

HOW TO GUIDE:

How to develop youth forums in the NHS

YOUNG COMMISSIONERS Part 1

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INSTITUTE FOR HEALTH & HUMAN DEVELOPMENT

FOREWARD

The Young Commissioners project is a very practical example of how we have been able to realise our objectives in relation to self-care, prevention and patient and public engagement. In Newham, we are now at the end of year one and about to go into year two but simply to get to this stage has involved considerable work and energy from many different people, commissioners, young people and their families, and a variety of professional staff, and many others. It also completely underestimates the most important factor when you are putting together an approach that is looking at every aspect of a service, and that is, relationships. There are no short cuts to building good working relationships, it is an iterative process that takes time and is very easily lost. This project could not have progressed unless key relationships were built, and that, ultimately takes time to build trust.

The most important consideration is that we have been able to improve services through service user involvement and simultaneously address quality and wastage whilst building resilience and self-management. We now have a project that can demonstrate improvements and continue to set out even more of a case for our approach. That is why we are keen to continue and fully realise all the benefits that this approach will bring to young people and their families. This project is embedding key principles of how commissioners, service users and provider organisations should work together to create a sustainable service improvement approach. Our hope is that this project will be used by other services as a template and will guide their work on service improvement. We are now able to realise that our approach will go well beyond diabetes and young people and well beyond Newham.



Satbinder Sanghera -
Director of Partnerships and Governance,
NHS Newham CCG

How to develop youth forums in the NHS

Throughout this guide you will find the following symbols to help guide you:

RESEARCH



POLICY



PRACTICE



What's in the guide

1

GETTING
READY



2

GETTING
STARTED



3

BUILDING
SUSTAINABILITY



RESOURCES



Diabetes awareness powerpoint slides



CHILDREN



YOUNG PEOPLE



ADULTS

This is an interactive document
Look out for the following interactive symbols:

CLICKABLE



VIDEO





HOW TO USE THE GUIDE

This section of the how to guide provides you with a rationale to how the guide is composed and should be used. The guide is organised for you to read each section independently and go back and forth dependent upon which stage you are at in establishing your Young Commissioners group. We provide three key stages, which are getting ready, getting started and the sustainability of the NHS Youth Forum. Each stage provides exemplifiers, case studies, top tips and resources for further investigation. Since there are no agreed standards or regulatory requirements away from the duty to involve patients and users in service design we advocate a set of best practice tips based on the Young Commissioner model.

Glossary

ASDAN – Award Scheme Development and Accreditation Network
CLARHC – Collaborations for Leadership in Applied Health Research and Care
CCG – Clinical Commissioning Group
CYP – Children and Young People
DBS – Disclosure and Barring Service
HR – Human Resources
IHHD – Institute for Health and Human Development
NIHR – National Institute for Health Research
NHS – National Health Service
OCN – Open College Network
RSPH – Royal Society for Public Health
TST – Transforming Services Together
UEL – University of East London
UCLP – UCLPartners, Academic Health Science Partnership

TRANSFORMING HEALTH AND CARE SERVICES

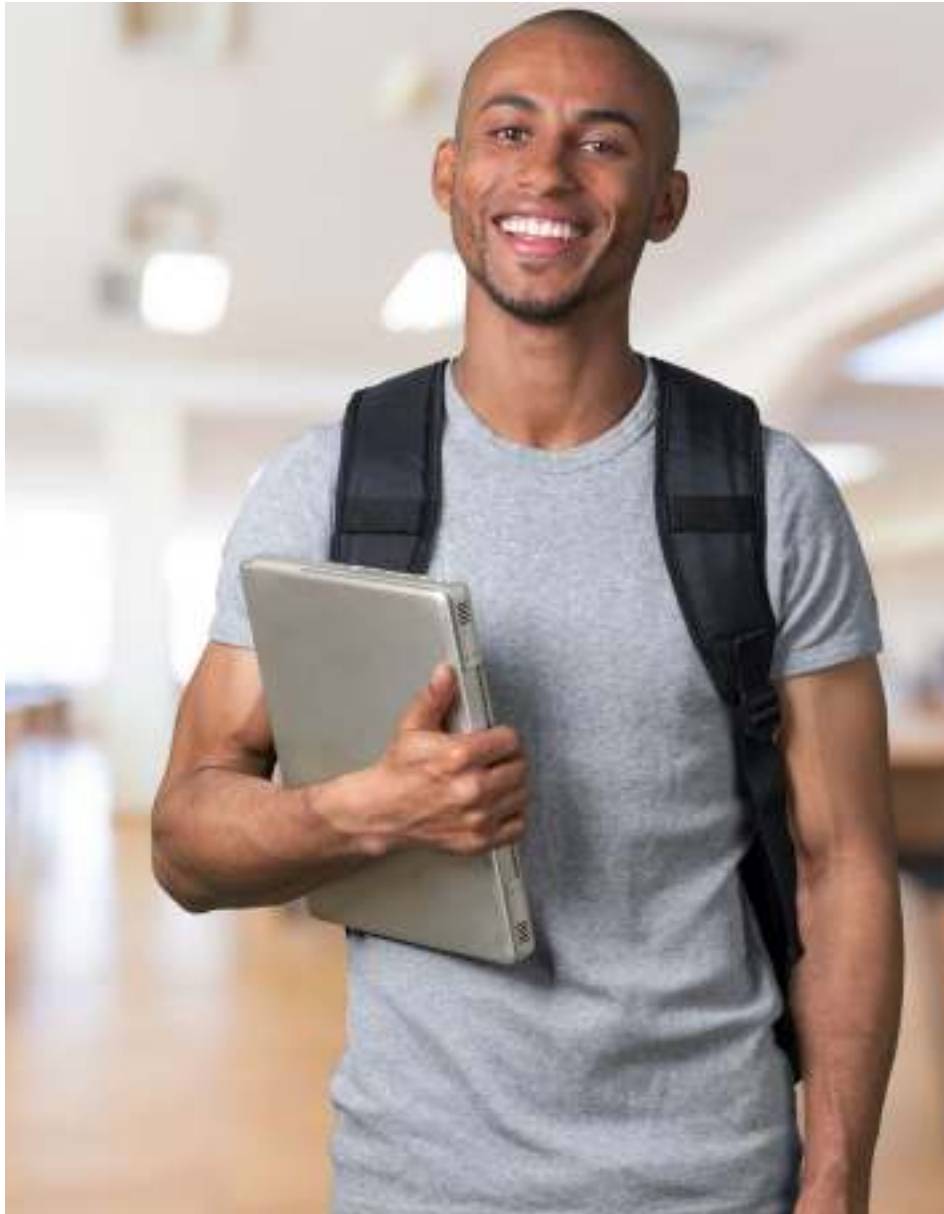
This how to guide is intended for Clinical Commissioning Groups, NHS Trusts and other providers of health and care services to help develop robust structures and processes to nurture and support the training of Young Commissioners. Commissioning of health services has become more complex since the implementation of the Health and Social Care Act 2012. Currently some of the universal health services for CYP are commissioned by the Local Authority. Given the potential for a number of different providers and commissioners being involved in the organisation of these services it becomes more imperative that a cross-organisational approach is established to ensure they work together in the best interests of CYP.



This guide focuses on how to design, deliver and monitor a NHS Youth Forum involving young people as Young Commissioners. Young Commissioners should help you gather views from health professionals, other children and young people and the wider community to help inform, influence and shape the transformation of services to improve health outcomes. The bulk of the material in the guide is drawn from the Newham CCG Youth Diabetes Project, which involved the recruitment, training and support of a team of young people as Young Commissioners focused on transforming local diabetes services and providing community education on healthier lifestyles to reduce cases of Type 2 diabetes. The guide provides a tested methodology for patient and public involvement, which can be applied to other areas of public health across the UK, and outlines the challenges and solutions in building and sustaining a NHS Youth Forum. It is advisable to read through the entire guide to gain a 360 degree perspective of what is involved before narrowing down your focus to the stage you are at.

‘When you’ve got free time what better to do than actually help other people.’








