



# GP CHAMPIONS FOR YOUTH HEALTH PROJECT

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COMMISSIONING EFFECTIVE  
PRIMARY CARE SERVICES FOR  
YOUNG PEOPLE

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## HOW TO COMMISSION THE VOLUNTARY SECTOR

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This briefing has arisen out of the experience of the GP Champions for Youth Health. The project is a partnership between the Association for Young People's Health (AYPH), the Royal College of General Practitioners' (RCGP) Adolescent Health Group and Youth Access.

This briefing is aimed at policymakers, commissioners and funders, including independent funders with an interest in health and health-related services for young people up to 25 years. Its purpose is to support improvements in young people's access to Primary Care services through improving collaboration and integrated working between GPs and voluntary youth sector organisations, particularly Youth Information, Advice and Counselling Services.

**This briefing will be of particular relevance and interest to the following local planners and commissioners:**

- Housing/Drug, Alcohol and Substance Abuse/Sexual Health Services
- Early intervention and targeted youth support services
- Domestic violence strategies
- Social Care, Looked After and Leaving Care services
- Mental health and emotional wellbeing
- A&E
- Chronic Illness such as asthma, diabetes

**The briefing covers the following areas:**

**SECTION ONE:** Young people's health needs

**SECTION TWO:** Why commission the voluntary sector

**SECTION THREE:** How to commission the voluntary sector

## INTRODUCTION

This briefing is the result of a three year Department of Health and Paul Hamlyn Foundation funded project – the *GP Champions for Young People's Health*. A partnership between the Association for Young People's Health (AYPH), the Royal College of General Practitioners' (RCGP) Adolescent Health Group and Youth Access, the project has worked in ten selected sites across the country. In each of the local sites, the project brought together a GP and a Youth Information, Advice and Counselling Service (YIACS) or other local voluntary youth organisation to work with young people. These partnerships were aimed at helping to bring about improvements in the local health offer available to young people in their area.

This briefing brings together some of the lessons learnt during the GP Champions project. It is intended to help policymakers and commissioners think about steps they can take to secure a better investment in young people's health. The briefing complements the project's 'Toolkit for General Practice', which offers specific guidance to the GP community on ways they can directly improve their services to young people.



*Working with the voluntary sector encourages you to be more flexible towards young people and more tolerant if they run late, are loud, or turn up to an appointment with a gang of friends.*

## SECTION ONE: YOUNG PEOPLE'S HEALTH



*It doesn't feel like they listen, just fob you off with medication, and the Drs don't communicate between each other.*

Young Person in GP Champions Consultation

### Why does young people's health matter?

Young people have experienced the least improvement in health status of any age group in the British population over the last 50 years.<sup>1</sup> **This matters because poor adult health frequently has its roots in adolescence.** The second decade of life is a key time for health: it is the time when most risky health behaviours are likely to start and it is also a time when a range of health behaviours for older adulthood are set down.

Despite the risks during adolescence and into young adulthood, young people's health needs are often overlooked in the current health system: permitting opportunities for early intervention and prevention to be missed. The reasons are largely due to a health system, which persists in focusing its main attention on the early years and older adults. The lack of focus on young people's health needs has consequences for us all. While untreated or poorly recognised health problems clearly create difficulties for the individual and their families, they also create long term pressures on an already hard-pressed health system and wider costs to the public purse.

### What are young people's health needs?

There are a number of useful resources on the evidence of young people's health needs. While existing evidence can help inform the development of an improved local health offer to young people, it is also worth noting there are some limitations in the available data. This includes a lack of consistency in the way data are collected by age cohorts, which often creates an absence of data in some health areas for those aged 16 years plus. Or, as in the case of prevalence data on young people's mental health, there is a lack of up to date data. Steps are currently being taken to improve access to data, both through the work of Public Health England, a new What about YOUth survey for 15 years olds funded by the Department of Health and also through investment by the Department of Health in a new young people's mental health prevalence study.

<sup>1</sup> Chief Medical Officer, 2013.  
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

While the published evidence offers the foundation for an effective assessment of young people's health needs, it is also important for local planners and commissioners to conduct direct consultation with young people in their local area. The assembled local data on young people's health should complement national data included in the Joint Strategic Needs Assessment.

