Improving Health and Wellbeing services for children placed in the Children and Young People’s Secure Estate

Agreement for the commissioning and delivery of Healthcare Services in the Children and Young People’s Secure Estate in England between NHS England, the Youth Justice Board and Public Health England

2015-16

NHS England Publications Gateway Reference 01909
Joint Statement

This Agreement sets out the shared strategic intent and joint commitment for NHS England, the Youth Justice Board (YJB) and Public Health England (PHE) to work together for the purposes of commissioning and delivering healthcare services across the Children and Young People’s Secure Estate (CYPSE) in England.

The principal aim of this partnership is to work together on operational and strategic issues to enable children and young people held in secure accommodation\(^1\) to access and receive the same quality and range of healthcare services as provided in the wider community.

As partners we recognise our respective statutory responsibilities and independence, but will endeavour to ensure a collaborative and cooperative approach to achieve our shared aims of ensuring safe and effective care, which improves health outcomes for children and young people across these secure settings, promotes safeguarding, reduces inequalities, protects the public and reduces re-offending.

Collaboration must go beyond the words written in this document: it must be embedded into the way in which we work. This may mean working in different ways to enable us to make the difficult decisions that will set the direction for transformational change and improved outcomes.

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1 Young people can be placed in secure accommodation under section 25 of the Children Act 1989 on a welfare only basis to protect them from injuring themselves or others or from suffering harm by absconding or those remanded or sentenced to custody in places commissioned by the Youth Justice Board.
Context and Shared Purpose

1. Children in contact with the youth justice system and those placed on welfare orders are a particularly vulnerable group. To improve their life chances and to reduce re-offending and to address health inequalities, they need to receive the best available health care appropriate to their needs.

2. There are currently 4 Young Offenders Institutions (YOIs), 3 Secure Training Centres (STCs) and 14 Secure Children’s Homes (SCHs) across England. The YJB commission 1184 places in YOIs, 243 places in STCs, 138 places in SCHs, and Local Authorities commission 128 places in SCH.

3. There is compelling evidence to suggest that for many children and young people their experience of a secure setting brings them into contact with sustained and meaningful health services for the first time. This provides opportunities for identifying and treating health or issues of disability in a meaningful and sustained manner and supporting on-going health care and treatment as required on a return to their communities. It also provides an opportunity for partners to meet their statutory function of addressing health inequalities.

   i. In 2011/12 a survey of 15-17 year olds in YOIs found that 27% of young men in custody self-reported emotional or mental health problems.

   ii. Approximately one fifth of sentenced children and young people in custody had attempted to harm themselves at some point in their lives (as against 7% of the general population) and around a tenth had attempted suicide at least once.

   iii. There is a higher prevalence of neuro-developmental disorders among children and young people in custody than in the youth population in general.

   iv. About 60% of those looked after in England have been reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care.

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2 One YOI (Parc) and one SCH (Hillside) are located in Wales, and as such as outside the remit of this Agreement.
3 Of the 14 English homes, five provide welfare places only and the remainder provide both welfare and youth justice places types. Placements for sentenced children are commissioned by the Youth Justice Board (YJB), whereas placements for children requiring detention on welfare grounds under Section 25 of the Children Act 1989 are commissioned by individual local authorities, usually on a spot-purchase basis. (DfE Statistical Release June 2013).
4 See www.england.nhs.uk/ourwork/d-com/off-health
v. Young People in custody report a disproportionately higher level of substance misuse than in the youth population in general.\textsuperscript{9} Data reported into the National Drug Treatment Monitoring System (NDTMS) during 2013/14 indicated that over 1650 young people engaged in a substance misuse specialist treatment intervention within the secure estate in year.

vi. Whilst there is limited evidence, young people in custody have significantly more severe physical health problems than the general population of young people. The main physical health problems of young people include blood-borne viruses such as Hepatitis B and C, sexually-transmitted infection, dental health, visual and auditory impairment and long-term health conditions including asthma, diabetes and epilepsy. There is also concern that children in these settings miss out on opportunities for screening and immunisation programmes due to fractured care pathways and social constraints.

4. All of the above factors serve to exacerbate the additional vulnerabilities experienced by children and young people within the secure estate and serve to potentially place them at risk of significant longer term health harms as they grow into adulthood with the very real risk of a reduction in their life expectancy.

The Partnership Agreement

5. Health and justice services are interdependent and work together to commission and support the delivery of a system which is safe, legal and decent and which delivers both health and re-offending outcomes for the individual. As distinct but interdependent commissioners of services, for children and young people in secure settings it is essential that the partners align their priorities and resources.

