



Young People's
Health Partnership

Making integration a reality

Part 1: Joining up the commissioning of young people's services across health, social care, housing and youth services

This briefing is for: commissioners and policy-makers with an interest in: services for young people (including young adults in transition); integrated health and social care services; early intervention

1 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 inter-related 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.

"We need to create a culture of cooperation and coordination between health, social care, public health, other local services and the third sector. Working in silos is no longer acceptable."

Rt. Hon Jeremy Hunt MP, Secretary of State for Health, and Norman Lamb MP, Minister of State for Care and Support, 2013¹

“New approaches to adolescent health are required....preventive services and clinical services need to be targeted and age-appropriate....A discrete adolescent public health strategy is needed. This must be horizontal across substance use, sexual health, mental health and long-term conditions rather than young people being the neglected minority within each adult public health silo.”

Chief Medical Officer, 2013²

2 Why is this an important issue?

Co-ordinated early intervention during adolescence and young adulthood has the potential to prevent multiple problems, improve young people’s long-term outcomes and save the public purse vast sums of money

The cost of preventable health and social outcomes faced by children and young people over a 20-year period has been put at £4 trillion.³ The annual expected rate of return on investment in early intervention is 6-10%.⁴

Poor adult health frequently has its roots in adolescence

Five of the top ten risk factors for the total ‘burden of disease’⁵ in adults are initiated or shaped in adolescence. 75% of mental illness in adult life starts before age 24.⁶ 90% of lifetime smoking and 80% of lifetime alcohol or cannabis habits are initiated by age 20 in the UK.⁷ Sexually transmitted infections and HIV begin to appear in adolescence and escalate rapidly. One third of 11-15 year olds are overweight, less than half meet minimum exercise requirements⁸ and physical activity declines across adolescence.

Young people have experienced the least improvement in health status of any age group in the British population over the last 50 years⁹

Of particular concern is evidence of increased incidence of mental health issues among young people.

Adolescence is rapidly becoming a major priority for Governments across the world

Britain today has more adolescents than at any time in its history; new approaches to young people’s health and wellbeing are urgently required.

There is currently a lack of coherence in the commissioning and delivery of young people’s services

This is due in part to the traditional separation between children’s and adult services commissioning, in which the distinct needs of adolescents and young adults often get neglected or are accorded a low priority. Effective joint planning and commissioning produces the co-ordinated services that young people want.

“Prevention targeted at younger people can generate greater personal, social and economic benefits than intervention at any other time in the life course”

Royal College of Psychiatrists, 2010¹⁰

3 Introduction

Integration =

A descriptor of close multi-agency or interprofessional working which improves the effectiveness, efficiency or accessibility of services which were previously delivered separately.¹¹

Commissioning =

The process for deciding how to use the total resource available for children and young people in order to improve outcomes in the most efficient, effective, equitable and sustainable way.¹²

3.1 Purpose and background

This briefing is intended to encourage and facilitate effective joint commissioning approaches for young people's services. It has been written by Youth Access as part of its work for The Young People's Health Partnership. It is based on learning from Youth Access' work, funded by The Baring Foundation and The Esmee Fairbairn Foundation, to develop 'intelligent' commissioning of youth advice and support services.

3.2 Scope

This briefing is focussed on commissioning for all young people aged 11 to 25, and thus covers both 'adolescents' and 'young adults'.¹³ It encompasses not just health issues, but wider social issues that have an impact on young people's health and wellbeing (i.e. the social determinants of health). Its scope is intentionally broad in order to allow commissioners to take a population based overview, and should be read in conjunction with guidance focussing on the needs of specific groups of young people, such as those with long-term health conditions, disabilities or mental health issues. It is, thus, of greater direct relevance to community-based and primary care services than to secondary or specialist health and care services.

3.3 Policy and commissioning context

In the current climate of austerity, funding for young people's services has proved particularly vulnerable to cuts, despite evidence of rising need. However, increasing recognition of the specific service needs of young people is coinciding with economic imperatives and a range of policy initiatives to speed a trend towards the development of more age-appropriate services through joined-up commissioning.

