



Annual Report 2020-21

Glasgow City
Youth Health
Service



Contents

1.0 Foreword.....	2
2.0 Background.....	3
3.0 YHS Values and Mission Statement	3
4.0 The YHS Model.....	4
5.0 COVID-19 Recovery/Response	5
6.0 Referrals	6
7.0 Service Delivery (1:1).....	7
8.0 Wraparound Support.....	9
9.0 Service User Profile	12
9.1 Age	12
9.2 Gender Identity	13
9.3 SIMD Status.....	14
9.4 Ethnicity	15
9.5 Young Carers.....	15
9.6 Geographical Data.....	16
10.0 A Young Person’s Journey.....	18
11.0 Feedback	19
12.0 Developments	20
12.1 A&E Pilot Project	20
12.2 Multiple Risk (MR) Programme.....	20
12.3 Menu of Mental Health & Wellbeing Support (Tier1/2).....	20
12.4 Youth Employability Coach	21
12.5 Rebranding Project	21
13.0 Lessons Learned	22
13.1 Consultations (1:1).....	22
13.2 Implications for Service Model	22
13.3 Remobilisation of Service	22
13.4 Staff Capacity	22
13.5 Service User Profile	23
14.0 Next Steps	23
14.1 Expansion Programme Phase III	23
14.2 Recovery Planning.....	23
14.3 Young Carers.....	23
14.4 Youth Engagement	23

1.0 Foreword

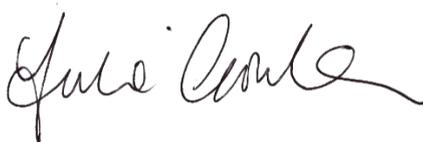
This is the first annual report for Glasgow City Youth Health Service (YHS), and perhaps an unusual year in which to report. It has been a challenging year for the NHS as a whole, with immense energy and focus on managing the Coronavirus pandemic. Responding at pace, was a significant challenge for the YHS as we moved to deliver services safely for both staff and service users, in line with NHS and Scottish Government guidelines. A greater challenge lay ahead in December with recovery planning and the remobilisation of the pre-pandemic services, in tandem with commissioned partners. This transition took place at the beginning of January 2021.

Despite the challenges of the past year, the YHS has processed over 700 referrals; has continued to expand the service across the city, whilst simultaneously embracing a range of service development opportunities. This has included the creation of a referral pathway with A&E Departments in Glasgow, an extended menu of Mental Health support and the commissioning of a Multiple Risk programme to compliment the offer for young people. Early discussion is underway too, to employ a Youth Employment Coach, aspiring to improve longer term outcomes for some of our service users. Another significant achievement for the year was the recruitment of a Senior Communications post with a focus on digital engagement. A very successful co-production approach was adopted with young people to deliver a vibrant new brand/logo for the emerging Glasgow City YHS.

This has been achieved against a backdrop of increasingly complex presentations by young people and their families and the huge increase in mental health issues experienced by younger people as a result of Coronavirus restrictions. To compound this, various recruitment challenges have resulted in some impact on planned service delivery and this is likely to continue into 2021/22.

Whilst the pandemic has been challenging, it has also offered opportunities, insight and learning, some of which has and will continue to influence future practice. Some of the lessons learned are explored later in this report.

With Phase I of the expansion programme implemented immediately prior to the pandemic with new services in Shettleston and New Gorbals, Phase II was successfully executed in Pollok and Easterhouse in March 2021. We are now looking forward to 2021/22 and the opportunity to complete the expansion programme with services in Elderpark (Govan) and Springburn. Now more than ever there is a need to be able to respond to a greater number of young people in the city to ensure they get the support they need and the YHS is well placed to do this.



Julie Gordon

Youth Health Service Manager

2.0 Background

Historically the YHS has been delivered in three venues in North West Glasgow, initially launched in Maryhill in 2002. In June 2019, following an external review, the Glasgow City Integrated Joint Board approved the expansion of the YHS across the City to a total of nine services.¹

Subsequently a Service Manager was appointed, a phased expansion programme developed, and an Implementation Group of statutory and Third Sector organisations established to guide this process. An Equality Impact Assessment was carried out to ensure inclusivity for all young people.

With the initial YHS model informed by youth participation and engagement, the expansion programme and any on-going delivery has at its heart, these core principles. On that basis new services have been informed by peer research to ensure the model, as it expands, responds to the diversity of young people in the city.

3.0 YHS Values and Mission Statement

Earlier in the year, the team took some time to reflect on our priorities as a service and how these are evidenced in our ways of working. From this, a set of values were developed which demonstrate what young people and their families can expect from the service. We commit to living out these values in the following ways:

- We will work in such a way that builds and maintains trust with young people
- We will treat everyone fairly and with respect
- We will listen without judgement

