



Policy:

NPCS 008 Admission of 16 – 17 year old young people to an adult mental health ward

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Policy Version and advice on document history, availability and storage

This is version 2.0 of the policy and replaces the previous version (V1.0), issued in December 2009. This version was reviewed to update the policy in order to comply with the revised Mental Health Act Code of Practice (2015).

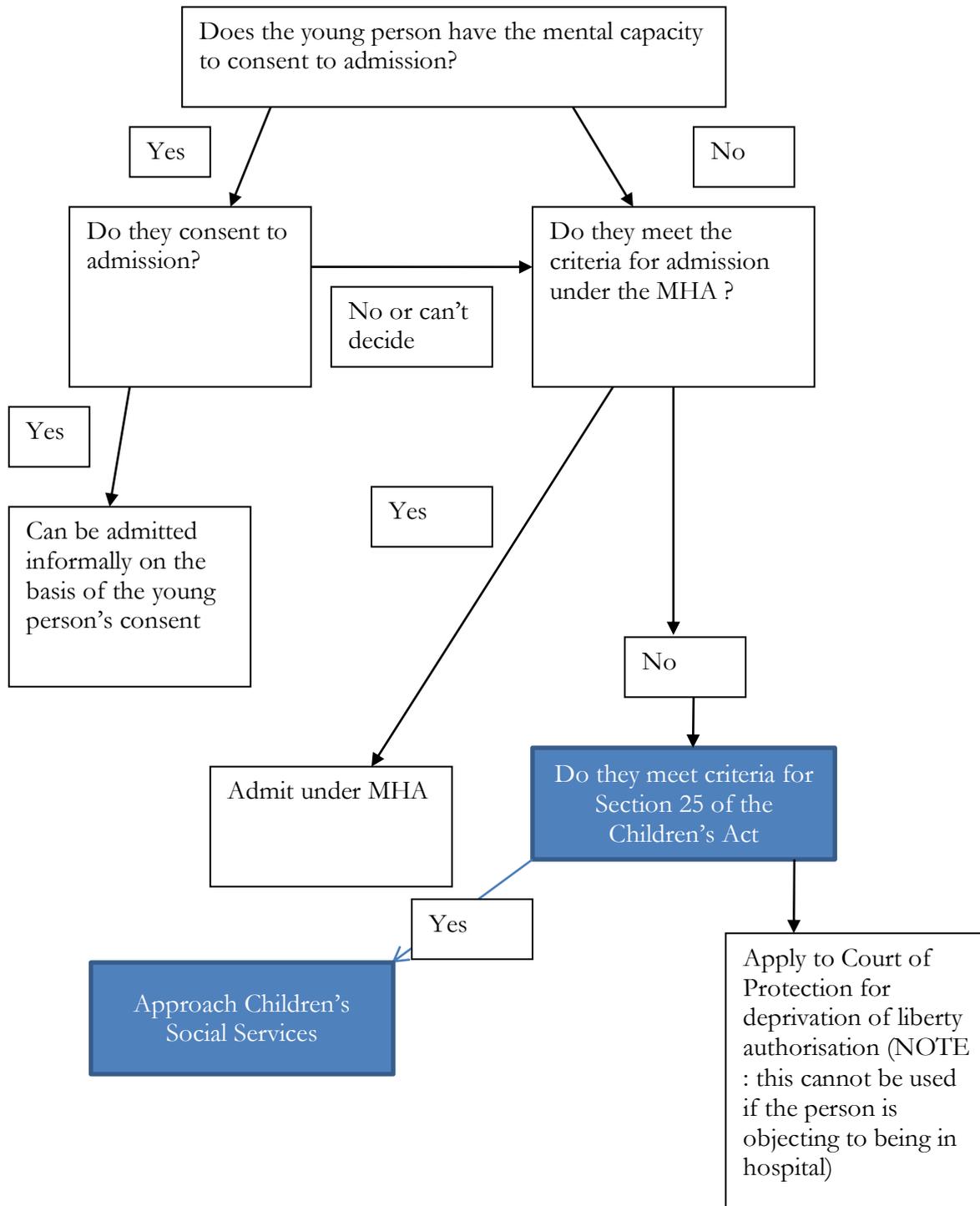
This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

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Flow Diagram: Informal admission of 16 and 17 year olds

Admission to hospital will amount to a deprivation of the young person's liberty as defined by the Cheshire West 'acid test' ie they will be under constant supervision and control and not free to leave.



1. **Introduction**

- 1.1 The Mental Health Act 1983 (MHA) s131A applies in respect of any patient who has not attained the age of 18 years. It requires that the managers of the hospital shall ensure that the patient's environment in the hospital is suitable having regard to his/her age (subject to his/her needs).
- 1.2 For these reasons, the Trust does not under normal circumstances accept admissions of young people aged 16 and 17 to an adult ward.