Tamhid, Young Commissioner



CHARACTERISTICS OF THE YOUNG COMMISSIONERS

In June 2015, the first cohort of Youth Commissioners were recruited and trained jointly by UEL and TST and are supervised by a multi-agency task group led by Newham CCG. This is a unique role and the first of its kind in the UK. The young people work with UEL and the Newham CCG in the delivery of peer education programme and research to produce reliable evidence to include where appropriate in drafting of commissioning guidance planned for 2016. All the young people have considerable “insider knowledge” of local service provision due to living with Type 1 and Type 2 diabetes. All are aged between 17 and 24 years and are from a range of BME groups. Their expertise and experience is already proving a great resource - in August 2015, the Youth Commissioners were consulted by the Healthy London Partnership to review Department of Health National Transitions Service specifications on diabetes.

Key Features of roles:

- Young researchers 
- Cultural advisors  
- Diabetes health champion 
- Commissioners  
- Young Commissioners 



HOW TO APPROACH WORKING WITH YOUNG PEOPLE

Key words: Patent knowledge and People power

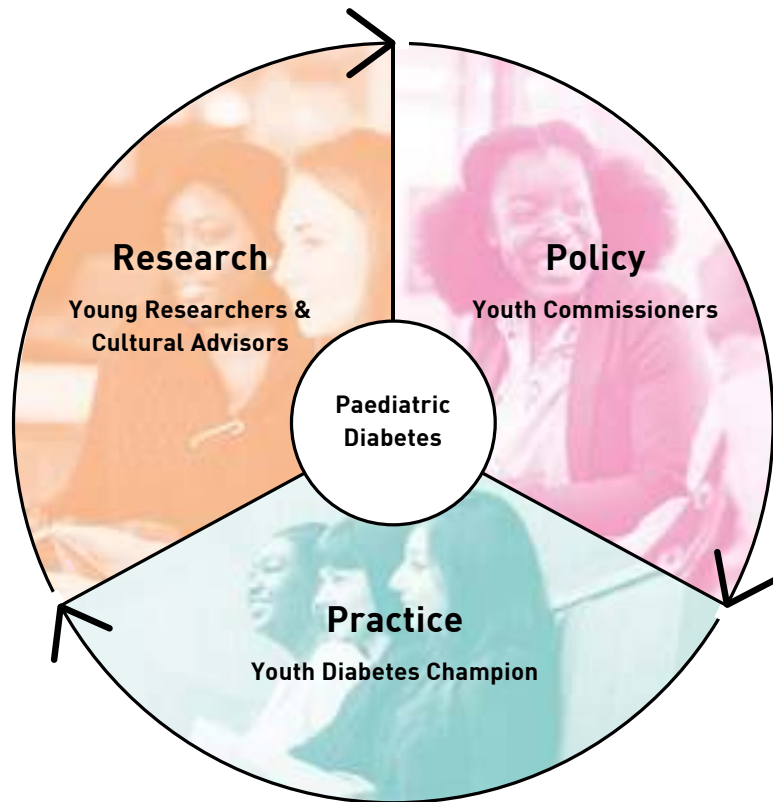
The project adopted an asset based approach suggested by Foot and Hopkins (2010) in the book entitled, 'A glass half-full: how an asset approach can improve community health and well-being'. They argue for a paradigm shift from a deficit model to an asset based approach, which builds on patients and citizens knowledge and experience of health and care services. Accordingly, we fostered an asset based approach within the Newham Diabetes Youth Project to empower and enable young people's voices to be heard in the redesign process of local health and care services. Young people were encouraged to get involved in all levels and stages of the project leading to the co-production of knowledge which was grounded and reflected the views, feelings and aspirations of local children, young people and their families living with diabetes. CYP have rights to be consulted and involved in decisions that affect their health and care as stipulated in article 14 of the UN Convention on the Rights of Children and in the Local Government and Public Involvement in Health Act (2007), which contains reference to the 'duty to involve'.

In the adoption of these principles our mission was to involve young people as active agents and change makers through the provision of the Young Commissioners role for young people living with Type one to two diabetes and from East London. They are experts by experience and have first-hand knowledge of care pathways and how services can best be transformed. Transforming services involves harnessing the power – patients, carers, communities and citizens – to bring about purposeful and meaningful change.





WHAT ARE THE YOUNG COMMISSIONERS DOING?



Much of the community intelligence that fed into the drafting of commissioning guidance came via a research project funded by the National Institute for Health Research (NIHR) Collaboration and Leadership in Applied Research in Health Care North Thames (CLAHRC). CLAHRC researchers provided training in research methods to young people involved. This gave them the tools to successfully run community engagement activities around current provision of local diabetes services, and collect and analyse views on suggested improvements.

The two and half year CLAHRC study is a partnership between the University of East London and Hospital Trusts, Clinical Commissioning Groups and Local Authorities across North and East London. The project's mission is to utilise research and research outputs to help reshape and re-design children and young people's diabetic services and provide peer education within East London-based Clinical Commissioning Groups.

This project has trained young people to work with CLAHRC researchers - to systematically collect and assess the views and experiences of "marginalised" children and young people with diabetes, and then feed these data back to service providers and commissioners.



WHY INVOLVE YOUNG PEOPLE?

The group of Young Commissioners provide an informed voice to scrutinise local health and care services. Their judgements often matched the opinions of health care professionals consulted as part of this project.

The commissioners and providers on the ground could have very easily carried out service changes without the help of the young collaborators but nothing is inevitable, and innovation, is often ignited by the adoption of a bottom-up and top-down approach. It worked for us. However, by working together with young people as Young Commissioners, we created the right set of conditions for community engagement, which had the potential to educate and raise awareness of healthy lifestyles among local CYP.

The Young Commissioners also took on a leadership role in the project and helped the research team refine the engagement and research tools so that the voices of CYP could be heard in order to find solutions to help improve our understanding of the barriers to optimal self-care. Resulting from their varied activities, the Young Commissioners were instrumental in the development of new commissioning guidance, changes in clinical practice and served as networked project ambassadors.

ABOUT NIHR CLAHRC NORTH THAMES

NIHR CLAHRC North Thames conducts ground-breaking applied health research that has a direct impact on the health of patients with long term conditions and on the health of the public. This unique collaboration brings together world-leading universities, the NHS, local authorities, patients, the public, industry and charities, working together to undertake research that generates the evidence to improve services and care.

Recipient of NHS England's Celebrating Participation in Healthcare grant



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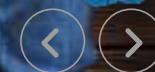
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BACKGROUND WORK

This section addresses the organisational arrangements and challenges before setting up a Young Commissioner Group. Before getting started it is vital to know where, when and how the Young Commissioners will slot into the organisational governance structure and the scope and limits to their work. In the preparation stage reflect and consider who is really needed for the forum. It is important to involve all stakeholders and relevant internal teams in the planning for the youth forum. As well as the budget holder who will oversee your work in the development of the forum you should connect with the relevant decision making structures and individuals by which the forum will seek to inform and influence their work. It is vital that you scope for voice and influence by the forum and the priorities and time frames within which the forum would report back too. Ultimately, the senior manager's buy-in is essential for the youth forum to be a meaningful and purposeful activity. Next is Human Resources, who are important to help build a person specification for the paid or unpaid post and help you to critically consider what skill and attributes are needed in the fulfilment of the post within the forum. They will also be on hand to help develop a person specification, process the DBS enhance checks if the forum members are expected to engage directly and indirectly with children and young people.



THE YOUNG COMMISSIONERS

This section asks you to consult and consider very carefully with colleagues who you need before you start recruiting young people for the Young Commissioner group. Before getting started it is important to have a clear idea of who will constitute the youth forum. This sounds obvious but the first question you should answer is whether the forum is open to candidates living with specific health conditions, young people with knowledge of specific health conditions as a result of caring for a relative and / or if the opportunity is open to all young people regardless of their health status and perhaps interested in pursuing a medical qualification. Membership is not mutually exclusive or limited to the above categories. Whatever your decision it should link back to the emerging aims and objectives of the forum.

‘You know that there are people out there trying to support you who are willing to help.’

