Llywodraeth Cymru
Welsh Government

The Transition and Handover Guidance

February 2022

Welsh Government guidance on the management, handover and accountability of healthcare services for children and young people during their transition from children's to adults services

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1. Introduction

The provision of appropriate healthcare for children and young people between the ages of 16 and 25, and handover of care and accountability from children's to adults services has been highlighted as a key priority for improvement. This was flagged by the National Assembly for Wales[1]and by the Children's Commissioner for Wales in recent years[2], calling for good quality 'transitional care' for this group of the population, from all health services.

The 2016 NICE guidance[3] on transition should be used by all health services. Local Health Boards and NHS Trusts should take into account the recommendations within the NICE guidelines and associated quality standards[4] to help children and young people and their carers[5] have a better experience of transition and handover to adults services by improving the way this is planned and carried out.

Definitions

Children and young people	For the purpose of this guidance, we use the term 'children and young people' to refer to those from birth, through childhood and young adults up to the age of 25.
Children's health services	The service providing healthcare to the infant, child and young person, including all providers in the primary, secondary, tertiary and community care setting. Children's health services generally care for children up to the 16th birthday.
Adults health services	The services providing healthcare to adults from the 18th birthday, including all providers in the primary, secondary, tertiary and community care setting.
Family and carers	To identify and acknowledge those who hold parental responsibility but who may not be the biological parent (This also includes corporate parents i.e. where local authorities hold parental responsibility for children (sometimes in addition to biological parents)).

Our Aims for the Transition and Handover of Care:

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[1] https://senedd.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf

[2] https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Annual-Report-2018-19.pdf

[3] https://www.nice.org.uk/guidance/ng43

[4] https://www.nice.org.uk/guidance/QS140

- To provide a safe and effective transition and handover from children's services to adults services for all children and young people requiring on-going care and support from health services.

- To focus on children and young people requiring healthcare services as they grow to adulthood. The guidance will cover children and young people up to the age of 25 who need healthcare as they grow older, and who encounter service boundaries related to age, with the need for handover of clinical care and accountability.

- To support consistent implementation of the NICE guidance throughout Wales, provide direction and a standard template for Welsh health boards and trusts to develop consistent local guidance. Health Boards have the duty to provide healthcare to meet the needs of their population, whether they provide them within their own borders, or commission them from other Health Boards or Trusts, within or outside Wales, to achieve equivalent standards of care.

- To provide principles to underpin local robust governance arrangements and administrative processes and procedures to which services are expected to adhere. There should be no interruption in care or gaps in service provision.

- To follow a Rights Based Approach to ensure children and young people are fully involved in the way transition and handover of care is planned, implemented and reviewed. Care for children and young people in adults' services should be provided in a developmentally appropriate way without any loss in the quality of services provided, ensuring on-going engagement and good patient experience. A child's experience of 'growing up' into adulthood is a process, not an event, and may span a wide age range. Services should respond to the child and young person's individual needs rather than take a strict age bound approach.

- To promote assurance that Children and young people, their families and carers should experience a transition process that equips them with the required knowledge and skills to manage in adults' services.

- To adhere to the underlying principles of prudent, integrated, high quality, person-centred care, where, regardless of age, disability, or any protected characteristics, every individual can access a suitable service, offering the correct skills and expertise, complying with expected NHS Wales Health Care Standards. This guidance is underpinned by a human rights approach, including the UN Convention for the Rights of the Child. The strategic and legislative framework is set out in **Annex 1**.

- To adhere to the Social Services and Well-being (Wales) Act 2014[6] which provides a legal framework placing a safeguarding duty on healthcare staff for children and young people.

  Guidance and procedures for children and young people in relation to safeguarding must be applied appropriately, which includes taking account of the all Wales protection procedures[7]. The duty on relevant partners of local authorities (such as healthcare) is to report to the responsible local authority if they have a reason to believe that a child or adult is at risk. Staff must be equipped with training and skills to serve this age group safely and effectively. Every service involved in supporting children and young people should take responsibility for sharing safeguarding information with other organisations, in line with local information-sharing and confidentiality policies.

2. Consent and mental capacity for transition and handover of care

Transition should be a purposeful and planned process provided as a core component of a person-centred developmentally and physically appropriate healthcare. In line with UNCRC[8], all children and young people should be actively involved in decisions about their health care.

A person's 18th birthday draws the line between legal childhood and adulthood. Children and young people aged 16 to 17 are presumed to have sufficient capacity to decide their own medical treatment, unless there's significant evidence to suggest otherwise. However, unlike adults, their refusal of treatment can in some circumstances be overridden by a parent, someone with parental responsibility or a court. This is in line with the overriding duty to act in the best interest of a child.

The Mental Capacity Act 2005[9] (MCA) applies to children who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of treatment in order to make a decision, and can communicate their decision.

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[6] https://www.legislation.gov.uk/anaw/2014/4/contents

[7] http://www.wales.nhs.uk/sitesplus/documents/861/All%20Wales%20Child%20Protection%20Procedures%202008.pdf

[8] United Nations Convention on the Rights of the Child - Full text - Children's Commissioner for Wales(complantcymru.org.uk)content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf

[9] https://www.legislation.gov.uk/ukpga/2005/9/contents

Under the Mental Capacity Act, a person must be assumed to have capacity unless it is established that they lack capacity. Every effort must be taken to encourage and support the person to make the decision for themselves. If a person makes a decision which is considered unwise, this does not necessarily mean that the person lacks the capacity to make the decision. If there are reasons to believe that a child or young person that is 16 years or over lacks capacity, an assessment of capacity[10] to consent should be conducted and recorded in the child or young person's medical record. Lack of capacity may not be a permanent condition. Assessments of capacity should be time and decision-specific.

If a child or young person lacks the capacity to consent, they may be treated without their consent under the MCA as long as the treatment does not involve a deprivation of liberty.[11]

In line with the Social Services and Well-being (Wales) Act 2014, whilst a child or young person may not have the capacity to independently make decisions about their treatment choices, they may still be able to meaningfully engage and influence the process. Children and young people should receive support to ensure they are involved in the decision-making process as far as possible.

If a child or young person is not competent to give or withhold consent, consent can be given by a person with parental responsibility, provided that person is capable of consenting and is able to communicate their decision.

This could be:

- the child's mother or father
- the child's legally appointed guardian
- a person with a residence order concerning the child
- a local authority designated to care for the child
- a local authority or person with an emergency protection order for the child

If a parent refuses to give consent to a particular treatment, this decision can be overruled by the courts if treatment is thought to be in the best interest of the child or young person.

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[10] https://pathways.nice.org.uk/pathways/decision-making-and-mental-capacity

[11] The Mental Capacity (Amendment) Act 2019 will replace the existing Deprivation of Liberty (DoLS) scheme with the new Liberty Protection Safeguards (LPS), which will apply to all settings and also to 16 and 17 year olds. Under the LPS, where the care, support or treatment arrangements for an individual amount to a deprivation of liberty, this deprivation of liberty must be authorised.

Where a competent child or young person may require support to give a view or opinion, or their views are different from those of their family or carers, a proactive offer of using an independent advocacy service should be made.

Children or young people under the age of 16 may still be able to give consent for themselves, provided they are mature enough to understand fully what is involved. This is known as being Gillick competent. Where a person under the age of 16 is not Gillick competent and therefore is deemed to lack the capacity to consent, it can be given on their behalf by someone with parental responsibility or by the court.
However, there is still a duty to keep the child's best interests at the heart of any decision, and the child or young person should be involved in the decision-making process as far as possible.

Involving the family and carers

Whilst transition and handover is often focused around the needs of the child or young person, it should be noted that the family and carers are also often undergoing their own changing circumstances in the way they support and care for the child or young person. It is important to discuss the transition with the child or young person's family and carers to understand their expectations about transition and handover. Advice and support should be offered to the family and carers about other services and support that they may be entitled to receive.

