

Preparing for Adulthood and Transition planning for young people with Special Educational Needs and Disabilities in Leicestershire Partnership Trust

This policy sets out clear guidelines on processes and standards for all clinicians working with young people aged with SEND between 14 years and 25 years across Leicestershire Partnership NHS Trust.

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Policy On a Page

SUMMARY & AIM

What is this policy for?

This policy applies to all LPT staff that have a duty of responsibility for delivering clinical care to young people up to the age of 25 years, if accessing an educational setting beyond 19 years. The policy is designed to help provide health professionals with the information and guidance on how to support a person centered and holistic transition process for young people with ongoing health needs, as they move into adult services. This is a process required by legislation, which should have a positive impact on their independence and life outcomes into adulthood.

KEY REQUIREMENTS

What do I need to follow?

As health professionals we have a legal obligation to comply with requests for health information to inform the Education Health Care Plan (EHCP). The EHCP adopts a person-centered approach to include the young person's life aspirations giving more control to the young person and their carers. However, the policy also acknowledges that a coordinated approach from Health is required to ensure that all health needs are met, not just those linked to access to education.

This policy will provide guidance on how to ensure that a young person's physical and mental health needs are supported and managed collaboratively during the Preparing for adulthood and Transitions process.

TARGET AUDIENCE:

Who is involved with this policy?

This policy applies specifically to those young people who are known to services provided within FYPC from year 9 onwards (this includes those young people whose episode of care is likely to end prior to the actual transfer date) and:

- Have a disability defined by the Equality Act 2010 (physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities)
- Have a life limiting or life-threatening condition and may be at the end of their life.
- Have an Education Health and Care Plan where the health element is completed, this includes physical and mental health.

This policy supports those young people who may have direct transfer to an equivalent adult

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service, where these exist, and those where there is no direct transfer (i.e. – the equivalent Paediatric service is not replicated in adult services, but the young person has ongoing health needs that need to be met now or in the future).

All clinical staff working with young people who are in school year 9 upwards or are aged between 14 & 25 years, and are still receiving education, have a responsibility to be aware of this policy and to implement the guidance into their practice.

TRAINING

What training is there for this policy?

This policy does not have specific training related to it however the following training is relevant to this policy:

- Mental Capacity Act Training.
- Safeguarding children
- Safeguarding Adults.

1.0 Quick look summary

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	November 2024	Policy placed into the new template and changes made to the order of the information based on the new template.
2	November 2024	Updated references. Changed contents page
3	February 2025	Title changed and updated references
4	April 2025	Addition of Equality Act 2010 and references made to Reasonable Adjustments flag.

For Further Information Contact:

Jenny Roberts, Preparing for Adulthood Workstream lead.

1.2 Key individuals involved in developing and consulting on the document

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Victoria Evans	Acting Head of Service, Group 1.	FYPC LD/A
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Trust Policy experts

1.3 Governance

Level 2 or 3 approving delivery group – Patient Safety Improvement Group.

Level 1 Committee to ratify policy – Quality Forum.

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are

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placed at a disadvantage over others. . It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Transition: A period of adjustment and planning in preparation for transferring to another service or pathway.

Transfer date: Agreed date that a young person's care will end with children's services and be transferred to the direct equivalent adult service or alternative

Preparing for Adulthood: A general term that encompasses a wide agenda for complete organizational support for young people to promote independence and to improve life chances

Person Centred Planning: A process of continual listening and learning, focusing on what is important to someone now and in the future and acting upon this in alliance with their family and friends.,

Young Person: Includes terms service user, client, young adult between 13 & 25 years

SEND: Special Education Needs and or Disability. Reforms as part of the Children and Families Act 2014

SEND change agenda:

Education Health & Care Plan (EHCP) : a document that details the Education, Health and Social Care support that is provided for a child or young person who has SEND. It is drawn up by the local authority following an EHC assessment. Health providers have a duty to contribute to a young person's EHC plan where a Young Person has health needs that effect their learning.