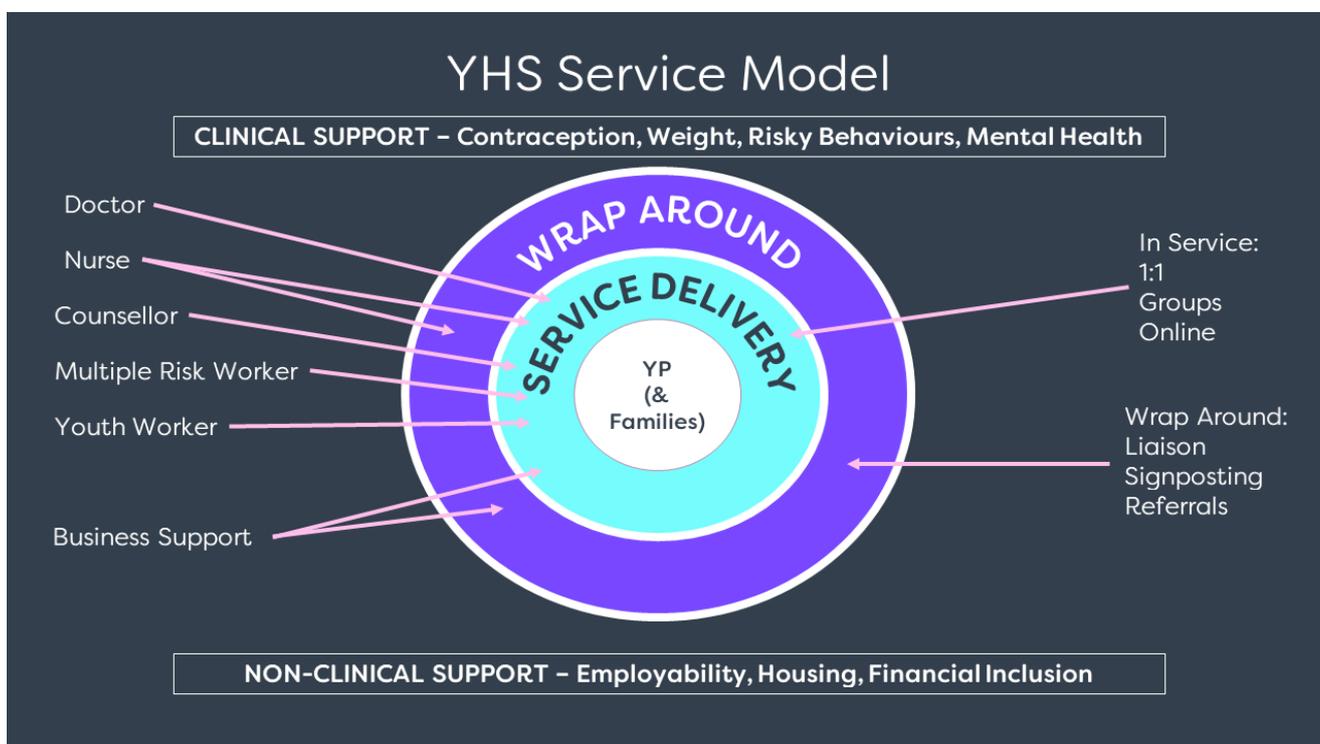
Our mission statement articulates our purpose, our long-term goals and the way we will work to achieve these:

"To improve the health and wellbeing of young people in Glasgow City with a focus on early intervention and prevention. To work with young people, their families and partner agencies to provide flexible, holistic support using a youth friendly model, and to help young people achieve their potential."

¹ <https://glasgowcity.hscp.scot/publication/item-no-11-re-design-and-development-youth-health-services>

4.0 The YHS Model

The Youth Health Service is a holistic early intervention and prevention service for young people aged approximately 12-19 years (extending to 26 years for care experienced/vulnerable young people). This service is open to all with a particular focus on young people in greatest need. The service offers both clinical and social support. Young people have access to 1:1 appointments within an evening service delivery model which is provided by a multi-disciplinary team (MDT) of statutory, commissioned and in kind partners. Support is available from YHS GPs and nurses, counsellors, multiple risk and youth workers. This is complemented by wraparound support outwith service delivery time which is provided by the nursing team. This involves liaising with other organisations/services (e.g. schools, social work) including onward referral where appropriate (e.g. CAMHS, financial inclusion services, housing). This is an integral part of the service, and forms a substantial component of the work required to deliver positive outcomes for young people. An integral part of the wraparound support is the engagement with parents and/or carers, on the basis that this is a key element of the care package built around the young person. Consequently, nursing staff may facilitate counselling support for parents who are struggling, liaise with housing departments and refer for financial inclusion advice, where such support is required.



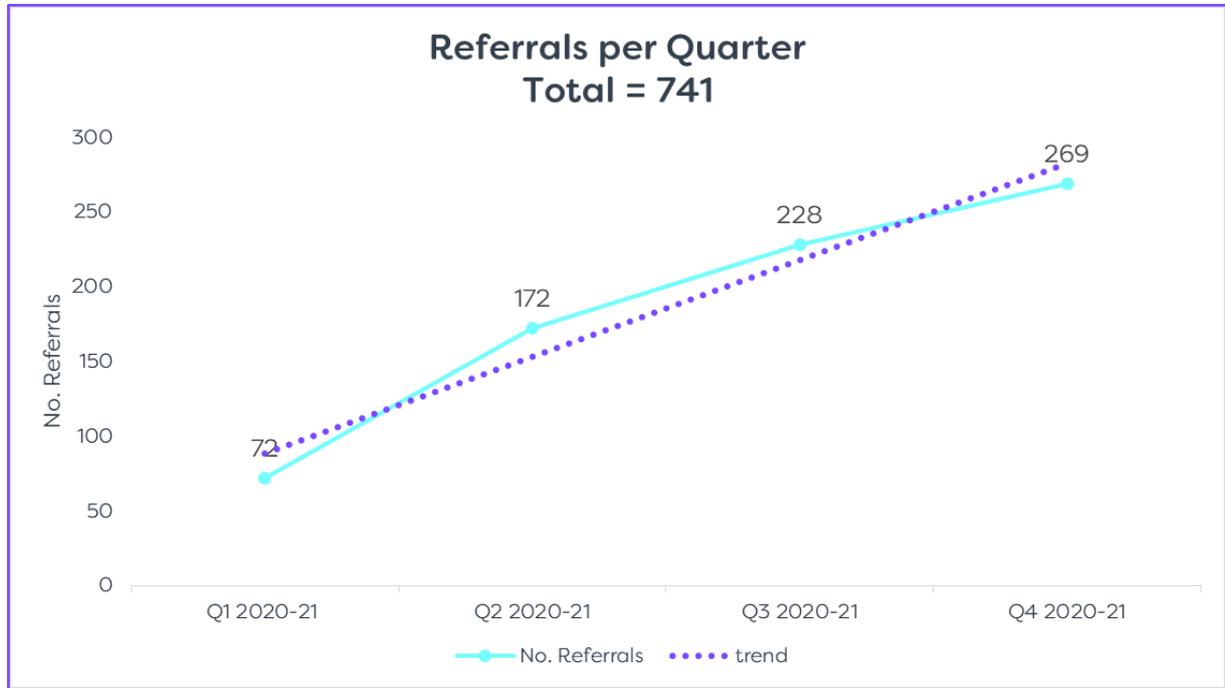
5.0 COVID-19 Recovery/Response

In response to National and NHSGGC guidance in March 2020, the original three YHS and the phase I services were condensed into one and delivered from the YHS base in Gartnavel Royal Hospital over three evenings, with a reduced staff compliment. Procedures and prescribing activity were paused and telephone and video consultations were offered. Many young people declined telephone and video, opting to wait for the return of face to face delivery. Referrals were initially low, however this changed rapidly with demand rising exponentially. This compounded an existing waiting list for mental health support in particular. In January 2021, following a robust risk assessment process, the YHS recommenced direct delivery, offering a blended model of both face to face and online support. The number and length of appointments was reviewed and operational guidance developed for staff and service users to minimise risk, with text messaging to remind young people of the parameters around attending the service. Additional staffing resource was identified to manage demand. Phase II of the expansion programme was implemented in March 2021 following induction and remote training for new staff (including partner staff). The phase II services in Pollok and Easterhouse Health Centres, provided a welcome opportunity to assist with spiralling demand and the waiting lists generated during lockdown.



