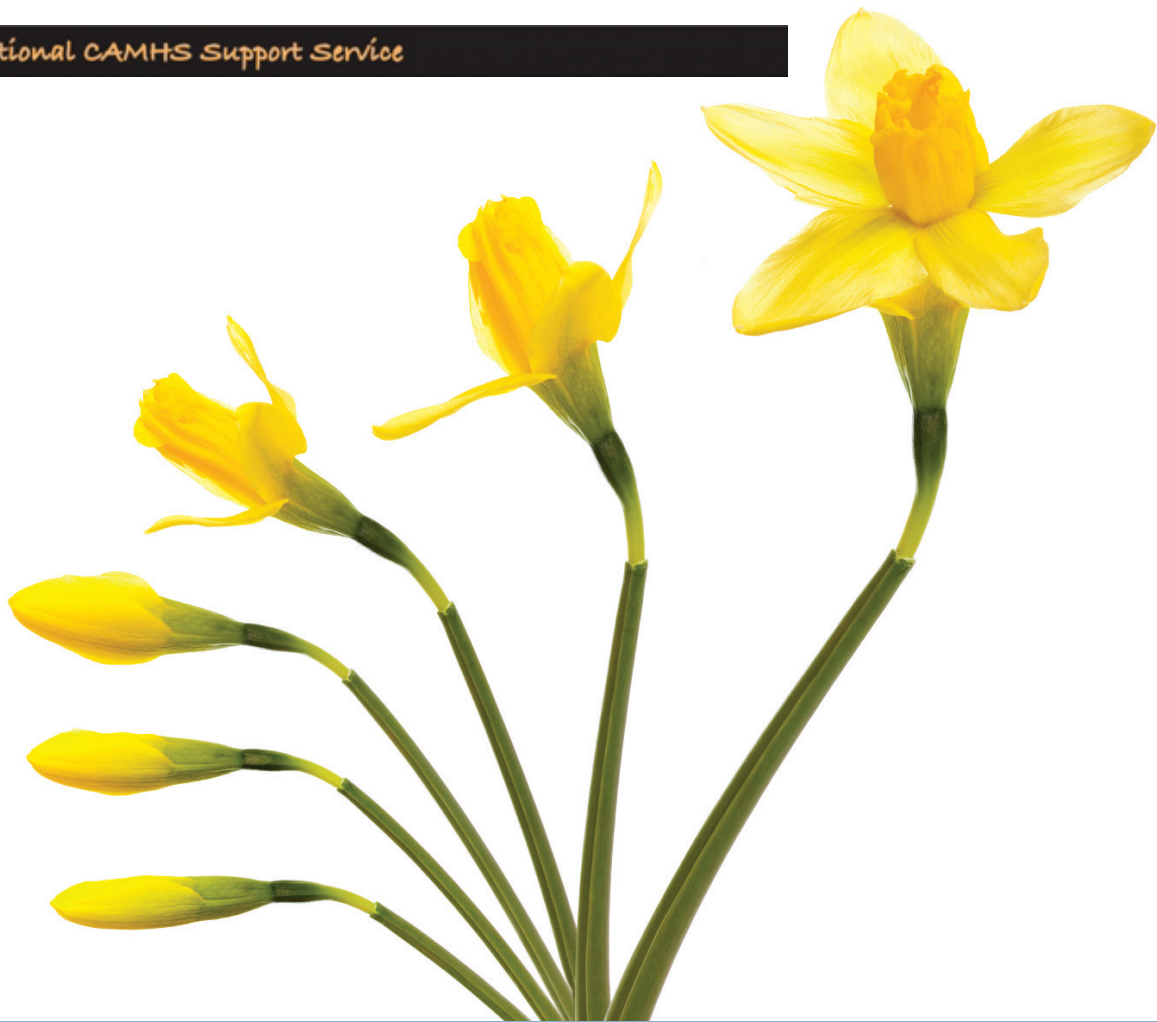




National Mental Health
Development Unit

National CAMHS Support Service



Planning mental health services for young adults – improving transition

A resource for health and social care commissioners

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Introduction and purpose of the guide

The context

The NHS and social care commissioning landscape is changing radically. Proposals set out in the new Health and Social Care Bill¹ include plans to shift the responsibility for commissioning local health services to General Practitioners. This will result in the disestablishment of Primary Care Trusts and place local decision-making with clinicians.

No service areas will be exempt from these changes, so mental health services, both for adults and children will be part of this new model of commissioning. The Government has spelt out its vision for mental health services specifically in its new Mental Health Strategy, *No health without mental health*² in which it commits to improving mental health outcomes across the whole life course.

Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) have undergone significant improvement over the last decade, both in respect of secondary in-patient and community-based services, as well as the interface with primary care. However, concerns about the quality of transition for young people from CAMHS to adult mental health services, or out of mental health services altogether, have existed for some time. Too often these transitions have been poorly planned and managed, resulting in young people aged between 16 and 19 not receiving appropriate services or 'falling through the net'.

What is this guide for and who is it aimed at?

This guide has been produced to assist current and future commissioners of health and social care services for young people in their planning, reviewing and delivery of mental health services for adults and young people. It takes as its focus the need for improved transition in terms of both outcomes and processes. It has been developed by the National Mental Health Development Unit (NMH DU) and the National CAMHS Support Service (NCSS) which are working in partnership with the Social Care Institute for Excellence (SCIE) on a project sponsored by the Department of Health and Department for Education.

The project is producing a series of resources to improve transitions for young people with psychological, emotional and behavioural problems to make the transition from CAMHS to adult services.

The preparation of this guide has been undertaken in conjunction with a wide range of colleagues, all of whom have particular expertise in the field of mental health services for young people, and includes young service users and parents. It can be read as a stand-alone document as well as a companion to *A Practical Guide to Mental Health Commissioning (Part One)*.³

Additionally, the following key people or organisations may find the document of use:

- GPs/GP mental health leads, specialist clinicians and practitioners
- GP Commissioning Consortia
- CAMHS partnerships
- Directors of Public Health and Public Health teams

- Local authorities
- Mental Health Partnership Boards
- Adult Mental Health and CAMHS service managers
- Youth workers and behavioural support services
- Health and Wellbeing Boards
- Schools, Academies, Further Education and Higher Education institutions who may commission services or who need to understand how services are commissioned
- Substance misuse commissioners and providers
- HealthWatch local boards
- Voluntary Sector providers
- Youth Justice Boards, for community and custodial placements

This guide:

- provides advice to commissioners to ensure that in the services they commission, practitioners and service providers in AMHS and CAMHS are prepared for transitions, are appropriately trained to understand young people, adhere to and audit locally developed protocols
- demonstrates how commissioning for good transitions can help organisations to meet the Quality, Innovation, Prevention and Productivity (QIPP) and Outcomes Framework requirements.
- provides examples of good and promising practice as well as specific guidance about effective commissioning.

It is not an encyclopaedia of research, although it does contain a range of links to relevant research, legislation and practice.

¹ Health & Social Care Bill, HM Government. January 2011

² *No health without mental health*, Department of Health. February 2011

³ *A practical guide to mental health commissioning (Part One)*, Bennett, A. Appleton, S. Jackson, C. NMH DU/JCP-Mental Health (to be published March 2011)

Why is this guide needed now?

The challenges faced by young people moving from adolescence into adulthood have been well documented for over a decade. The extra challenges of negotiating service transitions at the same time have received similar attention. What should, for all young people, be a time of increasing independence and opportunity can, for young people with mental health problems, signal a period of uncertainty and even deterioration in their mental health.⁴

Services that meet the needs of young adults, and provide safe and smooth transitions between CAMHS and AMHS still appear to be in the minority. Research such as the SDO TRACK⁵ study has shown that young people's experience of the transition from CAMHS to AMHS is poor, with some never making the transition at all. TRACK found that only 4% of young people experienced the ideal transition. In many areas, CAMHS is designed to meet the needs of a wide range of disorders and problems such as Attention Deficit and Hyper Activity Disorder (ADHD) or Autistic Spectrum Disorder (ASD), whereas AMHS tend to offer services only to those suffering severe and enduring illnesses such as psychosis or severe depression. The consequence of such different service provision is that young people in receipt of a service from CAMHS may find that on reaching adulthood, their condition and presentation does not change but adult mental health services are not configured to support them. If there is nothing in primary care or in the voluntary sector, young people and their parents are left to cope alone.

It is worrying that for many children with autism and mental health problems, transition planning simply is not happening. The vast majority (84%) of parents of children aged 14-17 told us that their child requires ongoing mental health support. Most of these parents and parents of 18-21 year olds requiring ongoing mental health support said that there was no plan in place to determine what support their child would receive when they got too old for support from CAMHS (70%). Almost all parents (92%) worried about what mental health support their child would get when they turned 18.

“The lady at CAMHS kept everyone together, but everything was lost completely through the transition phase. She had meetings with the adult teams and got absolutely nowhere. As soon as it stopped, as soon as she was out of the picture, everything went to pieces.” – Parent of a young adult⁶

In his report *Getting it right for children and young people*, Sir Ian Kennedy noted that the divisions of funding between services for adults and those of young people ‘immediately lose sight of the purpose for which the funds exist: to care for the interests of young people as they move into adulthood’. He recommends that ‘Ensuring a smooth transition between children’s and adults’ services should be a priority for local commissioners’.⁷

Whatever the changes in legislation and policy over the coming months, what will remain constant is that there will be young people and their parents moving on from a service at a challenging time in their lives. Moving on may mean the transition from one service to another, or discharge from services altogether.

Young people will continue to experience difficulties with their mental health which affect their ability to fulfil their potential in the short, medium and long term. Services will need to support young people in making that transition well, and commissioners, in whichever organisation they sit, will continue to have a role in service development accordingly.