Local Offer: Information on what is available in a local geographical area for children and young people with SEND published by the Local Authority

FYPC.LDA : Families, Young People and Children's. Learning Disabilities and Autism Directorate

DMH: Directorate of Mental Health.

CHS: Community Health Services

LPT: Leicestershire Partnership Trust

MDT : Multidisciplinary team. This can be made up of health and social care professionals working collaboratively with the young person and family.

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2.0 Purpose and Introduction/Why we need this policy.

Healthcare transition is defined as “a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented healthcare systems” (Department of Health, 2006 p.14)

Transitions take place at a pivotal time in a young person’s life. A loss of continuity of care can be a disruptive experience, particularly during adolescence, when young people are at enhanced risk of psychosocial problems. If the transitions process is complex and poorly coordinated this can lead to stress for the patient and their family and risks poor health outcomes. (Brown et al 2019). Datta et al (2024) found that These challenges are all interconnected, and navigation requires healthcare professionals to work closely with patients and their caregivers.

Previous guidance has highlighted that all young people with physical and/or mental health needs are at risk during transition (DH, 2006).

A study of young people transitioning from CAMHS to Adult Mental Health Services indicates that two thirds of teenagers are either “lost” from or have interruptions in their care during this time (Singh et al, 2010) and Reneses et al 2023 found that fifty six percent of young people stopped engaging with care before transition age.

Other groups of young people are also seen as being at particular risk of difficulties during transitions. For example, young people with complex and multiple needs (Crowley et al, 2011 and Slade et al 2023), young people with palliative care needs, young people leaving residential care (Beresford and Cavet, 2009), young people with neurological disorders, those with learning disabilities and those with physical and sensory disabilities (Brown et al 2019 and Golding and Reynolds 2022).

Coordinated and person centred transitions for young people should be built on:

- clear communication between services,
- knowledgeable staff that are trained to work with young people during this challenging time,
- clear and transparent processes, and multi-agency working.

Recent changes in the Children and Families Act 2014 and the Care Act 2014 promote joined up working across agencies with the Young Person at the centre of decision making. All organisations are required to have a policy setting out clear guidelines and expectations for all staff.

Preparing for Adulthood begins from birth and those working with younger children should be aware that preparation and consideration is given the earliest opportunity. Supporting aspirations and life outcomes, promoting independence, employment opportunities, access to leisure, community and opportunities and planning for good health are key areas to consider that will need to be considered by the young person’s multidisciplinary team.

The key aims of this policy are:

- To enable young people and their families to be actively involved in planning their future health needs to ensure that their transitions process is a smooth one.
- To enhance the young person’s sense of control and independence in relation to their healthcare needs by making reasonable adjustments to involve them in

their care.

- To work collaboratively as a multidisciplinary team across all directorates including the involvement of adult services.
- To ensure that everyone involved in preparing young people for transition to adult health services is aware of their role and responsibilities in working together across directorates.
- To act as a driving force for improving young people's experience of transitions by embedding preparing for adulthood best practice within clinical care pathways and practice.
- To enable LPT to comply with the requirements of the SEND agenda for young people (this applies to young people up to the age of 25 years if they are accessing an education provision)

3.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

The Policy author is responsible for ensuring that the policy is reflection of national and local legislation and guidance, and that the policy is reviewed in line with trust guidelines.

Transition Lead

In addition to the above responsibilities:

- Supporting staff through provision of training and advice to adhere to this policy, evaluating and reviewing the process.
- Gathering patient journeys/lived experiences and analysing data and views on the Preparing for Adulthood agenda.
- Informing commissioners of identified gaps in services.