Family and carers involvement should be considered but a child or young person's wishes must be taken into account so family and carers may be excluded. The child or young person should be asked regularly how they would like their family or carers to be involved throughout their transition and handover, including when they have moved to adult health services.

3 Implementation principles

Health boards and trusts should ensure that feedback from the child or young person is captured so that the voice of the child or young person is at heart of any decision about their care.

There should be a continuity of care across all services.

Annual meetings should be held with children's and adults services to review the children and young people who are nearing transition and handover in order to allow the receiving teams to plan services effectively.

Welsh Government expects Health boards and trusts to adhere to the 5 key principles of the children's rights approach as laid out by the Children's Commissioner when implementing this guidance:

1. Embedding rights:
   Ensure that the Guidance links to appropriate children's rights under the UN Convention on the Rights of the Child, and other human rights such as the UN Convention on the Rights of persons with Disabilities. This ensures that children and young people receive the message that they are entitled to these services as they have the right to healthcare, to be listened to, to be supported to achieve their potential.

2. Equality and anti-discrimination:
   Health boards and trusts to examine carefully which groups of children and young people may face more barriers to accessing services than others and put in measures to mitigate this. They should also consider whether children and young people, especially if disabled, are discriminated against as a whole, e.g. by not having a clear pathway for children and young people aged 16 or 17 who require secondary care for the first time, or who present for emergency care.

3. Empowerment:
   Children and young people should be informed using accessible methods about their rights concerning transition and handover of care. They should have access to an independent advocate where needed.

4. Participation:
   Children and young people should be able to actively take part in decisions about their own care, as discussed throughout this guidance. Health boards and trusts should also involve groups of children and young people to advise on arrangements to implement this guidance using the Children and Young People's National Participation Standards[12].

5. Accountability:
   Health boards and trusts should ensure that there are adequate arrangements for responding to any complaints made about transition and handover services by the child or young person, in line with the

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[12] https://gov.wales/children-and-young-peoples-national-participation-standards

Putting Things Right Regulations[13]. This should form part of the regular reporting to the Quality and Safety Committee.

They should also make transparent to the child or young person their progress in implementing transition and handover arrangements and where they have consulted with children and young people, they should make clear how their views have been used to develop services.

In developing local transition and handover arrangements, health boards and trusts should apply the following principles to the individual – in every case considering the child and young person, their family or carers, subject to the competent individuals' wishes. (*see* **Box 1**).

Box 1: Principles underpinning individual care delivery for transition and handover between children's and adults services
(in every case considering the child and young person and their family or carers, subject to the competent individual's' wishes)

1. Ensure the needs and wishes of the child and young person are at the heart of service delivery, with safe, responsive care and well-planned transition and handover.

2. Promote early and easy access to care and support, particularly for those in crisis, or with disability or disadvantage.

3. Work in partnership with statutory services such as social care, education, criminal justice and voluntary agencies wherever cooperation is required to meet needs.

4. Ensure access to information and choices about giving valid consent, access to appropriate advocacy support and clear information and appropriate independent advocacy offer around Putting Things Right to make a complaint or representation. Support and advice for children and people in Wales is provided through the Meic Cymru[14] helpline.

5. Have strong planning, monitoring and governance structures to offer assurance through reporting arrangements, ensuring feedback that captures the voice and views of the individual in a suitable format.

These principles support children and young people's rights under the UNCRC to take part in decisions that affect them (article 12), receive good quality information (article 13), to be protected from harm (article 19), receive extra support if they are disabled (article 23), receive good quality health care (article 24), and for adults to act in the best interests of the child (article 3).

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[13] NHS Wales complaints and concerns: Putting Things Right | GOV.WALES

[14] https://www.meiccymru.org/

Transition and Handover Senior Lead and Committee Report

Health Boards and Trusts must have a clear accountability and delivery mechanism in place, which includes identifying and designating a senior lead reporting to the Quality and Safety Committee, who will have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services. The senior lead will be responsible for championing transition and handover at a strategic level.

The identified senior lead will be crucial to the effective and coordinated operation of transition and handover between children's and adults services.

The Health Board or Trust **should** ensure that the designated senior lead:

- has appropriate clinical experience (for example in a field such as Medical, Nursing, Midwifery, Allied Health Professional, or Public Health);
- is capable of providing overall strategic direction with a view to ensuring the Health Board or Trust meets the requirements of the guidance;
- have an ability to secure strong partnership working across both children and adult services;
- is able to identify and solve problems and conflict at the earliest opportunity between children's and adults services;
- produce an annual report to the Health Board's Quality and Safety Committee
- is able to escalate issues to the Health Board's Executive Board, as appropriate.

Further detail on the role of the Transition and Handover senior lead can be found at **Annex 2**.

Health Boards and Trusts should take into account key legislative and policy frameworks and duties which include:

- The National Clinical Framework[15] sets out a new model of planning and delivery for specialist services and hospital-based services, and the skills and technologies needed to support them, as part of the broader health and social care offer.
  The Framework sets out a health system that is co-ordinated nationally and delivered locally or through regional collaborations. It will be underpinned by a suite of new commitments outlined in 'Quality Statements'.

  These quality statements are aligned to the population's burden of disease and will support service transformation in these areas. Ultimately,

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[15] https://gov.wales/national-clinical-framework-learning-health-and-care-system

they will seek to improve the quality of clinical services and thereby the outcomes they achieve.

They exist alongside and integrate with other cross-cutting policy commitments on disease prevention, access to diagnostic services and good end of life care provision. Health boards and Trusts will need to respond to the Framework with their own clinical service planning, quality improvement approaches and prudent in practice behaviours. At the heart of this new approach will be the role of the NHS Executive function and expectations set out in nationally agreed clinical pathways.

- Social economic duty: Health Boards should take into account of the social economic duty[16] which requires public bodies, when making strategic decisions, such as deciding priorities and setting objectives, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.

4 Before the Transition and Handover of Care:

Identifying the appropriate age to start planning for transition and handover of care from children's to adults services

Early preparation and planning for the transition period is essential in managing expectations and ensuring children and young people are well informed and therefore empowered. Planning must be based on children and young people's physical development, emotional maturity and local circumstances.

Good transition and handover of health care should be a shared, co-produced process between the child or young person and health professionals, their family and carers and any other relevant statutory services such as Social Services and Education.

Transition and handover of care should avoid making the child or young person feel that they are being pushed into unfamiliar services with no support. Continuity of care should be offered during a period of transition and handover, as required for the child or young person to build relationships with the health professionals who will continue their care.

Planning for transition and handover should be tailored to the needs and wishes of the child or young person, rather than be based on an arbitrary age. No child or young person should be denied access to an appropriate, safe, quality service on the grounds of age.

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[16] https://gov.wales/socio-economic-duty-overview

Specific services will have different age thresholds driven often by legal frameworks. As a consequence, it may be necessary to reconcile these by agreement for a child or young person requiring multiple services.

At the start of the process of moving to adults' services, information should be provided specifically to the family and carers to address issues they are likely to face in formats or using methods that are familiar and accessible.

Aged 13 to 14

When the child or young person is aged 13 to 14, the Health Board or Trust should identify their healthcare needs and wishes for support to plan the period of transition and handover of care from children's to adults services. Planning and preparing early will help make it a more positive experience and build confidence and independence for transition and handover to adults' services. Every child or young person's development will be different, so plans and services need to take account of this.

Setting an age of 13 to 14 where the mechanism for consideration of the transition and handover to begin is important, even if this leads to a decision not to begin the process. It is important that an active decision about the appropriate time and future healthcare plan is made in partnership with the child or young person, their family and carers at an appropriate but early stage.