Local voluntary youth sector and other agencies, which may keep extensive data on service users and service use, are also worth consulting, since they may be able to provide further insights into current concerns or emerging local trends in young people's health and their health risks.

For further information about young people's health needs please access the resources of the Child and Maternal Health Intelligence Network at [www.chimat.org.uk/youngpeople/tools](http://www.chimat.org.uk/youngpeople/tools).



*The voluntary sector has given me techniques to engage with young people – now I text vulnerable young people before their appointment to make sure they attend.*

GP involved in GP Champions Project

## Young people's use of health services

It has been suggested that young people are low users of health services.<sup>2</sup> A continued belief in young people's low use of provision compounds the lack of focus in recognising and responding to their distinctive needs.

Contrary to the prevailing myth about low use of services, most young people see their GP at least twice a year. However, 16–24 year-olds are less satisfied than older adults using GPs<sup>3</sup> and the picture for under 16 years olds is unclear since they are not included in most national surveys.

While young people do use GP services, it is also worth noting that as they move into their early 20s, their use of Accident and Emergency (A&E) services begins to escalate; together with very young children they represent the highest groups of A&E service users. In each of the last 5 years, at least twice the number of attendances in A&E have been by those living in the most deprived 10% of areas than those living in the least deprived 10%.<sup>4</sup> Furthermore, since the treatment

<sup>2</sup> *ibid.*

<sup>3</sup> Unpublished analysis of total responses made by 18 -24 year olds to the GP-Patient Survey <https://gp-patient.co.uk/> Hagell, Coleman, Brooks (2013) Key Data on Adolescence 2013, London: AYPH

Hargreaves, D. S. and R. M. Viner (2011). "Children's and young people's experience of the National Health Service in England: a review of national surveys 2001–2011." Archives of Disease in Childhood

<sup>4</sup> HSCIC (2013) Focus on Accident and Emergency December 2013, <http://www.hscic.gov.uk/catalogue/PUB13040/acci-emer-focu-on-2013-rep-V2.pdf>

provided for one in three of all those attending A&E in 2012-13 was 'Guidance/Advice only', it suggests there may be problems for some groups of young people in accessing alternative health care routes, including those offered via local GPs.

Of the 182 young people who took part in one of the local surveys for the GP Champions project, 129 answered a question about their registration with a GP. 86% of respondents reported they were registered with a GP; 9% said they were not registered and 5% said they were not sure. In the same survey, when asked whether there were any health issues they would not talk to their GP about, 45% (that is 128 young people who responded to the question) said there were issues they were not comfortable talking about with their GP. The issues identified mainly related to mental health, sexual health or were connected to their sexuality.

A number of the local sites involved in the GP Champions project also found that young people were confused about the term GP. This was not a term they were familiar with and were more likely to refer to GPs as simply 'the doctors'.



*I don't feel confident talking to my GP as it's personal issues and he's an elderly man who intimidates me.*

Young Person involved in GP Champions Consultation

## SECTION TWO: WHY COMMISSION THE VOLUNTARY SECTOR



*I didn't know the voluntary sector could offer so much at such high quality and so cost effectively.*

GP in GP Champions Project

### What is the added value of the voluntary sector to young people's health needs?

At the heart of the GP Champions Project was the development of new relationships and the building of partnerships between individual GPs and local voluntary youth organisations. The Project started with an assumption that local voluntary youth sector organisations working in partnership with GPs had much to offer in helping to improve young people's health outcomes.

The wider value of commissioning the voluntary sector has been demonstrated through work conducted by the National Audit Office (NAO). The NAO identified the following benefits:

- understanding of the needs of service users
- closeness to the people that the public sector wants to reach
- ability to deliver outcomes that the public sector finds it hard to deliver on its own
- innovation in developing solutions
- high performance in delivering services<sup>5</sup>.

Most of the voluntary sector partners in the GP Champions Project were part of a national network of Youth Information, Advice and Counselling Services (YIACS). While many voluntary youth sector organisations can make a contribution to young people's health, YIACS can make a particularly helpful contribution. These organisations already provide early intervention and prevention across a range of health and wellbeing issues and are particularly well placed to support integrated approaches to young people's health. The majority of YIACS also offer services to young people up to 25 years, thus cutting across and plugging the gaps created by the age, as well as the entry thresholds of other service providers.

