JSNA
Joint Strategic Needs Assessment

Health and Wellbeing Needs of Young Adults age 18-25

Executive Summary

Joint Strategic Needs Assessment (JSNA) Report

The Royal Borough of Kensington and Chelsea

The City of Westminster

February 2017

www.jsna.info

Executive summary

1. Introduction

1.1 Background

This needs assessment supports the development of strategy and Local Authority (LA) and Clinical Commissioning Group (CCG) commissioning intentions to improve services for young adults. It covers the health and wellbeing needs of young adults, focussing on 18-25 year olds, but considering wider age groups where appropriate, in the London Borough of Hammersmith and Fulham, The Royal Borough of Kensington and Chelsea, and the City of Westminster.

The JSNA describes the local characteristics of this age group and addresses a number of their key health and care issues, with a particular focus on:

- Eating disorders
- Care leavers
- Substance misuse
- Sexual health
- Wider determinants of health

Data has been collected from a number of sources, including the 2011 census from the Office for National Statistics, and local data provided by stakeholders and providers. Workshops and interviews were conducted with key local stakeholders and providers.

An interactive summary of the key data and findings can be found on the **Online JSNA**.

1.2 Key themes

A number of cross-cutting themes with this age cohort became apparent across the different chapters:

Theme	Description
Age 18 cut-off and transitioning into adult services	Across service types, practitioners and evidence suggest that having a cut-off point at age 18 is arbitrary and unhelpful. The needs and 'emotional ages' of 18 years olds differ widely, and some young adults may receive more appropriate care in a young people service than an adult service. This is unlikely to be resolved via a change to a different cut-off, so services should move towards a model of being needs-led. Additionally, young people and professionals agree on the value of continuity and stability at age 18, especially given the changes happening in people's lives at this age. The interruption of having to transition before the person is ready can have a negative outcome.

Use of health services including GPs	The model of care in a traditional GP practice is not well suited to this cohort. Young adults are less likely to go to their GPs for a variety of reasons: one being a fear of their confidentiality being breached if they have a family GP, another being that they tend to seek help in a crisis, and so will use urgent care or A&E rather than waiting to see a GP. Additionally, young adults are more likely to disengage with services or be discharged for missing an appointment, particularly if they do not have a parent or carer to encourage them to seek help and attend.
Training and awareness	Professionals who do not work solely with young adults, such as GPs, may benefit from training and awareness to identify issues that particularly affect young adults, how to discuss these constructively, and work with parents, carers, family and friends where appropriate.
Transient populations	The young adult population has a higher migration rate in and out of the boroughs than the rest of the population. They are more likely to leave home during this time, such as for university. This can interrupt delivery of health or care services or treatment, and may require coordination between different boroughs and Clinical Commissioning Groups (CCGs). They are more likely to be registered with a GP in a borough they do not live in. This challenges the continuity and integration of care that local services can offer, and requires empowerment of this cohort to effectively manage their own health and seek advice when required.
Participation and user involvement	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users. Alternative methods should be explored such as online platforms, youth forums and community networks.
Joined-up working and co-location of services	The importance of effective communication across professional boundaries, in particular children's and adults' services but also between health, local authority and the voluntary sector, is key to person-centred care. This was highlighted as an area for improvement locally in some of the key chapters examined in this report. Co-location has been consistently identified as a way to make services more user-friendly for young people, making them more likely to engage. The Well Centre in Lambeth co-locates GPs and youth workers, with close working with other services such as sexual health and substance misuse services. This also makes it easier for professionals to discuss the needs of the person.
Service design	Common service design requirements for young adults include flexibility, evening and weekend hours. Alternative models such as telephone, text and online appointments are also recommended.
Gender	Differences in gender can be seen in young adults. Young women are three times as likely to have a common mental disorder and ten times as likely to have an eating disorder as young men. Young men are more likely to have problematic substance misuse and less likely to be seen in services in their expected numbers.

