

TRUST-WIDE CLINICAL BASED POLICY DOCUMENT

SERVICE PROVISION TO UNDER 18's

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2015 – Version 3

Quality, recovery and wellbeing at the heart of everything we do

SERVICE PROVISION TO UNDER 18's

Further information about this document:

Document name	SERVICE PROVISION TO UNDER 18's - SA38
Document summary	<p>To guide staff on how to work with under 18's</p> <p>To provide a framework for partnership working with Childrens and Adolescent Mental Health Services for under 18's both in the community and requiring in-patient care.</p>
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To be read in conjunction with	<p>SD13: Safeguarding and Protection of Children SD21 : Care Programme Approach SD22: Children Visiting Mersey Care Sites SD25: Management of Service Users with a Dual Diagnosis of Mental Health Needs & Learning Disability MH01: MHA 1983 overarching policy MH16: Interagency Policy and Procedure for Section 136 MC01 : Mental Capacity Act overarching policy MC04: Implementation and Management of the Deprivation of Liberty Safeguards within the Meaning of the Mental Capacity Act</p>
<p>This document can be made available in a range of alternative formats including various languages, large print and braille etc</p>	
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Version Control:

		Version History:
V3	Presented to the Executive Committee for Approval	Oct 15

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- Being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- Knowing how to deal with a disclosure or allegation of child/adult abuse;
- Undertaking training as appropriate for their role and keeping themselves updated;
- Being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- Ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- Participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- Ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust is also aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality, **D**ignity, and **A**utonomy.

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1. PURPOSE AND RATIONALE

1.1 Purpose

1.1.1 This policy has been developed to support the provision of age appropriate care within Mersey care NHS Trust for under 18's.

1.2 Rationale

1.2.1 Young people aged 12-25 have the highest incidence and prevalence of mental illness across the life span with 75% of mental health problems emerging before the age of 18. Despite this, young people's access to service is poorest of all age ranges, with only 25% of young people with mental health problems accessing treatment.

1.2.2 To ensure a consistent service is received by under 18's within Mersey care NHS Trust

1.2.3 Mental Health Services for under 18's across the Mersey Care footprint are provided by a number of statutory and non statutory agencies. This allows for choice, however also leads to a complex care system. Internal and interagency procedures should not obstruct the provision of age appropriate care that meets the needs of under 18's.

1.2.4 Under 18's do not have the same legal status as over 18's. The care of under 18's must be considered within the framework of the Children's Act 1989, 2004 and The Mental Capacity Act 2005. There are issues regarding capacity (16-17 year olds), competency (those under 16 years old) and consent to treatment, which need to be considered by staff when working with this age group.

1.2.5 Amendments to the Mental Health Act (1983) made in 2007, establish a range of safeguards and provisions to ensure children and young people's rights concerning mental health care and treatment are observed. In addition, the Mental Capacity Act 2005, the Associated Code of Practice and the European Convention on Human Rights also have implications for this policy.

1.2.6 There are developmental needs for under 18's which may influence the presentation of mental health problems and the care they require.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 For this Service Provision to Under 18's policy the aims and objectives are as follows.

- (a) The provision of age appropriate care that meets the needs of under 18's in Mersey Care NHS Trust.

- (b) Offer procedure guidance regarding Inpatient Services, Community Services and Assessment Services of under 18's.
- (c) Encourage the principles of joint working between all the agencies involved in the care of under 18's.
- (d) Ensure that safeguarding of under 18's under Mersey Care NHS Trust is ensured at all times.

3 SCOPE

3.1 This trust wide, clinical policy addresses the responsibilities for Mersey Care staff working with under 18's under the care of the trust.

3.2 The procedures within this policy have been agreed with the three local NHS Child and Adolescent Service providers for 14 -18yr olds :

- (a) Alder Hey Children's NHS Trust, for those registered with a GP in Sefton and Liverpool in relation to their :
 - i) Community Tier 3 services.
- (b) 5 Boroughs Partnership NHS Trust, for those registered with a GP in Kirkby in relation to their :
 - i) Community Tier 3 services.
 - ii) In-patient services
- (c) Cheshire and Wirral Partnership NHS Trust, for those registered with a GP in Sefton or Liverpool in relation to their :
 - i) Specialist tier 4 community outreach assessment (to help with ensuring appropriateness of hospital admission's)
 - ii) Specialist community services for young people who are emotionally dysregulated
 - iii) Specialist community and in-patient Eating disorder services (CHEDS)
 - iv) In-patient services

4 DEFINITIONS

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined within the glossary in section 11.

5. DUTIES

- 4.2 **Trust Board** – The Trust Board will be responsible for overseeing this policy. The board will monitor the progress and compliance with the policy via its sub committees and associated governance frameworks.
- 4.3 **Lead Executive Director** – The lead Executive Director for this policy, Executive Director of Nursing, has strategic responsibility for its implementation of the policy and reporting to the Trust board any matters pertaining to working with Under 18's within the trust.
- 4.4 **Policy Lead** – The Policy Lead, The Youth Mental Health Clinical Lead, has operational responsibility for ensuring the processes and procedures within this policy reflect local service design and national guidelines.
- 4.5 **Safeguarding lead for under 18's** – The safeguarding lead for under 18's is responsible for ensuring that all aspects of the corporate policy and procedure for the safeguarding and protection of children policy No. SD13 are adhered to at all times when trust staffs are working with under 18's.
- 4.6 **Chief Operating Officer (Local division)** – The Chief Operating Officer for the local division is responsible for ensuring all staff receive adequate training and supervision around working with under 18's and follow relevant policies.
- 4.7 **Matrons, Ward and Team mangers** - They will ensure staff attend the appropriate training at the appropriate level to carry out their role effectively when working with under 18's.
- 4.8 **All qualified practitioners, care coordinators and support staff** – They will ensure they have completed any mandatory training required to ensure they can fulfill their role and responsibilities working with under 18's.
- 4.9 **All medical staff** – They will ensure they have completed the mandatory training required to ensure they can fulfill their role and responsibilities working with under 18's.

5 PROCESS / PROCEDURE

5.1 Admission to Mersey Care NHS Trust Services

5.1.1 Young people under 16 year of age

5.1.2 The Early Intervention in Psychosis Services work with young people experiencing or at risk of psychosis from the age of 14. (This is the only team in Mersey Care that works with under 16's)

5.1.3 For 14 and 15 year olds within the Early Intervention in Psychosis service :

(a) Medical responsibility lies with the local Tier 3, Specialist CAMHS Consultant.

(b) Care co-ordination, psychological input and STR worker support is provided by Mersey Care NHS Trust.

5.2 Young people between 16 AND 17 years of age.

5.2.1 As a guide Mersey Care should see all emergency and urgent unknown cases, and either Mersey Care or Alder Hey can see routine referrals in this 16 -17 age range.

5.2.2 If a Mersey Care clinician sees a young person who is 16 - 17 years old and feel they are suitable for CAMHS support they should :

- i) Discuss with the CAMHS Single Point of Access team (SPA) as soon as possible.
- ii) A joint decision between CAMHS and AMHS practitioner should be made as to an appropriate follow up care plan.
- iii) If CAMHS accept the case they should be offered a specialist CAMHS appointment. (They should not have to go through the CAMHS choice appointment which is their equivalent of a Mersey Care initial assessment)
- iv) If AMHS accept the case they should follow usual Mersey Care CPA processes
- v) If there is a disagreement it should be referred to the Transfer of Care meeting for mediation
- vi) Following assessment and mediation via the TOC meeting, if there is a gap in service identified, this should be raised with the clinical lead or nominated deputy and reported to commissioners.

