TG
James Warwick (in place of Leander Nield until January 2011)	Hyndburn/Ribble valley CCTT	The Mount, Accrington BB5 5DE Tel: 01254 226935

Name	Role / Title	Team Contact
Allison Mellor	Darwen CCTT	Darwen Resource Centre 1 Edward Street, Darwen BB3 1AY Tel: 01254 226360
Caroline Ingman	East Lancashire Recovery Team Manager	The Mount, 253 Whalley Road, Accrington BB5 5AD Tel: 01254 226935
Lorraine Nuttall	CCTTManager	Gannow Lane Resource Centre Burnley BB12 6QH Burnley 01282 657230

Lancashire Early Intervention Service (Psychosis)		
Name	Role / Title	Team Contact
Faith Shaw	East Lancashire Integrated Team Manager	Lancashire Early Intervention Service East Lancashire Spoke Team The Mount Whalley Road Accrington Lancashire BB5 1AR Tel: 01254 226390 Fax: 01254 872880
Eleanor Manning	Central Lancashire Integrated Team Manager	Lancashire Early Intervention Service Central Lancashire Spoke Team 1 Ashfield Road Chorley PR7 1LH Tel: 01772 645761 Fax: 01772 773545
Louella Bielby	North Lancashire Integrated Team Manager	Lancashire Early Intervention Service North Lancashire Spoke Team Unit 15 Blackpool Technology Management Centre Faraday Way Bispham Near Blackpool FY2 0JW Tel: 01253 657470 Fax: 01253 657479
Administration	Hub team	Lancashire Early Intervention Service Hub Team Ground Floor, Daisyfield Mill Daisyfield Business Centre Appleby Street, Blackburn BB1 3BL Tel: 01254 226322 Fax: 01254 582836

CAMHS Tier 3

North Lancashire – Lancaster and Morecambe

LANCASTER AND MORECAMBE YOUNG PEOPLE UP TO THE AGE OF 16 YEARS OLD	
CAMHS Manager (EDT Liaison)	Mick Dunn
Address:	The Ross Children's Centre Euston Road MORECAMBE LA4 5LE
Telephone Number:	01524 834140
Fax Number:	01524 426310
Area Covered (GP practice cover):	Lancaster, Morecambe, up to Yorkshire border, up to South Cumbria border, Garstang. The team covers N Yorks and S Cumbria, but would deal with their own area EDTs.
Provision:	Monday to Friday, 9.00am-5.00pm to accept referral. However, emergency assessment response may be Monday, Wednesday, Friday. Lancaster and Morecambe team will do self referrals.

LANCASTER AND MORECAMBE YOUNG PEOPLE OVER THE AGE OF 16 YEARS OLD	
Liaison Manager	Andy Jones
Address:	Lancaster Crisis Resolution Home Team (LCRHT) East Barns LANCASTER LA1 4JJ
Telephone Number:	01524 849933 or 01524 8846848
Fax Number:	01524 580590
Area Covered (GP practice cover):	Lancaster, Morecambe, up to Yorkshire border, up to South Cumbria border, Garstang.
Provision:	24 hours, 365 days per year.

North Lancashire – Fylde and Wyre

Blackpool CAMHS Service Information

Service Manager	Teresa Waleboer
Team Manager (EDT Liaison)	Frank Wood
Hours of opening	Monday- Friday 9.00 - 17.00hrs
Team Base	CAMHS Whitegate Drive Health Centre, 150-158 Whitegate Drive Blackpool Lancashire FY3 9ES
Point of Contact	Tel: 01253 657166. Fax: 01253 657164
Likely outcome of request for services in operating hours	We operate a duty system during office hours to provide assessments within 24 hrs or next working day for urgent assessments for Self Harm admitted to the Victoria Hospital Blackpool or urgent mental health issues from other referrers from health or social care. Cases already known to the service will have a care coordinator allocated who can be contacted on the above numbers.
Out of Hours Services	The A&E Department at Victoria Hospital Blackpool assesses referrals out of hours for children and young people and refers on as appropriate.
16+ Service	For young people between the ages of 16-18 years with suspected mental health issues contact would be via relevant Adult CMHT in either Wyre or Fylde in office hours or via the Crisis Team out of hours on telephone number : 01253 306280.

