

# Transition from children's to adults' services

## NICE quality standard

### Draft for consultation

July 2016

## Introduction

This quality standard covers all young people (aged up to 25) using children's health and social care services who are due to make the transition to adults' services. It includes young people:

- with mental health problems
- with disabilities
- with long-term, life-limiting or complex needs
- in local authority care.

The quality standard covers the period before, during and after a young person moves from children's to adults' services. It covers all settings in which transitions from children's to adults' health or social care services take place.

For more information see the transition from children's to adults' services [topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as funding for health or social care, are therefore not covered by this quality standard.

### ***Why this quality standard is needed***

Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services ([Transition: getting it right for young people](#) Department of Health and Department for Education and Skills), with the young person and their family at the centre. The transition process includes:

- initial planning, which should begin early

- the actual transfer (the point at which the responsibility for providing care and support to a young person moves from a children's to an adults' provider)
- support throughout, which should continue past the point of transfer.

Making the move to adults' services can be difficult for young people and their parents and carers as they are introduced to new services and practitioners. A gradual process that is jointly planned and developmentally appropriate to the young person can lead to a smoother transition. Young people need support during this period to ensure they can build confidence to manage their own condition in a way that is right for them. They also need support to be involved in planning their own transition. Without proper support, young people may not engage with services, leading to a loss of continuity of care and future adverse effects. Making the move from children's to adults' services can also be disruptive for young people, particularly during adolescence when they are at a higher risk of psychosocial problems.

There is evidence that good transitional care is often not reflected in practice (for example, Beresford and Cavet [Transitions to adult services by disabled young people leaving out of authority residential schools](#) 2009 and the NHS Diabetes report [Diabetes transition – assessment of current best practice and development of a future work programme to improve transition processes for young people](#)), and that transition support can be patchy and inconsistent. Particularly vulnerable groups are identified as young people with complex health and social care needs, young people who use child and adolescent mental health services, young people leaving residential care and those with life-limiting conditions.

The quality standard is expected to contribute to improvements in the following outcomes:

- young person's experience of transition
- parents' and carers' experience of transition
- health-related quality of life
- social care-related quality of life
- engaging with adults' services
- unplanned care following transfer from children's to adults' services.

### ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [Adult Social Care Outcomes Framework 2015–16](#)
- [NHS Outcomes Framework 2016–17.](#)

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [Adult Social Care Outcomes Framework 2015–16](#)**

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p><b>Overarching measure</b></p> <p>1A Social care-related quality of life**</p> <p><b>Outcome measures</b></p> <p><b>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</b></p> <p>1B Proportion of people who use services who have control over their daily life</p>
3 Ensuring that people have a positive experience of care and support	<p><b>Overarching measure</b></p> <p><b>People who use social care and their carers are satisfied with their experience of care and support services</b></p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p><i>Placeholder 3E The effectiveness of integrated care</i></p> <p><b>Outcome measures</b></p> <p><b>Carers feel that they are respected as equal partners throughout the care process</b></p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p><b>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</b></p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p> <p><b>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual</b></p> <p>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</p>
<p><b>Alignment with NHS Outcomes Framework</b></p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

**Table 2 [NHS Outcomes Framework 2016-17](#)**

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers**</p> <p><b>Enhancing quality of life for people with mental illness</b></p> <p><i>ii Health-related quality of life for people with mental illness**</i></p>
4 Ensuring that people have a positive experience of care	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p>4c <i>Friends and family test</i></p> <p>4d <i>Patient experience characterised as poor or worse</i></p> <p><i>i Primary care</i></p> <p><i>ii Hospital care</i></p> <p><b>Improvement areas</b></p> <p><b>Improving experience of healthcare for people with mental illness</b></p> <p>4.7 <i>Patient experience of community mental health services</i></p> <p><b>Improving people's experience of integrated care</b></p> <p>4.9 <i>People's experience of integrated care**</i></p>
<p><b>Alignment with Adult Social Care Outcomes Framework</b></p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

### ***Safety and people's experience of care***

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to transition from children's to adults' services.