(Alder Hey CAMHS Single Point of Access is contactable through Alder Hey switchboard).

6.2.3 If a young person aged 16 - 18 years of age is open to CAMHS and they require crisis care they should be referred into the local Stepped up Care team.

6.2.4 If young person does not engage with an assessment this should trigger discussion in a multi-disciplinary team meeting and liaison with referrer before discharge is considered.

6.3 Transition process

6.3.1 Transition in Early Intervention in Psychosis Services

6.3.1 The Mersey Care CPA policy SD21 will be followed to ensure a smooth transition of medical care at 16 years of age from CAMHS to the specialist Early Intervention in Psychosis Consultant.

6.4 Transition from Specialist, Tier 3 CAMHS to Mersey Care NHS Trust

6.4.1 Transition will be considered for all young people in CAMHS services when they are 17 ½ years old.

6.4.2 All young people will have an assessment of need undertaken by CAMHS in collaboration with them and their family, including review of health and social care needs, treatment goals and hopes and wishes for on going treatment.

6.4.3 Consideration should be given to long term needs. Where these can be foreseen young people should not be transferred through multiple services.

6.4.4 CAMHS care coordinator should initiate the referral/transition process to Mersey Care.

6.4.5 Consideration should be given to the services available from the range of 3rd sector, voluntary and faith providers for this age range and IAPT services as step down from specialist CAMHS or an adjunct to CMHT.

6.4.6 All referrals should be sent to the relevant single point of access within Mersey Care. The single point of access acts as an administration point to start the clock for waiting times for assessment by adult mental health services.

6.4.7 As a minimum, all referrals should include basic information as identified in the referral template. (See appendices 1).

6.4.8 For complex cases, where no clear service within Mersey Care is identifiable as most appropriate, the case should be referred to the TOC meeting for consideration and mediation, if necessary, to identify the best placed team to lead on the care. A decision should be reached within 28 days of referral for mediation.

6.4.9 If a young person has no GP, but is living stable in the community in a placement then the local CMHT for that area will be responsible for that case.

6.4.10 If a young person moves to an area within The Mersey Care footprint whilst in the transition process from CAMHS, then care within adult services should remain with the initial receiving CMHT until transfer has occurred and CPA processes can be followed to transfer the case. This is because of identified increased risk of adverse incidents during the transition phase.

6.4.11 If a young person has identified accommodation needs as part of the transition process, this should be jointly sourced by CAMHS as the responsible organisation and adult services as the receiving and future monitoring/treatment implementation/reviewing/commissioning service.

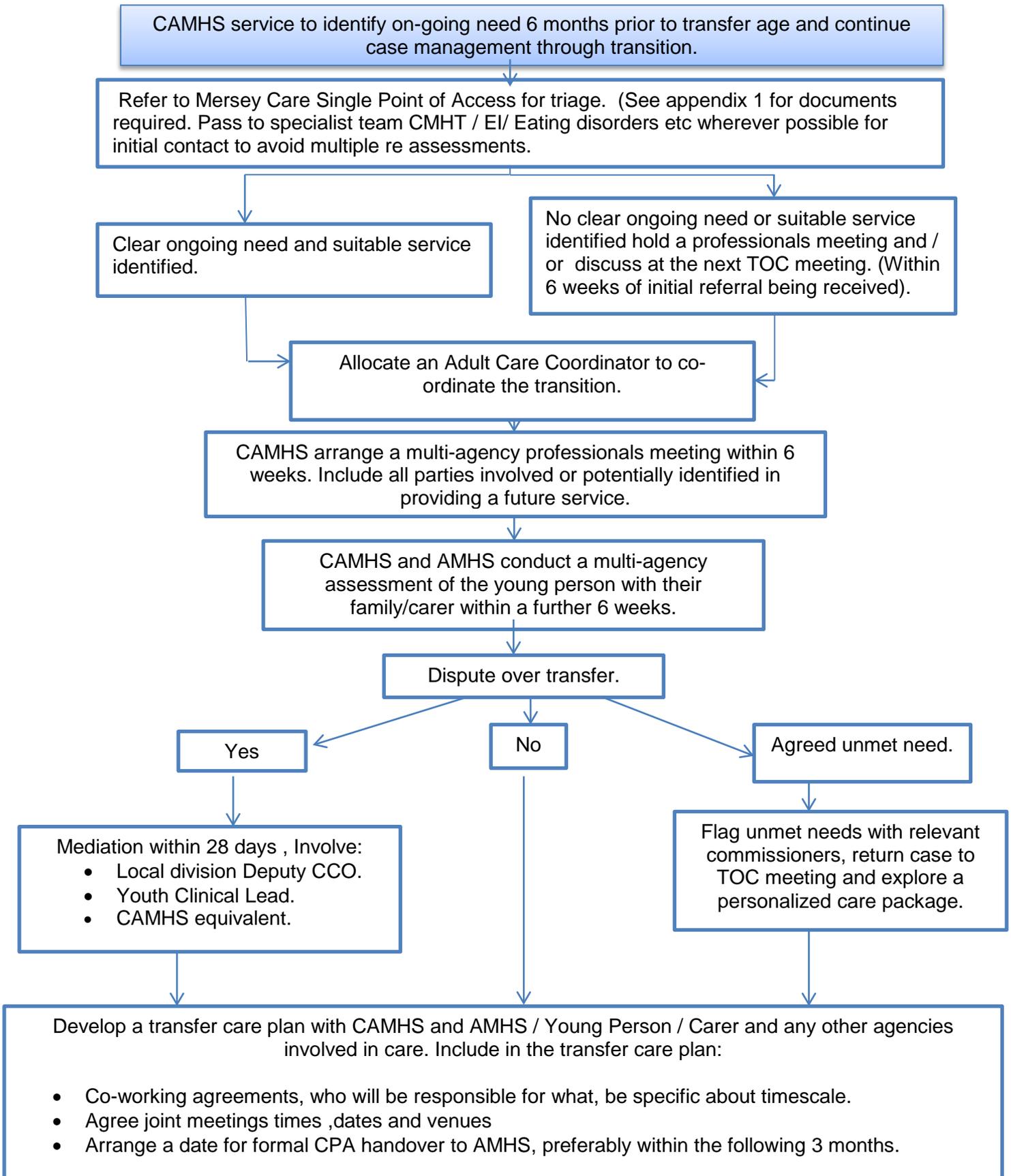
- 6.4.12 CAMHS will remain involved and responsible for the young person until transition and a joint period of working has ended.
- 6.4.13 In complex cases with complex risk issues, Mersey Care safeguarding leads should be included in discussions.
- 6.4.14 When services are identified to meet the needs fully or partially of the young person, the care lead should coordinate a joint meeting with the young person and family or carer for assessment. This should occur within 6 weeks of the referral being received.
- 6.4.15 A follow up meeting should occur within a further 6 weeks to finalise the transition arrangements, care co-ordination allocation and roles and responsibilities of each service involved.
- 6.4.16 There should be a period of joint working, unless it's not clinically indicated as helpful and the young people and family are in agreement.
- 6.4.17 All steps should be clearly documented in the Mersey Care clinical notes, including a letter to the referee, to inform them of receipt of referral and which service it has been passed to with contact details.
- 6.4.18 If, following assessment, transfer to adult services is indicated, CPA and Mersey Care performance related documentation i.e. MH Cluster, outcome measures etc., should be completed.
- 6.4.19 If multiple services are identified the care plan should clearly state roles, responsibilities and review schedules of each service.
- 6.4.20 If no service is identified that meets need, this should be recorded as a gap in provision and raised with health, social care and if relevant, education commissioners by the clinical lead or their nominated deputy.
- 6.4.21 Consider appropriateness of involving the young person and their carer /family in this process and sharing of information.