⁴ *Stressed out and struggling: Two steps forward, one step back*. Pugh, K. McHugh, A. McKinstry, F. Young Minds 2006. *Transitions, Young Adults with Complex Needs, Social Exclusion Unit Final Report 2005, HASCAS CAMHS to AMHS Transition: Tools for Transition, Right Here Mental Health Foundation, Minority Voices, Street et al, YoungMinds 2005*

⁵ *Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A study of protocols in Greater London*, Singh et al, NIHR, June 2008

⁶ www.autism.org.uk/en-gb/get-involved/campaign-for-change/our-campaigns/you-need-to-know/the-facts.aspx – from you need to know

⁷ *Getting it right for children and young people. Overcoming cultural barriers in the NHS so as to meet their needs*. A review by Professor Sir Ian Kennedy. Department of Health, 2010

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Who are the young people in transition, and what are the challenges?

This section considers:

- the varied groups of young people who are in transition from CAMHS
- the challenges the young people face making the transition
- the challenges for services trying to improve transitions

There are many young people that are part of the 'transitions cohort' who should be considered when planning local mental health care for adolescents and young adults. The majority of these young people will experience some form of transition from CAMHS. Examples of the types of transition include:

- Transition to AMHS and remaining with those services
- Transition to AMHS and subsequently drop out of services
- Those who are referred to AMHS but are not accepted for a service
- Those who are not referred to AMHS as they are believed to be ineligible for a service
- Those who would not need to move to adult services if CAMHS could work with them for longer
- Those who do not need to move to adult services
- Those supported by voluntary sector agencies/not engaging with statutory mental health services
- Young people who are perceived as too difficult for CAMHS to work with; these might include young people in contact with the criminal justice system
- Those young people who are supported by workers in universal or targeted services where the workers are themselves supported by specialist CAMHS consultation

There is a further cohort of young people who experience transition but may not be in receipt of a service from CAMHS:

- Young people with risk factors for multiple poor outcomes (including mental illness) as adults
- Young people who have previously undiagnosed and unmet need particularly those for whom need becomes more acute as adolescence progresses and family/educational/ other support diminishes. These needs might include:
 - Emerging Personality Disorder
 - Those with the more subtle signs of early stage psychosis
 - Attention Deficit Hyperactivity Disorder
 - High functioning ASD
 - Conduct disorders
 - Looked After Children
 - Those in contact with the Youth Justice System (in secure settings or the community)
 - Young people who self-harm
 - Unrecognised teenage onset depression in those who are regarded as experiencing adolescent turmoil
 - Teenage parents



What do young people want at transition?

The CAMHS National Advisory Council for Children's Mental Health and Psychological Wellbeing's Young People's Participation Group identified that services often work against the outcomes they are trying to achieve. The way that some young people are treated by services can make them feel worse rather than better.

Young people said:

It can be so difficult to access adult mental health services that you get disillusioned and give up trying to access services.

You can get lost in the system. The processes involved make it difficult to access services, there should be clearer protocols so young people are never left without any support.

We know about the difficulties between CAMHS and AMHS, but we want them to work out how they can work together to better support us

Give us the same people to work with. It takes a long time to trust someone and then you take them away

Why can't staff follow you through services so that people know you, your history and you as a person when you're feeling better?⁸

There is a range of products that can help commissioners and services to involve young people in commissioning and planning health care.

NCSS has published an online participation tool which allows young people to give active feedback about services: www.puzzledout.com

Services can use the 'You're Welcome' programme to assess how young people friendly they are, and have their self assessment validated by young people. <http://yourewelcome.dh.gov.uk/Assess/Default.aspx>

The Eastern Region has worked to combine You're Welcome with CAMHS participation standards: www.chimat.org.uk/camhs

Many transitions are still unplanned and result in acute, unanticipated and crisis presentations.⁹ This highlights the need to ensure that services that should support and deliver transitions are properly commissioned, so that when crises occur services can respond appropriately.

Commissioners need to pay particular attention to young people whose transition may involve negotiation with commissioners from a different PCT. *Who Pays? Establishing the Responsible Commissioner* sets out the guidance regarding the responsibility for payment for mental health services for particular categories of young people where there may be a change of commissioner as the young person reaches 18. (See Appendix One for more detail).¹⁰

Commissioners should recognise that these varieties of transition exist and that a one-size-fits-all approach is unlikely to be successful. Transition planning is complex. It requires both CAMHS and AMHS commissioners, service providers, including the voluntary sector, to come together and consider the entire picture for the local area, and where necessary, to step outside their local area and consult colleagues in other services.

⁸ <http://nationaladvisorycouncilcmh.independent.gov.uk/downloads/yp-response-final.pdf>

⁹ *Transition from CAMHS to adult mental health services (TRACK): a study of policies, process and user & carer perspective*. Singh, S. et al 2010

¹⁰ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078466

The challenges of transition

In a survey of services in one region of England, over 90% of contributors perceived the transition from CAMHS to adult mental health service as difficult.¹¹ This illustrates the broadly held view that transitions are not as effective or well planned as they should be, and that this often leads to unmet need for users of services.

In their 2006 study, *Lost in transition? Between paediatric and adult services* McDonagh and Viner outlined a number of key barriers to effective transitions. These included:

- Time
- Training of professionals involved
- Financial factors including difficulty accessing resources
- Different perceptions of young people, parents, and providers
- Poor intra-agency co-ordination
- Lack of institutional support
- Lack of planning
- Lack of appropriate adult specialists¹²

¹¹ Gillam T, Crofts M, Fadden G, and Corbett K, (2003). *The Interfaces Project Report – Exploring the links between mental health services for children, adults and families* quoted by *Working at the CAMHS/Adult Interface: Good practice guidance for the provision of psychiatric services to adolescents/young adults*. Lamb, C. et al, May 2008

¹² *Lost in transition? Between paediatric and adult services*. McDonagh, J. and Viner, R., British Medical Journal, February 2006

¹³ *Transition from CAMHS to adult mental health services (TRACK): a study of policies, process and user and carer perspective*. Singh, S. et al, 2010

¹⁴ *Tools for transition – A literature review for informed practice*. Anderson, Y. HASCAS

¹⁵ Blakemore, S-J and Choudhury, S. *Development of the adolescent brain; implications for executive function and social cognition*. Journal of Child Psychiatry and Psychology 47(3-4), 296-312 (2006)

The TRACK study has shown that service providers are well aware of the barriers at the interface of services that can cause vulnerable young people to slip through the care net at a time when they most need health and social care. The same study has also shown that for the majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced.¹³

The age conundrum

There is still considerable variation in where CAMHS ends and AMHS begins. In some places the end point for CAMHS is 18 years of age, whilst in others it is 16, in others it is 16 if out of school, and 18 if in education. In many Early Intervention services, provision spans a wider age range, for example from 14 to 35.

Continuity of care between child and adult services is not assisted by different care planning systems (for example, Common Assessment Framework versus Care Programme Approach), care teams and funding arrangements. An arbitrary age point assumes that chronological age alone indicates a readiness for transfer, which may disregard the complexity of adolescent development.¹⁴ Recent research into the human brain has shown that there is a significant period of development and change from adolescence up to the age of 25.¹⁵ Some services have responded by creating Youth Services for young people from adolescence to 25.¹⁶

It's not just about age

Barriers to transition are not restricted to age boundaries alone. There can be differences between CAMHS and AMHS in relation to thresholds regarding acceptance criteria, professional differences and service structures/configurations which were found to affect the transition process.

CAMHS and AMHS professionals often take differing approaches in the ways in which they work. This lack of common

understanding of young people's mental health needs as they make the transition to adulthood can have an impact on the experience of transition. Research has indicated that this has prevented areas of common concern from being recognised or addressed, and that the training of professionals has also exaggerated differences between specialties rather than developing areas of mutual interest.¹⁷ As an example, conditions which CAMHS will support, such as working with young people with ADHD and moderate ASD, may not be supported by adult mental health services, so many young people do not make any form of transition at all, losing contact with services that they need with long-term consequences for their mental health and well-being.

This is not just an issue in specialist services. A study in 2003 found that communication problems were identified more frequently between child care workers and adult psychiatrists than between other groups. Communication between general practitioners and child-care workers was also more likely to be described as problematic.¹⁸ Primary care can sometimes struggle to engage hard-to-reach young people who may not be registered with a GP, for example, young people in contact with the criminal justice system.

CAMHS and AMHS still report that they do not understand each other, with both perceiving the other in a negative light which affects the ability and willingness of services' to work together to meet the needs of young people and families.

As one professional has described it, *"I don't know what it's called but it's not working together!"*¹⁹ These examples highlight the gaps not only in understanding the issues of transition, but the practical problems of engagement between services and communication between professionals, service users, carers and agencies.

What can commissioners do?

Commissioners can help services to join up by facilitating a local Transitions Forum, including representatives from CAMHS, AMHS, the voluntary sector and service user groups to review and monitor transition protocols, and provide an arena for debate and service development. Many areas have Transitions Coordinators, as a result of the Transition Support Programme.²⁰ Commissioners who haven't already done so can make contact with their local Transitions Coordinator to see what has been achieved so far locally, to see where gaps remain and what joint work might be possible.

Bringing CAMHS and AMHS together with young people and parents to consider what actually happens to young people when they move from CAMHS will highlight any gaps or obstacles. Although it is essential that CAMHS and AMHS practitioners have the opportunity to map and reflect how they think the system is working, it is also important that young people and their families who may or may not have been in receipt of support have the chance to contribute to plans to improve and develop local services.