Transition and Handover named workers ("Named Worker") – From NHS Body Children or Adults' services

There will be a Transition and Handover named worker ("Named Worker") who will be identified and appointed from the NHS Body's children's or adults' services to support the transition and handover of healthcare for every child and young person. They will provide data that will allow the identified
Senior lead to report regularly to the Health Board or Trusts's Quality and Safety Committee and to the Executive Board as required. Where healthcare of a young person is overseen by a multi-disciplinary team (MDT[17]), the Named Worker should attend meetings as necessary/ be a core member early in any transition process.

The Named Worker will be a health professional who takes a key role in coordinating and promoting continuity and integration of the child or young person's healthcare. Their role is likely to encompass the following:

- Manage transition and handover of healthcare between care settings.
- Support the child or young person in the coordination of healthcare plans and services during the period of transition and handover of clinical accountability for care.

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[17] A Multidisciplinary Team is a group of professionals from one or more clinical disciplines or partner organisations who together make decisions relating to individual patients.

- Manage expectations around how adults' services might be differently configured and delivered.
- Ensure healthcare plans have been agreed with the child or young person (and where relevant, family and carers).
- Coordinate a summary of all healthcare needs, especially where there are complex health needs.
- Link between the child or young person and the various health professionals involved in their care across all care settings, especially where there are statutory plans in place.
- Collate existing assessments from key health professionals in the child or young person's multi-disciplinary team.
- Ensure the child or young person knows who to contact when help or advice is needed, whether from the Named Worker or other appropriate health care professional.
- Ensure relevant information such as healthcare needs or any safeguarding concerns are shared with other agencies, in line with information governance arrangements, to promote integrated multiagency service provision for the child or young person's safety and wellbeing.
- Promote and advocate the wishes and views of the child or young person to ensure appropriate access for them and their family or carers to all necessary healthcare services and wider services as appropriate.
- Be a source of easily accessible information around healthcare advocacy as part of wider support.
- Support the child or young person, family and carer to access appropriate independent healthcare advocacy support.
- Arrange appointments for the child or young person, act as their representative, direct them to other services and sources of support, and support the child and young person's family and carers if appropriate.
- Ensure cross-border co-ordination for the child or young person if care is placed across the Wales-England border.
- Be available to coordinate support the child or young person and their family and carers for a minimum of 6 months after the transfer of care. The exact time will be based on individual clinical need and any decision around timescales should be discussed with the child or young person.
- Support the child and young person to feed back on their experience.

The Named Worker should be involved throughout the transition and handover process, supporting the child or young person before and after transfer for at least 6 months or until a time agreed with the child or young person and their family and carers.

The Named Worker from the children's health service will be someone based within the child or young person's existing care team.
The existing MDT should be aware of the child or young person's health and care needs, history and requirements and are often best placed to provide robust up to date information to the receiving MDT to plan the most appropriate care going forward.

The Named Worker should continue to work with the child or young person after transition and handover to adults' services for a minimum of 6 months to help address gaps identified in the child or young person's healthcare management.

The child or young person should help decide who the Named Worker should be. It could be, for example, a nursing professional, an allied health professional, a medical professional. It could also be someone who already has the title keyworker or transition worker. In clinical areas where large numbers of children and young people transfer to adults' services (e.g. those caring for the child or young person with long term conditions) there may already be a lead individual in that specialty with responsibility for transition and handover of care.

The allocation of the Named Worker should be reviewed by the existing MDT at key points in the transition process. The transition process can be lengthy and it would be expected that the Named Worker may change over time.

Any changes to the Named Worker must be discussed with the child and young person. Local arrangements should be put in place to provide cover during any absence of the single Named Worker and any changes should be agreed by the child and young person.

Independent Healthcare Advocacy

Independent Healthcare Advocacy and support should be available for every child and young person. The Transition and Handover Named Worker should be a source of easily accessible information around healthcare advocacy as part of wider support.

Independent Healthcare Advocacy should be a proactive offer made before the transition journey starts and should be developmentally appropriate for the child or young person, and take into account any communication difficulties.

Independent Healthcare Advocacy services should include support in relation to access to information and choices about giving valid consent about treatment, as well as support around Putting Things Right to allow a child or young person to make a complaint or representation about the treatment they have experienced.

An Independent Healthcare Advocate may help a child or young person to obtain information, explore options and carry out action but, throughout the transition and handover process, the Independent Healthcare Advocate will be directed by the child or young person and only act on their behalf.
The Independent Healthcare Advocate's role is to make sure the wishes of the child or young person is expressed and heard.

In addition to the above, the Independent Healthcare Advocate's role also includes the following:

Supporting the child or young person to:

- Talk about their feelings about their healthcare;
- Make decisions and provide informed consent about their healthcare;
- Challenge decisions about their healthcare and provide support if the child or young person does not agree with decisions about their healthcare;
- Assist the child or young person with raising concerns early and if no resolution can be found making complaints under the Putting Things Right.

The Transition and Handover Plan

Every child and young person transferring from children to adults' services will have a documented Transition and Handover Plan (THP), or equivalent[18], to ensure relevant professionals have access to essential information about the child or young person. (*see* **Annex 4**).

The THP is a document that the child or young person can carry with them when attending healthcare appointments. The child or young person should be given information on their condition and their care plan in a form that they can understand. The THP contains information about the child or young person's care needs, history and requirements.

The plan also includes information about what is important to them, the care and treatment required and the timeline. Transition and handover planning may start earlier than 13-14 years of age as some medical conditions may have specific arrangements already in place. For children and adolescent mental health services, who routinely see patients up to aged 18 years, planning may start a little later.

The THP will be co-produced in consultation with the child or young person, family, carers and health professionals with support of the Named Worker, using resources such as '*Ready Steady Go'*[19]. The THP can be individualised and should be a continuous and evolving process that should be adapted to meet the needs of the child or young person.
Healthcare professionals should involve the child or young person and be responsive to their wishes feelings and needs at every stage.

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[18] CAMHS services may offer a Young Persons Passport or a Care and Treatment Plan which should contain the same information as described for the THP. Other statutory care and support plans should also contain this information.

[19] TIER Network - TIER Professionals Homepage (readysteadygo.net)

Some medical conditions may already have a specific transition and handover plan[20] or other statutory plans in place. In these circumstances, there should be no duplication and the THP within this guidance should only be used to enhance or aid discussions as necessary.

The THP should be linked or integrated with other care plans (e.g. the Individual Development Plan (IDP) required by the ALN Act, Continuing Care Plan or Care and Support Plan, Mental Health Plan, End of Life Care Plan). The THP should be reviewed and updated at appropriate intervals.

All looked after children have a Care and Support Plan. A key feature of that plan is about the health of the child or young person. Around the age of 16 a looked after child's Care and Support Plan is further developed into a Pathway Plan. This Pathway Plan builds on the original Care and Support Plan to include plans for transitioning towards adulthood and independence. The THP in this guidance should form part of the 'health' element of Care and Support/Pathway plans for looked after children or young people leaving care[21].

The child or young person with long term conditions commencing during childhood, must be offered choices about transition and handover of care at a point determined by their overall needs, including any national condition specific guidance (e.g. for diabetes, asthma, epilepsy, mental health, cerebral palsy, Duchenne muscular dystrophy, traumatic brain injury).

The child and young person should not have to repeat their story unnecessarily. They should be encouraged to contribute in developing their own healthcare information for their THP to help smooth the process of transition and handover of care.

Information should be readily available and in an accessible format for the child or young person and their family prompting their engagement, explaining the process, their rights and what they can expect when their care is transferred from children to adults' services. In each case a plan for the transition and handover of the child or young person's care between services to another must be written and shared.

