

## Appendix 1: Young Adults JSNA Recommendations

Topic	Gap or challenge	Potential solution/recommendation
<b>Primary Care</b>	<p>The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults.</p> <p>YA would benefit from GP services configured to their health needs, such as at The Well Centre in Lambeth.</p> <p>Co-location has come up across chapters as an effective way of increasing young adults' uptake of appropriate services, particular in hard to engage cohorts such as care leavers.</p> <p>Small changes that all GP practices can facilitate would make a positive difference.</p>	<ol style="list-style-type: none"> <li>1. Pilot an integrated primary care model at one or more GP practice in each CCG with a high number of young adult patients. Consider services which could have a presence, such as sexual health services, eating disorder services and talking therapies. Offer training for GPs in young adults' health.               <ol style="list-style-type: none"> <li>a. Consider opportunities for this approach in other contexts with target populations, such as co-location of health services at care leaver peer support groups.</li> </ol> </li> <li>2. Train local GPs and GP practice staff in the GP Champions for Youth Health Project's Toolkit for General Practice. CCGs should make use of the GP Champions for Youth Health Project's Commissioning Effective Primary Care Services for Young People.</li> </ol>
<b>Eating disorders</b>	<p>A small fraction of the estimated numbers of young adults with eating disorders are receiving a service. Additionally, evidence shows better outcomes when ED is treated promptly in the first 3 years of the illness, but waiting times locally are long.</p> <p>National and local strategies require the development of out of hospital services and an early intervention approach to protect mental and physical health and wellbeing.</p> <p>There is currently only a service in secondary care. The exemplar primary care eating disorder service in Bristol provides cost-effective and well received help before the</p>	<ol style="list-style-type: none"> <li>3. Review the eating disorder pathway as part of Like Minded Serious and Long Term Mental Health Need population group Business Cases. Consider ways to provide an early intervention eating disorder service in primary care offering NICE recommended rapid triage and assessment by a skilled practitioner in partnership with GPs for those with emerging but not life-threatening Eating Disorders.               <ol style="list-style-type: none"> <li>a. Such a service would then be capable of providing the leadership and momentum for the following recommendations.</li> </ol> </li> </ol>

<b>Eating disorders</b>	<p>patient's condition deteriorates and requires treatment in secondary care.</p>	
	<p>The current NICE guidelines are from 2004, over a decade old, and are currently being updated with publication expected in 2017.</p>	<p>4. Review existing services against new NICE guidelines when available in 2017.</p>
	<p>Professionals outside of specialist ED services do not consistently understand what to do when an eating disorder is identified, and how to manage an eating disorder patient.</p>	<p>5. Map pathways and create a tool for professionals to use to enable appropriate and timely referrals.</p> <p>6. Offer guidance to GPs and other health professionals to identify and then work constructively and appropriately with people with an eating disorder.</p> <p>a. Identify GPs with high numbers of young adults and low referral rates to eating disorder services as a target group for training.</p>
	<p>Looked after children have higher rates of mental illness than the general population; nearly half have a mental disorder. In consultation with care leavers, there was a lack of awareness and coping strategies.</p> <p>However, some may not want help in a clinical setting. National evidence suggests good outcomes for mentoring, which may be more appropriate where psychological therapies are not wanted.</p>	<p>7. Actively promote resilience, prevention and early intervention for good mental health for all in generic services for care leavers.</p> <p>a. Review current and past mentoring and peer mentoring schemes in the three boroughs for care leavers and / or young adults.</p>

