SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

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PART I

FOR INFORMATION

SLOUGH MULTI AGENCY PROTOCOL FOR TRANSITION FROM CHILDHOOD TO ADULTHOOD

1. Purpose of Report

1.1 The purpose of the report is to advise the Slough Wellbeing Board of the arrangements that have been put in place to manage the transition of young people with ongoing or long-term health or social care needs into adult services.

2. Recommendation(s)/Proposed Action

2.1 The Board is requested to:

a) Note the contents of this report; and
b) Agree and endorse the implementation of the draft Transition Protocol at Appendix A.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five-Year Plan

The draft Protocol links to the priority 1 of the Slough Joint Wellbeing Strategy (SJWS): "*Protecting Vulnerable Children*" and outcome 1 of the council's Five Year Plan: "*Our children and young people will have the best start in life and opportunities to give them positive lives*".

4. Other Implications

(a) Financial – None
(b) Risk Management – None
(c) Human Rights Act and Other Legal Implications – The Care Act 2014 guidance states that: 'Effective person-centred transition planning is essential to help young people and their families prepare for adulthood.'
(d) Equalities Impact Assessment – Local authorities have a legal duty to challenge discrimination and prejudice, and to work with partners to improve equality of opportunity, particularly for those who are most disadvantaged. Understanding the needs and the differences in younger people as they transition to adulthood is vital to making the best decisions and best use of resources. The draft Protocol has been reviewed to ensure compliance with the Equality Act 2010 across each of the nine protected characteristics.
(e) Workforce – None.

5. Summary

The purpose of the Transitions Protocol

6.1 Supporting Information

6.1 The term ‘transition' is used to describe the process of moving from childhood into adulthood. Transition can be 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 health care systems*.” (Transition: getting it right for young people, DfES & DH, 2006[1])

6.2 The draft Transition Protocol at Appendix A is a formal document outlining the way in which the council’s Adult Social Services and Slough Children’s Services Trust (SCST) intend to act during the process of transition. It is designed to assist the decisions and actions necessary to ensure that the day to day procedure are carried out to achieve the desired outcomes for the young person. It is based on current local and national guidance and best practice and provides a framework context, to capture what should happen to achieve clearer and transparent systems and joined up working.

6.3 It sets out how we will work in partnership to ensure that those who require Adult Social Care for their care, health or education in adulthood are supported as they move from SCST to SBC services. The key aim of this Protocol is to ensure that these young people are identified early and provided with timely and appropriate information and advice, and to facilitate effective early commissioning of services which enables a smooth transition.

6.4 The Protocol will be reviewed annually (or sooner if new legislation, codes of practice or national standards are introduced) to ensure that the care provided to individuals achieves the desired outcomes. Strategic oversight of the Protocol will be undertaken by the Transitions Steering Group (chaired by the council); with operational discussions taken place within the Transitions Forum (chaired by the Trust). Throughout the year, the Steering Group will be responsible for the monitoring the effectiveness of the policy. This will help contribute to the process, efficiency and effectiveness of the annual review. Senior Managers involved from the Council and the Trust will be responsible for signposting reasons to bring the review date forward.

7. Comments of Other Committees/Partners

7.1 The Protocol has been commented on by partners and approved by the Corporate Management Team.

8. Conclusion

8.1 This Protocol sets out the commitment of all agencies: - Slough Borough Council, Slough Children’s Services (SCS) Trust, Health and partner agencies to young people whose significant needs suggest that they will require support services for their care, health or education in adulthood. The Protocol aims to facilitate partnership working between agencies to ensure the process of transition is seamless. It is important that the process is timely, meets the needs of the young person and their family and that the young person is central to the process and remains involved and informed throughout. The Protocol also seeks to ensure that all the agencies working with the young person are

clear about their role and responsibilities, adopt an effective person centred approach, sound professional judgement and a commitment to partnership working.

