



Item No: 15

Meeting Date: Wednesday 27th January 2021

Glasgow City Integration Joint Board

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Update on Expansion of Youth Health Services

Purpose of Report:	This paper provides an update on the Youth Health Service across the city.
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Background/Engagement:	<p>In June 2019, the IJB approved the expansion of the Youth Health Service (YHS) across the city over a 3 year period.</p> <p>The service is supported by the YHS Implementation Group which has representation from key partners including:</p> <ul style="list-style-type: none">• Health Improvement• CAMHS• Children & Families• Nursing• Sandyford• Parenting Team• GP• Glasgow Life• GCA Multiple Risk Service• Lifelink.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>a) Note the report.</p>
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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:	1. People are able to look after their own health and wellbeing and live for longer 5. Health and social care services contribute to reducing health inequalities 9. Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	Additional staff have been recruited to enable the delivery of the service across further sites.
Carers:	The proposed service offers support to carers/family members/guardians of young people. It is also a mechanism for young people who are carers to access support and health care.
Provider Organisations:	Aspects of the service would be commissioned for provision.
Equalities:	The initial 3 services in Northwest have been awarded the LGBT Youth charter – the first HSCP service in Scotland to receive this. An Equalities Impact Assessment for the expanded service has been undertaken.
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:	Funding is secured for 2021-22 but there are a number of funding streams which are fixed term and collectively equate to £197k per annum over the next few years. This position will continue to be reviewed by the Primary Care Implementation Leadership Group and the Alcohol and Drug Partnership to consider options for moving forward.
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.

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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
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Direction Required to Council, Health Board or Both

Direction to:

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|---|-------------------------------------|
| 1. No Direction Required | <input checked="" type="checkbox"/> |
| 2. Glasgow City Council | <input type="checkbox"/> |
| 3. NHS Greater Glasgow & Clyde | <input type="checkbox"/> |
| 4. Glasgow City Council and NHS Greater Glasgow & Clyde | <input type="checkbox"/> |

1. Purpose

- 1.1 The purpose of this paper is to provide an update on the delivery and expansion of the Youth Health Service (YHS).

2. Background

- 2.1 In [June 2019](#), the IJB approved the expansion of the Youth Health Service to cover all three localities of the city. Approval was granted for the re-alignment of HSCP resources to expand the services to nine sites across the city by 2022.
- 2.2 The Youth Health service is a holistic early intervention/prevention service for young people aged approximately 12-18 years (extending to 26 years for care experienced/vulnerable young people). The service offers both clinical and social support. Young people have access to 1:1 appointments within an evening service delivery model – delivered by a multi-disciplinary team from statutory, commissioned and in kind partners with access to GP/nurse, counsellors, multiple risk & youth workers. This is complimented by wrap-around support out with service delivery by the nursing team and involves liaising with other organisations/services (e.g. schools, social work) including onward referral where appropriate (e.g. CAMHS, financial inclusion services). This is an integral part of the service and forms a substantial component of the work required to deliver positive outcomes for young people in the service.
- 2.3 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.

Emerging service model



2.4 The YHS has had sites in Maryhill, Possilpark and Drumchapel for a number of years. As part of the phased expansion, 2 new sites opened in Shettleston and Gorbals in February 2020. Waiting lists were already in place prior to the new sites opening. These services operated for 6 weeks before changes to the service delivery model had to be implemented due to COVID-19.

3. Service delivery from March – December 2020

3.1 As a result of COVID 19 a revised delivery model had to be implemented. The 5 existing services condensed into one delivered from the YHS base in Gartnavel. Face to face appointments were suspended and the service moved to telephone or video consultations in line with Scottish Government/NHSGGC guidance. Procedures and prescribing were suspended in the short term.

3.2 The Weigh to Go (WTG) service (delivered across NHSGGC) was suspended from the end of March. The majority of staff from this service were reassigned to support the Community Assessment Centre at Barr Street. The Slimming World classes which form a core part of the service were suspended. As a result this service has not been delivered during this financial year.

