

Reference Number: UHB 584
Version Number: 04

Date of Next Review: 28/02/2029
Previous Trust/LHB Reference Number: N/A

**Mental Health Clinical Board
Adult Mental Health Services (AMHS) to Mental Health Services for Older People
(MHSOP) Transition Protocol**

Introduction and Aim

This document provides a clear framework for Mental Health Clinical Board staff, supporting collaborative decision-making with patients and partner agencies, to determine which directorate should take the lead in caring for an existing or newly referred patient

It aims to ensure that patients are placed with the most appropriate service in the easiest and smoothest way possible, preventing individuals from being moved unnecessarily between services and avoiding any confusion or disruption to their care. It recognises that chronological age is not a single determinant of a patient's need and for some people additional discussion will be needed to transition appropriately.

The framework sets out the expected best practice across the Mental Health Clinical Board (MHCB) and ensures compliance with both local and national policies and procedures.

The protocol will be subject to ongoing review and development to maintain its effectiveness.

Objectives

Ensure that every transfer between Adult Mental Health Services (AMHS) and Older People's Mental Health Services (MHSOP) puts the patient's needs and wellbeing at the centre of decision making. Transitions should always reflect what matters most to patients and their carers, including their views, preferences, and individual circumstances.

- Support patients to receive care in the service that best suits their current needs—whether that's AMHS or MHSOP—and encourage collaborative working between both teams to provide seamless support.
- Clearly outline how referrals, eligibility criteria, and transitions are managed between the two services, so patients and carers know what to expect and can actively participate in their care journey.
- Make sure that any changes to service thresholds or movement between services are carefully managed to prevent disruption and maintain stability in patient care.
- Carry out all transfers between services following statutory reviews, ensuring that patient consent is obtained, and both patient and carer perspectives are fully considered at every step.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

- Make administrative changes as smooth and straightforward as possible, providing patients and carers with the support they need throughout the process.
- Monitor and review the quality and quantity of clinical care provided, with regular audits of service interfaces to continually improve patient outcomes and wellbeing.

These objectives are designed to align with our broader mental health and wellbeing strategy, placing patients and their carers at the heart of every decision and ensuring high-quality, compassionate care throughout their time with our services.

Scope

The scope applies to the AMHS and MHSOP Directorates, particularly regarding transitions between these two directorates. However, the broader context—which emphasises patient-centred care, seamless service provision, and alignment with a wider mental health and wellbeing strategy reflects a system-wide application and the scope addresses this. It may indirectly impact and affect many areas of the system such as Local Authority, advocacy, GP/primary care and PCIC, Complex care and Commissioning Team, primary mental health care, care homes, general medical inpatient services, memory team and the third sector.

Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this protocol to ensure that the transition processes between the Adult and Older People Mental Health Directorates are fair, inclusive, and accessible to all individuals, regardless of protected characteristics. The assessment considered potential impacts on patients and carers from diverse backgrounds, including age, disability, gender, race, religion, sexual orientation, and socio-economic status. Findings from the EIA have informed the development of this protocol, ensuring that barriers to service access and participation are minimised, and that all patients and carers receive equitable support during transitions. The protocol commits to ongoing review and monitoring of equality outcomes, with adjustments made as required to uphold the principles of fairness and non-discrimination throughout the care journey.

Health Impact Assessment

A Health Impact Assessment (HIA) is a systematic process used to evaluate the potential effects of a proposed policy, programme, or project on the health and wellbeing of a population. The aim is to identify both positive and negative health impacts, ensuring that decision-makers can take steps to maximise benefits and minimise any adverse effects. HIAs typically consider a range of factors including physical, mental,

