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**Ref 2383 Version 3**

**Review Date: March 2022**



**Joint Protocol for Transition:**

**Preparing Young People for Adulthood**

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Partners in Care

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Document Information

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Amendment History

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| 1 | Ratified | 16th March 2016 | New | Care and Clinical Policies Group  Director of Nursing, Professional Practice and People’s Experience  Interim Medical Director  Interim Director of Nursing and Professional Practice in the Community |
| 2 | Ratified | XX April 2019 | Revised  (Uploaded to ICON) | Care and Clinical Policies Group  Chief Nurse  Medical Director |

1. [Purpose](#_Purpose_and_scope)
2. [Introduction](#_Introduction:)
3. [Joint agency 14+ Information gathering sessions](#_Joint_agency_14)
4. [The Team](#_Adult_Transition_Team)s
5. [Care Act Eligibility](#_Care_Act_Eligibility)
6. [Adult social care referral process](#_Adult_social_care)
7. [Carers and young carers](#_Carers_and_Young)
8. [SEND local offer for young people on a Special Education Healthcare Plan](#_Special_Education_Needs)
9. [SEND reviews](#_SEND_reviews)
10. [Mental Capacity and Deprivation of Liberty](#_Mental_Capacity_and)
11. [Continuing Health Care](#_Continuing_Health_Care)
12. [Safeguarding adults](#_Safeguarding_adults)
13. [Intensive Assessment and Treatment Team](#_Intensive_Assessment_and)
14. [Adults community mental health team](#_Adults_Community_Mental)
15. [Primary Care Liaison nurses](#_Primary_care_liaison)
16. [Care](#_Care_leavers_(Integrated) Experienced Adults
17. [Housing Options](#_Housing_Options)
18. [Benefits](#_Benefits)
19. [Transport](#_Transport)

## Purpose and scope of the protocol

The purpose of this protocol is to describes how children’s services (Torbay Council) and adult services (Torbay and South Devon NHS Foundation Trust) will work together to ensure that the young person and their family (or carer’s) have a positive experience through the transitions process. The protocol will also seek to describe how other key agencies such as housing; will help young people in their preparation for adulthood.

This protocol is part of a set of documents that will inform and guide young people between the ages of 14 and 25 years of age who come under the responsibility of Torbay local authority.

## Introduction

This document will be primarily for professionals across adult and children’s services that have a responsibility within the transitions process, to ensure that young people and their families have a good experience and receive the appropriate support on their journey to adulthood.

The purpose of this document is to facilitate good joined up working across children and adult services including shared principles and understanding of roles and responsibilities.

Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services [Transition: getting it right for young people](http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4132145) (Department of Health and Department for Education and Skills)

The aim is for children and adult services to work together to enable young people prepare for adulthood and enable them to meet their outcomes into adulthood



(Croyden, nd)

**The Vision:**

Torbay and South Devon Foundation NHS Trusts vision for all local people is of

**“… a community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes. When we need care we have choice about how our needs are met; only having to tell our story once”**

Torbay Council outlines their vision in the ‘Torbay Children and Young People’s Plan 2014 – 19’ as:

“**To give all children and young people the best start in life so they are safe, happy and healthy to reach their full potential”**

This protocol demonstrates how together the visions of our two organisations will reinforce our commitment to work in partnership with other agencies to support young people and their families in the transition from childhood to adulthood ensuring that the needs of the young person remain central to all that we do.

**What do we mean by preparing for adulthood?**

This protocol is based on what young people, their parents and carers say is important in terms of their preparation for adulthood:

1.1. Independence and somewhere to live;

1.2. Work and doing things that are interesting and satisfying;

1.3. Good health and well-being;

1.4. Having friends and being part of a community.

Children’s Services and adults services are committed to learning from feedback from young people, their parents and their carers about what makes a transition to adulthood successful and to continue to improve this process to ensure the best outcomes for all the young people we work with.

Preparing for adulthood is an experience common to all young people and can apply at different ages dependent on individual need and ability; often, the transition to adulthood can be a daunting change and, for some young people, sensitive thought and consideration may be required to ensure this is managed appropriately, with the young person’s assessed needs at the centre of this planning. Legislation, in particular the Children and Families Act 2014, requires the Local Authority to officially and formally consider this specifically between the ages of 14 and 25 years. In Torbay, when young people move from childhood to adulthood, this is has been known as a ‘Transition’.

However, preparation for adulthood and ultimately for independence is not a standalone event, and this preparation should begin at an early age. Parents, carers and professionals have a responsibility to prepare a young person for this transition from an early age, to ensure that they are equipped with the skills and knowledge they need to begin to take ownership of their lives, develop their self-care skills and begin to understand themselves and what they want from their life.

For some of the young people we work with, and their parents, carers and families, the very thought of this transition can be really worrying. It is often a time of significant change as young people adapt to a new way of accessing support and services and adjust to making more decisions for themselves. Therefore, it is even more important that Children’s Services and adults service work with young people, families, carers and multi-agency groups to prepare young people for this appropriately.

Whilst this transition period applies to all young people, this guidance specifically relates to those that have or have the appearance of need and where service provision already exists.

Our aims are:

* To ensure that everyone involved in a young person’s preparation for and transition to adulthood have the information they need to assist in making the right decisions at the right time.
* To engage in person-centred and restorative planning for all young people with special educational needs and disabilities, to ensure that these young people have a positive experience of transition to adulthood.
* To support all young people, we work with to prepare for independence through ongoing planning.
* To consider the views of young people, parents and carers in reviewing the transition process and ensuring that the transition process is an effective and positive experience.
* To empower young people to develop their own independence and to ensure that they have hopes and aspirations for their future.
* To work jointly with partners from education, health and social care to produce good quality transition plans for young people.
* To ensure that young people with additional needs are supported to have the same opportunities as their peers to achieve good health, a sense of wellbeing, employment, education, independent living, community identity and interaction, and a sense of security and purpose.
* To ensure that young people, their parents or their carers have the information they need to make good choices.
* To ensure that young people, their parents or their carers know who to reach out to for support.