¹⁶ *Emerging Practice: Examples of Mental Health Services for 16-25 year-olds*. Young Minds 2006. www.youngminds.org.uk

¹⁷ *Tools for transition – A literature review for informed practice*. Anderson, Y. HASCAS

¹⁸ *Working on the interface: identifying professional responses to families with mental health and child-care needs*. Stanley, N. et al., Health & Social Care in the Community, Volume 11, Issue 3, May 2003

¹⁹ Unnamed social worker quoted in 'Not working and not working together'. Foster, T., 2003

²⁰ The Transitions Support Programme was a three year initiative as a result of Aiming High for Disabled Children – see Appendix One

²¹ *Transition from CAMHS to adult mental health services (TRACK): a study of policies, process and user & carer perspective*. Singh, S. et al., 2010

²² Sainsbury Centre for Mental Health (SCMH) (2009), *The chance of a lifetime. Preventing early conduct problems and reducing crime*. www.centreformentalhealth.org.uk/publications/chance_of_a_lifetime.aspx?ID=604

²³ Valmaggia LR, McCrone P, Knapp M (2009). *Economic impact of early intervention in people at high risk of psychosis*. Psychological Medicine, 1-10.

Appropriate investment

The level of resources available to specialist CAMHS and AMHS will become an even greater challenge during this period of financial constraint and planned public sector savings, particularly in social care in many areas. The Local Government Finance Revenue Support Grant now incorporates the previous CAMHS Grant, which had funded much of CAMHS expansion and in consequence, CAMHS in many areas are also subject to public sector savings. The Early Intervention Grant which includes funding for services such as Targeted Mental Health in Schools Projects can also be used for preventative work in CAMHS. The potential consequences of lower investment in AMHS and CAMHS could include:

- Increased CAMHS and AMHS workloads and inadequate staffing levels
- Adult statutory services which have focused on psychosis services for young people ignoring the other mental health problems such as overdose, eating disorder, anxiety disorders and depression
- A lack of provision for a range of developmental disorders including Attention Deficit Hyperactivity Disorder, and Autistic Spectrum Disorders (including Asperger's Syndrome)
- A lack of adolescent-specific resources, both in inpatient care and community-based settings; lack of resources in substance misuse and crisis/out of hours working²¹

What can commissioners do?

Commissioners need to consider the importance of investing in evidenced preventative measures in children and young people services. There is evidence of how early intervention can save money in the long term, both in terms of intervening early in the life of a child, and intervening early in the course of a mental health disorder.^{22, 23} Such a shift in investment is likely to reap the benefit of enabling young people to receive appropriate services more swiftly, to receive them for a shorter period and reduce the likelihood of future service need. This in itself would have a positive impact on the resources available in the future.

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Summary of legislative and policy guidance

This section considers the Government's new policy direction, and in particular the emphasis within the new Mental Health Strategy and Outcomes Framework on improving young people's experience of transition.

The range of legislation, policies and guidance that impact on both commissioning and service delivery continues to widen. This section, along with Appendix One, summarises the key relevant legislation and policy guidance that inform or impact with the commissioning of mental health services for young adults. It is not intended to be exhaustive, but provides a resource for commissioners to refer to when considering their priorities.

Commissioners who want further information about specific legislative requirements concerning young people going through transition may find the *Young Minds Legal Guide for Practitioners* helpful.²⁴

Some of the items included in this guide are a legacy from the previous Government, but remain in place. Others are the response of the Coalition Government, and reflect the direction of the Government's programme.

²⁴ *Transitions in Mental Health Care – A guide for health and social care professionals on the legal framework for the care and treatment of young people with emotional and psychological problems during their transition years.* Camilla Parker et al., YoungMinds, February 2011

²⁵ *Equity and Excellence, Liberating the NHS.* Department of Health, 2010

²⁶ *Achieving equity and excellence for children – How liberating the NHS will help us meet the needs of children and young people.* Department of Health, 2010

The Health and Social Care Bill

The Health and Social Care Bill followed the White Paper, *Equity and Excellence. Liberating the NHS*²⁵ which set out the Coalition Government's plan for the NHS in England. Alongside the structural reform proposed, which includes the abolition of PCTs and SHAs, the Bill sets out a range of changes to the way in which services are commissioned and paid for. The Government has set out further details of changes which will meet the needs of children and young people in *Achieving equity and excellence for children – How liberating the NHS will help us meet the needs of children and young people.*²⁶

A continuing emphasis on commissioning for mental health and well-being reflects the need to improve delivery of mental health services for those with a defined disorder and to improve the mental health and well-being and prevent mental ill health across the population as a whole, including those with a diagnosed illness.

GP consortia will take on responsibility for planning and commissioning mental health services. Consortia commissioners will be expected to build and maintain partnerships with various other organisations and bodies, which include:

- Local Authorities
- Schools, Academies, Colleges, Universities, other education/training bodies
- HealthWatch
- Patient participation groups and service user groups
- Third sector organisations and community groups



No health without mental health

The Mental Health Strategy, *No health without mental health*, affirms the Government's commitment to developing high quality services that will deliver the outcomes people with mental health problems want; outcomes that recognise the importance of improved personal and social functioning, education and meaningful occupation and employment and housing as part of recovery.

The strategy restates some key facts about the mental health of young adults:

- Mental health problems are very common, affecting one in six of us at any one time and they begin early; half of lifetime mental health problems are present by the age of 14.
- 10% of children have a mental health problem, and many continue to have mental health problems into adulthood.²⁷
- 14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period.²⁸
- Mental illness during childhood/ adolescence costs between £11,000-59,000 per child.²⁹
- Mental disorder and self-harm constitute around 23% of burden of illness in the UK.³⁰
- In respect of children's well-being, the UK ranked at the bottom when compared with North America and 18 European countries (UNICEF, 2007) and ranked 24th out of 29 European countries in a more recent survey (Bradshaw and Richardson, 2009).³¹

No health without mental health is explicit in its consideration of the importance of transition of young people to adult services:

Careful planning of the transfer of care between services will prevent arbitrary discontinuities in care as people reach key transitions. Services can improve transitions, including from child and adolescent mental health services into adult mental health services, or back to primary care, by:

- Planning for transition early, listening to young people and improving their self-efficacy;
- Providing appropriate and sensible advice so that young people can exercise choice effectively and participate in decisions about which adult and other services they receive; and
- Focusing on outcomes and improving joint commissioning, to promote flexible services based on developmental needs³²

²⁷ *The Economic case for improving efficiency and quality in mental health*. Department of Health, February 2011

²⁸ *Rites of passage? Transitioning from CAMHS to AMHS; Improving the experience*. Smith, Dr J. February 2010

²⁹ Suhrcke *et al.*, 2008. Quoted in *Economics of public mental health interventions*. Dr J Campion, Department of Health, November 2010

³⁰ World Health Organisation (2008). *Global burden of disease report*. Geneva: WHO

³¹ *Economics of public mental health interventions*, Dr J Campion, Department of Health, November 2010

³² Department of Health. *No health without mental health*, February 2011

³³ NHS Outcomes Framework

³⁴ Department of Health, *No health without mental health, Delivering better mental health outcomes for people of all ages*. February 2011

Outcomes Framework

The existing performance regime is being replaced with separate frameworks for outcomes that set the direction for the NHS. A new NHS Outcomes Framework³³ was published in December 2010. The NHS Outcomes Framework will be underpinned by Quality Standards developed by the National Institute for Health and Clinical Excellence (NICE).

No health without mental health further clarified the Outcomes Framework in its accompanying document, *Delivering better mental health outcomes for people of all ages*, which sets out six objectives to improve mental health. The Government is also considering how Quality Standards developed for the life course might reflect some of the overarching quality and experience themes, including transitions that relate to children and young people's health services.³⁴

Objective 4 in *Delivering mental health outcomes for people of all ages* is 'More people will have a positive experience of care and support.' There is a focus on improving the experience of care for children and young people with and emphasis on the 'particular importance' of effective transition from children's to adults' services.

A positive transition from CAMHS to an appropriate service has clear links to all six objectives.

Objective	How does the objective relate to young people with mental health problems in transition?
<p>1. More people will have good mental health</p> <p>More people will have better wellbeing and good mental health and fewer people will develop mental health problems – by starting well, developing well, working well, living well, and ageing well.</p>	<p>The incidence of significant mental health disorder rises sharply in adolescence.³⁵ Services that are accessible and acceptable to young adults are essential to meet their needs.³⁶ Failure to provide services for young people with mild to moderate disorders or disorders which are not accepted by AMHS means that young people would only get a service when they have seriously deteriorated, with significant consequences for their long term mental health, ability to stay in education or find a job</p>
<p>2. More people with mental health problems will recover</p> <p>More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, improved chances in education and employment and a decent place to live</p>	<p>Some estimates suggest that a quarter to a half of mental health problems in adults could be averted with timely and effective interventions in childhood and adolescence.³⁷ The success of Early Intervention Psychosis Services shows that holistic interventions which include social functioning assist in recovery.³⁸ Young people of transitional age may still need further support to fully recover, and services may need to be flexible in terms of age boundaries. Good transitions include planning with young people and their families how to practice self management, and what to do if they need further help but do not meet the threshold for further NHS services. Commissioners need to consider services for young adults who do not meet AMHS severe and enduring thresholds, but require further support.</p>
<p>3. More people with mental health problems will have good physical health</p>	<p>People who develop schizophrenia and bipolar disorder die on average 16-25 years younger than the general population.³⁹ Setting a pattern of accessing health services early is important to provide screening and promote good physical health. Services aimed at young people in the transition years, such as youth clinics in general practice, can give young people a positive experience of support for mental and physical health. Young people with severe life-long mental health problems who have transferred well into adult services are more likely to maintain contact with services and have their physical health needs noted.</p>
<p>4. More people will have a positive experience of care</p> <p>Improving children and young people's experience of healthcare</p>	<p>Young people have told us what they want from services and what makes a good transition. Young people consistently say that what they want is:</p> <ul style="list-style-type: none"> • To be listened to and understood • To be taken seriously • To experience well planned, smooth transition • To receive flexible services • To have information and choice • To have continuity of care⁴⁰
<p>5. Fewer people will suffer avoidable harm</p>	<p>Young people who were looked after have a four to five fold increased risk of attempting suicide in adulthood. In 2009, 298 deaths of young people aged between 15 and 24 were recorded as intentional self harm.⁴¹ Research shows that young people often only seek help in a crisis.⁴² Young people in transition may be particularly vulnerable and a lack of appropriate services, or an unsafe environment may heighten that vulnerability and increase the risk of harm as well as the length of recovery.</p>
<p>6. Fewer people will experience stigma and discrimination</p>	<p>Young people are as aware as adults about the stigma attached to mental ill health. Research amongst young people has identified their wish to receive support in non-stigmatising age-appropriate environments such as the voluntary sector in the community.⁴³</p> <p>Tackling Stigma: A practical toolkit (NCSS, 2010) Guidance for CAMHS partnerships and others on how to implement the NCSS Tackling Stigma Framework. www.chimat.org.uk/resource/view.aspx?QN=TACKLINGSTIGMA</p>

³⁵ Ronald C. Kessler, G. Paul Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee and T. Bedirhan U (2007). *Age of onset of mental disorders: a review of recent literature*. Current Opinion in Psychiatry 20, 359–364.