1.3 Summary of Key Recommendations

The full recommendations are described in Appendix 1. The key recommendations are summarised below.

Chapter	Gap / challenge	Recommendation
Primary care	The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults and more likely to use walk-in centres and urgent care than other age groups.	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.
Eating disorders	A small fraction of the estimated numbers of young adults with eating disorders are receiving a service. Evidence shows better outcomes when ED is treated promptly, but waiting times locally are long. National and local strategies require the development of out of hospital services. There is currently only a service in secondary care.	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.
Care leavers	The greatest area of unmet health and wellbeing needs of care leavers is mental health needs which would not meet the threshold for Adult Mental Health Services.	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.
Substance misuse	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.	Allow flexibility in substance misuse services to provide for young adults up to the age of 25, based on a professional assessment of their need.
General	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users.	Coproduce the redesign of services with young people.

2. Population profile

Young adults (age 18-25) make up around a tenth of the resident population in the three Boroughs and a slightly smaller proportion of GP registered patients in Hammersmith and Fulham Clinical Commissioning Group (9.3%) and West London CCG (8.1%). In Central London CCG this age group constitutes 16% of GP registered patients. Despite this, very little evidence has been gathered about their health and wellbeing needs.

Table 1: Estimated resident and GP registered population age 18-25

	Estimated Residents		CCG registered		
Local Authority / CCG	Resident	% of resident population	Registered	% of registered population	% of residents registered with CCG
LBHF / H&F CCG	22,294	**12.5%**	19,640	**9.3%**	88.1%
RBKC / WL CCG	15,582	**9.6%**	19,742	**8.1%**	126.7%
WCC / CL CCG	29,845	**10.7%**	34,338	**16%**	115.1%

Source: GLA R2014 SHLAA EGPP – capped, GP registered list size population (Jan 2016), HSCIC

Westminster and Kensington and Chelsea have an inflated registered population because patients who work or study in the two boroughs register with a GP practice near their university or place of work rather than in the CCG where they reside

Locally, there is an understanding that this age group is transient, culturally diverse, and includes a significant student population. The areas most densely populated by young adults tend to be close to universities.

3. Primary and secondary care health services

3.1 Primary care

Primary care has been highlighted by both professionals and young adults as an area for improvement. Concerns raised include:

Confidentiality: an issue which has been raised consistently by young adults and professionals is a lack of trust in the confidentiality between GPs and young adults, particularly with a family GP.

Help seeking behaviour: young adults tend to seek help only in a crisis, and so will use urgent care or A&E rather than waiting to see a GP.

Experiences at the GP: several young people reported negative experiences of GP practices from GPs and reception staff, particularly when they went without parents.

Care leavers: the issue of continuity is important for care leavers, being able to see the same GP and build a relationship. They also tend to use A&E.

Key Recommendations	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.
	Coproduce the redesign of services with young people.