Shandies, Young Commissioner



SAFEGUARDING

The HR team will provide information of your duty of care towards members as employees of the organisation or volunteers, paid rates for equivalent roles as well as holiday entitlement etc. Consult with colleagues across your team and collaborators to double check that all requirements and expectations for the role is being fulfilled. Note of caution. It is unlikely that recruitment will be a one-off event therefore there will be opportunity later down the road to re-recruit and balance the team based on new knowledge and emerging needs. The key questions that you should engage colleagues in answering are as follows:

- What would be their role and duties?
- Length and frequency of job?
- Pay and remunerations for work?
- What are the baseline skills needed?
- What training and support would be needed?
- What would make young people apply for this post?
- What would be the equivalent position in the organisation?

‘There’s no reason why I shouldn’t be able to succeed, especially since I’m so young so I’ve got the time.’

Sema, Young Commissioner



STAFF CAPACITY AND COMPETENCY

An essential part of running an effective and sustainable NHS youth forum is the staffing which supports it. Once you are clear about the numbers and demographics of the Young Commissioners you should consider your internal (and external) staffing arrangements to ensure that the mission of the Young Commissioner Group is successfully resourced. The average is 1.5 designated workers to run youth participation groups. However, there should be negotiation at the very start to ensure that the project is well funded, staffed and resourced. Meeting times will generally fall within youth friendly times i.e. evenings and weekends that conflict with the normal working week as well as individual staff family commitments. Therefore, more than one worker is needed to balance the anti-social hours of working with the forum inside and outside structured dialogues as well as communication at the weekends and attending weekend events. Also, the skills, knowledge, networks and position of the forum coordinators also needs to reflect the scope and challenges the youth forum aims to tackle. They should have the right skills and respect for voice and influence work as well as the time allocation in order to meet the aims and objectives of the forum.

‘The positive for me I think is the whole journey of learning behind the scenes and all the things involved in diabetes.’

Harmeet, Young Commissioner



SECTION 1: GETTING READY

ADVERTISEMENT AND RECRUITMENT

Key words: Person Specification, Job Description, Staffing, Recruitment, and Financial Considerations.

This section outlines some of the documentation you should prepare in advance of recruiting Young Commissioners. The templates are not exhaustive and you may choose to adapt existing templates or produce your own. The decision will be dependent upon past experience of working together with young people. Before starting to recruit young people as Young Commissioners, it is important to complete a **person specification** and **job description** (see appendix 2)

Person specification:

This needs to detail the skills, knowledge and experience that are essential and those that are desirable for the role.



PERSON SPECIFICATION

Example of person specification: Young Diabetes Clinical Commissioners

Knowledge and experience

- Involvement in and knowledge of young people's participation
- Involvement in influencing change in your community, school, college or work
- Awareness and knowledge of local diabetes services

Skills

- Enthusiasm and the ability to energise others
- Able to communicate effectively, verbally and in writing, to support and share knowledge
- Able to work with groups and facilitate group work with young people and adults
- Able to work as a team member
- Value differences and able to identify discrimination, and challenge appropriately
- A willingness to learn from others

Desirable

- Experience of working in a similar environment
- Conversational knowledge of a second language
- Knowledge of other cultures in the community

- This needs to explain the overall purpose of the role, the main elements of the role, time scales, what skills and knowledge the job requires, what the job can offer a young person and details about how to apply for the role.





EXAMPLE OF JOB DESCRIPTION: Young Diabetes Clinical Commissioners

Overall purpose of the role:

The main aim of the role is to support the Newham CCG UCLP funded diabetes peer-support programme.

We expect this will involve working with:

- Patients aged 16-25 years by increasing diabetes awareness among young people locally and working with young people who have diabetes to identify their concerns.
- Local Diabetes Service Staff: working with the young adult diabetes team to help re-design services making them more user-friendly.

Main elements of this role:

1. To act as a Diabetes Champion by working with local partners in organising peer-support events for Young People between 16 and 25 years of age.
2. To commit to volunteering to a minimum of one engagement activity a month.
3. To work with the local diabetes team and associated partners by attending at least 4 team meetings a year, reviewing information leaflets and related documents, and contributing to discussions about service re-design as appropriate.

Time scales: (e.g. hours, day or length of volunteering role)

- To commit to a minimum of one engagement activity a month. This is flexible depending on the time the Diabetes Community Champion is able to offer.
- The role will be for a year.
- The applicant will be required to attend an agreed training programme.





We are looking for:

- Someone living with Type 1 or 2 Diabetes.
- A Newham resident.
- Someone with good links to their local community.
- A passion for community based health promotion work.
- Confidence to deal with the public.
- Good communication and listening skills.
- Ability to talk to people in a supportive way.
- Good organisational skills.
- Ability to work as part of a team.
- Ability to maintain confidentiality.

A second language may be helpful and a general understanding of promoting cultural inclusion and diversity.

We can offer:

- The opportunity to contribute to an important area of work which could ultimately help to improve the lives of young people with diabetes.
- Diabetes Community Champion training and full support in the role.
- Payment of agreed out of pocket expenses, such as, lunch and travel.
- Experience of working.





RECRUITMENT

It is important to consider how you are going to recruit young people.

Often, advertising the role through multiple channels can be most beneficial, such as:

- Clinic notice boards
- Community group newsletters
- Social media (facebook and twitter)
- Schools
- Colleges
- Universities

After producing an initial short list of applicants, it is useful to have a group interview day. This provides the opportunity for the candidates to learn more about what the role will involve, ask questions and have a one-to-one interview.



CHECKLIST OF DOCUMENTS TO ENROL THE YOUNG COMMISSIONERS

Young Person Forms

- Young Researchers Registration Form
- NIHR CLAHRC Thames Photograph / Video Release Form
- Travel Assessment Form
- Young Person Medical Information Form
- Parent/Guardian Consent Form (under 18)
- IHHD Confidentiality/Non-Disclosure Agreement

Organisational forms and policies

- UEL Health and Safety Handbook
- Policy on the Safeguarding of Children and Young People

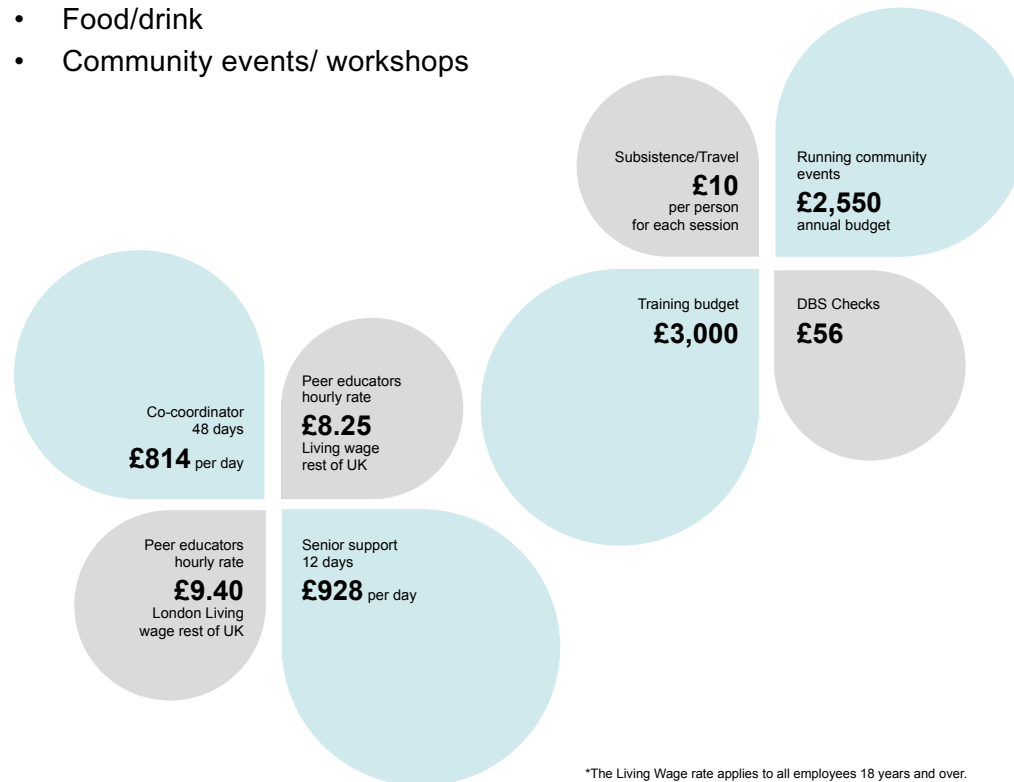




REMUNERATION CONSIDERATIONS:

It is important to have adequate funding for:

- Payment of the Young Commissioners or remittance in vouchers
- Training
- Additional support
- Meetings
- Travel expenses
- Food/drink
- Community events/ workshops



*The Living Wage rate applies to all employees 18 years and over.