<b>Care Leavers</b>	<p>The greatest area of unmet health and wellbeing needs of care leavers is mental health and emotional wellbeing that would not meet the threshold for Adult Mental Health Services. Nationally, 'Future in Mind' and locally, The Anna Freud Centre needs assessment for CAMHS recommend a tapered transition from age 16-25.</p> <p>LAC CAMHS see children over long time periods and specialise in trauma, which is most appropriate to this cohort. Some care leavers have existing relationships with LAC CAMHS staff which they would benefit from continuing; other are not ready to engage with counselling services until they are age 18 or above.</p>	<p>8. Extend existing CAMHS or LAC CAMHS services to a tapered service for 16-25 year old care leavers to give continuity to those with a relationship with the service, and extend the offer to include care leavers age 18-25 not already open to LAC CAMHS who are not eligible or suitable for Adult Mental Health services.</p> <p>a. The offer to care leavers should include flexibility if appointments are missed or service users don't want to be seen in a clinical setting.</p>
	<p>A significant proportion of local care leavers are former UASCs, and have specific health and care needs.</p>	<p>9. Professionals including Leaving Care teams to be fully trained on national guidance for unaccompanied asylum seeking and trafficked care leavers</p>
	<p>Consultation with care leavers identified that many sought advice from non-health professionals who they had a trusting relationship with e.g. their social worker. Although almost all are registered with a GP, most prefer to use walk in centres, A&amp;E and urgent care.</p> <p>The needs and preferences of care leavers vary significantly from person to person,</p>	<p>10. Non-health professionals working with care leavers e.g. personal advisors and key workers should routinely take an active role in the health of care leavers, such as taking them to the GP and encourage seeking help in the appropriate setting.</p> <p>a. Pilot a personal budget for care leavers, where an assessed physical or mental health need is established, to allow them to choose a relationship with the professional that best meets their needs</p>

<b>Care leavers</b>	meaning a specific service may not be appropriate.	
	A small number of care leavers have significant multiple complicated physical, mental and social care needs, and a large number of professionals become involved in their case.	11. Pilot a transitions panel similar to the disabled children's panel for cases of care leavers with multiple or complicated needs.
<b>Substance misuse</b>	The majority of young adults in treatment for substance misuse are addressing cannabis and alcohol issues, however adult services cater predominately to crack and opiate users.	12. Review adult and young people's service offer to ensure a flexible, responsive and coordinated service is available to meet the needs of young people who use a range of substances. Allow flexibility in the young people's substance misuse services to provide for young adults up to the age of 25, based on a professional appraisal of where their need can best be met.
	Vulnerable groups are more susceptible to harmful substance misuse.	13. Develop a local strategy to reduce substance misuse among vulnerable and disadvantaged under 25s as recommended by NICE (2007).
	Although numbers in services are relatively small, substance misuse is widespread amongst young adults. There is significant variation between the boroughs in their referral rates into substance misuse services from key partners.	14. Continue to develop awareness and training for a broad range of professionals in contact with young adults to enable conversations to be started earlier, rather than when a problem has taken hold. Training should include building resilience in young people to resist pressures in their social groups, schools and universities. a. Work with young people's services, GPs and hospitals to embed effective pathways and interventions which target those most at risk of substance misuse.
<b>Sexual Health</b>	Sexual health is a key health issue for the vast majority of young adults.	15. Ensure all commissioned sexual health services adhere to the You're Welcome standards.
	There is a strong link between substance misuse and risky sexual behavior.	16. Consider integration of substance misuse and sexual health services for young people.
	There are clear inequalities in sexual health, particularly in socio-economic status. Care	17. Work with young people's services to embed effective pathways and interventions which target high risk groups including care leavers.

	leavers have significantly higher rates of pregnancy than the general young adult population.	
	Young people consulted reported that adults and professionals over-medicalise what to them is a social issue.	18. Develop sexual health services to proactively address the psychosocial aspects of sexual health.
	The Framework for Sexual Health Improvement in England recommends the prioritisation of prevention and that all young people are informed to make responsible decisions, and are aware of the risks of unsafe sex.	19. Collaborate with other London boroughs to prioritise prevention and provide consistent health messages to enable young people to make informed and responsible decisions.
		20. Improve local prescription of Long Acting Reversible Contraception (LARCs).
<b>General</b>	There is existing good practice guidance for services working with young adults on transitions and service design.	21. Health and care services should self-assess against the NICE guidance on transition from children's to adults' services for young people using health or social care services, and services that young people access should adopt the Government's 'You're Welcome' quality criteria to be more suited to young adults.
	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users.	22. Coproduce the redesign of services with young people.