In line with the Welsh Language (Wales) Measure 2011[22], Welsh language services should be built into planning and delivery and Welsh language services should be offered to Welsh speakers without them having to request it.

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[20] This is the case for transitions between Child and Adolescent mental health services and Adult mental health services, also the case for transitions between diabetes children services to adult services

[21] Detail around the plans including what they contain are set out in the Code of Practice which accompanies the SS&WB Act. Chapter 1 (p. 14,15) and chapter 5 (p. 82) https://gov.wales/sites/default/files/publications/2019-05/part-6-code-of-practice-looked-after-and-accommodated-children.pdf

[22] https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en

The THP should be supported by common IT systems in order for information to be shared via secure online platforms, with appropriate consents to ensure that the information is accessible to all.

This is essential data for continuing monitoring and quality assurance. With the increasing move to integrated IT systems (e.g. WCCIS) information should be easily shared across agencies.

Role of Health Boards and Trusts: Working with outside agencies and services

Health Boards and Trusts should ensure early engagement with outside agencies, including the Third sector, and health services where appropriate to ensure proactive planning for smooth transition. There should be a period of joint working between services up to and after the period of transition and handover, emphasising continuity of care and clear clinical accountability.

Agencies and services are expected to work together and engage with any organisation that the child or young person is involved in. Also it is important that safeguarding standards are met and a clear guidance on information sharing protocols are in place.

The support services for the period of transition and handover should be strength-based and focus on the needs and wishes of the child or young person. Building resilience is an important part of ongoing care for the child or young person. Information should be available about how they can access support to develop and sustain social, leisure and recreational networks

Services should have a clear decision making approach to manage an individual’s request to transfer to adults’ services. Reasons must be given if a request is declined. Agencies need to agree who should be the Named Worker for the child or young person to help co-ordinate transition and handover across a number of services.

Transition and Handover of care for the child or young person with multiple needs or complex conditions may span a number of professionals, specialisms and agencies. A coordinated approach to service provision will achieve effective care for the child or young person, good communication, engagement and continuity of care, and staff feeling clear about roles and responsibilities.

Primary and Community Care team

The Named Worker must ensure that any decisions around Transition and Handover should be appropriately communicated to the Primary healthcare Care team (which includes the GP). Primary care should be involved in planning or implementation of any transition and handover of care if deemed appropriate, especially if the plan includes discharge from secondary care back to primary care services or community services.

The Primary Care clinician may already be the Named Worker for the child or young person with chronic conditions such as asthma or epilepsy. The GP should be made aware of who has been identified as the Named Worker.
The THP might need to include appropriate recommendations for future follow-up, investigations, preconception advice, or signposting to other services including patient support groups.

Primary care clusters once clearly defined may in the future have a role in coordinating Named Workers for the child or young person undergoing transition and handover planning.

5. Reviewing the Transition and Handover Plan in preparation for the 16th birthday – "rising 16 THP review"

For transition and handover from Paediatric service, plans for a joint review of the care plan should be undertaken in preparation for the child or young person's 16th birthday. Transition and handover planning may start earlier or later as some medical conditions may have specific arrangements already in place. There is expectation that adults' services are involved in discussions before the child or young person's 16th birthday.

The Named Worker has the responsibility to convene a meeting for this "rising 16 THP review". Membership should include the child or young person, their family and carer if wished, an advocate, all relevant professionals from Primary Care, children's and adults medical, nursing and therapy services and any other significant individuals involved in providing care.

There is a need for the Named Worker to have due regard to care leavers entitlements in relation to health services support as part of the pathway planning and review arrangements provided for in the Care Leavers (Wales) Regulations 2015[23].

The agenda for the "rising 16 THP review" should include the child or young person's needs and wishes for healthcare, any legal, mental competence and service boundary issues that may affect quality or access to healthcare, and any other impact on health outcomes for the child or young person.

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[23] https://www.legislation.gov.uk/wsi/2015/1820/contents/made

The aim of the “rising 16 THP review” is to ensure the plan is person centred, clinically appropriate, realistic, and meets the wishes and best interests of the child or young person.

There is a need to document within the THP the ongoing clinical accountabilities for care by respective services, the timing and nature of clinical transition and handover and coordination (e.g. clinical lead, need for joint clinics, referral for additional services, timing and transition/handover, etc.).

All reviews relating to transition and handover should be transparent, involve the child or young person and their family and adhere to the principles of children’s rights and wellbeing set out within The United Nations Convention on the Rights of the Child[24] . Reviews are an opportunity to update the multi-agency THP and this should be shared with the child or young person and their family as appropriate.

Once the THP is agreed by the child or young person, family and carers, all clinicians and other relevant parties it should be kept by the child or young person and copy kept on the child or young person’s health care record.

6. The child and young person entering the healthcare system for the first time at 16 or 17

The child or young person being referred into any specialist secondary service or therapy (such as gastroenterology, cardiology, chronic pain, orthopaedics) for the first time at age 16 or 17 may be cared for by paediatric or adult specialists, or a combination of both, depending on local arrangements.

There should be a clear pathway for 16 or 17 year olds for both secondary care and emergency admissions so that no child or young person of this age experiences delay or confusion surrounding their care, this includes the consideration on appropriate location (*see* **Annex 5**).

The child or young person must not be denied access to an appropriate, timely service because of their age and must not be disadvantaged by moving from a children’s waiting list to the adult waiting list.

The professional making the referral will retain clinical responsibility in line with local guidance of accountability until the arrangements for transition and handover of care are formally agreed, ensuring that the child or young person is kept fully aware of which clinician has responsibility for their care.

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[24] https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

Children and adult teams should work together to achieve continuity and the most effective services for the child or young person. If any clinician feels they are practicing outside their competence due to the age of the patient, they must escalate the matter through their scheme of clinical accountability.

7. Service quality and environment

Children and young people should be provided with care in settings appropriate to their age and needs. A decision around the most appropriate setting for care should be considered on an individual basis, reflecting the person's wishes and in consultation with the consultant with clinical responsibility. Safeguarding must be observed appropriately at any age. (*see* flowchart at **Annex 5**).

Any decision should take into account the physical size, maturity, developmental stage, medical condition and ongoing care arrangements of the child or young person as well as their preference as to whether they are admitted to a children's ward or adult ward. A choice should be offered where possible.

Settings should be psycho-socially appropriate to the individual's developmental circumstances and needs. Skills, equipment and facilities should be available for both children and adults appropriate to their individual clinical needs and wishes, physical size and maturity.

Inpatient accommodation should be age appropriate for medical and surgical care, investigations, therapies, anaesthetics, intensive care, maternity care or other specialist health care.

Clinicians may require additional skills to care for a child or young person up to 25 in either paediatric or adult specialisms. Clinicians must work within the boundaries of their expertise, but must establish mechanisms to consult with colleagues in the short term. In the longer term, Clinical Directors must identify skills deficits in consultation with clinicians, and develop educational strategies to bridge any gaps. Medical Directors will have oversight of the overall service.

All clinicians must have safeguarding skills and competencies appropriate to the nature of their employment. Employment checks (DBS), relating to requirements for managing children and adults at risk (SSWB 2014) are a universal NHS Wales employment requirement.

Robust governance arrangements should be in place to ensure safe prescribing of medications, including off licence and off label prescribing.

8. The completion of Transition and Handover from children's services to adults services

At formal discharge from any children's service, a written clinical summary of health needs, diagnosis /formulation, management plans and recommended interventions (medication, therapy, investigations, etc.) should be provided by all paediatric clinicians as part of the transition and handover process, so that the adult accountable clinician(s) can plan an appropriate healthcare offer. This document should be copied to the child or young person and their GP.