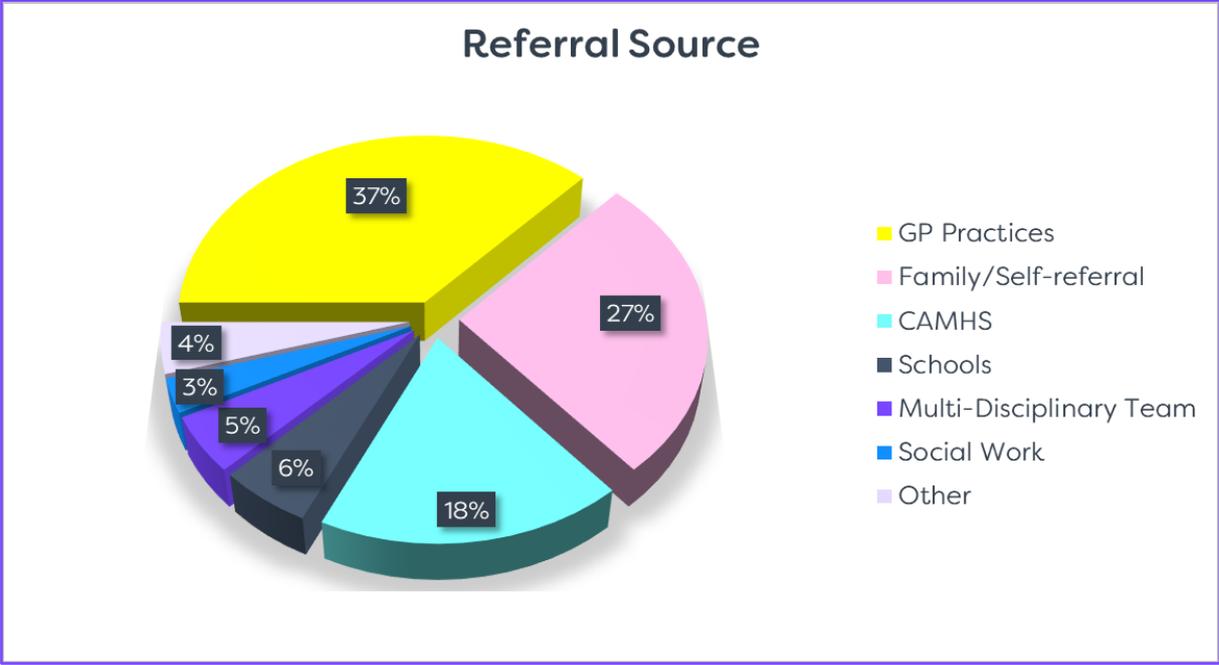
6.0 Referrals

There have been a total of 741 referrals to the service this year. Initially referrals were significantly lower than anticipated, however this trend reversed rapidly. Quarter 4 had the highest referral rate to-date for the service. This pattern reflects the impact of the pandemic for instance low engagement with health services at the outset, followed by unprecedented demand.



Most of the referrals were received from GPs, young people or their families and from Child and Adolescent Mental Health Service (CAMHS). Referrals from CAMHS have increased this year to 136 in comparison to 12 last year.

The chart overleaf provides a more detailed record of referral sources.

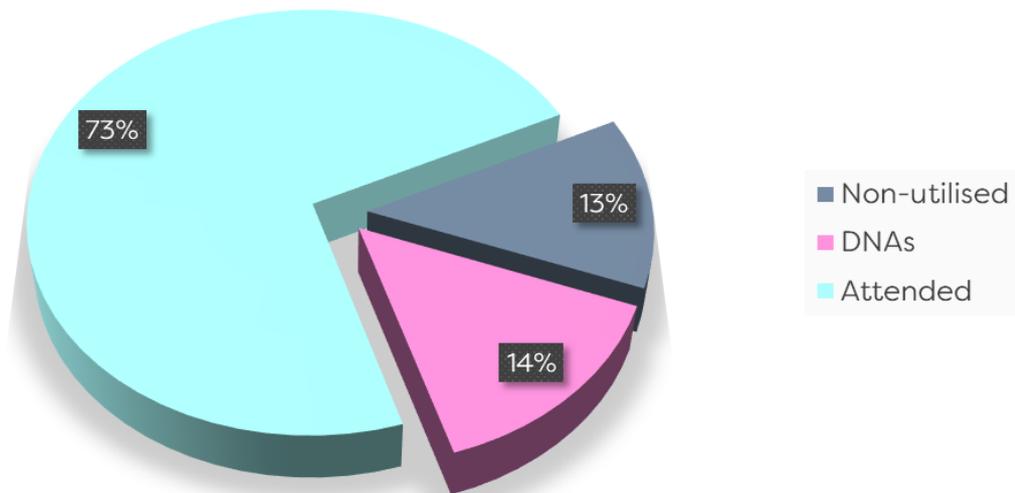


The primary reasons for referral were anxiety/low mood and self-harm. This is due in part to a general rise in mental health concerns for adolescents, exacerbated during lockdown. The primary referral reasons were also driven by the national restrictions imposed on the YHS model limiting the holistic approach, e.g. suspension of clinical procedures and prescribing. As a consequence the model developed a leaning towards mental health support reducing the ability of the service to respond to wider health issues.

7.0 Service Delivery (1:1)

Of the 4412 appointments offered across the year, 571 were non-utilised (i.e. appointments that were available and were cancelled or unallocated, and 638 were not attended (DNA).