**What does ‘good’ preparation for adulthood look like?**

Planning for transition should:

* Evidence consistent and effective joint working between Children’s Services and adults services.
* Be a process during which children and young people have received relevant support and guidance at a minimum from the age of fourteen.
* Include planning for independence which is clearly considered within care planning for young people throughout their intervention with Children’s Services.
* Identify and assess current but also potential future adult need as early as possible.
* Ensure that young people, their parents and their carers are not left without support as the young person approaches their eighteenth birthday.
* Ensure that young people, their parents and their carers have access to appropriate and relevant information, support and guidance.
* Consider any learning needs or issues relating to capacity in respect of the young person, their parents or carers.
* Remain focused on safeguarding as a paramount consideration.
* Include pre-transition activity where possible.
* To take into account a systemic consideration of the needs not only of the young person, but also of their parents or carers.
* Promote independence.
* Be a process in which young people and their families or carers feel listened to and respected.
* Reflect the learning from feedback of young people, their parents and carers.

## Joint agency 14 + Information gathering sessions

* These sessions are held twice yearly every November and May
* If the young person is known to children’s health and social care teams’ when they turn 14, low level information will be passed to Adult Services with the consent of the young person’s representative. By having an early indication of what the young person’s care and support needs are likely to be adult services will begin to consider what preparations need to be made to facilitate a smooth transition for the young person.
* This is attended by children’s specialist teams (including health, social care, education and finance) and adult specialist teams (including health, social care, finance and IATT (the Intensive Treatment and Assessment Team) and the community mental health team.

## The Teams

## Children with Disabilities Team (Children’s Services)

The Children with Disabilities Team work with children of all ages who are eligible for support as a result of their disability and the impact this has on their lives; this includes planning at Child in Need, Child Protection and Cared for Child levels.

The team consists of a Team Manager, an Advanced Social Worker, a team of social workers and two Community Care Workers.

## Cared for Children Teams (Children’s Services)

The Cared for Children Team work with all of those children and young people who are cared for by Torbay Local Authority, in a wide variety of placements and settings.

We have two Cared for Children teams; each team consists of a Team Manager, a team of social workers, and a Community Care Worker.We also have an Advanced Social Worker who supports both teams.

## Leaving Care Team (Children’s Services)

The Leaving Care Team work with young people from the age of sixteen who are cared for and those above the age of eighteen who have previously been cared for and who are not considered care experienced adults.

The team consists of a Team Manager, an Assistant Team Manager, and a team of Personal Advisors.

## Transition Team (Adult services)

The Transition team work with young people transitioning into adult social care who have eligible care and support needs under the Care Act (2014).

The team consists of a Team Manager, social workers, a community care worker and a health and social care co-ordinator

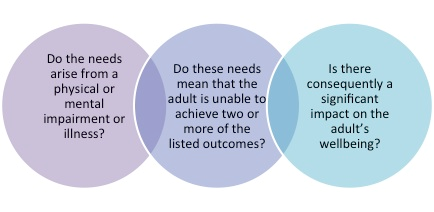
* To work with our young people to produce person centred support plans, with an emphasis on the individual being in control and facilitating the seven outcomes:

1. Improved health and emotional well-being,
2. Improved quality of life,
3. Making a positive contribution,
4. Choice and control,
5. Freedom from discrimination,
6. Economic well-being and
7. Personal dignity.

## Care Act Eligibility

Eligibility outcomes for adults with care and support needs under the Care Act 2014 [(Appendix 3)](#_Appendix_3-_Care)

* The eligibility decision-making process for adults with care and support needs involves the consideration of the following three criteria:

SCEI (nd)

## Adult social care referral process

* A Referral [(see appendix 1)](#_Appendix_1-_Adult) can be made to Torbay Adult Health & Social Care Team’s from 16 years of age onwards. Referrals should be made via the transition email address [tsdft.transition@nhs.net](mailto:tsdft.transition@nhs.net) [appendix 2).](#_Appendix_2-) The referral will then be triaged.  An Action Plan will be agreed depending on the complexity of the Young Persons Needs and the length of the Transition Planning that will be required. The referrer, Young person and Family will be advised of outcome of the ‘triage’ and the Action Plan.
* The Transitions Worker will attend the annual school/college/safeguarding review wherever possible and if the young person has complex needs adult services will look at allocating an adult worker from the age of 17 years old.