6.5 Transfer of Care Meeting

- 6.5.1 The Transfer of Care meeting has been established to support complex transition occurring in a safe and timely manner. This meeting will occur on a bi-monthly basis either actually or virtually.
- 6.5.2 Membership of this group will evolve over time but will ideally include Senior CAMHS clinicians, Tier 4 providers, Adult Learning Disability clinicians, Adult Mental Health clinicians and Local Authority representation.

6.6

Transfer to Adult services Diagram 1 Transfer pathway



6.7 Transition of People with a Learning Disability to Adult Learning Disability Services

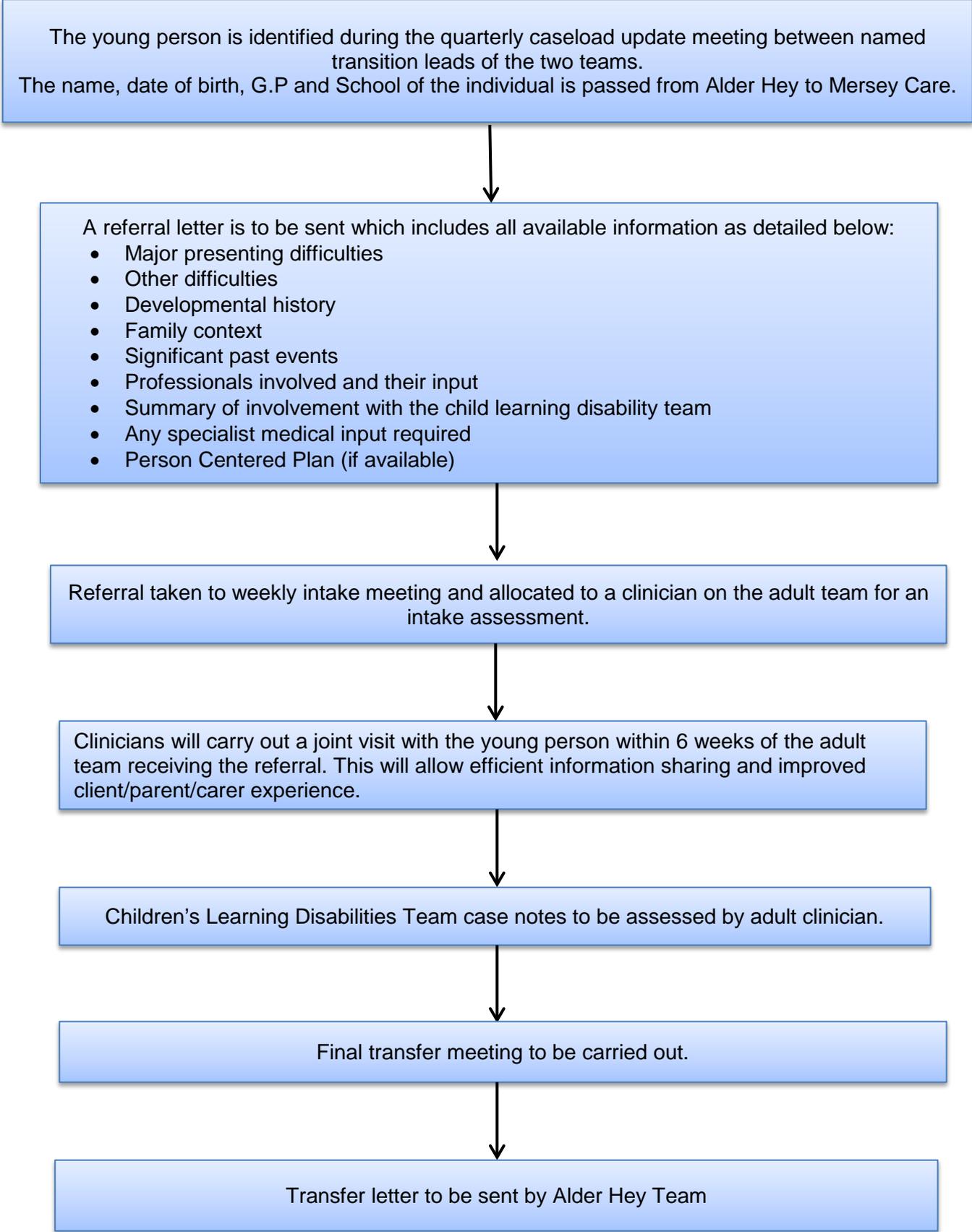
- 6.7.1 LD Services in CAMHS continue until aged 18. Planning for transition should occur 6 months prior to service end. This group has specific needs, and a clearer defined pathway of transition.

The process is detailed in Diagram 2

6.8 Transition Process (Open Cases)

- 6.8.1 Six months prior to the end of service, the named clinician from Specialist CAMHS will make a written referral to the Adult LD Team Manager (Liverpool or Sefton, as appropriate) following the intake process.
- 6.8.2 The written referral will include information on; major presenting difficulty; other difficulties; developmental history; family context; significant past events; professionals involved and their input; summary of involvement with Specialist CAMHS; any specialist medical input required; Person Centered Plan (if available).
- 6.8.3 The referral will be taken to the weekly intake team meeting where a clinician from the Adult LD Team will be allocated to carry out an intake assessment. This will be done alongside the Specialist CAMHS clinician to facilitate a seamless transition for the young person and their families. Joint visits will be undertaken to help identify clinical supports and time, which may be needed by the young person in their transition to adulthood.
- 6.8.4 A final transfer meeting, to include all interested parties, will take place prior to case closure by the Child LD Team. Written confirmation of transfer will be provided by the Key Worker closing the case to Alder Hey CAMHS.
- 6.8.5 During the transition process, case notes from Specialist CAMHS will be made available for review by adult clinician's on the Alder Hey site.
- 6.8.6 This process will ensure that the young person and their families experience a seamless transition from Child to Adult services and do not have to be placed on a waiting list for involvement.

Diagram 2: Alder Hey Children’s Learning Disability Team transfer process to Mersey Care’s Adult Community Learning Disability Team



6.9 Transition Coordinators

6.9.1 Adult Learning Disability Team practitioners may work in schools, working with staff and parents to promote health and the services offered by the adult LD Team. Adult LD practitioners will also attend school reviews at years 13 and 14, (schools year dependent on Sefton/Liverpool) where young people eligible for the service may be identified and referral made. All families will be given information on services and how to access them.

6.9.2 All young people's families will be given a Health Information Passport, to be completed by the family, to help in accessing both primary and secondary care.

