# Welsh Government Consultation: Transition and Handover Guidance

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| **Consultation Response Form**  | **Your name**: Sally Payne, RCOT Professional Adviser for Children and Young PeopleDai Davis, Professional Practice Lead - Wales**Organisation** (if applicable): Royal College of Occupational Therapists **Telephone** **number**: 01685 386445 / 07585606385**Email**: david.davies@rcot.co.uk**Your** **address**: Royal College of Occupational Therapists /Coleg Brenhinol y Therapyddion Galwedigaethol 106-114 Borough High Street, London SE1 1LB  |

**Consultation questions**

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| **Q1.** | **Is the guidance clear as to the management of Transition and Handover within the Health Board?**The Royal College of Occupational Therapists (RCOT)welcomes guidance for the management and accountability of transition and handover processes in healthcare services for young people as they grow and move from children’s to adult services. RCOT members have identified supporting young people during this pivotal life stage as a key concern because poor continuity of care risks disengagement from health services, affecting people’s long-term outcomes and quality of life.RCOT agrees that the appointment of a Transition/Handover Lead by Health Boards is necessary to provide oversight and accountability for the implementation of the transition guidance. As a profession that works in primary, secondary and tertiary health care services, and across health, education, social care, employment and the voluntary sector occupational therapists are well placed to fulfil this role. Occupational therapists are aware of and understand the need for integrated, individualised transition plans for individuals with a range of complex health (and other) needs.  |

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| **Q2.** | **Do you agree with the principles that underpin the delivery of individualised care to plan and deliver the move from children’s to adult services?**RCOT agrees with the principles that underpin the implementation plan and feel these will provide a useful framework for monitoring effectiveness and user satisfaction with implementation of the guidance. RCOT welcomes the emphasis on personalised care as this is a core principle of occupational therapy practice. RCOT members are skilled in carrying out ‘what matters to me’ conversations and use this information to develop intervention/support plans that address individual goals and priorities. This is particularly important as young people grow and take greater responsibility for managing their own care. RCOT agrees that ensuring easy access to care should be a priority and would welcome further guidance on how this might be achieved. This is a concern particularly for young people who have difficulty accessing services because of disability or disadvantage (including digital poverty), and for young people who have not accessed services previously and who lack support to navigate complex healthcare systems. Working across health, education, social care, employment and other sectors positions occupational therapists well to work in partnership with others. We agree that effective collaboration is essential to meet young people’s needs as they become adults.RCOT believes that young people have a right to be heard and to share their views on matters that affect their care and lives. Occupational therapists are skilled in selecting and using appropriate communication tools and approaches to ensure young people understand and can contribute to the care process.RCOT agrees that clear processes and governance arrangements are necessary to ensure the guidance is implemented effectively and to capture feedback from people regarding their experience of the transition/hand over process. Robust data collection is required to inform new ways of working to effectively support young people as they move from children’s to adult services.  |

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| **Q3.** | **Is the guidance clear about the young person’s journey on the Transition and Handover process from start through to completion?**RCOT agrees that transition from children’s to adult health services should be regarded as a process not an event. An explanation of what a young person should expect as they move from one stage to another is helpfully summarised in the flow chart in Appendix 2 of the guidance. 4.9 RCOT is concerned that some young people may be disadvantaged if, because of long waiting lists, they have not been able to access a service before moving on to adult services. We would like clearer direction regarding the prioritisation of young people who find themselves in this situation. 4.14 RCOT supports the proposal for a named worker to help a young person and their family coordinate plans and services during the period of transition. Occupational therapists have the skills and expertise to take on this role. RCOT members stress that this should be a dedicated role with protected time to reduce the risk of the worker and resources being diverted to fill gap elsewhere, for example to address waiting lists and meet other targets. An essential part of the named worker role will be to maintain up-to-date information about adult services and establish inter-agency networks to support families to navigate complex systems. Sharing knowledge and resources across children’s and adult services, and across health, social care and education will be key, and dedicated time should be allocated to ensure this happens. 4.24 states that the Transition and Handover Plan should be facilitated by common IT systems and procedures for information/data sharing. RCOT members agree that a standardised electronic system for sharing information and a system for facilitating virtual meetings across agencies is crucial. Members report that although there is some progress on implementing WCCIS across Wales, further support and resources are required to ensure complex IT systems are in place and accessible to facilitate sharing of information.6.3 Patchy service provision means there is not always an adult occupational therapy service to transition young people to. RCOT members are particularly concerned at the lack of health service support for physically disabled young adults who do not have a learning disability, including those with muscular dystrophy, cerebral palsy and dyspraxia/developmental coordination disorder. These young people have often received support from occupational therapy as children. Case example1Joe is a very bright young man who was supported by occupational therapists throughout his time at mainstream school. He has muscular dystrophy. Joe was involved with local Sports Development and accessed the third sector services, but once he was an adult he struggled to obtain the support he needed. He has limited family support and is currently unemployed. Joe had a very positive attitude and could have been an asset to the community and an inspiration to other disabled teenagers. With the right support from an occupational therapist he could be an independent member of the community and have a successful career. Currently there is no occupational therapy service available to support Joe as he does not have a learning difficulty or any mental health needs. Case example 2Kerri has Cerebral Palsy which affects her lower limbs. She uses a wheelchair independently and received occupational therapy whilst at mainstream school. Kerri had work experience with the Health Board as a support administrator. Kerri would benefit from occupational therapy as a young adult to help her develop skills for independent living and to support her into employment.   |

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| **Q4.** | **Is the guidance clear about the process for a young person entering the healthcare system for the first time at 16 or 17?**RCOT is concerned that some young people may be disadvantaged when trying to access health services for the first time at age 16 or 17 if that service has an existing waiting list. **If not, please provide details of how this could be improved.**We would like clearer direction regarding the prioritisation of young people who access health services for the first time aged 16/17.  |

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| **Q5.** | **We would like to know your views on the effects that the draft Transition and Handover Guidance would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.** **What effects do you think there would be?  How positive effects could be increased, or negative effects be mitigated?** |

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| **Q6.** |  **We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them**We recommend the guidance includes consideration of a young person’s cultural needs as well as those relating to any disability or disadvantage when developing an individual’s transition and handover plan. RCOT recommends greater emphasis on support and information for young people with ongoing health needs aged 16-17 years who may have difficulty accessing health services because of disadvantage such as digital poverty. We would also like to highlight the limited support for teenagers moving to adult services who have mild mental health/wellbeing needs. Teenagers with milder anxiety disorders are not usually able to access support from CAMHS, despite the risk that difficulties may progress to become more acute mental health conditions that inhibit participation and independence in adulthood. Young people who are disabled or who have long term health needs are at greater risk of experiencing mental health issues. We suggest that the need for collaboration between mental and physical health services during the transition period is specifically mentioned in the guidance.  |

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| Responses to consultations are likely to be made public, on the internet or in a report.  If you would prefer your response to remain anonymous, please tick here:  |