YHS Appointments by Attendance



The total number of young people attending the service this year was 597, of which 444 were new. The total number of visits to the service were 2598 (a young person may visit the service once, on multiple occasions or see multiple staff within one visit). Of the total number of visits 77% were phone or virtual consultations with 23% face to face. Across the service young people expressed a desire to wait for face to face appointments and consequently this resulted in increased waiting times for counselling in particular. This was a significant factor within the YHS recovery plan.

2011
Remote
Appointments

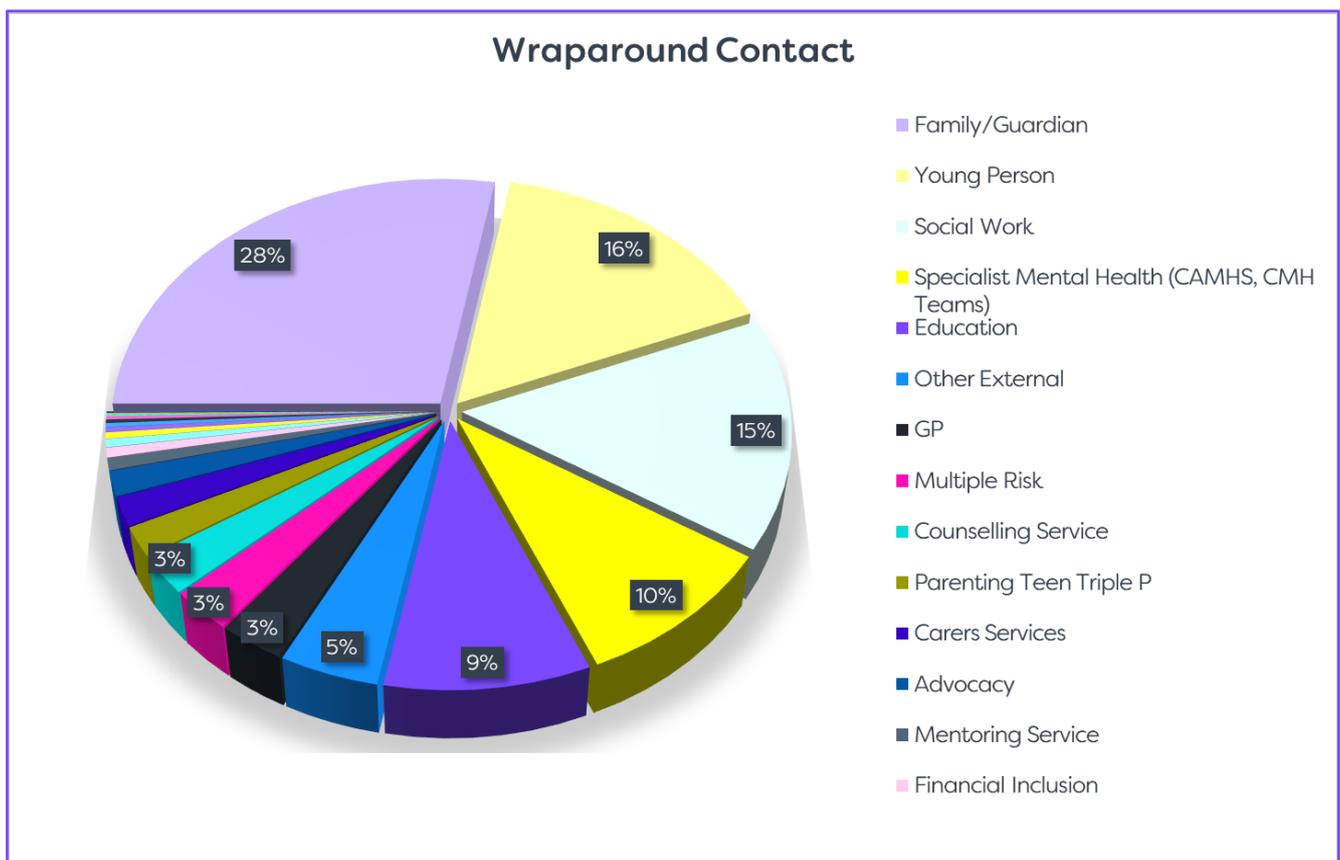


587
Face to
Face

While the majority of presentations were for mental health support, the cause of the distress or low mood is often more complex. Once a relationship has been established with the young person other issues are often identified e.g. bullying, sleep, gaming and additional support needs.

8.0 Wraparound Support

Of the young people supported, 70% required wraparound from the nursing team for a range of issues such as behavioural difficulties, risky behaviours, self-esteem, trauma or family issues. A significant amount of wraparound time is dedicated to communicating with the young person themselves but also their family. The YHS views the family as an integral part of the support package for a young person and consequently there may be follow up actions which benefit the family overall and also the young person, for example support with financial inclusion or housing. This approach requires an interface with a wide range of organisations. The pie chart below details some of the most frequently engaged organisations.