STAFFING:

It is important that there are enough staff members to support Young Commissioners. Supporting young people in these roles is demanding in terms of time (evening and weekend work) and energy (maintaining motivation and a productive working environment).





CHECKLIST:

- Gain ethical approval/ R and D approval
- Obtain DBS check for Young Commissioners if required
- Consider the support structures which need to be in place before recruiting
- Think about who should be consulted/ involved in your organisation
- Obtain health forms for Young Commissioners to complete
- Obtain photo/ video release forms
- Complete job description in consultation with your HR department
- Consider the time frame of recruitment as many young people are likely to respond at the latest possible deadline
- Consider the format of the application, will it be online/offline or both?
- Ensure you network with key individuals who can help you recruit Young Commissioners
- Consider the formality of the job application process: formal enough to be seen as aspirational, not too formal so it remains accessible
- Consider holding a group interview day as part of the recruitment process
- Think about the content of the interview day
- Have clear selection criteria in place
- Complete a travel risk assessment form to ensure Young Commissioners are able to travel to meetings and events safely

Due to the wide usage of social media it is important to check facebook account and social media to ensure that the candidate personal profile will not undermine the message and mission of the Young Commissioner group.





SECTION 2: GETTING STARTED

GETTING STARTED

Key words: Forming a Group, Needs & Skills Audit, Meetings, Training, Accreditation

This section covers the introduction of the Young Commissioners to the planned programme of work, their roles and responsibilities in the fulfilment of the programme of work and where they sit within the organisation(s). This early stage is essential for bringing together the Young Commissioners perhaps for the first time and clearly setting out the project aims, objectives and deliverables. This is the time when anyone recruited can leave the project if it is a mismatch to what they thought it would be.

Forming a group

In practical terms, once the Young Commissioners have been recruited, it is important to find time for them to meet each other and form as a group. Make sure this is fun!

Needs and skills audit

Undertaking a skills and needs audit will help to prioritise different types of training and determine the level at which the training should be pitched. Training will help build skills and capabilities of the young people involved, as well as boosting their confidence in the role.



Meetings

It is important to consider the format and frequency of meetings. It is helpful to think about the number of core training meetings required, which should be face-to-face and attended by all Young Commissioners. It is also useful to think about optional meetings, in terms of who should attend and the format they should take. Regardless of the number and frequency of meetings, it is important to maintain regular contact with the Young Commissioners, which can be via telephone, text messages and emails.

Accreditation

Accreditation provides a way of validating the work of the Young Commissioner, either paid or unpaid. It will also help the young people to evidence their work for future employment. Accreditation can be conducted either formally or informally.

Informal accreditation can be both time and cost effective. It also allows for complete control of the content, format and assessment process. However, it may not be as highly regarded as an external accreditation but a way nonetheless to evidence new skills and knowledge acquired in their role.

For external accreditation, the cost will vary depending on the organisation offering accreditation. It also requires substantial time commitment to oversee the completion of the required portfolio of evidence (internal assessor) as well as the cost for an external assessor.



There are different accreditation routes to choose from such as ASDAN, OCN and RSPH. For example, The Royal Society of Public Health provides accreditation in the form of a 'Level 2 certificate for Young Health Champions'. This certification is designed for young people aged 14-25 to enable them to act as 'health advisors' to their peers in a variety of settings.

Another option is the Award Scheme Development and Accreditation Network (ASDAN <http://www.asdan.co.uk>) or the National Open College Network (<http://www.nocn.org.uk>). Children must be aged 14 and over to gain an OCN qualification. What is the cost? That will depend on which accreditation route you decide to use and whether you are an accrediting centre. Accreditation requires a time commitment to oversee the completion of portfolios by an internal assessor and the cost for an external assessor. All these efforts are worthwhile if the children and young people decide that this is what they want. Bear in mind that accrediting training will require additional time and effort on the part of young researchers and the internal assessor.



THE CORE TRAINING FOR YOUNG COMMISSIONERS COVERED:

- Young Commissioners Project Orientation
- Preparing and Participating in formal project meetings
- Plan a community engagement event
- Organisation and time management
- Public speaking and fine tuning your message for different audiences
- Desk top research
- Understanding the NHS commissioning cycle
- Insight into NHS and Youth voice and influence work
- Diabetes 101 & Hypoglycaemic First Aid training
- Data analysis and interpretation
- One-to-one supervision meetings
- Personal safety, lone working and research ethics.



TRAINING SESSION EXAMPLE: SELF-AWARENESS, CONFIDENCE AND PROFESSIONAL DEVELOPMENT

An inspiring, empowering and practical half-day workshop to help the Young Commissioners boost their self-awareness, self-confidence and to help them to develop the mindset, self-reliance and networking / influencing skills to help them develop themselves, their careers and to serve as effective advocates of the diabetes project.

About this session / this workshop will help you to:

- Identify your life and career values
- Tap into your skills, passion, strengths / talents – and how to utilise them
- Identify your life goals and areas of personal and professional development
- Discover / adopt the mind-set / habits for personal & professional progress
- Understand the fundamentals of understanding and influencing others
- Become clear about your personal brand and how to utilise it
- Learn simple goal-setting skills for your personal / career development
- Gain skills how to network effectively – and get your message across

‘I think this actually did help me boost up my confidence.’

Khadjia, Young Commissioner





Content of the session includes:

- Recap / review of the public speaking and presentation skills course
- Discuss the next steps of how the group will need to be to succeed
- Values, purpose, inspiration and life goals exercises
- My strengths / skills; 'At my best'; how I see me + how others see me
- Great brands / my brand / Making an impact
- 10 minute guide to understanding and influencing
- Who inspires you and why / adopt your virtual mentors
- Networking skills / say it in a sentence / working a room
- Project next stage – get ready to speak and present again
- Your next steps / actions to take

The benefits of attending:

- You'll become more clear, focused, motivated and confident
- Develop a better understanding of yourself and others
- You'll boost your self dependence, self-responsibility and resilience
- You'll become better at goal setting, prioritising and focusing
- You'll be more effective, impactful and employable

'I'm not afraid to ask questions anymore.'

Tamhid, Young Commissioner





AN EXAMPLE OF INTERNAL CERTIFICATION





DELIVERY

Matching young people to activities which build upon their strengths

The young people employed as Young Commissioners will have different levels of experience and competencies. In order to optimise outcomes of the project, discussions will need to take place about how each young person can contribute to the activities which builds upon their strengths.

Encouraging young people to stretch themselves

If training provided to Young Commissioner is comprehensive and well-delivered, the young people will be able to enhance their strengths and gain new skills that they can transfer to different areas of their life, such as education, training and employment.

What to pay attention to

During the time that young people are working as Young Commissioners, there are a number of different elements to pay attention to, including:

- Shared understanding of the goals of the Young Commissioners project
- The welfare and safety of the Young Commissioners, is particularly important if the Young Commissioners have existing health conditions
- The personal development of the Young Commissioners to meet different learning styles and different competencies
- Power relations that may impact upon the project, either within the group of Young Commissioners or other individuals they may interact with in their role.





Materials / delivery

- The workshop will be inspiring, practical and interactive with content delivery, discussion, self-reflection and practical exercises.
- The workshops would be delivered through PowerPoint slides and supporting hand-outs which can be sent out in advance and printed as hand-outs, ideally two to a page.
- UEL can provide pens and paper for delegates.
- UEL can provide a laptop and projector and flip chart, flip chart paper and flip chart pens for the session on request.