## Carers and Young Carers

* From 1 April 2015 the Care Act 2014 and the Children and Families Act 2014 strengthened the rights and recognition of unpaid Carers in relation to social care assessments and support. These include Carers of adults, Parent Carers and adult Carers of disabled children, and young Carers.
* Carers have a legal right to an assessment if they are caring for an Adult or if they are a Parent Carer caring for a child who is receiving services from the Children’s Social Care Team, and where eligibility criteria is met they are entitled to support in their own right as a Carer. The Carer may be the young person themselves or one of their family members or support network, or there may be a number of people who are unpaid carers within one situation. Please see [appendix 4](#_Appendix_4-_carers) for eligibility and carers assessment process for carers.
* The Carers Assessment process should be discussed with the Carer(s), and, wherever possible assessments of people within the same family should be linked so that they are complementary. (This is called ‘whole family working’.)
* There is lots of advice, information and support available for unpaid Carers in Torbay ([www.torbayandsouthdevon.nhs.uk/services/carers-service/](http://www.torbayandsouthdevon.nhs.uk/services/carers-service/)) – including Signposts for Carers Advice line 01803 666620 [signposts@nhs.net](mailto:signposts@nhs.net); Carers Register (including Carer’s Emergency Card), Carers Newsletter, Carers Education Courses, Carers Groups and Activities, support from Carer Support Workers, Carers Aid Torbay). Carers of a child in transition (16-18) may also be able to access the Carers Emotional Support Scheme, subject to eligibility.
* When working with young people, if a young Carer (under 18) is identified, we will refer them to Young Carers Services (Youth Trust Tel: [01803 895299](tel:01803895299) Email: [info@​torbayyouthtrust.org.uk](mailto:info@​torbayyouthtrust.org.uk)) or Young Adult Carers Services (16-25) (Tel: 01803 208455 Email: [torbayyac@nhs.net](https://torbayyac.co.uk/?page_id=162) Website:  [(torbayyac.co.uk)](https://torbayyac.co.uk/) ). If the young person is 16 years or over we would need to seek the consent of the young person before referring them to the Young Carers Service or Young Adult Carers (16-25) Service, but they can also self-refer if they wish to.

**Transition for Young Carers (16 – 18) into Young Adult Carers Services (16 – 25)**

* Young Carers can stay within Young Carers Services until they are 18 if they wish to.
* However, if they wish to move into Young Adult Carers Services they can do this from the age of 16.
* Referrals for young people are received from 16 years old – these can be self-referrals or referrals from other agencies (eg. South Devon College, Young Carers Services, GP Carer Support Worker etc), with the permission of the young person.
* Young Adult Carers Services works closely with Young Carers Service and with the Carers Lead at South Devon College to ensure that young carers in transition are aware of the support available to them through the Young Adult Carers service.
* For example, we work closely with Young Carers Service workers within schools around year 11 young carers, to ensure that these young people have information about the Young Adult Carers Services. The YAC workers attend the YC school Drop-ins to introduce themselves and the service, and there are joint transition events between the services.
* Once the Young person reaches 16 and where they have indicated that they wish to transfer into the Young Adult Carers Service at that point, a YAC worker is allocated who will support the Young Person as a young adult carer going forwards.
* The allocated Young Adult Carer worker will complete a Care Act assessment working with that young person to identify the outcomes they wish to achieve.

[Torbay Young Adult Carers (torbayyac.co.uk)](http://torbayyac.co.uk/)

**Phone**

01803 208455

**Email**

[torbayyac@nhs.net](mailto:torbayyac@nhs.net)

**Address**

Room 17, Paignton Library, Great Western Road, Paignton, TQ4 5AG

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## Special Education Needs and Disability (SEND) local offer for young people on an Education, Health and care Plan (EHCP)

Please see the Torbay Council website for full details of the local offer.

The link for the pathway for preparing for adulthood for young people on a SEN is <https://www.torbay.gov.uk/schools-and-learning/send/local-offer/>

## SEND reviews

* The transition CCW, HSCC, social worker or zone CCW/Social worker will attend:
* **All year 14 reviews,** young people moving on from specialist education provisions. This would capture all those requiring social care support or moving into further education. It would also ensure that adult social care is aware of those with a wish to move into employment to ensure they are offered the appropriate support in the final year of their education.
* **Post year 14 reviews,** for young people who may have moved to a further education provision for example South Devon College/ ROC education. Funding for these courses are agreed one year at a time so future planning takes place at each review.
* **Young people who are ‘looked after children’ with accommodation linked to their education provision from Year 12.**  This will enable adult services to establish plans around education early and if a continuation of residential provision is achievable or if alternatives need to be explored to minimise disruption to their education.For example provisions such as: Oakwood Court College and Orchard Manor School.
* **Any other reviews identified by the education provision, SEND team or children’s worker that have a level of complexity that would warrant earlier attendance.**  This could be a young person expressing an interest in leaving education/not engaging in education. Complex risks that mean an education provision may come to an end early.

## Mental Capacity and Deprivation of Liberty

* The Mental Capacity Act 2005 comes into effect when an individual reaches 16 years of age
* A Deprivation of Liberty (DoLs) occurs where an individual lacks capacity to consent to care arrangements to receive care and their care has the effect of continuous supervision/control and they are not free to leave. Whereby someone who is aged 16 or over who lacks capacity to consent to his/her care arrangements and his/her care package amounts to a deprivation of liberty then authorisation is needed from the Court of Protection (this cannot be authorised by a parent or the Local Authority). This is the effect of Re AB (A Child: deprivation of liberty [2015] EWHC 3125 (Fam)). Court authorisation will always be required. An application would be made in the COP if the child was 16. If under 16 then an application would lie to the High Court under the inherent jurisdiction under the Children Act 1989.
* Once 18 years old if the adult is living in supported living, the community or a shared lives placement and lacks capacity to consent to care arrangements to receive care and their care has the effect of continuous supervision/control and they are not free to leave then the DoLs criteria has been met and an application should be made to the Dols team for a community DoLs assessment. The social worker should seek legal advice as an application to the Court of Protection may be required.
* Once 18 years old if the adult are in hospital or a 24 hour care home and lacks capacity to consent to care arrangements to receive care and their care has the effect of continuous supervision/control and they are not free to leave then the DoLs criteria has been met. The care home or hospital need to make an application to the DoLs team where the person is an ordinary resident.
* The Code of Practice specifies a DoLs application can be made 28 days prior to the individuals turning 18 years old. All DoLs enquiries to go via [dolstorbay@nhs.net](mailto:dolstorbay@nhs.net)
* An animated guide to the Mental Capacity Act was produced for the Dorset County Council Mental Capacity Act team. The guide explains the key principles in an easy to understand form. <https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/video-mental-capacity-act.htm>