Lead Director, Directors, Heads of Service

- Identifying and making provision for training and development needs for all staff in relation to this policy.
- Ensuring compliance with mandatory and statutory requirements.
- Promoting a culture of Person-Centred Care
- Communicating with commissioners where resource is an issue.
- Reporting on the monitoring of compliance and effectiveness of the delivery

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Senior Managers, Matrons and Team Leads

- All staff in their service are aware of and adhere to this policy.
- There is a clear process for dissemination of this policy.
- Staff are released to meet their training needs.
- Line managers are supported in monitoring compliance with the LPT transition policy.
- Preparing for Adulthood and Transitions is embedded within relevant clinical care pathways.
- Promoting a culture of person centred care.
- Promoting a culture to reflective practice following incidents or positive learning opportunities.

Clinical Staff

- Adhering to the policy and relevant care pathways
- Ensuring that young people, parents, and families are fully involved and lead the planning process
- Adopt a person centred approach to discussions and decisions around supporting health needs into adulthood.
- Start the planning process at an appropriate stage, as early as possible.
- Working collaboratively with the other professionals involved in that young person's care.
- Ensuring that there is a period of preparation and not just a single event.
- Informing line managers where there may be issues around funding with onward care or there is no appropriate service for the young person to transition to.
- Ensuring they have the right information in order to be able to meet the Young Person's needs.
- Clearly agreeing with the young person how and when transfer to Adult Services will occur.
- Being proactive throughout the process,
- Be aware and implement the Mental Capacity Act as appropriate after the age of 16, including the implementation of the Gillick Competence where indicated.

4.0 Principles

The trust has a legal requirement to support with the coordinated transition of the young people identified above to adult health services. Through implementation of this policy, based on NICE quality standards, we aim to ensure that young people who are using our services:

1. Have time to consider the move to adult services and that a conversation has begun by the time the young person is in school year 9, (the school year in which they turn 14 years old) or at the earliest opportunity. We will do this by pro-actively identifying those who would require transition and preparing for adulthood through caseload management.
2. Have been introduced to clinicians in the adult setting by being aware of local

- pathways and referral mechanisms in the transfer to Adult Services.
3. To actively involve patients and their carers in the process of transition planning within the scope of the Mental Capacity Act. This will ensure that young people know who is involved during the transition process and that the right professionals are involved at the right time.
 4. To ensure transition is developmentally appropriate and holistic.
 5. To use a person centred approach.
 6. To take a holistic and collaborative approach by having or being involved in an annual meeting to review needs and progress.
 7. In complex cases, to consider keyworker involvement or additional support from the LPT Transitions Team to advise, signpost and support the transition process.
 8. To ensure that the transferring service does not discharge the patient until after they have been seen by the receiving service and the transition process is complete. Where this is not possible, services should ensure that risks are documented and reflected in care plans that have been shared with the patient.
 9. Have a health plan in place that may include how to maintain good health in adulthood and that can be included with their overall transition plan or Education, Health, and Care plan where one is in place. If no unmet needs are identified for adult services service, the young person is discharged to the GP with a clear record of health needs.
 10. To ensure that the needs of young people are recorded and met in relation to the Reasonable Adjustment Digital Flag when communicating and providing services to them where relevant.”

All services in LPT should reference this policy in Standard Operating Procedures and Clinical Guidance.

5.0 Legislation and tools to support this policy.

There is a well-established body of legislation and policy that already applies to transition this protocol has been informed by the following national guidance: UPDATE

- NICE Guidelines Transition to Adult Services (2016)
- Preparing for Adulthood: Person Centred Toolkit (2020).
- SEND and Alternative provision improvement plan (2023)
- Children’s and Families Act (2014)
- SEND Code of practice (2014)
- Care Act (2014)
- From the Pond into the Sea – CQC report (2014)
- A Transition Guide for all Services (2007)
- DH/DfES (2006), Transition: Getting It Right for Young People, Improving the transition of Young People with long-term conditions from Children’s to Adult Health Service

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- Improving the Life Chances of Disabled people (2005)
- The transition from Child and Adolescent Mental Health Service to Adult Mental Health Services, Health and Social Advisory Service (2006)
- Mental Capacity Act (2005)
- All Parliamentary Group on Autism (2009), Inquiry into transition into Adulthood for Young People on Autism Spectrum
- East Midlands NHS Principles for Transition Guidance materials to improve transition into adult life for young people with additional needs.
- Lost in Transition – RCN (updated 2013)
- These are all our children – DH (2017)

6.0 Capacity and Consent

The Mental Capacity Act applies to young people from the age of 16, if they are deemed to have capacity. Young people have the right under this law to make decisions about their care and treatment and this should be recorded in the patient record. Young people with capacity can consent for family and carers to be involved in discussions about their care and we would encourage them to discuss decisions with their support network, as appropriate.

