



Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Young People’s vision of current and future Health & Wellbeing Services in Central Bedfordshire

Meeting Date: 6th April 2016

Responsible Officer(s) Diana Blackmun

Presented by: Diana Blackmun, CEO, Healthwatch Central Bedfordshire, diana.blackmun@healthwatch-centralbedfordshire.org.uk

Recommendation(s)

1. That the Board approves continued action from Healthwatch Central Bedfordshire (HWCB) to identify ways of using young people’s involvement and voices to develop better commissioning practices for young people’s services that will improve local outcomes for young people and address inequalities.

Purpose of Report

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| 1. | <p>To outline details of Healthwatch Central Bedfordshire’s Health and Wellbeing engagement project which empowered and involved young people to share their experiences of health and wellbeing issues and concerns including an exploration of their ideas for future commissioning of services for young people.</p> <p>To identify the areas where action is required of the Health & Wellbeing Board and others that will have the greatest impact in improving health outcomes for young people.</p> |
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Background

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| 2. | <p>Healthwatch Central Bedfordshire (HWCB) is the local consumer champion, promoting choice and influencing the provision of high quality health, social care and well-being services across Central Bedfordshire. Our role is to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.</p> <p>Changes in recent years to Health and Social care legislation means a much wider responsibility in principle across public services to involve and consult</p> |
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with service users. Young people are often neglected in the consultation process although they too are covered by this legislation

On 17th February 2016, HWCB held a Health & Wellbeing Event for Young People at Center Parcs in Central Bedfordshire in a comprehensive attempt to engage a representative cross section of young people (12 - 18 yrs) living in Central Bedfordshire.

This event was designed to build on the important work we began in 2013/14 working with young people, whose voice is seldom heard, in order to forge better, sustainable and more resilient connections with this age group to inform local health and wellbeing services and influence accessibility, inclusion and long term health improvements for this group of consumers.

Over 85 young people attended the event. The specific purpose of the event was to:

1. Provide a fun and engaging day for young people, encouraging and empowering them to get involved with health and wellbeing issues;
2. To share what we know about Young People's health in Central Bedfordshire;
3. Learn about young people's experiences and views of local Health and wellbeing services, including young carers issues;
4. Inspire young people to get involved with local health and wellbeing concerns, including mental health;
5. Empower young people to develop a Central Bedfordshire 'Young People's Healthwatch', designed by young people for young people, to act as a trusted and easily accessible source of information and impartial advice, with signposting to services that support young people living in Central Bedfordshire;
6. Identify and explore young people's preferred use of social media and develop ways to use this as a tool to give a voice to young people on health and social care issues.
7. Feedback our learning to key local partners, politicians and commissioners;
8. Work together with our partners to demonstrate local joined up engagement of young people;
9. Produce a film with highlights of the day to share with other young people and key stakeholders.

To ensure we captured as much information and feedback as possible on a range of subject areas, five specific workshops were included as part of the event, as follows:

- Mental Health
- Young Carers
- Quality Standards
- Young Healthwatch
- Right Care, Right Place

	<p>In addition, to enable young people to express their views artistically they were invited to contribute to a Graffiti Board using 'Health' as a starting point.</p> <p>To encourage many young people to voice their opinions and experiences of mental health services a theatre group presented a very powerful drama at the event, about a young person's mental health journey.</p> <p>HWCB sought and achieved Lottery Funding to support this event, via the 'Awards for All' grant, to enable a fully accessible and young people friendly venue, specialist support for young people with additional needs, transport to and from this venue (needed for a rural locality), film production costs, costs of specialist activities including a 'theatre group' and 'graffiti wall'.</p>
3.	<p>Previous Engagement with Young People:</p> <p>Public Health England published the Framework for Young People's Health in 2015; it says <i>'Young people repeatedly tell us that they don't want to have to negotiate complex systems to access services - they need services to understand what it is like to be young, services that can either give them help directly or refer them to a service that can. Among all this, young people want trusted sources of information and impartial advice'</i>.</p> <p>Children and young people aged 14 - 25 make up approx. 16% of the population of Central Bedfordshire and to ensure that their views and experiences were heard, HWCB previously developed a young people's short film which was shared with the Commissioners and Providers of Children's Services in Central Bedfordshire. This film can be viewed at http://www.healthwatch-centralbedfordshire.org.uk/about-us/ We also held a series of young people workshops in February 2014. Key themes that emerged from this engagement were:</p> <ol style="list-style-type: none"> 1. Young people and their families told us they had to struggle or 'fight' to get services; 2. There is a lack of support from social workers and Counsellors and poor consistency of care; 3. Lack of advocacy services and concerns about services for young people on the Autistic spectrum; 4. Transition from Children to Adult services where they are reliant on access through impersonal and rationed primary care gateways. <p>HWCB recognised that we needed to build on this work to widen and deepen our engagement to actively improve services for young people.</p>
	<p>Why was the engagement needed:</p> <p>In 2013, Dame Sally Davies, CMO said <i>'Without efforts to engage young people in both disease prevention and management, we will not succeed in reducing their future burden of disease'</i> and then in 2014 stated that <i>'The</i></p>

main causes of death and illness in young people are preventable yet the UK still has the worse health outcomes for young people than other high income nations'

Two important government strategies published in 2015 have been developed with a view to recognising and improving this position. The first is the SEND Code of Practice which identifies a legal obligation to consult with Young People who have additional needs. The second is Public Health England's (PHE) 'Framework for Young People's Health' which identifies six key priorities including the ability to 'access young-people-friendly services'.