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

	and social health outcomes, and pay particular attention to how different groups within the population may be affected. In the context of this protocol, an HIA has not yet been completed for the transition processes between the Adult and Older People Mental Health Directorates. However, it is noted that HIAs will be carried out for all related clinical policies that directly influence clinical practice. . This approach ensures that any changes or new policies affecting clinical care are thoroughly assessed for their potential health impacts, aligning with the commitment to patient-centred care and continuous improvement in service quality and outcomes.
Documents to read alongside this Procedure	<i>Mental Health and Wellbeing Strategy UHB 551 – Standard Operating Procedure Transfers</i>
Approved by	<i>MHCB Controlled Document Oversight Group</i>

Accountable Executive or Clinical Board Director	<i>Rachel Dix</i>
Author(s)	Marianne Sebright Lead Nurse MHSOP and Neuropsychiatry, Joanne Wilson Directorate Manager MHSOP and Neuropsychiatry Becci Dow Head of Psychology Chris Frayne Lead Nurse AMH Service Samantha Kennedy Integrated Manager MHSOP Community, Craig Walters Senior Nurse Community Linda Woodley Operational Manager for Adult Services Dr Pamela Yerassimou Clinical Director AMH Dr Arpita Chakrabarti Clinical Director MHSOP Gwilym Griffiths Directorate Manager AMH
<u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

4	24/02/2026	24/02/2026	• Modernising the protocol to align with national demographic changes, • Ensuring service sustainability, • Providing clarity to clinicians, • Improving fairness and safety for patients transitioning between AMHS and MHSOP.

Contents

Introduction	7
Principles and Values	7
Purpose and Aims	8
Service relationships	8
Referrals	9
Age Cutt off	9
Referral Process for Individuals Outside Standard Age Guidelines	10
Self-Referral and Re-referral within three years – Part 3 referrals	11
Transfer between AMHS & MHSOP for existing patients	11
Transfer Request	11
Transfer process	11
Inpatient Referral and Management Process	12
Age Criteria for Inpatient Referrals	12
Clinical Appropriateness and Ward Placement	12
Collaborative Management of Complex Cases	12

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Care Coordination for MHSOP Inpatients.....	12
Care and Treatment Planning meetings / Sec 117 meeting	13
Transfer Request Outcomes	13
Referral accepted	13
Consultation.....	13
Use of PARIS	14
Equality Impact Assessment.....	14
Concerns	14
Appendix.....	15
Managing the transition Adult Mental Health and MHSOP Service Transition ..	15
Transition Planning Process	15
Named stakeholders to involve include	17
6. References:.....	17
APPENDIX 1	19
Appendix 2.....	21

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

1. Introduction

Cardiff and Vale UHB Mental Health Services, like most NHS Mental Health Services, is split into General Adult / Working Age (AMHS), and Older People services (MHSOP).

Over the last two decades national guidance, on the relative positioning and relationship between the two service areas, has received significant scrutiny. The original Royal College of Psychiatry's Council report: CR110 (2002), advocating age related cuts off at 65, gave way to the College's 2009 report: CR153. The full recommendations of CR153 are listed as appendix 1.

A trend for ageless functional services developed in the following years, mindful of age discrimination and the Equality Act (2010) (CPA, 2009). This in turn prompted a wave of countering articles in the Lancet (Warner, 2013), BJPsych (Abdul-Hamid, 2015) and others (Khan, 2016). Together they:

- advocate for the continued existence of MHSOP functional services,
- reiterate CR153's message of clear positive working relationships between the MHSOP and AMHS,
- recommend patient function, as well as age, as important in deciding boundaries between AMHS and MHSOP .

Throughout, national guidance continues to recommend providers have in place transitional protocols, spelling out the referral criteria, triggers, processes and relationships between AMHS and MHSOP.

This document then serves to describe that relationship and expected practice.

Principles and Values

The Cardiff and Vale UHB mental health services are committed to promoting dignity, respect and person-centred care for all service users, regardless of age or background. We prioritise equality, inclusivity and the protection of human rights in all our interactions and decisions. Our approach encourages collaborative working between service areas, ensuring seamless transitions and continuity of care across the lifespan.