3.3 Whilst referrals to the YHS dropped significantly in April, the numbers have continued to rise steadily and have now reached pre-COVID levels (see table 1). Pastoral care teachers and others continued to keep in touch about young people who required support. The majority of referrals are from GPs with self-referrals and CAMHS making up a significant proportion of the total. In the period April-June 2020, the number of CAMHS referrals was 4 times the total for all of 2019-20. This is likely to further increase in the coming year.

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Table 1. Referral numbers

Month	Number of referrals to YHS
Jan-March 20	203
Apr-June 20	72
Jul- Sept 20	172
Oct – Nov 20	169 N.B. only 2 months

3.4 It should be noted that the service works on a rolling basis, so that within any period of time, there will be young people within the service who have been supported within the previous quarter. For example in Q1 this year (a period when numbers were low due to initial lockdown), the service:

- received 72 referrals
- worked with 43 new young people
- worked with 224 young people overall which equated to 628 “visits”.

The modelling on which the service expansion is based anticipates that once all 9 sites are operational approximately 1200 young people will be supported per annum.

3.5 Those accessing the YHS are involved for a varying duration of time. A small number may only be seen once or twice, but most of the young people presenting at the service have a range of clinical/social/emotional needs and a significant proportion will be involved over a longer period of time, depending on the issues they require support with. Within the first quarter this year, the average number of visits was 5 for the younger cohort and 4 for the older cohort. There are however, young people who have involvement over a long time frame and may connect in/out of the service over a period of years.

3.6 Young people arrive at the YHS with a range of presenting issues. Mental health has been a consistent reason for referral, however, there has been an increase in the proportion of referrals which relate to mental health in particular anxiety, low mood and self-harm. During Lockdown the YHS experienced an increase in the number of young people requiring safe plans (developed when suicide ideation is present), indicating increased distress. There have been a number of completed suicides among young people in the city in recent months indicating the level of increased risk at this time. The YHS has connected in locally to raise the profile of support that can be provided. There is currently a high demand for counselling (150 on waiting list) and additional resource is being organised.

3.7 In response to the service changes due to COVID-19, while some young people have been comfortable with telephone/video consultations, others have declined for a variety of reasons, opting to wait for the return of face to face services. (This is replicated nationally and relates to a range of factors including: lack of access to phone/tablet/computer; lack of broadband availability; lack of credit; confidence issues; lack of physical/private space.) This has resulted in waiting lists for the counselling and WTG service for those who require a face to face intervention.

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- 3.8 The Youth Health Service delivers a range of positive outcomes for young people accessing the service. As well as addressing the specific clinical needs of the individual young people presenting, the service delivers positive outcomes in terms of mental health. The counselling component of the YHS uses a range of outcome measures including CORE (a clinically validated tool) which demonstrates improvements in young people's wellbeing. It should be noted that those young people accessing counselling via the Youth Health Service often enter at a moderate to severe level and reduce to a moderate score. This reflects the complexity of the young people accessing the service. The service via its wrap-around support is able to address wider issues impacting on the young peoples' wellbeing and is actively involved in supporting engagement with organisations such as Social Work, Schools, wider family, financial inclusion and Housing to name but a few. The diversity of issues which are presented in the service means that outcomes can range from; improved school attendance; improved family relationships; improved mental wellbeing; reduction in risk behaviours; support into employment training; connection into other services; mentoring support and; volunteering opportunities. The service supports volunteering as part of its model and a number of those who volunteer have come through the service and gone on to further education/training or employment (including within the NHS).
- 3.9 Given the complexity of young people presenting, sharing individual case studies can be problematic and could result in identification of those using the service. To help to illustrate the following are examples of outcomes from a range of different young people:
- Allocation of social worker to family to support with wider family issues
 - Rapid referral to CAMHS where high risks identified
 - Supporting parent into Lifelink adult counselling service
 - Engagement in mentoring programmes to increase confidence
 - Advocacy worker providing support to engage with other services
 - Establishment of safe plans (immediate response when someone presents in distress and expressing suicide ideation)
 - Liaison with Education services to pursue further diagnosis & post-diagnostic support
 - Child protection referrals
 - Work with housing and financial organisations to secure tenancy and ensure in receipt of all entitlements
 - Supporting young people following disclosure of sexual abuse
 - Work with police and other relevant organisations to address online grooming
 - Reduction in risk behaviours (alcohol, drugs, gaming) following involvement in the Multiple Risk service
 - Improved family relationships as range of supports in place for various family members.

