

Young, adult – and ignored

Getting a fair deal for 16-24 year olds from mental health services



“The issue of transition for young people is longstanding, but focusing on a moment in time masks the real issue, which is how we ensure better co-ordination of mental health services for young adults.”
Future In Mind¹

1. Key Points

- Young adults are particularly susceptible to experiencing mental health problems, with 75% of lifetime mental illness beginning by age 25.
 - Early intervention in young adult years can be effective in reducing life-course impairment – but young adults are currently less likely to receive treatment than other age groups.
 - Many young adults find statutory services inaccessible or unresponsive to their specific needs and fall through the gaps between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS).
- Despite widespread backing for the vision set out in Future in Mind, the ‘treatment gap’ for young adults may actually be increasing.
 - New funding for CAMHS transformation is focussed on children under 18. There are few incentives for commissioners and statutory providers to prioritise improving services for young adults.

We recommend that:

- The Government’s forthcoming Green Paper on children and young people’s mental health should include a specific focus on improving services for young adults.
- Young people’s legal rights to access mental health services should be strengthened.
- Spending on mental health services for young adults should be increased – and should focus on age-appropriate services for young people up to age 25, including proven community-based voluntary sector models.
- Adult mental health commissioners must assume greater responsibility for ensuring the needs of young adults are met – and be required to co-produce services with young people.
- NHS England should incentivise effective joined-up commissioning across both age and service boundaries.

¹ *Future in Mind: Promoting, protecting and improving our children and young people’s*

mental health and wellbeing, Department of Health and NHS England, 2015; p. 48.

2. The mental health needs of young adults

“The mental health needs of this diverse group are distinct from those of both children and adults.... services and pathways which straddle the service transition period of 16-18 years, and provide services up to the age of 25, can help to overcome some of the barriers [to accessing services].”
The Social Care Institute for Excellence, 2011²

Susceptibility to mental health problems

The period of transition to adulthood is a critical time in a young person’s life. Not only are young people coming to terms with the physiological changes of adolescence and the accompanying impact on emotions and reasoning, they are also coping with the dramatic social change that comes with gaining greater independence. Some young people endure a painful psychological transition.

This process, which frequently endures right up to the age of 25 and beyond, leaves young adults at particular risk of experiencing mental health problems. The economic uncertainty facing the current generation of young adults, characterised by insecure income, employment and housing, may further impact on levels of wellbeing.

Mental illness prevalence

Prevalence of mental illness is estimated at between 10% and 20% amongst 16–24 year olds and accounts for over half of the overall burden of disease for this age group.³ Several recent studies have indicated rising levels of prevalence, particularly among young women.⁴ During adolescence prevalence increases and issues become more complex.⁵

The following groups of young people are known to be at particular risk of mental health problems: those who have been subjected to neglect, abuse or bullying; LGBTQI+ young people; those in the criminal justice system; those who have been looked after by local authorities;⁶ and young adults experiencing housing, money and employment problems.⁷

Importance of early intervention

We know that 75% of lifetime mental illness begins by the age of 25.⁸ There is now strong evidence that effective early intervention can significantly reduce life-course impairment and that it is not too late for interventions during young adult years to have a positive effect.⁹

The annual cost of mental health problems in England is estimated at £105 billion¹⁰ and the cost to the state of mental health problems in adolescence has been estimated at £59,130 per young person per year.¹¹ A

² *Mental health service transitions for young people*, The Social Care Institute for Excellence (SCIE), 2011.

³ *Youth Mental Health: New Economic Evidence*, Knapp, M., et al, Personal Social Services Research Unit, London School of Economics and Political Science, 2016.

⁴ See, e.g., *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, McManus, S., et al, NHS Digital, 2016.

⁵ Knapp et al (2016) op. cit.

⁶ *Missed opportunities: A review of recent evidence into children and young people’s mental health*, Khan, L., Centre for Mental Health, 2016.

⁷ *Health Inequality and Access to Justice: Young People, Mental Health and Legal Issues*, Pleasence, P., et al, Youth Access/Young People’s Health Partnership, 2015.

⁸ *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort*, Kim-Cohen, J., et al, Arch Gen Psychiatry. 2003 Jul;60(7):709-17.

⁹ Khan (2016) op. cit.

¹⁰ *The economic and social costs of mental health problems in 2009/10*, Centre for Mental Health, 2010.