9. **Appendices**

A - Transition Protocol

10. **Background Papers**

None

Slough Multi Agency Protocol for Transition from Childhood to Adulthood

Multi-Agency Guidance

Working in Partnership to Improve Outcomes for Children and Families

September 2017

Review date: September 2018

Appendix A

Contents

1. Introduction

Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. (The Care Act 2014 Guidance, Paragraph 16.1)

This Protocol sets out the commitment of all agencies: - Slough Borough Council, Slough Children's Services (SCS) Trust, Health and partner agencies to young people whose significant needs suggest that they will require support services for their care, health or education in adulthood.

The Protocol aims to facilitate partnership working between agencies to ensure the process of transition is seamless. It is important that the process is timely, meets the needs of the young person and their family and that the young person is central to the process and remains involved and informed throughout. The Protocol also seeks to ensure that all the agencies working with the young person are clear about their role and responsibilities, adopt an effective person centred approach, sound professional judgement and a commitment to partnership working.

2. Scope of Protocol

This Protocol covers all young people who are eligible for a service from Slough Borough Council, the SCS Trust or the Slough Clinical Commissioning Group. This includes young people who are currently living in the Borough and those who have been placed in specialist education, care or health provision outside of the Borough. This Protocol will also cover some young people who are in receipt of specialist mental health provision and some young people detained within the criminal justice system.

This Protocol will cover young people who have significant:

- physical disabilities or sensory needs
- long term health needs
- learning disabilities with an IQ below 70,
- enduring mental health conditions.
- autism spectrum conditions

In addition, Slough Borough Council has a duty to assess:

A, Young carers turning 18 to ascertain their support needs

B, Adult carers of a young person turning 18 to ascertain if the carer has eligible need of support

3. Aims:

The Protocol aims to ensure:

- vulnerable young people who may be in need of care and support in adulthood are identified early and they know how they will be supported

- young people and their carers are given timely and appropriate information and advice about the transition, the associated review processes and opportunities that are available in the community

- young people and carers receive a timely transition assessment

- the most appropriate adult pathway is identified early, to facilitate a smooth transition with effective early commissioning of services

- the roles and responsibilities of all the services working with young people at the transition stage are clearly defined

- the transition process is successful, coordinated; it offers the young person and their carers choice and options; and takes account of their feedback

- there is joint working, good quality transition planning and positive person centred outcomes for the young person

4. Commencing the Process of Transition

Transition describes the time in a young person's life when they are leaving children's social care and health services and entering adult social care and health services. The Care Act identifies the transition period as being between 14 and 25 years old. However, in Slough the process will begin at 14 years when the young person is in year 9.
The annual review of the Education Health and Care Plan (EHC plan) in year 9 when the young person is 14 will be regarded as the Transition Review meeting.

Prior to this meeting and when the young person reaches 14, young people who are known to SCS Trust and who may require adult services will have an updated single assessment. This assessment will inform the young person's transition process and any future pathway plan.

It is important that the assessment and the EHC plan captures the young person's and their carer's views as well as any:

- Occupational Therapy (OT) provision
- CAMHS provision
- Current package of care /direct payments/ or residential care provision.
- Costs of the current care provision
- Continuing health care needs

Where it is appropriate, the SCS Trust social worker will ensure that Adult Social Care is invited to the Transition Review meeting for the young person. Prior to the Transition Review meeting the SCS Trust social worker will send an Adults Social Care referral for services for the young person, alongside a copy of the updated single assessment and the EHC plan.

5. The Transition Review

The EHC plan annual review is usually hosted and held in the school and it will be important to invite to the Transitions Review meeting (when the young person is 14) all the professionals that are currently involved with the young person, or may be involved in the future. This could include the:

- Social worker (SCS Trust)
- Social Worker Adult Social Care
- Consultant Social Worker (SCS Trust)
- Occupational Therapist
- Health professionals
- Continuing Health Care

- School/ Education provider
- CAMHS

The combined annual EHC plan and Transitions Review should ensure a Transitions plan is created that clearly identifies what services the young person is likely to need in adulthood, especially in relation to:

- care
- health (including any therapy the young person may require)
- education
- employment
- housing
- independent living
- community inclusion

The plan should also include:

- Specify who will be responsible for arranging and accessing the services on behalf of the young person if the young person is not able to do this themselves.
- Identify a named lead transition worker for every young person (this may be the SCS Trust social worker if one is allocated).
- Ensure there are robust processes in place to review the progress of the transitions plan. (Children in need and children looked after will have their transitions plans reviewed through their child in need and children looked after reviews, other children may require a professionals meeting to co-ordinate and review the progress of their transitions plan between annual EHC plan reviews.)