6. This Partnership Agreement between NHS England, the YJB and PHE reflects a desire to develop a shared understanding of how these organisations can work together to co-commission\textsuperscript{10} and deliver quality services for children and young people in secure settings contributing to improved outcomes.

7. In many instances, this will require new ways of working together to influence service delivery – particularly where direct commissioning relationships do not

\textsuperscript{8} Department for Children, Schools and Families 2009a
\textsuperscript{9} Galahad SMS ltd (2004) Substance Misuse and juvenile offenders. London: The YJB
\textsuperscript{10} NHS England defines the term Co-commissioning to be where two or more commissioning organisations align their commissioning systems and priorities for the purpose of achieving shared outcomes while retaining separate responsibility for managing their own resources to support this. It is not therefore the same as joint commissioning or pooled commissioning, and commissioned resources may be aligned at a strategic as opposed to a service-by-service commissioning level.
exist. The partners commit to support this Agreement corporately and therefore this will apply to delivery at all levels within these organisations.

8. Commitments in this Agreement should be used as a template to underpin partnership agreements locally.

9. Where direct commissioning relationships exist, this Agreement shall also apply to sub-contracting and delegated commissioning arrangements (for example commissioning of substance misuse services through a Section 75 Agreement with a Local Authority). Commitments in this Agreement therefore need not and should not be re-negotiated in local partnerships as these are also covered by this Agreement.

10. Contracts for healthcare services for children and young people in secure settings should not seek to replicate commitments in this Agreement but instead should reference this document, and any local partnership delivery agreements based on it, to ensure consistency of approach and to recognise the principle of partnership upon which this Agreement is based.

Scope of the Agreement

11. This Agreement covers specific pieces of work which have a bearing on the effective delivery of healthcare services to children and young people, including a focus on all relevant work across the secure estate. For the purposes of this Agreement, the scope of commissioned services includes:

- All healthcare for children and young people in custody including the Section 7A Agreement on responsibility for Public Health. This includes the following healthcare services:
  - Primary care (including pharmacy, optician and dentistry services);
  - Planned secondary care (including outpatient, diagnostic and inpatient services);
  - Community care services including mental health services;
  - Public health (including health promotion, immunisation and infection control and clinical and non-clinical substance misuse services); and
  - Continuity of care to the community and from youth to adult custody settings.

- All services within the secure estate for children and young people that have an impact on the health and wellbeing of children and young people.
Roles and Responsibilities

12. The partners share the same goals and are working to the same outcomes in the commissioning and delivery of healthcare services for children and young people in secure settings. However, each organisation has different responsibilities and clearly defined roles in achieving these goals and outcomes.

NHS England

13. NHS England is a non-departmental public body which operates within the wider health and social care system. Its overarching role is to ensure that the NHS delivers continuous improvements in outcomes for people within the resources available. NHS England’s responsibilities are for England only.

14. NHS England will fulfil this role through its leadership of the reformed commissioning system.

15. Working in partnership with clinical commissioning groups (CCGs) and other secure estate providers and a wide range of stakeholders, it will:

- Secure better outcomes, as defined by the NHS Outcomes Framework and the Section 7A Agreement;
- Actively promote the rights and standards guaranteed by the NHS Constitution; and
- Secure financial control and value for money across the commissioning system.

16. NHS England will provide national consistency in areas like quality, safety, access and value for money.

17. NHS England’s single operating model for commissioning Health and Justice services is set out in Securing Excellence for Offender Health first published in February 2012, which was developed in partnership with a range of organisations including the YJB and PHE.

18. NHS England’s Commissioning Intentions May 2014 set out the commissioning intentions for the CYPSE.

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11 This is reflected in the ‘Better health outcomes for children and young people - Our pledge’. For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people. [http://www.enherts-tr.nhs.uk/files/2010/05/Pledge-for-Children.pdf](http://www.enherts-tr.nhs.uk/files/2010/05/Pledge-for-Children.pdf)


13 See [www.england.nhs.uk/ourwork/d-com/off-health](http://www.england.nhs.uk/ourwork/d-com/off-health)
19. NHS England commissions healthcare services for any child or young person placed in the children and young people’s secure estate in England only, regardless of where they come from. Whilst health is a devolved matter in Wales, there is a reciprocal agreement that costs for healthcare for English children and young people placed in establishments in Wales will be met by Welsh health authorities.