Timings / scheduling:

- A recommended three-hour, half day session, for example 10am-1pm with an earlier registration time to help the delegates settle in and ensure a prompt start.



‘I know I’m more confident now that I’ve been out in the public and spoken to people that I’ve never in my life met.’

Shandies, Young Commissioner



STUDY VISITS

Site visits are very beneficial opportunities for new and emerging youth forums, as they can provide knowledge, exposure and chances to collaborate with organisations. When taking part in site visits I was able to learn about organisations such as Diabetes UK and what they do. This was one of the most important things I took out of the visit as it allowed me to recognise services and resources which was out there to help me with a condition I've had for years but was unaware of. In addition to this it enabled me to understand who I was working with as the organisation played a major role in the project.

By Young Commissioner



SECTION 3: SUSTAINABILITY OF THE YOUNG COMMISSIONERS

BUILDING SUSTAINABILITY

Key words: Remuneration, time sheets, and monitoring and reviewing work

This section discusses how to sustain a group of Young Commissioners to effectively carry out their work. They will be paid or unpaid but should not experience any loss of income as a result of taking part in the initiative

Time sheets

It is important that time sheets are completed on time to ensure regular payments are made. Records of hours worked by Young Commissioner should be kept by both staff and the Young Commissioner. At the end of each week, the young people should email or text details of the number of hours worked during the previous week as well as which activities were completed within these hours.

Noteworthy: This will often be the first paid employment experience for the Young Commissioners so there will be a sharp learning curve in keeping a accurate record of time worked and submitting hours on time.

REVIEWING TRAINING NEEDS:

It is important that training needs are reviewed regularly to identify any gaps, which need to be addressed. Designing a clear project plan will help in matching skills and abilities to meet planned activities. Occasionally, top-up sessions may be needed to cover certain activities, depending on the experience of the group and the length of time since their last training.

It is also helpful to capture the experiences of the young people involved as Young Commissioners. This could take the form of interviews or focus groups. It will allow the young people to discuss their reasons for getting involved in the initiative, reflect on their achievements, identify challenges they have encountered and how the role has helped in other areas of their life and their plans for the future.

It is prudent to review project achievements and milestones that have been achieved to date. This acknowledges the progress that the Young Commissioners have made in their role, which helps to maintain motivation and momentum. It also provides reflection time on what has worked well and why and what has not worked well and why. This can help you to plan future training opportunities.

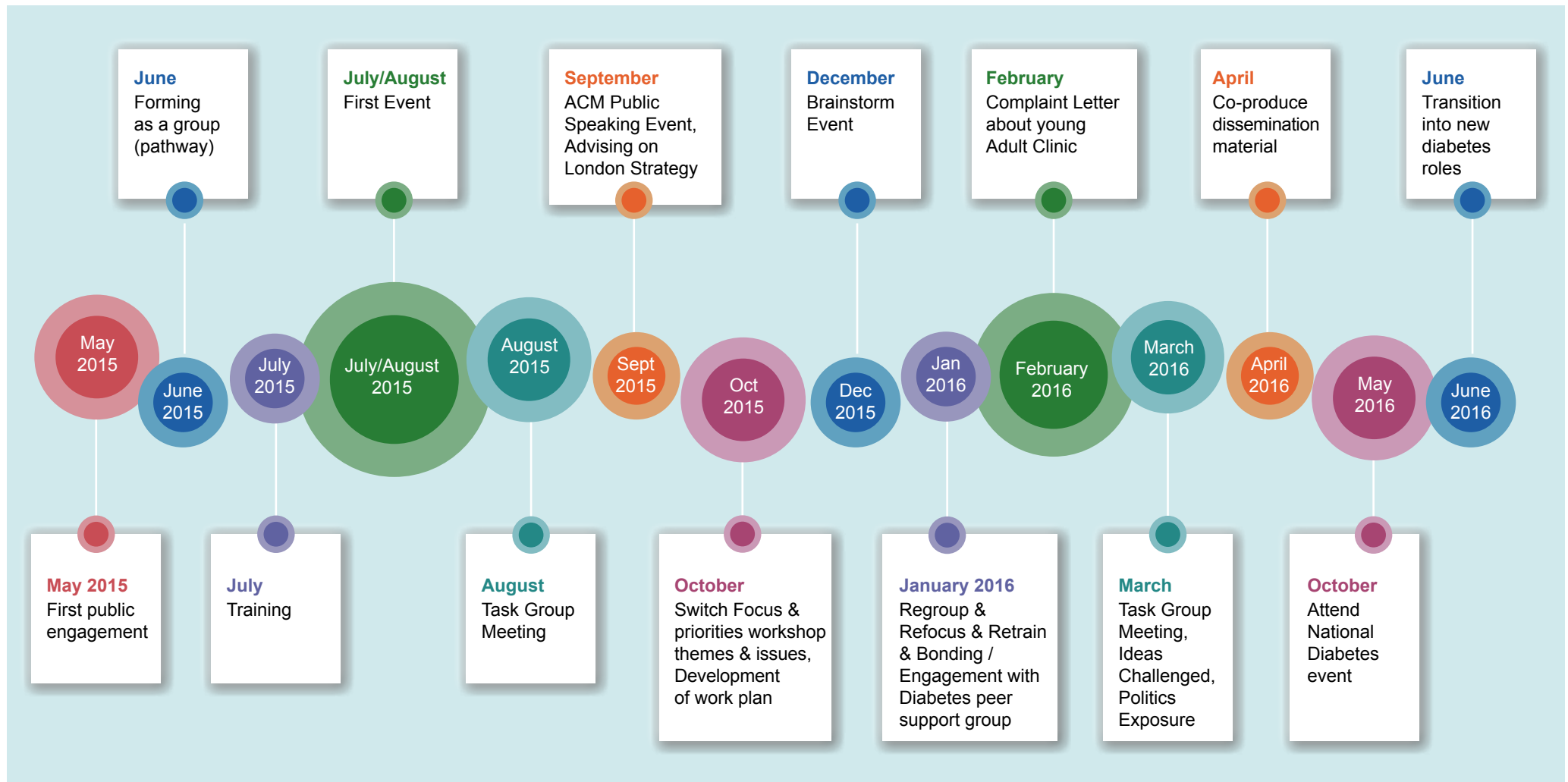
EVALUATING THE YOUTH FORUM

It is important to evaluate the impact of the work of the Young Commissioners. This can take a variety of forms and ideally should consist of both quantitative (numerical) and qualitative (non-numerical) data. The key to measurement is linking the Young Commissioners training and task against all the stated project objectives and determining whether they have been met and capturing the wider impact on the service and community.



- Action Area 1: Supporting young people and families to be engaged and empowered to manage their condition, maximising well-being and improving health outcomes
- Action Area 2: Working with young people to shape services tailored to their needs, promoting best possible outcomes
- Action Area 3: Delivering high quality care and measuring impact
- Action Area 4: Building and strengthening young leadership in the community
- Action Area 5: Ensuring we have the right staff, with the right skills, in the right place
- Action Area 6: Supporting positive patient experience and equal access to care irrespective of where young people live or which trust manages their care
- Action Area 7: Supporting age appropriate education and seamless transitions to adult care
- Action Area 8: Supporting young people and families to actively engage in activities that promote healthy lifestyle, through partnership with local council, education and public health
- Action Area 9: A focus on co-production – involving patients in the design of services
- Action Area 10: Creating strong local partnerships among various stakeholders in strengthening user-centred care for young people
- Action Area 11: Creating a strong framework for research, education and quality improvement in diabetes care
- The clinical lead should oversee the implementation of these action areas across Newham in the first instance, with implementation across other boroughs to follow.

Time line of key milestones for the Young Diabetes Clinical Commissioners project



DEVELOP A BUSINESS PLAN - PATIENT EXPERIENCE - NICHE OR MAINSTREAM?

This proposal should set out the strategic drivers, funding options and outline where and how to embed the Young Commissioners programme based on a modern and sustainable approach, with a strong focus on co-production between the Young Commissioners and key stakeholders.

