

TRANSITIONS

Aim

- 1.1 To inform the Integrated Shadow Board of the issues regarding the transition process for young people with additional support needs.
- 1.2 To note the work we wish to take forward to improve outcomes for people with a learning disability.

Background

- 2.1 As defined in The Principles of Good Transition 2 (The Transitions Forum 2014), the transition period is “when young people with additional support needs (such as a learning disability, autism, sensory impairments, mental health, emotional and behavioural issues, exceptional health care needs and young people in care, among many others) grow from children to young adults”.
- 2.2 Transitions between services occurs frequently for our service users largely due to how services are configured rather than due to peoples needs and is based on age. Examples of where transitions occur are:
- 2.3 Integrated Children’s Services (ICS) to adult services i.e. Learning Disability Services (LDS), Mental Health Services or the generic Health and Social Care services.
- 2.4 Children and Adolescent Mental Health Services (CAMHS) to adult Mental Health Services (CMHTS)
- 2.5 Paediatric health services to adult health services
- 2.6 It has been widely acknowledged that young people have not been served well by services during the transition period. Nationally The Transitions Forum, supported by ARC Scotland, has highlighted service and legislative shortcomings in this area, encapsulated in The Principles of Good Transitions 2 (2014). Locally similar issues have been recognised, more recently at stakeholder events within our integrated LDS which involved a cross section of staff from health, education, Integrated Children’s Services, as well as carers and providers.

Summary

What’s working?

- 3.1 ICS and the LDS have developed a transitions pathway for people who have a learning disability and have health and or social care needs. This includes the establishment of tracking meetings to identify and plan for those young people with significant additional support needs (i.e. learning disabilities) that are likely to require health and social care support into young adult hood.

- 3.2 ICS have established posts within their social work teams who work with children with additional support needs e.g. children with a physical or learning disability, and support children up to the transition into adult services generally at the age of 18.
- 3.3 The Learning Disability Service has a dedicated Transitions social worker whose role is to work with young people leading up to and during the transition into the adult Learning Disability Service. Due to capacity issues this worker is not able to work with all young people identified as needing ongoing support but, where allocated, the transition works well. An in reach service is provided bringing people through to adult services with a worker who has the skills and knowledge of adult service provision.
- 3.4 NHS Borders have a Transitions Policy 2014 identifying standards and guidelines for improving the transition from children's to adult health services.
- 3.5 Within the last few months, the LDS and ICS led the development of a Transitions steering group which has representation from key stakeholders. Carers and young people with additional support needs need representation on the group. Support from the ARC policy and development worker has also been sought. The existing pathways for transition from ICS to the LDS have been mapped as well as the health pathway for young people with a learning disability. A further Core group has been established sitting under the Tracking group to undertake more detailed planning for young people with learning disabilities and high levels of need coming through from children's to adult services. The early indications are that this is having a positive impact.
- 3.6 The Tracking meetings are providing an excellent financial planning tool, identifying future budgetary demands. This information has resulted in a significant additional investment by Scottish Borders Council in Learning Disability social care services over the next 2 – 3 years.

What doesn't work well?

- 3.7 Through our work with service users, carers and stakeholders we know of significant areas within the transitions process that were not working well. The key message was that transitions should not be seen as a specific event moving from children's to adult services at the age of 18 but be seen as a "journey" in a young person's life. Planning starts too late and young people and their carers feel as though they are "falling off a cliff" or "falling into a black hole". A list of "Barriers to a Positive Transition Experience" was recorded including:
 - Labelling carers and parents as "difficult"
 - Different systems across services/agencies – IT, recording systems, paperwork
 - Different assessment processes, language, priorities and criteria
 - Lack of early Learning Disability diagnosis for children
 - Inconsistencies between services e.g. eligibility criteria, medical vs. social model
 - Beginning the process much too late – delayed referrals to adult service
 - Lack of continuity and no key person (designated lead) to co-ordinate each case and ensure the right people are involved/informed
 - No case conferences across services for more complex cases – identified too late in the process

- Lack of information for young person and their carers/families e.g. what is available in adult services, legal processes (e.g. guardianship), finances e.g. charging
- Different levels of provision between ICS and the adult LD service - raised expectations for young people and their families moving through to adult services
- Passing responsibilities between teams rather than effective collaborative working
- Staff shortages
- Short term fixes, as oppose to taking a longer view
- Lack of capacity to work with young people as adult worker
- Multiple professionals becoming involved at the same time
- Tasks being 'stalled' until adult services
- Travel, rural locations
- Lack of respite provision in adult services

3.8 The above feedback reinforced the findings of the Principles of Good Transition 2 publication which recommends 7 principles of good practice as below:

1. All plans and assessments should be made in a person-centred way
2. Support should be co-ordinated across all services
3. Planning should start early and continue up to age 25
4. Young people should get the support they need
5. Young people, parents and carers must have access to the information they need
6. Families and carers need support
7. Legislation and policy should be coordinated and simplified

The way forward:

3.9 In order to make significant steps forward a review of how we support this cohort of people is required, the Transitions Steering Group has proposed that a Project is required and a project lead post developed that will have a service development and project management role. The 7 principles of good practice as highlighted above need to underpin the review. The project will focus upon adults with significant learning disabilities but the outcomes should be applicable to other transitions groups. The projects objectives and outcomes would be to:

- Develop integrated pathways across Health, Social Care (adults and children's services), education and further education
- Develop an integrated process across organisations that are proven to improve outcomes
- Develop information on transitions from young persons to young adults services (accessible in different formats including on line)
- Identify demand current and future
- Consider how existing resources across Health, Education and Social Care can be used to deliver an effective support to people going through the transitions process

3.10 Support for this project is being sought from the Integrated Care Fund for 2015/2016 as part of a service redesign within the service and across partners to improve outcomes.

Recommendation

4.1 The H&SC Integration Shadow Board is asked to **note** the report.

4.2 The H&SC Integration Shadow Board is asked to **note** it will receive reports back on progress.

Policy/Strategy Implications	Using existing strategies. Maximising the benefits through integration.
Consultation	Consultation has taken place to get to this point. There will be further consultation through the strategic planning programme.
Risk Assessment	Will be carried out as part of the project plan.
Compliance with requirements on Equality and Diversity	To be completed as part of the project.
Resource/Staffing Implications	To be assessed as part of the project.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Simon Burt	Joint Manager Learning Disability Service and Acting General Manager Mental Health Services.		