¹¹ *Annual Report of the Chief Medical Officer 2012*, Department of Health, 2013.

stronger focus on young people's mental health can generate greater personal, social and economic benefits than intervention at other times in the lifespan (McGorry et al 2008).¹²

"[We must not] focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand"

Simon Stevens, CEO NHS England, 2015¹³

Presenting issues

Data from voluntary sector youth counselling services reveal the most common presenting issues, as identified by young people aged 16-19 themselves, to be (in order): depression; general anxiety/stress; general confidence/self-esteem; self-harm; suicidal thoughts.¹⁴ Statutory services tend to show a very different pattern, however, with 'Family relationship difficulties' the top reason for young people accessing CAMHS.¹⁵

Young adults presenting at voluntary sector youth advice and counselling services also commonly present with problems related to sexual health, relationships, drugs and alcohol, housing, homelessness, debt, welfare benefits and employment. Research by Youth Access has demonstrated that 'everyday' social welfare problems are key social determinants of young adults' mental health.¹⁶

¹² *The 'youth model' in mental health services.* McGorry, P., et al, *Australasian Psychiatry* 16(2): 136-137. 2008

¹³ *Future in mind*, Foreword; p. 7.

¹⁴ *Young People in Mind: The Young People*, Youth Access, 2016.

¹⁵ *Child and Adolescent Mental Health Services Payment System Project: Final Report*, Wolpert, M., et al, CAMHS Press, 2015. Some of the difference in the pattern of presenting issues between statutory CAMHS and VCS youth counselling services can be explained by the different client profile (notably age range) covered by the respective data and the fact that data on presenting issues in VCS services were those

3. The treatment gap

Evidence and impact of unmet need

When mental health issues go unrecognised and untreated, symptoms may worsen, requiring much more expensive treatment when they are eventually spotted.¹⁷ Yet, despite the health, moral and economic imperatives for early intervention, current services do not serve young people well. On average, young people with mental health difficulties go ten years between first becoming unwell and getting any help.¹⁸

"The pattern of peak onset and the burden of mental disorders in young people means that the maximum weakness and discontinuity in the system occurs just when it should be at its strongest."

Prof. Pat McGorry, 2007¹⁹

The treatment gap for young people aged 16-25 with a mental health issue is wider than for other age groups and is especially wide for those aged 21-25, with a recent study finding that 64% of this group were not receiving any mental health services.²⁰ Another study found that two-thirds of young people aged 16-34 who had attempted suicide had not subsequently received medical or psychological help.²¹

identified by young people themselves rather than practitioners, clinicians or parents.

¹⁶ Pleasence et al (2015) op. cit.

¹⁷ Knapp et al (2016) op. cit.

¹⁸ Khan (2016) op. cit.

¹⁹ *The Specialist Youth Mental Health Model: Strengthening the Weakest Link in the Public Mental Health System*, McGorry, P., *Med J Aust* 187 (7 Suppl), S53-S56. 2007 Oct 01.

²⁰ Knapp et al (2016) op. cit.

²¹ *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014*, NHS Digital, 2016.

Inaccessibility of statutory services

While policy makers have tended to focus on the ‘transitions’ issue (see below), the numbers affected are relatively small. Of equal concern are the greater number of young people who fail to access help at all, either before or after they reach adulthood. Many young people feel there is a stigma attached to accessing services, don’t know where to go to get help or find themselves turned away by services.

Evidence shows that young people from lower socio-economic groups and from Black, Asian and minority ethnic (BAME) backgrounds are less likely to access mental health services and that young men are less likely to seek or receive help than young women.²²

Barriers put in place by the system

Many young people, even when in acute need of help, fail to meet the entry criteria of statutory mental health services. They encounter both high clinical thresholds (i.e. they may not be deemed to be unwell enough) and age boundaries (i.e. they may find themselves too old for CAMHS), which can appear arbitrary and to disregard the complexity of adolescent development.

To compound matters, excessive waiting times for treatment can mean that the optimum moment for intervention is missed; and the location of services can render them physically inaccessible to young people.

Range and standard of care

Statutory services tend to be geared towards meeting the needs of either children (and their parents) or older adults, but few services outside the

voluntary sector are tailored to the specific needs of young people.²³

When young adults do manage to access help from a statutory mental health service, they may find the provision inappropriate to their needs. Many drop out or do not engage.²⁴ Typically, neither CAMHS nor AMHS provide the integrated services that young people need in order to tackle the inter-related personal, social and health issues that may be affecting them.