There may be exceptional circumstances in which this may happen and this policy sets out the requirements for the admission/transfer of people aged 16 and 17 on adult wards, their treatment and accommodation needs.

The Mental Health Act Code of Practice 2015 (CoP) states that these exceptional circumstances generally fall into two categories: 'emergency situations' where the need for a safe environment takes precedence over the suitability of that environment for the young person's age; and 'atypical cases', defined as those circumstances when it would be determined that admission to an adult ward would be the best option, even if a CAMHS bed were available.

Examples of 'atypical cases' include proximity to the 18th birthday; or the young person's preference to be admitted to an adult ward, perhaps for continuity of care from his/her current care team. (CoP 19.94;19.100). It is not acceptable to transfer a young person to an adult ward because their presence on a Child and Adolescent Mental Health Services (CAMHS) ward is detrimental to other patients there. (CoP 18.102)

- 1.3 In Sheffield In-Patient treatment for Mental Health for 16-17 year olds is provided by the Child and Adolescent Mental Health Services (CAMHS) in Sheffield Children's NHS Foundation Trust.
- 1.4 Sheffield does have a designated Place of Safety under s135 / s136 Mental Health Act for 16 and 17 year olds. It is based at Becton Centre for Children & Young People, Sevenaires Road, Beighton, Sheffield, S20 1NZ, Tel:0114 305 3106
- 1.5 **Children under the age of 16 must not be admitted to adult wards.**

2. **Scope**

This policy provides guidance for all staff working within Sheffield Health and Social Care NHS Foundation Trust (SHSC) including agency, temporary, voluntary and trainees, about their responsibilities, and actions to be taken when a young person aged 16 or 17 is admitted onto an adult mental health ward.

3. **Definitions**

Young person / people:

In this policy, "young person/people" refers to an individual/s aged 16 or 17 years.

4. **Purpose**

- 4.1 The purpose of this policy is to provide guidance in order to maintain a safe and therapeutic environment for young people should they be admitted to adult wards under the care of SHSC.
- 4.2 This policy is intended for all multi professional teams, managers and administration staff responsible for adult inpatient care.

5. Duties

- 5.1 The **managers of the hospital** have a duty to ensure that the young person/people environment in hospital (whether or not he/she is detained under the MHA) is suitable, having regard to the age and needs of the young person (MHA s 131A(2)).

The managers have a further duty to consult 'a *person who appears to them to have knowledge or experience of cases involving patients who have not attained the age of 18 years which makes it appropriate for him to be consulted*'. (MHA s131A(3)) ; see paragraph 5.2.

- 5.2 The **Adult Consultant Psychiatrist** is responsible for all young people aged 16 and 17 admitted to the ward for which they are responsible, whether they are detained or informal.

It is also the responsibility of the **Adult Consultant Psychiatrist** to seek advice from, and consult with, the Consultant Psychiatrist from the appropriate young people service, whether this is CAMHS or EIS (early intervention in psychosis service) or other service.

- 5.2 The **Safeguarding Lead Doctor and Safeguarding Lead Nurse** have a responsibility for supporting staff in practice through the provision of advice.

- 5.3 **The 'age appropriate' (e.g. CAMHS or EIS) service** has responsibility for providing consultation and communication to ensure adequate communication in relation to any relevant information pertaining to the young person.

It should be noted that the young person is likely to have been admitted to the adult ward because no CAMHs bed is available; therefore the CAMHs team should be consulted regularly for advice about the young person's care and treatment, and in order to ensure that transfer to a CAMHs facility is expedited.

- 5.4 **Ward Managers** are responsible for;

- Ensuring that staff in the ward are aware of the contents of this policy and their responsibilities in relation to this policy and the young person's needs.
- Ensuring that all staff working on their ward keep up to date with relevant policies and information relating to the admission of young people.

- 5.5 **All staff working on Adult Mental Health Wards and in the Community with the 16 and 17 year old age group** have a responsibility to ensure that they are aware of and familiar with this policy and ensuring it is applied, and requesting additional training and knowledge should they feel this is required to meet the young person/people needs.

- 5.6 **Human Resources** are responsible for ensuring that all staff working on, and having access to, adult mental health wards, including medical staff and volunteers have the relevant Disclosure and Barring Service (DBS) checks. All staff involved in the care of a young person must have enhanced disclosure clearance. (CoP 19.101)

- 5.7 **All Managers** are responsible for ensuring the policy and procedure is applied consistently in their area of responsibility.

