Conclusions The Paediatric Gynaecology Clinic at UHN M sees a wide variety of reasons for presentation, covering physical symptoms as well as psychological and social issues. Adolescents are the predominant users of this service and the reasons for them to present to the clinic are vastly different than the pre-adolescent age group, with demand indicating there could be a need for a specialist adolescent gynaecology clinic. Menstrual disorders were the most common worry for adolescent patients, with heavy menstrual bleeding being the predominant concern and a common reason for a referral from primary care to specialist paediatric gynaecology services. Due to the variety and uniqueness of presentations to the paediatric gynaecology clinic, there is a need for both paediatric and gynaecological input for the management of adolescent patients.

Objectives A major aim of the Breathe Education project is to develop digital infrastructure and online resources to increase earlier support for young peoples mental health and wellbeing in schools and early years settings. As part of the initial strategy we planned and initiated an annual wellbeing census of children and young people’s mental wellbeing, providing strategically useful big-data supporting early intervention and prevention practices in all primary and secondary schools in Birmingham. The pilot study, reported here, was planned as a ‘proof of concept’ to identify and address an appropriate methodology to ensure positive functionality of the bespoke survey software (Breathe Digital: www.breathe-schools.co.uk), and to explore wellbeing within the pilot schools. This work is a collaboration between staff from local NHS services; Birmingham City Council’s Public Health & Education departments; Birmingham Education Partnership and the University of Warwick.

Methods We developed an annual longitudinal survey of students’ wellbeing employing the bespoke survey software. It allows for the collection of wellbeing data from large cohorts of pupils, and is intended to be repeated with them and expanded to other schools over an initial 5 year period. For the pilot study, in spring/summer 2021, we recruited 11 primary and 5 secondary schools. Pupils completed the Stirling Children’s Wellbeing Scale (SCWBS, primary schools) or the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, secondary schools), along with a 4-item questionnaire on school connectedness. Demographic data was obtained from existing data available from schools.

Results N=3,437 participants completed the census, representing a recruitment rate of 48% of all pupils on school rolls (7,500). Across primary schools, the overall mean score for wellbeing was 46.6 (SD:8.06), higher than the population average of 43.5 (SD:6.66). Across secondary schools, the overall average score for wellbeing was 46.8 (SD:9.2), slightly lower than the population average of 48.3. There was a significant difference between school connectedness scores for primary (Mean = 16.5, SD = 3.5) and secondary schools (Mean = 13.6, SD:3.9) t = 22.42, p<.000) with secondary schools scoring on average 2.8 lower than primary schools.

Conclusions The pilot project was successful in creating shared wellbeing data across different schools in Birmingham, for use as a measure to inform individual school wellbeing policies and for the creation of a regional metric for ongoing public health planning and comparison work. Despite the pressures of the COVID-19 pandemic we were able to recruit a sample of primary and secondary school pupils at similar levels to national population studies. The 2022 wellbeing census is currently being completed with involvement of over 10,000 pupils. We have demonstrated that a collaborative strategic annual census of student wellbeing can be developed as part of the intelligence infrastructure required to contribute to strategic improvement of young peoples mental health and improved targeting of health and wellbeing resources.

Founding of the Southwest Paediatric Mental Health Network and Inaugural Meeting

Alexandra Childs, James Dearden. Torbay and South Devon Foundation Trust Hospital

Objectives

- To improve inter-Trust working to facilitate collaborative guidelines and resources by formulating a multi—disciplinary Paediatric mental health regional network
- To establish a multi-disciplinary working group with representation from all hospitals across the SW Peninsula with two main objectives:
  - to improve collaboration and sharing of guidelines, protocols and educational resources
  - to support the staff with the increasing prevalence and pressures within Paediatric mental health by providing a regional support network and introducing specialist healthcare workers across the region.

Methods Collaboration between a Paediatric trainee with specialist interest in adolescent health and mental health lead for a DGH in the South-West to formulate network. Initial contact of relevant and interested individuals via social media and email, with encouragement of members to invite professionals from all disciplines with an interest in Paediatric mental health and eating disorders. Once core group established, planning and management of inaugural network meeting, with main focus of day to be service development and resource sharing as opposed to primarily educational.