At this stage there is no expectation that an assessment is undertaken by Adult Social Care, but attendance at the Transitions Review meeting will act as an early alert to the requirement for future services.

The Adult Social Care social worker will facilitate the planning and commissioning of services for the young person into adulthood. This will require Adult Social Care commissioners to be informed of the young person's needs at an early stage and for early planning in relation to these needs.

The Adult Social Care social worker will attend subsequent annual EHC plan reviews for the young person (and any other planning meetings such as Looked After Children meetings and Child In Need meetings) especially if the young person has extensive care or health needs. In these meetings the Adult Social Care social worker will be expected to report on the transition plans for the young person and ensure the young person and their family/carers are engaged in the transition process. It is expected the Adult Social Care social worker will also undertake joint visits with the SCS Trust social worker until the young person transitions to services provided by Adult Social Care. For all other young people whose needs are not extensive, a named worker will be assigned from Adult Social Care to whom the family can refer until a service has been agreed.

Young people and their carers should be kept fully informed of the services that are being proposed for them in the future and where possible should be offered options, choices and an opportunity to explore any proposed provision.

The young person will be formally assessed by Adult Social Care when they become 17 years and 6 months old. This assessment will formalise the young person's eligibility for services in adulthood.

6. Referrals to Adult Social Care

Adult Social Care (ASC) will become involved with the young person when the referral is made, but a formal assessment is not likely to take place until the young person is 17 plus. When a referral is made to ASC the referral will be allocated to the appropriate team based on the primary need of the young person. This will be area-based Locality teams for young people with physical and sensory needs, the Learning Disability Team for young people with a significant learning disability and the Community Mental Health Team for young people who have enduring mental health needs. CAMHS (Children and Adolescent Mental Health Services) will be involved with young people who have a diagnosis of an enduring mental health need and the transition between the CAMHS to the Community Mental Health Team will be discussed at the joint Mental Health Panel and any care package approach needed in the future will be agreed.

7. Advocacy

Assessment for transition to Adult Social Care and support must involve the young person and anyone else they want to involve in the assessment. The Care Act places a duty on local authorities to provide an independent advocate to facilitate the involvement in assessments, and at any point throughout the transition process, where an individual would experience substantial difficulty in understanding the necessary information or in communicating their views.

8. Transition and Mental Capacity

Young people over 16 have the right to make decisions about their future provision. However, some young people and their parents may not have the mental capacity to make certain decisions.

It is essential that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made or action taken on their behalf is done in their best interests.

Assessments about mental capacity must be time and decision specific and may vary according to the nature of the decision. Someone who may lack capacity to make a decision in one area of their life may be able to do so in another.

Young People and their families must be given information by all agencies regarding how the mental capacity legislation affects them and the processes by which decisions are made (e.g. Best Interest Decisions, Lasting Power of Attorney, referral to the Court of Protection)

Professionals should be aware:

- A young person or their carer, or someone acting on their behalf, has the right to request a transition assessment.
- The young person or carer must agree to the assessment where they have mental capacity and are competent to agree.

- Where there is a lack of capacity the professionals must be satisfied that an assessment is in the young person's best interests.
- A young person has the right to refuse a transition assessment unless the local authority suspects a child is experiencing or at risk of abuse or neglect
- Professionals have a legal duty to provide independent advocacy where the person would experience substantial difficulty in being involved in the assessment process and there is no appropriate individual to facilitate their involvement.

9. Continuing Health Care

Continuing Health Care services are required when the child or young person has a need arising from a disability, accident or illness and their needs cannot be met by universal services from the GP or specialist health services.

The Continuing Health Care team will be invited to the Transitions Review meeting when the young person is 14 years of age. If it considered that the young person will require services in adulthood, at 16 the lead professional will be asked to complete the Continuing Health Care checklist and submit this.