<sup>5</sup> <http://www.nao.org.uk/successful-commissioning/introduction/>

In addition to the benefits identified by the NAO, YIACS can also bring the following to local health strategies for young people:

- service models built around the holistic needs of young people
- capacity to build strong relationships of trust with young people
- engagement of disadvantaged and vulnerable young people
- provision that often focuses on tackling the wider social determinants of health
- high quality, professional services delivering excellent outcomes at relatively low cost
- added social value, including the use of trained local volunteers in service delivery, and the time and commitment of trustees from the local community

The following section sets out what YIACS can practically offer. Further information about YIACS is available on: <https://www.minded.org.uk/course/view.php?id=170>

## How YIACS support the development and delivery of an improved health offer to young people

### Contributing data

Most YIACS collect an extensive range of data; demographic, presenting problems and those problems identified subsequently. Most YIACS are also collecting outcome data, which in many cases is via the implementation of nationally validated tool. This local data can enrich the quality of data gathered in local needs assessment, which often rely on statutory data. It can also support local Primary Care providers to better understand local young people's needs and local service gaps.

### Providing access to consultation groups

YIACS build strong relationships of trust with many vulnerable and disadvantaged young people, including those with high health needs and risky behaviours. They are effective in securing the voice of these groups in consultations on their health needs.

### Supporting self-management of health needs

Helping young people to know when to seek the advice of a GP is as important as knowing what steps to take to self-manage health care needs. YIACS can also help by offering basic health information and also point young people to trustworthy online resources; taking the pressure off GP services.

### Offering an informal access point to GPs and other health care

YIACS offer a comfortable and informal setting in which young people, particularly those who are homeless or have the most chaotic lives, can be offered access to primary care. They can offer an appropriate setting for GPs and nurses to provide direct health care, particularly around physical and sexual health needs.

*(Please see the GP Champions for Youth Health Toolkit for General Practice for further information on overcoming barriers to providing primary care services in different settings.)*

### Providing mental health support

Counselling offered through trained and supervised counsellors has been demonstrated as an effective intervention for young people with mental health and emotional wellbeing needs. YIACS offer an alternative model and interventions to those found in statutory CAMHS. Many also work with up to 25 year olds; plugging the gap between CAMHS and adult mental health services.

### Providing other health-related care and support

Many services offer direct help with C-Card and offer basic sexual health advice, others may offer interventions for drug, alcohol and other substance abuse. YIACS may also offer advice on issues and needs that have a significant impact on good health such as housing, debt, and lack of finance.<sup>6</sup>

### Offering an ongoing relationship to young people

GPs have limited time and while many YIACS are coping with increased levels of demand for their services, they are generally able to invest more time in individual young people. Many YIACS offer drop in services, so young people do not always need an appointment. YIACS can offer effective 'step up' and 'step down' packages of help to individual young people in collaboration with GPs

### Providing services alongside General Practice

For young people who may prefer to access help via their GP surgery, YIACS can also offer help and support in local practices. Services include the offer of counselling or other therapeutic support or help with advice on issues such as housing or benefits. They can also work alongside GPs in other settings such as schools and colleges. (See the Bristol and South London examples below.) These services require additional financial support and access to appropriate resources such as confidential space.



*It's wonderful knowing we can increase capacity and improve young people's health by being able to refer young patients to the voluntary sector.*

GP in GP Champions project

<sup>6</sup> Kenrick, J. (2011) The outcomes & impact of youth advice – the evidence. Key research evidence on the difference made to young people's lives by social welfare advice services *Youth Access*

## How partnerships between GPs and young people's organisations can improve young people's health care

There are a number of benefits that can be secured through collaborations between GPs and YIACS or other voluntary youth organisations. The formation of partnerships in the GP Champions project was particularly helpful in demystifying roles, as well as demonstrating the value of each partner. This proved particularly important to voluntary sector partners, as they had the opportunity to demonstrate to their GP counterparts the wealth of expertise they can bring to young people's health needs, particularly YIACS and their role in mental health service delivery.