The Named Worker will offer support as needed to the child or young person through the period of transition and handover of care. This might include the need for a visit to a new centre for the child or young person and family to meet the new team, support at the first appointment with the adult accountable clinician, information about in or out-patient facilities as appropriate to the condition and individual needs. The Named Worker will also support the child or young person and their family and carers for a minimum of 6 months after the transfer of care.
The exact time will be based on individual clinical need and any decision around timescales should be discussed with the child or young person.

The child or young person should remain under the care of children's services until formal transition and handover is completed, signified by attendance at a consultation/appointment with adults' services.

9. Recommended measures to monitor and report on service quality and user experience:

Health boards and trusts have a mechanism to capture the child and young person/family/carer impression of the transition and handover process after 6 months and 12 months to help inform future service provision. (Collation of service user experience and narrative/patient stories, complaints or concerns as set out in the Framework for Assuring Service User Experience).

Health boards and trusts should monitor implementation of the transition and handover guidance using service user feedback, service standards, recognised national audit outcomes, and undertake a review of structures, processes and outcomes after 2 years to ensure it remains fit for purpose and key services user outcomes have been achieved.

Welsh Government will undertake annual reviews of these arrangements (*see* **Annex 6**), after two years of implementation to ensure quality and consistency across Wales.

Health Boards and Trusts should have a clear accountability and delivery mechanism in place for ensuring implementation of the transition and handover guidance across all healthcare setting, which reports to the board. These mechanisms should take into account the following principles:

- promote the requirements of this guidance and share innovative and successful practice more widely;
- include quality and safety considerations, especially feedback from the child or young person and their families;
- promote its effective operation across the organisation;
- ensure effective implementation of this guidance within their area or service, and seek continuous improvement;
- report to their Board on the implementation of this guidance;
- act as a source of advice to clinical and other staff on implementation;

10. Dispute resolution

The health board/trust must have a responsive representations and complaints system through the NHS Wales Putting Things Right process to monitor and address any problems in real time, including concerns about prolonged waiting times or clinical delay.

Children, young people and carers must have access to information and support, including advocacy support, and use the NHS Wales Putting Things Right process to raise concerns/complaints if required. Support and advice for children or young people to make representations in Wales is provided through the Meic[25] helpline

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[25] https://www.meiccymru.org/

Annex 1

Strategic and Legislative Framework

This guidance is supported by the Welsh Government strategic and legislative framework. The United Nation Convention on the Rights of the Child[26] (UNCRC) is the basis for all Welsh Government work with child and young person, with the Seven Core Aims for developing policy for children and young people. The Rights of Children and Young Persons (Wales) Measure 2011 imposes a duty on the Welsh Ministers to have regard to children's rights set out in the UNCRC. The Children's Rights Scheme 2014 sets out the arrangements for Welsh Ministers to comply with the duty to have due regard to children's rights when exercising any functions.

The participation standards identify seven key topics that all workers should be aware of when working with children and young people in Wales.

These are:-

- **Information** – this must be easy for children and young people to understand and make an informed decision
- **Choice** – Children and young people have the right to choose to be involved in and work on things that are important to them
- **No Discrimination** - children and young people are all different and you have the right to be treated fairly
- **Respect** – Children and young people have the right to have a say. Their opinions are important and must be respected.
- **Children and young people will get something out of it** - they have the right to learn and be the best they can be
- **Feedback** – Children and young people have the right to know what difference their involvement has made
- **Working better** - those who make decisions that affect children and young people should put children's rights at the centre of everything they do.

The standards have been ratified by the Welsh Government and are underpinned by the UNCRC and the Well-being of Future Generations (Wales) Act 2015 that puts the involvement of children at the heart of improving their well-being. The standards have been adapted to make them more accessible for disabled children and young people under the name of *Having a voice, having a choice*.

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[26] United Nations Convention on the Rights of the Child: Full text - Children's Commissioner for Wales (childcomwales.org.uk)

The United Nations Convention on the Rights of Disabled People is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced[27].

Taking Wales Forward[28] (2016-2021) is the Welsh Government's five year plan to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected.

Healthcare delivery plans are the strategic framework for service improvement across 9 serious conditions or clinical service areas (diabetes, cancer, end of life, heart disease, stroke, critical care, respiratory, liver disease, neurology). All plans incorporate an aspect of care relating to children.

The Socio-economic Duty[29] came into force in Wales on 31 March 2021. It improves decision making and helps those who are socio-economically disadvantaged. The introduction of the Socio-economic Duty means that some public bodies now have to think about how their strategic decisions, such as setting objectives and developing public services, can improve inequality of outcome for people who suffer socio-economic disadvantage.

Together for Mental Health[30] (2012) is the Welsh Government's all-age strategy over 10 years, to improve mental health services and outcomes. It highlights service user experiences that at the points of transition between services that care and treatment can break down. It states that transfers between services should be based on need and not on artificial age boundaries and focuses on how to improve the lives of service users and their families using a recovery and enablement approach.

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[27] https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

[28] http://www.wales.nhs.uk/sitesplus/documents/986/Taking%20Wales%20Forward.pdf

[29] https://www.legislation.gov.uk/wsi/2021/295/contents/made

[30] https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf

The Mental Health Act 1983 and associated Code of Practice for Wales[31] (2016) sets out the duties and provides guidance to medical practitioners, clinicians, managers and staff of hospitals, independent hospitals and care homes, independent mental health advocates and approved mental health professionals on how they should proceed when exercising their functions and duties under the Act. It also gives guidance to doctors and other professionals about certain aspects of medical treatment for mental disorder more generally.[32]

The Mental Health (Wales) Measure[33] (2010) places legal duties on local health boards and local authorities about the assessment and treatment of mental health problems. In particular it ensures care is in place across Wales which focuses on people's mental health needs by making sure all patients in secondary services have a Care and Treatment Plan. It provides a route to assessment/treatment in primary and secondary services, and the provision of advocacy support.

The Mental Capacity Act (MCA)[34] is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. The Mental Capacity Act Code of Practice provides detailed guidance on how to undertake assessments of what is in a person's best interests. There is also an NHS factsheet.

The NICE guideline[35] covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.[36]

The Social Services and Well-being (Wales) Act[37] (2014) provides the legal framework for transforming social services in Wales. The Act has integration at its heart, and has implications for the Welsh NHS and the way in which it provides services.

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[31] https://gov.wales/mental-health-act-1983-code-practice

[32] Following an independent review of the Mental Health Act 1983, the UK Government has published the Reforming the Mental Health Act White Paper. Welsh Government is currently considering the proposals set out in the White Paper and the actions and any new legislation that may be required in Wales.

[33] https://www.legislation.gov.uk/mwa/2010/7/contents

[34] https://www.legislation.gov.uk/ukpga/2005/9/contents

[35] https://www.nice.org.uk/guidance/NG108

[36] The Mental Capacity (Amendment) Act 2019 will amend the Mental Capacity Act and replace the existing Deprivation of Liberty (DoLS) scheme with the new Liberty Protection Safeguards (LPS), which will apply to all settings and also to 16 and 17 year olds. Under the LPS, where the care, support or treatment arrangements for an individual amount to a deprivation of liberty, this deprivation of liberty must be authorised.

[37] https://www.legislation.gov.uk/anaw/2014/4/contents

The fundamental principles of the SSWBA are:

- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice, and control over the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production – encouraging individuals to become more involved in the design and delivery of services.

The Well-being of Future Generations (Wales) Act[38] (2015) came into force in April 2016 and seeks to improve the social, economic, environmental and cultural well-being of Wales. It makes public bodies think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

The Additional Learning Needs and Educational Tribunal (Wales) Act 2018[39] (ALNET Act) makes provision for a new statutory framework for supporting children and young people with additional learning needs (ALN). This replaces existing legislation surrounding special educational needs (SEN) and the assessment of children and young people with learning difficulties and/or disabilities (LDD) in post-16 education and training. The ALNET Act also continues the existence of the Special Educational Needs Tribunal for Wales, which provides for children, their parents and young people to appeal against decisions made by the LA concerning their or their child's ALN, but renames it the Education Tribunal for Wales.