Current and recent policy developments include the following:

- The Government's public service transformation programme, which puts an emphasis on integration of commissioning, budgets and services.
- A system-wide NHS 'pledge', incorporated into the NHS Mandate for 2014/15, to improve health outcomes for children and young people. One of the pledge's five ambitions is that *"services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life"*.¹⁴
- The Chief Medical Officer's most recent Annual Report¹⁵ focuses on the need to improve children and young people's health, calling for integrated age-appropriate services.
- A new young people's health and wellbeing framework is currently being developed by Public Health England and is expected to call for young person-focussed, integrated services and integrated commissioning.
- DCLG Guidance issued to local authority youth homelessness commissioners¹⁶ recommends the development of joint approaches with other commissioners to develop *"a local single front door into services"* for vulnerable young people, offering homelessness support, counselling, substance misuse services, sexual health services, advice on benefits and debt, careers guidance and youth services.
- DfE's 'Positive for Youth' strategy¹⁷ calls for investment in proven holistic interventions and joint commissioning across youth work, social care and health boundaries.

- The Children and Families Act 2014 places joint responsibility on local authorities, schools and Clinical Commissioning Groups for commissioning for children and young people with Special Educational Needs and disabilities from September 2014.
- The Care Bill will place a responsibility on local authority children's services to continue to deliver services for young people who have been assessed as 'in need' under the Children Act 1989 beyond the age of 18 until their requirements for adult social care have been formally determined.
- The final report of the Low Commission on the future of advice services has recommended that Clinical Commissioning Groups should commission social welfare advice services alongside health interventions.¹⁸
- The Children's Commissioner has called on Health and Wellbeing Boards to identify and address young people's needs for advice and support to deal with the impact of abuse through more responsive service models.¹⁹

“The extreme asymmetry of resources and needs means ‘business as usual’ is not a straightforward option.”

Annual Report of Chief Medical Officer, 2013²⁰

Many commissioners are now driven by a need to deliver against the following key themes:

- Value for money – improving services and meeting rising needs with less money; finding ‘cashable savings’
- Integration – joining-up services, planning and commissioning; pooling budgets, with removal of ring-fences
- Personalisation and innovation – designing services around clients, not silos
- Early intervention – preventing costly long-term multiple problems through intervening sooner
- Co-production – working with users and the voluntary sector to deliver improved outcomes and social value

“Given that health and health behaviours track strongly from adolescence into adult life, the way that health is promoted and protected during adolescence is key to the health of the whole population and the economic development of the nation.”

Chief Medical Officer, 2013²¹

4 What does good joined-up commissioning look like?

4.1 Commissioning across needs

Joined-up commissioning can sometimes be quite focussed, e.g. involving two commissioners coming together to jointly fund an adolescent mental health service for young people. However, where possible, it should involve a far bolder approach looking across a range of inter-related needs, including health needs, issues related to the wider social determinants of health and wider aspects of young people's wellbeing.

We believe there is scope in many parts of the country for linking together services for young people across the following areas:

- Mental health
- Sexual health
- Substance misuse
- Social & emotional health and wellbeing
- Housing
- Benefits, debt and financial capability
- Employment-seeking and careers
- Child protection / safeguarding (including sexual exploitation)
- Domestic and sexual violence
- Healthy eating
- Physical activity

It is crucial that commissioners support interventions that aim to build underlying strengths, resilience and life skills, rather than simply tackling individual issues.

Equally important is that health commissioners don't ignore the wider social determinants of health. Solving young people's housing and money problems, for example, can be every bit as important to achieving health outcomes as treating symptoms of physical ill-health.

“It is not clear that current age boundaries are helpful or consistent in responding to the needs of young people, and especially the most disadvantaged.”

Social Exclusion Unit, 2005²²

4.2 Commissioning across age transitions

“An obvious target for improvement [in adolescent health] is the ‘alignment’ of services across transitions”

Royal College of GPs, 2013²³

Young people in receipt of services often face a cliff-edge between children's and adult services. Vulnerable young adults are at particular risk of falling through the gaps and there is specific concern about the transition in mental health and drug treatment.

Age boundaries for statutory services can differ and often seem to be set arbitrarily. In some instances, it is not clear which, if any, service should respond to young adults, just at the point they are expected to become independent users of services for the first time.

It is crucial that services for young people continue to engage with young adults throughout the transition years of 16 to 25. Where possible, we recommend developing young person-focussed services in the community that can offer support right through from around the age of 11 up to age 25 – and there are many excellent examples of services already doing this.²⁴

This requires children's, youth and adult commissioners coming together to jointly plan and fund services. There is a particular challenge for adult commissioners to think differently about the needs of 16-25 year olds compared to other adult groups in the population and to work in collaboration to build local capacity to meet the distinct needs of this age group. This will ensure an appropriate safety net for these young people can be developed and offers the potential to reduce costs.