The referrer will be informed if the young person is not eligible for a service. In the event that the young person is eligible for a service the: referrer, the young person's GP and other health professionals working with the young person will be informed of this by letter. The young person's case will be discussed at the Continuing Health Care Children's Panel when the young person becomes 16 years old. This Panel will agree the transition process on an individual needs led basis. They will also agree when the Service assessment will be completed and how Adult Continuing Health Care will be engaged.

The Continuing Health Care Children's Panel will ensure services are commissioned for the young person at the most appropriate time. The outcome of this assessment will be communicated to: the young person, professionals, parents and carers by the time the young person is 17 years old.

By the age of 18, services will be commissioned to meet the young person's needs and the lead transitions professional will hand over to the Continuing Health Care Nurse Assessor.

10. Looked After Children

SCS Trust will continue to have a responsibility to support children who have been looked after and who are eligible for services into adulthood, especially if the young person is in education or has a disability. However the Trust will not be responsible for the cost of care when young person reaches the age of 18.

Adult Social Care will nominate a named Social worker as a key contact for the transition process.
SCS Trust will facilitate the transition process for any young person who has been placed out the borough and who wishes to remain in their location in adulthood due to the networks and relationships they may have developed. It will be the responsibility of the young person's SCS social worker to facilitate the transitions process and ensure that all the processes are followed in accordance with the transitions protocol in the borough that the young person has been placed.

SCS Trust has a duty to consider the needs of young people placed in Slough by other local authorities as part of this Protocol. When a young person reaches 18 and has eligible needs for care and support under the Care Act 2014, Adult Social Care will assess their needs and ordinary residence to determine which local authority will be responsible for ensuring that their needs are met.

11. Continuity of Care

If adult care and health support is not in place on the young person's 18th birthday and the young person or their carer has been receiving services under children's legislation; Slough Borough Council or the SCS Trust must continue to provide services until such time that the transition assessment has been completed and a decision reached about eligible needs and how these will be met.

12. Transition Planner

The names of all young people who are considered eligible for services when they become 18 will be placed in a data base known as the Transition Planner. This Planner will be a comprehensive list of all young people that may require adult services – occupational health, social work, mental health, learning disability services; or continuing health care services.

The Transition Planner will be used by the multi-agency network to plan services and to review the progress of transition for the named young people.

13. Transitions Forum (Operational)

The Transitions Forum is the professional operational forum which will review the progress of transitions plans for young people on the Transitions Planner. The purpose of the Forum will be to ensure a smooth and effective transition process for young people who are transitioning to adult services.

The meeting will be held quarterly, attended by operational managers in the Children with Disabilities Hub, Looked After Children Hub, SEND service, Adult Social Care and Continuing Health Care service. Other services, such as the Occupational Health or Adult Mental Health service will be asked to attend for discussion on specific young people.

The Transitions Forum will be facilitated by the Children with Disabilities Hub, for whom the majority of the cases with a transitional plan to adult services will be located. Social workers from Adult Social Care and across the Trust will be invited to the Forum to discuss progress on their cases.

The Transitions Forum will consider the needs young people placed outside of Slough by the SCS Trust and also consider requests made to discuss young people who are placed in Slough by other local authorities.

14. Transitions Steering Group (Strategic)

The Transitions to Adulthood Steering Group is the strategic meeting which will oversee the transition processes. The Transitions Steering Group will be led by the Head of Service, Adults Social Care and will include other heads of service for Health and the SCS Trust. The meetings will be quarterly. The purpose of the Transitions Steering Group will be to provide a strategic overview of the transitions process to ensure:

- person-centred planning, that offers the young person and their parents choice and control and reflects their needs, hopes and aspirations
- effective, multi-agency partnership that reflects a shared vision, places young people at the centre and achieves improved life chances for the young person in transition
- early assessment, planning, commissioning, provision and review of transition services
- the identification of any gaps in service
- monitoring and innovatory use of the transition budget
- quality assurance of the outcomes for young people

APPENDICES

A. Legal and Policy Context

The Children and Families Act 2014 introduced the principle that support extends from birth, potentially up to age 25 through the process of integrated Education, Health and (social) Care plans (EHCPs).