6.10 Referral and assessment of young people aged under 18 with a Learning Disability

6.10.1 Young people under 18 may present in crisis to Mersey Care via Accident and Emergency or Liaison psychiatry. Practitioners should liaise with local CAMHS providers to access information with the young person's consent using the form in (Appendix 9). Joint assessment with CAMHS and social care should always be encouraged. If the young person lacks capacity, permission should be sought from parent or guardian.

6.11 New Referrals to Learning Disability Services

6.11.1 All new referrals for young persons aged 17 ½ years will be negotiated on a case-by-case basis between the Specialist CAMHS and the Adult LD Team to ensure the most appropriate allocation. On receiving referral, Specialist CAMHS and Adult LD Team managers should liaise.

6.12 Service provision for people seeking asylum.

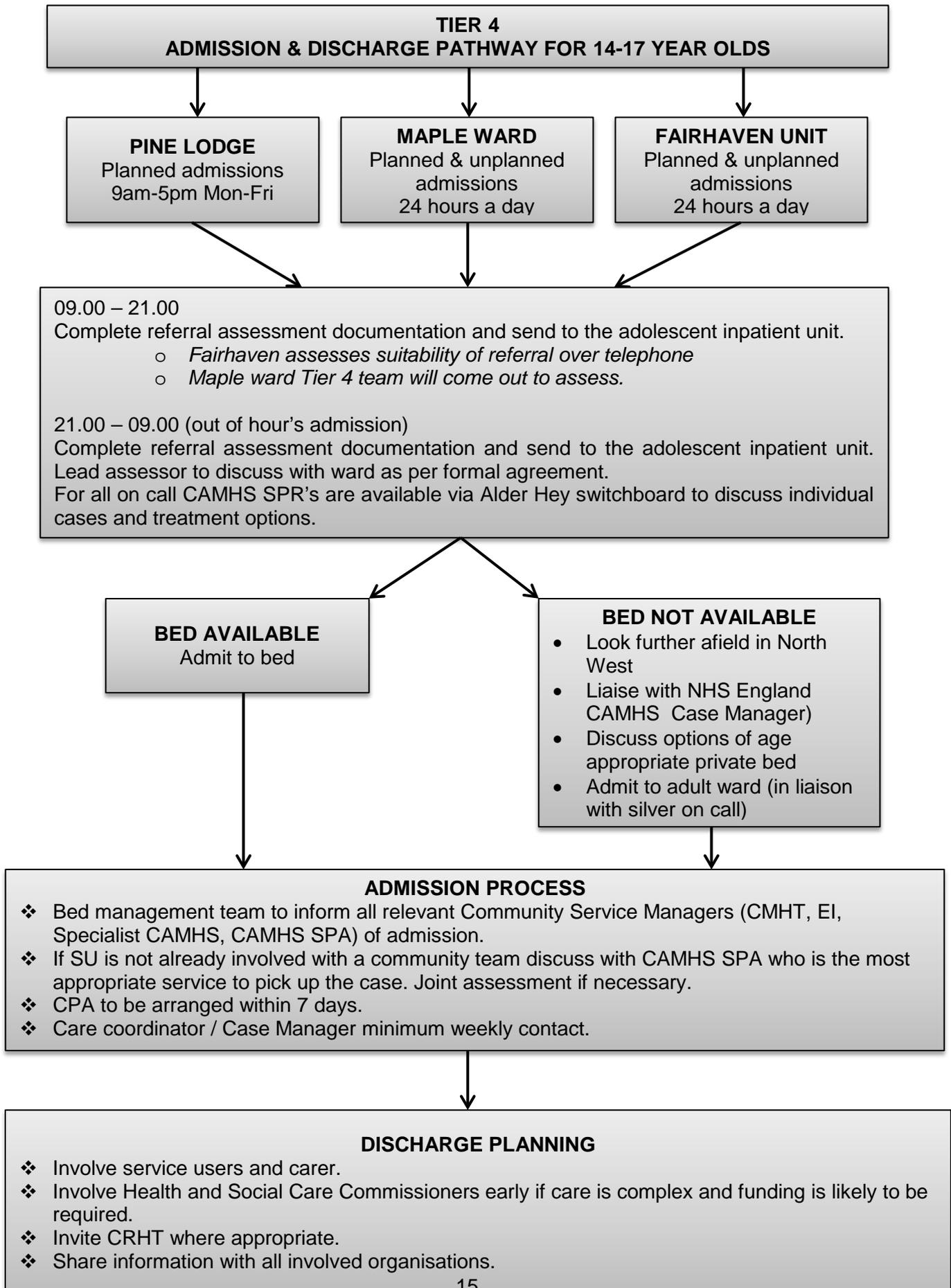
6.12.1 Unaccompanied and accompanied people seeking asylum (including those individuals denied support under Section 55 of the 2002 Act, but still claiming asylum) who have formally applied for asylum are entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration. Since people seeking asylum are entitled to free NHS treatment, they can apply to a general practitioner to register as a patient. People seeking asylum are exempt from charges for NHS hospital treatment.

6.13 Assessment for inpatient admission (See diagram 3)

6.13.1 Inpatient care may be informal (i.e. the service user is considered to have capacity and is able to consent to hospital admission), under parental consent (Under 16, see appendix 4, admitted under the Mental Capacity Act (2005) (ages 16 or 17) or admitted under Mental Health Act 1983. Admissions for young people aged under 18 should be to a unit meeting their age appropriate needs. No young person aged under 16 will be admitted to an adult mental health ward.

6.13.2 The decision to admit a child or young person to an acute inpatient ward should always consider the guiding principles of the Mental Health Act 1983, regardless of whether compulsion is being used.

Diagram 3



6.13.3 An assessment for treatment or admission of a child or young person should ideally be carried out with the involvement of a suitably qualified clinician/practitioner. This may be either an AMHP or a medical professional with experience of working with under 18 year olds. Where there is not a suitably qualified professional available, good practice suggests one should be consulted as part of the assessment process. If known to local Specialist CAMHS or Early Intervention in Psychosis teams, their specialists will be able to fulfill this role.

6.13.4 There is local agreement that the CAMHS senior medical trainee is available via Alder Hey switchboard to offer consultation on any cases.

6.13.5 All admissions of a child or young person must have the NHS England Tier 4 admission documentation completed (appendix 3)

6.14 Assessment of Needs and Environment for Admission

6.14.1 Any decisions for under 18's (including those made under the Mental Health Act 1983) should consider the following:

- (a) The best interests of the child or young person.
- (b) The child or young person's views, wishes and feelings.
- (c) Keeping the child or young person as informed as possible, in a way they are able to understand and is appropriate to their age.
- (d) Any intervention carried out must be the least restrictive necessary.
- (e) Any intervention minimises any risk the person is exposed to and is consistent with effective care and treatment.
- (f) Any intervention results in the least possible separation from family, friends, community, and is consistent with the individual's well-being.
- (g) Access to education is the same as their peers.
- (h) Dignity and respect is paramount.
- (i) Cultural, religious and spiritual needs will be considered and where appropriate additional support should be obtained from the Spiritual & Pastoral Care Team.
- (j) Privacy and confidentiality is maintained.

6.15 The treatment for mental disorder for under 18's is regulated by the Mental Health Act 1983, when the patient is:

- (a) Detained.
- (b) Subject to a Supervised Community Treatment Order.