Transitions: Consistent messages from Government – time for change on the ground?

“The transition between [CAMHS] and adult mental health services must be improved... responsibility for developing and delivering effective services at transition is shared by adult and young people's services and commissioners... Interventions that tackle social inequalities such as homelessness and debt may be of benefit to individual mental health”

Department of Health, 2009²⁵

“For a significant number [of young people with mental health problems] transition is poorly planned, poorly executed and poorly experienced. For so many reasons, this “cliff-edge” situation must end... We will need to take a cross-service approach, involving housing, employment services and social workers – and not least, the young person themselves – so that we can ensure they get the support they want.”

Department of Health, 2014²⁶

4.3 Key commissioners are involved

If the intention is to commission a service that contributes to a number of policy/service areas, then it will be crucial that as many of the commissioners or service managers responsible for those areas as possible are consulted, signed up to the concept and involved in the process.

Key service areas include:

- Local authority Public Health services – including mental health, sexual health and drugs and alcohol
- NHS services – CCGs, GPs and Healthwatch should all be involved
- Children's Services – including young people's social care, care leavers' services and children and young people's advocacy services
- The Youth Service
- Community advice services – including housing, money and employment advice
- Supporting People (housing and homelessness-related support services)
- Adult Social Care (who may have responsibility for young adult services)

4.4 Services aren't just recommissioned, but re-modelled

In our experience, there is still a lot of money being spent on services which possess a distinct lack of evidence to support their effectiveness in meeting young people's needs.

There may be significant scope in many areas for increasing the efficiency of spending by shifting investment into more effective models of delivery. Such an approach provides the potential to achieve the 'holy grail' for commissioners of increasing access, improving quality and outcomes and saving money.

However, this will require both a good understanding of effective models of delivery for this age group and a bold approach to decommissioning underperforming services.

NB: To accompany this briefing, we have produced a second briefing entitled *Making integration a reality: Part 2: Developing effective holistic services for young people in transition*

4.5 Resources are unlocked and budgets pooled

Rather than filling service gaps, commissioners are advised to focus on unlocking existing resources to enable an altogether different approach to delivering services for young people.

This will involve identifying resources currently spent on:

- services for children under the age of 18
- services targeted at young people
- adult services that are supposed to be catering for young adults amongst others

In each case, the proportionate spend on young people aged 11-25 should be identified, along with an analysis of how many and which young people are accessing the services and what outcomes are being achieved for young people. This should help to identify where resources are, and are not, providing value for money and reaching young people in the greatest need; and which budgets and services might benefit from a more joined-up approach.

There is tremendous potential to join together funds from multiple sources to work towards shared priorities and targets. Various initiatives – such as Total Place, 'Whole-Place' community budgeting and the £3.8bn Better Care Fund – are testing or encouraging approaches in which a number of funders come together to pool elements of their respective budgets to develop evidence-based plans for new integrated services.

4.6 Services and budgets are aligned with local priorities and outcomes

In order to commission services for young people that meet local priorities, it is important to identify what those priorities are. This can be done by reviewing a host of relevant needs assessments, plans and strategies, which could include, for example:

- The Children and Young People's Plan
- Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS)
- Youth Service strategy
- Youth Homelessness strategy
- Clinical Commissioning Group's priorities
- Community advice services strategy
- Sustainable Community Strategy
- The local authority's plans for reducing poverty, responding to welfare reforms and developing financial capability

This exercise should also help to identify:

- a range of priority local outcomes to which a more joined-up service offering for young people could potentially contribute; and
- any need to undertake further consultation with young people to assess needs and service preferences.

4.7 Commissioning is based on evidence

If commissioners' understanding of young people's needs is poor, then their design and delivery of services is unlikely to achieve the outcomes required. Commissioning must be based on a thorough understanding of young people's needs and effective service models.

The process should start by pulling together the key local and national data on children and young people's health, development and well-being, covering all the areas listed above (*under 4.1 Commissioning across needs*) and building on existing JSNAs and Child Health Profiles. In addition, it should include data about young people's use of existing local services and evidence relating to how young people prefer to access services.