If the young person is not deemed to have capacity at the age of 16, parents/legal guardians retain parental responsibility up until the young person is 18. After 18, no decisions can be made for the young person and if they are not deemed to have capacity to decide, the decision should be made in their best interests after collaborative discussions with the young person's MDT and support network.

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

Please refer to the Mental Capacity Act and the LPT policy for further support.

7.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Be realistic with the amount of monitoring you need to do and time scales

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Frequency of monitoring
	Identification of YP on caseload who will be turning 14 years and contribution to Year 9 annual review, including likely plan for transfer or discharge at 18/19 years, if known (NICE Statement 1)		Documentation in S1	Quarterly
	Details of Local Offer given to young person/ parent-carer		Documentation in S1	Quarterly
	Details of relevant Adult Service given to YP/parent, or alternatively details of mechanisms for future re-referral if needed		S1 – cc of letter sent to YP/carers and their GP	Quarterly

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Brown, M, Macarthur, J, Higgins, A & Chouliara, Z 2019, 'Transitions from child to adult health care for young people with intellectual disabilities: a systematic review', *Journal of Advanced Nursing*, vol. 75, no. 11, pp. 2418-2434

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Leicestershire Partnership Trust Protocol for the admission of children and adolescents to an adult ward.

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<https://www.mencap.org.uk>

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Preparing for Adulthood – Person Centred Planning tools (2020) Available at:
[Preparing for Adulthood: Person-centred Planning Tools - ndti](#)

Read, M (2020) Transforming Care: supporting people with learning disabilities, autism and mental health issues to move out of long-stay hospitals; Learning Disability Practice 23(2), pp. 31–37

Reiss, JG, et al, (2005), Health care Transition; Youth, family, and Provider perspective, Paediatric's, 115 (1), 112-120.

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Watson AR (2005) Problems and Pitfalls of Transitions from Paediatric to Adult Renal Care. Paediatric Nephrology 20: 113-7

9.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix - Flowchart(s)

Flow charts show the step-by-step process for the key aspects of the policy and are a very good visual aid for staff. Consider filling x1 page with a process chart - as it could also be used as a poster or leaflet at meetings – flowcharts are not accessibility friendly so please consider other ways of providing this information or follow the guidance for making word documents accessible. If you need to use a flowchart, please provide a description of what the flow chart says for those who use a screen reader.

The following process should be followed by all staff working with young people during their transition phase 14-25 years.

Transition Planning for Young People from Children’s to Adult Health Services					
Parallel planning with Education, Health and Care plan	Stage 1 - Getting Ready				Advocate a person centred approach in all planning and decision making
	THINK				
	Preparing for Adulthood – Young Person 14 years – School Year 9				
	All staff should recognise the ongoing needs and aspirations of the young person and start to plan and discuss with the young person and their families what they may need in terms of support and knowledge of how to manage their health condition in the future.				
	Young Person	Family/Friends	Practitioners	Guidance Standards	
	At the Centre of decision making – <i>“Nothing about me without me”</i>	Parents supported to consider the future and the aspirations for their young person.	Identify young people with ongoing healthcare needs that are likely to require support to manage their condition into adulthood prior to their 14 th birthday	NICE Guidance Quality Standard – Planning Transition, named worker identified East Midlands Best Practice Guidance – Nov 2014 Children and Families Act 2014– SEND Reforms	
	Supported to start to make decisions for myself (self- advocacy)	Parents supported to consider implications of Mental Capacity Act.	Liaison with other relevant healthcare professional		
Understanding that services will be different in Adulthood and that many of the people who support you with your health care may no longer be involved	Parents supported to consider the 4 life pathways of independent living, employment, leisure, and planning for good health	Start the discussion with the young person around adulthood and identify people that may be able to support the young person			
		Identify the most likely age when a young person will transfer to another adult service or leave children’s services.			
		If the young person has an EHC plan, consider the young person’s aspirations and how health input can support the aspirations.			