20. For the purposes of this Agreement, NHS England is responsible for:

- Commissioning and contract/performace management of services for primary care (including optometry and dentistry) secondary care, mental health and public health services (including Health Protection\(^\text{14}\) and clinical and non-clinical (psychosocial) substance misuse services),\(^\text{15}\)
- Clinical IT systems and infrastructure;
- In YOIs, STCs and SChs, consumables and all non-fixed capital equipment;
- Escort and bed watches in YOIs only;
- Clinical governance of all healthcare services for children and young people in secure settings (both public and contracted-out);
- Co-operating with and responding to strategic and operational healthcare issues within the secure estate for children and young people as well as the Care Quality Commission, the Office for Standards in Education, Children’s Services and Skills, HM Inspectorate of Prisons and Children’s Commissioner Inspections, and Independent Monitoring Board Reports;
- Working proactively through commissioning and effective contract management, to ensure the continual improvement of healthcare delivery and services within the secure estate for children and young people;
- Healthcare related complaints;
- Ensuring health contributions to emergency preparedness, contingency planning and incident response;
- Implementing the Department of Health Mandate for the NHS, in particular continuity of health care for those children and young people returning to the community;

\(^{14}\) See www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam
- Ensuring Health and Wellbeing Needs Assessments are developed for all settings; and
- Working with PHE to ensure robust health promotion, smoking cessation and immunisations/vaccinations.

21. NHS England will be responsible for maternity services for young people in STCs from April 2015. The health needs of any infant residing with a mother in an STC is the responsibility of the local Clinical Commissioning Group (CCG).

**The Youth Justice Board**

22. The Youth Justice Board for England and Wales (YJB) is a non-departmental public body created by the Crime and Disorder Act 1998 to oversee the youth justice system for England and Wales. The YJB is sponsored by the Ministry of Justice and Board members are appointed by the Secretary of State for Justice.

23. The youth justice system is made up of a network of organisations working together to administer justice and help children and young people live free from crime. In addition to the YJB, the network consists of:

- Youth offending teams (YOTs) – local partnerships made up of representatives from the police, the Probation Service, Local Authority children’s services and health services;
- The police and the Crown Prosecution Service;
- The courts and the judiciary; and
- Secure accommodation providers – under-18 young offender institutions (YOIs), secure training centres (STCs) and secure children’s homes (SCHs).

24. The main functions of the YJB include:

- Monitoring the operation of the youth justice system;
- Advising the Secretary of State on the operation of the youth justice system, national standards, and on how the aim of preventing offending by children and young people can most effectively be pursued;
- Identifying and disseminating effective practice across youth justice services;
- Making grants to YOTs and other organisations to support development and delivery of effective practice;
• Commissioning a distinct secure estate for young people; and
• Placing young people in custody.

25. For the purposes of this Agreement the YJB is responsible for:

• Commissioning providers to deliver services to ensure the safety and security of both remanded and sentenced children and young people whilst in custody;
• The commissioning and contract management of services in STCs (health provision transferred to NHS England in 2014/15);
• Co-operating with responses to healthcare issues within secure settings, Inspections (HM Inspectorate of Prisons, the Office for Standards in Education, Children’s Services and Skills, the Care Quality Commission) and Independent Monitoring Board Reports;
• Ensuring secure estate contributions to emergency preparedness, contingency planning and incident response;
• Secure estate configuration, including commissioning and decommissioning of secure estate accommodation and services for children and young people on remand or sentenced to custody;
• Contract management and monitoring of secure estate providers;
• The placement of children and young people on remand or sentenced to custody within the secure estate; and
• All functions set out in Section 41 of the 1998 Crime and Disorder Act.

26. The YJB is not responsible for:

• Commissioning services for children and young people within the youth justice system who are in the community;
• Commissioning services for children and young people accommodated in Secure Children’s Homes under a welfare order; and
• The commissioning or contract management of specific interventions services for children and young people with a sexual offence.

Public Health England

27. Public Health England (PHE) is an Executive Agency of the Department of Health. PHE exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. It does this through world class science,
knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services.

28. To specifically support the interface with both NHS England (in relation to both its specific functions under the Section 7A Agreement and wider public health functions), the National Offender Management Service and the YJB, the Health and Justice national team was created in the Health and Wellbeing Directorate, supported by Health and Justice Public Health Specialists in PHE Centres. These in turn provide local partners and stakeholders with an interface with PHE. Specific support with the substance misuse agenda in secure settings is available to the responsible commissioners through alcohol, drugs and tobacco teams in the PHE centres.