East Lancashire – Burnley, Pendle, Hyndburn, Rossendale, Ribble Valley, BwD

Service Manager (EDT Liaison)	Jo Weller (01282 804804)
Team Manager	Angela Taylor
Hours of opening	Monday - Friday 9.00 - 17.00hrs
Team Base	The Mount, Whalley Road Accrington, BB5 6AS
Point of Contact	Blackburn with Darwen Tel: 01254 226283 Hyndburn Rossendale Tel: 01254 226282 Burnley and Pendle Tel: 01254 226336 Fax:01254 396576
Likely outcome of request for services in operating hours	Monday – Friday 09.00 – 17.00 East Lancashire CAMHS will carry out next working day self harm assessments on the paediatric ward. The team is often able to assess self harm assessment the same day if they are faxed through before midday.
Out of Hours Services	The operates a non-medical on-call telephone advice service for East Lancashire Hospital Trust staff for consultation and clinical advice in relation to young people who present with mental health issues. All other referrals from a variety of sources including primary care. Cases already known to the service will have a care coordinator allocated who can be contacted within working hours.
Other Day time services	Early intervention team (provided by Lancashire Care Trust cover from the age of 14yrs) Daisyfield Mill, Blackburn Tel 01254 226322 or Fax: 01254 582836
16+ Service	Adult Crisis Teams: Burnley 01282 657222 Blackburn 01254 668299

Central Lancashire – Preston, Chorley, South and West Lancs

Integrated Service Manager	Paul Anderton
Clinical & Operational Lead Manager (EDT Liaison)	Edwina Dewhurst 01772 - 644644
Hours of opening	Monday-Friday 09.00 - 17.00 hrs
Team Bases	Ellen House,1-3 Ellen Court, Preston Shawbrook House, Balcarres Road, Leyland Westgate Centre, 142-148 Sandy Lane Shopping Centre, Sandy Lane, Skelmersdale
Point of Contact	Tel: Preston 01772 777344 Fax: 01772 885517 Tel: Leyland 01772 644644 Fax: 01772 678091 Tel: Skelmersdale 01695 588430 Fax : 01695 550369
Provision	Monday-Friday 09:00 to 17:00 Central Lancashire CAMHS will carry out self harm assessments on the paediatric ward that day if the ward staff fax through a referral before 10.00 am. We also operate a duty system to offer advice and consultation. There is also the normal tier 2/3 pathway for all other referrals to all of the 3 sites within Central Lancashire.
Out of Hours Services	4 CAMHS Paediatric Link Workers are based at Royal Preston Hospital and Ormskirk Hospital Monday-Friday 08.00 to 20:00. If someone presents to A&E following self harm they will be admitted onto the Paediatric ward and a referral faxed to CAMHS. If out of normal working hours, Royal Preston Hospital can access a specialist advice and assessment facility for child and adolescent mental health.
16+ Service	16/17 year olds at A&E will be assessed by an adult psychiatrist. If they have attended following an act of deliberate self harm and they are still at school (age 16,Year 11) they will be referred to CAMHS who will see them within one week of discharge. If a person presents to their GP they can be referred to CAMHS until they leave school (end of Yr11).



Appendix 5

Every Child Matters Framework – Safeguarding Children within LCFT

Safeguarding Children within LCFT

"Adult mental health services, including general adult and community, forensic, psychotherapy, alcohol and substance misuse have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm".