³⁶ Street C *et al.*, *Whose Crisis*. YoungMinds 2005. Pugh K *et al.*, *TwoSteps Forward, one step back*, YoungMinds 2007.

³⁷ Kim-Cohen J, Caspi A, Moffitt T *et al.*, (2003). *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort*. Archives of General Psychiatry 60: 709–717.

³⁸ Killackey E, Yung AR (March 2007). *Effectiveness of early intervention in psychosis*. Curr Opin Psychiatry 20 (2): 121–5.

³⁹ Parks J, Svendsen D, Singer P and Foti ME (eds)/Mauer B (2006). *Morbidity and Mortality in People with Serious Mental Illness*. National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council, available at: www.nasmhpd.org and Brown S, Kim M, Mitchell C *et al.*, (2010) *Twenty-five year mortality of a community cohort with schizophrenia*. British Journal of Psychiatry 196(2): 116–121.

⁴⁰ *One Year On – The first report from the National Advisory Council for children's mental health and psychological wellbeing*, Department for Education, March 2010.

⁴¹ Office for National Statistics, Deaths registered in 2009.

⁴² *Whose Crisis*, Street C *et al.*, YoungMinds 2000, Youth Crisis, and Listen Up!, Mental Health Foundation 2011.

⁴³ *Two Steps forward, one step back*, Pugh K *et al.*, YoungMinds 2006. *Minority Voices*, C Street *et al.*, YoungMinds 2005. YoungMinds, *See beyond our labels*, www.youngminds.org.uk

No health without mental health maintains the emphasis on the developing QIPP programmes and similar approaches in local authorities to deliver efficiency, value for money, driving up quality while improving productivity.

Optimal Care and Transitions

PricewaterhouseCoopers (PwC) used their Optimal Care Model to analyse the long term costs of current transitions versus 'optimal' transitions from CAMHS to adult services in Coventry. An actuarial model underpinned by international evidence about what works and why was developed to track process steps within organisations and care pathways. The model identifies when and where savings can be made across a locality by agencies using a joint commissioning structure. PwC found that improving transitions for adolescents led to long term savings for adult service users as well as improved user outcomes.

www.pwcwebcast.co.uk/dpliv_mu/dealing_with_the_deficit/total_place_datasheet.pdf

Autism Act 2009 / Autism Strategy

In December 2010, the Government published statutory guidance for local councils and local NHS bodies setting out what they have to do to ensure they meet the needs of adults with autism in England. The guidance also ensures that NHS bodies – including Foundation Trusts – have protocols in place in every local area for the transition of clinical mental health care for children with autism in receipt of Child Mental Health Mental Health services.

“NHS bodies and NHS Foundation Trusts should ensure that protocols are in place in every local area for the transition of clinical mental health care for children with autism in receipt of CAMHS. Where individuals do not fulfill referral criteria for adult mental health teams, it would be good practice for local authorities and NHS bodies to signpost on to other sources of support and information available locally and nationally.”⁴⁴

Increasing Access to Psychological Therapies (IAPT) for children and young people and adults

The IAPT programme has so far concentrated on developing better access to evidence-based psychological therapies for adults with mild to moderate depression. The Government has announced that there will be a programme to improve access to evidence-based therapies for children and young people in development in 2011-12. The model has not yet been agreed, but in the one pilot area where IAPT was piloted for children, young people and adults in Bury, the services noted significant improvements in transitions from CAMHS, and the service has now been mainstreamed into an all ages service.⁴⁵

Previous Government Policy

Commissioners will continue to take account of previous policy which remains in place for now, whilst being aware that in time these policies may be altered or replaced. The following policies from the previous Government have a particular relevance to Transition and several are referred to later in this guide, but as commissioners reading this document may be familiar with the policy already they are summarised in Appendix One.

- Who Pays – Establishing the Responsible Commissioner
- The National Service Framework for Children and Maternity Services
- The Transitions Support Programme
- Healthy Children, Safer Communities
- Safeguarding Children and Vulnerable Adults
- Keeping Children in Mind, the Government's full response to the CAMHS Review

What can commissioners do?

Commissioners should take time to consider what has already been put in place locally to ensure their current arrangements are appropriate or if they need review.

Commissioners will need to consider appropriate outcomes for AMHS and CAMHS building these into contracts and monitoring improvement.

Commissioners should ensure that young people and their families are involved in commissioning, planning and outcome monitoring. Although this might be through local HealthWatch in the future, commissioners should not wait until this is developed to involve young people and their families.

Puzzledout.com is the NCSS online participation tool for commissioners and young people. Services, commissioners and young people's participation groups can create online surveys and polls to gather the views of ex, current and potential service users, giving young people the opportunity to influence how services are commissioned and provided

www.puzzledout.com

⁴⁴ Fulfilling and Rewarding Lives. Department of Health 2010

⁴⁵ www.newsavoypartnership.org/2009presentations/25_Claire_Maguire_day_two_workshop_one.pdf

Introduction and purpose of the guide 01	Who are the young people in transition, and what are the challenges? 02
Summary of legislative and policy guidance 03	Effective commissioning of CAMHS to support improved transition 04
Conclusion 05	Appendices 06

Effective commissioning of CAMHS and AMHS to support transition

This section considers practical tips and resources for commissioners to help them to improve transitions through changes to commissioning. It includes examples of promising practice from across the country.

Effective commissioning of CAMHS or AMHS requires an understanding of complex problems that require a multi-agency approach. Ensuring that the commissioning workforce is skilled, knowledgeable and has the capacity and resources to assess need and evaluate provision with clinicians from both AMHS and CAMHS, is a key factor in successful development and delivery of high quality clinical services.

The commissioning environment is itself in transition, with changing structures, roles and personnel, where responsibilities for strategic planning and implementation of service change are shifting.

Current commissioning models often place CAMHS commissioning and AMHS within different frameworks, structures and organisations. This has the potential for AMHS and CAMHS commissioning strategies and care pathways to develop separately. Where this has happened it has not facilitated joint working across the two sectors and has not enabled a sharing of ideas and solutions. As a result separate service development has taken place that has not properly addressed the issues relating to transition.

Over the past decade AMHS commissioners have broadly followed the Mental Health Policy Implementation Guide model. In CAMHS, the development of comprehensive CAMHS has sometimes been afforded greater flexibility at local level.

CAMHS and AMHS commissioners will need to work together to deliver whole lifespan mental health services in accordance with *No health without mental health*, moving away from commissioning by diagnostic criteria alone.

What does this mean for commissioners?

The impact of GP-led commissioning for transitions is not yet clear. However, the need to build and retain capacity and competency across AMHS and CAMHS commissioners will be key for the new consortia.

Engagement between commissioners and local clinicians, as well as with young people and their families will be increasingly important in the new commissioning environment. Building relationships has been highlighted in a number of reports as a critical factor in successful transition planning. Commissioner interest and support for CAMHS and AMHS working together and in partnership with other services are essential, as are strong and effective relationships between CAMHS and AMHS commissioners.

Just as AMHS and CAMHS providers need to understand the differences in culture and service delivery models, CAMHS and AMHS commissioners need to understand the culture and ways of working of their counterparts.

In its simplest form commissioning can be thought of as a series of activities that can be grouped under the four key performance management elements of **analyse, plan, do and review** – which are sequential and of equal importance.⁴⁶ All four should be used to maximise effectiveness.

⁴⁶ North West Commissioning Roadmap – <http://www.northwestroadmap.org.uk/index.php?pageNo=369>



A key component of effective commissioning is making investment count. This means ensuring that services and interventions are evidence-based and offer public value. Commissioners should commission only those services and interventions that are currently thought to demonstrate the best available evidence of effectiveness, experience, safety, equality and innovation.

This is as important for CAMHS and transitions as it is for any other area of health and social care. The evidence in this document, supported by research, demonstrates the impact that positive and negative experiences of transition can have for children and young people. Commissioning effective transitions is an area for commissioners to consider as part of their wider approach to service design and care pathways.

The following headings describe some of the elements that effective commissioning to support transition should feature.

Self-assessment – where are we now?

It is difficult if not impossible to move services on without a shared understanding and ownership of the current system. Such an understanding needs to be built on a frank and honest consideration of the strengths and weaknesses of the current models of care in place. Not every problem can be solved immediately, but a shared agreement of what needs to happen and an order of priorities are essential.

The NMHDU/NCSS Transitions Action planning tool is built on the HASCAS Transitions Standards. It provides a web-based self-assessment tool for commissioners and services to self-assess key aspects of transition and identify particular gaps and actions.

http://www.chimat.org.uk/default.aspx?QN=CAMHS_TRANSITIONS

www.hascas.org.uk/hascas_publications_downloads.shtml

Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) is a systematic method for reviewing the health and wellbeing issues facing a population.⁴⁷ It is defined in the official guidance, published by the Department of Health in 2007 as “a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness”.⁴⁸

The process of conducting a JSNA will establish the current and future health and wellbeing needs of a population, leading to improved outcomes and reductions in health inequalities.