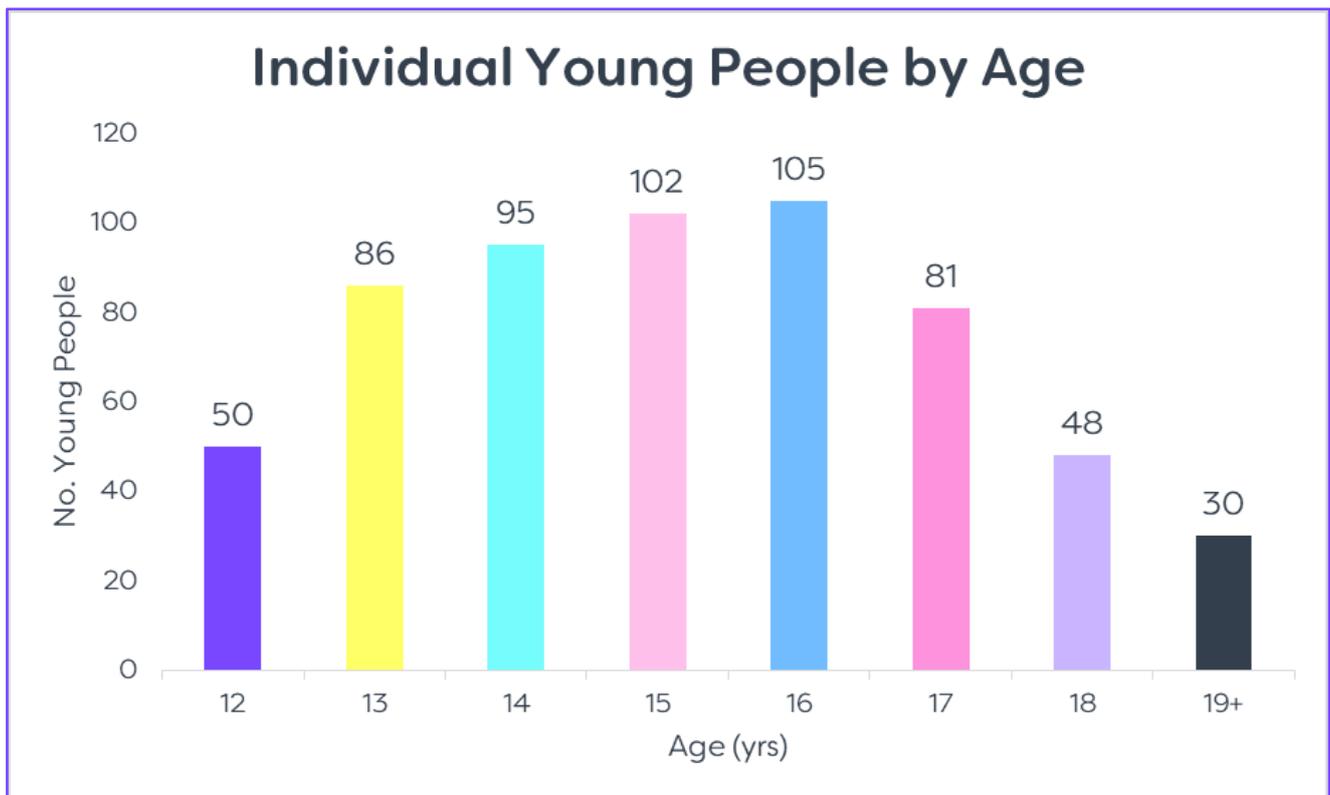
The graphic below details the six most common wraparound activities and the time allocated by YHS Nurses to complete. These can range from phone calls to liaise with teachers or to escalate Child or Vulnerable Adult concerns, reports for solicitors and attendance at professionals meetings. There have been 168 external referrals.



9.0 Service User Profile

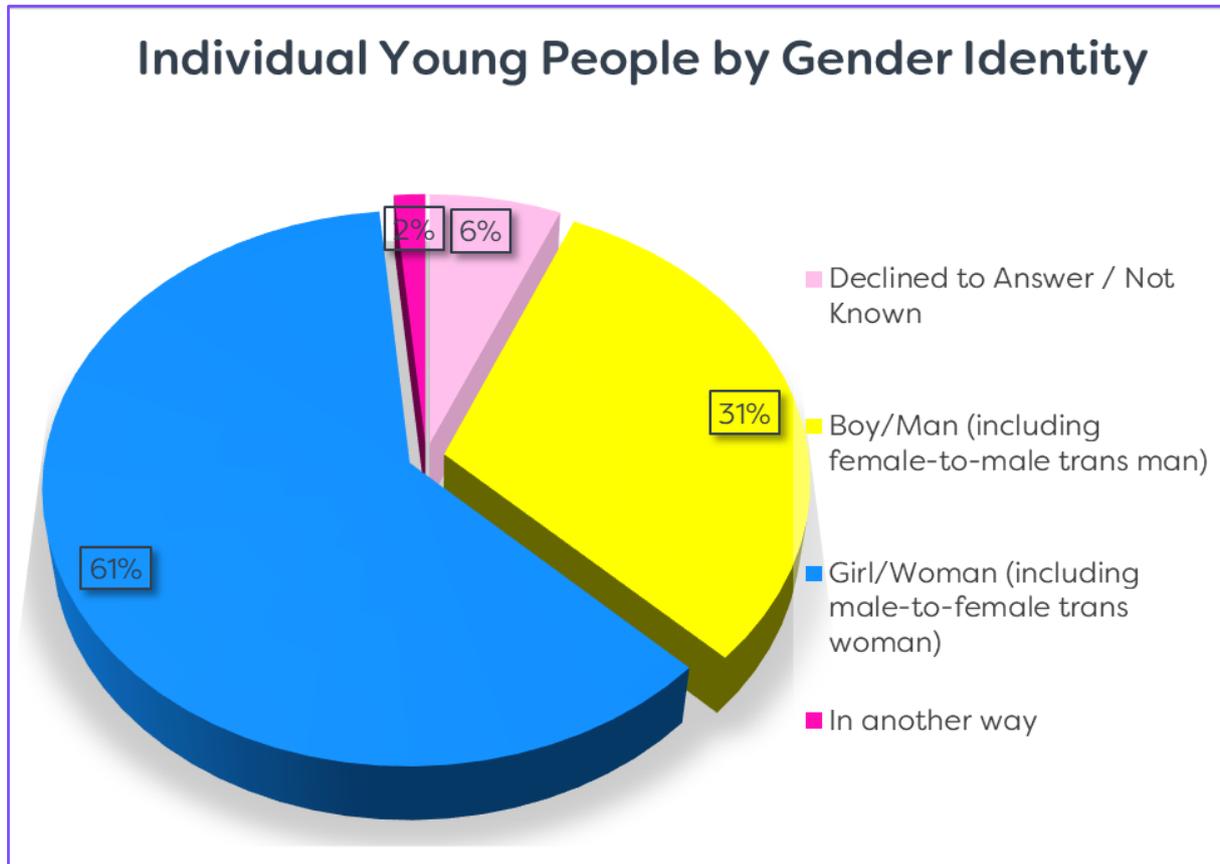
9.1 Age

The majority of young people were aged 14-16 years of age (50.5%) with 13.5% aged 17 years and 14.4% aged 13 years. Young people in the 19+ category could be Looked After and Accommodated (access is available up to age 26 years), or have been engaged in the service before their 19th birthday but have yet to complete their YHS journey.