3.2 Secondary care

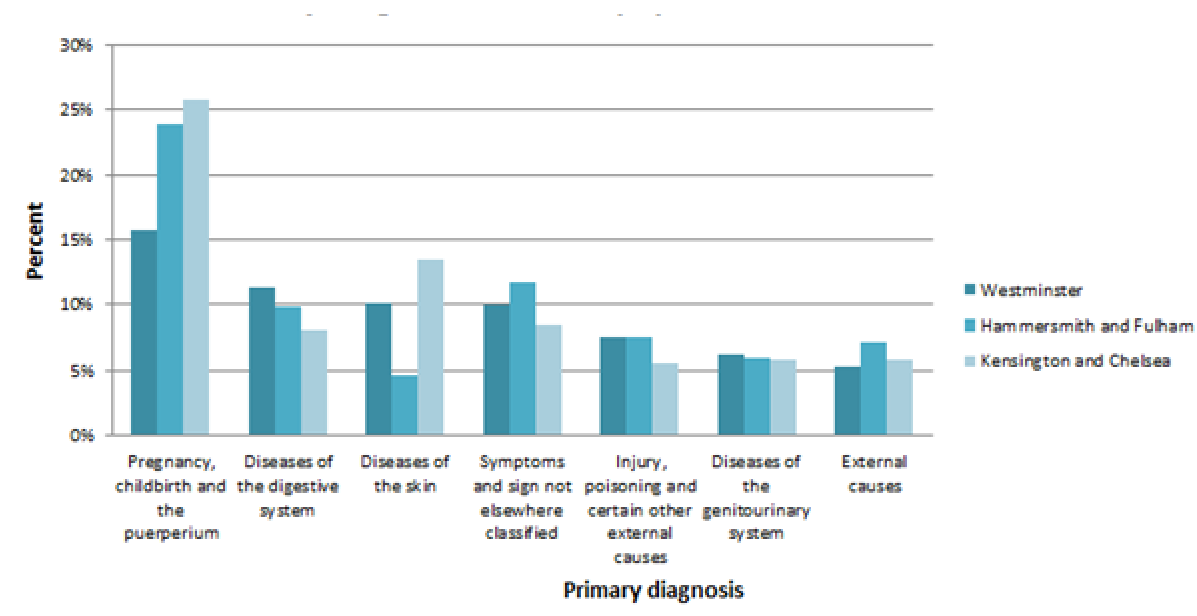
The JSNA demonstrates that locally urgent care is the preferred unplanned secondary care service for young adults. A&E use is lower amongst young adults than the general population, as the older populations have more co-morbidities and so are frequent users of A&E services.

Table 2: Rate per 1,000 people of users among 18-25 year olds from the three boroughs compared with all age groups (2015/16)

	A&E		UCC		WiC	
	18-25	All other ages	18-25	All other ages	18-25	All other ages
Rate of attendances per 1000 population	**238.2**	287.1	**351.5**	243.5	**57.5**	31.1

"Pregnancy, childbirth and the puerperium" is the number one reason for hospital inpatient admissions in the young adult population in all three boroughs.

Figure 1: Young adult hospital admissions by main primary diagnosis and local authority, 2015/16



The most common inpatient diagnoses shown in Figure 1 highlight the key themes that are investigated further in the JSNA, such as diseases of the genitourinary system (see Sexual Health chapter), injury, poisoning and certain other external causes (see Substance Misuse chapter) and diseases of the digestive system (likely to be alcohol related – see Substance Misuse chapter).

4 Eating disorders

Eating disorders are mental health disorders that are characterised by an attitude towards food that causes people to change their eating habits and behaviour. Eating disorders disproportionately affect adolescents and young adults. Although not considered common, over 1.6 million people in the UK are estimated to be affected by eating disorders, and are most common in teenagers and young women.

The only specialist eating disorder service for adults locally is in one secondary care clinic for all three boroughs. The current service is only able to see a small fraction of the estimated number of people with an eating disorder.

Table 3: Number of 18-25 year olds attending CNWL Eating Disorder clinics from 2013/14 to 2015/16 by CCG

CCG	CNWL Patients	Estimated prevalence (borough)
Central London CCG / Westminster	126	2975
Hammersmith and Fulham CCG/ borough	87	2580
West London CCG / Kensington and Chelsea	79	1899

National and local strategies require the development of out of hospital services and early intervention to protect mental and physical health and wellbeing, so eating disorder patients should be able to receive treatment in the community closer to home.

Early detection and treatment may improve outcomes, and so a key theme for effective treatment across eating disorders and levels of severity is waiting times. People with eating disorders should be assessed and receive treatment at the earliest opportunity. The more entrenched the illness, the less likely it is to be treatable. Less severe patients would benefit from an early intervention community service based in primary care, which have been shown to be cost effective.

Key Recommendation	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.

5 Care leavers

Care leavers are a group of young people who are disproportionately affected by some of the issues discussed in this JSNA. Although their physical health has not been found to be substantially different to the general population, their mental health needs are higher and some lifestyle choices affect their health needs. National evidence shows that care leavers consistently experience some of the worst health, social, educational and employment outcomes in our society.