We value transparency, accountability and evidence-based practice, striving for continuous improvement and responsiveness to the needs of individuals and communities. Staff are expected to demonstrate compassion, integrity and professionalism in the delivery of mental health services, upholding the highest standards of ethical practice and fostering positive therapeutic relationships.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

When considering transferring a patient from AMHS to MHSOP, it is imperative to uphold principles and values that prioritise the needs of the individual and ensure continuity of care. The process should be carefully guided by the patient's unique medical, psychological, and social needs.

The decision should be driven by the principle of placing the person in the setting where they can receive the most appropriate and effective care, thereby optimising their recovery, personal outcomes and enhancing their quality of life.

Prioritising these values fosters an environment of respect, dignity, and personalised support throughout the transition process. Purpose and Aims

The protocol's referral and transition ages have been chosen, in part, to provide comparable pre and post introduction directorate workloads, but to also ensure patients are managed in the most suitable directorate.

Administrative transitions must be as seamless as possible, and patients / carers will be given support through the process of changes

The overall quality and quantity of clinical service received by patients in this clinical interface will be monitored and audited.

Service relationships

The table shows AMHS clinical teams, with MHSOP equivalents, or near equivalents for older individuals.

PMHSS	AMHS	MHSOP equivalent	
PMHSS			-
	CMHT	Yes integrated with Local Authority- • uses different IT system from Paris	-
	Crisis	REACT	-
	Inpatient	Yes	-
	PICU	No	All Ages
	Addictions	No	All ages
	Forensic	No	All ages
	Rehab	No	CMHT referral only

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

	Eating Disorders	No	CMHT referral only
	Liaison	Liaison Psychiatry Older People Liaison covers UHW, UHL, St Davis and Barry	Older Adult 67
	No Equivalent	Care Home Liaison	
	Crisis Unit	Day Hospital/Grand Avenue	
	Crisis House	No	
	Cynnwys	CMHT referral only, with MHSOP Care Co-ordinator	
	No	Young Onset Dementia Team	
	No	SOLACE	

Those traditionally AMHS focussed services with no equivalent MHSOP services, are expected to be able to offer an equitable service regardless of chronological age, making appropriate adaptations as needed. As required the service expectations of having CMHT involvement would be supported by MHSOP. AMHS services working with older individuals should expect to work in consultation, or consultation or share care with MHSOP services as necessary.

Referrals

All AMHS and MHSOP services will have their own referral criteria, but the above 'Relationships' section must be understood by those services.

Age Cut off

External referrers to mental health services should usually use the state pension age—currently 67 years as of April 2026 as the dividing line for referring individuals with 'functional' (non-dementia) mental illnesses. In practice, this means that once a person reaches their 67th birthday, referrals should be directed to Mental Health Services for Older People (MHSOP) rather than to the equivalent Adult Mental Health Services (AMHS).

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Individuals under the age of 67 with a diagnosis of dementia made before they were 65 years will be supported by the specialist Young Onset Dementia Service and their specific referral guidance will be followed. Individuals who do not meet their criteria and are under the age of 65 but presenting with cognitive changes will need to be assessed on a case by case and need basis to ascertain the most appropriate service setting across AMHS, MHSOP, Neuropsychiatry and possibly Medical settings.

Referral Process for Individuals Outside Standard Age Guidelines

To avoid unnecessary delays in response times, clinicians making mental health referrals for individuals who do not fall within the usual age parameters—and who have not previously received treatment from the intended service—should take the following steps:

1. Initial Consultation: The clinician must first contact the team to which they intend to refer the individual. This initial discussion ensures that the referral is appropriate and that the receiving team is prepared to consider the case.
2. Comprehensive referral: When submitting the referral, it is essential to include a thorough assessment of the person's abilities and needs. This assessment should provide a clear understanding of the individual's current situation and support requirements.
3. Justification for Out-of-Guideline Referral: The referral must contain a detailed explanation of the reasons for referring the individual outside of the standard age range. This justification helps the receiving team appreciate the clinical rationale behind the referral.
4. Consideration of Patient Preferences: The clinician should consider the individual's preferences regarding their care and referral. These preferences must be documented as part of the referral process to ensure that the patient's voice is recognised in decisions about their care.