“Services that meet the needs of young adults, and provide safe and smooth transitions between CAMHS and AMHS still appear to be in the minority... If there is nothing in primary care or in the voluntary sector, young people and their parents are left to cope alone.”
National Mental Health Development Unit, 2011.²⁵

The ‘Transition’ problem

Young people in receipt of services often face a ‘cliff-edge’ between children’s and adult services. Those required to transfer between CAMHS and AMHS – in some areas at age 18 or during the 19th year, in other areas as early as age 16 – can end up falling through the gaps just at the point they are expected to become independent users of services for the first time.

Research confirms that young people’s experience of the transition from CAMHS to AMHS is often poor. One study found that up to a third of young people dropped out of care altogether at this stage, with a further third experiencing an interruption in their care, whilst only 4% experienced the ideal transition.²⁶

²² Knapp et al (2016) op. cit.

²³ *Supporting Young People’s Mental Health: Eight Points for Action*, Fraser, M. and Blishen, S., Mental Health Foundation, 2007.

²⁴ Knapp et al (2016) op. cit.

²⁵ *Planning mental health services for young adults – improving transition*, National Mental Health Development Unit and National CAMHS Support Service, 2011.

²⁶ *Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health*

4. Policy, planning & commissioning

“The age structuring on which many policies are based is often complex, inconsistent and working against the principle of resources following need”
The Social Exclusion Unit, 2005²⁷

There has been unprecedented national policy focus on young people’s mental health over the past few years, driven by rising public and media concern about increasing prevalence of mental ill-health and the failure of existing statutory mental health provision to meet needs.

Two reports are of particular significance: *Future In Mind*, the Government report in 2015 of the work of the Children and Young People’s Mental Health and Wellbeing Taskforce;²⁸ and *The Five Year Forward View for Mental Health*, the independent report in 2016 of the all-age Mental Health Taskforce.²⁹

The two reports share a number of common themes, including the need to focus on:

- making services more accessible and effective
- promoting resilience, prevention and early intervention
- improving transparency and accountability across the whole system
- promoting integrated service models built around the needs of young people

Services (TRACK Study): A study of protocols in Greater London, Singh et al, NIHR, 2008.

²⁷ *Transitions: young adults with complex needs*, The Social Exclusion Unit, 2005.

²⁸ *Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing*, Department of Health and NHS England, March 2015.

- developing a better offer for the most vulnerable young people

Taken together – and accompanied by significant new funding – the reports lay the ground for major reforms, although much will be determined by local implementation.

Future In Mind

The report set out “*what we need to do to overcome the status quo*”.³⁰ It recognised the need for greater flexibility around age boundaries to address the transitions ‘cliff edge’ and for local areas to take a joined-up approach across child, adolescent and adult mental health services.

“[Making mental health support more visible and easily accessible for children and young people]... By every area having ‘one-stop-shop’ services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the voluntary sector.” **Future In Mind³¹**

One of the report’s proposals was to “*build on and harness the vital contribution of the voluntary sector*” to ensure that every area had “*more visible and easily accessible*” community-based advice and counselling services. The report stated that this would help break down arbitrary age barriers and promote smooth transitions for young adults, as voluntary sector services tended not to have the same age barriers inherent in statutory services.

²⁹ *The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*, 2016.

³⁰ *Future in mind*; Foreword from Norman Lamb, p. 3.

³¹ *Future in mind*; p. 17.

Five Year Forward View for Mental Health

The all-age Mental Health Taskforce affirmed that continuing to deliver the vision in *Future in Mind* was critical and made a series of further recommendations of relevance to young people, including:

- Testing a new model of acute inpatient care for young adults aged 16-25, to ensure more age-appropriate care
- Setting the goal of helping at least 70,000 more children and young people each year to access high-quality mental health care by 2020/21.
- Extending personal budgets for those with multiple and complex needs, to provide more choice and control over how they access services.

“I want us to employ the power of government as a force for good to transform the way we deal with mental health problems right across society, and at every stage of life.... This starts with ensuring that children and young people get the help and support they need and deserve – because we know that mental illness too often starts in childhood and that when left untreated, can blight lives, and become entrenched.” Prime Minister, Theresa May, January 2017

Forthcoming Green Paper

In January 2017, the Prime Minister announced that the Government would publish a new Green Paper on children and young people’s mental health. This will be developed by a cross-Government team from the Department of Health, the

Department for Education and the Cabinet Office and is expected to be published in autumn 2017.