The Care Act 2014 sets out all adult social care responsibilities for those aged 18 and over.

The emphasis in both Acts is on outcomes focussed, person-centred practice when considering assessment, planning and support as well as co-production and multi-agency approaches to planning and commissioning.

B. Eligibility Criteria for Services for Adult Social Care

Under section 13 of the Care Act 2014 the eligibility criteria for services from Adult Social Care are as follows:

- The adult's needs are caused by a physical or mental impairment or illness; and
- As a result if the adults needs they are unable to achieve two or more specified outcomes;

  - Managing and maintaining nutrition
  - Maintaining personal hygiene
  - Managing toilet needs
  - Being appropriately clothed
  - Being able to make use of the home safely
  - Maintaining a habitable home environment
  - Developing and maintaining family or other personal relationships
  - Accessing and engaging in work, training, and education or volunteering.
  - Making use of necessary facilities or services in the local community including public transport and recreational facilities or services.
  - Carrying out any caring responsibilities.

And;

- As a consequence there is or likely to be a significant (substantial/critical) impact on the person's well-being.

C. Charging for Adult Social Care Services

Under section 14 of the Care Act 2015 Adult Social Care support services are subject to means-testing and charging. This is known as the 'client contribution'. Further information will be published for consultation prior to the implementation of this review.

D. Personal Budgets

Under section 26 of The Care Act 2014 where a transition assessment undertaken by ASC identifies the young person has needs that are likely to be eligible for adult services; ASC will calculate an indicative personal budget of the proposed care and support costs. Young People must be advised that their personal budget will be finalised when their support plan is formally agreed.

Young people can choose to use their personal budget as:

- A direct payment
- A managed budget
- A combination of these two options

E. Meeting the Needs of a Carer

- Local authorities must assess the needs of an adult carer where there is likely need for support after the child turns 18
- Local authorities must assess the needs of young carers where there is a likely need after 18, and consider how to support young carers to prepare for adulthood and how to raise and fulfil their aspirations

F. Agency Roles and Responsibilities

Children with Disabilities and Look After Children and Leaving Care Hub

- Complete a written report in advance of the Transition Review Meeting (for young people in Years 9 and above who are known to the team) and distribute it to parents/carers, school and other relevant agencies, including the SEND Case Officer and Independent Reviewing Officer.

- Refer the young person to Adult Social Care Team when the young person is 14 years of age, using the agreed referral process

- Attend Transition Review Meetings of young people known to the team in Years 9 and above.

- Arrange Child in Need, Looked After Children reviews of the young person and at the appropriate time involve the adult social care professional.

- Provide information to the young person and their parents/carers on the eligibility criteria for accessing Adult Social Care.

- Ensure the young person and their carer has information about preparing for adult rights and responsibilities

- Signpost parents, carers and young people to information on transition, including the SCST, Local Offer at; www.servicesguide.slough.gov.uk and provide information on services and options available, including self directed support.

- Refer a young person with medical needs to the Continuing Health Care Panel in accordance with current procedures, when the young person reaches 16 years of age.

- Share information from ICS/files with Adult Social Care Services as part of the transition process and update with any significant changes up to the point of handover to Adult Social Care. according to information sharing and safeguarding procedures.

- Agree the date for transitions of the young person's case with the Adult Social Care social worker and jointly progress the young person's case.

- Share risk assessments with Adult Social Care and professionals that work with the young person according to information sharing and safeguarding procedures.

- The Group Manager for the Children with Disabilities Hub will chair the Transition Forum to enable early identification of young peoples' needs in a timely manner.

SEND Service

- Provide a complete list of young people with an EHC plan/statement aged 14 plus to the Transition Forum at the start of each academic year and ensure this is updated and accurate. This list will capture information related to young people with complex needs who remain in an educational provision and where an EHC plan is in place.

- Ensure that information held on all young people is timely and accurate, that their EHC plan is reflective of their needs and that this is recorded on the relevant Education Records System (currently Capita ONE-EMS).