The long term vision for Newham CCG is to embed the role of Young Commissioner in its organisation. While the pilot is focused on diabetes services, the aim is for future remit to widen to all areas of health services for young people, with a strong focus on mental health and wellbeing services in line with local CYP Mental Health transformation plans. In addition to this, as part of the commissioning cycle, commissioning managers must ensure public and patient representatives and or the wider community, as well as providers, are granted a forum in which they are able to contribute and feedback on service changes.

Every September, CCGs submit commissioning intentions to their providers, outlining any services changes they are planning to implement for the upcoming financial year. Drafted commissioning intentions should be shared with the forum before submission to the provider.



A working group with representation from youth commissioners, Newham CCG, primary and secondary care, Barts Health, UEL and CLARCH, Health London Partnerships, NHS England, Diabetes UK, UCLP will oversee the delivery of this programme and provide regular progress reports to Newham CCG Partnerships Programme Board. Governance structure for implementation of pathways to be agreed by primary and secondary care including clarity on clinical responsibility.

The programme needs to be supported by a robust governance framework allowing for the responsibility of care to be shared with clear criteria to ensure the safe delivery of care. In order to be sustainable, a recurring forum including young people, commissioners, and providers should be established to reinforce new models of working. This forum, led by a named commissioner, with support from a clinical lead and report into the CCG partnerships board.

Commissioning of health services has become more complex since the implementation of the Health and Social Care Act 2012. Currently some of the universal health services for CYP are commissioned by the Local Authority. Given the potential for a number of different providers and commissioners being involved in the organisation of these services it becomes more imperative that a cross-organisational approach is established to ensure they work together in the best interests of the CYP of Newham.

Top tips from the Young Diabetes Clinical Commissioners

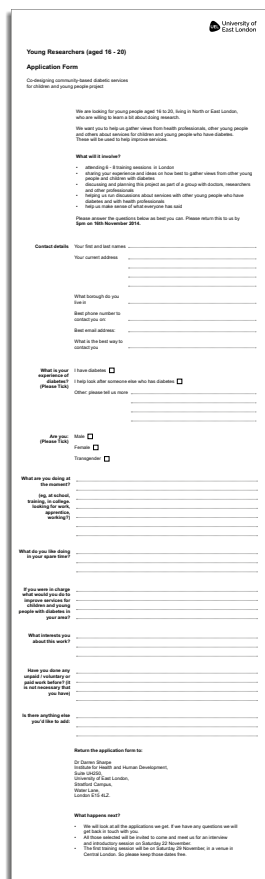
- 1. Make the position paid**
- 2. Make the role flexible**
- 3. Ensure young people recruited are interested in making change**
- 4. Give young people an early introduction to whole team**
- 5. Stay in regular communication (email, face-to-face and via telephone)**
- 6. Make training matched to role (Including confidence & communication)**
- 7. Ensure role is transferable to training / employment**
- 8. Be transparent, clear and open**
- 9. Promote independence in young people**
- 10. Each phase led differently:**
 - o Phase 1 – Lead by adults**
 - o Phase 2 – Co / Led**
 - o Phase 3 – Led by young people**

APPENDIX 1

Outline plan for a public engagement event

TIME	OBJECTIVE	ACTIVITY	PERSON	RESOURCES
15 minutes	Outline the schedule for the day and housekeeping	Introduction to the learning session		PowerPoint slide
30 minutes	Introductions and taster to the World Café Workshop concept	Mini World Café Workshop Exercise: What do young people find challenging about living in North and East London. For instance, transport, leisure or training opportunities.		Plan paper / table cloths / Pens
45 minutes	Mapping the diabetes pathway for CYP living in Newham	What are the issues of living with diabetes; Exercise: Draw in pairs the challenges, obstacles and solutions with good diabetes management. Discuss in pairs and then place on graffiti wall for whole group discussion. Points to consider: Participant observation skills: Listening skills		Flip chart paper and pens

		Scribing: Visual ways to capture information What are the issues with the process? Pros/cons?		
30 minutes	Explore the differences, divergence and similarities in personal experiences against expected structural pathways.	Locate and discuss where the challenges occur in relation to the Newham Pathway		Map of pathway placed on the wall. Map of Newham
45 minutes	Introductions and taster to the World Café Workshop concept	In whole group, discuss, debate and design the different stages and steps in the project workshops.		Flip chart paper
45 minutes	Recruitment Poster design	Using available computers design a range of recruitment poster to attract CYP and families to the timetabled workshops.		Computer stations
	End of the day			



Young Researchers (aged 16 - 20)

Application Form

Co-designing community-based diabetic services for children and young people project

We are looking for young people aged 16 to 20, living in North or East London, who are willing to learn a bit about doing research.

We want you to help us gather views from health professionals, other young people and others about services for children and young people who have diabetes. These will be used to help improve services.

What will it involve?

- attending 6 - 8 training sessions in London
- sharing your experience and ideas on how best to gather views from other young people and children with diabetes
- discussing and planning this project as part of a group with doctors, researchers and other professionals
- helping us run discussions about services with other young people who have diabetes and with health professionals
- help us make sense of what everyone has said

Please answer the questions below as best you can. Please return this to us by **5pm on 16th November 2014.**

Contact details

Your first and last names

Your current address

.....

.....

.....

What borough do you live in

Best phone number to contact you on:

Best email address:

What is the best way to contact you

What is your experience of diabetes? (Please Tick)

I have diabetes ☐

I help look after someone else who has diabetes ☐

Other: please tell us more

.....

.....

.....

Are you: (Please Tick)

Male ☐

Female ☐

Transgender ☐

What are you doing at the moment?

(eg, at school, training, in college. looking for work, apprentice, working?)

What do you like doing in your spare time?

If you were in charge what would you do to improve services for children and young people with diabetes in your area?

What interests you about this work?

Have you done any unpaid / voluntary or paid work before? (it is not necessary that you have)

Is there anything else you'd like to add:

Return the application form to:

Dr Darren Sharpe
Institute for Health and Human Development,
Suite UH250,
University of East London,
Stratford Campus,
Water Lane,
London E15 4LZ.

What happens next?

- We will look at all the applications we get. If we have any questions we will get back in touch with you.
- All those selected will be invited to come and meet us for an interview and introductory session on Saturday 22 November.
- The first training session will be on Saturday 29 November, in a venue in Central London. So please keep those dates free.

[illegible]

We want to ensure that all young people travelling to and from the UEL training and research events do so safely, and that they consider the risks and implications to their health and welfare before starting off on their journey. It is our responsibility to undertake a risk assessment of the research site, and we will provide as much transport and travel details as possible.

Please complete all the following sections.

What do you normally use to find your way around an area of London that you've not been to before?

PLEASE TICK ALL THAT APPLY	HOW MUCH DO YOU USE ANY OF THE FOLLOWING TO FIND YOUR WAY AROUND LONDON?	YES, ALL THE TIME	YES, SOMETIMES	NEVER
	An A to Z guide			
	A map of the London underground			
	Google earth			
	Google street map or other online map			
	Maps on my mobile phone			
	Please give any relevant details			

<p align="center">HOW DO YOU NORMALLY GET ABOUT (EG BUS, CAR, TUBE, WALK, CYCLE....) ?</p>			
<p align="center">NORMALLY, HOW MUCH DO YOU USE THE FOLLOWING FORMS OF TRANSPORT ON YOUR OWN? PLEASE TICK ALL THAT APPLY</p>			
London bus			
Tube			
Bicycle			
Own scooter, motorbike, or car			
Other, please specify			

Do you consider yourself to be disabled? Yes ☐ No ☐

If yes, please tell us about any assistance or considerations needed in order to get to and from the training and other venues:

.....

.....

.....

.....

**How will you normally
travel to and from the
UEL site in Stratford?**

.....
.....
.....

**Will you be travelling
alone?**

.....
.....
.....

**As a normal precaution, we advise all young people to inform their parent / carer
of their travel arrangements, such as the address where they are going, what
time they expect to arrive at the venue, what time they expect to be home and
how they are travelling.**

Signed

.....

Print name

.....

Date

.....

FOR PARENTS GUARDIANS IN THE CASE OF YOUNG PEOPLE UNDER 18

Please check and confirm the correctness of the information given above.