- (c) For some treatments as an informal patient – those regulated by section 57 and section 58A of the MHA 1983 (i.e. Neurosurgery, ECT).

6.16 Admission must take account of, and comply with the consent provisions as detailed in Appendix 4 or referenced at the following links <http://www.nmhdu.org.uk/silo/files/admission-to-hospital-and-treatment-for-mentadisorder.pdf>, <http://www.nmhdu.org.uk/silo/files/admission-to-hospital-and-treatment-for-mental-disorder-under-16s.pdf>.

6.16.1 A young person with competence who refuses admission should not be admitted under parental consent. Where this is the case admission under the Mental Health Act 1983 (subject to meeting the criteria) should be considered.

6.16.2 Any decision to admit must be proportionate to the level of presenting risk, and consider the patient's health, safety and the protection of others. The least restrictive option should always be applied.

6.16.3 Informal admission of a patient under the age of 18 should be carried out in accordance with section 131 of the Mental Health Act 1983.

6.16.4 Section 131a of Mental Health Act 1983 states that young people or children admitted to hospital for treatment of mental disorder should be accommodated in an environment that is suitable for their age (subject to their needs).

6.16.5 Mental Health Act 1983 Code of Practice sections 36.67- 36.74 expands on this requirement in that young people should have:

- (a) Appropriate physical facilities.
- (b) Staff with the right training skills and knowledge to understand the specific needs of children and young people.
- (c) A hospital routine that allows their personal, social and educational development to continue as normally as possible.
- (d) Equal access to educational opportunities as their peers in so far as that is consistent with their ability to make use of them, considering their mental state.
- (e) Age appropriate leisure activities and facilities.
- (f) Facilities for visits from parents, guardians, siblings, carers, friends and social contacts.

6.17 Emergency Admission

6.17.1 For emergency admission or assessment the Young Peoples Centre Tier 4 Outreach and Assessment Team will accept referrals via phone. They can be contacted via Bowmere Hospital switchboard on 01244 364582. The Tier 4 Outreach and Assessment Team operate 7 days a week 8.00am to 9.00pm. This team will act as gatekeepers for Maple Ward within these hours.

- 6.17.2 Out of hours (i.e. when the outreach assessment team service is not available), CWP have agreed that admission can be agreed by the Maple Ward team in conjunction with the on-call manager for Maple Ward and Mersey Care Bronze on-call.
- 6.17.3 Following assessment, or phone triage, if it is agreed that immediate admission is indicated and a bed is available, then Mersey Care NHS Trust services will facilitate arrangements for transporting the young person to Maple Ward.
- 6.17.4 If known to Mersey Care services the care coordinator will be notified through local procedures. If not known to a Mersey Care service the referral will be passed to the Community Service Manager and local Single Point of Access Team for triage. Allocation of lead service to take the referral should be based upon need as described in section 6.4. This should include consideration of Tier 3 CAMHS.
- 6.17.5 If known to service care coordinator will be notified through local procedures. If not known to service the referral will be passed to local Access and Immediate Care Team/ACT/Access and CAMHS SPA teams for triage. Discussion between senior practitioners in Mersey Care and Alder Hey is encouraged. Allocation of lead service to become involved in discharge planning from the tier 4 provision will be based upon need.

6.17 Overriding circumstances leading to use of Mersey Care inpatient beds.

- 6.17.1 Mersey Care NHS Trust utilise specialist Tier 4 CAMHS beds for this age group and would not normally look to provide inpatient care to people under 18. In a minority of cases Mersey Care beds may provide the environment that is most suited to a young person's needs if aged 16 or 17. **Mersey Care NHS Trust will not admit people aged under 16.**
- 6.17.2 The MHA 1983 Code of Practice recognises **overriding** circumstances when the need for accommodation in a safe environment may, in the case of a small number of young people aged 16 or 17, take precedence over the suitability of that environment for their age.
- 6.17.3 When a young person cannot be accommodated on an adolescent ward, short term accommodation on an adult ward with discrete accommodation and facilities, security and staffing appropriate to the needs of the child can be considered (MHA 1983 Code of Practice paragraphs 36.70 - 36.71).

6.18 Atypical circumstances leading to use of Mersey Care inpatient beds

- 6.18.1 The MHA 1983 Code of Practice also recognizes there will be **atypical** times when assessment of a young person's needs concludes that the best place for admission may be to an adult ward (MHA 1983 Code of Practice paragraph 36.72). Examples include:

(a) A young person is very close to their 18th birthday and transfer to an adolescent ward for a short period of days or weeks would be counter therapeutic.

(b) A young person expresses a preference to be on an adult ward to remain under the care of a treating team e.g. Early Intervention in Psychosis services.

6.18.2 Expressing a preference is not sufficient grounds to admit a young person to an adult ward. Instead such a request must be considered in the light of appropriateness and best interest principles before being granted.

6.19 Applying to the Mental Health Tribunal

6.19.1 All people detained under the Mental Health Act may apply to the Tribunal. Trust staff should at the earliest opportunity provide assistance to children and young people to have access to legal representation at a Tribunal. Children and young people must be referred after one year for a Tribunal hearing. Further guidance may be found in the MHA Code of Practice at paragraph 36.76.

6.19.2 Contact the trust legal management team in instances where further advice is required in respect of:

- i) The Tribunal process
- ii) Consideration is being given to an application to the High Court regarding a child or young person being admitted informally or giving treatment.

6.20 Admission to Age appropriate beds

6.20.1 NHS England commission Tier 4 Inpatient Services for under 18's. See appendix? For contact details

6.20.2 Cheshire and Wirral Partnership NHS Trust is the first identified provider of inpatient care for young people aged under 18 from the Liverpool and Sefton Mersey Care NHS Trust area, at Maple Ward and Pine Lodge, known collectively as Young Persons Centre (YPC).

For young people from the Knowsley area, Fairhaven unit would be the first line provider.

6.20.3 Prior to admission any CAMHS Tier 4 service admission assessment documentation requires completion (Appendix 3). This is required to be sent to the local admission unit who will then assess suitability of admission. This aims to prevent repeated assessments being carried out and further assessments by the local in-patient unit will build on information provided by local service. If known to service care coordinator will be notified through local procedures. If not known to service the referral will be passed to local Access and Immediate Care Team/ACT/Access and CAMHS SPA teams for triage. Discussion between senior practitioner's in Mersey Care and Alder Hey is

encouraged. Allocation of lead service to become involved in discharge planning from the tier 4 provision will be based upon need.

6.20.4 If specialist secure needs are identified these would be discussed with NHS England commissioners and appropriate providers involved. Edenfield Centre at Prestwich provides opinions and admissions for young people under 18.

6.20.5 If High Secure Needs are identified, then *Protocol for Joint Working between the National Secure Forensic Mental Health Service for Young People and the High Secure Adult Mental Health Service in the management of adolescents under the age of 18 who may require care and treatment in conditions of high security* should be referred to.

6.20.6 Wythenshawe Mother and Baby Unit accept admissions of young people aged 16 and 17.

6.21 If no Tier 4 beds are available

6.22.1 The assessing practitioners should consider:

- a) Age
- b) Safe environment
- c) Risks

The options at this point are:

- a) Private Tier 4 facility
- b) Mersey Care bed

6.22.2 Bronze or silver on call manager should be involved at the earliest opportunity. Maple Ward will treat admissions under the overriding category as Emergencies and endeavour to assess within 1 working day.