- 5.8 The **Executive Director of Nursing, Professions and Care Standards (Chief Nurse)** is responsible for monitoring and reviewing the operation of the policy and procedure on behalf of the Board of Directors and to ensure reporting to NHS Sheffield Clinical Commissioning Group as required.

- 5.9 The **SHSC Risk Department** is responsible for maintaining records of all admissions of 16 and 17 year olds reported to them by the Safeguard Incident Reporting System & ensuring the Chief Nurse is notified.
- 5.10 The **SHSC Safeguarding Office** is responsible for informing ward staff on appropriate actions to be taken under Safeguarding and assist with informing the Local Authority where this is required (section 6.5.1)
- 5.11 The **Mental Health Act Administrator** is responsible for completing the relevant Mental Health Act notification forms.
- 5.12 The **Clinical Nurse Service Manager on duty / Out of Hours on-call Manager** must receive notification of the admission
- 5.13 The **Local Authority** will receive notification if the whereabouts of the person with parental responsibility for the young person is not known. The Local Authority should consider if a visit should be arranged (CoP 19.125)

6. Process

6.1 Admission of a young person to an Adult Mental Health Ward

- 6.1.1 Any admission must be unavoidable, and must be jointly agreed between the Adult Consultant Psychiatrist and the referring service (e.g. Crisis, EIS, Learning Disabilities or CAMHS), in conjunction with the Ward Manager, Clinical Nurse Manager and Clinical / Service Directors. Every effort will be made to avoid any admission of people under the age of 18 to adult wards.
- 6.1.2 A young person aged 16 or 17 may be admitted to an adult ward, either informally or detained, only where in the joint opinion of the referring team (CAMHS, Crisis, Learning Disability Service, EIS) and Adult Mental Health that it is considered that the needs of the young person are best met in an adult mental health environment.
- 6.1.3 The Care Quality Commission (CQC) must be notified without delay if an under 18-year old is placed on an adult psychiatric ward for longer than a continuous period of 48 hours. (CoP 19.93) staff are required to complete the CQC mental health notification; "placement of a young child or young person in an adult psychiatric unit" form. The SHSC risk department and Care Standards Office must also be notified via safeguard Incident Reporting System.

For CQC reporting Use this Link: [Search | Care Quality Commission](#)

6.2. Capacity and Consent to Admission and Treatment

All decisions regarding consent to admission and/or treatment will be recorded in the same way and in the same format as those for adults.

- 6.2.1 16 and 17 year olds with capacity who do not consent to their informal admission to hospital for the treatment of mental disorder cannot be admitted to hospital for such treatment on the basis of consent from someone with parental responsibility for them. (MHA s131 (2)-(4); CoP 19.53)
- 6.2.2 This means that a young person aged 16 or 17, who has the capacity to consent to **informal admission**, is able to be admitted informally on the basis of that consent, even though one or more persons may have parental responsibility for him / her; a person with parental responsibility cannot prevent the admission. (MHA s131(3); (CoP19.53).
- 6.2.3 It also means that where a young person aged 16 or 17, who has the capacity to consent to admission, does not consent to informal admission, the arrangements for informal admission may not be made on the basis on the consent of a person who has parental responsibility for him.

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However – In the event that the young person lacks capacity to consent to admission, informal admission (and treatment) can be authorised by parental consent or in accordance with the Mental Capacity Act 2005 (MCA) **But Not** if the admission and treatment amount to a Deprivation of Liberty. The Court of Protection can make a deprivation of liberty order in respect of young people aged 16 and 17, see 6.2.9 below (CoP 19.51; 19.52; 19.57)

- 6.2.4 In some cases, the young person may be unable to decide whether or not to agree to their admission to hospital, but not because they lack capacity within the meaning of the MCA.

For example, this might be because, despite every effort in helping the young person to make this decision, the young person finds the decision too difficult to make. In such cases, it will not be possible for a person with parental responsibility to consent on their behalf. This is because section 131 of the Act only allows informal admission on the basis of parental consent if the young person lacks capacity within the meaning of the MCA. (CoP 19.54)

- 6.2.5 Consideration of the young person's capacity should be considered in the same way as for an adult service user, in line with the MCA. (CoP Para 19.24). Therefore, 16 and 17 year old patients must be assumed to have capacity to make decisions about admission and treatment unless it established, on the balance of probabilities, that lack capacity (MCA s1(2); CoP 19.26)
- 6.2.6 Consent should be sought for each aspect of the young person's admission, care and treatment as it arises; 'blanket' consent forms should not be used. (CoP 19.22)
- 6.2.7 Although the valid consent of a young person will be sufficient authority for their **admission and/or treatment** for mental disorder, it is good practice to involve the young person's parents and/or other involved in their care in the decision-making process. (CoP 19.21)
- 6.2.8 Where a young person has the capacity to consent to proposed **medical treatment** but refuses to consent, it would be inadvisable to rely on the consent of a person with parental responsibility in order to treat the young person. In such cases, consideration should be given to whether admission under the MHA for the purposes of treatment is necessary, and if so, whether the criteria are met. If the Act is not applicable, legal advice should be sought on the need to seek authorisation from the court before further action is taken.
- 6.2.9 In cases where a young person cannot be admitted and/or treated informally, and the criteria for detention under the Act are not met, legal advice should be obtained on whether to seek the assistance of the High Court.

