



Item No: 11

Meeting Date: Wednesday 26th June 2019

Glasgow City Integration Joint Board

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RE-DESIGN AND DEVELOPMENT OF YOUTH HEALTH SERVICES IN GLASGOW

Purpose of Report:	This paper summarises the business case for developing a Youth Health Service across the city and seeks approval to proceed.
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Background/Engagement:	<p>An independent review of youth health improvement programmes across Glasgow was undertaken in 2017. A number of stakeholders participated in the review, including HSCP staff (Health Improvement, Sandyford, Children's Services, School Nursing, CAMHS), 3rd sector partners, clinicians and young people.</p> <p>The review made a number of recommendations, inclusive of</p> <ul style="list-style-type: none">• a youth health improvement strategic framework be developed to provide more consistency in the prevention activity across localities• a holistic (clinical and social) youth health service should be available to young people in all localities <p>The findings and proposals have been considered at the Heads of Children's Services, Primary Care Strategy Group, Glasgow City Council's Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee, Sandyford redesign of young people's services and the Adult Core Group and is now presented to members for approval.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) approve the proposal to develop youth health services available to young people in each of the three localities.
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Relevance to Integration Joint Board Strategic Plan:

Page 19 of the strategic plan; section Transforming the core service specification and core activity for children's health and social care services and the health improvement strategic aims.
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>1. People are able to look after their own health and wellbeing and live for longer</p> <p>5. Health and social care services contribute to reducing health inequalities</p> <p>9. Resources are used effectively and efficiently in the provision of health and social care services.</p>
Personnel:	Additional staff would require to be recruited to enable the delivery of the service across further sites.
Carers:	The proposed service offers support to young carers and in certain circumstances family members/guardians of young people.
Provider Organisations:	Aspects of the service would be commissioned for provision
Equalities:	The existing service in the North West locality has recently been awarded the LGBT Youth charter – the first HSCP service in Scotland to receive this. An EQIA of the existing service was completed in 2016 and equalities monitoring and responsiveness would continue to be embedded within the expanded service. A new Equalities Impact Assessment would be undertaken for the expanded sites.
Fairer Scotland Duty:	Regard has been given to the socio-economic deprivation impact of this service development. Hubs will be located in child poverty hot spots and socio-economic determinants of inequality are incorporated into the service design and delivery.
Financial:	The additional investment required has been identified and detailed in the report.
Economic Impact:	None
Sustainability:	To be determined.
Sustainable Procurement and Article 19:	None
Risk Implications:	A risk register will be developed in line with the proposals.
Implications for Glasgow City Council:	Staffing support from Glasgow Life.
Implications for NHS Greater Glasgow & Clyde:	Will provide support for and relieve pressure from primary care services and reduce number of inappropriate referrals to CAMHS.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 The purpose of this paper is to summarise the business case for developing a specific 'Youth Health Service' across the city and seek approval to proceed.

2. Background

- 2.1 A review of youth health improvement services delivered by health improvement teams across the city concluded in July 2017. The review recommended that there be a more consistent offer of youth health improvement services throughout Glasgow.
- 2.2 Glasgow city has approximately 105,000 young people aged 12 -24. The review included analysis of existing data on the well-being of young people and reported that mental health, relational, sexual health and 'risk taking' behaviours were the most significant health issues for this age group. The analysis showed similar frequency and range of health issues at locality level, however that the prevalence of these issues varied considerably at a neighbourhood level.
- 2.3 One of the key recommendations of the review was that a specific 'youth health service' be made available throughout the city. Currently the North West has three holistic drop-in clinics delivered in the evening, offering a mix of clinical and social well-being support for young people. There is no equivalent service in the North East locality and one service in Castlemilk in South Glasgow that provides a more limited scope of service.
- 2.4 The North West service was found to provide both early intervention and prevention services which supported young people's immediate issues and fostered lasting impacts on their health and wellbeing, self-management and appropriate use of services into adulthood.

3. Rationale for universal provision of a specific 'Youth Health Service'

- 3.1 UK and international reviews have highlighted that the unique needs of young people are often not well met by existing health service delivery models, a weakness that must be overcome in order to affect meaningful early intervention and prevention.
- 3.2 A 'Youth Health Service' would contribute significantly to the challenges identified through the Scottish Governments Young People's Mental Health Task Force, and the 'rejected CAMHS referral's' report. The majority of young people accessing the North West service present with mental health issues, with yet more disclosing mental health issues once in service. In liaison with CAMHS just less than one in every ten (9.4%) of these young people require CAMHS services. Feedback from the existing service highlights the overwhelming interplay of emotional and physical well-being issues for young people.