Conducting a JSNA is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.⁴⁹ The Health and Social Care Bill, proposes that in future Local Authorities will lead on Joint Strategic Needs Assessment.

An effective JSNA must be focused on outcomes and must be focused on the future.⁵⁰ It is equally important to remember that the JSNA is not the commissioning plan or the strategy. It is, however, the evidence that commissioners must draw upon when considering their local priorities.

The importance of understanding the needs of the entire local population (including those who are out of area and the often enhanced needs of vulnerable populations) cannot be underestimated and should be the starting point in any commissioning process. The JSNA provides a specific framework that can engage many stakeholders and partners in a co-ordinated process.

Commissioning for transitions can only be effective if commissioners understand the level of need at a local level. Including transitions as part of the CAMHS and AMH elements of JSNA will be central to ensuring effective commissioning of the transitional process.

NMHDU has produced guidance about conducting JSNAs for mental health, entitled ‘Joint Strategic Needs Assessment and Mental Health Commissioning Toolkit - A practical guide’. <http://bit.ly/g7feGs>

What can commissioners do?

Consider whether your JSNA addresses transition?

- If not, then why not?
- If not, then work to ensure that your JSNA describes the needs of young people making a transition to AMHS and other adult care services, for example, gather information to help you understand:
 - How many young people have left CAMHS?
 - Where did they go?
 - What was their experience of changing services?
 - Did they end up in the right service?
 - Are any groups more likely to drop out of services than others?

⁴⁷ Commissioning Support Programme, May 2009

⁴⁸ *JSNA and mental health toolkit – a practical guide*. NMHDU 2009

⁴⁹ *The Commissioning Friend for Mental Health Services*. Appleton, S. NMHDU/CSL. December 2009

⁵⁰ *ibid*

Commissioners can find out the information required from a variety of sources including:

- Demography of the local population
- Social and environmental factors
- Current known health status of young people – illness and lifestyle
- Current met needs of young people
- Current strategies and plans
- Public health plans
- Social Care data sources (RAP, P1, SWIFT)
- HES data
- Chimat website (www.chimat.org.uk)
- User surveys and service user feedback
- PALS, complaints
- Self-reported health outcomes and satisfaction surveys

It will be important for commissioners to work closely with their colleagues in public health. In future public health will be led by local authorities, with Regional Directors of Public Health having joint responsibility across the NHS and local authorities. Commissioners can and should draw on the knowledge, expertise, and data held within public health teams.

Personalisation and personal budgets

Personalisation recognises the role of the individual as a commissioner of their own care and support.⁵¹ The use of personalised budgets for those young people going through transition could be an effective tool in enabling them to access services to meet their needs as part of the transition process, whilst also taking greater control of their lives.

Personalisation will continue to facilitate a move away from traditional models of health and social care commissioning. A significant impact of personalisation for commissioners will be a disaggregation of resources, so that they no longer directly commission growing numbers of individual service packages. It will also require new ways of influencing and informing providers about the kinds of services that will be needed.

An example of the potential impact of personal budgets can be found in Practice Example Seven.

Personalisation will continue to facilitate a move away from traditional models of health and social care commissioning. A significant impact of personalisation for commissioners will be a disaggregation of resources, so that they no longer directly commission growing numbers of individual service packages. It will also require new ways of influencing and informing providers about the kinds of services that will be needed.

What can commissioners do?

Commissioners should recognise and respond to the shift towards users of services determining their own care.

The flexibilities and opportunities of personalisation should be central to the commissioning process, and commissioners should promote the use of personal and individual budgets by young people.

Enabling young people to access the services they want, through the use of personalisation, could help to create a more effective transition pathway for young people.

The National Mental Health Development Unit has produced a good practice guide, *Paths to Personalisation*, on how to make personalisation a reality for people with mental health needs, this includes young people. It contains information about what personalisation means for mental health services, examples of what makes personalisation work, and advice and information about good practice.

www.pathstopersonalisation.org.uk

⁵¹ A *practical guide to mental health commissioning (Part One)*, Bennett, A. Appleton, S. Jackson, C. NMH DU/JCP-Mental Health (to be published March 2011) and see resources at National Transition Support Team <http://www.transitionssupportprogramme.org.uk/resources.aspx>

Standard contract for mental health (and learning disability)

The NHS standard contract for mental health (and learning disability) covers agreements between existing PCTs and providers for the delivery of NHS-funded services. All PCTs are required to use the contract, which was introduced in 2009/10. The contract applies to agreements for:

- NHS Trusts
- New Foundation Trusts and FTs whose existing contracts have expired
- New agreements between existing PCTs and independent sector providers
- New agreements between existing PCTs and third sector providers

The aim of the standard contract is to end the need for block contracts, introduce greater flexibility and improve the quality of mental health commissioning by defining clear and specific outcomes. One of the key benefits is that the standard contract is exactly that, it is 'standard', and this provides one approach across the country. The legal sections are not negotiable and as such provide a fair and standard approach to all providers. For commissioners, having the standard legal sections reduces duplication of effort. It also provides consistency of contract structure and clarity about the required content; for example service specifications, quality, finance, review, performance management.

The standard contract provides scope for 'collaborative commissioning' with one PCT leading on behalf of other PCTs; reducing duplication and bringing together PCTs in potential readiness for future structures. PCTs can also lead on behalf of their local authority counterparts in one overarching mental health contract instead of both partners holding separate contracts with the provider. The standard contract will also help in the move towards performance management that is related to outcomes (both organisationally and for individuals).

GP commissioning consortia are expected to use the standard contract as part of the commissioning and contract processes. The contract may contain variations to meet local need and can be used as a lever to ensure effective transitions are in place across local services.

What can commissioners do?

In order to support the commissioning and delivery of effective transitions, commissioners could develop enhanced local quality standards and explicit service specifications to ensure that transition is appropriately recognised. For example, the relevant contract schedules could be negotiated to include a requirement on the service provider to audit patient satisfaction with the transition process immediately after transition and then a year on with the goal of improving long term care planning for young adults at transition.

Commissioning for Quality and Innovation (CQUIN)

As part of the drive for improvements in quality, and the implementation of the visions contained in *High Quality Care for All*⁵² the NHS is to move rapidly towards paying providers on the basis of quality outcomes. The Commissioning for Quality and Innovation (CQUIN)⁵³ scheme aims to ensure that quality improvement and innovation form part of commissioning discussions and delivery. CQUIN works alongside other financial levers which when used together reinforce an overall approach to improving quality and encouraging innovation. CQUIN is intended to encourage ambition and continuous improvement beyond the minimum. It may assist improvements in quality of care, better outcomes and innovation, and fulfils a different role to the financial penalties within contracts linked to failure to achieve fundamental levels of quality and safety.

What can commissioners do?

A CQUIN for Transition

All young people who are receiving a service from CAMHS will have a transition plan drawn up with them at least six months in advance of their planned discharge from CAMHS. For young people who have been receiving a service for less than six months transition/discharge planning should start as early as possible. In the case of young people with learning disability or other disabilities, they will also have a transitions plan, which will be a multi-agency document and CAMHS will need to be a key component of that plan, rather than working separately.

The transition plan will be drawn up whether or not the young person is transferring to AMHS, to other services or being discharged. For those young people who are transferring to another service, (whether or not it is AMHS) the transition process will include:

- Face to face meetings between lead professionals
- The exchange of written information
- Face to face introduction to new key workers where the young person is supported by their CAMHS key worker
- A plan which tells them when their care will be transferred, who is their new named key worker or care coordinator, what services are available to them including crisis or out of hours services. This plan feeds into an overall Transition Plan which also covers education, employment, housing, identification of support or carers if appropriate
- Young people who are not transferring to other services will also be given information about local resources and services, and what to do if they become unwell again

Services will monitor how many young people:

- Leave CAMHS, their age upon discharge, how many transfer to adult mental health services, how many to other services
- Present in a crisis in the year after they have been discharged from CAMHS and take steps to reduce this number

Services will:

- Audit service user and carer satisfaction with the transition process
- Present this information on a quarterly basis to commissioners. The CQUIN will be met in year one through collection and presentation of the data. Thereafter commissioners and providers will agree the level of improvements year on year in young people and carers' satisfaction and the reduction in young people presenting in crisis

CQUIN funding will be a modest proportion of a provider's income initially but is likely to increase over time, as use of the framework moves beyond data collection to reflect measured improvements in quality of care. The proportion is decided

nationally to ensure that all providers have similar opportunities and any future increases will take into consideration the wider financial context. Commissioners might find it useful to include transitions within their CQUIN plans.

⁵² *High Quality Care for All – The report of the NHS Next Stage Review.* Department of Health, 2008

⁵³ *Using the Commissioning for Quality & Innovation Payment Framework.* Department of Health, December 2008

Quality, Innovation, Prevention and Productivity (QIPP)

The QIPP programme presents an opportunity to make improvements in the quality of transitions, the outcomes for young people and their families and cost savings.

One of the areas of improvement commissioners have focused on is the reduction of out-of-area treatment costs (including medium & low secure) and improving outcomes. Not all young people who require inpatient admission can be accommodated close to home. Transition back to home, or transition to adult services can be a difficult and lengthy process for these young people, making it difficult to return home and to reintegrate into their communities. The cost of placement in out-of-area CAMHS units, particularly in the private sector can be very high, so there are sound economic reasons as well as delivering better outcomes for young people to make this a high priority.