The JSNA identifies and describes the following particular health and wellbeing needs for care leavers:

- Mental health
- Emotional wellbeing
- Substance misuse
- Dental health
- Sexual health
- Pregnancy

In addition, Unaccompanied Asylum Seeking Children (UASC), have particular physical and mental health needs as a result of conditions and experiences, often traumatic, in their home countries and their subsequent journey to the UK.

Nearly half of children in care have a mental health disorder and for many this persists beyond the age of 18. Local practitioners identified that the biggest area of unmet need is in mental health needs that do not meet the threshold for Adults Mental Health Services or diagnosis criteria.

Key Recommendation	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.

In addition, while many care leavers do not have a mental health disorder, they may be emotionally vulnerable. There are a wide range of 'emotional ages' and the needs of care leavers will vary considerably.

Consultation with professionals and care leavers identified a number of challenges, including:

- transition from children's services to adults services
- most care leavers seek help from A&E rather than their GP
- barriers to accessing services include cost, not always able to make an appointment, or able to see the same health professional

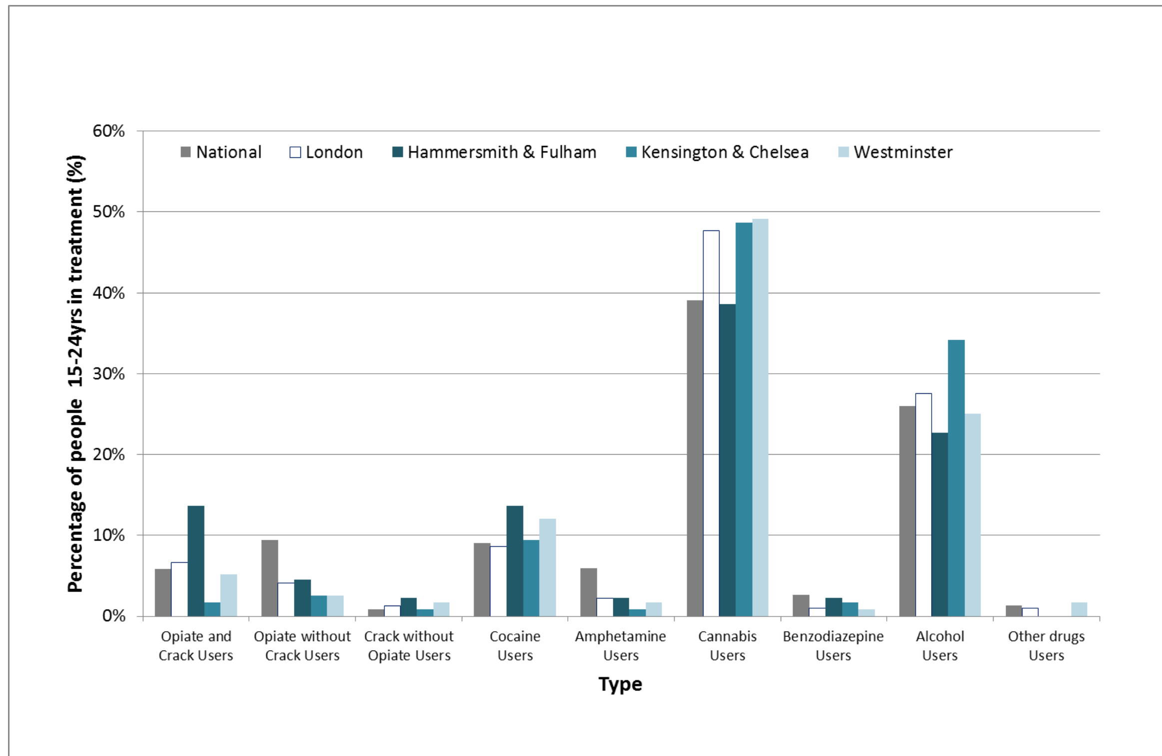
A key theme was the recognition that a strong and trusting relationship with a professional or guardian/foster parent is important to the care leaver.