Current NHS guidance

Public Health England’s framework for improving young people’s health and wellbeing³² encourages local areas to develop holistic health and wellbeing services which are accessible and young people-friendly; integrated (addressing all factors affecting the young person rather than single health issues); preventative; age-appropriate (including specific services for young adults); and targeted, reducing health inequalities by focusing on the social determinants of health.

The key values and standards for the children and young people’s improving access to psychological therapies [CYP-IAPT] programme,³³ focusses on some similar themes, including: self-referral; accessible settings; the availability of independent advocacy and support services; a holistic approach; and integrated services.

NHS England has published a model specification for transitions from CAMHS to AMHS.³⁴ This clarifies that young people who do not meet the threshold for adult mental health services may sometimes be best supported by youth counselling services and encourages commissioners to ensure that services have age-appropriate settings; are co-produced with young people; and enable holistic and integrated person-centred care planning and delivery.

In 2016 **NICE** published guidance on transition from children to adult health

³² *Improving young people’s health and wellbeing: A framework for public health*, Public Health England, 2015.

³³ *CYP IAPT Principles in Child & Adolescent Mental Health Services Values and Standards:*

‘Delivering With and Delivering Well’, CAMHS Pres, 2014.

³⁴ *Model Specification for Transitions from Child and Adolescent Mental Health Services*, NHS England. 2015.

services³⁵ which included: taking a person-centred approach; involving young people in service design, delivery and evaluation related to transition; having a named worker that the young person trusts to coordinate transition planning; and supporting young people for 6 months before and 6 months after transfer to adult services.

“Young people find themselves having outgrown children’s services, or being excluded from these on the basis of their age, but finding that adult services are not appropriate for their needs either. Improved provision of age-appropriate services for young adults between the ages of 16-25 is urgently needed.”

Mental Health Foundation, 2007³⁶

Local planning and commissioning

16-25 year olds often fall between the responsibilities of child and adult statutory services. Although there appears to be growing recognition amongst local commissioners of the benefits of a more integrated approach, barriers remain to unpicking existing services and pooling budgets.

Analysis of Local CAMHS Transformation Plans³⁷ for NHS England found that although a number of areas were considering extending their CAMHS up to age 25 years, 31% did not reference young people in transition.³⁸

A survey of voluntary sector providers found that only 29% believed their local

plan signalled ‘*more joined-up planning and commissioning across age boundaries (CAMHS and AMHS)*’. Many felt that adult mental health commissioners were not yet making an appropriate, if any, contribution to funding services for young adults. There was no evidence of CAMHS and AMHS commissioners pooling budgets in order to jointly commission services for young adults and little evidence of commissioners addressing the social determinants of young people’s mental health.³⁹

Impact of local cuts

While new central Government funding ear-marked for CAMHS is welcome, the decline of NHS mental health spending in many local areas over a number of years has been well-documented and there are ongoing difficulties in ensuring funds reach the front-line services for which they are intended.⁴⁰

Less attention has been focussed on the knock-on impact of cuts to local authority budgets, which have led to reductions in early intervention and prevention work, community mental health services, youth services and a range of other services. These cuts have had the dual effect of increasing mental health needs whilst reducing provision.

Funding for VCS services

In many areas, voluntary sector Youth Information, Advice and Counselling Services (YIACS) are now the main providers of services to young adults. However, although an increasing number

³⁵ *Transition from children’s to adults’ services for young people using health or social care services*, NICE guideline [NG43], National Institute for Health and Care Excellence, 2016.

³⁶ Fraser and Blishen (2007) op. cit.

³⁷ NB: Local Transformation Plans are now incorporated into Sustainability and Transformation Plans, which cover a wider geographical area.

³⁸ Presentation at ‘Future In Mind: One Year On’ conference (16/03/16) by NEL Healthcare

Consulting on a review of Local Transformation Plans for NHS England.

³⁹ *A Foot in the Door: VCS Providers’ View of CAMHS Transformation*, Youth Access, 2016.

⁴⁰ See, e.g. *Children and young people’s mental health: time to deliver: the report of the Commission on Children and Young People’s Mental Health*, E. Frith, Education Policy Institute, 2016.

of these services are funded by CCGs, most of that funding is focussed on working with under 18s and very few services receive AMHS funding.⁴¹

Local authority cuts, meanwhile, have reduced the capacity of VCS providers to work across the 16-25 age range, as local authority funding had previously afforded greater flexibility around age boundaries than CCG funding does. The ability of these services to work with young adults is increasingly (and precariously) dependent on securing funding from charitable trusts.