29. Support provided by the Health and Justice function in PHE includes disease surveillance (conducted by the Public Health Intelligence in Prisons and Secure Settings Service), production of evidence based guidelines, responses to incidents and outbreaks, and advice to policy makers, commissioners and service providers on addressing public health issues. Support with issues relating to the commissioning and delivery of substance misuse services in children and young people’s secure settings should be directed to the relevant alcohol, drug and tobacco team within PHE.

30. Specific areas of support include:

- Developing an evidence base to support commissioning and service provision through primary research, audit, collection and analysis of data, publication and dissemination of information, reports and research studies;

- Identifying emerging health threats to children and young people in secure settings and staff involved in their care, and providing advice on their management or mitigation;

- Producing evidence based guidelines and advice on all aspects of public health in children and young people’s secure settings, including health protection, health promotion and healthcare public health;

- Developing resources and tools to enable commissioners and service providers to assess the quality of services and how well these meet the needs of the children and young people who use them (including supporting the development of new information systems, the Health and Justice Indicators of Performance, and National Drug Treatment Monitoring System data relating to substance misuse activity and outcomes within children and young people’s secure settings);
Leading the development of disease surveillance and alerting systems to detect outbreaks of infectious diseases in secure settings;

Leading the management and control of outbreaks of infectious diseases;

Supporting partner organisations in the development and delivery of appropriate screening and immunisation programmes according to the needs of the children and young people’s population and consistent with PHE’s role in the wider community;

Supporting emergency preparedness, resilience and response through the development of training and exercise resources as well as providing ‘structured debriefs’ for incidents to capture learning for the wider system;

Supporting partners in conducting health needs assessments or other formal public health activities to assess the health and wellbeing of children and young people in secure settings, including developing ‘toolkits’ and information resources which can be used by those undertaking work in these settings;

Working with partners to ensure continuity of care across these secure settings and on release/discharge back into the community;

Supporting NHS England, the YJB and ADCS in the performance of statutory functions as appropriate, interfacing with Public Health Wales as necessary;

Leading international engagement on prison health through its work as the UK Collaborating Centre to the WHO Health in Prisons Programme (Europe); and

Supporting collaborative working for health across the Devolved Administrations of the UK and with the Republic of Ireland through the Five Nations’ Health and Justice Collaboration.

31. While PHE has a key role in the provision of expert public health and substance misuse advice to NHS England and other partners to support commissioning, it does not have any direct responsibility for the commissioning or performance management of services, nationally or locally.

Financial Responsibility

32. NHS England, YJB and PHE are individually responsible for the funding of their commissioning and oversight functions set out above.
33. NHS England is committed to maintaining the budget currently allocated to the commissioning of healthcare services in the children and young people’s in secure settings. Furthermore, any savings to the NHS England budget accrued through the decommissioning within the children and young people’s secure estate, or through the retendering of services will remain within the current children and young people’s budget allocation.

**Joint Outcomes, Principles and Priorities**

34. The agreed approach to joint working is described as follows:

**Shared Outcomes:**

- Children and young people in secure settings receive a healthcare service equitable to at least that available to children in the wider community;

- Healthcare services for children and young people in secure settings both improve health and wellbeing and contribute to protecting the public and reducing re-offending.\(^{16}\)

- Children and young people in secure settings experience a measurable improvement in their health and wellbeing, particularly in respect of their substance misuse needs, mental health problems and access to public health interventions to prevent disease and illness.

- Ensuring continuity of care for children and young people from secure settings back to the community and/or around the secure estate, including where appropriate children and young people transitioning from the youth justice estate to the adult prison estate, (including across the border with Wales). Children and young people in secure settings as a consequence of remand or being sentenced to custody or placed on welfare grounds with identified social care needs experience integrated health and care which allows as much independence as possible within the constraints of custody or detention.

**Joint Principles**

35. Together NHS England, the YJB and PHE will work in partnership to:

- Meet the needs of children and young people in secure settings in a holistic way.

- Maintain a shared understanding of future strategic direction with particular focus on:

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\(^{16}\) This is reflected in the Public Health Outcomes Framework (PHOF) for England see http://healthandcare.dh.gov.uk/public-health-outcomes-framework
i. any changes to configuration of the secure estate for children and young people, the commissioning of new services (including re-contracting), and the de-commissioning of any existing services;

ii. discussion on decisions by any individual organisation that may have a detrimental impact on the services commissioned by other organisations in the partnership, at the earliest point possible and, where necessary, co-design major changes; and

iii. seeking opportunities to exploit joint communications, in which other parties to the Agreement have an interest, following consultation in advance of issue, particularly where these have contractual implications.