HWCB, in seeking to respond to these initiatives, used one of the workshops at the engagement event to design and develop our own 'Young Healthwatch' group to engage local young people in all aspects of health and wellbeing services including commissioning, evaluation and service redesign.

Young People; what we know so far:

The Children's Commissioner for England's Five Year Plan, 'Ambitious for Children' was published in July 2015. Its aspirations are based on a specialist extended focus group of children and young people and says categorically that children and young people must be recognised participants in policy making. This is not a new message but it simply hasn't happened yet.

We also know that local young people suffer:

- Domestic Violence;
- Sleep disorders;
- Anxiety and depression;
- Increasing levels of self-harm;
- Nutritional imbalance;
- High usage of cannabis and legal highs.

Adolescence can be a time of increased health risk, resulting from peer and societal pressure, personal vulnerability, or lack of information. Some risk taking at this age is normal or even positive, but some is damaging. Some contexts are particularly damaging to young people. There is evidence of health inequalities in adolescence associated with deprivation and poverty. Vulnerable groups, such as those living in local authority care or in the youth justice system, have been noted to have poorer health. Providing support at this age can reap major benefits to the whole community.

However, the vast majority of the footfall on Healthwatch Central Bedfordshire's website and connections, are with people of working age and older. For these reasons HWCB wanted to actively consult with all young people including the most disadvantaged and ensure that their voice is heard, their ideas are incorporated into local service development and to make this a sustainable process through the development of a Young Healthwatch.

4.

Feedback from HWCB Health & Wellbeing Event for Young People

In Central Beds young people have previously told HWCB that they do not feel involved with service or policy design and:

- Services are not accessible due to complex or intimidating gate-keeping procedures;
- There are long waiting times for services;
- There is a lack of information and support;
- It does not feel confidential and lacks continuity between professionals;
- Is insensitive to their needs and interests.

Feedback from the engagement event appeared to largely support the above.

A summary of feedback from the specific workshops follows. This summary is not exhaustive as this was a recent event and we need to properly analyse the data given to us by young people and this will form an ongoing part of the project:

Young Carers:

- Lack of support for young carers, particularly in schools;
- Young Carers feel pressurised, stressed and depressed; their needs are not being met;
- A Young Carer struggles with school work and finds their caring role emotionally draining but told to '*just get on with it*';
- Schools can be unaware of caring responsibilities which impacts on their course work;
- Young Carers (especially new young carers) do not feel they are given sufficient advice and information to help them in their caring role;
- Lack of understanding, friendships can be affected - friends distance themselves from young carers leading to isolation and lack of inclusion;
- Young Carers need more respite for time with their friends and to concentrate on school work.

Mental Health:

- Insufficient awareness of mental health issues in schools – lack of understanding from teachers;
- Young People with mental health issues treated very differently to those with physical illness – (parity of esteem)
- Media stigmatises mental health which may prevent many young people from seeking help and support;
- Mental health is not a choice and should not be treated as such;
- A number of young people knew of and had used CHUMS/CAMHS (via word of mouth) but were keen to stress that many young people were unaware of support services available;
- The default treatment for young people with mental health issues is medication;

- Although many parents supportive, others felt a burden to their parents, leads to frustration as they don't feel parents understand;
- Some felt their GP had been helpful but others had a very negative experience;
- Feelings can be dismissed by healthcare professionals – voices and visions real to them;
- Many agreed that GP's seem fearful of mental health because they don't understand it – lack of training;
- Young people were frustrated with being signposted – *'I'm not a parcel, stop signposting me!'*
- Where available in schools, the school nurse is very helpful – should be replicated in all schools;
- Early diagnosis helps young people to better accept and understand their illness – also helps family and friends be more supportive.

Quality Standards:

- Young people frustrated with use of patronising language and inappropriate terminology;
- Young people would like to have independent access to GP without having to attend with parent/carer;
- Some GP websites are inaccessible to young people and difficult to navigate;
- Young people should be offered specific appointments after school hours (often difficult during the day);
- Clinical staff need to build a rapport with young people and *'tell it like it is'* including emphasising confidentiality and be clear when confidentiality has to be broken;
- Health professionals need good listening skills, be well trained in their role and have a *'good sense of humour'*;
- Young people should be included on all recruitment panels for health and social care roles where this involves services for young people;
- Clinical environment should be clean and well decorated with welcoming staff;
- Young people should be specifically consulted on how they feel the health service is run (surveys only for young people).