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## Continuing Health Care

* Children’s services should identify those young people for whom it is likely that adult NHS Continuing Healthcare (CHC) will be necessary, and should notify whichever Clinical Commissioning Group will have responsibility for them as adults. This should occur when a young person reaches the age of 14. This will happen via the 14+ information gathering sessions and the Transition HSCC will notify the adults CHC/CCG team.
* This should be followed up by a formal referral for screening to the adult NHS CHC team at the relevant CCG, when the child or young person is 16.
* As soon as practicable after the young person’s 17th birthday, eligibility for adult NHS CHC should be determined in principle by the relevant CCG, so that, wherever applicable, effective packages of care can be commissioned in time for the individual’s 18th birthday. In order to do this staff from adult services (who are familiar with the adult NHS CHC National Framework) will need to be involved in both the assessment and care planning to ensure smooth transition to adult services. If needs are likely to change, it may be appropriate to make a provisional decision, and then to recheck it by repeating the process as adulthood approaches.
* Entitlement to adult NHS Continuing Healthcare should initially be established using the decision-making process set out in this adult National Framework, including the Checklist and the Decision Support Tool. The decision on eligibility should be made using the relevant CCG’s usual adult NHS CHC decision-making processes (although the usual 28 calendar day timescale between Checklist and decision does not apply for young people in transition). The health plans and other assessments and plans developed as part of the transition process will provide key evidence to be considered in the decision-making process. Any entitlement that is identified by means of these processes before a young person reaches adulthood will come into effect on their 18th birthday, subject to any change in their needs. The first review for NHS Continuing Healthcare would then normally take place three months after the person's 18th birthday and thereafter at least annually.
* If an individual does not meet CHC criteria but does have an identified complex health need a joint funding tool would then need to be completed as funding maybe available to meet that specific health need, this would be considered by the nurse assessor.
* National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised) Published March 2018- <https://www.events.england.nhs.uk/upload/entity/30215/national-framework-for-chc-and-fnc-october-2018-revised.pdf>

## Safeguarding adults

* This protocol sets out the arrangements for young people aged 17 ½ and above, whose circumstances may mean that safeguarding adults procedures would apply when they are 18. This includes young people who would meet the definition of an adult at risk when they turn 18:
* Have needs for care and support (whether or not those needs are being met); and
* are experiencing, or are at risk of, abuse or neglect; and
* as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

(Care Act, 2014)

* The Care and Support Statutory Guidance (2014) states that people “should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered”. Abuse could be physical, financial, emotional, sexual or neglect. It also includes domestic abuse, organisational abuse, modern slavery, discriminatory and self-neglect.
* At 17 ½ years old children services with consent will notify the transition HSCC ([tsdft.transtition@nhs.net](mailto:tsdft.transtition@nhs.net)) if they believe a young person will require a safeguarding referral when they turn 18 years old or are at high risk of exploitation.
* Where possible a transition worker will attend any child protection meetings and if appropriate discuss with the SPOC (adult safeguarding team) whether a referral is appropriate
* Any safeguarding adult enquiries to be sent to [safeguarding.alertstct@nhs.net](mailto:safeguarding.alertstct@nhs.net) (appendix 5)

## Intensive Assessment and Treatment Team (IATT)

* IATT teams are part of the Devon Partnership Trust with the purpose of providing intensive assessment and treatment to adults with a learning disability and complex needs. The key function of IATT is to support people with a learning disability and their families, service providers and other professionals in their delivery of health related interventions for people with a learning disability who are experiencing or causing in others high levels of distress.

IATT services are available to adults over the age of 18 and:

* Whose needs are not able to be met in Primary or Secondary Health and Social Care Services, (despite reasonable adjustment) due to the complexity of presentation or severity of learning disability;
* Who have a learning disability as described by the World Health Organisation, International Classification of Mental and Behavioural Disorder Diagnostic Guideline;
* Whose usual place of residence is Torbay;
* Whose “behaviours of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities” (Emerson, 1987). This includes adults with a learning disability who may present challenges to services in what appears to be a passive presentation of behaviours but their multifaceted complexity needs require specialist interventions to help maintain stability.’ (Operational Policy: I.A.T.T. Intensive Assessment and Treatment Teams, 2015.)’
* If a young person meets this criteria but is under the age of 18 IATT would accept a referral from the age of 17 ½ years old to enable them to start working with the young person, their family and professionals involved in the planning of the young person’s transition into adult services. IATT attend the 14+ information gathering sessions so would be aware of the individual prior to referral.
* If a young person meets this criteria but is under the age of 18 but over the age of 16 IATT professionals can provide consultation with regards to their transition to adulthood.

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## Adults Community Mental Health Team

* The community mental health team for adults provide specialist assessment and treatment to people aged 18 years and older who are experiencing difficulties with their mental health and wellbeing.
* The team is made up of a number of professionals, including doctors, nurses, social workers, occupational therapists, psychologists and support workers.
* The teams aim is to work with young people to support their recovery to enable them to return to manageable levels of activity and independence.
* The adult community mental health team will attend the 14 + information gathering sessions twice yearly
* For a young person to be eligible for the community mental health social care input their primary need must be a diagnosed or working diagnosis of a recognised mental health condition and there must not be a dual diagnosis such as learning disability
* Where it is agreed that a young person requires social or health care input from the community mental health team at 18 years old where possible the community mental health team, will attend meetings regarding that young person from the age of 17 ½ years old.