- Send "trigger" letters to schools to action annual review meetings and pass on all relevant information about annual review dates to relevant managers within the service.

- Record whether a Transition Plan has been completed, with the date, and update for each subsequent Transition Plan Review. Record attendance of professionals, parents/carers and young people at the Transitions Review meetings.

- Ensure that all schools and colleges attended by a young person from Slough are aware of and follow the policies and procedures set out in this protocol.

- Provide regular updated guidance for schools on Transition Planning, including advising on young people's rights and opportunity as adults in the community.

- Request details from schools, of the current situation/plans, of all anticipated leavers who have an EHC plan and their intended destinations and ensure data is collated by the summer half term.

- Record intended destinations for all young people who have an EHC plan during Year 11 and confirm details after the young person has left school.

- Inform Adult Social Care and the SCS Trust of the destinations of all young people who have an EHC plan who meet the criteria and who have left school. Ensure Adult Social Care receive a copy of the EHC Plan.

- Support young people to the age of 25 and families to access funding for education and transport to access education

Adult Social Care Services

All care teams working with adults with learning disabilities, physical disabilities, sensory needs, mental health needs and autism spectrum conditions will:

- Progress referrals for children from the age of 14 using the agreed procedure.

- Undertake Transition Assessments jointly with the SCS Trust to give information and advice or determine young peoples' eligible needs under the Care Act 2014.

- Attend Transition Reviews from Year 9 onwards, as prioritised, for young people with profound and complex needs and from Year 11 onwards for young people who may be eligible for a service. Prioritisation will take place by the Transition Forum each term.

- Attend the Look After Children, Pathway Plan, Child in Need review or professionals meeting for young people who are likely to meet the eligibility criteria for Adult Social Care.

- Signpost parents, carers and young people to information on transition. Including the SCST Local Offer at; www.servicesguide.slough.gov.uk and provide information on services and options available, including self directed support.

- Work in partnership with the SCS Trust allocated worker to refer and present young people's needs including the Transitions assessment, to the Continuing Health Care Panel.

- Gather information about potential eligible need under the Care Act 2014 as necessary when the young person is in Year 9 (profound and complex needs) and Year 11 (other young people) as identified by the Transition Forum.

- Complete a joint home visit with the SCS Trust social worker when the young person is in Year 11 to provide information on eligibility for Adult Services, in conjunction with undertaking the Care Act Assessment.

- Work in partnership with all agencies to identify the most appropriate support interventions that meet needs, wishes and outcomes in the context of eligibility and available resources.

- Where a transition process has been followed, arrange the support plan to be in place from the young person's 18th birthday. Review provision six weeks after the young person's care transfer to Adult Social Care and arrange subsequent reviews.

- Exchange data with local colleges in order to secure a placement for the young person.

Schools

Schools in Slough- including Academies and out of authority schools which are commissioned for Slough children and young people, will:

- Arrange Transition Reviews for pupils who have an EHC plan in Year 9 and above in accordance with the Slough Annual Review Guidance and the SEN Code of Practice, ensuring dates are negotiated in advance with professionals whose attendance is essential (usually the children's' social worker, SEND representative and Adult Social Care representative) and that the young person, their parent/carers and other agencies are given a choice of dates..

- Conduct Transition Reviews in a person centred way to ensure meaningful involvement of the young person and their parent/carers.

- Produce a Transition Plan following the Transition Review meeting in Year 9, based on input and desired outcomes of the young person, their parent/carers and all other agencies involved.

- Provide an updated Transition Plan following Transition Reviews in Year 10 and 11 (and in subsequent years where the young person remains in school post 16). The person centred review will include services for a phased transfer process from school to the young person's next step and amend/convert the statement to EHC plan in include planning for adulthood.

- Distribute the Transition Plan to the young person and their parent/carers, the SCS Trust and ASC social worker and any other agency involved.

- Ensure actions within the Transition Plan which are the responsibility of the school are carried out.

- Arrange Year 11, 12, 13, and 14, Transition Reviews for the autumn term where possible. Ensure that the EHC plan supports young people leaving school to continue with their further education at college.