For the voluntary sector, the partnership with the GP was also valuable in enabling faster and easier access to CCG commissioners and other health professionals. For example, one site was able to access funds from their local CCG to develop a GP service within their service. In other areas, the partnership between the YIACS and the GP strengthened their opportunity to present data from local consultations with young people about their health needs to the local CCG.

The partnerships in the GP Champions project, in consultation with young people, developed a wide range of improvements in health care for young people. Some of these were low to minimal cost, while others required much greater support and investment.



*I didn't know there was so much local data available to show how we're performing compared to the rest of the country.*

GP in GP Champions Project

The following illustrates some of the collaborations that took place.

### 1. Tackling barriers for young people accessing primary care

Young people consulted as part of the GP Champions project suggested a number of factors preventing their use of GPs. This included practical problems due to their finances and circumstances. Examples given included a lack of phone credit to make appointments, being homeless or frequently moving from one area to another disrupting their registration with a particular practice. For other young people, the barriers arose out of concerns about their treatment: they often did not feel listened to, felt patronised or did not understand what the GP advised.

Many of the young people involved in consultations across the GP Champions project's local sites had suggestions for ways to overcome the barriers. These included improvements in the GP surgery, such as better access to appointments and friendlier and more understanding receptionists and GPs. Other young people suggested different pathways for accessing GPs as well as the health advice and treatments they needed.

The ideas for improving GPs' responsiveness to some of the barriers identified by young people are contained in the GP toolkit, which complements this briefing.



#### The Southampton Example

The GP Champions project uncovered considerable levels of need from young people who are not registered with a GP. This was found to be as high as 10 per cent of young people in some pilot sites. GP practices have to ensure patients are eligible to be treated in the UK. But some of them are making registration almost impossible for young people who do not have formal identification, such as a passport or driving licence and proof of address. Young people leaving care or the criminal justice system and the homeless are particularly disadvantaged in providing formal documentation. Yet they are among the most vulnerable and in most need. Our Southampton pilot, Bath Lodge practice and No Limits surveyed young homeless people then raised the issue with the local Healthwatch. They also gave evidence to the local authority health scrutiny panel and are continuing to push for it to be easier for unregistered young people to see a GP.

## 2. Improving access and quality of service

In Bristol, the partners developed a number of initiatives, which are bringing a greater local focus on young people's health needs.



### The Bristol Example

GPs at the Montpelier Health Centre teamed up with Bristol Off the Record (OTR), the local Youth Information, Advice and Counselling service. Together they have:

- Conducted a local needs analysis, including a survey of 40 local GPs
- Developed a training programme for GPs, based on the findings from the needs analysis, delivered by young people, about what a young person friendly consultation looks like
- Supported the development and facilitated the engagement of young people in a local Young Healthwatch
- Developed anonymous feedback cards for young people to offer feedback on the quality of their consultation at Montpelier Health Centre

The partnership has also been strengthened through:

- A GP from Montpelier sitting on the OTR Board of Trustees
- Young people from Bristol OTR sitting on the Montpelier Health Centre Patient Involvement Board.

Young people's access to counselling has also been improved through:

A successful contract under the Any Qualified Provider model, which enables Bristol OTR to deliver the Improving Access to Psychological Therapies programme (IAPT) in the GP practice. This has provided step 2 and 3 interventions for 16-25 year olds (1:1 and group) in the Montpelier Health Centre



*The voluntary sector counselling has turned round the life of one of my 12 year old male patients who had complex problems but didn't meet the CAMHS threshold.*

GP in GP Champions Project

### 3. Developing new service models in Liverpool, Cornwall and South London

A number of models of integrated working between GPs and YIACS or other voluntary sector partners emerged through the GP Champions project. Supported by local investment, these models are starting to transform the way health care is delivered to some young people.



#### The Liverpool Example

The Young Person's Advisory Service (YPAS) a Youth information, Advice and Counselling Service partnered with Brownlow Health. Following consultation with local young people, the partners approached their local CCG for funding under their Innovation Grants.

A successful bid allowed the GP to offer a weekly two hour surgery in YPAS, in combination with a Health Drop-in facilitated by YPAS staff. The funds helped to kit out one of YPAS's ground floor rooms into clinical consulting room.

