

Transition from children's to adults' services

Consultation on draft guideline – deadline for comments: 5pm on 22nd October 2015 email: Transitionsctoa@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)3. What are the key audiences we need to consider in structuring the guideline?4. At what age does transition planning start now?5. How often do review meetings happen at present?6. How should parents be involved in transition planning?7. Will these recommendations result in an impact on cost of services?8. Which of these recommendations would lead to additional costs?9. Will any of these recommendations lead to cost savings? <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent organisation (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>CoramBAAF Adoption and Fostering Academy</p> <p>41 Brunswick Square</p> <p>London WC1N 1AZ</p>

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		Nil		
Name of commentator person completing form:		Florence Merredew Health Group Development Officer		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	Question 2: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	General			<p>This response is being submitted on behalf of the CoramBAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence.</p> <p>Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.</p>

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2	Full	12	14	1.1.2 We welcome the principle of person-centred care which is developmentally appropriate and involves the young person's views and needs.
3	Full	13	11	1.1.3 We support the principle of integrated working as stated here but it must be recognised that developing a shared mission statement, protocols etc will require considerable investment of time and expertise by all concerned. This is difficult in the face of shrinking budgets and capacity in health and social care teams and should be addressed by the guidance.
4	Full	14	15	1.2.3 The role of the named worker has a vast remit and should be resourced accordingly. There is considerable scope for confusion when this role can be held by a social care or health professional or youth worker.
5	Full	15 16	21 28	1.2.7 and 1.2.14 While we agree that the point of transfer should ideally not be based on a rigid age threshold, in reality the current NHS structures dictate that paediatric services cease at age 18. This is quite problematic for paediatric practitioners and looked after young people leaving care as their needs are often poorly understood by adult health services, particularly mental health. Their needs could often most appropriately be addressed within youth services, but this is not accepted within the NHS, which adheres to rigid age bands. We would support a recommendation to the NHS to consider development of more flexible services for youth in transition. This would be particularly welcome for young people who have been looked after and often have limited supports, many of whom have developed a strong relationship with specialist nurses for care leavers and whose needs will not be recognised and appropriately addressed by adult services.
6	Full	18	11	1.3.3 We welcome this suggestion.
7		19	27	1.3.9 Following on from point 5, many care leavers do not meet thresholds for adult mental health services despite well recognised mental health difficulties. There is a lack of other relevant sources of mental health support and it can be very difficult to access those which do exist due to high demand or cost.
8	Full	22	21	We strongly suggest adding young people leaving care to this list, given the issues noted above.
9	Full	23	9	1.6.11 These are good suggestions which should contribute to improved understanding of young people's needs by adult services, along with better communication between services, and improved engagement with young people.
10	Full			In the view of some of our members, the guidance is too broad and overarching to be helpful.
	Full			The guidance would be strengthened by addressing the health and education plans in considerably

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				more detail.
11	Q 1			<p>With regard to looked after young people/care leavers, the areas of highest impact will be:</p> <ul style="list-style-type: none"> • 1.1.3 Achieving truly integrated working – see point 3 above. • 1.5 Training and development of all professionals involved with transition planning, as they need to understand the needs of this complex and vulnerable group. This involves a large number of services and individuals and high quality training will require significant funding. • 1.2.3 The remit of the named worker is vast and it will require significant resources to offer this to each care leaver, but what most of them need is a strong and stable relationship with an individual who will take a personal interest, assist with practical support and advocate when needed. • 1.6.7 It is crucial to identify and address the gaps in adult services, as it is well documented that care leavers have high rates of mental health difficulties, substance misuse, homelessness, pregnancy, etc and addressing these effectively will save money but most importantly improve their quality of life and their future prospects. • 1.6.11 these measures should assist with engagement of care leavers, which is crucial to uptake and outcomes of any service.
12	Q 2			<p>There is a chapter on health practice for care leavers in this book, which could be usefully referenced:</p> <p>Merredew F and Sampeys C (2015) <i>Promoting the health of children in public care: the essential guide for health and social work professionals and commissioners</i>, BAAF: London.</p>
13	Q 3			The guidance should address commissioners in addition to those stated.
14	Q 4			Health promotion for looked after children at all ages and developmental stages should address issues relating to personal care, safeguarding, developing independence and assuming responsibility for their own health. Formal transition planning should start about ages 14 – 15 but is often left until later.
15	Q 5			There is a statutory requirement for an annual review of health for all looked after children over five years of age.
16	Q 6			There should be a comprehensive and sensitive discussion with a looked after young person concerning their wishes about involving their birth parent/s and carer/s in transition planning, and plans should be negotiated and agreed with them.
17	Q 7 and 8			None of these recommendations is particularly new or surprising; it is the delivery of them which is challenging. High quality delivery of the recommendations will cost money as they require labour

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				intensive joint working; engagement and relationship building with care leavers; consultation with parents/carers and care leavers; widespread training; and development of adult health services. Our members consistently report lack of capacity / resources as the biggest barrier to delivery of health services. There are many excellent LAC health services that know what needs to be done, but commissioning arrangements do not provide for sufficient time by health professionals with the appropriate competencies to meet service demands.
18	Q 9			Effective delivery of services / recommendations which support care leavers smooth transition to adulthood will enhance outcomes in health, education and social functioning and ultimately save vast sums in all these services.
19	General			It would be helpful to have the email address for return of comments on the comments form – as was previously the NICE practice.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE,

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its officers or advisory Committees.

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