The Department of Health and Care Services Improvement Partnership (CSIP) stress in *Everybody's Business* (2005) that older people with mental health problems must not be allowed to fall between service specifications:

1. Referrals should not be bounced between AMHS and MHSOP, or back to the referrer: the receiving service area should discuss with the referrer, and the equivalent MH service in the other directorate, securing agreement before any referral is passed on. In any move, the referred-on individual should not be disadvantaged in terms of their wait to be seen and pathways, including those accessing the electronic gateway, need to be followed to ensure expected time frames are met.
2. For assessed patients the same principles apply and person should not be bounced back to the referrer for onward referral to the other directorate or

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

directly referred to that directorate without initiating or securing timely treatment.

3. Should decisions fail to be reached in a timely manner, which may delay the process, the provision of appropriate care or where there is clinical risk then the disputed transition should be escalated to senior clinical leads within each directorate and to the directorate leads as needed.
4. For assessed patients the same principles apply. The referral and person should not be bounced back to the referrer for onward referral to the other directorate, or directly referred to that directorate, without initiating, or securing timely treatment.

Self-Referral and Re-referral within three years – Part 3 referrals

The Mental Health Measure applies as follows: if a patient self-refers and is under the age of 67, the referral should be directed to Adult Mental Health Services (AMHS); if the individual is 67 or older, the referral should go to Mental Health Services for Older People (MHSOP). This applies regardless of whether the person was seen within the previous three years.

However, this process should always prioritise the best interests and specific needs of the individual. Consideration must be given to which service is most appropriate to meet those needs, and joint visits between AMHS and MHSOP are recommended. In cases where there is uncertainty or escalation, a collaborative approach—ideally involving both teams—should be the likely outcome to ensure the person receives the most suitable care.

Transfer between AMHS & MHSOP for existing patients

Transfer Request

For many ageing patients their stated and assessed needs change over time. Therefore, consideration of which directorate should oversee their Care and Treatment becomes increasingly relevant.

Existing AMHS patients, possibly better served by MHSOP services:

- Those over 75 years of age, and possibly older at the initial stages of this protocol's introduction.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

- Patients who are under 75 years but may have the following issues identified:
 - o significant frailty (frailty may be scored using the Edmonton Frailty Index (Hilmer et al, 2009) – with scores of 9 or more suggesting possible frailty)
 - o significant physical health co-morbidity that is linked to elements of an ageing process rather than existing long term conditions or deconditioning as a result of mental health needs.
 - o changing cognitive function, that is not appropriate for referral to Memory Clinic and associated with ageing and frailty rather than existing mental health needs or medication
 - o

It is good practice to consider MHSOP transition at times of relative mental health stability and not in crisis. It is recognised that this is not always possible, e.g. an inpatient admission may reveal vulnerability or needs better met on an MHSOP ward.

Transfer process between AMHS & MHSOP for existing patients

In preparation for any transfer between services, all relevant assessments, Care and Treatment Plans, 117 reviews and risk assessments (WARRNs) MUST be up-to-date and complete.

There is a statutory requirement for a review to be completed with the current clinician; care co-ordinator and successor team, prior to a case being transferred. A transfer would be facilitated as part of this process. Relevant Capacity assessments should be completed followed by Best Interest Decisions if required. Involving Lasting Power of Attorney.

Consent is not required to facilitate a transfer between the two services. However, individual should be informed and be part of the process.

Inpatient Referral and Management Process

Age Criteria for Inpatient Referrals

Adult mental health services are responsible for managing inpatient referrals for individuals up to the age of 67. Existing patients who were admitted before this age may continue to receive care within adult services until they reach 75, at which point consideration for transfer to Mental Health Services for Older People (MHSOP) becomes appropriate.