## 

## Primary care liaison nurses - learning disability

**The role of the primary care liaison nurse is:**

* To support people to access mainstream care
* To support mainstream services to implement reasonable adjustments
* To help people understand their treatment regime
* To provide desensitisation work where necessary
* To produce easy read information where necessary
* To support people to have an annual health check, Health action plan, and hospital passport
* To support people to take part in the relevant screening programs
* To support other professionals with capacity assessments and best interest process, and to contribute to other assessments like CHC
* To provide training for Primary care services on Learning Disability awareness
* To liaise with primary care to keep a list of people with learning disabilities, so we are aware who needs support
* To attend relevent groups, such as Health sub groups

The primary care liaison nurse will attend the 14 + information gathering sessions. Any referrals will be discussed with the adult zone primary care liaison nurse and should it be agreed a young person meets criteria the transition HSCC or children’s social worker will make a referral to IATT via [dpn-tr.HealthReferral@nhs.net](mailto:dpn-tr.HealthReferral@nhs.net).

## Care experienced adults

* The Leaving Care team will always have the highest aspirations for young people. In order to support the achievements and challenges young people may face, we will ensure that all the young people in our care receive the best services and support possible. This will help young people to grow and develop to reach their goals and aspirations as they enter adulthood.
* The team also work closely with Careers South West, Checkpoint, Mental Health Teams (Adult and Child), Housing, Police, Probation, and the Voluntary Sector.
* We work with the following:
  + Cared for Children and [Care](https://www.torbay.gov.uk/children-and-families/services-and-support/iyss/care-leavers/) Experienced adults from 15 to 21 years or up to 25 years if in full time education to prepare for independence.
  + Young people involved with youth justice services including both pre-court and court interventions to reduce crime in the community.
* This service will:
  + Allocate a Social Worker or a Personal Advisor to all Care Experienced Adults. They will keep that worker throughout their time with the Leaving Care team.
  + Help young people to plan their future - whether that is staying in education, getting training or a getting a job.
  + Will talk with young people about the different types of housing options available and will support them to find somewhere suitable to live
  + Ensure young people receive help so that they can learn how to live on their own.
  + We can also talk to care experienced adults about finances and anything else that will make it easier for them to become independent and the support they need from a variety of services and resources to meet their individual needs.

Torbay council after care provision-

<http://www.torbay.gov.uk/children-and-families/services-and-support/iyss/care-leavers/>

## Housing Options

* Housing Options work with young people aged 18 and over to provide free information and advice on preventing and relieving homelessness, the rights of homeless people or those threatened with homelessness, as well as the help that is available and how to access that help.
* Where an eligible person is homeless, or at risk of becoming homeless, Housing Options carry out an assessment. As part of this they will look at the particular circumstances and needs of the person including the reasons for their homelessness or threatened homelessness and the support they need to be able to have and retain suitable accommodation.
* For young people aged 16 and 17 years old, Youth Homelessness Prevention Workers based in the IYSS (above) will undertake the homelessness assessment and work with the young person to prevent them from becoming homeless, and mediating a return home where appropriate and safe to do so.
* Housing Options staff and the Youth Homelessness Prevention Workers will set out the steps that need to be taken to prevent or alleviate homelessness in an individual Personalised Housing Plan. This may include information about the availability and cost of different accommodation options.
* If homelessness cannot be prevented or alleviated then temporary accommodation may be provided for a period of time. Housing Options staff and the Youth Homelessness Prevention Workers also work in partnership with a number of supported housing providers to access accommodation with support for those who need some help to prepare to live independently and learn how to manage a tenancy.

## Benefits

* Young people, who are 16 years of age or over, should be able to access benefits and allowances, dependant on circumstance, directly from The Department for Work and Pensions. These are primarily Employment and Support Allowance (ESA) Disability Living Allowance (DLA) or Personal Independence Payment (PIP).
* Some young people will remain in approved full time education or training and financial responsibility will be held by the parent/guardian by way of Child Benefit and Child tax credit. Therefore only the Disability Benefits can be claimed by the young person (DLA/PIP). Details on these allowance and benefits can be accessed via the following links:

<https://www.gov.uk/employment-support-allowance>

<https://www.gov.uk/dla-disability-living-allowance-benefit>

<https://www.gov.uk/pip>

* In adult services once 18 years old care and support charges are not free and a financial assessment is undertaken to see, how much, if anything the young person is able to pay depending on financial circumstances.

## Transport

* Children and young adults may be entitled to assistances with travel costs associated with school travel. The eligibility criteria and details on how to apply can be found on the Torbay Council website.
* Awards for transport on the grounds of SEN or disability will be reviewed annually. A student’s entitlement will be reassessed according to their individual needs, their/the family’s current circumstances, council policy and legislation. The provision of transport assistance in one year does not guarantee provision the following year
* Once the young persons’ care and support has transferred to adult services the issue of assistance with the cost of transport changes; ‘transport is not a service in its own right but rather a means of accessing support and/or services’. Adult social care will follow a strengths-based approach promoting the persons independence by encouraging them to meet their own transport needs when accessing services and support or engaging in social activities. This could be through the use of public transport, completing travel training or funding the cost of their own transport through the mobility component of Disability Living Allowance (DLA/PIP) should they be deemed eligible by the Department of Works and Pensions (DWP).