			Consider accessing additional support from the SEND Transitions Team, if required. Provide advice about Local Offer.	
			Ensure that all correspondence is now addressed to the young person and not their parents/	
	Identify and agree a named worker to be a continual point of contact throughout the whole transition process			

Parallel planning with Education, Health, and care plan - Consider Mental Capacity and decision making	Stage 2 – Keeping Me Steady				Advocate a person centred approach in all planning and decision making
	SIGNAL				
	Ongoing planning and preparation for Adulthood				
	All staff should remain focused on the young person’s aspiration and life outcomes and the impact of their condition. Identifying issues early and seeking solutions – highlighting and raising these with the plan coordinator if the young person has an EHC plan and/or relevant healthcare professional.				
	Young Person	Family/Friends	Practitioners	Guidance Standards	
	Gradual increase in confidence and skills to promote autonomy in their involvement in decision making and how to manage and take charge of own health care needs	Parents supported to consider implications of Mental Capacity Act	Contribute to EHC plans at appropriate school reviews and remain focused on supporting life outcomes and aspirations.	NICE Quality Standard – Annual meeting, named worker and Introduction to Adult Services East Midlands Best Practice Guidance – Nov 2014 Children and Families Act 2014– SEND Reforms Together for short lives	
		Consider opportunities for joint clinics with Adult Services over 6 months to a year prior. Make / accept referral for ongoing care. Start the dialogue with Adult colleagues			
	At the centre of decision making, present at any meeting or consultation	Inform Divisional Management Team, Designated Clinical Officer and Commissioners of any gaps in care, when adult services are not available to transfer into.			
		Continued support to consider the future and the aspirations for their young person	Use annual review of the EHC plan as a platform to discuss transition of young people with complex needs. Consider how partner agencies may be able to help. Consider if referral to the SEND Transitions Team is required.		
		Continued support to consider the 4 life pathways of independent living, employment, leisure, and planning for good health	Inform GP and any other relevant people i.e. plan co-ordinator/LA/Education when a young person is discharged/ episode of care completed. Signpost to Local Offer.		
		Ensure that if discharging a young person at this stage information is provided on how to manage their healthcare condition in the future.			
Work collaboratively with named worker to ensure smooth transition					

Stage 3 – Before I Go MOVE Transferring to Adult Services and settling into Adult Services			
All staff should compile a robust and comprehensive discharge summary report which outlines how a young person can plan for their health and wellbeing in adulthood.			
Young Person	Family/Friends	Practitioners	Guidance Standards
I know who to contact in Adult Services to help me manage my health condition	Continued support to consider the future and the aspirations for their young person	Agree with the Young Person/Parent/Carer and onwards services what information will be shared and when with consent of the young person or	NICE Quality Standard – Introduction to Adult services, missed appointments after transfer East Midlands Best Practice Guidance – Nov 2014 Children and Families Act 2014– SEND Reforms Together for short lives
I know questions that I should ask about how to manage my health care conditions	Continued support to consider the 4 life pathways of independent living, employment, leisure, and planning for good	Complete a robust written transition plan with the young person. Report to be available on SystemOne. See appendix 9	
I know that I can access the Local Authorities Local Offer to find out information.		Notification of missed appointments after transfer to adult services to agreed named worker.	
Agree named worker in Adult services Acceptance in Adult Services should be reflected on clinical need rather than staffing levels.			