Clinical Appropriateness and Ward Placement

When determining the most suitable ward for inpatient care, clinical appropriateness is prioritised over strict age criteria. For instance, an older patient

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

who is physically fit may be cared for on an adult ward, whereas a frail adult age patient may be better placed on an MHSOP ward, regardless of whether they have reached the formal age threshold for transfer.

Collaborative Management of Complex Cases

For complex inpatient cases, particularly where cognitive impairment or other specific needs are present, joint ward rounds and collaborative management between adult and MHSOP teams are encouraged. This approach ensures that patients receive comprehensive and coordinated care tailored to their individual requirements.

Care Coordination for MHSOP Inpatients

Whenever an older adult is admitted to a MHSOP ward, it is generally recommended that the option of transferring care to a MHSOP consultant is always considered. This should be facilitated through direct medic-to-medic discussion to ensure that the patient receives the most appropriate and specialised support for their needs.

In situations where an older adult is admitted to an MHSOP ward but remains under the care of an adult consultant, it is essential that MHSOP Allied Health Professionals and Psychology services are actively involved in the patient's care. This multidisciplinary involvement supports continuity and consistency in care delivery. Additionally, nursing support should be provided as standard practice to prevent discrepancies in care and to promote best outcomes for the patient.

Care and Treatment Planning meetings / Sec 117 meeting

Both services, referring and receiving must review the patient's needs and care and treatment plan through a joint review meeting. A transition outcome should be reached by mutual agreement, with strong weight given to patient and carer views.

The possible outcomes of such meetings may be

- I. Transfer,
- II. No transfer
- III. some form of time limited joint management with further review

After the review meeting, the care and treatment plan should be updated.

Failure to agree a satisfactory outcome to the transfer request should be directed to respective clinical directors.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Patients, for whom transfer decisions are awaited, from MHSOP services, should not normally be discharged by the referring AMHS. In cases of AMHS discharge the transfer request will normally become null and void.

Transfers between respective directorates should not be coded as external agency referrals for the purposes of collecting waiting times, as the patient is maintained in treatment throughout.

Transfer Request Outcomes

Referral accepted

If both directorates, and any other involved agencies, agree the transfer request, transfer should be arranged as soon as practically possible, following the joint Care and Treatment Plans / Sec117 review meeting – any transfers outside this will likely only be in very routine age-related transitions, and should not be considered the norm.

Consultation

Rather than making a transfer request, AMHS directorate staff may ask their counterparts in MHSOP for advice and support,

Likewise, AMHS provide some specialist services without MHSOP equivalent. Those specialist services are expected to provide an ageless service and request consultative support from MHSOP, if needed.

Consultation and shared care provides a model to share expertise across service boundaries for the good of the patient. Such work may take place in person, on the phone or by email. If acceptable and possible, direct patient assessment / review by the requested services may avoid an unwelcome (in the eyes of patient) transfer from a well-liked treating team.

For consultative and shared care, responsibility will usually remain with the requesting body. Involvement is usually expected to be time limited, with review dates.

Use of PARIS

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Given the compartmentalisation of PARIS – requests for referrals should be made using the ‘refer – on’ mechanism – and coded as AMHS-MHSOP transition.

It is important to note that AMHS Community patient transfer requests should be routed through the PARIS MHSOP Single Point of Entry (SPOE). Therefore, any community transfer requests must be referred directly to the SPOE, ensuring a consistent and streamlined process for assessment and allocation.

The ‘review meeting’ clinical assessment should be used to record the meeting and outcome of formal transition meetings. All other work can be captured in case notes.

Equality Impact Assessment

Cardiff and the Vale Health UHB are committed to providing an environment where staff, service users and carers are provided with consistent equality of opportunity.