Requested link to the transport policy

**Appendices:**

## Appendix 1- Adult social care referral

|  |  |
| --- | --- |
| **REFERRAL FOR YOUNG PERSON TRANSITIONING INTO ADULT SERVICES** | |
| **Name** | **Date of Birth:** |
| **NHS No:** | **Gender:** |
| **Contact Details:**  **Address:**  **Telephone No:**  **Key contact name & details:** | **GP Name:**  **GP Surgery Address:**  **Telephone No:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referred By:** |  | | **Date:** | |  |
| **Profession/ Relationship:** |  | | **Agency/ Team:** | |  |
| **Address:** |  | | **Telephone No:** | |  |
| **Consent to share Information?** *If the young person does not have the capacity to consent please complete a mental capacity assessment and best interest decision* | | **Yes** | | **No** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Professionals Involved:** | | | | |
| **Name** | **Profession** | **Name of Place of Work** | **Telephone No.** | **Overview Summary of their Involvement** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| I need you to know the following about my circumstances:  Suggested prompts:  Key needs: physical and mental health, wellbeing  What does a good day look like for you?  Future wishes/goals for education, employment, independent living, housing and health |

|  |
| --- |
| The people and places which matter in my life:  Suggested prompts:  Support networks friends/family/carers/meaningful contacts  Things I like to do in the community  Any support, paid or unpaid in place? Aids/adaptations  Health input  Anyone you do not want in your life |

|  |
| --- |
| Any Risks?  Is there anything in your conversation which you or anyone you know would worry about as being risky?  How do you or others help to keep you safe?  Are there any disagreements with regard to the identified risks?  If “yes”, please explain:  Are there any current risk assessments in place? Please provide a copy |

|  |
| --- |
| Key information:  Do you have carer? Yes No  If yes contact name and details  Are you a young carer? Yes No  Do you have an advocate?  If yes contact name and details  Will you need an advocate? Yes No  (for people who do not have anyone to support when having an assessment)  Funding stream  Social care  Education  Continuing heath care  117 aftercare funding  WEEKLY COST £- |

**Consideration of Care Act Eligibility**

**Things we need to consider under the Care Act eligibility conditions:**

|  |
| --- |
| Condition 1 |

|  |
| --- |
| I have needs related to a physical or mental impairment of illness |

|  |
| --- |
| Condition 2 |

|  |
| --- |
| As a result of my needs I am unable to achieve two or more of the following outcomes:  *(tick outcomes that you are not able to achieve)*   * Managing and Maintaining Nutrition * Managing personal hygiene * Managing Toilet needs * Being appropriately clothed * Being able to make use of my home safely * Maintaining a habitable home environment      * Developing and maintaining family/personal relationships * Accessing and engaging in work, training education and volunteering * Making use of necessary facilities in the local community including public   transport and recreational facilities and services   * Carrying out any caring responsibilities for a child |

|  |
| --- |
| Condition 3 |

|  |
| --- |
| As a consequence there is, or is likely to be, a significant impact on my well-being   * Personal dignity including respect * Physical and mental health and emotional wellbeing * Protection from abuse and neglect * Control over my day to day life * Participation in work education, training and recreation * Social and economic wellbeing * Domestic, family and personal relationship * Suitability of living accommodation * My contribution to society |

Please attach any relevant documents such as latest EHCP, educational psychology reports and latest single assessment.

Once completed the form will need to be sent to ([Tsdft.Transition@nhs.net](mailto:Tsdft.Transition@nhs.net))

## 

## Appendix 2-

**Referral Process for Young People Transitioning into Adult Services**

**Torbay Children with Disabilities Team**

**MASH**

**Children in Care (LAC)**

**(Permanence Team)**

**Self-Referral/ GP/School / Colleges**

**IYSS**

**Youth Offending Team and Care Leavers**

**Referral made to HSCC generic email address for Paignton and Brixham or Torquay at 16 years old** [**tsdft.transition@nhs.net**](mailto:tsdft.transition@nhs.net)

**Referral is triaged and HSCC will contact referrer to assess against the Care Act eligibility criteria for Adult Services and gain any further information if required**

**Does the young person meet National Eligibility criteria for an assessment from Adult Services?**

**Outcome letter “What happens next?” will be sent to the Young Person**

**Does not meet Eligibility Criteria/ requires further discussion**

**Eligibility Criteria Met/ Further education**

 **HSCC/Key worker will feedback to involved children’s worker/ referrer. Young person/representative signposted and given information for alternative services**

**Key worker allocated at the right time for joint working**

## Appendix 3- Care Act Eligibility framework

|  |  |  |
| --- | --- | --- |
| **Eligibility decision process** | | |
| **1. Needs** | **2. Outcomes** | **3. Wellbeing** |
| The adult’s needs arise from or are related to a physical or mental impairment or illness which are not caused by other circumstantial factors | As a result of the needs, the adult is unable to achieve two or more of the following:  a) managing and  maintaining nutrition;  b) maintaining personal  hygiene  c) managing toilet needs  d) being appropriately  clothed  e) maintaining a habitable  home environment  f) being able to make use  of the home safely  g) developing and  maintaining family  or other personal  relationships  h) accessing and  engaging in work,  training, education or  volunteering  i) making use of  necessary facilities or  services in the local  community including  public transport and  recreational facilities or  services  j) carrying out any caring  responsibilities the adult  has for a child | As a consequence, there is or is likely to be a significant impact on the adult’s wellbeing, including the following:  a) personal dignity  (including treatment  of the individual with  respect)  b) physical and mental  health and emotional  wellbeing  c) protection from abuse  and neglect  d) control by the individual  over day-to-day life  (including over care and  support provided and  the way it is provided)  e) participation in work,  education, training or  recreation  f) social and economic  wellbeing  g) domestic, family and  personal relationships;  h) suitability of living  accommodation  i) the individual’s  contribution to society. |