9.2 Gender Identity

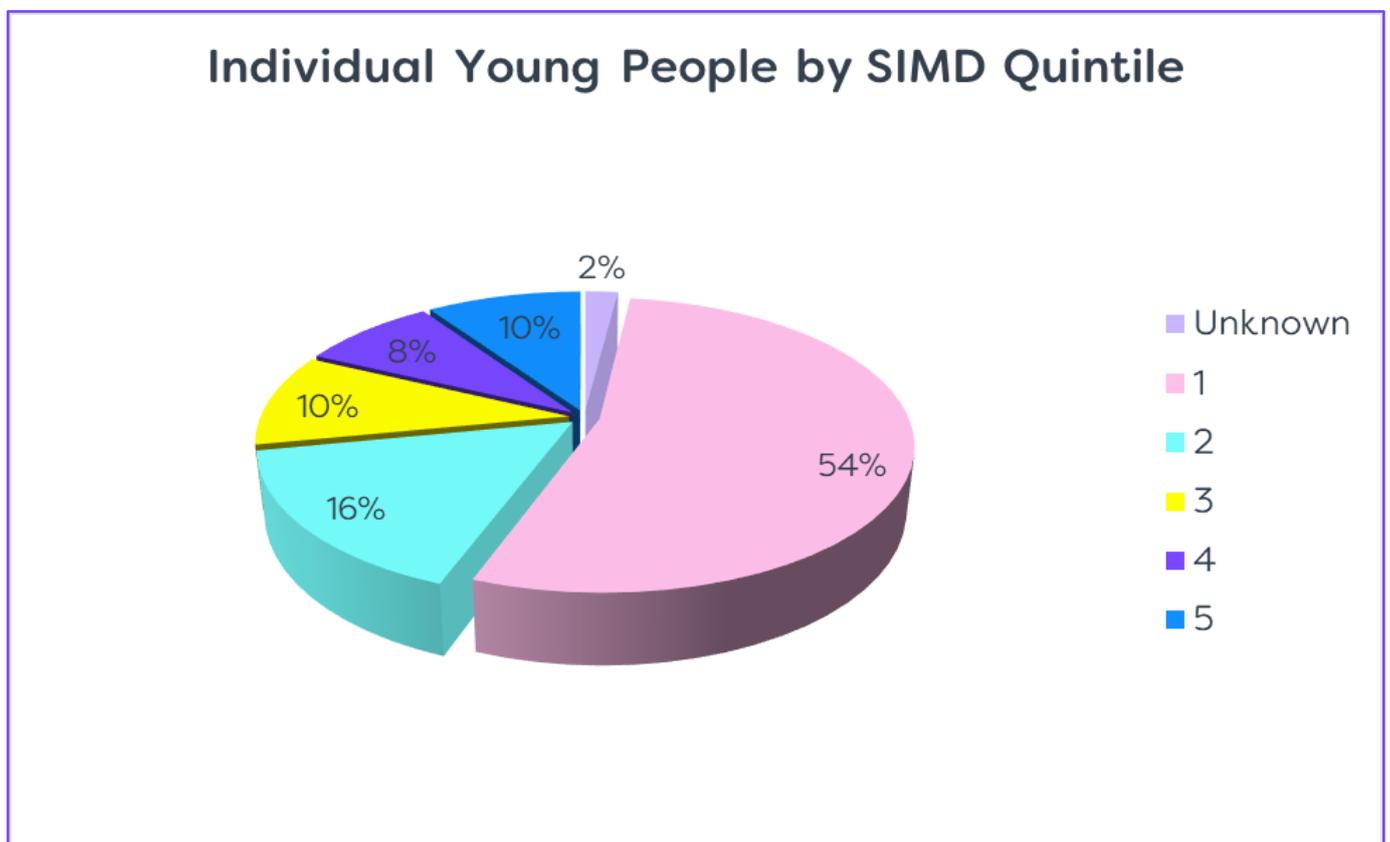
Young people are asked to identify their gender identity on registration with the service. In 2020-21, 61% identified themselves as female, 31% identified themselves as male and 2% identified their gender in “another way”. 6% of young people declined to answer the question. The YHS will consider a targeted approach to promote access for all.



9.3 SIMD Status

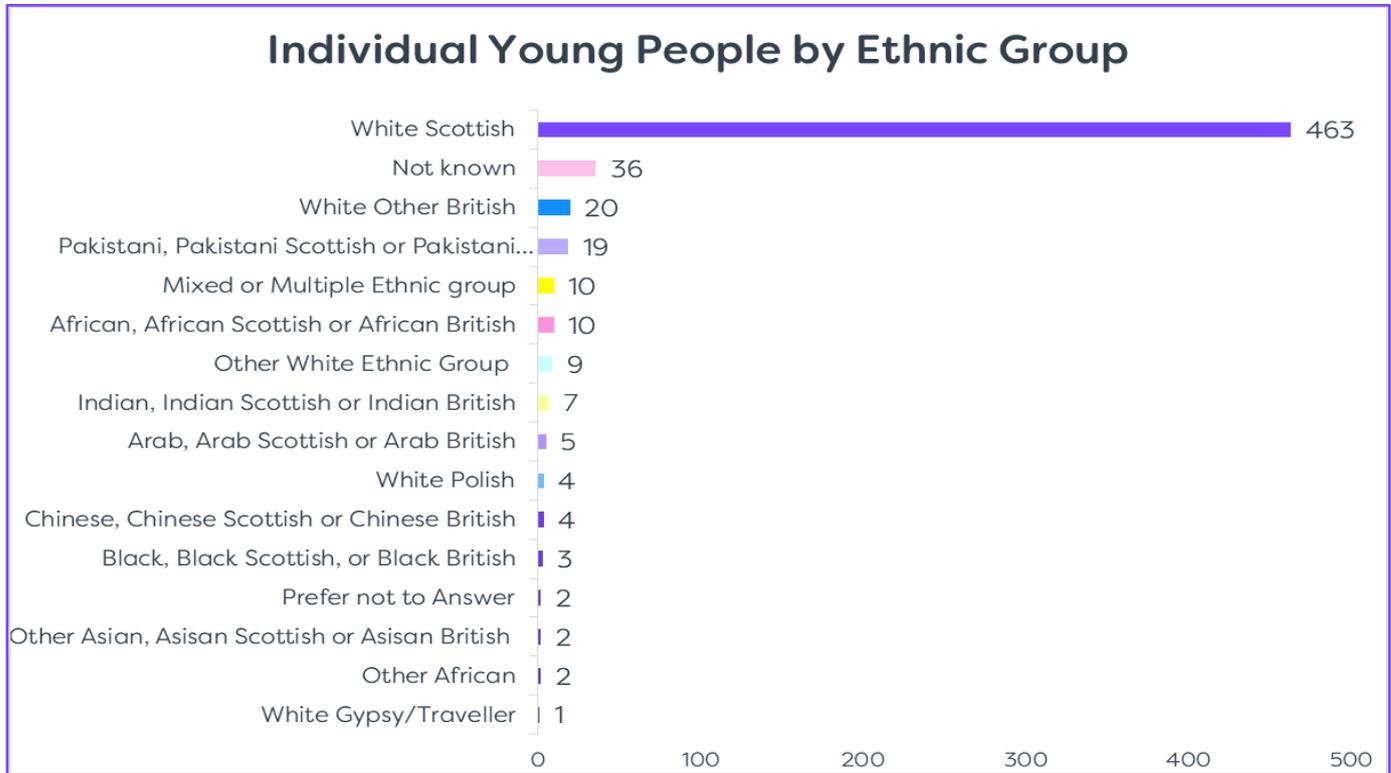
Scottish Index of Multiple Deprivation (SIMD) is a tool to identify areas of deprivation in Scotland. It goes beyond looking at income, and considers different categories of deprivation including health, access to services and housing. Areas can be classified from SIMD 1-5 with 1 being the most deprived and 5 being the least deprived.

