

# BRIEF GUIDE: Transitions out of Children and Young People's Mental Health Services CQUIN

#### Context

Many young people experience a poor transition to adult services and up to 50% of under 25s disengage from adult mental health services on transition from services for children and young people (CYP). Some young people (YP) with mental health (MH) problems who have received care from secondary care services for children and young people do not meet criteria for secondary care adult mental health services.

Transition between services for children and young people and adults typically occurs at age 18 but this may vary. In some areas there are youth mental health services spanning the ages 14-25 years, while other services span 0-25 years.

This CQUIN applies to all community CYP MH services providing services up to transition age (the 'sending service') and any relevant CCG-commissioned service the YP is transitioning into (the 'receiving service'). It applies to NHS services as well as the voluntary sector and primary care. For example, the transition might be from community child health to adult autism spectrum disorder (ASD) provision in the third sector if this is NHS funded provision. If there are multiple receiving services (such as the GP and third sector counselling service), providers should ensure that planning is joined up and coordinated so that the young person is not burdened with multiple transition plans.

#### **Evidence required**

- 1. Providers have to provide the following information to their commissioners:
  - a) A case note audit to assess the extent of Joint-Agency Transition Planning
  - b) A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness);
  - c) A survey of young people's transition experiences after the point of transition (Post-Transition Experience)
- 2. The CQUIN also specifies a transition meeting, which should include:
  - a) The young person;
  - b) The appropriate key worker from the sending service;
  - c) Where applicable, a dedicated point of contact for transition from the receiving service; and
  - d) Where appropriate and the young person agrees, the young person's parent(s) /carer(s).

Ask young people and staff about whether these meetings occurred and their experiences of the meetings

3. Review case notes of young people transitioning to adult services or about to leave CAMHS.

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## Reporting

There is a specific prompt relating to whether the service complies with transfers of care standards like CQUIN. This is under the **responsive** key question, in the "access and discharge – discharge and transfers of care" sub-heading.

#### **Policy**

A CQUIN is an NHS target with financial implications that supports improvement in the quality of services.

General guidance on the national CQUIN scheme for 2017-19 is on the NHS England website: <a href="https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/">https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/</a>.

The NICE guidance (<a href="https://www.nice.org.uk/guidance/ng43">https://www.nice.org.uk/guidance/ng43</a>) "Transition from children's to adults' services for young people using health or social care services" covers the period before, during and after a young person moves from children's to adults' services and is wider than mental health. It aims to help young people and their carers have a better experience of transition by improving the way it is planned and carried out. It covers both health and social care.

#### Link to regulations

This area links to regulation 9: Person centred care and Regulation 12: Safe care and treatment.

It may also be linked to Regulation 12: Safeguarding service users from abuse and improper treatment, regulation 10: Dignity and respect and regulation 11: Need for consent.

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## **Appendix**

This national Commissioning for Quality and Innovation (CQUIN) aims to improve young peoples:

- experience of transition from services for children and young people to services for adults
- **outcomes** following transition young people, parent and carer **involvement**. For those transitioning through inpatient care:
- To ensure the **safe transfer** of care for young people
- To reduce the number of delayed transfers of care from inpatient services and impact on length of stay
- To maximise the effective utilisation of inpatient capacity

What 'good' looks like for inpatient transition:

- 1. This should involve the inpatient provider and community mental health provider and any other agencies (such as social care and education). For young people approaching transition age this must involve the appropriate adult community mental health service as well as the referring CAMHS team. There must be active involvement in the CPA process by the adult service provider together with allocation of a care coordinator by the adult service. This should occur in all cases including in cases where it is anticipated that the young person will not be ready for discharge on reaching transition age. The joint planning is a shared responsibility between the young person's referring community CAMHS team, the inpatient team and the adult mental health service provider and other agencies.
- 2. In situations where the young person will not be ready for discharge at the point of reaching transition age that there is liaison with the appropriate service for adults which includes full discussion of care needs. The relevant NHS England case manager should have been alerted to the likely need for a transfer of care to a service for adults as soon as it is anticipated that this will be required. Wherever possible the young person and their parents/carers should receive information about the receiving service in advance of the transfer.
- 3. Young people are involved in all discussions and decisions as far as possible.
- 4. Involvement of parents/carers in all discussions and decisions subject to the consent of the young person
- 5. Check the numbers of delayed discharges and delayed transfers of care and the reasons these have occurred.

It is anticipated that this indicator would be incentivised initially for a two-year period to enable changes that are required to systems and processes in Mental Health Trusts to become business as usual.

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## Additional guidance

- 1. This webinar provides further information on how to implement the transitions CQUIN: Implementing the Transitions CQUIN: case study and discussion <a href="https://healthsector.webex.com/healthsector/ldr.php?RCID=3e595d20451c5db0e7cb36e5f5c40431">https://healthsector.webex.com/healthsector/ldr.php?RCID=3e595d20451c5db0e7cb36e5f5c40431</a> (this may work better in Internet Explorer).
- 2. NHSE Model Specification for Transitions from Child and Adolescent Mental Health Services. This aims to support commissioners and is non-mandatory. The specification can be appended to the NHS Contract. It can be downloaded from https://www.england.nhs.uk/mental-health/resources/camhs/

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