The court's authorisation may be sought by way of an order or declaration, under its inherent jurisdiction, or for a section 8 order under the Children Act 1989. Whether the court is prepared to assist will depend on the facts of the particular case. It should also be noted that the Court of Protection can make a deprivation of liberty order in respect of young people aged 16 and 17. (CoP 19.52)

- 6.2.10 **Emergency Treatment.** A life-threatening emergency may arise when treatment needs to be given but it is not possible to rely on the consent of the young person or person with parental responsibility and there is no time to seek authorisation from the court or (where applicable) to detain and treat under the Act.

If the failure to treat the young person would be likely to lead to their death or to severe permanent injury, treatment may be given without their consent, even if this means overriding their refusal when they have the competence (children) or the capacity (young people and those with parental responsibility), to make this treatment decision.

In such cases, the courts have stated that doubt should be resolved in favour of the preservation of life, and it will be acceptable to undertake treatment to preserve life or prevent irreversible serious deterioration of the young person's condition. (CoP 19.71)

6.2.11 The treatment given must be no more than necessary and in the best interests of the young person. Once the young person's condition is stabilised, legal authority for on-going treatment must be established; this might be on an informal basis or in accordance with either a court order or, if the child or young person is detained, under part 4 of the MHA (CoP 19.72)

6.2.12 **Electro-Convulsive Therapy (ECT).**

Whether or not they are detained under the MHA, except where emergency treatment is given under MHA section 62, no child / young person under the age of 18 can be given ECT without the approval of a second opinion appointed doctor (SOAD). This means:

- I. For young people who are 'capable of understanding the nature, purpose and likely effects' of ECT and consent to it, the SOAD must certify, in writing, that the child or young person is capable of consenting, they have consented to ECT, and it is appropriate for ECT to be given, and
- II. For young people who are not capable of consenting to ECT, the SOAD must certify that the young person is not capable of understanding the nature, purpose and likely effects of ECT, but it is appropriate for ECT to be given. In addition, in relation to a young person who lacks capacity to consent to ECT, the SOAD must certify that giving the treatment would not conflict with a decision made by a deputy appointed by the Court of Protection, or the Court of Protection. (CoP 1983)

Staff are strongly advised to refer to the CoP 19.78-19.89 before considering the use of ECT or other treatments regulated by the MHA.

6.3 **Identification of Accommodation – Age Appropriateness**

6.3.1 The young person will only be admitted to Adult Acute Mental Health In-Patient Wards or Firshill Rise (Learning Disability) - not within Rehabilitation / Recovery services.

6.3.2 Care should always be offered in the least restrictive setting. The Psychiatric Intensive Care Unit (Endcliffe Ward) should only be used as a last resort and as the outcome of a planned process including CAMHS / EIS and the young person's family, where this is available. Admission must be based on clinical need.

6.3.4 If admission to Endcliffe Ward is required a Safeguard Incident form must be completed in relation to this transfer

6.3.5 Where a young person requires admission to an adult mental health ward the following issues must be considered and weighed by the manager responsible for bed allocation at that time:

- Availability of a bed on a ward which promotes access to the person's relatives, carers or significant others, e.g. by reason of geographical proximity;
- A risk assessment of the different possible wards based on the presence of other clients who may present a risk of violence, sexually inappropriate behaviour, or other risk associated with the young person's vulnerability;
- The possibility of transferring other patients between wards in order to create an available and appropriate bed;
- The availability of provision elsewhere if the balance of risk is not acceptable.

6.3.8 Each unit will allocate a single room at the time of admission that will be used for the young person.

6.3.9 Appropriate resources such as age appropriate furnishings and leisure equipment will be available as required (e.g. reading materials, age appropriate DVDs, electronic games). Every effort should be made to facilitate a hospital routine that will allow the young person's

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personal, social and educational development to continue as normally as possible, in particular, they should be afforded equal access to educational opportunities on an equal basis with their peers, in so far as that is consistent with their ability to make use of them, considering their mental state.