The ALNET Act creates:

- a unified legislative framework to support all children of compulsory school age or below with ALN, and young people with ALN in school or further education (FE);
- an integrated, collaborative process of assessment, planning and monitoring which facilitates early, timely and effective interventions; and
- a fair and transparent system for providing information and advice, and for resolving concerns and appeals.

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[38] https://www.legislation.gov.uk/anaw/2015/2/contents/enacted

[39] https://gov.wales/additional-learning-needs-and-education-tribunal-wales-act

In line with the Welsh Language (Wales) Measure 2011[40] , Welsh language services should be built into planning and delivery and Welsh language services should be offered to Welsh speakers without them having to request it.

In line with the Nurse Staffing Levels (Wales) Act 2016[41], Health Boards have a legal duty to regard the importance of ensuring appropriate levels of nurse staffing in all settings. Including all settings provided and procured by the health board.

The Children's Continuing Care guidance [42]assists Local Health Boards, Local Authorities and their partners to plan and support children and young people's continuing care needs. It supports understanding of the range of potential health needs - physical and learning disabilities, mental health needs, neurodevelopmental disorder and behaviours considered to be challenging - and how meeting those needs with a package of continuing care may fit with other types of support.

Health boards and trusts also need to consider how their IT systems support information sharing between children's and adults services.

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[40] https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en

[41] https://www.legislation.gov.uk/anaw/2016/5/enacted

[42] https://gov.wales/sites/default/files/publications/2020-03/the-children-and-young-peoples-continuing-care-guidance.pdf

Annex 2

Supporting Infrastructure

Transition and Handover Senior Lead

The role of the Transition and Handover Senior Lead (clinical role) is likely to encompass the following:

- To ensure that appropriate arrangements are in place in the health boards or trusts for children and young people transferring from children's to adults services to ensure effective transition and handover of care, and deal with gaps in service provision across children and adult health services.

- To provide leadership and strategic direction to ensure the health board or trust meets its obligations in relation to the Transition and Handover Guidance.

- To work in close collaboration with the DECLO but also the professional lead from both children's and adults services from areas such as Allied Health Professionals, Community Paediatrics, Adults' services, Learning Disabilities, CAMHS, Primary Care, School Nursing, District Nursing and Specialist Nursing.

- To improve co-ordination of care and provide a focus for the health board or trust to discharge its obligations under the Guidance.

- To promote assurance, improve the co-ordination and integration of health services provided to all individuals in the transition and handover process.

- To ensure appropriate governance arrangements are in place to manage risk.

- To report progress to the Health Board or Trust's Board.

- To produce an annual report to the Health Board's Quality and Safety Committee

- To promote benchmarking of process and outcomes across health boards and trusts to minimise variation in practice and promote good practice.

- To monitor the health board or trust's compliance and provide annual reports to Welsh Government.

- Represent the health board or trust on relevant local and national committees and working groups in relation to Transition and Handover.

Annex 3

Transition and Handover Flowchart

This flowchart by its nature is generic however, there will be circumstances whereby a child and young person may require transitioning at different ages. In such circumstances, other activities will also need to be considered to best support the child and young person.

Health Boards and Trusts must have a clear accountability and delivery mechanism in place, which includes identifying and designating a **Senior Lead** who will have accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary services and community services.

Annual meetings should be held with children and adults services to review the children and young people who are nearing transition and handover.

When the child and young person is **aged 13 to 14**, the Health Board or Trust should identify their healthcare needs and wishes for support to plan the period of transition and handover of care from children's to adults services.

A **Transition and Handover "Named Worker"** should be identified and appointed from the NHS Body's to support the transition and handover of healthcare for every child and young person.

The Named Worker will:

- Work with the child and young person, their families and services to coordinate plans and services during the period of transition and handover of clinical accountability for care.
- Promote and advocate the wishes and views of the child and young person to ensure appropriate access for them and their family to all necessary primary, secondary and other healthcare services required.
- Liaise with other services outside of Health as necessary (including social care, education, youth services).
- Ensure that a '**Transition and Handover Plan' (THP)** is co-produced using resources such as 'Ready, Steady, Go'. The THP will be held by the child and young person and include information on what is important to them, care and treatment required, the timeline and expected health and wellbeing outcomes.
- The THP should be linked or integrated with other care plans and reviewed and updated at appropriate intervals.

Annex 3

Joint Review between children’s and adults services in advanced of 16th birthday to allow plans to take effect between 16 and 18 (“rising 16 THP review”)

The Named Worker convenes the “rising 16 THP review” to:

- Ensure the THP is person centred, clinically appropriate, realistic, and meets the wishes and best interest of the child and young person.

The agenda for the “rising 16 THP review” should include the child and young person’s needs and wishes for healthcare, any legal, mental competence and service boundary issues that may affect quality or access to healthcare, and any other impact on health outcomes for the child and young person.

There is a need to document within the THP the ongoing clinical accountabilities for care by respective services, the timing and nature of clinical transition and handover and coordination.

All reviews relating to transition and handover should be transparent, involve the child and young person and their family and adhere to the principles of children’s rights and wellbeing.

Once the THP is agreed by the child and young person, family and carers, all clinicians and other relevant parties it should be kept by the child and young person and copy kept on the child and young person’s health care record.

At formal discharge from any children’s service, a written clinical summary of health needs, diagnosis /formulation, management plans and recommendations should be provided by all paediatric clinicians as part of the transition and handover process, so that the adult accountable clinician(s) can plan an appropriate healthcare offer. This document should be copied to the child and young person and their GP.

The Named Worker will offer support as needed to the child and young person through the period of transition and handover of care.

The Named Worker will also support the child and young person and their family and carers for a minimum of 6 months after the transfer of care.
The exact time will be based on individual clinical need and any decision around timescales should be discussed with the child and young person.

The child and young person should remain under the care of children’s services until formal transition and handover is completed, signified by attendance at a consultation/appointment with adults services.

Annex 3

Handover of clinical accountability is completed

- Health Boards and Trusts to put in place a mechanism to capture the child and young person/family/carer impression of process after 6 months and 12 months to help inform future service provision.
- Responsive representations and complaints system in place to address and monitor any problems in real time including prolonged waiting times or clinical delay.
- After two years of implementation, Health Boards and Trusts must provide annual compliance reports to Welsh Government.
- Health Boards and Trusts to monitor implementation of the transition and handover guidance and undertake a review of structures, processes and outcomes after 2 years to ensure it remains fit for purpose and key service user outcomes have been achieved.

Annex 4

The Child and Young Person's Transition and Handover Plan

Please respect that this document is private and confidential

All About Me

Preferred Name:	
Legal Name:	
Date of Birth:	
Gender:	
Ethnicity:	
Address:	
Alternate Address: **(i.e. university address and term dates)**	
Contact Numbers:	
Emergency Contact:	
Email Address:	
NHS Number:	
Contact details:	
Named Worker contact details:	
Planned Transition and Handover date:	
Transition and Handover Start Date:	

Annex 4

The Child and Young Person's Transition and Handover Plan

Please respect that this document is private and confidential

All About Me

People who are important to me?

____

____

____

This is how I communicate (If needed include a communication chart)

____

____

____

What do people like and admire about me?

____

____

____

My culture

____

____

____

What's important to me?