Commissioners for young people under the age of 18 should be aware of all those young people for whom there may be a need to establish the responsible commissioner for their care, namely:

- Looked After Children and children leaving care
- Pupils with statements of special educational needs attending Residential Special Schools
- Young people receiving in-patient care who, for whatever reason, will not be able to return home when their episode of care ends
- Young adults with continuing healthcare needs accommodated in another PCT area

Commissioners should start planning transition processes early. This should include contacting the PCT where the young person is accommodated or may be accommodated to discuss plans and where necessary establish which PCT will pay for healthcare post transition. It would be good practice to inform the care coordinator or key worker in writing who is the responsible commissioner and how to contact them.

Commissioners need to be aware of young people nearing the age of 18 who are in inpatient units, particularly those far from home and plan with adult commissioners for their future care, including care post discharge, ensuring adult mental health services and CAMHS are using the Care Programme Approach.

The NCB has produced useful resources to assist planning for young people to transfer from inpatient units back to their communities or onwards.

Managing the Transitions From Adolescent Psychiatric, In-patient Care Toolkit National Children's Bureau, 2008 www.ncb.org.uk/resources/free_resources/in-patient_care_transitions.aspx and Guidelines on the discharge from hospital of children and young people with high support needs (Council for Disabled Children, 2010) available at: www.ncb.org.uk/cdc/Guidelines_on_the_discharge_from_hospital_of_children_and_young_people_with_high_support_needs.pdf

The National Institute for Mental Health in England published a briefing for commissioners regarding developing more effective services for young people who may require inpatient services which include information about developing community resources.

Working Together To Provide Age-Appropriate Environments And Services For Mental Health Patients Aged Under 18 and other resources are available at www.nmhdu.org.uk



Transition Protocols

The lack of consistent protocols for transition remains a significant barrier. As an example, at least 13 transition protocols were in operation in Greater London in April 2005 and not all the protocols met all requirements set by government policy.⁵⁴ In the East Midlands, a review found that although protocols were in place across the region, they differed in terms of the level of detail regarding operational procedures involved in transition. Some protocols made very specific and clear recommendations of what actions clinicians should be undertaking. In contrast, other protocols made general statements, advising adherence to the Care Programme Approach (CPA) guidelines.

Commissioners should ensure that their providers have an active transitions protocol and as recommended by *Transitions: From CAMHS to AMHS* (McGrath, B. April 2010).⁵⁵

The HASCAS 'Tools for Transition' consists of three resources including a literature review for informed practice, an annotated bibliography and a self-assessment checklist adapted from a multi-method review by Forbes *et al* (2001).

The tools are designed for services to assess the extent to which their provision for young people in transition meets the standards of good practice required to promote continuity of care.⁵⁶

The HASCAS Tools are available at www.hascas.org.uk

⁵⁴ *Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A study of protocols in Greater London*, Singh, P. *et al*, NIHR, June 2008

⁵⁵ *Transition from CAMHS to AMHS – Report on the scoping exercise to identify current transition activity and models of good practice across the East Midlands Region*, McGrath, B., April 2010, NCCS

⁵⁶ *CAMHS to Adult Transition, HASCAS Tools For Transition*, 2006

Current good practice indicates that protocols should:

- Promote young person-centred planning
- Enable continuity of care
- Contain flexibility in decision-making
- Have sufficient detail in the operational procedures to ensure efficacy and consistency

In developing transition protocols further, services should consider:

- Detailed guidance regarding alternative care pathways for young people whose mental health needs fall below the threshold for AMHS
- Including procedure for evaluation of the transition process including accessing clients' views/opinions
- Devising transition protocols and care pathways at a multi-agency level to reflect the breadth of young adult support services including the voluntary sector services.

Commissioners should look for the following areas in a good protocol⁵⁷

- Is the protocol agreed between CAMHS and AMHS?
- Does it make clear a requirement to involve young people and families in planning for transitions and have they been engaged in the design of the protocol?
- Does it set out specified models of joint working across CAMHS and AMHS?
- Where specific services such as Crisis Resolution Teams and Assertive Outreach Teams exist, are they referenced?
- Does it allow for flexibility in decision making about age boundaries depending on need?
- Does it provide clarity about responsibilities and decision-making between CAMHS and AMHS?

- Does it contain a clear requirement for all young people needing continuous support to have a formal transition plan?
- Does it make reference to linking in with the overall Transition Plan for the young person that may have been developed through the Special Educational Needs Code of Practice statutory requirements?
- Are there clear and agreed protocols about risk-assessment and the sharing of information between organisations working with young people.⁵⁸

What is the best model to ensure effective transitions?

There are many different models of services that can meet the needs of young people across the country. There is no prescribed 'best practice' model and services need to relate to local need and circumstances. In some areas, AMHS and CAMHS are bridged by transition workers, others have looked at less formal roles.

The development of this document, alongside the good practice enquiry conducted by SCIE has highlighted some examples of good and promising practice in the area of transitions.

SCIE is working on an on-line good practice guide which will be available later in 2011. The guide is based on the learning from process mapping transitions from CAMHS in three sites, one urban, one rural and one semi urban. In addition, from March 2011, see the SCIE website for case studies of promising practice round the country, showcasing innovative solutions to longstanding problems. The process mapping and practice case studies are taken from the practice enquiry carried out for SCIE by OPM. www.scie.org.uk

⁵⁷ *Tools for transition – A literature review for informed practice*. Anderson, Y. HASCAS

⁵⁸ *Rites of passage? Transitioning from CAMHS to AMHS; Improving the experience*. Smith, Dr J. February 2010

The following are intended to provide a resource for commissioners when thinking about transitions. By sharing examples of good practice, as well as highlighting key issues to consider, this section aims to encourage commissioners to draw upon successful work from across the country and to make links to enable them to develop effective commissioning strategies and services for transition.

*Working at the CAMHS/Adult Interface: Good practice guidance for the provision of psychiatric services to adolescents/young adults*⁵⁹ is a helpful resource for commissioners. Developed by Lamb *et al* it describes a range of models which have been developed to support transition. First published in 2008, it identifies a range of good practice with regarding young people and their transition from CAMHS to AMHS.

Types of transition service

Lamb draws upon research by Richards and Vostanis which recommended any, or a combination, of the following types of transition service:

- Designated transition service
- Designated transition team within a service
- Designated staff trained in adolescent work seconded to adult teams⁶⁰

Some organisations have decided to develop multidisciplinary teams that are designed to bridge and work jointly with CAMHS and AMHS to meet the generic mental health needs of older adolescents. There are many examples of these teams linking with or being part of Early Intervention Service for Psychosis teams. Many have developed strong partnerships with Home Treatment and Crisis Resolution Teams as well as other agencies in the public and voluntary sector.⁶¹

Designated Transition Service:

Practice example 1

Northamptonshire Dedicated Transitions Service team

In Northamptonshire the Transition and Liaison Team (TLT) has been developed to support young adults with developmental conditions during their transition from children's services to adult services including AMHs. It covers an age range of 15-18.

The TLT offers highly specialised diagnostic assessments and interventions for clients with Asperger's syndrome, ADHD and Tourette's syndrome. The TLT supports young people with these developmental conditions who are due to leave school and transfer into adult services.

This model enables expertise regarding neurodevelopmental difficulties to be shared across CAMHs and AMHs to inform decisions regarding future support or treatment needs.

Source: Transitions: from CAMHS to AMHS Report on the scoping exercise to identify current transition activity and models of good practice across the East Midlands Region, McGrath, B. NCSS, April 2010. www.nmhdu.org.uk/silo/files/transition-from-camhs-to-ahms.pdf

⁵⁹ www.rcpsych.ac.uk/pdf/Transition_2008.pdf
Lamb *et al*

⁶⁰ Richards M, and Vostanis P, (2004). *Interprofessional perspectives on transitional mental health services for young people aged 16-19 years*. Journal of Interprofessional Care, 18, No.2, pp115-128

⁶¹ www.rcpsych.ac.uk/pdf/Transition_2008.pdf
Lamb *et al*

⁶² www.rcpsych.ac.uk/pdf/Transition_2008.pdf
Lamb *et al*

Designated Liaison/Link Posts and teams:

There are examples across the country of NHS Trusts setting up 'transition' or 'liaison' posts. Typically these comprise at least two clinicians, these are often community psychiatric nurses with expertise in working with adolescents, but may also be social workers. These individuals carry out assessments and some face-to-face work, in addition to working jointly across AMHS and CAMHS teams to carry out work with older adolescents with the aim of ensuring effective transitions.

Some consistent elements of success in these services included:

- Having a multidisciplinary team with expertise from both CAMHS and AMHS providing individual and family psychosocial and psychological interventions alongside medication
- Promoting a youth-centred and flexible approach with an emphasis on effective engagement of young people through outreach and joint working with other agencies
- Providing expertise to treat the range of mental disorders presenting in this age group⁶²

Practice example 2

Norfolk and Waveney Mental Health NHS Foundation Trust

'Team C' is a functional team within the Central Norfolk Early Intervention in psychosis service (CNEIT). CNEIT accepts referrals where the young person is between the age of 14-35 years and has experienced one or more psychotic symptom(s) for a period longer than two weeks or in instances when there is some "uncertainty" in regards to whether the young person may be experiencing psychotic symptoms.

Team C was set up specifically to work with young people who are within the CAMHS (Child and Adolescent Mental Health Services) age range at point of referral. The service accepts referrals from all agencies (statutory and voluntary sector), self-referrals and referrals from family members. We aim to see people within two weeks of referral but will prioritise any young person at risk of admission to a care/hospital setting.

When CNEIT was set up, all practitioners had mixed case loads – geographically and across the age range (14-35). The involvement of many practitioners resulted in difficulties in establishing relationships and maintaining open lines of communication. To resolve these difficulties a post was developed for CAMHS liaison, with the idea that this CAMHS link practitioner would care co-ordinate all CAMHS age referrals. Although this did improve communication and relationships between the services, it was discovered that the demand was too high for a single practitioner. A discrete team within CNEIT was developed to meet this need and to further develop aspects of the service outside of CAMHS with voluntary sector and education agencies working with young people.