- 6.3.10 The determination of the suitability of the environment must involve consultation with a person identified by the hospital managers as having '*knowledge or experience of cases involving patients who have not attained the age of 18 years which makes it appropriate for him to be consulted*', see 5.1 and 5.2 above.

6.4 Admission

- 6.4.1 All quality standards and elements of care that apply to the admission of an adult will apply equally to the admission of people aged 16 and 17. For example, welcome packs, ward orientation, explanation of rights for those detained, or an explanation of what to expect as an informal patients, including the procedures around locked doors.
- 6.4.2 The admitting Doctor has a responsibility to see the young person within 30 minutes of their arrival for admission.
- 6.4.3 An interim care plan should be drawn up immediately which gives a clear explanation of why it is necessary for the admission of a young person to an adult ward to occur, i.e. the urgent or atypical reason. It should detail what risk management measures are necessary to safeguard the young person, including arrangements for leaving the ward (if appropriate), how visits to the young person are to be managed and what will be necessary to manage visits by other children or young people to the young person admitted. The plan should be updated regularly with information regarding what steps have been taken to provide as suitable environment as can be achieved with regard to the young person's age and needs.
- 6.4.3 On the admission of a person aged 16 or 17, there will be a multi-disciplinary team meeting in relation to the young person in order to coordinate services. This will be held within 24 hours of admission or on the first available working day if admitted at the weekend or public holiday.

6.5 Reporting the admission

- 6.5.1 It is the responsibility of the admitting nurse to ensure prompt arrangements are in place for reporting the admission to:
- Risk Team via Safeguard Incident form
 - SHSC Safeguarding Office
 - Mental Health Act Administrator (if the young person is detained on a MHA Section) complete the relevant Mental Health act forms Notification forms which are available via medical records and Fax to 0114 2718105.
 - Clinical Nurse Manager (in hours), on call Manager (out of hours)
 - The CQC must be notified if the admission persists for longer than a continuous period of 48 hours & the Safeguarding Children's Hub informed as a matter of course for safe clinical practice. Any queries received relating to children must be directed to the Sheffield Safeguarding Hub which is part of the Sheffield Safeguarding Children Board. Professionals and members of the public can call 0114 273 4855 at any time and be put through to a social worker to discuss safeguarding concerns about a child or young person.
 - NHS England Commissioning Managers to be notified so that should a transfer be necessary to an inpatient CAMHS bed, they will be able to provide information on available beds across the country The CAMHS Commissioning Manager phone numbers can be obtained by ringing the Becton Centre during working hours (0114 3053106).

- If there is a possibility that the young person would need transfer to a CAMHS inpatient bed, Form 1 should be completed.



NHS England CAMHS
(FORM 1)Referral for

- Access to the CAMHS bed availability system will enable an awareness of bed availability out of hours. A Form 1 should be sent to Sapphire Lodge, at the Becton centre for an access assessment to gain entry onto the CAMHS bed management system (becton.centre@nhs.net)
- **Local Authorities.** Local Authorities should be alerted if the whereabouts of the person with parental responsibility is not known or if that person has not visited the child or young person for a significant period of time. When alerted to this situation the local authority should consider whether visits should be arranged. (CoP 19.125)
- The Local Authority also has duties as described by Section 116 of the MHA. This places duties on local authorities in respect of children and young people in their care by virtue of a care order and who are admitted to a hospital, independent hospital or care home in England and Wales. In such cases, local authorities are required to arrange for the child or young person to be visited and to take such other steps in relation to the child or young person while they are in a hospital, independent hospital or care home as would be expected to be taken by their parent(s). (CoP 19.123)
- Furthermore, Local authorities are under a duty in the Children Act 1989 to:
 - promote contact between children and young people who are children in need, or looked after children, and their families, if they live away from home, and to help them get back together (paragraphs 10 and 15 of Schedule 2 to the Children Act 1989), and
 - arrange for people (independent visitors) to visit, advise and befriend children and young people looked after by the authority wherever they are, if they have not been regularly visited by their parents (paragraph 17 of Schedule 2 to the Children Act 1989).

6.5.2 The Risk Team will collate data regarding the number of young people admitted to adult wards and their length of stay, and will provide reports to the Quality and Risk Group and the Lead Nurse and Doctor for Safeguarding Children on a quarterly basis.

6.5.3 If the young person is in full-time education, the admitting nurse should discuss informing the school of the young person's admission with the young person and only contact the school if consent is given. The exception to this would be if Child Protection concerns had been identified and contact with the school was indicated.

6.6 **Risk Management**

6.6.1 All clinical risk standards and elements of care that apply to the admission of an adult will apply equally to the admission of people aged 16 to 17. For example, collaboration, involvement of appropriate others, communication.