Working Together to Safeguard Children 2006

All NHS Trusts and NHS Foundation Trusts must identify a named doctor and a named nurse/midwife for child protection with specific roles and responsibilities for safeguarding children and young people

Within LCFT Named Nurse Child Protection role is undertaken by:

Bridgett Welch
Public Health Advisor Children and Families/Named

Olivia Guly
Consultant Psychiatrist

Nurse Child Protection

Named Doctor Safeguarding
Children

Tel: 01772 645790 Mobile: 07507847567

bridgett.welch@lancashirecare.nhs.uk

olivia.guly@lancashirecare.nhs.uk

And Safeguarding Team

Bridget Boyle
Safeguarding Practitioner
Safeguarding Team

Sharon McDonagh
PA to Bridgett Welch &

Administrator

Tel: 01772 645794 Mobile: 07507846012

Tel:01772 645794

bridget.boyle@lancashirecare.nhs.uk

Sharon.mcdonagh@lancashirecare.nhs.uk

Role and responsibilities include;

- statutory role, taking a professional lead on all aspects of the Trust contribution to safeguarding children
- promote good professional practice within the Trust, and provide advice, support and supervision for staff
- provide expertise in local arrangements for safeguarding and promoting the welfare of children
- work closely with clinical governance to ensure safeguarding children is integral to the Trust governance arrangements, monitoring and audit of quality

Further update: 25.10.10

- work closely with LCFT risk department and support staff in risk management issues pertinent to children and young people
- provide skilled professional involvement in child safeguarding processes, in line with LSCB procedures, and in serious case reviews.
- as part of serious case reviews ,review practice and learning
- ensure and provide safeguarding training and strategy is in place and is delivered .
- contribute, develop and implement policies and procedures



Appendix 6

Transition– Every Child Matters

The table below looks at the 5 outcomes of the Every Child Matters Framework, selects appropriate aims, judgments and evidence and suggests how these fit with the transition process.

Be Healthy	
Aims	<ul style="list-style-type: none"> Children and Young People are physically, mentally and emotionally healthy
Judgments	<ul style="list-style-type: none"> Parents and carers receive support to keep their children healthy Healthy lifestyles are promoted
Evidence	<ul style="list-style-type: none"> Children and Young People have access to an appropriate range of support if they feel troubled
Fits with Transition	<ul style="list-style-type: none"> Young People are made fully aware during the transition process of what the service can offer them in terms of support for healthy physical, mental and emotional wellbeing They know who they can turn to if they need support During transition concerns are communicated effectively between agencies to support the vulnerable
Stay Safe	
Aims	<ul style="list-style-type: none"> Children and young people are safe from bullying and discrimination Children and young people are safe from crime and anti-social behaviour Children and Young People have security, stability and to be cared for
Judgments	<ul style="list-style-type: none"> Agencies collaborate to safeguard children according to the requirements of the current government practice
Evidence	<ul style="list-style-type: none"> Agencies' accountabilities are clear at each stage of the safeguarding procedures
Fits with Transition	<ul style="list-style-type: none"> Assessments consider exposure to bullying and allay any fears about bullying Appropriate information is passed between agencies to ensure safeguarding procedures are implemented
Enjoy & Achieve	
Aims	<ul style="list-style-type: none"> Children and Young People attend appointments Children and Young People are encouraged to achieve personal and social development and enjoy recreation
Judgments	<ul style="list-style-type: none"> Children and Young People are enabled and encouraged to attend appointments and are actively involved in devising care plans Process's are in place to follow up young people who miss appointments and disengagement plans in place.
Evidence	<ul style="list-style-type: none"> There are updated, appropriate care plans in place The progress of individual children and Young People in educational, personal, social and emotional outcomes is regularly reviewed and communicated between agencies.
Fits with Transition	<ul style="list-style-type: none"> Appointment attendance issues are communicated between services Realistic attainment information is passed between agencies for the young person continued access to education During transition appropriate information and concerns are communicated effectively between services to support all young people
Make a positive contribution	
Aims	<ul style="list-style-type: none"> Children and Young People develop positive relationships and choose not to bully or discriminate Children and Young People develop self confidence and successfully deal with significant life changes and challenges
Judgments	<ul style="list-style-type: none"> Children & Young People are supported in developing socially and emotionally Children and Young People, particularly those from vulnerable groups, are supported in managing changes and responding to challenges in their lives Children and Young People with learning difficulties and/or disabilities are helped to make a positive contribution
Evidence	<ul style="list-style-type: none"> Children and Young people have opportunities to be involved in care planning, their wishes and needs are considered and where appropriate may have the opportunity to support others
Fits with Transition	<ul style="list-style-type: none"> Peer mentoring schemes are set up The transition process takes into consideration the social and emotional development of young people Young People are supported by both services through this significant life change and the challenges it may present
Achieve economic well-being	
Evidence	<ul style="list-style-type: none"> Partners are aware of and minimize the financial stress on families of childhood activity, such as cost of school trips, transport and entry to libraries and sports facilities
Fits with Transition	<ul style="list-style-type: none"> Information is communicated sensitively regarding pupils whose families may be under financial stress to enable them to have access to all activities available in school

