

Transition from children's to adults' services

Consultation on draft quality standard – deadline for comments [5pm] on [Monday 22/08/16] **email:** QSconsultations@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. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	CoramBAAF Adoption and Fostering Academy 41 Brunswick Square London WC1N 1AZ
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	No links.
Name of commentator person completing form:	Florence Merredew Health Group Development Officer

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Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		yes	
Type		[office use only]	
Comment number	Section	Statement number	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	Statement 1 (measure)		This statement may be hard to measure because...
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>
2	Why this quality standard is needed	Page 2 – list of vulnerable groups	It would be helpful if looked after young people and care leavers could be specifically included in the list of vulnerable groups.
3	Questions 1 and 4		Although the standard appears to cover some key areas it is overly simplistic in suggesting that starting early and having an annual planning meeting are the main requirements. Considering transition planning from the

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			perspective of the health of a looked after young person, the young person needs to understand their health history, learn to manage any health conditions, engage with health promotion and gradually assume more responsibility for their own health. This is an ongoing process which requires engagement and ongoing support, usually from the specialist nurse for LAC/care leavers and may involve various appointments, discussions, and availability of support by phone and text. This is a resource intensive role and our members report that commissioning arrangements are often insufficient. Resource implications for the full scope of activities involved in high quality transition planning should be addressed in the QS.
4	QS 1	Structure and commissioners	Specialist nurses for looked after young people have a key role to play with all aspects of health care and transition planning for care leavers and much good work is carried out, including early planning for transition. However, our members advise that in practice most paediatric health services including those for looked after children are only commissioned until the age of 18, which makes it impossible to provide effective services and follow up beyond that age. Many LAC health services report that adult health services, particularly CAMHS, have a poor understanding of the health and social care needs of LAC, and that it can be difficult to engage with adult health services for transition planning. Furthermore these young people often fail to meet thresholds to receive adult mental health services despite well recognised complex needs, and this must be addressed if transition planning is to succeed.
5	QS 1		Although the QS does specifically mention children in LA care no reference is made to the fact that this group of YP will be subject to the LA pathway planning which is to prepare for transition to leaving care; the QS should link with that guidance.
	QS 4	Rationale and named worker	The specialist nurse for looked after young people may be in an ideal position to support the YP during the transition if this function is included in their remit at the time of commissioning, however this is rarely done in the current climate of stretched health resources.
	QS 6	Rationale	We welcome the recognition that engagement with adult services can be difficult for young people and this can be particularly the case for care leavers. Adult services need to acquire understanding of additional needs of particular groups such as care leavers and this may require both specialist training and development of services for these groups.
6	Question 2		Presumably social care would be responsible for data collection and some members report that required systems and structures are largely in place. Social care takes the lead on organising the annual meeting as part of the LAC review and having a named worker for all care leavers.

Insert extra rows as needed

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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 section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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 and quality standards that we have produced on topics related to this quality standard 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, its officers or advisory Committees.