6.6.2 Clinical risk will be re-assessed on a daily basis, and the outcome of this assessment documented within SHSC risk documentation.

6.6.3 Staff must be aware of the often different safe dosage limits of medication and use of unlicensed medication for young people. If there is concern over such limits clarification may be sought by consulting the British National Formulary for children, which is available on line,

and/or specialist expertise from Children and Young Peoples (CYPSS) doctor. Pharmacy advice should be sought as standard for all prescribing for young people aged under 18.

- 6.6.4 The young person will be placed on a minimum level of 'constant observation' (within eyesight) on admission. This will be reviewed by the Multi-Disciplinary Team (MDT) in accordance with SHSC policy on observations. Such decisions must always be made in the context of safeguarding children responsibilities of the organisation.

6.7 Care, Treatment, Advocacy and Education

- 6.7.1 Where a young person is admitted to an adult psychiatric ward, the hospital managers should ensure that the clinical staff have regular access to, and make use of, a CAMHS specialist for advice and consultation.
- 6.7.2 Adult mental health wards should offer discrete day areas where young people can be cared for away from adults if required, and should offer young people and their visitors a visiting room separated from other adult patients and their visitors. (See visitors policy)
- 6.7.3 The young person should be kept as fully informed as possible about their care and treatment, and their views and wishes ascertained and taken into account, having regard to their age and understanding.
- 6.7.4 Any intervention in the life of a child or young person that is considered necessary by reason of their mental disorder should be the least restrictive option and the least likely to expose them to the risk of any stigmatisation, consistent with effective care and treatment, and it should also result in the least possible separation from family, carers, friends and community or interruption of their education. (CoP 19.5)
- 6.7.5 **Please refer to CoP 19.116 – 19.188 for details of Local Authorities' duties with regard to the provision of education.**
- 6.7.6 Should any concerns relating to the safeguarding of children arise staff should discuss their concerns immediately with the multi-disciplinary team and follow SHSC Safeguarding Children Policy and the South Yorkshire Child Protection Procedures.
- 6.7.7 Young people, whether informally admitted or detained have a right to advocacy. Staff must ensure that the young person is aware of the availability of advocacy and help line numbers.
- 6.7.8 **If the young person lacks capacity to decide whether or not to obtain help from an Independent Mental Health Advocate (IMHA) the ward manager should ask an IMHA to attend the patient to explain what they can offer. The ward managers should ensure that parents/guardian are aware of IMHA and contact details.**

6.8 Carers, Families and Peers

- 6.8.1 The involvement of the carers, families and peers of the young person must be actively encouraged, particularly if the young person resides within the family home. Confidentiality should not be accepted as an excuse for not listening to, and involving carers. If there are concerns relating to family/carers being perpetrators of abuse, advice should be sought from Children's Social Care (0114 2734855)
- 6.8.2 Visiting siblings and family members should be encouraged unless the effects on the young person or siblings are considered detrimental. Contact with peers should also be supported. Please see the SHSC policy for **Children Visiting In Patient Wards**.
- 6.8.3 The young person should be supported and enabled to maintain contact with their friendship network (See policy on mobile phones, Internet and social media, which offers guidance on promoting contact via applications such as Skype or Face Time).

6.9 Review of Care

- 6.9.1 The ward multidisciplinary team should agree the frequency of full team meetings to discuss the young person's care dependent on individual clinical need.
- 6.9.2 Where possible, appropriate relatives/carers, such as parents should be invited to reviews, with the young person's permission.
- 6.9.3 If young people have been transferred to Endcliffe Ward a review of care, led by the Responsible Clinician should take place on a daily basis and be recorded in line with SHSC Policy.
- 6.9.4 Comments about the quality of care should be sought from young people as they are from all patient groups. Young people should be encouraged to give feedback to an advocate or a trusted team member on any aspect of their care that they wish to comment on at any point during their stay in hospital.

6.10 Discharge and Aftercare

- 6.10.1 All standards that apply to the safe and clinically effective discharge of adults from hospital equally apply to the discharge of young people. Involvement of staff/teams/services who were involved with the young person prior to admission should be included, where possible, in the discharge plan.
- 6.10.2 Prior to discharge, a meeting will be held in order to co-ordinate various services and a face to face, follow-up appointment within 48 hours to be organised by the Adult Mental Health Team or other community team responsible for providing aftercare on discharge.
- 6.10.3 If a discharge prescription is required for on-going treatment the prescription must bear the age of the young person.
- 6.10.4 The young person will be discharged in accordance with Care Programme Approach Procedures.
- 6.10.5 Where safeguarding children concerns have been identified, Children's Social Care must be involved in any discharge discussions and a relevant care plan to address these concerns must be agreed and in place prior to discharge.
- 6.10.6 Transfer/ Discharge MDT planning meetings should commence on the day of admission or the closest working day to admission.
- 6.10.7 **Aftercare.**

Prior to their discharge from hospital all children and young people should have an assessment of their needs, on which a care plan for their after-care is based.