The MHCB is conscious that the split of some of services into MHSOP and AMHS may be considered ageist, however the focus is on equity linked to needs rather than equality with the recognition that increasing age brings increased complexity in some areas. Ongoing monitoring and service user attitudes will continue to be prioritised.

This protocol makes clear the protocol transitional points are not based on the grounds of age alone and take into consideration individual factors.

Concerns

All concerns should be dealt with in accordance with Wales wide ‘Putting Things Right’. All complaints regarding the service should be directed to the UHB concerns team.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Appendix

8/1/26

Managing the Adult Mental Health and MHSOP Service Transition

Scope and Purpose

- This is a temporary guide to support safe and effective transitions between Adult Mental Health Services and MHSOP while a formal policy is being finalised.
- The guide is not a replacement for clinical judgment; patient needs and clinical appropriateness always take precedence over strict age criteria

Age Cut-Offs and Referral Pathways

- Adult Mental Health Services will accept all new referrals up to the age of 67 (linked to state pension age; to be reviewed as pension age changes).
- Existing adult service patients will remain with adult services until age 75, at which point they will transfer to MHSOP.
- There is no three-year rule; transition is based on age, not duration under service.
- For teams such as crisis, care home liaison, and LPOP, the age cut-off for new referrals will also move to 67.

Transition Planning Process

To ensure a smooth and coordinated transition between Adult Mental Health Services and MHSOP, the following steps should be followed:

- Agree a Transition Date in Advance: Establish and confirm the specific date for the patient's transition ahead of time to allow for adequate preparation by all involved parties.
- Arrange Clinical Transition Meetings: Schedule and conduct clinical transition meetings in accordance with the clinical handover and support guidelines outlined below. These meetings are essential for discussing patient care and ensuring continuity.
- Communicate Clearly with Stakeholders: Prior to the launch of the transition process, ensure that clear and timely communications are sent to all stakeholders. This will help keep everyone informed and prepared for upcoming changes.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

- **Conduct Regular Reviews:** Review the transition process on a regular (e.g., weekly) basis to monitor progress and promptly address any issues that may arise.
- **Assign a Key Senior Contact:** Designate a senior person as the main point of contact for any concerns or issues during the transition, potentially using a rota system to ensure consistent coverage.
- **Transition Plan – Policy Review and Stakeholder Engagement**
- This guide will be subject to regular review and updated as required until the formal policy is ratified.
- To prevent unnecessary delays, a clear deadline should be established for feedback and for finalising the policy. Stakeholder feedback should be actively sought, with communications specifying a firm timeline for responses.
- The Clinical Board has been informed on 8/1/2026 and involved from the outset, given that interim working practices are being adopted prior to formal ratification. Their early engagement is key for oversight and guidance during the transition period.

Clinical Handover and Support

- Cross directorate handover meetings will be arranged for all patients transitioning at age 75, with up-to-date documentation and involvement of relevant clinician and senior managers. The timing and frequency of meetings will be linked to the number of identified transitions.
- Joint clinical meetings between adult and older adult teams will be held regularly during the transition period to discuss complex cases and support staff.
- Consultants and care coordinators from both services will collaborate on cases where clinical appropriateness is unclear.
- Joint assessment are proven to work well

Some Case Examples and Special Considerations

- **Cognitive Impairment:** If an adult service patient under 75 develops cognitive impairment, refer to the Memory Clinic if stable; if unstable or with complex mental illness, seek MHSOP input for joint management.
- **Hoarding/Self-Neglect:** If a patient transitioning to MHSOP has significant hoarding or self-neglect, adult services should address these issues before transfer where possible, or flag for joint review if already in transition.
- **Placement Stability:** If a patient is about to be discharged to a care home and is stable, consider keeping them with adult services until placement is finalised to avoid destabilisation.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Clinical Flexibility

- In cases where the best interests of the patient require deviation from the age cut-off (e.g., a very frail 74-year-old or a fit 72-year-old needing a specific ward), teams should agree on the most appropriate service through discussion and joint assessment.
- Disagreements should be resolved through collaborative meetings, with the option for joint assessments and escalation for decision making.
-

Communication and Documentation

- All changes and interim arrangements should be communicated to relevant teams and stakeholders, with clear documentation of decisions and rationale.
- This live document and future policy will be maintained on SharePoint for ongoing updates and input from all teams.