6.22.3 Guidelines for working with young people aged 16 and 17 on an adult ward are discussed in section 6.22.

6.22.4 Adolescent PICU should be considered if the safety of an under 18 can not be provided in an acute adolescent unit, or the safety of other under 18's can not be guaranteed if the young person is admitted.

6.22.5 Funding will be agreed through the On Call silver or bronze Manager acting on behalf of NHS England case managers. NHS England case managers should be informed of the Out of Area placement identified on the next working day.

6.23 Working with young people whilst inpatients

- 6.23.1 There is a need for clear communication between inpatient teams and Mersey Care community services and the Care Programme Approach provides a safe framework for working.
- 6.23.2 The gold standard will be for a CPA meeting to be held within 7 days of admission. A CPA may be called earlier if admission is no longer felt to be indicated by Maple Ward team and should be multi agency including Social Care and Stepped Up Care and Alder Hey Single Point of Access Team when appropriate.
- 6.23.3 Ideally there will be discussions between the care team and Maple Ward within 72 hrs of admission to discuss who should attend the CPA.
- 6.23.4 For young people known to services this process will be led by the care coordinator or team manager.
- 6.23.5 For young people not known to services, on admission to Maple Ward the person's details should be passed to local Mersey Care Single Point of Access **and** the CAMHS Single Point of Access.
- 6.23.6 The Mersey Care local CMHT or EIP manager will then discuss with the Single Point of Access CAMHS representative who is the most appropriate service to manage the young persons care based on their identified needs. Joint assessment may be indicated. They must also agree who is going to attend the CPA meeting to ensure follow up service representation.
- 6.23.7 Ideally there will be allocation of a care coordinator from the appropriate team and discussion with the inpatient care team within 72 hours of admission. Mersey Care will assess eligibility for their services in line with the principles described in the transitions pathway (See diagram 1). The young person's case will be allocated to a lead service based upon identified needs, who will then liaise with the Tier 4 ward.
- 6.23.8 It is important to minimize the length of hospital admission and this need may limit the ability to immediately identify the service best able to meet long term needs. It is therefore recognized that everyone aged 16 or 17, not already engaged with AMH services, who has required an inpatient admission should be considered for a period of stepped up care on discharge to facilitate a smooth transition from inpatient care.
- 6.23.9 Care coordinator/lead service input and role will vary depending on the service user and their needs, but regular contact should be maintained with the young person over the time of their admission.
- 6.23.10 CPA review timescales will vary, dependent on needs of the case, but will likely occur between 4 and no less frequent than 6 weeks.
- 6.23.11 If longer term inpatient care needs are identified for the young person this care will be planned in conjunction with the Tier 4 provider.

6.24 Working with Young People on Mersey Care wards

- 6.24.1 Inpatient environments should be prepared for short term, emergency admissions of young people aged 16 and 17. Care should comply with guidance described in appendix 4,5 and 6.
- 6.24.2 If a schedule 1 offender is an inpatient, this ward environment would not be suitable for young people aged under 18 due to safeguarding needs.
- 6.24.3 Trust safeguarding staff, NHS England commissioners, Care Quality Commission should be notified of admissions of under 18s at the earliest opportunity, and will take an active involvement in care planning.
- 6.24.6 Maple ward outreach staff should be requested to assess the young person as soon as is possible
- 6.24.7 Mersey Care NHS Trust will monitor all admissions of young people aged 16 and 17 with respect to type of need (overriding or atypical), race, gender, disability, legal status and occupied bed days to inform staff and service needs. This information will be reported and collated by Clinical Placement staff. Admissions of under 18s to adult wards should be reported via StEIS and via Adverse Incident reporting.

6.25 Care provision on Mersey Care wards

- 6.25.1 Prior to admission to an adult ward a multidisciplinary assessment of risks and needs should be completed and documented, with young people and their family / carers ideally being involved in this process.
- 6.25.2 A written care plan detailing treatment and risk management should be formulated and documented prior to admission.
- 6.25.3 In addition specific risks that may be present on the ward need consideration and a documented management plan.
- 6.25.4 For an initial period consideration should be given to the need for 1:1 support for a young person admitted to a ward via level 3 observations, though this decision should be made on clinical need and risk management grounds, and not enforced as a blanket policy. If utilised this should be reviewed regularly.
- 6.25.5 If level 3 observations are not utilised good practice would suggest identification of a member of staff to act as a “buddy” and familiar point of contact for a young person on each shift.
- 6.25.6 A young person should have their own single bedroom identified in a secure area of the ward.
- 6.25.7 On arrival on the ward the young person should be orientated to the environment and given written information appropriate to their needs, including details of their named nurse and other treating professionals. The young person should be provided with a copy of the Headspace tool kit. (See Appendix 6)

- 6.25.8 The young person should be able to access the unit's family room for visits with family and friends (as per policy SD22).
- 6.25.9 The young person should be able to access the unit's Sacred Space for prayer, worship or reflection and appropriate religious items and texts should be made available for their use. Additional support may be provided by members of the Spiritual & Pastoral Care Team.
- 6.25.10 Access to outside space should only be restricted by the young person's individual clinical risk. However actions should be taken to ensure a young persons safety outside, e.g. by providing a member of staff as an escort.
- 6.25.11 Whilst on the ward the young person should be accompanied by a chaperone whose gender they may choose for any intimate medical examinations.
- 6.25.12 Good practice suggests acute care staffs are supported in managing a young person by a named CAMHS professional. If known this should be taken forward with local specialist CAMHS, Early Intervention in Psychosis Team or Tier 3 Knowlsey CAMHS team.
- 6.25.13 Guidance on working with young people aged under 18 under the Mental Health Act is provided in appendix 4 and 5

6.26 Review and transfer

- 6.26.1 The local bed management teams will take responsibility for arranging transfer to an age appropriate environment, though may delegate this to ward staff.
- 6.26.2 Good practice would suggest a full MDT review within 24 hours of the young person's admission. A minimum standard would be review of their care plan, needs and risks by the duty doctor and named nurse. The review should consider the need for admission and explore home treatment options that may be appropriate. Consideration should be given to referral to local Specialist CAMHS mental health team, contactable via Alder hey switchboard. The young person, their family and/or carers should be involved in the review.
- 6.26.3 Good practice suggests that a young person should be transferred to an age appropriate environment within 72 hours if admitted to an adult ward due to overriding needs.
- 6.26.4 Regular liaison should occur with Maple ward around the availability of an age appropriate bed. Maple ward will treat admissions to Mersey Care beds under the over riding category as Emergency, and endeavour to assess within 1 working day.
- 6.26.5 If a bed does not become available at Maple Unit within 72 hours, and inpatient care is still required, alternative providers within NHS and private sector should be explored in consultation with NHS England Case managers.

6.27 Supporting carers over a period of hospitalisation

6.27.1 Maintaining social networks is important for young people and there will be an increased burden upon carers to maintain contact with young people admitted to hospital due to distance.

6.27.2 Care co-ordinators should have early discussion with carers to facilitate referral for a carer's assessment to identify any needs.