- 3.3 A holistic youth health service would enhance Tier 0 (primary prevention) to Tier 2 (see diagram at Appendix 1) mental health & wellbeing support available to young people in Glasgow. The existing YHS in the North West works with young people
- who have been referred to assist in determining if CAMHS services are required.
 - to provide a support mechanism while awaiting CAMHS interventions and to add value to CAMHS interventions through the wider wrap around supports.
 - to ensure emotional, relational and well-being aspects that do not require CAMHS interventions can be directly provided, reducing inappropriate referrals.
 - young people are referred by CAMHS where they present inappropriately – providing an alternative for ‘rejected referrals’ for this age group.
 - as an exit strategy from the CAMHS service, to release CAMHS appointments for young people requiring an immediate or more intense response.
- 3.4 Delivering services that are appropriate, acceptable and accessible to young people supports the ambitions of the Christie Commission. A Youth Health Service would be developed to be available to all but designed to support access by more vulnerable groups of people, thus challenging developing inequalities which emerge in adulthood.
- 3.5 Evidence from the North West service suggests that a youth health service would relieve some pressure on primary care services by providing alternative routes for young people and onward referral for additional support to the primary care teams, thus contributing to the ambitions contained in the cities Primary Care Improvement Plan.
- 3.6 Realignment of resources over time will support transformational change aspired to in Glasgow Children’s Service planning arrangements. A service model of this nature would enable other transformational plans for young people to be aligned e.g. the family support strategy.
- 3.7 The creation of a holistic youth health service in the city offers further opportunities for integrated working particularly with the proposed extended school nursing workforce that has been committed to by the Scottish Government. This funding is to support implementation of a refocused School Nursing role centering on a number of key Public Health priority areas, including mental health and wellbeing. This proposal and initiative will provide opportunities to link work within these areas together with opportunities for integrated teams to work between schools and a community based YHS as best suited to the young person concerned.

4. Youth Health Service Model

- 4.1 A multi-agency Youth Health Service Review Group has worked to consider the recommendations of the review and develop a proposed model of service provision for the city.
- 4.2 The model incorporates both clinical and wider well-being components delivered through an integrated service, managed under one governance structure.
- 4.3 Key components of the service are shown in diagram 1; a wrap-around service that includes onward referrals and follow up would take place beyond the drop in times/locations.

Diagram 1: Service Model

Emerging service model



4.4 This would be an open access service; self and/or GP referral and taking referrals from hospitals, social work, children’s panels, teachers and any organisation with a concern for a young person that the service can support. The current service in the north-west communicates and liaises regularly with the young person’s GP and records on the EMiS system. The proposed service would continue to complement existing primary care services so that the young person remains registered with their existing GP throughout.

4.5 In addition, the current service provides an interface between education, social work, primary and secondary care, and the third sector to ensure a holistic and seamless response. This would be the primary ambition of the extended service across the city.

4.6 The review also highlighted the need to enhance the range of digital responses and access for young people. The proposed service would seek to develop innovative ways to use existing ‘telehealth’ type opportunities and social media in co-production with young people to increase service reach, delivery and impact.

5. Timescales

5.1 If the proposed model is approved, an incremental rollout of the service would be undertaken, enabling a planned and gradual shifting of resources over time to having three service ‘hubs’ in each locality. Each hub would be located in areas with higher numbers of young people and need. An incremental roll-out provides the scope for co-production with young people within local ‘hub’ areas.

5.2. Two new service “hubs” (one in South and one in North East Glasgow) would come on-stream during 2019-20 with the remaining four coming on stream over the subsequent year(s).

6. Budget

6.1 Costings are calculated for services across 9 hubs in the city (3 per locality).

PROJECTED COSTS FOR YOUTH HEALTH SERVICE DELIVERY			PROJECTED INCOME FOR YOUTH HEALTH SERVICE DELIVERY	
Cost for YHS Delivery across 9 services per year			Confirmed Income	
Item	Cost		2019-20	£ 256,000.00
Staffing	£ 343,823.00		2020-21	£ 401,565.00
Purchased Support Services	£ 125,775.00		2021-22	£ 405,000.00
Clinical Supplies	£ 17,800.00			
Sundries	£ 4,900.00			
Recurring Costs related to venues	£ 24,000.00			
			Financial Reconciliation (Costs -Income)	
			Year 1 = 3+1+1 (2 new hubs from Sept 2019)	-£ 0.00
Cumulative Total	£ 516,298.00		Year 2 = 3+2+2 hubs	£ 0.00
Cost per unit per year	£ 57,366.44		Year 3 = 3+3+3 hubs	-£ 107,733.00
			Gap in funding will be found from reconfiguration of childrens services.	
Year 1 cost = 3+1+1 (2 new hubs from Sept 2019), incl set up	£ 256,000.00			
Year 2 cost = 3+2+2 hubs	£ 401,565.00			
Year 3 cost = 3+3+3 hubs	£ 516,298.00			

6.2 The funding package to provide 7 hubs (Year 1 and 2) is in place as shown in the table above. Funding for the final two hubs in 2021/22 would be sought from the anticipated new funding for young people's mental health from the Scottish Government. If this cannot be secured then the funding gap will be found from reconfiguration of children's services for 2021/22 onward.

6.3 The existing model in the Northwest works with around 400 new contacts per year. When fully developed the services across the city could expect to see more than 1,200 young people annually, with on-line developments having the potential to more than double this reach.

7. Recommendations

7.1 The Integration Joint Board is asked to:

- a) approve the proposal to develop youth health services available to young people in each of the three localities.



DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	260619-11-a
2	Date direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	26 June 2019
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Integrated mental health and wellbeing support services for young people
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are Directed to implement the citywide model of Youth Health Services outlined in section 4 of this report.
8	Budget allocated by Integration Joint Board to carry out direction	Funding of £401,565 for the provision of 7 hubs (Year 1 and 2) has been allocated. Funding for the final two hubs in 2021/22 will be sought from anticipated new funding from the Scottish Government. If this cannot be secured then the funding gap will be found from reconfiguration of children's services for 2021/22 onward.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	June 2020

Diagram 1: Tiers of mental health intervention for young people (Scotland's Mental Health Strategy 2017-27)

