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# **REPORT TITLE**

Decision x Discussion Information

**Report author:** Angie Woods – Commissioner Women, Children & CAMH Services

#### Report signed off by: Andrew Bland

(Executive Director)

### Purpose of the report:

This report asks the Board to consider the Health Transition Protocol, approve the protocol and commit to the next steps required to embed it within day to day front line practice. This includes a commitment to consider the potential impact on resources required to implement and monitor the protocol. Also to work with partner agencies, including the local authority and North West London Hospital, to develop a multi-agency protocol which will overarch the Health Transition protocol.

### **RECOMMENDATIONS TO THE BOARD:**

- 1. To endorse the health transition protocol.
- 2. To support the PCT provider arm in embedding and implementing the transition protocol.
- 3. To support a partnership approach to Transition by asking all partnership chairs to include

Transition in their terms of reference and attendance at the Transition Board.

4. To discuss the need for an over-arching multi-agency Transition protocol at the Harrow Strategic Partnership.

### **RELATED PCT OBJECTIVES:**

x Be the lead for health in Harrow by working with partners & engaging public

Be a model employer

**x** Be a highly performing, innovative organisation

**x** Improve health in Harrow & reduce health inequalities

**x** Provide the people of Harrow with accessible & efficient care of the highest quality

Ensure that our systems our robust and used appropriately by staff

### **RELATED STANDARDS FOR BETTER HEATH:**

• Safety of patients C1a, Clinical effectiveness and cost effectiveness C6, Patient focus C7e, Accessible and responsive care C16, The care environment and amenities C20a, Public health – C22 - 23

Harrow PCT is a health improving organisation working in partnership with other agencies & the public. It allows for services to be planned & delivered across traditional boundaries & helps to improve the health of the local population and reduce health inequalities

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## **REPORT HISTORY:**

- Transition Board
- Harrow Learning Disabilities Action Group
- North West London Paediatric Directorate
- Transition review with physical disabilities team
- Integrated Learning Disabilities Action Group

## **REPORT TITLE**

## **Health Transition Protocol**

Contact Name: Angie Woods Contact Tel No: 020 8966 1116

**1. PURPOSE OF THE REPORT** This report asks the Board to consider the Health Transition Protocol, approve the protocol and commit to the next steps required to embed it within day to day front line practice. This includes a commitment to consider the potential impact on resources required to implement and monitor the protocol. Also to work with partner agencies, including the local authority and North West London Hospital, to develop a multi-agency protocol which will overarch the Health Transition protocol.

The PCT needs to acknowledge the need for young people who are disabled and those with long-term complex health conditions to have access to specialists as appropriate as they age and approach adulthood. The protocol seeks to ensure these young people have the right support when they need it and there are no gaps as they begin to access adult services. The protocol is essential to ensure the National Service Framework standards for disabled children are met.

## 2. TERMS/ACRONYMS USED IN THE REPORT

CAMH – Children & Adolescent Mental Health PCT – Primary Care Trust LA – Local Authority

**3. TRANSITION PLANNING** The process for transition planning to adult care starts at different ages dependent upon the disabled young persons' condition. Avoiding rigid age limits is desirable as different children mature in different aspects of their life inconsistently. It is acknowledged that transition planning is essential to avoid risks that young people may be uncertain or anxious as to how their health care needs will be met within adult services.

Many young people in special schools currently receive support for transition at given ages according to their needs. However this planning often needs to be informed by detailed planning with regard to health provision and it is essential that health providers are able to transparently inform partners as to what each young person can expect from health. Without this clarity of process there is high risk of gaps in provision or planning adversely affecting both the young person and their family. At the same time, those children with special needs within mainstream schools need to receive an equitable process of transition planning.

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3.1 **HEALTH PROTOCOL** – The protocol highlights the need for all professionals working with this group of young people to incorporate transition planning into standard appointments and discussions with young people and their families. The development of a Health Care Plan for each young person which can be reviewed annually and contribute to the multi-agency care plan is a duty of the key worker/lead professional for the young person.

3.2 **MULTI-AGENCY CARE PLAN** – It is essential each professional involved in delivering care to the child and their family understands what to expect from other health and social care professionals as the young person approaches adulthood. By applying the protocol the duty of each health professional will be clear with agreed actions to be completed according to the age of the young person.

3.3 **TRANSITION BOARD** – At present the Board is chaired by the Strategic Commissioner Harrow Council. The Board has agreed to clarify reporting mechanisms and terms of reference about transition across the Harrow Strategic Partnership and relevant sub groups: Learning Disability Partnership, Older People's Partnership, Mental Health Partnership, Be Healthy Sub Group – see Appendix 1 Structure Chart. It is the intention of the Transition Board once the PCT Board had endorsed the Health Transition Protocol to incorporate it into the existing Local Authority Protocol, thereby develop a true partnership arrangement for all those in transition from children to adult services.

3.4 **RESOURCE IMPLICATION** – All health agencies will need to support and embed the health protocol into every day practice. Adult provider services may identify cost pressures as a result of implementing the protocol and an initial meeting with PCT Provider Services (Physical & Learning Disabilities Team) has been arranged. The implications for other providers such as CNWL and NWLH therapies are responded to by relevant investments within the development of Children's Trust Arrangements. The potential implication for Local Authority provided adult services such as Harrow Learning Disabilities Team and Adult Social Care will need to be addressed and is currently being discussed at the Transition Board.

Children's planned investment funding into Learning Disabilities £76,163, Community Paediatric Therapies £71,300 plus short term pilot of £74,762.

3.5 **NEXT STEPS** – Once health has established its protocol and agreed an implementation plan, the Transition Board will need to review its membership to ensure regular and committed representation from relevant adult and older people's services. The partnership arrangements with schools (especially special schools) special educational needs services and Children with Disability services are a key aspect of improving transition for all Harrow children. The number of transition plans in place for children with complex needs is annually reported to the Children and Young People's Partnership. A new indicator linked to vital signs for Health Care Commission monitoring linked to transition and adolescence is expected for 2009 – 2010.

**4. EQUALITY IMPACT ASSESSEMENT** – The implementation of this Health Transition Protocol will tackle current health inequities for those with disabilities.

### 5. RECOMMENDATIONS

- a) Endorse the health transition protocol.
- b) Support the PCT provider arm in embedding and implementing the transition protocol.

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c) Support a partnership approach to Transition by asking all partnership chairs to include Transition in their terms of reference and regular attendance by a named delegate at the Transition Board.

d) Raise the discussion to a multi-agency Transition protocol at the Harrow Strategic Partnership.

### APPENDICES

Appendix 1 – Transition Board Structure Chart

Appendix 2 - Health Transition Protocol

Appendix 3 – Central and North West London Mental Health Transition Protocol

Appendix 4 – Harrow Local Authority Transition Protocol

#### **BACKGROUND DOCUMENTS**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAn dGuidance/DH\_4132145

http://www.everychildmatters.gov.uk/socialcare/ahdc/transition/

http://www.everychildmatters.gov.uk/resources-and-practice/IG00322/