Tips on gathering evidence

- Consult with your local voluntary youth organisations and young people – their data and insight will be crucial.
- Public Health England holds a wealth of data on the health and wellbeing of young people, including health profiles for each local authority in England and 'The JSNA Navigator – Children and Young People' – www.chimat.org.uk
- For national data, see 'Key Data on Adolescence' by The Association for Young People's Health.
- Youth Access has published numerous reports on young people's needs for advice, counselling and support services, their help-seeking behaviour and effective models of delivery – www.youthaccess.org.uk/publications

Case Study: Joined-up commissioning of advice, counselling and support services for young people in Brighton & Hove

This case study demonstrates that, whilst joined-up commissioning is far from easy, it can be done and is well worth the investment.

The challenge

Commissioners at Brighton & Hove City Council and NHS Brighton & Hove shared concerns about rising levels of need amongst young people, particularly in relation to mental health, homelessness and welfare reform. There was a need to make significant savings across local public services, yet the commissioners were worried that cutting the city's well-regarded advice and support services for young people would prove a false economy.

The approach

A review of youth advice, counselling and support services was undertaken. The purpose of the review was:

- To identify young people's needs in Brighton and Hove – both current and likely future needs.
- To establish the potential for existing services to be reconfigured in order to be more effective, efficient and sustainable, and therefore in a better position to meet future needs.
- To identify the contribution youth advice, counselling and support services were and could be making towards local priority outcomes and value for money.
- To develop a more joined-up, long-term strategy for the city's advice, counselling and support services for young people

Who was involved?

The lead officer for the review was a strategic youth commissioner with responsibilities across local authority children's services and the NHS. She engaged Youth Access to support the review through the provision of independent advice, undertaking research and acting as an 'honest broker' of relationships between stakeholders. It was decided that a Youth Advice Review Steering Group, feeding



into a Joint Strategic Youth Commissioning Board, should be set up with membership from across the Council, the NHS and the VCS. The steering group included commissioners with responsibility for young people's mental health (including CAMHS), sexual health, children's social care, adult social care and housing support services. Other attendees included the head of the Youth Service, the coordinator of the city's community advice services and the main local VCS providers of youth advice, counselling and support services.

The work

A major fact-gathering and influencing exercise was undertaken, involving meetings with stakeholders, consultation with young people and audits of services. In order to enable the identification of key issues and aide decision-making, a comprehensive report was produced setting out:

- local and national data on young people's needs;
- data on outputs and outcomes from current service providers;
- relevant priorities included in local strategic plans;
- evidence of cost-effective interventions;
- potentially useful outcome measures.

Findings

The review confirmed the importance of ensuring access for young people to holistic, young person-friendly drop-in services that can offer early intervention and prevention responses to a wide range of inter-related needs, covering health, social welfare, personal and practical issues.

The evidence suggested that investing in such a model would both improve services and provide opportunities over time to make considerable savings by reconfiguring a number of underperforming services.

The solution

A decision was made by the Joint Strategic Youth Commissioning Board to pool funding for housing advice, sexual health and counselling services for young people into a single 'pooled commissioning opportunity' and to develop an outcomes-based commissioning specification. Commissioners were keen to work with existing VCS providers and young people in a co-production approach.

The integrated service will meet a wide range of young people's needs in a co-ordinated way, including those relating to:

- Mental health
- Sexual health
- Drugs and alcohol
- Housing and homelessness
- Employment
- Welfare benefits and debt
- Domestic violence
- Sexual exploitation

The city's current VCS providers received a small development grant to implement service improvements and help them become commissioning-ready. Part of this was to be spent on co-locating certain existing services and standardising outcomes monitoring systems.

Staff and volunteers at the Young People's Centre in Brighton



Outcomes

- A more joined-up approach to the planning, funding and provision of support services for young people across the city, promising:
 - √ Better, earlier access to services for young people
 - √ Improved quality of care and provision
 - √ Excellent value for money for commissioners – and savings in the longer term
 - √ Stronger, more sustainable services for the future
 - √ Integration of local strategies for young people's health services, youth services, homelessness services, welfare reform and financial inclusion.
- Improved recognition of young people's needs and the potential value and contribution of the VCS
- Improved joint-working between providers
- Improved quality of practice

For further information, contact: James Kenrick, james@youthaccess.org.uk; 020 8772 9900.