- Inform the SEND Service of all young people with SEND leaving at the end of the academic year, with details of intended destinations.

- Where the young person is moving on to college or another educational placement, pass on relevant information including the most recent Annual Review and Transition Plan and ensure appropriate transition arrangements are in place.

- Ensure that the young person and their family receive appropriate advice and information about the range of potential support that is available for young people when they become adults.

Colleges

Staff working in local colleges (and other colleges which are commissioned by SBC or the SCS Trust to provide education to Slough young people) will:

- Use data supplied by the Transition Forum and sub-regionally to predict demand for courses/provision that are being commissioned and plan accordingly, allowing time to ensure information can be disseminated to professionals working with young people. Courses should respond to demand and consider the whole range of a young person's needs with the Local Authority/Trust. This allows providers to start to plan their provision accordingly, responding to demand and developing curriculums, study programmes, staffing and support needs in advance.

- Provide an appropriate variety of courses to meet a wide range of needs for local young people with LDD and/or complex health needs and keep this provision under constant review with the Local Authority/SCSTrust.

- Ensure that information is made available to schools, School Services and Special Educational Needs and Disability Service, the SCS Trust and any other relevant Local Authority staff on courses which are available. These will be accessible on the Slough Local Offer website. Visits and taster days are available which enable young people with SEND to familiarise themselves with the college environment and gain some experience of college life and study.

- Attend school open evenings to ensure that information is disseminated as widely as possible.

- Work with schools, the Local Authority and the SCS Trust to ensure appropriate arrangements are in place for the successful transition of young people from school to college placements.

- Arrange support for students that require it, including 1:1 and transport liaising with SEND, Leaving Care teams and Education, which will always be discussed and decided in specific panels.

- Arrange Year Annual Reviews for the autumn term to plan ongoing support and transition from college to the young person's next steps.

Slough Clinical Commissioning Group

- Clinical Commissioning Groups (CCG's) should refer to the National Framework for NHS Continuing Healthcare (CHC) to determine what ongoing care services people aged 18 or over should receive. CCG's should ensure that the adult NHS Continuing Healthcare Team is appropriately represented at all transition planning meetings regarding young people whose needs suggest that there may be potential eligibility.

- Where a young person has been receiving Children's Continuing Health Care from a relevant CCG, it is likely that they will continue to be eligible for a package of adult NHS Continuing Health Care when they reach the age of 18.

- The CCG should continue to participate in the transition process, in order to ensure transfer of responsibilities, including consideration of whether there should be commissioning, funding or provision of services towards a joint package of care.

Berkshire Healthcare Foundation Trust

- CAMHS provides a service to meet the needs of children and young people up to their 18th birthday. This includes providing an interface with other services commissioned to ensure the young person has well integrated care.

- Where a young person is approaching their 18th birthday and it has been identified that they need ongoing mental health support, a transfer of care to adult mental health services needs to take place.

- It is paramount for the health and well-being of the young person that this transfer process is undertaken as seamlessly as possible and with as little disruption as possible in their treatment pathway.

- CAMHS will ensure that any young person with enduring mental health needs will be discussed at the Adult Social Care and CAMHS joint panel and a care programme approach developed to meet the young person's needs.

Housing

- Housing will support young people putting themselves on the housing register at 16.

- Housing providers will also ensure that young people with SEND who may need support with housing and their parents or carers are provided with good quality information and advice so they can understand what support is available and what they need to do to access services to meet their needs.

Voluntary Agencies

- Voluntary agencies have an important role to play in supporting the transition process for young people with SEND. Special Voices a local parent/carer forum works closely to support young people and parents/carers with the transition process and can provide advice, guidance. For further information visit Slough's Local Offer at: www.servicesguide.slough.gov.uk

- If young people want/need and advocacy service they can access the National Advocacy for Children and Young People Service at; https://www.nyas.net/children-vulnerable-adults-services/advocacy-for-children-young-people

- Young people over the age of 18 can access advocacy from Slough Advocacy via: http://www.slough.gov.uk/health-and-social-care/advocacy.aspx