Guidance on the duty to provide after-care under section 117 of the MHA, is set out in CoP chapter 33. Such guidance is applicable to individuals of all ages, but in relation to children and young people additional factors will need to be considered.

This may include ensuring that the after-care integrates with any existing provision made for looked after children and those with special educational needs or disabilities, as well as safeguarding vulnerable children.

Whether or not section 117 of the MHA applies, a child or young person who has been admitted to hospital for assessment and/or treatment of their mental disorder may be 'a child in need' for the purpose of section 17 of the Children Act 1989. See also CoP paragraph 19.118 in relation to children and young people with special educational needs.

7. Dissemination, Storage and Archiving (Control)

- 7.1 This policy will be inserted on SHSC website in the policies section and an alert will be sent to all staff via the Communications Digest telling them of the new policy and where to find it.
- 7.2 Clinical and service directors within In-Patient and Community Directorates are responsible for ensuring that all staff in their directorates are aware of new policies and know where to find them.
- 7.3 The Corporate Governance team will maintain an archive of previous versions of this policy, and make sure that the latest version is the one which is posted on the SHSC intranet.
- 7.4 Where paper policy files are maintained within teams or services it is the responsibility of the team manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Older versions should be destroyed to avoid confusion.

8. Training and Other Resource Implications

- 8.1 The policy will require raising awareness and knowledge for all staff who may care for young people aged 16 and 17.
- 8.2 Clinical supervision will be sought by the ward team from the referring or most appropriate team with regards to care and safeguarding issues. Supervision may take the form of telephone supervision; however, face to face supervision is the preferred method.
- 8.3 Safeguarding children training is provided for all staff by the SHSC Safeguarding Office.
- 8.4 New staff will be advised of this policy via local induction upon commencement of their employment.

9. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Number of 16 – 17 year old admission, as indicated by incident form	Data collection related to numbers	Mental Health Act Committee	Annual	Mental Health Act Committee	Mental Health Act Committee	Mental Health Act Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. This policy review date is September 2019.

10. Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Head of Communications	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Head of Communications	Within 5 working days of ratification	
A communication will be sent to Education, Training and Development to review training provision.	Policy Author	Within 5 working days of ratification	

11. Links to Other Policies, Standards and Legislation (associated documents)

- SHSC Safeguarding Children Policy
- SHSC – Children Visiting Trust Premises
- SHSC - Observation Policy
- SHSC - Care programme Approach Policy
- SHSC – Mental Health act 136 place of safety policy
- Mental Capacity Act 2005
- Mental Health Act (MHA) 1983 Code of Practice 2015
- What to do if you think a child is being abused (DOH, 2003)
- Pushed Into the Shadows: young Peoples experience of adult mental health facilities. Office of the Children’s Commissioner, 2007
- Safe and Appropriate Care for Young People on adult mental health wards. National Institute for Mental Health in England, Royal College of Psychiatrists and the College Centre for Quality Improvement, 2008.
- MHA Commission Tenth Biennial Report – Chapter 17
- SHSC Information Sharing Protocol
- MHA 1983 (as amended MHA 2007)
- South Yorkshire Child Protection Procedure (2007)
- Local Authorities Safeguarding Policies & Procedures “What to do if you’re worried a child is being abused”. Working together to safeguard children. DoH 2006.
- The Children Act 2004
- Care Quality Commission (Registration) Regulations 2009 SI 2009/3112

12. Contact Details

Title	Name	Phone	Email
Head of Mental Health Act Legislation	Anne Cook	01142718102	Anne.Cook@shsc.nhs.uk
Mental Health Act Manager	Cath Dixon	01142718102	Cath.Dixon@shsc.nhs.uk

13. References

Copied from previous policy - 2009

- The Human Rights Act 1998
- The Laming Inquiry 2003
- The Children Act 2004
- The Mental Health Act 1983 (as amended by the MHA 2007)
- The Mental Health Act 1983 Code of Practice 2015.
- National Service Framework for Mental Health 1999
- UN Convention on the Rights of the Child, 1989
- Developing services for carers & families of people with mental illness, DOH 2002
- Review of patient safety for children and young people, NPSA, 2009

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Ratification and issue	Dec 2009	Issue of version 1.
2.0	Review / ratification / issue	Feb 2017	Review undertaken to update the policy to in order to comply with new regulatory requirements.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
1.0	December 2009	December 2009	
2.0	January 2018	January 2018	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Anne Cook 14 Feb 2017

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

✓ Yes. No further action needed.

