

Urgent and emergency care of Children and Young People in acute hospital settings

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NHS-E Task and Finish Group CYP with MH needs presenting in acute hospital settings

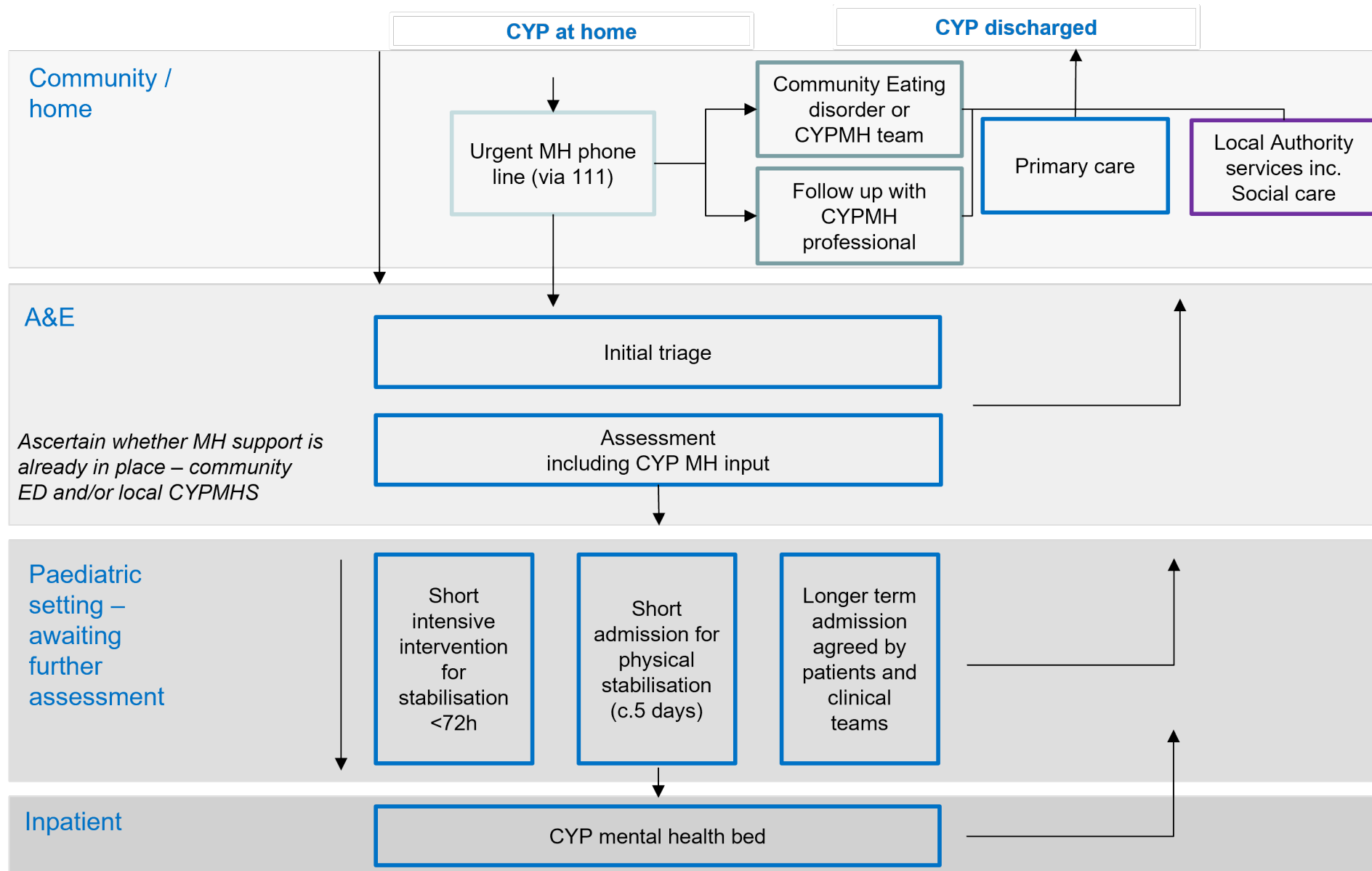
NHS-E Task and Finish Group "CYP with MH needs in acute hospital settings"