4.8 Key voluntary sector organisations are involved as co-producers

In order to design and secure responsive services for young people, commissioners will need to engage the voluntary and community sector (VCS) at all stages of the commissioning cycle, including JSNA and JHWS processes. Key VCS organisations will include youth advice and counselling services and other organisations providing youth health services.

VCS organisations can bring the following benefits to the table:

- service models built around the needs of young people, rather than silos
- high quality, professional services delivering excellent outcomes at relatively low cost
- capacity to build strong relationships of trust with young people
- engagement of disadvantaged and vulnerable young people
- ability to facilitate the participation of young people and advise on appropriate methods of securing young people's meaningful voice in the commissioning process
- added social value, including acting on the wider social determinants of health
- strong local knowledge about changing needs and gaps in services
- good links to commissioners in other service areas

The challenge for commissioners is to unleash the full potential of the VCS by enabling it to be engaged fully with local commissioning processes. At its best, joint working between commissioners and the VCS should result in co-designing and co-producing services.

As part of their work to develop the local provider market, commissioners should also consider taking a 'developmental commissioning' approach, in which they work with service providers in the VCS to develop their capacity and commissioning-readiness.

Top tips for unleashing the potential of the voluntary sector

- Don't treat the VCS as just another potential provider of public services, but as a sector that can bring something different
- Take time to understand the local VCS landscape, e.g. by working with the local infrastructure organisation for the VCS
- Involve VCS organisations throughout the commissioning cycle, not just when a service is being procured
- Don't expect VCS organisations to have the same administrative capacity as the statutory sector
- Don't make procurement processes overly bureaucratic or burdensome
- Recognise added social value and holistic approaches in service specifications and outcomes
- Keep monitoring and reporting requirements simple and proportionate
- **Don't forget grants!** Grant funding is more inclusive of the VCS and can often be the most effective way of piloting innovative solutions or quickly putting in place a highly targeted response to a specific need
- Keep in mind The Compact,²⁷ the agreement between government and the VCS which lays the foundation for productive working partnerships and fair funding mechanisms

4.9 Young people's voices are at the heart of the commissioning process

The concept of 'Values-based Commissioning' is gaining ground across the public sector. It is an approach to commissioning that puts an emphasis on the views and values of service users. It is based on the principles of co-production, collaboration and shared decision-making and involves local public services adopting a 'doing with' rather than a 'doing to' approach.

If services are to meet young people's needs, commissioning must be informed by the voices of young people. Involvement of young people should not be seen as an add-on, but as an integral part of the commissioning process. There should be opportunities for young people to be involved at every stage of the commissioning cycle.

Many statutory bodies now have a duty to involve service users in the planning and design of services. A central principle of the new NHS is 'no decision about me, without me' and the system-wide 'pledge' to improve outcomes for children and young people states that young people will be at the heart of decision-making.

Benefits of involving young people in commissioning include:

- A sense of dynamism and creativity for what may otherwise be a rather bureaucratic process
- Better, more young person-friendly services shaped by the views of those they are aimed at
- Actually designing services that work, rather than wasting money on unresponsive services
- Improved accountability to young people as stakeholders and citizens
- Greater credibility of services with the target group
- Direct benefits to the young people taking part, e.g. increased knowledge of services, confidence, skills

Tips on securing the voice of young people

- Ensure that there is a route specifically designed for young people's feedback as part of every consultation.
- Work with your local Healthwatch – they have a specified role to engage young people in the development of local health services.
- Utilise the expertise of the Young People's Health Partnership and local VCS youth organisations in engaging with young people, assessing young people's needs and designing services to meet needs.
- Learn from the wealth of guidance that exists, e.g. 'How to involve children and young people in commissioning' by Participation Works.

4.10 Commissioning is outcomes-based and for social value

Service providers will be enabled to innovate and create holistic services which are tailored to young people's needs where commissioning specifications emphasise quality, outcomes and social value rather than volume and price. Local providers and young people themselves should be involved in developing outcome indicators that are meaningful to all stakeholders.

Following the implementation of The Public Services (Social Value) Act 2012, commissioners are now obliged to consider the inclusion, empowerment, happiness, health and wellbeing of individuals and communities. Commissioning for social value should, therefore, promote services that can offer complementary interventions, easier access to services, stronger relationships with service users, volunteering opportunities or the potential to attract outside funding.