Right Care, Right Place:

- Some people say GP, young people say 'Doctor';
- Doctor constantly changing (asked the same questions, constantly repeating) – would prefer to have the same Doctor specifically for young people (more important for girls than boys);
- Walk-in centres at Doctors surgeries;
- Majority of young people would not use A & E unless they absolutely had to – horrible atmosphere, really long wait;
- Hospital – adult or child? Why don't they have a young person's ward?; not very private, very boring, intimidating and daunting;
- Majority of young people use parents to gain appointment with Doctor as feel apprehensive and nervous about doing it themselves;
- Many found GP Practice friendly and also reassuring that surgery is

	<p>always in the same place;</p> <ul style="list-style-type: none"> ▪ Long waiting times to see a healthcare professional; ▪ Cannot access a Counsellor unless serious - need someone to talk to who cares about your issue before it gets serious. <p>Young Healthwatch:</p> <ul style="list-style-type: none"> ▪ A number of young people very interested in developing a Young Healthwatch in Central Bedfordshire; ▪ 16 young people signed up to the planning committee; ▪ Of the 16, individuals were identified with specific skills to work on different aspects of the project, i.e., website, social media; ▪ Next steps – secure date and venue for planning committee with support from community youth workers and HWCB volunteer lead. Appoint ambassadors to visit schools promoting Young Healthwatch giving young people the opportunity to have a voice. <p>The significance of the development of a Young Healthwatch for all our Partners means that we will have a sustainable group to work with to help you find out what matters most to local young people.</p> <p>‘Big Brother’ Filming:</p> <p>A number of young people were asked to talk on film about their experiences of health and social care services, at the event, and to give their thoughts and ideas for how commissioners could spend money on services to support young people. This short film was then shown at the conclusion of the event.</p> <p>The link to this film is on the front page of our website and can be viewed at www.healthwatch-centralbedfordshire.org.uk or directly via the link below:</p> <p>https://youtu.be/AT7Km2fJxR0</p>
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What does Healthwatch Central Bedfordshire (HWCB) recommend to improve services for young people?	
5.	<p>Helping young people make healthy lifestyle choices and telling us what matters to them underpins much of the local Health and Wellbeing Strategy ensuring that future generations will take better care of themselves and enjoy better outcomes.</p> <p>HWCB will use this event to develop more collaborative working across the sectors providing services to young people and continue to move young people’s health needs up the local agenda.</p> <p>HWCB will produce a report for key stakeholders, commissioners and service providers which will include information gained from young people about confidentiality and communicating with young people (including a focus on the more vulnerable, knowing the lines between safeguarding and confidentiality).</p>

	<p>Recommendations are detailed below using young people's feedback following their ideas and suggestions to improve services for young people.</p> <p>Finally through the development of a 'Young Healthwatch', mechanisms will be put in place for young people's involvement in all aspects of local health and wellbeing services including commissioning, evaluation and service redesign.</p>
6.	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. To use Young Healthwatch to design a self-referral form and guidance for young people, this would include a letter for the GP, explaining how the young person feels and their symptoms, with a view to making the form available for use by young people on HWCB website. 2. For the HWB Board to adopt as best practice, within existing recruitment policies, young people's involvement (wherever possible), in staff selection for key post holders that will work with young people. 3. For HWCB to use the knowledge and information accrued from this project to develop information and guidance for parents, designed and delivered by young people 'on line', about young people's mental health issues. 4. Continue the project by providing an interactive young people's workshop; feeding back material from the event and giving more young people the opportunity to voice their opinions, in at least one high school in each area of Central Bedfordshire. 5. To properly and further analyse the data acquired from young people at the event and through the workshops to be held in the schools, to produce much more detailed information for HWCB's knowledge hub, to be made available to commissioners and service providers.

Issues	
Governance & Delivery	
7.	<ul style="list-style-type: none"> ▪ Delivery of the proposal is assured through the funding provided by the Big Lottery Fund and existing staff resources. ▪ The information acquired during this project will be contained in a comprehensive report, the core of which will be the information and knowledge provided to us by young people as consumers of local services. ▪ The report will be made available to the HWB Board on request.

	<ul style="list-style-type: none"> HWCB will return to the HWB Board to report on-going progress regarding young people and sustainable activity with young people.
Financial	
8.	There are no current financial implications to this proposal as the activity has entirely been funded within the resources of HWCB, however should the HWB Board require an extension to this work this will be through the route of normal commissioning.
Public Sector Equality Duty (PSED)	
9.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)

Diana Blackmun

Presented by (type name)