Among the outcomes reported for service users have been:

- Reduction in distress
- Increase in self-management, coping skills, confidence and self-esteem
- Change in expectations for, and increased hope of, recovery
- Increase in ability to sustain peer group relationships and make new peer group contacts, reducing isolation and withdrawal from age-appropriate activities

Source: SCIE practice enquiry carried out by OPM www.scie.org.uk

Age appropriateness and flexibility of service access

Many of the community services reviewed by Lamb were lacking age appropriate day provision and psychiatric inpatient services. Ensuring that services are age appropriate and retain a degree of flexibility around age boundaries is one of the key components of securing effective transition for young people.

Practice example 3

Leeds CAMHS service

Leeds CAMHS, including inpatient and community CAMHS, extended the age of service users to their 18th birthday from their 17th birthday as from April 1st 2010 (inpatient), and October 1st 2010, the rest of CAMHS. This has led to a renewed focus on transition processes. AMHS and CAMHS senior managers and clinicians meet every six weeks to review the transition protocol and to revise their practice continually in response to the views of service users and staff.

Two dedicated transition worker posts have been employed to work with young service users from the age of 16 and their families where the young people could benefit from mental health support beyond 18yrs of age.

Leeds is also developing a Multi-agency transition strategy with CAMHS input outlining the principles of best practice for all agencies in Leeds who are working with young people moving between childrens' and adults' services.

Source: SCIE practice enquiry carried out by OPM www.scie.org.uk

Disorder Specific Services

As part of the implementation of the former National Service Framework for Mental Health, all commissioners and providers were required to set up Early Intervention Services for psychosis. These services span the period of transition from childhood to adulthood, serving 14 to 35 year olds. They are a tangible example of how it is possible to develop services which span the divide between CAMHS and AMHS.

Practice example 4

Cheshire and Wirral Partnership NHS Foundation Trust

Cheshire and Wirral Partnership NHS Foundation Trust has developed an Early Intervention in Psychosis Team Protocol for joint assessment and working for young people under the age of 18 years with a suspected psychotic illness.

A pathway for smooth Care Programme Approach transition to adult psychiatry services post 18 is now part of the joint working process. The protocol serves a client / family group of approximately 30 children/families over any three year period.

Although the Early Intervention Team are expected to work with 70 new cases each year, 20% of all cases are expected to fall into the age range of 16-19 year olds. The protocol enables existing CAMHS and transitional 16-19 services to work closely with the Early Intervention Team, providing initial joint assessments, smoothing access issues, so that the most appropriate team to be involved with the young person is identified at an early stage, and in some cases providing an individualised package of input with workers and resources from both teams.

The intentions of this way of working are:

- To avoid delays in young people accessing the most appropriate service and intervention, through a joint assessment at the initial point of contact.
- To allow greater integration between CAMHS trained staff and Child and Adolescent Psychiatrists and adult mental health workers, enabling specialist skills and assessment tools to be shared, providing a more comprehensive assessment process for the young person involved.
- To allow, where appropriate, individualised packages of care to be devised using resources from both 16-19 and Early Intervention teams, allowing the young person to have a more comprehensive range of input through a joint team working approach.
- To provide a smooth transition from Child and Adolescent to Adult Psychiatry services using the Care Programme Approach, avoiding delays and potential gaps in provision.

Source: SCIE practice enquiry carried out by OPM www.scie.org.uk

A whole system approach to well-being, recovery and partnership

No health without mental health emphasises the need to improve well-being and to ensure that people with mental health problems can access a range of services to help them achieve independence including: access to education, employment and housing.

In order to provide a wide range of appropriate and cost-effective services it will be important for commissioners to establish partnerships with a range of statutory and non-statutory agencies, so that young people can plan their future and make a successful transition into adulthood, whether or not they receive statutory services.

Practice example 5

Rethink – Uthink recovery learning programmes

Uthink recovery learning programmes for 16-25 years olds are run by Rethink, a national mental health charity. These programmes have been running on a pilot basis in three areas of England (Bournemouth and Poole, Southampton and Derby and Nottingham) and are aimed at young people experiencing, or at risk of developing, mental health problems including first episode psychosis.

Whilst they are standalone short programmes, they build partnerships and joint working with local CAMHS, Early Intervention in Psychosis and other mental health services as a way of joining up support for young people alongside providing new and innovative group-based programmes made up of information sessions (about mental health) and practical activities. A key part of the work of Uthink has been to help young people to plan for their future, including supporting young people's transitions between different services, helping them to resume education or take up training.

The pilot phase was completed in the summer of 2010. Aspects of Uthink are now being embedded into the local provision and services offered by Rethink in the East Midlands and Dorset areas and with new funding, programmes are being developed for delivery in the London area.

Source: SCIE practice enquiry carried out by OPM
www.scie.org.uk and www.rethink.org.uk

In reach to Primary Care

General Practitioners are well placed to work with young people as their role as family practitioners spans all ages. GPs also remain the constant to read easily accessible primary health presence, whether the young person suffers from physical or mental ill health or both, and GPs have an important role to play in identifying problems early and enabling the young person to access appropriate healthcare. Although commissioners using this guide will not be commissioning GP services, they may support GPs to develop youth services by commissioning attached services to work within GP practices, offering young people a one stop shop in a familiar environment.

Practice example 6

Herne Hill Group Practice, Lambeth

Dr Stephanie Lamb runs a youth drop in clinic at her practice. Young people can see either her or her practice nurse for advice and treatment in a dedicated youth slot offering health checks, holistic assessments and specific advice such as contraception. Staff have received extra training in how to support young people who may be shy about making their own appointment and may be reluctant to visit the surgery. Young people may be accompanied by their friends for support, and the clinic has found that many young people attend as a result of advice from peers. Young people may take time to build up confidence in speaking about mental health issues, and the continuity of care in the clinic allows the young people to build a relationship of trust over a period of time. Over the past three years, attendance has grown by 75%. www.hernehillgp.nhs.uk

Understanding need and delivering personalisation

This document has already highlighted the importance of understanding the needs of the population at a local level. It has also described the growing importance and continued focus on enabling young people to take greater control of their lives by ensuring that they can use the freedoms that personalisation offers to design and purchase their own care services. There are examples of local authorities and the NHS working together to understand in more detail the needs of their local young people and to assist them in making the most of personalisation, including the one outlined in practice example seven. However, more needs to be done to embed this in the thinking and practice of commissioners and providers, so that young people can be assured of a local system that will support effective transition.

Practice example 7

East Riding Children's Trust (ERCT)

ERCT conducted a strategic needs analysis which identified a group of families who had children with complex needs that were missing out on a range of services due to their rural isolation. This included children and young people with severe and complex special educational needs and those with complex disabilities or health needs.

Families were given their own personal budgets, the responsibility to negotiate services and the power to set up their own care plans with the providers.

The study showed that giving personalised budgets to families who have a child with complex needs, gives them control over their own budget and the commissioning of services. It also demonstrated that this approach gives families cost effective and flexible arrangements in a safe way that has greatly improved their lives.

Source: Personalised budgets for children with complex needs in Yorkshire's East Riding, Better Outcomes Commissioning Support Programme February 2010.

Improving transition for young people who do not meet the criteria for AMHS but for whom there is still a need for graduated support

Young people, parents and services have commented on the difficulties young people who do not meet AMHS criteria, but who still need support for a period beyond the age of transition.

Practice example 8

City and Hackney CAMHS Extended Service

East London Foundation Trust has developed City and Hackney Child and Adolescent Mental Health Service (CAMHS) to extend their Tier 3 service provision to young people past the age of 18 to 25 years. The extended service works primarily with young people who do not currently meet the criteria for adult mental health services in Hackney but who are considered to require a mental health service. The extended provision allows professionals to continue to provide a service to young people on their caseload past the age of 18 until 25 years. Typically the extended service manages a moderate level of risk in line with the rest of generic CAMHS and has seen young people with the following conditions (often a combination of):

- Emotional and psychological problems in the family and social environment
- Neurological developmental disorders such as Asperger's Syndrome and Attention Deficit Hyper Activity Disorder (ADHD)
- Mild learning disabilities
- Depression
- Anxiety disorders including general anxiety, obsessive compulsive disorder, social anxiety and health anxiety
- Self-harm and emotion regulation difficulties
- Eating disorders and body dysmorphic disorder
- Conduct disorder

The team provides direct individual and family psychosocial and psychological interventions alongside psychiatric reviews and medication when appropriate. The team includes therapists with expertise in systemic and cognitive behavioural approaches, and works in a holistic and developmental way with young people, families and carers.

The service promotes a youth-centred and flexible approach with an emphasis on effective engagement of young people through outreach and joint working with other agencies. For example, the team will follow an assertive outreach style of engagement following up the individual with text messages, phone calls or email, and the offer of another appointment at a more convenient time or location to try and keep the young person engaged with the service.

Source: SCIE practice enquiry carried out by OPM www.scie.org.uk

Improving transition for young people with ADHD

This document has referenced the lack of provision for a range of developmental disorders including Attention Deficit Hyper Activity Disorder and the reports of poor transitions for young people into AMHS. Commissioners should be alert to the needs of smaller groups of young people with significantly high levels of need, as part of the strategic planning process.

Practice example 9

Sheffield Children's Foundation Trust CAMHS and **Sheffield Health and Social Care Foundation Trust AMHS** have been working together to improve the transition experience of young people with ADHD.

An Attention Deficit Hyper Activity Disorder (ADHD) Transition Clinic and a Transition Patient Group "Living with ADHD" are currently being piloted. The aim is to facilitate a smooth transition for clients into adult services thus improving the care of young people with significant needs as a result of ADHD. Young people and their parents or carers have joint meetings with CAMHS and AMHS to review their needs, plan their transition, and find out about adult services. The service was designed following a transitions audit in Sheffield, with the participation of adults with ADHD, and was inspired by research and practice elsewhere. Young people have given positive feedback and the clinic is collecting outcomes data. The clinic is resourced by one session from an AMHS psychiatrist and one session from a CAMHS psychiatrist per month plus administration support. The service has started a group for young people aged 18-25 from the Transition Clinic, plus other young people (also in adult services) who might benefit from working on psycho-social issues. The group is based at the adult community mental health team (CMHT).

