



AGENDA ITEM

3.2.5

QUALITY & SAFETY COMMITTEE

TRANSITION AND HANDOVER FROM CHILDREN TO ADULTS HEALTH SERVICES

Date of meeting	20/09/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sian Watkins, Planning and Commissioning Manager and Elle McNeil, Head of Planning and Commissioning
Presented by	Elle McNeil, Head of Planning and Commissioning
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Transition from Children to Adult Health Service Group	(05/05/2022)	SUPPORTED
Senior Leadership Team	(17/08/2022)	SUPPORTED

ACRONYMS

C/YP	Children and Young People
CTMUHB	Cwm Taf Morgannwg University Health Board
EOI	Expression of Interest
MDT	Multi-Disciplinary Team (meeting)
SOP	Standard Operating Procedure
THP	Transition and Handover Plan
UNCRC	United Nations Convention on the Rights of the Child
WG	Welsh Government



1. SITUATION/BACKGROUND

- 1.1 This report highlights the new WG Guidance on the transition of Children and Young People from children to adult healthcare services published in February 2022 (Appendix 1). The report provides recommendations on how the Growing Well Strategy Group will provide strategic leadership to implement the new guidance within CTMUHB. The overall aim is to develop and implement SOPs for the transition of C/YP from children to adult services within all specialities.
- 1.2 The transition between children and adult healthcare services for young people with long-term health needs is an important time for C/YP and one, which needs careful management to ensure continuity of care and services.
- 1.3 The new guidance developed by WG aims to improve the care of young people, aged 16 to 25, receive during this period. The guidance covers the time before, during and after they move from children's to adult services.
- 1.4 The guidance aims to ensure young people and their carers have a better experience of transition by improving the way care is planned and carried out.
- 1.4 The guidance should be considered by CTMUHB alongside:
 - The UNCRC, an international agreement that protects the human rights of Children and CTMUHB's Children's Rights Charter;
 - The NEST Framework's approach to 'whole system' service design; and
 - "No Wrong Door" ensuring that services are wrapped around C/YPs and their families.
- 1.5 Health Boards will be required to:
 - Ensure each specialty area facilitates MDT meetings to review the C/YP health and care needs, history and requirements and plan the most appropriate care going forward.
 - Ensure early engagement with outside agencies, including the Third Sector, Health services and Primary Care (GP) to ensure proactive planning for smooth transition.
 - Ensure that mechanisms are in place to capture feedback of the process after 6 months and 12 months to help inform future service provision (in addition to Putting Things Right, 2011). CIVICA will support patient feedback.
 - Ensure clear accountability and delivery mechanisms are in place with suitable and effective monitoring arrangements, including annual reporting to the Quality & Safety Committee.

- Monitor implementation of the transition and handover guidance using feedback, service standards, and recognised national audit outcomes.
- Appoint a Senior Lead to provide strategic leadership and ensure the Health Board meet the requirements.
- Ensure “Named Worker” from either children’s or adult services, is appointed to provide operational transition support per C/YP.
- Provide a progress report in February 2024 regarding implementation.

Proposed Approach to Implementation

- 1.6 It is proposed that the Planning and Transformation department will meet with specialties to discuss the new WG guidelines to develop and agree appropriate approaches and:
- Review which specialties already have a transition process in place within CTMUHB.
 - Ensure where an established transition is in place, that these meet with the new WG guidance requirements.
 - Target resources to develop transition approaches with the highest level of C/YP transitioning.
- 1.7 The Planning and Transformation department will agree key priorities for 2022 – 2024 and establish an Action Plan, to include:
- Identification of a Senior Lead recruited via EOI (see the draft attached at appendix 2).
 - Baseline data of the number of C/YP transitioning per service.
 - Development of a CTMUHB wide Transition Policy, guidance, THP and SOPs.
 - Piloting and reviewing the revised transition process in areas where CTMUHB both have a transition process and do not have a transition process in place.
 - Developing and delivering appropriate training, education and information for staff impacted by the changes.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The new guidance does not offer any additional funding. The cost of staff time for additional duties associated with Senior Lead, Named Worker roles, completing THPs and MDT meetings requires consideration.

- There may be some mitigation as some specialities already have transition plans in place, therefore will not incur any additional staff time costs.
 - Services with no transition practice in place may have an impact on the overall service deliverability as transition planning is an additional requirement without additional funding or time allocated.
 - Consideration is required on how the Senior Lead role can be developed, and whether this can be via releasing and back-filing staff time or if a separate remunerated role is required.
- 2.2 The staff time and therefore potential cost implications are not known at this time. Using the available information, it is estimated that children under paediatric care in CTMUHB turning 16 per year is ~390 who may transition to adult healthcare services and require a THP. Further work is required to identify the number of CAMHS patients who transfer to adult mental health services who would be eligible for THPs.
- 2.3 In-line with the guidance, the Senior Lead role will be required to report annually to the Quality & Safety Committee on the implementation of the guidance and the number and experience of C/YP transitioning to adult services.
- 2.4 WPAS has been identified as an appropriate system to upload THPs as eDOCs into, this would enable them to be accessed by all services, printed, and edited as required. This will require:
- Directorate level support to enable appropriate staff training.
 - Additional time and training may be required to support changes for Bridgend/ Princess of Wales (POW) who currently use Swansea WPAS system.
 - SOPs required to enable the THP to be used effectively within WPAS by all teams.
- 2.5 CIVICA has been identified as an appropriate system to develop and deliver the required 6/ 12 month checks on transition.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 As noted previously, the guidance was issued without additional funding to support implementation or maintain transition practice over time. The cost of staff time for additional duties associated with the guidance may present as a cost-burden and comes at a time of existing staffing capacity issues.
- 3.2 The capacity of the CIVICA team and their existing workload priorities may result in CTMUHB not being able to utilise PREMS data to provide the required 6/12 month checks on transition.
- 3.3 Not all services will have THP within the 2-year timeframe for initial reporting back to WG on implementation. Targeting resources to support services with highest levels of C/YP transitioning to embed the guidance provides a prudent approach to implementation. Progress will be reported annually via the Quality & Safety Committee and into WG in 2024.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Individual Care If more than one Healthcare Standard applies please list below: Dignified Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. Attached at appendix 3
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) There are potential workforce implications as a consequence of meeting the requirement to have 'named workers' and MDTs which is likely to have an additional cost-burden impact across CTMUHB
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 Note the content of the report and that not all services will be compliant within WG's 2 year reporting timescale.
- 5.2 Note the potential financial and service impact as a consequence of WG guidance which comes without funding.
- 5.3 Note the proposed approach to work with those with existing transitions practice and those with highest numbers of C/YP transitioning to ensure compliance with WG guidance and trial the use of WPAS and CIVICA.
- 5.4 Note the proposed approach of EOI for a non-remunerated Senior Lead to be shared with Medical Director, Heads of Nursing/ Therapies/ COO for dissemination. The staff time and cost to enable the Senior Role would need to be agreed within existing job/ work plans with the appropriate department.

APPENDICES: Available on request

- 1: WG Transition and Handover Guidance
- 2: EOI for Senior Lead role
- 3: EQIA for Transition and Handover Policy development