5. Recommendations and solutions

"Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop-shop services based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment."
Future In Mind, 2015⁴²

1. The Government's Green Paper on children and young people's mental health should include a specific focus on young adults' mental health

Implementation of Future In Mind is struggling to deliver better services for children under 18, let alone for young adults. Neither CAMHS commissioners nor AMHS commissioners are currently tasked with specifically addressing the unmet needs of young adults. Given

⁴¹ Youth Access (2016) op. cit.

⁴² *Future in mind*, p. 43.

⁴³ The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence, by linking a

current economic constraints in the NHS, young adults are likely to continue to fall through the cracks between policy and services for children and adults unless there is a concerted drive from Government to ensure this age group's specific mental health needs are met.

The Government's planned Green Paper on children and young people's mental health provides an obvious opportunity for addressing gaps in services for young adults. Any fresh policy initiatives should build on the widely shared vision set out in Future In Mind and the Five Year Forward View for Mental Health.

2. Young people's rights to access mental health services should be strengthened

Currently, young people have very limited legal rights when it comes to accessing treatment or services when they have a mental health issue. Service providers are entitled, in many circumstances, to provide or deny access to services to individuals according to the availability of resources. This encourages service providers to put in place arbitrary clinical thresholds and means that it is hard for individuals to call the system to account when they can't get the help they need.

Young people's right to access a mental health service that is appropriate to their needs should be clearly enshrined in legislation.

3. Spending on mental health services for young adults should be increased

NHS England guidance currently suggests that commissioners consider creating local 'CQUINs'⁴³ to incentivise

proportion of English healthcare providers' income to the achievement of local quality improvement goals.

statutory providers to improve transitions.⁴⁴ However, there is little evidence current guidance is having much impact on practice. There remains plenty of scope to strengthen incentives for commissioners to improve services for young adults.

A key aim should be to increase the amount and proportion of adult mental health spending that is targeted at this age group, whilst shifting spending from crisis care to early intervention. NHS England should specifically monitor the level of investment targeted at young adults in order to incentivise good practice and so that it knows whether progress is being made.

“Ensuring that services are age appropriate and retain a degree of flexibility around age boundaries is one of the key components of securing effective transition for young people.”
National Mental Health Development Unit⁴⁵

4. Investment should focus on proven age-appropriate service models for young people up to age 25

Neither services for children nor services for adults adequately meet the specific needs of young adults. There is growing consensus on the need for age-appropriate mental health services for young people that span the years from around age 11 right up to age 25 and can ensure a smooth transition between children’s and adult services. Contrary to concerns that such a model would merely delay transition, evidence actually suggests it could prevent premature disengagement and more serious problems developing later on.⁴⁶

⁴⁴ National Mental Health Development Unit and National CAMHS Support Service (2011) op. cit.

⁴⁵ Ibid.

⁴⁶ SCIE (2011) op. cit.

⁴⁷ SCIE (2011) op. cit.

“Some services in the voluntary or third sector work specifically with young people up to 25 years, providing multi-disciplinary, flexible ‘wrap-around’ support as young people make the transition to adult life. This includes the YIACS model.”
The Social Care Institute for Excellence, 2011⁴⁷

It is essential that traditional therapy-based mental health services for this age group are not delivered in isolation from services that address the wider issues that may be affecting young people and their emotional and mental health. Social welfare advice addressing young people’s housing and money problems, delivered as part of an integrated young person-focussed service alongside counselling, has been found to be a cost-effective mental health intervention in its own right, resulting in significant improvements in levels of stress and general health among 16-24 year olds.⁴⁸

As identified in Future In Mind, the voluntary sector – and Youth Access’ YIACS model in particular – has a key role to play in the provision of early intervention community-based mental health services for this age group. Central policy-making should explore how to ensure funding reaches these services without being diverted to plug funding gaps elsewhere in the NHS or to prop up failing statutory services.

⁴⁸ *The Legal Problems and Mental Health Needs of Youth Advice Service Users*, Balmer, N. & Pleasence, P., Youth Access, 2012.

The Young People's Health Partnership advocates for the development of **young person-centred services** with the following characteristics:⁴⁹

- Service is dedicated to young people
- Age range goes up to age 25, to tackle transitions
- Holistic support on a range of inter-related health, social and practical issues
- Complementary interventions delivered through a multi-disciplinary approach
- Informal and non-stigmatising setting
- Flexible provision, with speedy assessment and support while waiting
- Social developmental, rather than overly clinical approach
- Voluntary participation – on an open access, self-referral basis
- Free, confidential and independent from authority
- Focus on early intervention and prevention
- Continuity of help from a personalised service
- User participation in service planning, design, delivery, evaluation and governance.