____

____

____

Annex 4

The Child and Young Person's Transition and Handover Plan

Please respect that this document is private and confidential

All About Me

My key health needs and wishes for my Transition and Handover Plan:
(Include: diagnosis, formulation, treatment, therapies current clinicians and carers)

____

____

____

Likes: (What works well)

____

____

____

Dislikes: (Include triggers)

____

____

____

Strengths:

____

____

____

Challenges:

____

____

____

Annex 4

Creative, Expressive, Me

(Things that are good and I enjoy in my life)

What I would like you to know about me

Physical Me

(Being healthy and active,
meeting my basic needs
housing, money,
my responsibilities etc)

Things I do Well (Strengths)

Goals (What I need to do)

Who can help me

How

By When

Emotional Me

(My relationship how I think
about things/people)

Things I do Well (Strengths)

Goals (What I need to do)

Who can help me

How

By When

Annex 4

Creative, Expressive, Me

(Things that are good and I enjoy in my life)

What I would like you to know about me

Social Me

(Things I do, places I go)

Things I do Well (Strengths)

Goals (What I need to do)

Who can help me

How

By When

Productive Me

(Work, Education Training volunteering etc)

Things I do Well (Strengths)

Goals (What I need to do)

Who can help me

How

By When

Annex 4

Emoji card game

This game enables you to pick the cards that best represent how you are feeling.

This card should prompt discussion of the topic to find out more information.

Sad

Anxiety

Hopeful

Paranoid

Annex 4

People who are in my life

(List positive and supportive people and any others who are not supportive but are or have been significant in your life)

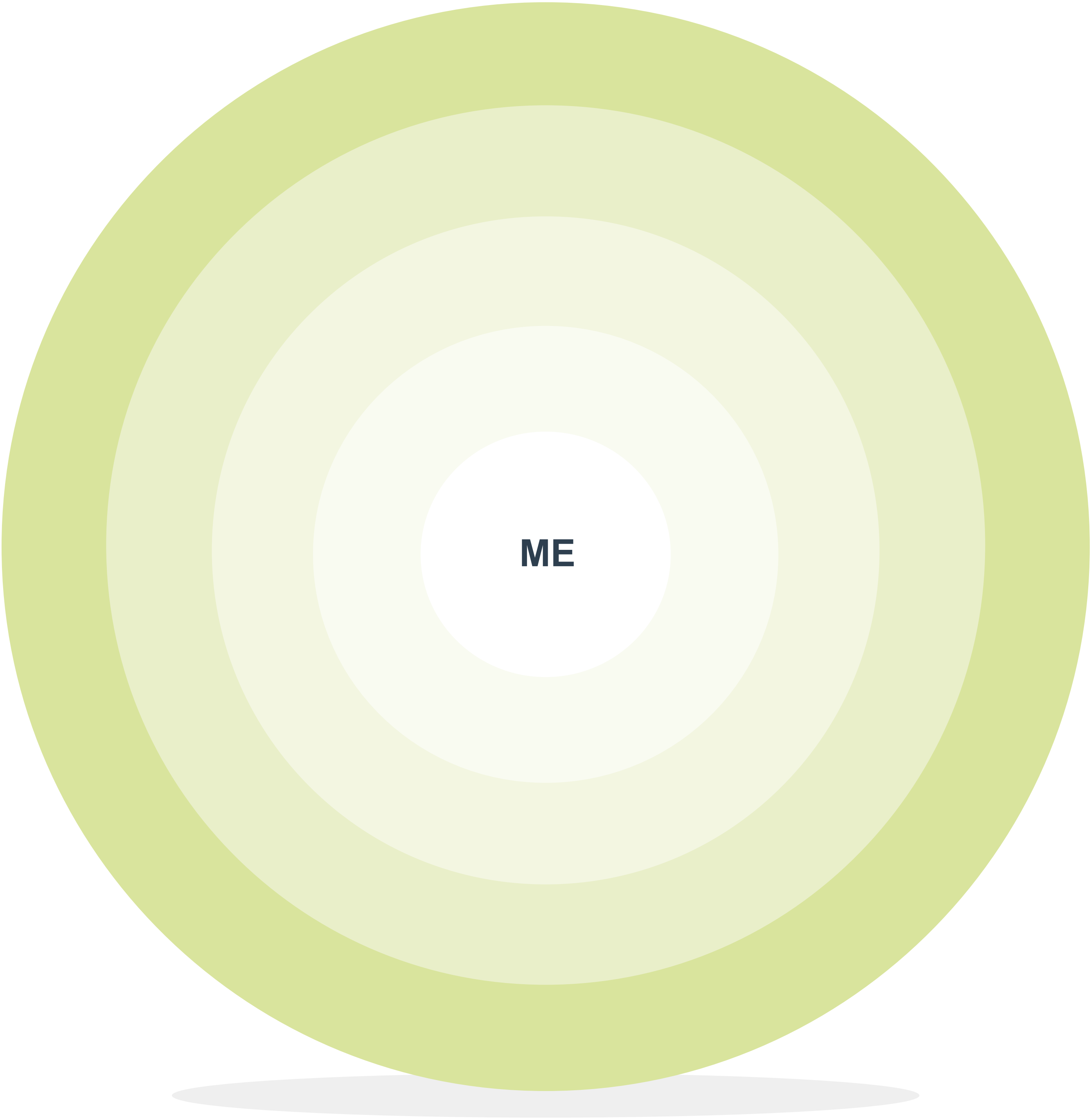
Who they are	Relationship	What I do for them	What they do for me

Annex 4

Eco map

If you are at the centre, using the eco map identify where people fit around you, indicating whom you get most support from and how important people are to you in respect of your recovery/wellbeing.

This exercise can also be used to explore changes in relationships and may be used to measure and review progress if reviewed in later session.



Annex 4

Transition and Handover Plan

What I want my future to look like

Things to stay the same

Things to change

Who can help

How can I help myself

By When

Annex 4

Communication chart

When... does this	We think it means…	And we should…

Communication chart (Completed Example)

When Freddie does this	We think it means…	And we should…
Taps his mouth with his hand	He wants something to eat	Offer him some banana or apple and encourage him to choose

Annex 4

Appointment guidance

The child and young people discuss their difficulties during appointments and consultations including fear, managing expectations and wanting to know more about what professionals do.

These pages can be used by professionals to introduce themselves to the child and young person and set out specifically what service/intervention they offer. They can be completed prior to appointments or with the child and young person as a tool to discuss the treatment options available.

At the bottom of each contact detail is a consent confirmation sheet that can be checked if the child and young person wants their information to be shared with any other individual or team for further support or intervention, this avoids them having to repeat their story.

PROFESSIONALS – PLEASE ANSWER THE FOLLOWING

Who are you	**How will you help**	**Your contact details**	**How often will I see you**
What will I achieve from this appointment	**Has anything got better / or worse**	**Am I happy with the treatment, Do I need extra support?**	**What needs to happen next?**

Annex 4

Appointment summary

Date	Type of meeting	With	Where	Information / Action / Outcome	Next Appointment Date

Annex 4

Progress review

Goal	What has been achieved	Help you have received	How you feel after the discussion
			Before: After:
			Before: After:
			Before: After:
			Before: After:

Date the review was completed ______________________________

Annex 4

Consent to share information

Please note: This form will need to be completed by you if you are happy for your information or bits of your information to be shared. If you do not consent, personal information about you cannot be shared with any other services, unless there is a serious risk of harm.