Appendix 7

**LANCASHIRE CARE FOUNDATION TRUST
 INITIAL EQUALITY IMPACT ASSESSMENT**

Department/Function	All relevant services within Lancashire
Person Responsible	Andrew Simpson Network Director, CAMHS, EIS & Substance Misuse Services
Contact details	andrew.simpson@lancashirecare.nhs.uk
Name of procedure/procedure/service to be assessed	Procedure For The Referral and Transition Of Young People Into Adult Mental Health Services.
Date of assessment	
Is this a new or existing procedure/procedure/service?	New procedure
1. Briefly describe the aims, objectives and purpose of the procedure/procedure/service?	To provide an effective way in which all practitioner staff and agencies ensure that all young people requiring access to adult mental health services do so in an uncomplicated way
2. Who is intended to benefit?	All young people, their families and carers, and all partner agencies and staff engaged in their care.
3. What outcomes are wanted?	Staff to be given the required knowledge and skills to respond appropriately to the needs of young people requiring access to adult mental health services. Young people, families and carers will receive optimum levels of care, which will be delivered in a consistent manner.
4. Who are the main stakeholders?	All partners' agencies and staff engaged with this procedure in the safe delivery of effective transition Service users & carers. Partner agencies Commissioners
5. Who is responsible for implementation?	Lancashire Care Foundation Trust NHS Blackburn with Darwen

6. Are there concerns that there could be differential impact on the following groups and what existing evidence do you have for this?		
Young people from a Black or minority ethnic background	Y	This is a vulnerable group who present with complex needs therefore young people from any minority group may experience further discrimination.
Young women or men Including trans people	Y	This is a vulnerable group who present with complex needs therefore young people from any minority group may experience further discrimination.
Young people with disabilities or long term health conditions	Y	This is a vulnerable group who present with complex needs therefore young people from any minority group may experience further discrimination.
Young people with or without a religion or beliefs	Y	Within certain cultures there is less distinction made between the person and the condition and the religion and the medication. We need to be mindful that our assessments and engagement consider the holistic needs of the young person.
Lesbian, gay, bisexual or heterosexual young people	Y	This is a vulnerable group who present with complex needs therefore young people from any minority group may experience further discrimination.
Older or younger people		N
7. Could any differential impact identified above be potentially adverse?		N
8. Can any adverse impact be justified on the grounds of promoting equality of opportunity?		N
9. Have you consulted with those who are likely to be affected?	Y	In part users of services have been consulted
10. Should the procedure/procedure/service proceed to full impact assessment?		Y Yes The outcome of full assessment can be used to inform ongoing implementation, staff training & monitoring.

I understand the impact assessment of this procedure/procedure/service is a statutory obligation and take responsibility for the completion of this process.

Names of assessors: Jeff Warburton and Colette Rimmer

Signature of assessors:

Date of assessment 29.09.2010

Date of next review April 2011