- focus on improving integration between acute and mental health services
- has launched a public-facing webpage and
- developed a framework for improving integration between CYPMH services and acute environments.
- The website provides a platform for sharing innovative models of integrated working and what good looks like.
 - We present a pilot of social prescribing in the acute paediatric hospital setting.
- <https://www.england.nhs.uk/publication/supporting-children-and-young-people-with-mental-health-needs-in-acute-paediatric-settings/>

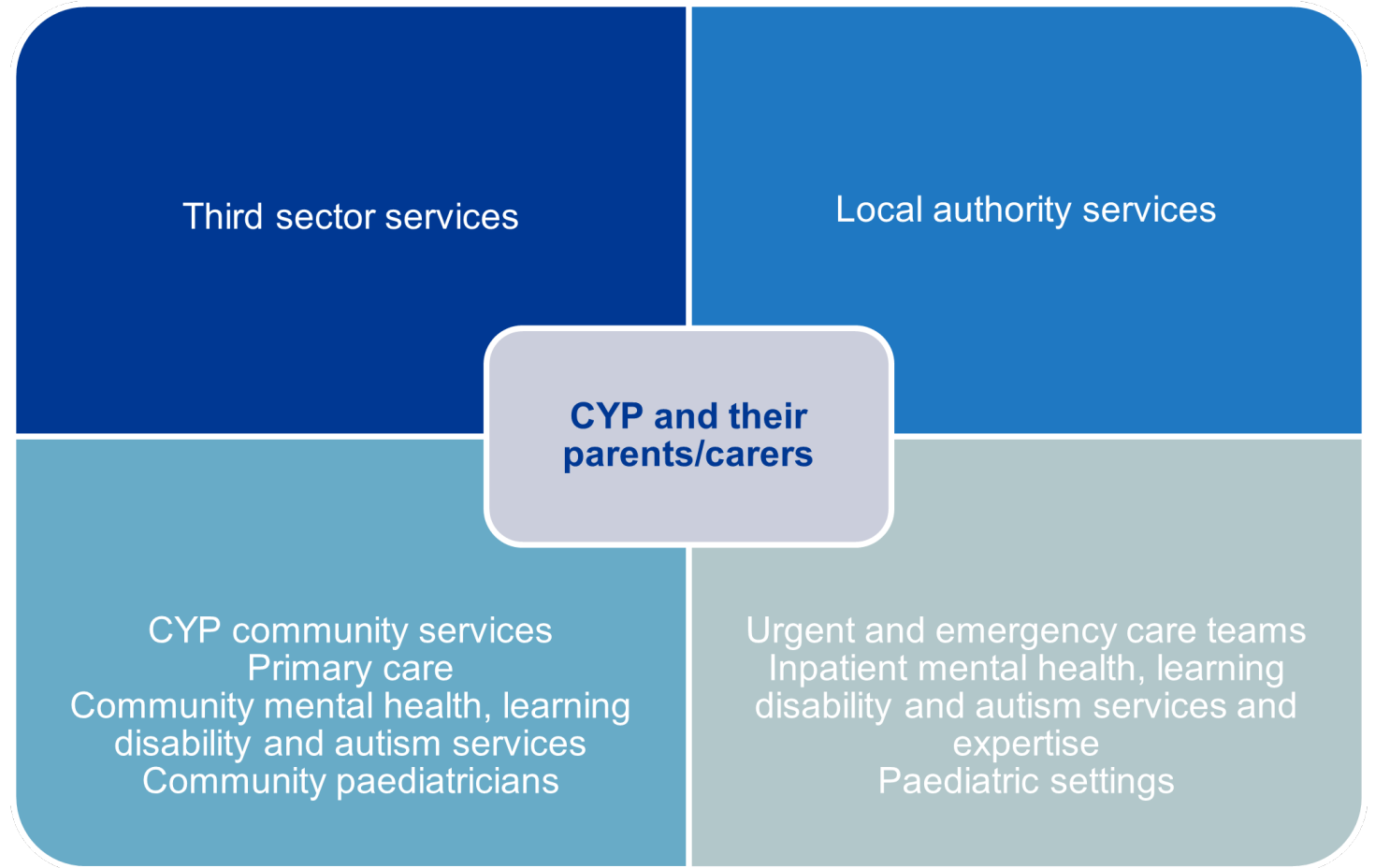
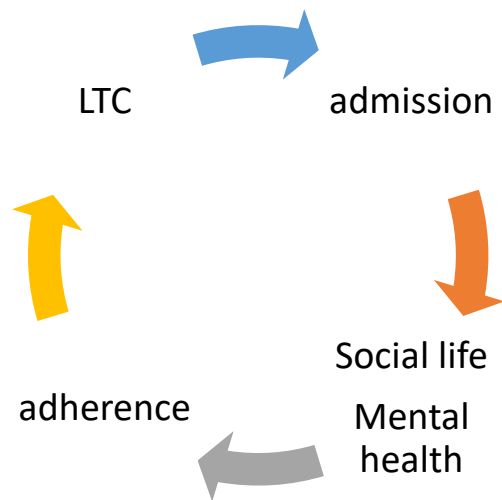
Task & Finish Group progress

