



Child Health and  
Wellbeing Network  
North East and North Cumbria

# TRANSITIONS: Defining and Facilitating Developmentally Appropriate Healthcare for Young People

**Executive Summary**

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## Background

The Child Health and Wellbeing Network has a role in the delivery of the Children and Young Person's Transformation Agenda and Transitions and Developmentally Appropriate Healthcare is a key area of priority and there are a number of associated key deliverables. The Child Health and Wellbeing Network recognises that Developmentally Appropriate Healthcare is a small but integral piece of the jigsaw when considering the wider context of transition to adulthood for Young People. The aim of this project was to champion developmentally appropriate healthcare and seamless transitions for adolescents and young adults with chronic or lifelong conditions aged 11 to 25 years living across the North-East and North Cumbria.

## Purpose of Report

This Executive Summary paper provides an outline of the background context and methodology of the research undertaken to further this project. In addition, this articulates the initial and overarching findings and identifies the priorities and recommendations for service improvement and next steps

## Methodology

The project was undertaken between October 21 and April 22. Stages of the work plan were as follows:

- Establishment of core steering group and key roles and responsibilities, identification of resources
- Identification of groups/services for inclusion
- Map and Understand current practice and compare across a range of disciplines via a range of online surveys to evaluate service delivery in line with NICE recommended standards
- Understand need and aspirations of YP and families via engagement and consultation
- Identify/share good practice

## Findings and Conclusion

The surveys received a good rate of return and this project is the first to explore transitional and developmentally appropriate healthcare across the North-East and North Cumbria. The survey responses highlighted pockets of excellent practice and willingness amongst both paediatric and adult professionals to further develop their transition services to improve the quality of care for young people with chronic health conditions. The vast majority of clinicians across NENC recognise the importance of good transition.

Young People who are offered planned transitional care feel more prepared for transition and have a better experience of care.

Trust management teams recognise that transition from paediatric to adult services is a priority but very few have trust-wide transitional care pathways or jointly agreed and shared transitional care policies. No organisation has sufficient systems in place to fulfil the 2006

NICE Transitions guidance [NG43]. There is a lack of consistent involvement of young people in the development of services for adolescent and young adults. There is no consistency of services available and limited access to support services and Young People have inequitable access to services; access varies by disease as well as geographic area.

There is a pressing need for improved education and support at trust management and clinical team levels, to ensure that clinical teams are able and supported to engage more effectively with their young people and deliver equitable and higher quality transitional care. The planning and commissioning of adult services must include consideration of the additional support needed by young people around the time of transfer to adult services.

The valuable role of the transition nurse should be recognised across all chronic illness specialities and trusts with transitional care highlighted within job plans. The role of the GP is paramount in a significant proportion of patients, particularly those with complex neurodevelopmental needs, and this needs to be recognised in service development and aligned with annual health check and school transition annual reviews.

## Recommendations

Need to improve compliance with national guidance, focusing on:

- Improved quality of senior support and training
- Improved joint working between adult and paediatric teams
- Improved YP engagement and feedback

## Next Steps

This will involve work with systemwide strategic partners to operationalise the recommendations that have been made based on the findings of the healthcare system scoping exercise.

The main vehicle to progress this work will be through the development and establishment of a multi-agency regional transitions steering group to support provision of high-quality transitional care services, which will have three main roles

- Enable examples of good practice to be shared and enhanced
- Ensure that work is not duplicated
- Co-ordinate and hold the ring on the multiple strands of work that are underway or planned in the various localities across the NENC ICS footprint

Another key enabler will be the to develop region-wide education and support for healthcare professionals.

For more information and to read the full report click [https://www.nenc-healthiertogether.nhs.uk/application/files/9816/5709/7029/Transitions\\_DAH\\_Findings\\_and\\_Recommendations\\_Report\\_FINAL\\_06.22.pdf](https://www.nenc-healthiertogether.nhs.uk/application/files/9816/5709/7029/Transitions_DAH_Findings_and_Recommendations_Report_FINAL_06.22.pdf)

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