Source: SCIE practice enquiry carried out by OPM www.scie.org.uk

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Conclusion

The aim of transition for young adults should be to help to improve the chances of recovery and independence through the provision of high-quality, effective health and social care services that continue seamlessly as the individual moves from adolescence to adulthood.⁶³

Poor transition can contribute to poor outcomes in the short, medium and long term. It can impact upon a young person's chance of achieving employment, accessing education, maintaining independence, moving on from services or accessing services in the future. Effective transition can have a positive effect on young peoples' life chances and their future mental health and well-being.

Commissioners should be working with providers to deliver services that recognise and take into account the life events that impact on young people, including:

- Leaving education – employment
- Leaving home – live independently
- Leaving family – make new relationships
- Emerging autonomy⁶⁴

At the same time they should seek to understand what young people want from services and what they say about how services should be delivered. Engagement with young people and their families should be at the centre of effective transition planning and delivery.

This document describes the needs of young people in transition and how commissioners, alongside providers could ensure that the experience of transition is a more positive one. There are strategic, policy, legislative and practical levers already in place to make this happen. Effective commissioning is essential to improving transition experiences and outcomes. The development of a commissioning environment, led by GPs working with local authorities, may provide an opportunity to recognise and respond more appropriately to transition, delivering benefits for young people, for services themselves, and for the wider community.

Improving transitions remains a high priority. The rationale for good transitions is beyond that of an ethical higher ground. Young people do not have the luxury of a second go at transition – their time and energy should be spent on developing into capable young adults. It is for all of us who work with young adults to put in place the services that can support them, and the time for commissioners to respond, is now.

⁶³ *Tools for Transition* – Anderson, Y. HASCAS

⁶⁴ *Transition: Filling the Void?* Hewson, Dr L. National Advisory Council, February 2010

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Appendix One: Policy from the previous Government which remains relevant to transition

National Service Framework for Children, Young People and Maternity Services

The Children's National Service Framework (NSF) was a ten year programme intended to drive forward improvement in children's health. Published in 2004, it set out 11 standards for health and social services for children, young people and pregnant women.

For children's mental health many of the aspirations of the Children's National Service Framework and the underpinning principles it articulated remain relevant. The task now is to take this vision forward in the context of a stronger focus on outcomes rather than process targets, the proposed new arrangements for the NHS and Public Health Service and the new commissioning arrangements, system levers and drivers these offer.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114

Children and Young People in Mind

The independent CAHMS review, *Children and young people in mind*, was commissioned to look at how mainstream and universal settings are meeting the educational, care and support of children and young people at risk of and experiencing emerging emotional, behavioural, psychological and mental health problems.

More detail can be found at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090399

Keeping Children and Young People in Mind

The full response of the previous Government to the final report of the independent CAMHS Review, set out progress to date and described plans for the future of children and young people's mental health. The response also gives examples of the outcomes expected from a good service as an aid for commissioners, providers and practitioners.

More detail can be found at:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_110930.pdf

Safeguarding Children and Vulnerable Adults

Working Together to Safeguard Children sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children, HM Government, March 2010
<http://publications.education.gov.uk/eOrderingDownload/00305-2010DOM-EN-v3.pdf>

Safeguarding Disabled Children: Practice Guidance (Department Children, Schools & Families, July 2009), available from the Department of Education:

<http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00374-2009&>

Healthier Lives, Brighter Futures

In December 2007, the previous Government made a commitment in the Children's Plan to publish a child health strategy jointly between the Department of Health and the then Department for Children, Schools and Families. The strategy presented the then Government's vision for children and young people's health and wellbeing. It set out how an intention to build on progress through: outcomes; high quality services; excellent experience in using those services; and minimising health inequalities.

More detail can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400

Healthy Children, Safer Communities

In December 2009, the previous Government published a strategy for children and young people within or at risk of coming into the Youth Justice System. The strategy was agreed jointly between the Department of Health, the then Department of Children, Schools and Families, the Ministry of Justice and the Home Office. This strategy has been adopted by the Coalition Government so remains a key document for commissioners. More detail can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf

Payment by Results (PbR)

Payment by Results (PbR) was first introduced in the NHS in 2003/04 to improve the fairness and transparency of hospital payments and to stimulate provider activity and efficiency. PbR means that providers are paid for the number and type of patients treated, in accordance with a set of national rules and a national tariff for acute services.

Plans for the introduction of PbR in mental health have been developing for some time. *Liberating the NHS* makes a clear commitment to PbR for mental health and reaffirms the intended timescale of implementation in 2012/13. This will also involve the development of currencies for CAMHS by 2014. The adult PbR currencies include considerable work and attention to transfer protocols within currencies – so where a service user moves from one currency cluster to another, there is a protocol to ensure appropriate reviews and planning. Careful consideration needs to be given to the equivalent transfer protocol from CAMHS, both before and after the development of CAMHS currencies, to AMHS care clusters.

Who pays? Establishing the responsible commissioner

The previous Government set out a framework for establishing responsibility for commissioning an individual's care within the NHS. This guidance has particular relevance to the following groups of young people in transition

- Looked after children and those leaving care
- Young people placed out-of-area
- Young people with special education needs placed in residential schools
- Young adults with continuing healthcare needs as defined by the regulations.

The safety and well-being of patients is paramount. The underlying principle is that there should be no gaps in responsibility – no treatment should be refused or delayed due to uncertainty or ambiguity as to which PCT is responsible for funding an individual's healthcare provision.

The guidance states that:

When a young person who has been placed in accommodation in another PCT area to meet their continuing care needs reaches 18 years of age, the Regulations describe the circumstances in which the care arrangements will be treated as having been made under the adult continuing care provisions. Adults in residential care settings may be liable to meet the social care element of their care charges, which would not have been the case before their 18th birthday.

As the threshold for PCTs and local authorities providing continuing care needs may be higher for adults than it is for children, young people approaching their 18th birthday will require a reassessment of their health and social care needs as part of their transition planning. Wherever possible, these young people should continue to receive their healthcare on an unchanged basis pending this assessment.

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079724.pdf

Integration in a new commissioning environment

Integration describes the co-ordinated process of commissioning services across partner organisations, in this case PCTs with the social care and related functions of Councils. Integration can also apply to the provision of services and support to individuals in a way that enables them to maximise their independence, health and wellbeing. In the area of mental health integrated provision arrangements can apply to children and young people's mental health services, adult mental health services, general hospital services and community provision.

Integration and mental health – A briefing paper for the Integrated Care Network. Appleton, S. ICN/DH 2009

Co-ordination of this type is especially important for adults and young people with mental health problems who often require support from a variety of organisations or individual care workers. The delivery of integrated care and the quality of commissioning are influenced by the practice of staff, the systems they work within, how users are engaged and the structure of organisations. It provides an opportunity to simplify care pathways and deliver a seamless service that maximises ease of accessibility for service users and improves their experience.

The Transitions Support Programme

Aiming High for Disabled Children (AHDC), a programme which ran from May 2007 to March 2011, has been a transformation programme for disabled children's services in England.

The Transition Support Programme consisted of two main elements:

- The National Transition Support Team, which coordinates the work with local authorities, PCTs, Named Advisers and existing experts; and
- Support for change at local level through a combination of direct grants and Named Advisers activity.

In some areas, particularly in the North West, the programme has worked to improve mental health transitions, in particular for young people with learning difficulties. Commissioners may find the local networks and learning from the work of the programme, and in particular local named advisers can help with improving Mental Health Transitions. There is a wide range of resources for young people, parents and services on their website.

www.transitionsupportprogramme.org.uk/

Appendix Two: Resources

Continuing Care

The national framework for NHS continuing healthcare and NHS-funded nursing care (Department of Health, July 2009 (revised):

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103162

The National Framework for Children and Young People's Continuing Care:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114784

Human Rights and Equality

General information on human rights is available at:

Ministry of Justice: <http://www.justice.gov.uk/whatwedo/humanrights.htm>

Equality and Human Rights Commission: www.equalityhumanrights.com/

A range of information on the Equality Act 2010 is available at:

www.equalityhumanrights.com/legal-and-policy/equality-act/

Transition

Sheree Kane, Managing the Transitions From Adolescent Psychiatric, In-patient Care Toolkit National Children's Bureau, 2008 http://www.ncb.org.uk/resources/free_resources/in-patient_care_transitions.aspx

National Framework for Children and Young People's Continuing Care (Department of Health, 25 March 2010):

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114784

Transition: moving on well. A good practice guide for health professionals and their partners on transition planning for young people with complex health needs or a disability (Department of Health, 19 March 2008):

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083592

Guidelines on the discharge from hospital of children and young people with high support needs (Council for Disabled Children, 2010) available at:

www.ncb.org.uk/cdc/Guidelines_on_the_discharge_from_hospital_of_children_and_young_people_with_high_support_needs.pdf

The SCIE mental health transitions guide, practice enquiry and research briefing will be published in 2011.

www.scie.org.uk

Mental Health Policy

Department of Health *No health without mental health; A cross governmental outcomes strategy for people of all ages* and accompanying documents including *No health without mental health; Delivering better mental health outcomes for people of all ages*

www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm

Department of Health and Department of Education and Skills *National Service Framework for Children, Young People and Maternity Services, Child and Adolescent Mental Health (CAMHS), 2004:*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114

Department of Health and Department of Education and Skills, *Report on the Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services, November 2006:*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062778

Refocusing the Care Programme Approach: Policy and Positive Practice Guidance Department of Health, March 2008:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647

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