YPAS' GP Health Drop In offers a non-stigmatising and accessible service to a number of 'hard to reach' young people with a diverse range of health issues. The collaborative working relationship supported the delivery of integrated care, coordinated and tailored around the individual needs of young people.

The emerging data on young people's use of the service and their outcomes is demonstrating:

- A reduction in potential attendance at A&E since this would have been the alternative for many of the young people
- Reductions in further risks to health, as young people said that without the service, they would have waited until their health needs had worsened or reached crisis point before seeking help
- Generating savings to the public purse, as 50% of young people's presenting issues would have escalated and required referral to social care, crisis teams or A&E without the service

The YPAS/Brownlow Health Project also set up a cross-sector Reference Group of professionals from YPAS, Brownlow Health, Barnardos, South Liverpool Homes, Inclusion Matters, Mersey Care, Transition (CQUIN), Liverpool Mutual Homes, Merseyside Youth Association, Liverpool CCG, Early Intervention, Roy Castle Foundation and Liverpool Mental Health Consortium. The group aims to improve health outcomes for young people through better partnership working across primary care and the voluntary and community sector.



### The Cornwall Example

Young People Cornwall and Wheal Northey Surgery trialled some ideas to meet some of the challenges of accessing GP services in rural communities, such as confidentiality, the receptionist knowing your family and transport issues.

The young people helped devise and pilot a “Dr Grace” Facebook page in combination with one to one sessions with a young person’s information and advice worker. Different approaches were trialled, and the successful model involved the offer of generic health information regarding GPs from Dr Grace, followed by face to face support from the information and advice workers, and further referrals, eg for counselling.

In addition, with funding from Healthwatch Cornwall, young people have also been involved in making a five minute film focusing on GPs, pharmacies and reception staff on young people’s mental health and wellbeing needs. The film may be used in the future as part of GP training.

The film also includes a section to inform young people about misunderstandings they may have about GPs and commonly asked questions, which are answered by Dr Grace. Targeted at young people and also healthcare professionals, it aims to empower young people to take control of their own care, be clearer about the GP role, make appropriate use of GPs and understand any treatment.



*We work so hard that there’s no time to get out of our silo and see what else is available locally – and there’s a lot!*

GP in GP Champions Project



### The South London Example

#### Providing a pop-up GP service in a further education (FE) college – South London

If you want to improve young people's health it makes sense to take health provision to where there are adolescents in high numbers. The South London GP Champions partners, Redthread and Queens Road Partnership, worked with Lewisham/Southwark Further Education College (LeSoCo), to pioneer a pop-up GP service, with a youth work component.

It took a long time and a lot of negotiation to get the initiative off the ground, but they are now running two-hour weekly health sessions at all three LeSoCo campuses in South London, funded by the college. The GPs use EMIS mobile to record each consultation and have started seeing some young people with complex and multiple needs including housing problems and mental health issues. The project has needed additional capacity and administrative help to set up the contract and service level agreements. The pilot partners advise other GPs considering setting up 'pop-ups' in non-traditional settings to get Disclosure and Barring Service (DBS) checks done at an early stage and to think ahead about practical issues such as clinical waste, medical consumables, keeping medicines secure and getting samples to labs.



*We spoke a different language when we started, but we are absolutely on the same page now.*

GP in GP Champions Project

## SECTION THREE: HOW TO COMMISSION THE VOLUNTARY SECTOR



*I now have the skills to put together a bid for the CCG, using strong local data and building a case, thanks to our voluntary sector partner who does this all the time!*

GP in GP Champions project

### Getting commissioning right

With continued concern about the rising costs of health and the need to ensure resources are used efficiently and effectively, there are opportunities to develop new ways to deliver health care to young people. This includes helping young people to manage their own health needs as best as possible, as well as helping them to make the best and timely use of available health services. As the GP Champions project has demonstrated, the voluntary sector can play a role in improving young people's health. However the sector's ability to engage in collaborative work with GPs and other health professionals can only continue if the funding and commissioning environment is structured in ways that respect the sector's difference from public sector bodies. This means finding ways that acknowledge and include the needs of small and medium sized local providers.