## 

## Appendix 4- carers Care Act Eligibility framework

|  |  |  |
| --- | --- | --- |
| **Carers eligibility decision process** | | |
| **1. Needs** | **2. Outcomes** | **3. Wellbeing** |
| The needs arise as a  consequence of providing necessary care to an adult, and the carer is ‘unable’ to  achieve the following: | As a result of the carer’s  needs, either:  a) the carer’s physical; or  mental health is, or is at  risk of, deteriorating, or  b) the carer is unable  to achieve any of the  following outcomes:  i. carrying out  any caring  responsibilities  the carer has for  a child  ii. providing care to  other persons for  whom the carer  provides care  iii. maintaining a  habitable home  environment  iv. managing and  maintaining  nutrition  v. developing and  maintaining family or other significant personal relationships  vi. accessing and  engaging in work,  training, education  or volunteering  vii. accessing and  engaging in work,  training, education  or volunteering;  viii. making use of  necessary facilities  or services in the  local community  including recreational facilities or services  ix engaging in recreational activities. | As a consequence, there is or is likely to be a significant impact on the carer’s wellbeing, including:  a) personal dignity  (including treatment  of the individual with  respect)  b) physical and mental  health and emotional  wellbeing  c) protection from abuse  and neglect  d) personal dignity  (including treatment  of the individual with  respect)  e) physical and mental  health and emotional  wellbeing  f) protection from abuse  and neglect  g) control by the individual  over day-to-day life  (including over care and  support provided and  the way it is provided)  h) participation in work,  education, training or  recreation  i) social and economic  wellbeing  j) domestic, family and  personal relationships  k) suitability of living  accommodation  l) The individual’s contribution to society. |

**Carers Assessment Process**

**Carer of an Adult**

(Cared For person is over 18)

Advice, Information and Carers Assessment from Transitions Team

or Adult Social Care Team

If a Young Carer (Under 25 is identified) refer or self-referral

to Young Adult Carers Team (16 – 25) or to Young Carers Services (under 18)

**Carer of a Child**

(Cared For person is a child under 18)

Transition Team should ensure that Parent Carers are aware of

the ‘universal’ Carers Services that are available in the Bay.

Parent Carers Assessment

from Children’s Services Team

If a Young Carer (Under 25 is identified) refer or self-referral

to Young Adult Carers Team (16 – 25) or to Young Carers Services (under 18)

**Appendix 5**

Torbay Safeguarding Adult Concern Form

Use this form to raise a Torbay Safeguarding Adult Concern.

If appropriate please discuss with your line manager prior to raising the concern.

Email to [safeguarding.alertstct@nhs.net](mailto:safeguarding.alertstct@nhs.net)

**1 The Adult at Risk**

|  |  |
| --- | --- |
| Name (including alternative or previous names) |  |
| DOB |  |
| Address  Contact Details: |  |
| Personal Identifiers  PARIS ID  Hospital number  NHS number |  |

**2 The Alleged Perpetrator**

|  |  |
| --- | --- |
| Name (including alternative or previous names) |  |
| DOB |  |
| Address (If known)  Contact Details: |  |
| Personal Identifiers  PARIS ID  Hospital number  NHS number |  |
| Their Relationship to the adult at risk  Is the alleged perpetrator a main carer? |  |

**3. Other household members/significant other (adult/child) residing at the same address/provider setting who may be at risk from alleged perpetrator (Think Family)**

|  |  |  |
| --- | --- | --- |
| 1) Name: | 2) Name: | 3) Name: |
| DOB | DOB | DOB |
| Address (if differs from above):  Contact details: | Address(if differs from above):  Contact details: | Address (if differs from above):  Contact details: |
| Personal Identifiers  PARIS ID:  Hospital number:  NHS number: | Personal Identifiers  PARIS ID:  Hospital number:  NHS number: | Personal Identifiers  PARIS ID:  Hospital number:  NHS number: |
| Their Relationship to the:  Adult at risk:  Alleged perpetrator:  Is the alleged perpetrator a main carer?  Yes  No | Their Relationship to the:  Adult at risk:  Alleged perpetrator:  Is the alleged perpetrator a main carer?  Yes  No | Their Relationship to the:  Adult at risk:  Alleged perpetrator:  Is the alleged perpetrator a main carer?  Yes  No |

**4. GP Details**

|  |
| --- |
|  |

**5. What has led to this safeguarding concern?**

|  |
| --- |
| *Please provide a brief summary detailing the Safeguarding Concern / Disclosure*  *Please describe the impact this has had on the adult at risk.* |
| Dates / Times |
| Witnesses |

**6. Type of Abuse**

Neglect and Acts of Omission  Physical

Financial  Psychological

Sexual  Organisational

Self Neglect  Hate or Mate Crime

Discriminatory  Domestic Abuse

Modern Slavery/Trafficking  Other

**7. Other Agencies / Workers Involved**

|  |  |
| --- | --- |
| Name & Role | Contact details |
|  |  |
|  |  |
|  |  |

**8. The Safeguarding Adult Concern Form has been discussed with the adult at risk, who has consented to the following:**

To share information with other relevant agencies Yes  No  A safeguarding adult concern form referred into Torbay SPOC Yes  No

S42 safeguarding adult initial enquiry meeting Yes  No

|  |
| --- |
| **If no – *please explain why e.g. diagnosis of mental disorder, lacking Mental Capacity, too unwell/ in hospital, not contactable.***  ***Mental Capacity Assessment undertaken and recorded on PARIS (to evidence this), Please detail where possible whether this is a temporary impairment or permanent impairment.*** |

**9. Does the adult at risk have a representative/legal representative to act in their best interests if they lack capacity (if not implicated) or does the adult at risk need to have someone to support them/safe place to discuss this safeguarding concern.**

|  |  |
| --- | --- |
| Name & Role | Contact details |
|  |  |
|  |  |
|  |  |

**10. The Preferred Outcomes have been discussed with the Adult at Risk** Yes  No

|  |
| --- |
| Please detail the adult at risk’s preferred outcomes. |

**The Preferred Outcomes have been discussed with the adult at risk’s representative /legal representative (if not implicated).**