- The framework is currently being tested
- transformation funding in 2022/23 to pilot interventions, including MH Lead role in UEC/paediatrics.
- This group has now completed its work and the project has moved to a steady state and so
- ongoing engagement now more in a stakeholder council capacity to ensure stakeholders are being updated on how the implementation progresses.

To facilitate joint working, an aspirational pathway for CYP with mental health needs in acute paediatric environments has also been developed:



Patient flow



Joint working

WHY?

- The annual health care costs of medically unexplained symptoms in England were estimated to be £3 billion in 2008/9,
- with total societal costs of around £18 billion (Bermingham *et al* 2010)
- £13 billion of NHS spending in England is linked to co-morbid mental health problems among people with long-term conditions ([Naylor *et al* 2012](#)).
- It is satisfying, enjoyable team work
- Mutual learning
- Better experience and outcomes for our patients
- Are we still missing something?

Do these F/U appointment questions sound familiar?

- You should get more out & about, don't you think that would help with your sleep?
- Have you been to the library, like we agreed last time?
- So we arranged these sessions at the “thinking space project” last time , and why didn't you go in the end?”

Social Prescribing



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1st Poll Question

Do you have close contact/access to a CYP social prescribing link worker?

- Yes
- No

Our Social Prescribing Link Worker

Pilot (1 year)

- MUS plus one other condition
- Age range
- Catchment area

2 case studies

- Emma (13yo MUS, perpetuating factors at home , not accessible for us)
- Donny (16 yo SCD, not taking medication, mute in appointments, not engaging)

Introduction

The aims of this grant are to grasp the opportunity of implementing a social prescribing scheme for young people (YP) in a secondary care setting.

To deliver this aim the project has set out with the objectives of:

- - testing out a youth work approach to the social prescribing link worker (SPLW) role
- - setting up a multi-disciplinary steering group with clinical and non-clinical colleagues from the Royal London Hospital and partner organisations in the local area of Tower Hamlets
- - devising a model for the SPLW to offer holistic, person centred, and strength based support for psycho-social needs
- - setting up arrangements for outreach, collaboration and information sharing with local supports and services based around Tower Hamlets
- - developing a framework so that the model can be tested in practice, gathering data for analysis that can be used to learn from the model so that it can be embedded elsewhere

Main remit:

empowering young people to boost their wellbeing outcomes including confidence and relationships, involving them in design and improvement of the new pathway

- We have refined the target cohort to two groups of young people within the hospital setting.

These are

- 1) young people with medically unexplained symptoms and
- 2) young people with hemoglobinopathies.

At the beginning of the pilot, the age range was 11-16yo.

Following discussions in the steering group, the age range was extended to 11-18y.