5 Enablers of integrated commissioning

We understand that integrated commissioning is easy to talk about but more difficult to do in practice! This is particularly true for commissioners facing extensive cuts to their budgets and difficult decisions.

It is important for commissioners to be prepared for things that might get in the way of effective joined-up commissioning, such as risk aversion or a resistance to change amongst colleagues; the competing interests and priorities of other commissioners; and politicians' concerns about potential fall-out from decommissioning existing services.

However, where there's a will, there's a way! Commissioners who are determined to get things right for young people are advised to focus on the following list of enabling factors:

Politicians with a long-term, strategic vision

- ✓ High-level backing for remodelling services in the best interests of service users rather than those of professions and officials
- ✓ A bold approach to investing in early action
- ✓ NHS/local authority system focus on improving outcomes through integrated services and commissioning

A strong joint commissioning structure

- ✓ An integrated commissioning hub bringing all strands of commissioning together into a local integrated commissioning support service
- ✓ A joint strategic commissioning team for young people's services, cutting across NHS and local authority services
- ✓ Whole-Place community budgeting type approaches

Leadership

- ✓ High-level organisational commitment to champion joined-up commissioning and services for young people
- ✓ A lead commissioner with the vision and capacity to bring others along with them
- ✓ Influential colleagues signed up from the outset

Good communication

- ✓ Establishing effective links and communication channels with all relevant services and commissioners
- ✓ Effective involvement of service users and VCS
- ✓ Identifying common language and terminology
- ✓ Consulting on proposals and communicating decisions clearly in a timely manner

Effective commissioning support

- ✓ Investment in outside expertise about young people's services
- ✓ Employing an 'honest broker', ideally an independent person or organisation from outside the area to facilitate the building of trust between all parties

A robust evidence base

- ✓ Making decisions based on a good understanding of local needs and evidence
- ✓ Being well-informed about national research, standards and best practice
- ✓ A strong evidence-based business case for the effectiveness and cost-effectiveness of any proposed provision
- ✓ Demands on new VCS providers for data and evidence are no greater than those made of existing statutory providers

Being prepared to give up some control

- √ Permitting a degree of risk by allowing trust in the professional judgement of front-line providers (including those in the VCS)
- √ Listening to service users and understanding their needs through co-design of services
- √ More flexible funding (including grants) to support the testing of ideas and initiatives

Market development

- √ Building the capacity of the local VCS to engage with commissioning processes and tender for contracts
- √ Looking across other service areas and adjoining geographical areas to see whether a VCS provider has the potential to expand provision
- √ Recognition that underperforming existing provision could be challenged by the local community under the 'Community Right to Challenge'²⁸

6. Recommendations for local public health commissioners, CCGs, GPs and Health & Wellbeing Boards

- All CCGs, GP practices and local authorities should sign the NHS system-wide 'pledge' to show their commitment to improving the health of children and young people.
- Health & Wellbeing Boards, local authorities and CCGs should work with local VCS organisations to ensure that young people have easy access to integrated health and wellbeing services.
- All JSNAs should include a section specifically about the health and wellbeing needs of young people (up to age 25), covering physical health, mental health, wider wellbeing and the social determinants of young people's health and making a distinction between the needs of children, adolescents and young adults.
- JSNAs should be informed by the best available national evidence on young people's needs and by data from local providers, including those in the VCS.
- All JHWSs should include improving young people's health and wellbeing as a priority;

making the links for groups with particular risks and vulnerabilities.

- Local authorities and CCGs should jointly commission services for young people across public health, youth service, housing, children's services and adult social care boundaries.
- All CCGs should have a lead commissioner for health and wellbeing services for young people (including young adults up to age 25).
- Commissioners should ensure that services for young people are delivered in accessible, age appropriate settings and meet the 'You're Welcome' standards for young person-friendly services and/or are signed up to the Youth Wellbeing Directory and ACE-V Quality Standards.
- Commissioners and politicians should commit to providing long-term funding support to effective existing services targeting young people.
- Every Healthwatch, Health & Wellbeing Board and CCG should have a formal structure for consulting young people.
- All GP practices should involve young people in their patient participation groups.