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4. Recovery planning

- 4.1 Work has been taking place to enable the YHS to return to face to face delivery. A blended model will be delivered for as long as is required but the re-introduction of face to face appointments are crucial for a number of young people who are otherwise unable to receive a service. Initial venue re-openings are planned to commence in January 2021.

5. New sites and new developments

- 5.1 In order to support the identification of new sites for the extension of the service, a scoping exercise was undertaken alongside collection and analysis of core data from a range of sources (e.g. SIMD, Free School Meals entitlement, Thriving Places status, population profile etc.) along with service specific data from both statutory and third sector organisations. A summary document of stakeholder views was distilled from this to abstract the relevant postcode data to assist with the identification of possible YHS venues.
- 5.2 Phase 2 sites were identified as Easterhouse and Pollok. Phase 3 sites were identified as Springburn and Govan. Castlemilk also ranked highly and we will continue to monitor service data to assess access to the service overall. Site visits are being undertaken to each of the venues to ensure suitability.
- 5.3 It is anticipated that the new sites in Easterhouse and Pollok will be operational in February 2021 with phase 3 sites following in early summer. A recruitment process is currently underway for the additional nursing and business support staff to extend the service.
- 5.4 A 1 year pilot with A&E departments has been funded via the Alcohol and Drugs Partnership. This service will provide support to young people who present intoxicated to A&E departments and for whom there are no other appropriate supports in place. Young people will be referred into the YHS where they will be able to receive a range of supports as required.

6. Emerging Issues

- 6.1 Moving forward, the pandemic is likely to have an impact on the needs of young people. In terms of education, the changes to schooling (long absence, blended learning, self-isolation/sickness periods, having to wear masks) are all having an effect on a number of young people. Reduced non-attendance post-lockdown has been the result for a number of pupils. Discussions are underway with Glasgow Life to explore use of youth achievement awards and how these can be further supported.
- 6.2 Limited opportunities for employment are most likely to affect young adults and therefore the work which the YHS currently does to support young people with employability issues is likely to be an area which requires increased focus. Discussions have been initiated with Glasgow Life to explore opportunities for social prescribing with young people. We are negotiating with Glasgow Life to secure a youth worker for each of the 9 venues.

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- 6.3 Prior to the pandemic, the increase in young people experiencing mental health problems was already a cause for concern. In the short-term, the service has seen more young people presenting with mental health issues. This may be a longer term legacy of COVID-19 as young people have been particularly affected by the disruptions to their lives at a point in time when building relationships and developing key resilience skills are crucial to their development.
- 6.4. Further, the number of young people referred to CAMHS continues to be a huge challenge to manage. It is likely that an increased number of young people who are deemed as unsuitable for CAMHS or who would benefit from support pre/post CAMHS will be referred into the YHS. Depending on the scale of this, this is an area where we will require to keep a close focus on and continued dialogue with CAMHS to avoid the YHS also being overwhelmed.

7. Budget

- 7.1 The YHS is funded via a variety of sources: Health Improvement; Primary Care Improvement Plan; Weigh to Go; Alcohol & Drug Partnership. The original report in June 2019 had identified a shortfall of approximately £108k for Year 3 (2021/22). This funding gap has now been identified from other sources.
- 7.2 The overall cost for delivering across 9 sites is £526k. A few of the funding streams which contribute to the YHS are fixed term until March 2022. These are:

Primary Care Improvement Plan	£114k
Alcohol & Drug Partnership	- £ 65.4k
Weigh to Go (via Child Healthy Weight Scot Govt.)	- £ 26k

Discussions will take place with the Primary Care Implementation Leadership Group and the Alcohol and Drug Partnership to consider options moving forward. It is anticipated that the Child Healthy Weight monies will continue.

8. Recommendations

- 8.1 The Integration Joint Board is asked to:
- a) Note the content of this report.

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