Named stakeholders to involve include

- Suzie Boxall Strategic Lead for Lived Experience Team
- Andy Cole,
- Jemma Lewis,
- Kath Luke,
- Matt Russell,
- LPOP and related teams,
- Operational managers in the local authority.
- AHP and Psychology leads

6. References:

Abdul-Hamid K.A, Lewis-Cole K., Holloway F, Silverman A.M. (2015) *Comparison of how old age psychiatry and general adult psychiatry services meet the needs of elderly people with functional mental illness: cross-sectional survey* The British Journal of Psychiatry 207, 440–443. doi: 10.1192/bjp.bp.114.145706

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Centre for Policy on Ageing (2009) *Ageism and age discrimination mental health care in the United Kingdom, a review of the literature commissioned by the department of Health* Centre for Policy on Ageing

Department of Health & Care Services Improvement Partnership (2005) *Everybody's Business. Integrated Mental Health Services for Older Adults: A Service Development Guide*. CSIP
(<http://kc.csip.org.uk/upload/everybodysbusiness.pdf>)

Equality Act 2010: guidance. <https://www.gov.uk/equality-act-2010-guidance> (accessed Jan 11th, 2019).

Hilmer, S.N. et al. (2009). The assessment of frailty in older people in acute care. *Australasian Journal on Ageing*. 28(4), 182-188.

Khan, F (2016) *Attempts to erode a glorious specialism – Defending Older adult Services* Old Age Psychiatrist (66)2016 https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/old-age-faculty-newsletter-september-2016.pdf?sfvrsn=972ebe55_2

Lincolnshire Partnership NHS Foundation (2018) *Transitional Protocol: Adult to Older Adult* [http://www.lpft.nhs.uk/assets/files/adult-to-older-adult\(1\).pdf](http://www.lpft.nhs.uk/assets/files/adult-to-older-adult(1).pdf) (accessed 14/01/2019)

Royal College of Psychiatrists London (2002) *Caring for people who enter old age with enduring or relapsing mental illness ('graduates')* Council Report CR110

Royal College of Psychiatrists London (2009) *Links not boundaries: service transitions for people growing older with enduring or relapsing mental illness* Council Report CR153

Warner, James (2013) *Psychiatry for the elderly in the UK*, Lancet; 381: 1985

Worcestershire Mental Health Partnership NHS Trust Protocol (2004) *The interface between General Adult and Older Adult Psychiatry services* <http://www.hacw.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=8534> (accessed 14/01/2019)

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

APPENDIX 1: Royal College of Psychiatry – College Report 153 - Recommendations in full Transition protocols

1 Services should have agreed transition protocols which lay out the criteria and process for considering transition between general and community, rehabilitation and old age psychiatry services, and which are used in response to a standardised and agreed trigger. The transition must be needs-led and not triggered by age.

2 Criteria for considering transition should be needs-led and set out clearly in the protocol.

3 The protocol must offer a clear but flexible framework for decisions, with clear focus on the needs of the individual and their family.

4 Protocols should be drawn up locally by a group including representatives of all three services (general and community, rehabilitation and old age psychiatry), users, carers, and local social services.

5 Protocols should clarify how local disagreements will be resolved and how lessons learnt from the transition process will be disseminated within local services, where it is appropriate to do so.

Assessment

6 The transition process should involve a comprehensive assessment of the individuals' needs, including needs related to their mental health, physical health, social and family circumstances and spiritual needs, and review of the current level of health and social care provision.