- Co-operate and collaborate on work programmes affecting children and young people in secure settings.

- Give consideration to sharing resources when possible and necessary to produce the best possible outcomes.

- Put in place transparent governance processes which enable difficult issues to be discussed and resolved.

- Have a shared responsibility for continuous service improvement in themselves and their respective providers of services.

- Jointly ensure best use of available resources in line with public value and pressures on public spending and services will continue to be assessed on basis of performance, public value and quality.

- Support the development of partnerships at all levels within and between NHS England the YJB and PHE and their respective providers of services. This will be enabled and developed through transparency of all relevant financial, performance and strategic planning information and documentation.

- Ensure that services continue to be subject to independent inspection and challenge by the Care Quality Commission, HM Inspectorate of Prisons, the Office for Standards in Education, Children's Services and Skills and the Office of the Children's Commissioner NHS England, the YJB and PHE will work together to facilitate and support complete transparency of the scrutiny of health services.

- Continue to learn from best practice identified and work together to find solutions when systems do not achieve their aims.
Joint Priorities for 2015/16

36. In no particular order, a number of specific developmental priorities have been identified on which NHS England and its partners will work during 2015/16 (see Annex A for more detail):

- Continue to improve quality of delivery and services to ensure the healthcare needs of children and young people held in the secure estate are world class;
- Work in partnership to commission custodial and healthcare provision through the 'Transforming Youth Custody' Programme;
- Work collaboratively to support the commissioning of clinical management for substance misuse;
- Work collaboratively to support the commissioning of assessment and intervention services for children and young people who exhibit harmful sexual behaviour placed in the children and young people’s secure estate; and
- Develop Liaison and Diversion services at the point of arrest that are suitable to meet the needs of children and young people.
Annex A

The priorities and commitments for 2015/16

**Priority 1 – continue to improve quality of delivery and services to ensure the healthcare needs of children and young people held in the secure estate are world class.**¹⁷

Improving quality of healthcare includes a rigorous assessment of health need, delivery of evidence-based healthcare appropriate to those needs and a health informatics system which allows capture of data on needs, services and treatments provided, and outcomes. It is essential to monitor and maintain an understanding of the needs of the children and young people entering the youth justice system and secure estate, especially considering on going reductions in numbers resulting in a changing cohort/levels of needs. Key deliverables for this priority are (broken down by project):

- Rollout of the Comprehensive Health Assessment Tool (CHAT) across of the young people’s secure estate.
- Installation of SystmOne (health informatics system) in Secure Training Centres (STCs) and Secure Children’s Homes (SCHs) which will serve the dual purpose of supporting the electronic version of CHAT and also to provide data in the needs of those entering the establishment.
- Embedding the Healthcare Standards for Children and Young People in Secure Settings (CYPSS) (published June 2013) in the commissioning of health services in the young people’s secure estate.
- Support action plan from the CYPSS audit to endure improved delivery and quality improvement.
- Health and wellbeing needs assessment for the secure setting is completed and reviewed every two years.
- The YJB and NHS England will work together to ensure that Minimising and Managing Physical Restraint (MMPR) is supported by appropriate health expertise and provision.
- Improve access to appropriate screening and immunisation programmes (including catch-up childhood immunisation programmes for children born

¹⁷ This is reflected in the ‘Better health outcomes for children and young people - Our pledge’. For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people [http://www.enherts-tr.nhs.uk/files/2010/05/Pledge-for-Children.pdf](http://www.enherts-tr.nhs.uk/files/2010/05/Pledge-for-Children.pdf)
overseas or from UK born children who may have missed out on key vaccinations due to challenging social circumstances).

- Develop specific evidence-based specifications for health services for the children and young people’s secure estate.
- Develop specific quality and performance indicators to monitor delivery and quality improvement.
- Agree principles on information sharing to drive transparency and continuous improvement of services.

**Priority 2 - Work in partnership to commission custodial and healthcare provision through the ‘Transforming Youth Custody’ Programme.**

The key deliverables for this priority are (broken down by project):

**Secure College Pathfinder**

- Joint engagement (to include clinical colleagues) on the physical design of the secure college pathfinder in Leicestershire to ensure healthcare facilities meet the needs of young people.
- Development of healthcare and custodial specifications that are complementary, developed in a co-ordinated manner and ensure the holistic needs of young people accommodated within the Secure College are met.
- Development of an enabling specification, which will set out the roles and responsibilities of providers within the Secure College, and how the provider partnership shall be governed.
- Aligned with the National Partnership Agreement, a local partnership agreement will be developed which will set out the joint commissioning activities to be undertaken between the YJB (and where necessary the Ministry of Justice) and the East Midlands NHS England local team.