2. On completion of flow diagram – is further action needed?

✓ No, no further action needed.

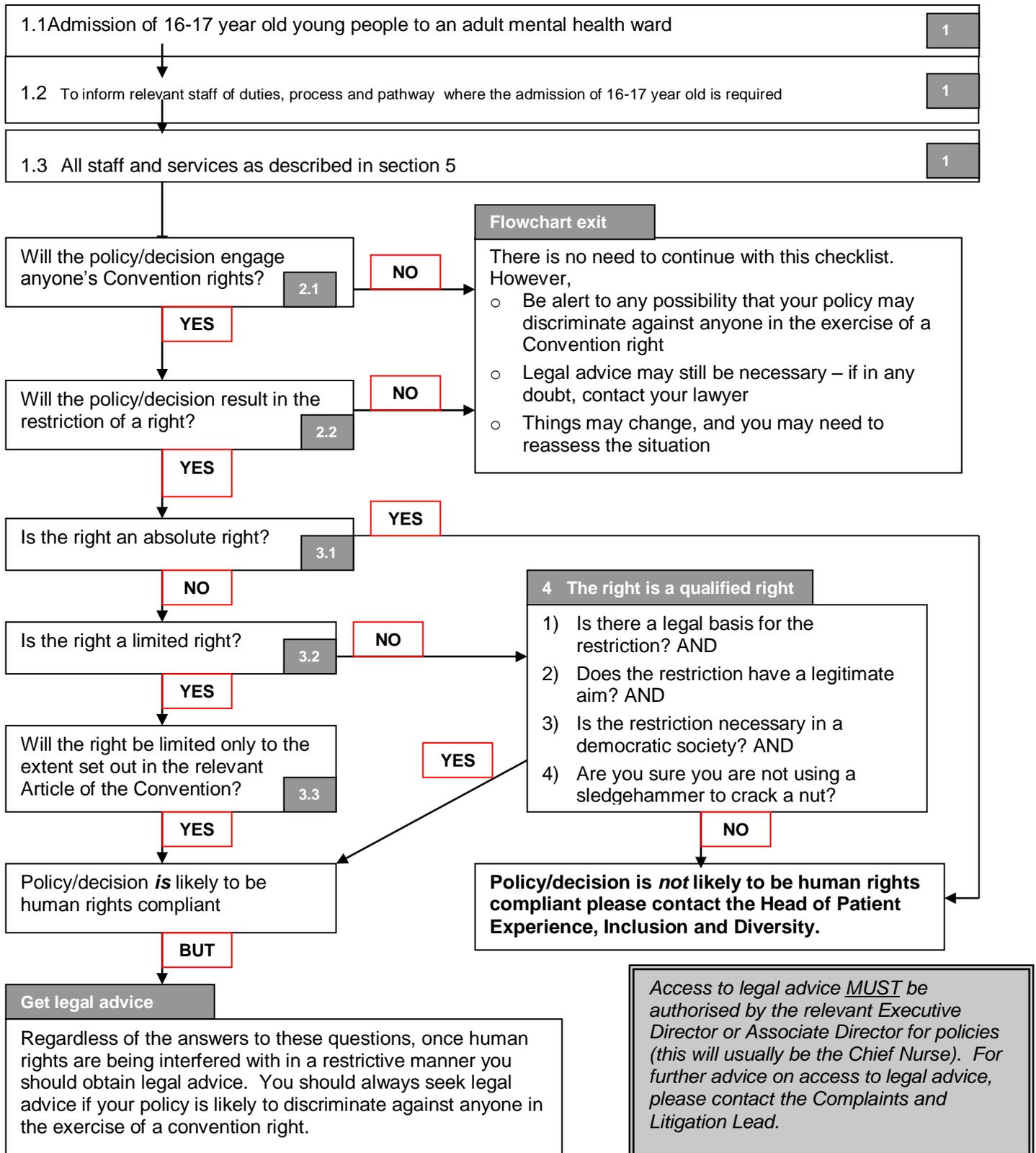
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

This is version 2.0 of the policy. It replaces the previous version (V1.0), issued in December 2009. This version was reviewed to update the policy to reflect changes in practice and in order to comply with the revised Mental Health Act Code of Practice (2015).

The Clinical Nurse Service Manager consulted with Ward Managers in September 2016.

Following this the final draft was discussed at the Inpatient Acute Senior Management team meeting on the 14th March 2017 and approval given for submission to policy governance group

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)