7 Assessment of need should be sensitive to sexuality, spirituality, and cultural and ethnic background, as elders from Black and minority ethnic communities may have particular difficulties in finding and accessing appropriate services. 'Count Me In' (Healthcare Commission, 2007) reported that around 10% of male and 6% of female in-patients aged over 50 years were from ethnic minority communities.

Transition

8 There should be a joint case review/care programme approach (CPA) meeting involving mental health teams from both services as the forum for discussing and agreeing future care plans with both user and carer.

Areas of disagreement should be identified and addressed. Available resources and options for treatment should be discussed.

9 It is best practice to consider transfer when a person's mental state is stable. It may be appropriate in some circumstances to transfer care of an acutely ill person, if their needs dictate it.

10 Copies of the protocol, clearly written in accessible language, should be available to all those involved in the transition process and especially to users and carers involved in that process.

11 Practitioners should ensure that users have information about advocacy services, and encourage the use of advocacy services when discussing these decisions, particularly where family members/carers are not involved.

12 The transition process should incorporate the users' views.

13 The transition process should incorporate the carers' views.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Care plan (should this be incorporated into Care and Treatment plan review meeting?)

14 A written copy of the agreed care plan should then, with the service user's agreement, be shared with all relevant professionals, including their general practitioner and any supporting organisations, and copies made available to the user and carer (with the service user's agreement).

15 The care plan agreed should be designed to best meet identified needs within available resources. Any unmet needs, lack of resources or shortfall in available care provision should be noted. Transfer in the course of an in-patient episode may need to be considered, if the patient's needs are best met in a specific in-patient setting.

Monitoring

16 Information on the use of the protocol should be routinely collected.

17 The use of the protocol should be audited and reviewed regularly, and results made available to local planning and governance groups. The impact of these recommendations on services should also be monitored – for example, are there increased numbers of older people using general and community services as a result of needs-led transition policies?

18 Protocols need to be designed locally with attention to the principles set out above. It may also be helpful for services to share protocols and their experience with them. These principles could also usefully be applied to transitions driven by geographical relocations.

Commissioning

19 Each service should make local Commissioners aware of the resource implications of needs-led transitions.

20 Commissioners should be aware that there is a group of people with complex needs who may be inappropriately placed in homes specialising in the care of people with dementia.

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

Appendix 2

Reported Edmonton Frail Scale

Frailty Domain	Item	0 Point	1 Point	2 Point
Cognition	Please imagine this pre-drawn circle is a clock. I would like you to place the numbers in the correct positions, then place the hands to indicate a time of “ten past eleven”.	No errors	Minor spacing errors	Other errors
General Health Status	In the past year, how many times have you been admitted to a hospital?	0	1-2	≥ 2
	In general, how would you describe your health?	Excellent/Very Good/Good	Fair	Poor
Functional Independence	With how many of the following activities do you require help? Meal preparation / shopping / transportation / telephone / housekeeping / laundry / managing money / taking medications	0-1	2-4	5-8
Social Support	When you need help, can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication Use	Do you use five or more different prescription medications on a regular basis?	No	Yes	
	At times, do you forget to take your prescription medications?	No	Yes	
Nutrition	Have you recently lost weight such that your clothing has become looser?	No	Yes	
Mood	Do you often feel sad or depressed?	No	Yes	
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	
Self Reported Performance	Two weeks ago, were you able to:			

Document Title: AMHS – MHSOP Transition Protocol		Approval date: 28/02/2026
Version Number: 4		Date of Publication: 01/10/2026
Approved By: MHCB Controlled Document Oversight Group		Next Review date: 28/02/2029

	(1) Do heavy work around the house like washing windows, walls, or floors without help?	Yes Yes Yes	No No No	
	(2) Walk up and down stairs to the first floor without help?			
	(3) Walk 1km without help?			

Scoring for the reported Edmonton Frail Scale (/18):

**Not Frail: 0-5
9**

**Apparently Vulnerable: 6-7
Moderate Frailty: 10-11**

**Mildly Frail: 8-
Severe Frailty: 12-18**