**Please sign and print your name below, to confirm that you consent to them
travelling to and from research sites and training events on their own.**

Please contact us if you have any questions

Signed

.....

Print name

.....

Main telephone number

.....

**Relationship to
young person**

.....

Date

.....

APPENDIX 4

The L2 YHC certificate requires learners to complete three core modules

Unit 1 Health Improvement.

Learners will:

Understand what is meant by health and wellbeing

- Understanding the role of Convention on the Rights of the Child and WHO in connection to health and wellbeing.

Understand factors which have led to an improvement in public health

- Introduction to the commissioning process

Understand factors which have led to an improvement in public health

- Diabetes awareness 101
- Review of systematic review examining paediatric health and care services for diabetes

Unit 2 Research local health improvement facilities.

Learners will;

Carry out a search of the local area for health and wellbeing

- Learning by doing: Workshop implementation x3
- Analysis of workshop information x3

Determine the resources available at the facilities

- Understanding Newham CCG task group roles and responsibilities
- Introduction to pathways for diabetes health and care services in Newham

Determine the suitability of resources for clients

- Review and co-produce CYP diabetes information pack for NEWHAM services x 3

Unit 3 Deliver a health improvement message. Learners will;

Understand the differences and benefits of peer advice

and professional Advice

- Learning by doing: attendance at multi-agency and intergenerational task group meetings

Prepare and deliver a health improvement campaign to a group of peers

- Designing a community health workshop x 2
- Learning by doing: Community health promotion events x2
- Presentation of key messages from the workshops to Newham CCG task group x3

Review the delivery of the message

- Public speaking training x2
- Preparing for presentation of findings to the task group at next working group meeting

YHC 6 Encouraging a healthy weight and healthy eating

Understand the factors which result in this behaviour choice

- Multicultural diets and cookery workshop or diabetics

Understand the personal and social consequences of this behaviour

- Completion of young diabetes diaries for a month

Know how to encourage behaviour change and support healthy lifestyle

- Exercise and lifestyle tips to maintain a good health condition

APPENDIX 5

DIABETES YOUTH PROJECT – Training & Events Schedule

June 2015

DATE & TIME	ACTIVITY	DESCRIPTION
Saturday 6 June 10.30-12.30 UEL	Induction	Employment forms including DBS Travel risk assessment, health & safety Detailed introduction to project Workshop schedule proposal
Friday 12 June 14.00-16.00 NUH	Diabetes partnerships meeting	AS presented diabetes youth project to group
Saturday 20 June 10.30-14.30	World Workshops 1	World café brainstorming and planning Promotional material and networking Skills audit – identify training needs

July 2015

DATE & TIME	ACTIVITY	DESCRIPTION
Thursday 2 July 12.00-14.00 UEL	Diabetes 101	Introduction to diabetes from the clinical perspective Session to be led by Liz Farlie
Thursday 9 July 10.00-12.00 UEL	Public Speaking	Training session on public speaking and presentation skills (part 1)
Friday 10 July 10.00-12.00 (4 hours)	World Workshops 2	World café practice run Public speaking training (speech coach TBC)
Thursday 16 July 10.00-12.00 UEL/West Ham FC	Public Speaking	Training session on public speaking and presentation skills (part 2)
July TBC	Drafting recommendations	Defining commissioning recommendations Overview of commissioning process Understanding role within task group
Tuesday 21 July West Ham Stadium (10.00-12.30)	Workshop 1	Co-facilitated with youth commissioners 1x clinical representative Invitees: CYP with diabetes, families, friends & carers
Wednesday 22 July (10.00-12.00) UEL	Enquiry workshop	Data and information analysis: how to organise the findings collected from a workshop Preparing for presentation of findings to the task group at next working group meeting
Tuesday 28 July (10.00-12.00) UEL	Workshop 2 planning	Preparation and planning for second workshop and presentation for 30 July meeting
Thursday 30 July 9.00-10.30 Warehouse K	Working group meeting	Youth commissioner present workshop 1 outcomes to inform recommendations Prioritising recommendations for 2016 implementation

August 2015

DATE & TIME	ACTIVITY	DESCRIPTION
Tuesday 4 August West Ham Stadium (10.00-12.30)	Workshop 2	Co-facilitated with youth commissioners 1x clinical representative Invitees: CYP with diabetes, families, friends & carers
Wednesday 5 August (10.00-12.00) (UEL)	Enquiry workshop	Data and information analysis: how to organise the findings collected from a workshop Draft presentation for task group
Thursday 13 August UEL (13.00-15.00)	Workshop 3 planning	Preparation and planning for third workshop
Friday 14 August (10.00-12.00) UEL	Youth Participation	Context setting: youth participation & UN convention on the rights of the child Presenter: Darren
Tuesday 18 August (10.00-20.00) UEL	Workshop 3 practice	Preparation and planning for third workshop
Thursday 20 August West Ham Stadium (16.00-18.30)	Workshop 3	Co-facilitated with youth commissioners 1x clinical representative Invitees: CYP with diabetes, families, friends & carers
Friday 21 August (10.30-12.30) UEL	Enquiry workshop	Data and information analysis: how to organise the findings collected from a workshop Draft presentation for task group
Thursday 27 August TBC (2 hours)	Working group meeting	Youth commissioner present workshop 2 & 3 outcomes to inform recommendations Agree draft recommendations for 2016 implementation

APPENDIX 6

Planning a community engagement event

Workshop Red Group

Aim: The purpose of the art-based interactive workshop is to generate discussion and ideas on what, why and where innovations are needed in health and care services to improve the control of diabetes among 11-15 year olds living in Newham. This workshop is designed to be fun and interactive for the participants.

Length: 60 Minutes

Resources: A4 paper, pencils and colour pens, note sticks, glue

Description: Working with children aged 11-15 the workshop should allow for discussion, debate and discovery of the challenges and solutions to controlling diabetes in this specific age group and from their perceptions build an understanding on what innovations in health and care services are needed that can improve the health and wellbeing of children and young people and be advocated by the Clinical Commissioning Group.

After welcoming and settling the participants down into the workshop, the session will have two parts. The first part draws heavily upon art activities to stimulate and prompt discussion.

Step 1 To begin, the trainer will ask the group to form pairs (and threesome) if there is uneven number of participants.

Step 2 The trainer should ask all the participants to take it in turn to draw their partner and also interview them. They need to ask their partner what has been the biggest challenge in controlling their diabetes and what the solutions to overcome the challenge were. They should draw the participant using an A4 sheet of paper and jot down the main points from the discussion.

Step 3 Give participants ten minutes each to interview and draw each other. At the end of this slot ask the pairs to introduce each other to the workshop group and explain what the challenge is and how it was overcome.

Step 4 Once you have gone round all the workshop participants ask they to place their own drawing onto the pathway made at the correct juncture in which the challenge occurred.

Step 5 Then start the second part to the session. Using the same thematic questions workshop participants to discuss and debate why this is a challenge and what are the solutions. Encourage participants to record their answers using post sticks. Discuss all four themes in turn dedicating no more than ten minutes to each.

Step 6 To close the workshop ask participants for any missing information. Also ask them to prepare themselves to talk about the challenges and solutions in the whole group discussion.

Workshop Green Group

Aim: The purpose of the workshop is to generate discussion and ideas on what, why and where innovations are needed to health and care services to improve the control of diabetes among 16-25 year olds living in Newham.

Length: 60 Minutes

Resources: A4 paper, pencils and colour pens, note sticks, glue

Description: Working with young people aged 16-25 the workshop should allow for discussion, debate and discovery of the challenges and solutions to controlling diabetes in this specific age group and from their perceptions build an understanding on what innovations in health and care services are needed to improve the health and wellbeing of children and young people and be advocated by the Clinical Commissioning Group.

After welcoming and settling the participants down into the workshop, the session will have two parts to it. The first part draws heavily upon art activities as an ice breaker exercise.

Step 1 Ask the participants to form pairs and send ten minutes each to interview and draw each other. They should discuss the challenges and solutions they have personally experienced in managing diabetes.

Step 2 Once completed, ask participants to introduce the person they have drawn and what have been the challenges and solutions.