6 Substance misuse

Substance and alcohol misuse is a key issue for adolescents and young adults. Alcohol use in adolescents and young adults causes long term health problems including risks to brain development and long term memory, mental health disorders and social problems, increased risks of teenage pregnancy and contracting sexually transmitted infections (STIs). Cannabis can impact on cognitive impairment including reduced intelligence, memory loss, and reduced attention span, as well as loss of motivation and mood swings.

Locally, the majority of 15-24 year olds receiving treatment in the 3 Boroughs do so for cannabis and alcohol misuse, as is the case nationally. However, adult services predominantly support crack and opiate users. Services should be needs led and allow flexibility for whether a young person would be best treated in an adult service or a young person's service.

Figure 2: Bulls Eye data, 15-24 year olds receiving treatment, NDT



Key Recommendation	Allow flexibility in substance misuse services to provide for young adults up to the age of 25, based on a professional assessment of their need.

The JSNA identifies a number of further local challenges and issues for services, including:

- reciprocal arrangements with other boroughs and integrated services would aid recovery
- some people find it difficult to identify and accept that they have an unhealthy relationship with substances.
- professionals working with or close to young adults need to be well educated in substance misuse in order to identify it and react appropriately.
- good referral routes from secondary care into specialist services need to be in place

7 Sexual health

National statistics show that young people aged 15-24 experience the highest rates of new sexually transmitted infections (STIs) than other age groups. The consequences of poor sexual health can be serious as many sexual infections have long-term health impacts, such as infertility and cervical cancer.

Furthermore, there are inequalities in sexual health – there is a link between social deprivation and poor sexual health. Women, gay men, young people and people from Black and Minority Ethnic (BME) groups are disproportionately affected by poor sexual health.

Sexual health issues are also linked to alcohol and substance misuse. Earlier alcohol use is associated with early onset of sexual activity and is a marker of sexual risk-taking behaviour.

Sexual health is a key health issue for the majority of young adults, and the issues highlighted above are reflected in the specific recommendations for sexual health services in the JSNA, which are referenced in Appendix 1.

8 Wider determinants

The health and wellbeing of young adults is influenced by a broad range of factors. The JSNA looks particularly at the following determinants which play a key role in the health and wellbeing of many young adults.

***Crime and safety*.** There is a well evidenced link between crime and safety, and health and wellbeing. This applies to young adults both as being a victim of crime, as well as perpetrators, and particularly the issue of gang life and the risk of violence for this age group.

***Housing*.** The demand for accommodation in the three Boroughs is very high and this is reflected in house and rent prices. Furthermore, any young adult age 18-25 is likely to be living independently for the first time and so the associated challenges of managing finance, bills and regular payments may be difficult due to lack of experience. Some groups of young adults are particularly vulnerable to housing problems and homelessness, including NEETs, care leavers, former unaccompanied asylum seekers, ex-offenders, young parents and people with disabilities.

Employment. The relationship between employment and good health outcomes is well understood, and this link is particularly pronounced among young adults. Young adult unemployment is a risk factor for long-term unemployment, with people who are NEET at the age of 18-19 being 28% more likely than others to be unemployed five years later, and 20% more likely to be unemployed ten years on. The effects are extremely persistent, with evidence showing that unemployment under the age of 23 can still lower health status and life satisfaction over twenty years later.

9 Conclusion

Young adulthood is a time of significant change in life. It is an important phase of development where individuals lay the foundations for their adult futures and set behaviour patterns. Both positive and negative experiences can have a long-lasting effect. It is a time of transitioning away from being a child towards independence; living away from family; moving from school to work or university.

This JSNA seeks to fill an important information gap identified by local commissioners and practitioners on the health and wellbeing needs of this age group, with a particular focus on eating disorders, care leavers, substance misuse and sexual health.