Yes  No

**If not, please explain why**

|  |
| --- |
| Please detail |

**11 Detail of any Immediate Action Taken to prevent further Risk and Harm**

|  |
| --- |
| *(e.g. Police Contact, Alert to Provider, Immediate Risk & harm Reduction Action)* |

**12 Any Additional Relevant Recordings and where they are stored (e.g. disclosure notes)**

**Please detail below**

|  |
| --- |
|  |

**13. Any other person/agency who contributed in the completion of this safeguarding adult concern form**

|  |
| --- |
| Name ......................................................  Telephone Number .............................................  Email address .......................................................  Date ........................ Time ............ am / pm |

**14. Details of Person completing safeguarding adult initial enquiry form**

|  |
| --- |
| Name ......................................................  Role……………………………  Date ........................ Time ............ am / pm  Telephone Number .............................................  Email address ....................................................... |

On receipt of safeguarding adult disclosure

Alerter

* Is adult in immediate danger – call emergency services/take action to minimise immediate risk
* Complete SACF
* Email SACF into Torbay SPOC

Torbay SPOC

* Confirm/ensure that immediate risk has been minimised
* Triage as per Torbay SPOC operational guidance (see Appendix 2 on ICON)
* Inform alerter of triage decision outcome

**References**

Croyden (nd) *Preparing for adulthood* <https://www.croydon.gov.uk/sites/default/files/articles/downloads/Preparing%20for%20Adulthood%20Leaflet%20-%20Spring%202017.pdf>

# Scie (nd) *Eligibility outcomes for adults with care and support needs under the Care Act 2014* <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/outcomes-care-support-needs.asp>

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

<http://icare/Operations/mental_capacity_act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.



**Rapid (E)quality Impact Assessment (EqIA)** *(for use when writing policies)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Title (and number) | | | |  | | | Version and Date | |  | | | |
| Policy Author | | | |  | | | | | | | | |
| An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected. | | | | | | | | | | | | |
| Who may be affected by this document? | | | | | | | | | | | | |
| Patients/ Service Users | | Staff | | Other, please state… | | | | | | | | |
| Could the policy treat people from protected groups less favourably than the general population?  *PLEASE NOTE: Any ‘Yes’ answers may trigger a full EIA and must be referred to the equality leads below* | | | | | | | | | | | | |
| Age | Yes  No | | Gender Reassignment | | | Yes  No | | Sexual Orientation | | | | Yes  No |
| Race | Yes  No | | Disability | | | Yes  No | | Religion/Belief (non) | | | | Yes  No |
| Gender | Yes  No | | Pregnancy/Maternity | | | Yes  No | | Marriage/ Civil Partnership | | | | Yes  No |
| Is it likely that the policy could affect particular ‘Inclusion Health’ groups less favourably than the general population? (substance misuse; teenage mums; carers1; travellers2; homeless3; convictions; social isolation4; refugees) | | | | | | | | | | | | Yes  No |
| Please provide details for each protected group where you have indicated ‘Yes’. | | | | | | | | | | | | |
| VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion | | | | | | | | | | | | |
| Is inclusive language5 used throughout? | | | | | | | | | | Yes  No NA | | |
| Are the services outlined in the policy fully accessible6? | | | | | | | | | | Yes  No NA | | |
| Does the policy encourage individualised and person-centred care? | | | | | | | | | | Yes  No NA | | |
| Could there be an adverse impact on an individual’s independence or autonomy7? | | | | | | | | | | Yes  No NA | | |
| EXTERNAL FACTORS | | | | | | | | | | | | |
| Is the policy a result of national legislation which cannot be modified in any way? | | | | | | | | | | | Yes  No | |
| What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Who was consulted when drafting this policy? | | | | | | | | | | | | |
| Patients/ Service Users | | Trade Unions | | | Protected Groups (including Trust Equality Groups) | | | | | | | |
| Staff | | General Public | | | Other, please state… | | | | | | | |
| What were the recommendations/suggestions? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Does this document require a service redesign or substantial amendments to an existing process? *PLEASE NOTE: ‘Yes’ may trigger a full EIA, please refer to the equality leads below* | | | | | | | | | | | | Yes  No |
| ACTION PLAN: Please list all actions identified to address any impacts | | | | | | | | | | | | |
| Action | | | | | | | **Person responsible** | | | **Completion date** | | |
|  | | | | | | |  | | |  | | |
|  | | | | | | |  | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| AUTHORISATION:  By signing below, I confirm that the named person responsible above is aware of the actions assigned to them | | | |
| Name of person completing the form |  | **Signature** |  |
| Validated by (line manager) |  | **Signature** |  |

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

1 Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

2 Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

3 Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

4 Consider how someone will be aware of (or access) a service if socially or geographically isolated

5 Language must be relevant and appropriate, for example referring to partners, not husbands or wives

6 Consider both physical access to services and how information/ communication in available in an accessible format

7 Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

**Clinical and Non-Clinical Policies – Data Protection**

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](https://icon.torbayandsouthdevon.nhs.uk/areas/gdpr/Pages/default.aspx) page on ICON (intranet)

For more information:

* Contact the Data Access and Disclosure Office on [dataprotection.tsdft@nhs.net](mailto:dataprotection.tsdft@nhs.net),
* See TSDFT’s [Data Protection & Access Policy](https://icon.torbayandsouthdevon.nhs.uk/areas/information-governance/Policies/TSDFT%20Policy%20Data%20Protection%20and%20Access.pdf),
* Visit our [Data Protection](https://www.torbayandsouthdevon.nhs.uk/about-us/data-protection/) site on the public internet