### ***Coordinated services***

The quality standard for transition from children's to adults' services specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred, integrated approach to

providing services is fundamental to delivering high-quality care to young people who are moving to adult services.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services.

### **Resource impact considerations**

Quality standards should be achievable by local services given the resources required to implement them. Resource impact considerations are taken into account by the quality standards advisory committee, drawing on resource impact work associated with the source guideline. The [resource impact report](#) for the source guideline provides more detailed resource impact information.

### **Legislation and policy**

This quality standard has been developed in the context of important legislative changes that have a significant impact on young people moving from children's to adults' services. Implementation of the [Care Act 2014](#) and the [Children and Families Act 2014](#) establishes new provisions as well as updating existing ones, bringing together relevant policy and guidance affecting young people moving from children's to adults' services.

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and treating young people who are moving from children's to adults' services should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting young people who are moving from children's to adults' services. If appropriate, health and social care practitioners should ensure that the young person's parents or carers are involved in the decision-making process about investigations, treatment and care.

## **List of quality statements**

Statement 1. Young people who will move from children's to adults' services start planning for their transition by year 9, or immediately if they enter the service close to the point of transfer.

Statement 2. Young people who will move from children's to adults' services have an annual meeting to review transition planning.

Statement 3. Parents and carers of young people who will move from children's to adults' services discuss their expectations of the transition process at the annual meeting.

Statement 4. Young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.

Statement 5. Young people who will move from children's to adults' services meet a practitioner from the adults' service before they transfer.

Statement 6. Young people who have moved from children's to adults' services but do not attend their first meeting or appointment are contacted by adults' services and given other opportunities to engage.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you have an example from practice of implementing the NICE guideline 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.

**Question 4** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

## Quality statement 1: Timing of transition planning

### ***Quality statement***

Young people who will move from children's to adults' services start planning for their transition by year 9, or immediately if they enter the service close to the point of transfer.

### ***Rationale***

Starting transition planning as early as possible can lead to a better experience of transition for young people. This is because it allows a more gradual process to take place. A sudden move to adults' services with no time for preparation or support can lead to young people and their families losing confidence and disengaging. Early planning allows young people more time to be involved in decisions and adjust to changes to their future care. For some young people, those covered by health and social care or education legislation, early transition planning is already a legal requirement.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that young people who will move from children's to adults' services start planning for their transition by year 9, or immediately if they enter the service close to the point of transfer.

***Data source:*** Local data collection.

#### **Process**

a) Proportion of young people in year 9 who will move from children's to adults' services who have started planning for their transition.

Numerator – the number in the denominator who have started their planning for transition.

Denominator – the number of young people in year 9 who will move from children's to adults' services.

**Data source:** Local data collection.

b) Proportion of young people entering the service close to transfer who started planning for their transition immediately.

Numerator – the number in the denominator who started their planning for transition immediately.

Denominator – the number of young people entering the service close to transfer.

### **Outcome**

Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (children's and adults' health, mental health and social care providers) ensure that systems are in place to identify young people who will move from children's to adults' services and start planning their transition by year 9, or immediately if they enter the service close to the point of transfer.

**Health and social care practitioners** (such as GPs, hospital consultants, nurses, social workers and mental health workers) ensure that they start transition planning for young people who will move from children's to adults' services by year 9, or immediately if they enter the service close to the point of transfer.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission services that identify young people who will move from children's to adults' services and start planning their transition by year 9, or immediately if they enter the service close to the point of transfer.

## ***What the quality statement means for young people using services and their parents or carers***

Young people who will move from children's to adults' services start planning for the move by year 9. For young people entering the service after year 9, planning should start immediately. This gives them time to be involved in decisions and understand and adapt to changes in their future care.

### ***Source guidance***

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendation 1.2.1.

### ***Definitions of terms used in this quality statement***

#### **Year 9**

Young people in year 9 are aged 13 or 14 years. [[Transition from children's to adults' services for young people using health or social care services](#) (NICE guideline NG43) recommendation 1.2.1]

## Quality statement 2: Annual meeting

### ***Quality statement***

Young people who will move from children's to adults' services have an annual meeting to review transition planning.