7 CONSULTATION

7.1 The following staff / groups were consulted with in the development of this policy document:

- a) Mersey Care Safeguarding Team.
- b) Clinical lead for Youth mental health.
- c) Transition and youth mental health CQUIN practitioner and project manager.
- d) Local CAMHS providers , Alder hey , Cheshire and Wirral, NHS England case managers Insert job title / group.
- e) Mersey Care Equality and human Rights lead

8 TRAINING AND SUPPORT

8.1 Bespoke training can be co-ordinated in Mersey Care as and when requested by the clinical lead for Youth mental health, safeguarding and MHA team.

8.2 Training is also accessible via the Liverpool CAMHS partnership website [www. FYILiverpool.com](http://www.FYILiverpool.com)

9 MONITORING

9.1 The transitional pathway will be subject to audit

9.2 Admissions of young people under 18 to Mersey care wards will be recorded via Datix and Steis They will be fed back to local divisional leads and the Trust board and NHS England .

10 SUPPORTING DOCUMENTS

Ref No	Name	Purpose
SD13	Safeguarding and Protection of Children	
SD21	Care Programme Approach	
SD22	Children Visiting Mersey Care Sites	
SD25	Management of Service Users with a Dual Diagnosis of Mental Health Needs & Learning Disability	
MH01	MHA 1983 overarching policy	
MH16	Interagency Policy and Procedure for Section 136	
MC01	Mental Capacity Act overarching policy	
MC04	Implementation and Management of the Deprivation of Liberty Safeguards within the Meaning of the Mental Capacity Act	

11 GLOSSARY OF TERMS

Glossary of Terms

Term	Description	Reference
SPA	Single point of access that referrals are received into within a service	
CAMHS	Child and Adolescent Mental health Service's. Works with in a 4 Tiered framework ,which has described a common language for describing an commissioning services .	
Tier 3 services	CAMHS specialist services Community 14- 18 year olds. Commissioned by local CCG's.	
Tier 4 services	CAMHS specialist In-patients services 14-17 year olds. Commissioned by NHS England	
Choice appointment	The term used to describe an initial assessment appointment with a CAMHS practitioner	
Partnership appointment	The term used to describe the offer of a specialist CAMHS appointment with a Tier 3 or Primary Care Practitioner following an initial choice appointment.	
AMHS	Adult Mental health Services	
EIP	Early Intervention in Psychosis services, offering phased specific intervention's to service users experience their first episode of psychosis for 3 years.	

Term	Description	Reference
Care Coordinator	Qualified practitioner who is responsible for co-ordination of all aspects of multi or single disciplinary care , by bringing together all MDT member to formulate, monitor and review the implementation of a care plan	
STR worker	Support Time and recovery worker, employed to support implementation of specific care plans to aid activity, involvement and recovery of a service user	
TOC	Transition of care meeting. Held Bi-monthly to discuss complex transition cases.	
MHA	Mental health Act 1983(subsequently amended in 2007) is the law which set out when you can be admitted, detained and treated in hospital or in the community either for their own health and safety or the protection of other people	
AMHP	Approved mental health practitioner, receive specific training and are registered with the local authority to implement elements of the mental health act 1983, as amended by the MHA 2007.	

APPENDIX 1

Example of referral information required by Mersey Care for transfer of care

1. Referrer information :
2. Patient information:
 - a) Name:
 - b) DOB:
 - c) Address:
 - d) NHS No: 6203931934
 - e) Parent / Guardian address
 - f) GP details
3. History of difficulties, including diagnoses or formulation and on-going needs:
4. Summary of CAMHS involvement including episodes of care, interventions delivered and outcomes:
5. Medication history:
6. Family context:
7. Background history including development, schooling and significant past events:
8. Current social context:
9. Physical health concerns:
10. Disability issues:
11. Risk assessment / formulation:
12. Safeguarding concerns including Local Authority Involvement:
13. Professionals and agencies involved and their input:
14. Are there any confidentiality issues:
15. Please include relevant reports or care plans.

Appendix 2: Service guide and contact details

Services available locally for young people.

Liverpool service's

1. First point of call FYI website www.liverpoolfyi.com This covers a broad array of services that help to meet the needs of young people in Liverpool, its regularly updated by Merseyside youth association (MYA) and has links to all services across Liverpool to help young people manage their mental health and wellbeing.
2. MYA also offer a host of counselling, young peoples involvement supports across the city www.mya.org.uk
3. Mersey Care services available www.merseycare.nhs.uk
4. Young peoples advisory service <http://www.ypas.org.uk>
5. ADHD foundation www.adhdfoundation.org.uk
6. PSS spinning world ,offers support for young people and families around trauma based therapy , especially people seeking asylum –
 - a. www.pss.org.uk www.psspeople.com
7. Sexual health services, includes training advice contraception and counselling around gender dysphoria www.liverpoolcommunityhealth.nhs.uk
8. Domestic violence support <http://liverpooledomesticabuseservice.org.uk>
9. Young carers www.barnardos.org.uk
10. Drug services- Young Addaction, www.addaction.org.uk

Primary care psychological therapies(IAPT) Talk Liverpool

11. Children's and young peoples IAPT service's (accessible via SPA in Alder Hey) 0-19 year old
12. Adult IAPT aged 16 and above Talk Liverpool

Sefton service's

13. First stop look at Sefton CVS website <http://www.seftoncvss.co.uk> which pulls together all the voluntary services available for young people in Sefton area. Attached are two directory of services available which also guides you on what support services are available for different thresholds of problems
14. Mersey care services available www.merseycare.nhs.uk
15. Sexual health services <http://www.get-on-top.co.uk>
16. ADHD foundation www.adhdfoundation.org.uk
17. Merseyside Youth association have counselling and supports available www.mya.org.uk
18. Domestic violence support Sefton women's and children's aid www.swaca.com
19. Young carers www.mysignpost.org

20. Services to help young people and young parents
www.parenting2000.org.uk

21. Drug services - SMASH Team (multi-disciplinary substance misuse service for children and young people aged 10-18 years) on 0151 288 6021. Accessible also via , Health & Well-being Centre (Single Point of Assessment for Seton Council 221-223 Knowsley Road, Bootle, L20 4NN Tel: 0151 934 3100

Primary care psychological therapies (IAPT) Access Sefton

22. Adult IAPT aged 16 and above

Knowsley services

23. Primary care and psychological therapies (IAPT) Knowsley is provided by 5 Boroughs Trust
www.5boroughspartnership.nhs.uk/iapt/

24. Child and adolescent services are also provided by 5 Boroughs Partnership

25. On line and face to face counselling for 11-25 year olds in the borough of Knowsley www.xenzone.com/kooth

26. Drug services http://cri.org.uk/knowsley_recovery

APPENDIX 3

NHS England Tier 4 assessment form

Appendix 4 Competence to Consent to Treatment

Competence and Under 16's

See: <http://www.nmhdu.org.uk/silo/files/admission-to-hospital-and-treatment-for-mental-disorder.pdf> for flow chart

When considering whether a child or young person under the age of 16 is competent to consent to either admission or treatment the Fraser Guidelines should be applied.

The understanding level required for different interventions may vary, and the competence to consent to each decision should be carefully assessed.

The Fraser guidelines mean that the child or young person has the sufficient understanding and intelligence to understand fully what is involved in a proposed intervention. The care team must assess and evidence any judgment made against this criteria within the care notes on a decision-specific basis.