Case study 1

EMMA – 14yo with Medically Unexplained Symptoms (MUS)

- Young person who is 14yo with MUS. Referred to me for activities and getting out and about.
- Was known to PLT team – and was in family therapy.
- Session 1 – We met in the adolescent room at the hospital – I spoke about the service and we completed HEEADSSSS. A few goals were identified by the young person, such as doing boxing – something she had always wanted to try. I straight away reassured her that I knew a place nearby that did boxing – I said I would look into the class times and let her know at our next session. She was very excited and even said she “couldn’t wait!”. We spoke a little about any barriers she could think of and mum said she would have to pick her up if it was very late finishing, so I kept this in mind when looking. YP also said she would feel quite nervous to go alone, I said I could go to the first session to help and the yp said that would be great. We also spoke a lot about school and things she enjoys, but also about family therapy which the yp was not too keen. And lots more.

Case study 1

EMMA – 14yo with Medically Unexplained Symptoms (MUS)

Session 2 –

We met again but in the healing space in the hospital this time.

I showed Emma and mum about the youth hub nearby and when her boxing classes were which was 3 times a week. We openly discussed if Emma was ok for it to be a mixed class, and any concerns. Mum explained she would be happy to pick her up in the evening as some finished at 6:30pm. The youth hub was only 10 minutes away from school on the DLR which she was used to being on.

We completed the online membership and mum signed the consent form. We then discussed our next session, and if Emma was happy for it to be at the youth hub – she agreed and we made a plan to meet at the station, do the induction and then I would bring her back home on the DLR.

Mum mentioned she could tell that Emma wanted to spend more time with her, but mum struggles with her own MH.

We spoke about taking steps and how instead of doing a completely new thing together, they could spend more time doing something they already do together. This was identified as baking and British sign language.

Session 3 – Meeting at youth hub next week!

Case study 2

Donny – 16 yo with Sickle cell disease

- Case study 2 – Donny – 16 yo with Sickle cell
- Referred by his Clinical Specialist Nurse (CNS). Donny had mentioned in his transition clinic appointment that he was looking for work.
- We completed HEEADSSSS and covered numerous topics.
- The biggest goal the YP had was getting a job, which also meant he needed to shape up his CV and have some interview prep. He was in full time college and also wanted to look at future careers.
- Previous wanted to be a dancer, but his health no longer allowed him to do so. We discussed different career options, spoke about passion which for him was media and art. The YP also mentioned they wanted a new phone and would like to save up for it.

Case study 2

Donny – 16 yo with Sickle cell disease

- I referred him to the Prince's trust – 2 different elements which was future planning and CV support. He was keen to do some dancing, as long as it wasn't too competitive so I signposted him to 3 different dance classes including hip hop/street, jazz and modern. I also signposted him to architecture workshops (as he had previously discussed this option with someone at college) and some student jobs websites.
- The next session we spoke if he had been contacted and he had and the princes trust was helping him with his CV and he also had an appointment booked with someone else to talk about the future and career planning.
- We also discussed sickle cell and YP wanted to know more about their genotype and information as he saw it on tikotk, so I spoke with the haematology team and made sure we sent that information. YP was also signposted to the sickle cell society, in case they would like to know more.

Case study 2

Donny – 16 yo with Sickle cell disease

- The next session he told me he had an interview for a job!
- He was very excited and said it would be quite busy, but it would help him save up for a new phone, which was one of the original goals.
- We spoke about the sickle cell information and made sure he understood everything and he did.
- Donny became very busy with work and college so we discussed putting the sessions on hold, and that he would know he could reach out in the future if needed.
- Donny agreed and said he was very thankful for me being so flexible.

EMAIL from Donny :

Hi Luana,

I'm so sorry I've only just checked my email now and realised I was meant to meet you today. I'm not available anytime for the rest of the week since I have birthdays to attend and interviews but I should be able to do next week. I will be in touch soon with what day I can do.

Hope you're doing well,

Donny

2nd Poll Question:

Would you now look into the possibility of having a CYP social prescribing link worker?

- Yes
- No

Thank you !

- Questions?