Parallel planning with Education, Health, and care plan

Advocate a person centred approach in all planning and decision making

Appendix 1 Training Needs Analysis

Training topic:	Mental Capacity Act	
Type of training: (see study leave policy)	Mandatory (must be on mandatory training register) *	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	<i>All clinical staff</i>	
Regularity of Update requirement:	Yearly	
Who is responsible for delivery of this training?	LPT	
Have resources been identified?	Already in place.	
Has a training plan been agreed?	Already in place.	
Where will completion of this training be recorded?	ULearn *	
How is this training going to be monitored?	Training report	
Signed by Learning and Development Approval name and date	Alison O Donnell	Date: March 2025

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer **yes**

Respond to different needs of different sectors of the population **yes**

Work continuously to improve quality services and to minimise errors **yes**

Support and value its staff **yes**

Work together with others to ensure a seamless service for patients **yes**

Help keep people healthy and work to reduce health inequalities **yes**

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance **yes**

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Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Review of Preparing for adulthood and transition planning in LPT.
Date Screening commenced	November 2024
Directorate / Service carrying out the assessment	FYPC.LDA , CHS and DMH
Name and role of person undertaking this Due Regard (Equality Analysis)	Jenny Roberts Preparing for Adulthood Workstream Lead.
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To review existing procedures and protocols in place to support young people and their families during the preparing for adulthood process and ultimate transition into adult health services.	
OBJECTIVES: To review new and existing policies and evidence base and ensure that the current procedures meet the needs of young people preparing for adulthood.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	The policy promotes proactive and collaborative discussions and planning for young people preparing for adulthood. However service provision is currently based on commissioning arrangement by age criteria which can limit flexibility between children and adult services. Not all services will transition at the same age which also does not encourage holistic care.
Disability	This policy will cover all young people with SEND needs and a physical and mental health needs who require ongoing support into adulthood.
Gender reassignment	The policy will identify links with other agencies and support in order to meet the aspirations and preferences of young people.
Marriage & Civil Partnership	The policy will identify links with other agencies and support in order to meet the aspirations and preferences of young people.
Pregnancy & Maternity	The policy will identify links with other agencies and support in order to meet the aspirations and preferences of young people.
Race	This policy promotes a person centred approach for all young people from year 9 based on their physical and mental health and SEND needs. Input is not based on race or first language. Interpreters and other reasonable adjustments linked to race will be included in care plans.
Religion and Belief	This policy promotes a person centred approach for all young people from year 9 based on their physical and mental health and SEND needs. Input is not based on

	religion or belief. Reasonable adjustments required based on religion and belief will be care planned and supported unless this goes against other national legislation such as the equality and diversity act or the MCA.		
Sex	This policy promotes a person centred approach for all young people from year 9 based on their physical and mental health and SEND needs. Input is not based on sex.		
Sexual Orientation	The policy will identify links with other agencies and support in order to meet the aspirations and preferences of young people.		
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The aim of the policy is to ensure a patient is supported holistically and would encourage inclusion and no exclusion based on any protected characteristics.			
Signed by reviewer/assessor	J Roberts	Date	19/11/2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

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Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Preparing for Adulthood and Transition planning in Leicestershire Partnership Trust	
Completed by:	Jennifer Roberts	
Job title	Preparing for adulthood workstream lead.	Date
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	Processes aim of collate existing information to aid with coordinated transitions.
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	Current assessment and intervention processes should be sufficient to capture information needed to ensure transitions are successful. The policy may require services to review if they feel the information, they currently collect is clinically appropriate in the context of transitions.
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	Yes	The preparing for adulthood process will require information to be shared with relevant adult services and commissioners. .
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	Health information will be used to inform future health planning.
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	All information remains on the patient record.

6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	The aim of the policy is to ensure person centred planning for transitions into adult services.
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	Young people and their family/ carers will be able to share as much or as little as they wish, in line with MCA and safeguarding policies.
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	The process described will take place as part of the routine interventions offered by services.
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	N/A	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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