Many of the recommendations include flexibility in the age restriction on services to incorporate young adults into young people services, early intervention, adaptation of current service models to better meet the needs of young adults, and upskilling health and care professionals with knowledge and skills to recognise and address young adults' needs. The chapters all had strong crossovers with each other, and so co-location, collaboration and joint working is key.

These approaches are not always easy to implement, especially where they have not been done before. For example, young people's services that accept adults may need to consider adequate child protection and safeguarding. However, it is clear that better person-centred care and health outcomes can be achieved when services focus on the needs of the individual, not strict age criteria.

Appendix 1: Summary of all recommendations

Topic	Gap or challenge	Potential solution/recommendation
Primary Care	The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults. YA would benefit from GP services configured to their health needs, such as at The Well Centre in Lambeth. 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. Small changes that all GP practices can facilitate would make a positive difference.	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. 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.
		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*
Eating disorders	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. 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. 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 patient's condition deteriorates and requires treatment in secondary care.	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. a. Such a service would then be capable of providing the leadership and momentum for the following recommendations.
	The current NICE guidelines are from 2004, over a decade old, and are currently being updated with publication expected in 2017.	4. Review existing services against new NICE guidelines when available in 2017.
	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.	5. Map pathways and create a tool for professionals to use to enable appropriate and timely referrals.
		6. Offer guidance to GPs and other health professionals to identify and then work constructively and appropriately with people with an eating disorder. a. Identify GPs with high numbers of young adults and low referral rates to eating disorder services as a target group for training.

Care Leavers	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. 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.	**7.** Actively promote resilience, prevention and early intervention for good mental health for all in generic services for care leavers. **a.** Review current and past mentoring and peer mentoring schemes in the three boroughs for care leavers and / or young adults.
	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. 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.	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. 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.
	A significant proportion of local care leavers are former UASCs, and have specific health and care needs.	9. Professionals including Leaving Care teams to be fully trained on national guidance for unaccompanied asylum seeking and trafficked care leavers
	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&E and urgent care. The needs and preferences of care leavers vary significantly from person to person, meaning a specific service may not be appropriate.	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. 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
	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.

<table>
<tr><td rowspan="3">Substance misuse</td><td>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.</td><td>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.</td></tr>
<tr><td>Vulnerable groups are more susceptible to harmful substance misuse.</td><td>13. Develop a local strategy to reduce substance misuse among vulnerable and disadvantaged under 25s as recommended by NICE (2007).</td></tr>
<tr><td>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.</td><td>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.</td></tr>
<tr><td rowspan="6">Sexual Health</td><td>Sexual health is a key health issue for the vast majority of young adults.</td><td>15. Ensure all commissioned sexual health services adhere to the You’re Welcome standards.</td></tr>
<tr><td>There is a strong link between substance misuse and risky sexual behavior.</td><td>16. Consider integration of substance misuse and sexual health services for young people.</td></tr>
<tr><td>There are clear inequalities in sexual health, particularly in socio-economic status. Care leavers have significantly higher rates of pregnancy than the general young adult population.</td><td>17. Work with young people’s services to embed effective pathways and interventions which target high risk groups including care leavers.</td></tr>
<tr><td>Young people consulted reported that adults and professionals over-medicalise what to them is a social issue.</td><td>18. Develop sexual health services to proactively address the psychosocial aspects of sexual health.</td></tr>
<tr><td rowspan="2">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.</td><td>19. Collaborate with other London boroughs to prioritise prevention and provide consistent health messages to enable young people to make informed and responsible decisions.</td></tr>
<tr><td>20. Improve local prescription of Long Acting Reversible Contraception (LARCs).</td></tr>
<tr><td rowspan="2">General</td><td>There is existing good practice guidance for services working with young adults on transitions and service design.</td><td>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.</td></tr>
<tr><td>Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users.</td><td>22. Coproduce the redesign of services with young people.</td></tr>
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