### ***Rationale***

Transition is a lengthy process that starts early, by year 9, and continues past the point of transfer. So it is important that the planning for transition is regularly reviewed, at least annually, to take into account a young person's changing needs.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that young people who will move from children's to adults' services have an annual meeting to review transition planning.

**Data source:** Local data collection.

#### **Process**

Proportion of young people who will move from children's to adults' services who have had a meeting to review transition planning in the previous 12 months.

Numerator – the number in the denominator who have had a meeting to review transition planning in the previous 12 months.

Denominator – the number of young people who will move from children's to adults' services.

**Data source:** Local data collection.

#### **Outcome**

Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (children's and adults' health, mental health and social care providers) ensure that systems are in place for young people who will move from children's to adults' services to have an annual meeting to review transition planning.

**Health and social care practitioners** (such as lead clinician, care coordinator or named worker) ensure that they take part in annual meeting to review transition planning for young people who will move from children's to adults' services.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission services that make sure young people who will move from children's to adults' services have an annual meeting to review transition planning.

### ***What the quality statement means for young people using services and their parents or carers***

**Young people who will move from children's to adults' services** have an annual meeting to review their transition planning and check that the plans are still suitable for them.

### ***Source guidance***

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendation 1.2.4.

### ***Definitions of terms used in this quality statement***

#### **Annual meeting**

The annual meeting should involve all practitioners providing support to the young person and their parents or carers. It should include the GP and representatives from both children's and adults' services. It should also involve the young person and their parents or carers.

The meeting should review the young person's current:

- clinical needs
- psychological status
- social and personal circumstances
- caring responsibilities
- educational and vocational needs
- cognitive abilities, and
- communication needs.

The outcome of the meeting should inform a transition plan that is linked to other plans the young person has in respect of their care. [[Transition from children's to adults' services for young people using health or social care services](#) (NICE guideline NG43) recommendations 1.1.2, 1.2.4 and expert opinion]

## Quality statement 3: Involving parents and carers

### ***Quality statement***

Parents and carers of young people who will move from children's to adults' services discuss their expectations of the transition process at the annual meeting.

### ***Rationale***

Parents and carers have an important role in supporting young people as they move from children's to adults' services. Discussing their expectations of the transition process ensures they feel involved, are aware of changes in service provision and the future care their child will receive as a result of this.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that parents and carers of young people who are moving from children's to adults' services can discuss their expectations of the transition process at the annual meeting.

**Data source:** Local data collection.

#### **Process**

Proportion of annual meetings of young people who will move from children's to adults' services in which parents and carers discuss their expectations of the transition process.

Numerator – the number in the denominator in which parents and carers discuss their expectations of the transition process.

Denominator – the number of annual meetings for young people who will move from children's to adults' services.

**Data source:** Local data collection.

#### **Outcome**

a) Parent and carer satisfaction with involvement in the transition process.

**Data source:** Local data collection.

b) Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (children's and adults' health, mental health and social care services) ensure that systems are in place for parents and carers of young people who will move from children's to adults' services to discuss their expectations of the transition process at the annual meeting.

**Health and social care practitioners** (such as lead clinician, care coordinator or named worker) ensure they discuss with parents and carers of young people who will move from children's to adults' services their expectations of the transition process at the annual meeting.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission services that make sure parents and carers of young people who will move from children's to adults' services can discuss their expectations of the transition process at the annual meeting.

### ***What the quality statement means for young people using services and their parents and carers***

**Parents and carers of young people who will move from children's to adults' services** discuss their expectations of the transition process at the annual meeting so they can feel involved in the transition and are aware of changes to their child's future care.

### ***Source guidance***

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendations 1.2.4 and 1.2.20.

## Quality statement 4: Named worker

### ***Quality statement***

Young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.

### ***Rationale***

Transition can be a difficult time for young people and their families, as it is a lengthy process and involves various professionals and services. A single point of contact – preferably a person that the young person knows and trusts – can coordinate care and signpost to appropriate support. This can lead to improved attendance in adult services and a better experience of care.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.