Name: ______________________________

D.O.B: ______________________________

I am aware that this information will be stored, shared and used for the purposes of providing services to me. I agree to this information being shared with or gathered from those listed below:

1. ______________________ All/specific bit: ______________

2. ______________________ All/specific bit: ______________

3. ______________________ All/specific bit: ______________

Name: ______________________________

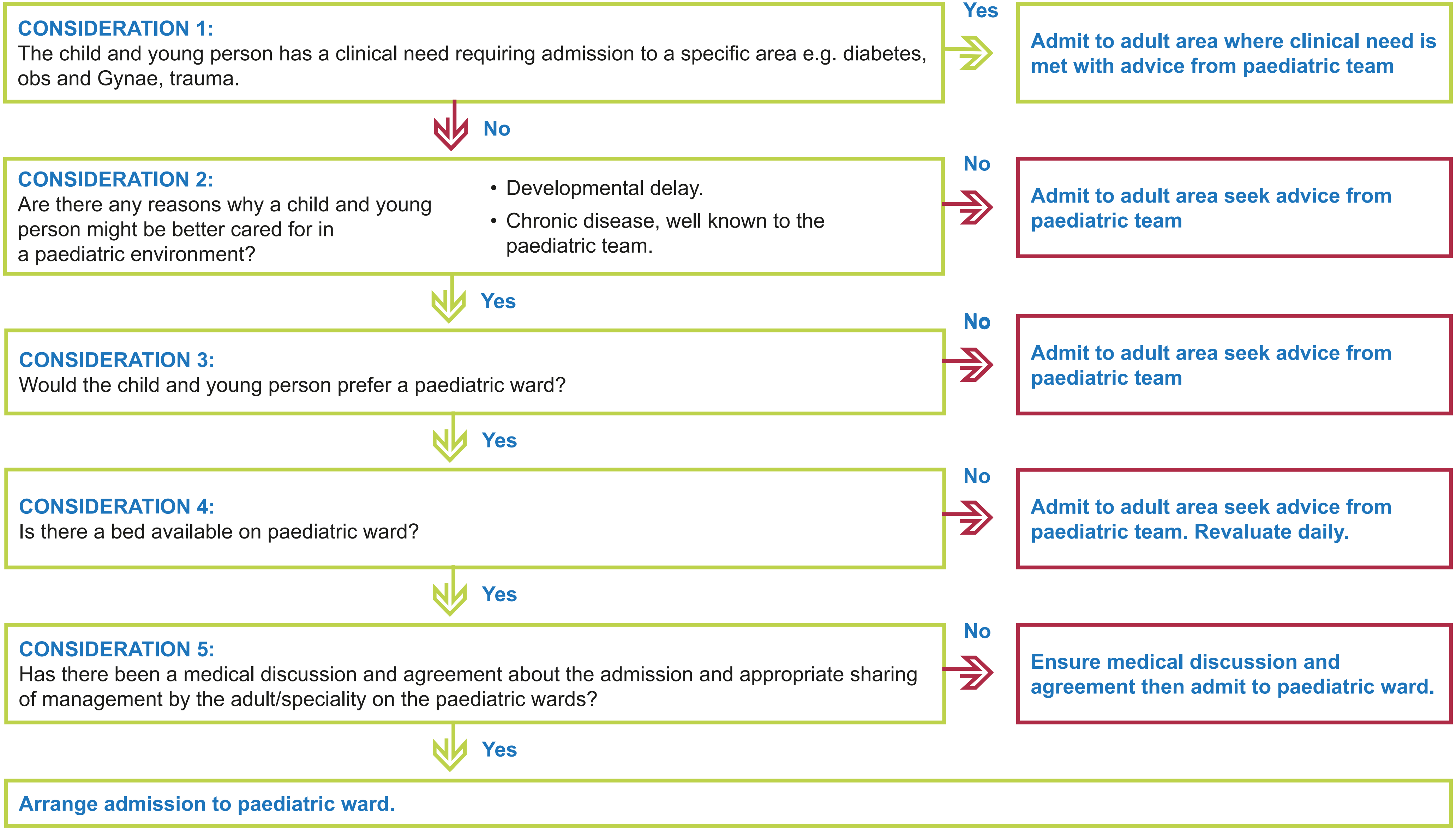
Date: ______________________________

Signature: ______________________________

Annex 5

Flow Chart to follow if the child and young person of 16-17 (up to 18th birthday) of age is admitted.

There should be a clear pathway for 16 or 17 year olds for both secondary care and emergency admissions so that no child or young person of this age experience delay or confusion surrounding their care.



CONSIDERATION 1:
The child and young person has a clinical need requiring admission to a specific area e.g. diabetes, obs and Gynae, trauma.

Yes

Admit to adult area where clinical need is met with advice from paediatric team

No

CONSIDERATION 2:
Are there any reasons why a child and young person might be better cared for in a paediatric environment?

- Developmental delay.
- Chronic disease, well known to the paediatric team.

No

Admit to adult area seek advice from paediatric team

Yes

CONSIDERATION 3:
Would the child and young person prefer a paediatric ward?

No

Admit to adult area seek advice from paediatric team

Yes

CONSIDERATION 4:
Is there a bed available on paediatric ward?

No

Admit to adult area seek advice from paediatric team. Revaluate daily.

Yes

CONSIDERATION 5:
Has there been a medical discussion and agreement about the admission and appropriate sharing of management by the adult/speciality on the paediatric wards?

No

Ensure medical discussion and agreement then admit to paediatric ward.

Yes

Arrange admission to paediatric ward.

Annex 6

Monitoring and Review Form – Transition and Handover

Health Board or Trust:	
Health Board or Trust Lead Contact:	
Health Board or Trust Chief Executive:	
Date Monitoring and Review Form Submitted to the Welsh Government:	
Date Monitoring and Review Form Issued to Health Board or Trust:	

	Question	**Response**
1	Health Boards and Trusts should have a clear accountability and delivery mechanism in place for ensuring implementation of the transition and handover guidance across all healthcare settings, which reports to the Board. Do you have a mechanism in place?	
2	Have you designated a **Transition and Handover Senior Lead** with accountability for ensuring implementation and quality of the transition and handover guidance across all primary, secondary, tertiary and community services?	
3	Every child and young person transferring from children to adult services should have a documented **Transition and Handover Plan** (THP), or equivalent. Have these been implemented within the Health Board and Trust?	
4	Are there Transition and Handover **Named Workers** identified and appointed from the NHS Body's children's or adult services to support the transition and handover of healthcare for every child and young person?	
5	What monitoring arrangements are in place in your Health Board or Trust?	
6	Health Boards and Trusts should have a mechanism to capture the child and young person/family/carer impression of the transition and handover process after 6 months and 12 months to help inform future service provision. In addition, a mechanism to capture how many people have made a representation under Putting Things Right. Do you have a mechanism in place?	
7	How often do you monitor and review in relation to quality and effectiveness, patient satisfaction, activity?	

Annex 7

Useful resources

Children and young people's National Participation Standards to help organisations and individuals make sure the process, quality and experience of all work involving the participation of children and young people (Children in Wales)
Children in Wales | National Participation Standards

Supporting transition to adulthood for young people with life-limiting and life-threatening conditions (Together for Short Lives)
Transition to Adult Services Pathway from Together for Short Lives

Transition from children's to adults' services for young people using health or social care services (NICE) *February 2016*
http://nice.org.uk/guidance/ng43

Transition from children's to adults' services, Quality standards (NICE) *December 2016*
http://nice.org.uk/guidance/qs140

Transition to adult services and links to CYP voice (RCPCH)
Transition to adult services | RCPCH Young people's experiences of health transition | RCPCH

Voices from CYP with a long term condition as part of the Epilepsy12 national audit (RCPCH)
Epilepsy12 &Us - voices from the RCPCH &Us network | RCPCH

Support for parents/professionals on hidden health needs created by parent (RCPCH)
Hidden health - a parent-led card and toolkit | RCPCH

From the pond into the sea - Children's transition to adult health services (Care Quality Commission) *June 2014*
https://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf

Being me - supporting children and young people (RCPCH)

Being me - supporting children and young people | RCPCH

Emoji card game (RCPCH)
Emoji card game | RCPCH