Results Multi-disciplinary regional network formulated with over 30 professionals with interest in Paediatric mental health. Increased sharing of resources, educational opportunities and information sources for both professionals and patients. Very successful inaugural face to face meeting took place in Brickhouse Vineyard, Devon with 40 multi-disciplinary professionals attending in person and an additional 45 virtually over the day. Wide mix of professionals including dieticians, psychiatrists, Paediatric clinicians, nursing staff and psychologists. Introduction to the day by interview with service users to ensure the CYP voice is at the centre of our work.

Successful inaugural meeting with talks from key-note speakers (current state of Paediatric mental health nationally from the RCPCH mental health lead and Trauma informed care by Dr Laura Wood), resources and service development presentations, and hot-topic discussions facilitated by expert
THE BIG WELCOME – ADOLESCENT PACKS: A PROJECT TO WELCOME, ENGAGE AND WORK WITH YOUNG PEOPLE ADMITTED TO HOSPITAL FOR ACUTE CLINICAL CARE

1Emma Parish, 2Susan Pruden, 1YPHSIG; 2Evelina London Children’s Hospital, London, UK

Objectives Young people admitted to our hospital often feel overlooked in their own care. Our aim is for all young people coming to our Trust to feel welcomed, informed and have developmentally appropriate care. With this in mind we piloted ‘The Big Welcome’ in the Evelina London Children’s Hospital (ELCH).

The Big Welcome intends to provide the right information for young people about their health care and support well-being. One idea generated from the Youth Forum was to provide a tailored Adolescent Pack on arrival to hospital.

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The Big Welcome intends to provide the right information for young people about their health care and support well-being. One idea generated from the Youth Forum was to provide a tailored Adolescent Pack on arrival to hospital.

Methods We created a pack which is offered to all young people over 13 years old, where developmentally appropriate, admitted to the ELCH. This includes practical items, entertainment items and health promotion and engagement information.

Data is collected on the number of packs handed out and using a QI approach feedback is taken from young people in real-time on the content of the pack and through staff observation of what is used/left behind. This information is used to improve the pack through PDSA cycles.

We initially tested the packs in one ward area and the emergency department short-stay unit. We selected the acute admissions wards as this would provide the highest turnover of opportunity to distribute the pack. Our play specialist team took the lead in distribution and collecting feedback. The pilot is funded by a charity grant, reviewed quarterly.

Results We distributed 60 packs from May 2021 – May 2022 and received mixed feedback from young people. Some appreciate the gesture and some of the content, others have been disinterested/declined them or rated the content poorly. Feedback from the emergency department is that the packs are not tailored to short-stay and are more useful for those admitted to the main wards.

We have not been able to give out as many packs as planned (there are estimated X eligible young people per month admitted to the wards). Barriers identified are a lack of staff awareness of the project, core staff leave and admissions out of hours.

In response to feedback packs have been adapted to include QR code links to relevant health information about teenage sleep, sexual health and patient-led transition.

Conclusions While the packs have been able to address some of the aim, they have not been as successful as hoped. We continue to evaluate the packs fitness for purpose and modify content in response to feedback. Our next step is to improve the distribution, then as part of the wider project to update information for young people on the ELCH website around transition planning and communication tools. We have identified staff training is needed to improve comfort managing the needs of young people and content needs to be accessible.

TRANSITION INTO ADULT SERVICES – WHAT CHARACTERISTICS MIGHT BE CORE TO WHOLE ORGANISATION CHANGE?

1Pippa Spanoun, 1Susie Aldris, 3Louise Porter, 5Sue Morgan, 2Faith Gibson; 1University of Surrey; 2Burdett National Transition Nursing Network; The Leeds Teaching Hospitals NHS Trust; 3The Leeds Teaching Hospitals NHS Trust; 5University of Surrey/Great Ormond Street Hospital for Children NHS Foundation Trust

Objectives Current processes for the transition of young people with long-term health conditions from children’s or adolescent health services into adult services are disjointed, often falling short of what can be described as a ‘good experience’. Consequences for young people are many, including deterioration in health, disengagement from services, with short-and long term effects. Following the successful development of an exemplar Model of Improvement for Transition at Leeds Teaching Hospital Trust, a National Transition Nursing Network was implemented across England in 2020, funded by the Burdett Trust for Nursing. This network includes a Lead Nurse for Transition and four Regional Nurse Advisors (RNAs) covering four regions across England. Influence and impact of this network and its approach to evaluation is our focus.