



Director General's Response to Recommendations

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Clinical Senate debate – April 2019

The transition of adolescents and young adults with complex conditions from paediatric to adult health services

Transition Care

- The Executive Sponsor and Senate Chair have agreed to a new approach
- The recommendations will be taken to HEC in July for discussion
- A work plan/strategy will then be developed
- The 9 recommendations will influence work in four areas:
 - System level 4 of the recommendations,
 - HSP level 5 of the recommendations ,
 - Clinician level 2 of the recommendations
 - Consumer level 2 of the recommendations



The WA Clinical Senate recommends:

Recommendation 1 - System

..... the development of systematic and formal transition processesHSP Key Performance Indictors (KPIs) that ensure compliance against the WA Youth Health Policy via HSP Action Plans developed within the next 12 months

Recommendation 2 - HSP

.....fail-proof referral process which identifies priority populations using a standardised referral process, and ensures a controlled entry destination under the oversight of transition coordinators.

Recommendation 3 - HSP

.....coordination with a focus on repurposing existing roles/responsibilities to align with the Trapeze model

Recommendation 4 - CAHS

Child and Adolescent Health Service (CAHS) develop a "skills development clinical pathway" to be utilised by all HSPs GPs and other specialists.

Recommendation 5 - HSP

.....implementation of a consultation liaison model to support and guide teams around transition.

Recommendation 6 - System

design and implement a mandatory training and development program (e-learning module)

Recommendation 7 - Consumer

Young people (up to and including 24 years) must be involved in the planning, development and evaluation of services

Recommendation 8 - System / HSP / Consumer

Recommendation 6 - System / HSP / Con

Appointment of a youth health advocate

Recommendation 9 - system / HSP

The WA Clinical Senate recommends that the Triple Aim Framework be used to measure and monitor the implementation of the WA Youth Health Policy.



How do we ensure translates into action?

- A) increased explicit exposure to Senior Health Exec thro HEC allowing discussion
- B) more solution focussed with clear mechanics to support with identification of :
 - 1) Enablers
 - 2) Barriers
 - 3) Next Steps
 - 4) Where a single enabling approach can reduce work –eg papayas and pt info
 - 5) Where HSP specific action needed eg familiarisation with site