***Data source:*** Local data collection.

#### **Process**

Proportion of young people who are moving from children's to adults' services who have a named worker to coordinate their transition care and support before and after transfer.

Numerator – the number in the denominator who have a named worker to coordinate their transition care and support before and after transfer.

Denominator – the number of young people who are moving from children's to adults' services.

***Data source:*** Local data collection.

## **Outcome**

Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (children's and adults' health, mental health and social care providers) ensure that systems are in place so that young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.

**Health and social care practitioners** (such as hospital consultant, nurses, youth worker, social worker, mental health worker and transition worker) ensure that they work with the young person who is moving from children's to adults' services to identify a named worker and work with this practitioner before and after transfer to coordinate transition care and support.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission services that make sure young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.

### ***What the quality statement means for young people using services and their parents or carers***

**Young people who are moving from children's to adults' services** should be helped to choose a single practitioner – preferably someone that they know and trust – to act as a named worker before and after transfer. The named worker will act as a link with the various staff who can provide support, including the young person's GP. This person should coordinate transition care, (for example, arranging appointments) and provide support to the young person and their family so that they have a smoother transition.

## **Source guidance**

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendations 1.2.5 and 1.2.9.

## **Definitions of terms used in this quality statement**

### **Named worker**

The named worker is a role rather than a job title. This should be one of the people from among the group of workers providing care and support to the young person, who has been designated to take a coordinating role. The young person should help decide who this person should be. It could be, for example, support planner, a nurse, youth worker, an allied health professional or another health and social care practitioner. It could also be someone who already has the title keyworker, transition worker or personal adviser.

A named worker should oversee, coordinate and deliver transition support. They should be the main link with other practitioners, arranging appointments for the young person, acting as their representative, directing them to other services and sources of support, and supporting the young person's family if appropriate.

The named worker should be involved throughout transition, supporting the young person before and after transfer until a time agreed with the young person and their family. They should ensure they hand over responsibilities to a practitioner in adults' services (if they are based in children's services). [[Transition from children's to adults' services for young people using health or social care services](#) (NICE guideline NG43) recommendations 1.2.5, 1.2.6, 1.2.7 and 1.2.9]

## Quality statement 5: Introduction to adults' services

### ***Quality statement***

Young people who will move from children's to adults' services meet a practitioner from the adults' service before they transfer.

### ***Rationale***

Young people may feel unsure about moving to a new service, especially if they have been with children's services for a while. Meeting a practitioner from the adults' service can help build a young person's confidence, reduce their concerns about moving to adults' services and increase their willingness to ask the practitioner to be involved in their care. This can lead to a smoother transition for the young person and more regular attendance in adults' services leading to better outcomes.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that young people who will move from children's to adults' services can meet a practitioner from the adults' service before they transfer.

**Data source:** Local data collection.

#### **Process**

Proportion of young people who moved from children's to adults' services who met a practitioner from the adults' service before they transferred.

Numerator – the number in the denominator who met a practitioner from the adult service before they transferred.

Denominator – the number of young people who moved from children's to adults' services.

**Data source:** Local data collection.

## **Outcome**

Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (children's and adults' service managers) ensure there are systems in place for a practitioner from the relevant adults' service to meet the young person before they transfer from children's services. These may include joint appointments, joint clinics, pairing of a practitioner from adults' services with 1 from children's services).

**Health and social care practitioners in adults' services** (such as hospital consultants, nurses, social workers and mental health workers) ensure service meets the young person who will move into their service before they transfer.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission services that make sure young people moving from children's to adults' services can meet a practitioner from the adults' service before they transfer.

### ***What the quality statement means for young people using services and their parents or carers***

**Young people who will move from children's to adults' services** meet someone from the adults' service team before they transfer to help them feel more confident about moving to adults' services.

## **Source guidance**

[Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendation 1.3.1.

## **Quality statement 6: Missed first appointments after transfer in adults' services**

### ***Quality statement***

Young people who have moved from children's to adults' services but do not attend their first meeting or appointment are contacted by adults' services and given other opportunities to engage.

