Gedling Young People's Mental Health Partnership

Reducing system demand through place-based, co-produced youth mental health support

The System Challenge

Like many areas, Gedling was experiencing mounting pressure on mental health services for young people: long waiting lists, crisis presentations, and young people falling through gaps between universal and specialist provision. Traditional service responses weren't meeting need, and young people lacked trust in formal systems.

The question facing local partners was: How could we intervene upstream to prevent escalation to crisis, while building sustainable community capacity?

How we wrote this story: the group of partners involved in this work came together within a Ripple Effect Mapping session facilitated by Active Notts and Public Health Notts to share their experiences of the work. The session is designed to capture the significant events of the work along with the enablers and barriers to this along a timeline from when the work started to present day. It is an academically recognised approach to evaluation, delivered in a social, participatory way. The content from the session was pulled together and from this the story below was written highlighting how it worked, the outcomes, enablers, barriers and recommendations.

The Partnership Response

A different starting point

1 Need identified
Through a youth survey and engagement with the Youth Council - a lack of mental health support for young people

2 Doing something differently
Local councillors instigating local conversations to discuss what could be done

3 Investment to engage
Gedling Borough Council commissioned Positively Empowered Kids (PEK) to deliver engagement activity alongside the Youth Service

4 Youth Voice
Community-based engagement built trust with young people to build understanding

5 Delivery of co-produced activities
Activities to support young people's mental wellbeing, whilst giving opportunity to signpost to appropriate mental health support services
see here

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The Partnership Response

A different starting point

The local multi-agency partnership approach was convened focused on three specific neighbourhoods: **Arnold**, **Calverton** and **Netherfield** where there were County Council Young People's Centres.

The approach was explicitly preventative and asset-based, grounded in understanding that mental health is determined by much more than access to treatment.

Key partners at the table

- **Positively Empowered Kids (PEK)** - youth engagement specialists
- **County Council Youth Services** - trusted spaces and expertise
- **Gedling Borough Council** – Health Officer supporting with local knowledge, connections into community
- **Local Councillors** – providing political leadership and local knowledge
- **Integrated Care Board (ICB)**- South Notts Place Based Partnership to convene and support
- **Police** - new partnership addressing Anti-social behaviour (ASB) and youth concerns
- **Independent youth workers**
- **Public Health and community partners**
- **Schools** – early links developing

Critically, this built on existing relationships from previous place-based work (in Killisick), meaning partners already had established trust.

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The Model of Delivery

5. Flexible, integrated funding

Multiple funding streams and adaptable approaches allowed the work to respond to emerging needs. £34,400 was accessed by PEK for the first phase of this work focusing on mental health; as the ASB connection developed this led to accessing a further £37,000 through the Police Crime Commissioner (PCC).

2. Relationship-building as foundation

The team invested time building trust with young people; creating the foundation for young people to access support before reaching crisis point.

1. Youth Voice at the Heart

Young people weren't consulted - they co-produced the activities, communication platforms, and approaches. This wasn't tokenistic; their input directly shaped delivery.

4. Multi-Agency Equal Partnership Culture

No single agency "owned" the work. Multi-agency steering meetings operated with team ethos, breaking down traditional silos. Pre-existing relationships between partner organisations from place-based work accelerated success.

3. Community-based approach

- Meeting young people where they are e.g. Marketplace events in communities; local youth led wellbeing activities (including boxing and mindfulness)
- Digital engagement through platforms young people use
- Safe spaces in youth service buildings
- Accessible routes to support via trusted youth workers

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Outcomes: Impact on Young People and the System

Individual impact

- **Increased confidence and authenticity** - young people opening up more freely
- Young people actively **sharing aspirations and seeking support**
- Enhanced awareness of **resources and services** available
- Young people using **communication channels that suit them** to access trusted support
- **Participation** in volunteering and leadership opportunities

Community and system-level impact

- **Anecdotal evidence of preventing A&E presentations** for mental health crises among young people
- **Young people accessing early support** through trusted relationships and wellbeing activities rather than waiting for specialist services
- **Reduction in ASB levels** (particularly Arnold)
- Young people given police warnings now **seeking support** from the team
- **Increased pride** in local area
- **Intergenerational appreciation** developing

Building capacity in the system:

- **New partnerships formed** (e.g. police and PEK collaboration) and existing partnerships strengthened
- **Youth-led** wellbeing programme with leadership opportunities created

Sustainability secured:

- **PCC funding obtained** to extend and sustain the offer

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The Return on Investment Perspective
What did £71,400 achieve?