5. **Adult mental health commissioners must assume greater responsibility for ensuring the needs of young adults are met**

Tackling the growing number of mental health problems emerging in adolescence earlier and more effectively will prevent higher long-term costs on AMHS, but will require a far greater contribution from AMHS commissioners, who hold the budget for those aged 18 and over.

There is a need for stronger guidance from NHS England and financial incentives to drive good practice by commissioners and statutory providers, so that a greater share of adult mental health funding is invested in services that specifically meet the needs of young adults. A relevant proportion of AMHS budgets could be required to specifically target young adults and/or to be directed towards voluntary sector

community-based models that are known to be effective.

“There has grown up a determination that the budget for adults is protected from the depredations of those responsible for children, and vice versa. Such bureaucratic wrangling may be necessitated by the way in which the system is designed, but they immediately lose sight of the purpose for which the funds exist: to care for the interests of young people as they move into adulthood.”

Department of Health, 2010⁵⁰

6. **NHS England should incentivise effective joined-up commissioning**

Effective joined-up local commissioning across both age (i.e. CAMHS and AMHS) and needs (i.e. health, social care, housing, youth services) is key to transforming the lives of young people through more responsive services.

⁴⁹ *Making integration a reality: Part 2: Developing effective holistic services for young people in transition*, Youth Access/The Young People's Health Partnership, 2014.

⁵⁰ *Getting it right for children and young people. Overcoming cultural barriers in the NHS so as to meet their needs. A review by Professor Sir Ian Kennedy*, Department of Health, 2010.

A specific Joint Strategic Needs Assessment focussed on young adults should be required to be produced in every local area. Adult service commissioners should be incentivised by NHS England to jointly commission age-appropriate services for under 25s in partnership with CAMHS and other children's and youth commissioners. Services should be co-produced with young people and the voluntary sector.



The Young People's Health Partnership has previously published guidance for commissioners wanting to achieve more **effective joined-up commissioning**,⁵¹ which includes the following key points:

- Effective and 'intelligent' joined-up commissioning is the key to transforming the lives of young people through more responsive services, whilst making significant savings to the public purse.
- Joined-up commissioning means commissioning across both transitions (i.e. across children's and adult services) and needs (i.e. across health, social care, housing and other areas).
- Responsibility for effective joined-up commissioning of young people's services at a local level is shared by all of the following: CCGs, GPs, Public Health, the Youth Service, Children's Services, adult social care, housing, Supporting People and community legal advice services.
- Commissioners should consider the scope for joining up services covering a wide range of interrelated issues affecting young people. These must include not only health issues (e.g. mental health, sexual health, drugs and alcohol), but also wider issues that are known to have an impact on young people's health and wellbeing (e.g. housing, homelessness, benefits, debt, employment, domestic violence and sexual exploitation).
- There is considerable scope for improving value for money by unlocking existing resources to enable services to be entirely re-modelled, with a greater focus on integration, accessibility, outcomes and social value.
- Local voluntary sector organisations and young people themselves need to be fully engaged throughout the commissioning cycle as co-producers of integrated services.

⁵¹ *Making integration a reality: Part 1: Joining up the commissioning of young people's services across health, social care, housing and youth*

services, Youth Access/Young People's Health Partnership, 2014.

About The Young People's Health Partnership

The Young People's Health Partnership works with the Department of Health, Public Health England and NHS England as a strategic partner to raise the profile of the health agenda across the voluntary sector. The partnership includes Addaction, Ambition, The Association for Young People's Health, Brook, CLIC Sargent, StreetGames and Youth Access.

We work to:

- influence and shape the health system to understand young people's needs for age-appropriate services
- equip the voluntary youth sector to work in partnership with the health system
- support young people to exercise empowered and active voices in the healthcare system

<http://www.youngpeopleshealth.org.uk/yphp>

About Youth Access

Youth Access is the advice and counselling network. We promote the Youth Information, Advice and Counselling Services (YIACS) model as part of local services for young people everywhere.

Youth Access works for our members and the young people they work with. We do this by:

- Providing YIACS with the tools they need to deliver high quality services to young people
- Building the evidence to shape policy and services that meet young people's needs
- Promoting young people's right to be heard.

www.youthaccess.org.uk

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