Parental consent from those with parental responsibility should be sought for any admission and/or treatment. Legally, consent is only required from one person with parental responsibility, however it is good practice to consult and involve both parents and any other relatives / carers wherever possible and appropriate.

Parental consent does not outweigh the wishes and feelings of the child and the Fraser Competence should still be considered in each case.

Competence and 16 – 17 year olds

See <http://www.nmhdu.org.uk/silo/files/admission-to-hospital-and-treatment-for-mental-disorder-under-16s.pdf> for flow chart

Young People 16 – 17 years old should be considered in terms of capacity to consent (as per Mental Capacity Assessment Policy) on a decision and time specific basis.

Parental consent cannot be used to treat a young person against their wishes if the young person has the capacity to refuse the intervention or admission. In this instance formal procedures, such as compulsion under the Mental Health Act 1983, should be considered.

Where a young person aged 16-17 does not have capacity to consent, intervention / admission could be considered with parental consent, under Mental Capacity Act 2005 or under common law in the specific circumstances detailed below:

- With the consent of a person with parental responsibility, if the action is within the zone of parental control. The zone of parental control

applies if the following two questions can be answered in the affirmative.

1. Is the decision one that a parent would be expected to make, having regard to both what is considered normal practice in our society and to any relevant human rights decisions made by the courts?

2. Is the parent acting in the best interests of the child or young person?

The care team must assess the case in respect to this issue PRIOR to seeking parental consent or acting upon parental consent. (See Mental Health Act Code of Practice 36.12 for guidance and factors to consider in the assessment process in regard to the zone of parental consent).

- Under the Mental Capacity Act 2005, unless the intervention amounts to a deprivation of liberty.

If there is a deprivation of liberty it may be necessary to consider an application to the Court of Protection under the MCA2005.

- Common law principles

This could be considered over use of mental Capacity Act 2005 for 16-17 year olds where physical restraint is required to prevent YP harming other(s).

Appendix 6

The Mental Health Act 1983 and Young People under 18

Introduction

The issues concerning consent to treatment of mental disorder for children and young people are very complex. Practitioners should be fully conversant with Chapter 36 in general and paragraphs 36.51 – 36.66 in particular of the Mental Health Act Code of Practice (2008 edition).

Treatment under the Mental Health Act 1983 or the Children Act 1989 **(See paragraphs 36.16 – 36.18 of the MHA 1983 Code of Practice)**

“There is no minimum age limit for detention in hospital under the Mental Health Act. It may be used to detain children or young people where it is justified by the risk posed by mental disorder and all the relevant criteria” (MHA 1983 Code of Practice; 2008 ed.) para. 36.16

“However, where the child or young person with a mental disorder needs to be detained, but the primary purpose is not to provide medical treatment for mental disorder, consideration should be given to using section 25 of the Children Act 1989” (ibid, para. 36.17).

Treatment under Section 57 of the Mental Health Act 1983 **(See paragraph 36.54 of the Act’s Code of Practice)**

A child or young person under the age of 18 cannot be given treatment covered by section 57 of the Mental Health Act 1983 without their informed consent if they have the capacity or competence to understand the decision, regardless of whether they are detained or not. Parental consent cannot override the child or young person’s refusal to consent. Section 57 treatments may only be administered to hospital in-patients.

Treatment under Section 58A of the Mental Health Act 1983 (ECT) **(See paragraphs. 36.55 – 36.66 of the Act’s Code of Practice)**

Section 58A of the Mental Health Act 1983 (introduced as a new section under the 2007 amendments) applies to the treatment of ECT.

Except in an emergency, there are **no** circumstances where a child or young person can be given ECT if they have either the capacity or competence to make an informed decision and refuse the treatment.

Except in an emergency, there are **no** circumstances where an individual under 18 can be given ECT without the approval of a second opinion appointed doctor (SOAD), even if they consent. This applies even if the child or young person is receiving the treatment as an out-

patient.

Where a child or young person is in receipt of Supervised Community Treatment AND s/he requires emergency ECT AND s/he has the capacity or competence to make an informed decision AND s/he refuses the treatment THEN emergency ECT against her/his consent may **only** be given after s/he has been recalled to hospital within the meaning of section 17E of the Mental Health Act 1983.

Where a child or young person is either detained in hospital or is in receipt of Supervised Community Treatment under the Mental Health Act 1983 ECT may be administered without or against parental consent if the patient lacks the capacity or competence to make an informed decision.

Except in an emergency, where a child or young person lacks the competence to consent to ECT, AND is NEITHER detained in hospital NOR is in receipt of Supervised Community Treatment under the Mental Health Act 1983, then a person with parental responsibility may consent on the child or young person's behalf provided:-

1. Authorisation is first granted by the Court of Protection
AND
2. A SOAD Certificate to administer ECT is completed.

HOWEVER, where the above circumstances apply in the case of a young person of 16 – 17 years (but not a child under 16 years) ECT could be administered under the Mental Capacity Act 2005 provided that Act's treatment criteria can be satisfied (see Chapter 13 of the MCA 2005 Code of Practice).

Note that the Mental Capacity Act 2005 can only be used in this way provided it does not have the effect of depriving the young person of her/his liberty within the meaning of Article 5 of the European Convention on Human Rights, 1953 and the Human Rights Act 1998.

Where treatment is authorised under the Mental Capacity Act 2005 a SOAD certificate is still required before ECT can be given (except in an emergency).

Treatment of Children and Young People in Receipt of Supervised Community Treatment (SCT)

(See Sections 62A and 64E – 64F of the MHA 1983 and Paragraphs 36.64 – 36.65 of the Act's Code of Practice -

There is no lower age limit for Supervised Community Treatment (SCT), and children and young people may be placed in receipt of this where appropriate (see SCT policy).

Parental consent does not apply to treatment for mental disorder while the patient is subject to SCT provisions. However, the parents should be consulted about a particular treatment (subject to normal confidentiality arrangements) where the young person resides with their

parents.

If a person with parental responsibility is unhappy with a particular treatment or condition applied under SCT, and the child is not competent to consent, a review of the treatment and care plan should be carried out to consider whether the plan and SCT in general is still appropriate.

Emergency Treatment

(See sections 62, 62A, 64B(2), 64E – 64G incl. of the MHA 1983 and Paragraphs 23.16, 23.21- 23.23 incl., and 24.32 -24.33 incl.)

This applies to emergency treatment administered irrespective of whether or not the child or young person is detained under the Mental Health Act 1983 / in receipt of Supervised Community Treatment at the time the emergency occurs.

Emergency treatment may be given without the child/young person's consent and/or parental consent. However this must be where there is EITHER a threat to life OR to prevent irreversible serious deterioration of the patient's condition if the treatment is not given, and must be in accordance with paragraph 36.51 of the Mental Health Act Code of Practice.

APPENDIX 7

Headspace Tool Kit

APPENDIX 8

Information request and consent form

To Alder Hey CAMHS

Dear Colleagues

Re: Name:

DOB:

Address:

NHS Number:

We are working with the above service user who has consented to us accessing information on their care with your Trust.

I (Service User) or

I (Parent/Guardian, if young person lacks capacity),
consent for Mersey Care NHS Trust staff to access information on my
involvement with CAMHS services.

Signed: Date:

We would be grateful if you could make relevant document available.

Yours sincerely