Of those using the service 70% were from the most deprived communities in Scotland and more information can be seen in the chart below. This data confirms the YHS has achieved one of its service aims; to reach those young people in greatest need.



9.4 Ethnicity

The majority of service users were White Scottish, with 12% identifying as part of the BAME community.



9.5 Young Carers

Only 7 young people identified themselves as having caring responsibilities impacting on their lives. A challenge for the YHS in the coming year is to improve the identification of young carers attending the service and to ensure the information about the YHS is widely known within this cohort.



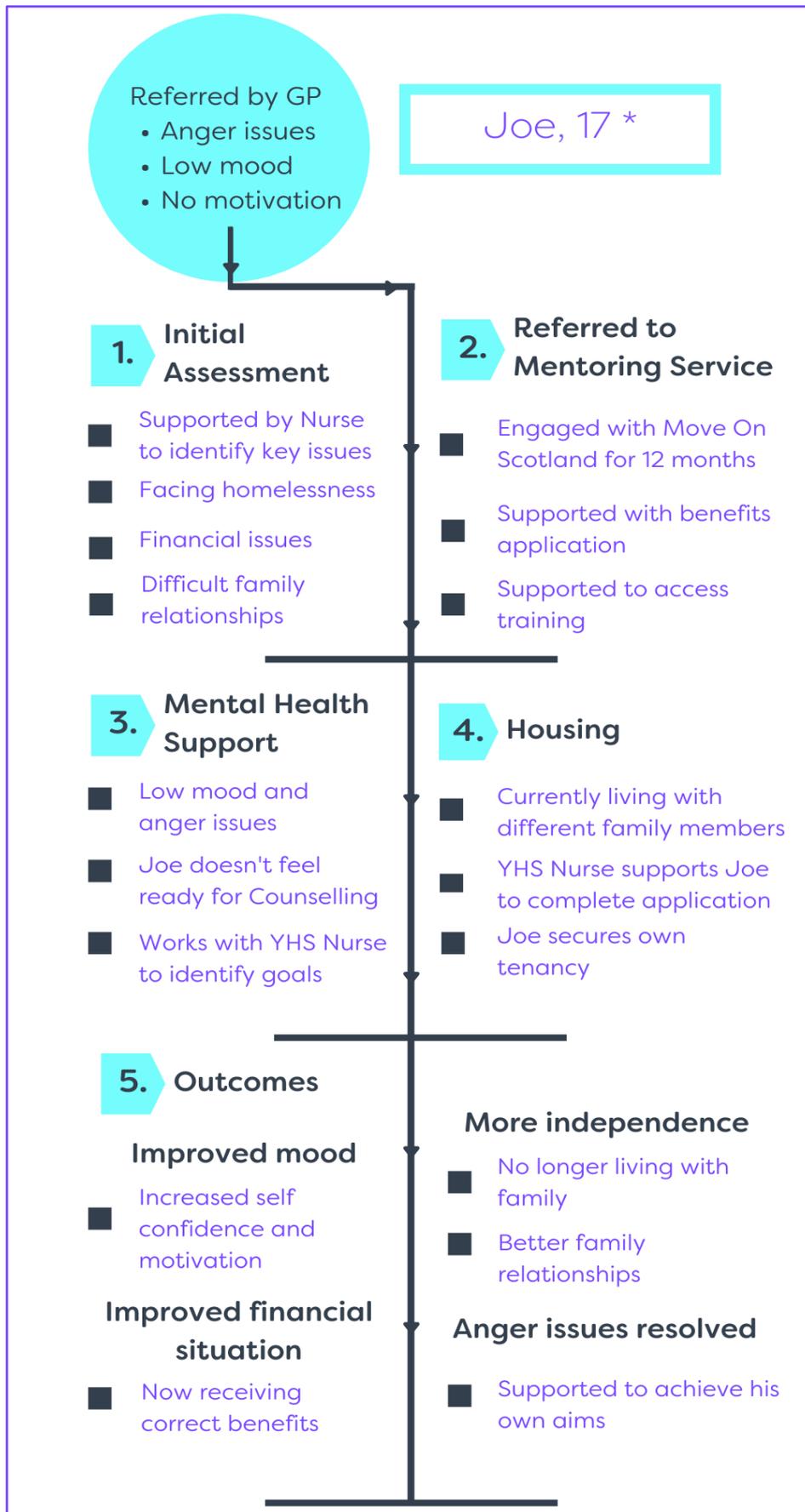
9.6 Geographical Data

The map on page 17 reflects referrals by neighbourhood. At the time of reporting this data, there were three YHS venues in North West and one in the South and North East, with further YHS venues in these localities due to open in March 2021. However, the referral pattern reflects referrals from every neighbourhood in Glasgow City (with the exception of Carmunnock). The map also shows significant referrals from Castlemilk. The most recent data shows the proportion of 12 to 17 year olds in Castlemilk is 38% above the Glasgow average.²

The North West locality has the most established YHS and referrals are high in most neighbourhoods there, with the highest referral rate in Drumchapel. The spread of referrals in the North East is consistent with the highest number of referrals received from the Ballieston/Garrowhill area. The nearest YHS at the time of this report would have been Shettleston. Easterhouse YHS opened in March 2021. In the South of the City the referrals are more widespread and less concentrated, which may be attributed to the geography of the locality.