7. Further reading

Making integration a reality: Part 2: Developing effective holistic services for young people in transition, Youth Access and The Young People's Health Partnership (2014)

Improving young people's health and wellbeing: A framework for public health, Public Health England and Association for Young People's Health (2014)

A proven early intervention model, Youth Access (2010)

A Clinical Commissioner's Guide to the Voluntary Sector, ACEVO and NHS Alliance (2012)

Working with the voluntary and community sector: A guide for health and wellbeing boards, Regional Voices (2012)

On the Right Tracks: A guide to commissioning counselling services for young people, Youth Access (2014)

Clinical Commissioning: A Guide for the Voluntary and Community Sector, Regional Voices (2013)

Role of the voluntary sector in providing commissioning support, Nuffield Trust (2013)

Need expert commissioning support to re-shape young people's services?

Youth Access has undertaken extensive work with local commissioners to develop 'intelligent' joined-up commissioning of young people's support services and may be able to offer consultancy support to:

- √ build your business case
- √ identify local priorities
- √ broker relationships
- √ re-design services
- √ develop commissioning specifications

“Youth Access’ support has been central to the process of planning and commissioning advice services for young people in Brighton & Hove. It has helped us to make an informed decision about pooling existing resources and having a single commissioning procurement process in the future. I don’t think we would have reached the point we have today without the challenge, support, intelligence and focus from Youth Access.”

Kerry Clarke, Strategic Commissioner, Brighton & Hove City Council / NHS Brighton & Hove

Email: admin@youthaccess.org.uk for further information

References

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- 3 *Early Action Landscape Review*, National Audit Office, 2013.
- 4 *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays - Chapter 3: The economic case for a shift to prevention*, Strelitz, J., Department of Health, 2013.
- 5 *The global burden of disease: 2004 update*, World Health Organization, 2008. (NB: The burden of disease is the impact of health problems, often measured in quality-adjusted life years.)
- 6 *Age of onset of mental disorders: a review of recent literature*, Kessler R.C. et al.. *Current Opinion in Psychiatry* 2007; 20(4): 359.
- 7 Chief Medical Officer, 2013, op. cit.
- 8 *Statistics on obesity, physical activity and diet: England, 2012*. NHS Information Centre, 2012.
- 9 Chief Medical Officer, 2013, op. cit.
- 10 *No health without public mental health: the case for action*, Royal College of Psychiatrists Position Statement PS4/2010.
- 11 *Interprofessional Working in Practice: Learning and working together for children and families*, Trodd, L., and Chivers, L., 2011.
- 12 The definition of commissioning adopted here was developed by The Commissioning Support Programme.
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- 14 *Better health outcomes for children and young people: our pledge*, 2013.
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- 18 *Tackling The Advice Deficit: A strategy for access to advice and legal support on social welfare law in England and Wales*, The Low Commission, 2014.
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- 25 *New horizons: a shared vision for mental health*, Department of Health, 2009.
- 26 *Closing the Gap: Priorities for essential change in mental health*, Department of Health, 2014.
- 27 http://www.compactvoice.org.uk/sites/default/files/the_compact.pdf
- 28 The Community Right to Challenge is one of a raft of initiatives introduced through the Localism Act 2012. It enables communities to challenge to take over local services that they think they can run differently and better.

About The Young People's Health Partnership

The Young People's Health Partnership is a seven-strong consortium of organisations working as the youth sector Strategic Partner to the Department of Health, Public Health England and NHS England.

The partnership is led by the National Council for Voluntary Youth Services and includes Addaction, Association for Young People's Health, Brook, CLIC Sargent, StreetGames and Youth Access.

The partnership has three strategic priorities:

- We want to influence and shape the Health system to ensure young people (up to age 25) have access to age-appropriate health and wellbeing services that take a whole person approach and address health inequalities by acting upon the social determinants of health.
- We want the voluntary and community sector to be equipped to work in partnership with the system as both deliverers of quality services to young people and agents of change.
- We want young people to be supported to exercise empowered and active voices in the healthcare system.

http://www.ncvys.org.uk/Health_Partnership.html



**Young People's
Health Partnership**

About Youth Access

Youth Access is the national membership organisation for a network of 200 youth information, advice and counselling services.

Through its members, Youth Access is one of the largest providers of youth advice and counselling services in the UK, dealing with over 1 million enquiries a year on issues as diverse as sexual health, mental health, relationships, homelessness, benefits and debt.

Youth Access provides the training, resources, research, campaigning and other infrastructure support to ensure high quality services exist to meet young people's diverse needs.

<http://www.youthaccess.org.uk/>

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