### ***Rationale***

Engagement in adults' services is important to ensure young people continue to receive the care and support they need. There are risks associated with young people becoming disengaged from services during transition and the impact this may have on their future health, mental health and social care needs.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that young people who have moved from children's to adults' services but do not attend their first meeting or appointment are contacted by adults' services and given other opportunities to engage.

**Data source:** Local data collection.

#### **Process**

Proportion of young people who have moved from children's to adults' services but did not attend their first meeting or appointment who were contacted by adults' services and given other opportunities to engage.

Numerator – the number in the denominator who were contacted by adults' services and given other opportunities to engage.

Denominator – the number of young people who have moved from children's to adults' services but did not attend their first meeting or appointment.

**Data source:** Local data collection.

## **Outcome**

Young people who continue to be supported in adults services following transition from children's services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (adult health, mental health and social care services) ensure that systems are in place so they are aware who is transferring from children's services. They ensure that, if a young person does not attend their first meeting or appointment in adults' services, they are contacted by adults' services and given other opportunities to engage.

**Health and social care practitioners from adults' services** (such as hospital consultants, social workers, mental health workers) ensure that they work with children's services to identify young people who have moved to adults' services but did not attend their first meeting or appointment. They ensure that the young people are contacted and given other opportunities to engage.

**Commissioners** (clinical commissioning groups, local authorities and NHS England) ensure that they commission adults' services that make sure young people who have moved to their services but do not attend the first meeting or appointment are contacted and given other opportunities to engage.

### ***What the quality statement means for young people using services and their parents or carers***

**Young people who have moved from children's to adults' services but do not attend their first meeting or appointment** are contacted by someone from adults' services, such as their GP or their named worker. They will check if the young person's care and support plan is still right and whether they need any other help to get back in touch with the service.

## **Source guidance**

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43, recommendations 1.4.1 and 1.4.2.

## **Definitions of terms used in this quality statement**

### **Opportunities to engage**

If a young person does not attend meetings and appointments in adults' services the adults' service should try to contact them and their family, then involve other relevant professionals (including children's services and their GP) if need be. If there is still no contact then the relevant provider should refer back to the named worker with clear guidance on re-referral, if applicable. If the young person does not want to engage in services they should offered alternative ways to meet their support needs [[Transition from children's to adults' services for young people using health or social care services](#) (NICE guideline NG43) recommendations 1.4.1, 1.4.2 and 1.4.3].

## Status of this quality standard

This is the draft quality standard released for consultation from 25 July to 22 August 2016. It is not NICE's final quality standard on transition from children's to adults' services. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 22 August 2016. All eligible comments received during consultation will be reviewed by the quality standards advisory committee and the quality statements and measures will be refined in line with the quality standards advisory committee's considerations. The final quality standard will be available on the [NICE website](#) from December 2016.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be

appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and young people making the transition to adult services, and their parents or carers (if appropriate), is essential. The principles of the [Mental Capacity Act 2005](#) and other relevant legislation should be followed, as necessary. Treatment, care and support, and the information given about it, should be both developmentally-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Young people making the transition to adult services and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#).

### ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43

### ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2016) [Children and young people's continuing care national framework](#)
- Department of Health (2015) [Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)
- Department of Health (2014) [Care and support statutory guidance: Issued under the Care Act 2014](#)
- Department of Health (2014) [Children with special educational and complex needs: guidance for health and wellbeing boards](#)
- Department of Health and Department for Education (2014) [Special educational needs and disability code of practice: 0 to 25 years](#)
- Joint Commissioning Panel for Mental Health (2013) [Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services](#)
- Department of Health (2012) [Report of the Children and Young People's Health Outcomes Forum](#)

## Related NICE quality standards

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## Quality Standards Advisory Committee and NICE project team

### *Quality standards advisory committee*

This quality standard has been developed by quality standards advisory committee 3. Membership of this committee is as follows:

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#### **Miss Lauren Aylott**

Lay member

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**About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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