Direct service substitution:

- Working towards preventing mental health A&E presentations in the mid to long-term (estimated cost per attendance: £200-£400)
- Reduced demand on Child and Adolescent Mental Health Service (CAMHS) waiting lists through early intervention
- Diverted young people from crisis pathways into community support
- Reducing ASB incidents

Upstream investment:

- Built community capacity that will continue beyond project funding
- Created trusted relationships enabling early help conversations
- Developed youth leadership reducing future demand

System efficiency:

- Partners working together rather than duplicating effort
- Shared understanding of young people's needs across agencies
- Police time redirected from enforcement to prevention

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Enablers (of this work)

1. Building on existing place-based relationships: There was already trust established between many partners involved.

Learning: Don't start from scratch. Invest in deepening existing place-based relationships.

2. Youth engagement expertise: specialist skills in building trusted relationships with young people and unconditional positive regard to uniquely find their way forward.

Learning: Clinical commissioning alone won't reach young people who don't trust formal services. Commission neutral youth work alongside health provision.

3. Enable genuine co-production: Young people shaped the offer, meaning it was relevant and accessible. They also received feedback on how their input created change, building trust.

Learning: Co-production isn't a consultation exercise; it needs resource and to show young people how they've influenced decisions.

4. Flexible funding enables responsive delivery: Multiple small funding streams allowed partners to respond to emerging needs rather than delivering predetermined programmes.

Learning: Consider how prevention funding can be more flexible and place-based rather than prescriptive.

5. Political leadership matters: Local councillors instigated and championed this work, enabling partnership across organisational boundaries.

Learning: Political leadership in this work is needed to help connect what we hear from young people into creating action.

Barriers (of this work)

Systemic issues:

- NHS and Local Government reorganisations disrupting long-term planning
- **Data sharing agreements** difficult to establish between sectors
- Lack of sustainable funding for mental health partnerships doing preventative work
- Silo working across agencies

Service gaps:

- Long waiting lists requiring additional community support capacity
- Limited school engagement
- Personal, Social, Health and Economic Education (PHSE) curriculum gaps - mental health not adequately covered

Engagement challenges

- Lack of trust from young people toward adults
- Risk of "project overkill" - using same young people repeatedly
- Lack of co-production in traditional service design
- Young people mistrustful when consultations lack feedback

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Recommendations for Future Mental Health Work

1. Commission differently on a relationship based prevention model

- Ring-fence prevention funding within mental health allocations specifically for place-based youth engagement
- Investing in building long term youth engagement to build trusted relationships
- Allow sufficient time for trust-building before expecting outcomes

2. investing in building long term youth engagement to build trusted relationships

- Fund partnership coordination capacity into new partnership development roles and factor into existing leadership roles
- Include diverse partners (police, health, youth services, VCS)
- Formalise partnership approaches with clear governance but flexible delivery
- Break down silos through regular multi-agency meetings

3. Embed co-production as standard practice

- Ensure young people inform design, delivery, and evaluation
- Create feedback loops - show young people how their voice created change
- Avoid consultation fatigue by coordinating across partners
- Partnerships to remove bureaucratic barriers to integrated working

4. Build on place-based foundations

- Align prevention funding with existing place-based networks rather than creating new structures
- Continue place-based approaches that address the Building Blocks of Health
- Reach young people in their communities before issues escalate

5. Support workforce development

- Train everyone in youth-facing roles in mental health conversations – delivering this in place across different organisations
- Resource youth infrastructure with joint commissioning between Health and Local Authority
- Share learning from this model across the workforce
- Maintain independent youth engagement capacity

6. Simplify data sharing

- Development of standard agreements for health/youth sector partnerships to remove bureaucratic barriers to integrated working

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Key Messages:

This is a replicable model/framework for other areas

Demonstrates prevention and early intervention (reducing A&E presentations)

Shows value for money through multi-agency working

Evidences genuine co-production with measurable outcomes

Conclusion

This work demonstrates that **reducing demand on acute services requires investment upstream in trusted relationships, community capacity, genuine partnership with young people at its heart.**

The most important lesson: Young people need trusted adults, appropriate spaces, their voices heard, and feedback on how they've influenced change. When these elements align through equal partnerships of different organisations working together, systemic barriers can be overcome.

The alternative is continuing to channel young people exclusively into specialist services with long waiting lists, perpetuating crisis-driven demand, eroding young people's trust, and failing to address underlying causes.

Final Thought

How can we invest more into community-based, co-produced, preventative approaches that can reduce system pressure while improving young people's lives?

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