Step 3 Using flip chart paper record all the challenges and solutions.

Step 4 Organise the group in the minimum of two or maximum four groups. In turn, ask the groups to spend ten minutes discussing and debating the project themes. Dependent upon the number of participants in the workshop lay out each theme on either two or four tables. If you use two tables give ten minutes to each theme and then present a new theme to the group ensuring that they have covered all four themes by the end of the session.

Step 5 Encourage participants to record their response on note sticks which should remain linked to the host theme.

Step 6 To close the workshop ask participants for any missing information. Also ask them to prepare themselves to talk about the challenges and solutions in the whole group discussion.

Workshop Blue Group

Aim: The purpose of the workshop is to generate discussion and ideas on where, why and what innovations are needed in health and care services to improve the control of diabetes among children and young people living in Newham from the perspectives of parents and carers.

Length: 60 Minutes

Resources: pens, sticky notes

Description: Working with parents and carers the workshop should allow for discussion, debate and discovery of the challenges and solutions to controlling diabetes in this specific age group and from their perceptions build an understanding on what innovations in health and care services are needed to improve the health and wellbeing of children and young people with diabetes and that can be advocated by the Clinical Commissioning Group.

Step 1 In turn ask each of the participants to introduce themselves by giving their name and briefly explain how diabetes is part of their lives. Once completed explain the aim of the session is to explore four themes which have arisen from discussion with children, young people and parents at the December 2014 UCLP and UEL organised event.

Step 2 Ask the participants to form 2 to 4 groups and following your instructions move around the thematic tables. At the table they should consider in their small groups discuss, debate and explore the challenges and solutions of controlling diabetes from a parent/carers perspective. Encourage participants to record their responses using note sticks

Step 3 Give each group ten to 15 minutes to discuss each theme and then confidently replace the theme on the table or else move the groups onto different tables.

Step 4 To close the workshop ask participants for any missing information. Also ask them to prepare themselves to talk about the challenges and solutions in the whole group discussion.

APPENDIX 7.
Events risk assessment

UEL Risk Assessment Form

UEL University of East London

Name of Assessor	Dr Darren Miguel Sharpe	Date of Assessment	01/05/2014
Event title:	Young Clinical Commissioners Induction and training Workshop 1.		
Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a field trip or event please add an overview of this below:			
The goal of the two hour induction and training session is to complete all the necessary Spring employment registration and UEL/IHHD risk assessments forms for the newly employed Young Diabetes Clinical Commissioners, with diabetes T1 & T2. There will be four young people in attendance for the duration of the workshop supervised by Dr Darren Sharpe (IHHD) and Rachelle Ferrer (TST).			
Overview of FIELD TRIP or EVENT:			
The event is an induction session to complete the paperwork for a new group of Spring employees aged 17-18 who will be employed by the Newham Clinical Commissioning Group and supported by UEL/IHHD as Young Diabetes Clinical Commissioners to help co-develop re-commissioning guidance for young people diabetes service in the East of London.			

LEVELS OF RISK HAZARD SEVERITY RISK RATING (a+b+c+d)

1 - Low (Minor)	1 - Negligible (No harm to health or safety)	1 - Negligible (No harm to health or safety)
2 - Moderate (Minor harm)	2 - Moderate (Minor harm to health or safety)	2 - Moderate (Minor harm to health or safety)
3 - High (Major harm or death)	3 - High (Major harm or death)	3 - High (Major harm or death)

WHICH ACTIVITIES CARRY RISK?

Activity	Location	Time	Number of participants	Assessment
Induction and training session	IELHHD Office	6 June, 2015 – 10.00-12.00	4	Low risk

UEL Risk Assessment Form



Name of Assessor	Dr Darren Miguel Sharpe	Date of Assessment	01/05/2014
Event title:	Young Clinical Commissioners Induction and training Workshop 1.	Date, time & Location of activity	6 June, 2015 – 10.00-12.00 IELHHD Office
Signed of by Manager (print name)			
Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a field trip or event please add an overview of this below:			
The goal of the two hour induction and training session is to complete all the necessary Spring employment registration and UEL/IHHD risk assessments forms for the newly employed Young Diabetes Clinical Commissioners, with diabetes T1 & T2. There will be four young people in attendance for the duration of the workshop supervised by Dr Darren Sharpe (IHHD) and Rachelle Ferrer (TST).			
Overview of FIELD TRIP or EVENT:			
The event is an induction session to complete the paperwork for a new group of Spring employees aged 17-18 who will be employed by the Newham Clinical Commissioning Group and supported by UEL/IHHD as Young Diabetes Clinical Commissioners to help co-develop re-commissioning guidance for young people diabetes service in the East of London.			

LIKELIHOOD OF RISK	HAZARD SEVERITY	RISK RATING (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-5 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6-9 = High (Further control measures essential)

WHICH ACTIVITIES CARRY RISK?								
Travel to/ from UEL Stratford campus by young people	The young people may become injured/unwell during the journey to induction session	1The young person	2	3	2	All the young people live local to the campus and know their way if they become confused or where to stop if they need help.	All young people will complete a travel risk assessment and will be given oral and written guidance on how to travel to and from the University safely. All young people will be given the facilitators mobile number to call in an emergency.	01/06/2015

Attending the workshop	<p>The young people experience a Hypoglycaemia (hypo) attack in the workshop. Hypos can come on quickly and everyone has different symptoms, but common ones are: feeling shaky, sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, feeling tearful, stropky or moody, going pale.</p> <p>This can be caused by excess insulin, delayed or missed meal or snack, not enough carbs, unplanned physical activity, and drinking large quantities of alcohol.</p>	Young people	2	1	3	<p>We will ensure that they have access to fast-acting carbohydrate:</p> <ul style="list-style-type: none"> •Small glass of sugary (non-diet) drink •At least three glucose tablets •Five sweets, such as jelly babies •Small carton of pure fruit juice •Glucose gel. <p>Also, we will provide snacks with some complex carbohydrates (ie. Bread, Crackers etc....) to make sure their blood sugar doesn't drop again, as it can do after a while if they just take a sugary drink and nothing else.</p> <p>If the diabetic young person collapses and become unconscious we will put him/her into the recovery position (on your side with your head tilted back and knees bent). Give him/her a glucagon injection if stated in their medical form).</p> <p>If we do not have a glucagon kit available, or if the young person has not recovered within ten minutes of receiving the glucagon injection, or no one is trained to give a glucagon injection an ambulance will be called immediately</p>	<p>Ensure that food and drinks containing sugar is available at all meetings and a phone is available to call an ambulance if required.</p> <p>Complete medical form for all young people and parent/guardian consent form.</p> <p>Purchase and have available a glucagon kit.</p> <p>Attend training to administer a glucagon injection.</p>	01/06/2015
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Attending the workshop	The young people may become upset/distressed during the induction/training session.	Young people	1	1	1	The session is aimed at understanding the needs of the young person and how adult members of the team can best support them to fulfil the role and responsibilities of the post.	Ensure that the young person has privacy to share information truthfully and honestly without fear of judgement or fear of being overheard by peers.	01/06/2015
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Glossary

ASDAN – Award Scheme Development and Accreditation Network
CLARHC – Collaborations for Leadership in Applied Health Research and Care
CCG – Clinical Commissioning Group
CYP – Children and Young People
DBS – Disclosure and Barring Service
HR – Human Resources
IHHD – Institute for Health and Human Development
NIHR – National Institute for Health Research
NHS – National Health Service
OCN – Open College Network
RSPH – Royal Society for Public Health
TST – Transforming Services Together
UEL – University of East London
UCLP – UCLPartners, Academic Health Science Partnership

CONTRIBUTORS

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Sema Thasnim, Shandies Rose, & Tahmid Alam.



ABOUT NIHR CLAHRC NORTH THAMES

NIHR CLAHRC North Thames conducts ground-breaking applied health research that has a direct impact on the health of patients with long term conditions and on the health of the public. This unique collaboration brings together world-leading universities, the NHS, local authorities, patients, the public, industry and charities, working together to undertake research that generates the evidence to improve services and care.

Recipient of NHS England's Celebrating Participation in Healthcare grant



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