Commissioners can help to create a positive commissioning environment for the voluntary sector if the following steps are taken:

#### Improving local knowledge

Many voluntary sector agencies can offer a wealth of local intelligence to the commissioning process. Many keep detailed statistical records on the profile of service users, their presenting issues and the services provided. While many agencies will be able to offer some good qualitative data on young people's experience of the service, YIACS in particular may also be able to offer robust data on outcomes based on nationally validated measures. Many organisations may also have undertaken an independent evaluations of their work, which may also offer some helpful data.

#### Including young people

As both potential and existing users, the voice of young people in commissioning is critical. This can seem difficult and challenging, but is crucial if services are to be designed and delivered in the best way to meet young people's needs, especially for those who are the most disadvantaged.

Many voluntary youth organisations can provide access to, and support the engagement of young people in the commissioning process. For further information about involving young people in the commissioning process please go to: <http://www.myapt.org.uk/year-3-2/involve-young-people-commissioning/>

### **Making use of appropriate commissioning models**

The larger the value of local contracts, the greater the disadvantage to small to medium size voluntary sector providers. It may be easier to support and encourage the development of a thriving local voluntary sector through better access to grant funding.

The recently published 'NHS Five Year Forward Plan' (October 2014) <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> has acknowledged the value of creating stronger partnerships between the NHS and voluntary sector partners and the need to reduce barriers to commissioning. It is therefore introducing a short national alternative to the standard NHS contract for use in contexts where multiyear grant funding may be more appropriate than burdensome contracts.

Commissioners can also consider the use of Single Tender Action, rather than Any Qualified Provider or competitive tendering. This is particularly useful for those services such as YIACS, which are niche and cater for a specific set of needs.

### **Setting reporting requirements**

Where contracts are let or grant funds are given to the voluntary sector, it is helpful if the requirements for the collection and analysis of data on service use are commensurate with the value of the contract and proportionate to the administrative capacity of the agency.

Any data collected through funded and commissioned activity should then be used in a meaningful way, including informing future planning and commissioning activity.

## Mapping and understanding local voluntary sector provision

Some of the barriers to engaging and commissioning the voluntary sector can include either a lack of knowledge of the services available in a local area, and/or a lack of understanding about the quality of services.

One online tool that is helpful in the delivery of mental and emotional health services to young people is the Youth Wellbeing Directory <http://www.youthwellbeingdirectory.co.uk/ace-v-standards/>

The Youth Wellbeing Directory has been endorsed by the Royal College of GPs and is also one of the recognised routes for providers to demonstrate their compliance with NHS England's Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.

The YWD provides two distinct functions:

- 1. A simple directory:** This allows any local provider to enter basic details about their service to children and young people 0-25 years. By encouraging all local providers to sign up on the Directory, commissioners will establish a good map of all the local providers in their area. This can also include statutory and private sector provision.
- 2. The ACE-Value Standards:** The second function is an area which invites organisations to evidence their services against a range of standards.

## A framework for commissioning

The ACE-Value Standards contained in the YWD offer commissioners much useful evidence about the quality of individual voluntary sector providers; evidence that is useful when considering funding and/or commissioning such providers. While mostly relevant to young people's mental health and wellbeing, the ACE-Value Framework can apply equally well to the commissioning of wider health issues.

ACE-V Quality Standards have 4 main components:

- **Accountability**
- **Compliance**
- **Empowerment**
- **Value**

### ACCOUNTABILITY

Commissioners should consider how well a service can demonstrate:

- A well-defined organisational purpose
- Clarity about the services offered
- How it monitors its effectiveness, including which outcome tools are employed
- How young people can access the service e.g. self-referral

### COMPLIANCE

Commissioners should consider how well the service demonstrates:

- A commitment to safe practice, including safeguarding policies and procedures
- Its offer of a confidential service to young people
- The qualification and training of staff and their ongoing supervision

### EMPOWERMENT

Commissioners should consider how well the service demonstrates:

- The involvement and participation of young people. This includes arrangements for young people to offer feedback and comment on their individual experience, as well as opportunities to get involved more generally in service development

### VALUE

Commissioners should consider how well the service can demonstrate:

- Its unique value to wider local service delivery
- Its value for money and financial management, including meeting auditing requirements
- Its social value (<http://www.navca.org.uk/socialvalue>)
- Evidence or feedback from formal standard audits and accreditation processes
- References from current or past stakeholders or commissioners