² <https://www.understandingglasgow.com/profiles>

10.0 A Young Person's Journey



11.0 Feedback

“The staff are so welcoming and friendly it makes it a lot more easy to open up to them about your problems”

Young Person

“I would strongly recommend the Youth Health Service to other parents. They listen, they are non-judgemental and they’re on the ball”

Parent

“Easy to access, simple referral process and friendly and helpful staff”

GP

12.0 Developments

The YHS recognises the importance of responding to the emerging needs of young people and as such we have embraced a range of opportunities over the past year, working in partnership with other statutory and third sector organisations to enhance the support available for young people in Glasgow City.

12.1 A&E Pilot Project

The YHS has worked closely with the Acute Addiction and Child Protection Services to create a pathway for intoxicated young people presenting at Glasgow A&E (Accident and Emergency) Departments or Minor Injuries Units. Young people identified as “welfare concerns” during clinical assessment are the target audience for this pilot. The pilot will be launched in April 2021 with training for clinical staff and awareness raising with Social Work and Alcohol and Drug Recovery Services to promote the referral pathway. The pilot has been funded by Glasgow City Alcohol and Drug Partnership.

12.2 Multiple Risk (MR) Programme

It’s widely recognised that risk behaviours occur in clusters and the holistic YHS model is well placed to respond to this presentation. Ultimately, there is an ambition to embed a Multiple Risk programme within all nine YHS venues and consequently a procurement process is underway and a successful supplier will be notified in due course.

12.3 Menu of Mental Health & Wellbeing Support (Tier1/2)

In response to the emerging rise of mental concerns for young people, additional resource from the Scottish Government will be utilised to develop a menu of mental health support. This will include a pilot group work programme to address low grade anxiety, low mood and anger issues. Analysis of the outcomes will inform future delivery of this programme. We are currently exploring the opportunity to commission additional virtual counselling to complement the existing face to face delivery.

12.4 Youth Employability Coach

Four Glasgow City Health and Social Care Partnership (GCHSCP) services have secured resource through the Scottish Government's Young Person's Guarantee Fund to recruit a Youth Employment Coach. Young People engaged with the YHS may experience additional barriers to accessing employment and training and this post will assist young people at various points along the employability pipeline to secure a positive pathway towards employment.



12.5 Rebranding Project

To provide a modern look for the YHS and to reflect expansion across the City, a rebranding exercise was commenced in November 2020. It was important that young people were involved in this process and co-production methods were used throughout a series of workshops which involved a design agency called media co-op and a group of 12 young people who were engaged in Impact Arts' Creative Pathways employability programme. Due to Coronavirus restrictions at the time, workshops took place virtually over Zoom and using the online collaboration tool Miro. Young people took part in a variety of activities to produce moodboards and initial design concepts. A graphic designer then developed then concepts into several options of colour palettes, logos and images. These designs were taken to young people from Shawlands Academy, Dixon Community Young Carers group and a younger age group (12-14yrs) from Impact Arts.



This ensured that opinions were considered from a diverse group of young people. The result is a distinctive, vibrant new brand identity for Glasgow City YHS which will be used to identify and promote the service.

13.0 Lessons Learned

13.1 Consultations (1:1)

Unexpectedly, the use of the NHS Attend Anywhere video system was not welcomed by a significant number of young people. This was contrary to a widespread expectation that this age group would be comfortable with technology in health care delivery. The reasons for this are wide ranging: from a lack of access to the internet and digital devices, data allowances and the cost of a consultation, to a lack of privacy during lockdown for private conversations. Many young people also declined telephone support, opting to wait for the return of face to face appointments. This resulted in longer waiting times for support. Future service delivery and developments need to consider the need to provide a range of consultation options to meet the needs of service users.

13.2 Implications for Service Model

A review of geographical data and analysis of service users suggests young people have used the service from areas outwith the immediate vicinity of a venue. This may indicate the availability of telephone support has increased access for some young people, or that they are prepared to travel in the city to access help. This reinforces the need for a blended model of support moving forward.

13.3 Remobilisation of Service

Mental health demand has driven the model of delivery throughout the year. The ability to respond broadly to a range of clinical and non-clinical issues is a particular strength of the YHS and consequently there is a need to remobilise all aspects of the original model.

13.4 Staff Capacity

The demand for the service has been unprecedented this year and significant additional staff capacity was required to support the delivery of the service. Recruitment to all aspects of the service has been challenging, including a national shortage of counsellors. Existing staff have responded, increasing their hours in recognition of the recruitment difficulties.

13.5 Service User Profile

The YHS acknowledges the importance of ensuring that the demographic profile of the young people who access the service is representative of the diverse Glasgow population. The data in section 9.0 shows 12% of service users identified as part of an ethnic minority group. The 2011 census reported that 17% of Glasgow City's population were from an ethnic minority background, so while there is work to do to engage better with these groups, current representation at services is considered to be good. New venues opening in Govan and Springburn may result in an increase in BAME young people attending services. With 61% of service users identifying as female (including female to male transgender), it is a priority for the YHS to consider how best to engage with young males.

14.0 Next Steps

14.1 Expansion Programme Phase III

Phase III of the expansion programme is underway. The final two venues will be operational by the end of August in Springburn and Govan.

14.2 Recovery Planning

As part of the recovery and expansion process across Glasgow City, there's an ambition to ensure Youth Workers are embedded within all nine services. This was key part of the YHS pre pandemic, with youth workers available in the waiting area to enhance the initial service user experience and welcome.

14.3 Young Carers

In response to the GCHSCP Young Carers Strategy, the YHS will consider how to identify service users who have a caring responsibility and link them with support.

14.4 Youth Engagement

Opportunities to further involve young people in service delivery or inform the model will continue to be a core principle. A communication strategy with a digital focus will be developed to articulate how we will engage with young people in the future. In recognition of

YHS service user data, there will be an emphasis on engaging with young people who historically may not access health services including young males, BAME young people and the LGBT+ community.