**Secure Training Centres**

- The YJB shall support NHS England in their commissioning of healthcare provision within STCs, to replace current provision. This shall include the conclusion of the contractual processes to remove healthcare provision from the current and extended STC contracts during 2014/15.
• NHS England shall tender for, and let contracts for healthcare provision at Rainsbrook, and Medway STCs.

• The YJB and NHS England shall work in partnership in the development of their specifications for custodial and healthcare provision with STCs, ensuring specifications and complementary, developed in a co-ordinated manner and ensure the holistic needs of young people accommodated within the STC are met.

Young Offender Institution Reform

• The YJB will work with NHS England to ensure that any risks and issues resulting from the Extended Core Day and the 60 percent of newly protected education hours are managed within the agreed remit.

• Where current specification and/or contracts for routine healthcare services are impacting on this, the YJB and NHS England will work in partnership to resolve issues via their Local Health Partnership Board for the establishment.

• The YJB and NHS England will work with providers to ensure the continuation of quality service provision delivered in partnership to meet the holistic needs of the population ensuring safe and timely access to healthcare.

Priority 3 - Develop an agreed framework to support the commissioning of clinical management services for substance misuse.

• Audit the CYPSE to obtain a clearer picture of current demand, existing arrangements for access to clinical management, integration of clinical and psychosocial delivery and gaps in provision.

• Agree an action plan with NHS England local teams to address key findings of the audit by April 2015.

• Provide specific support as appropriate to those re-commissioning substance misuse services in STCs and other secure settings to ensure that local arrangements for clinical management address local need and reflect 2009 guidance from the Department of Health.
**Priority 4 - Work collaboratively to support the commissioning of assessment and intervention services for children and young people who exhibit harmful sexual behaviour held in the children and young people secure estate.**

The partners will continue to support NHS England in the commissioning of services for children who exhibit harmful sexual behaviour. This exercise will extend current provision within the YOI estate and to STCs and SCHs.

**Priority 5 - Develop Liaison and Diversion services at the point of arrest that are suitable to meet the needs of children and young people.**

NHS England and the YJB will work together with partner agencies to develop all age Liaison and Diversion services within the 10 trial sites (announced in January 2014) to ensure the needs of children and young people are appropriately considered and commissioned and to:

- Support commissioners and providers in understanding the different needs (compared with adults) of children and young people.

- Support commissioners and providers in understanding the different legislation, systems and processes in the youth justice system and safeguarding concerns / procedures for children and young people (compared with the criminal justice system and adults).

- Support commissioners and providers to develop appropriate pathways for children and young people subject to Liaison and Diversion services.
Annex B

Governance

1. This Agreement provides the basis of shared understanding both for the way in which NHS England, the YJB and PHE will work together but also for the work that is carried out unilaterally on a day-to-day basis in support of the commissioning of health services for children and young people in custody. It is essential therefore that it remains a living document and has appropriate governance to support this at different levels within the system.

2. Annexes B and C set out the governance framework for joint working under this Agreement. The governance will feed into the NHS England Health and Justice Partnership Delivery Group which in turn feeds into the cross-government Health and Justice Programme Board.

3. In addition, each priority work strand will have its own governance arrangements. These arrangements will be proportionate to the size and risk of each work strand.

4. As part of the governance arrangements, consideration will be given to complaints and dispute resolution processes.

Communications Strategy

5. Where joint communications are required, NHS England and its partner organisation’s communications departments shall work together to achieve common objectives. Furthermore, all communications departments shall share information where necessary.

Complaints and Dispute Resolution

Making a Complaint

6. Where a complaint straddles healthcare and non-healthcare matters the two areas of investigation will run parallel to one another, managed through the relevant organisational complaints procedure, and the findings reported back to the complainant as required by the procedure. The two investigating organisations should only share their findings during the investigation where one area of delivery impacts on the other and would have had a material effect on the complainant’s outcome.

7. Where complaints have been brought to the attention of the Prisons and Probation Ombudsman (PPO), the complaints processes would run in parallel to those of the PPO and both parties would be sighted on outcomes and
recommendations through established mechanisms between them and the YJB and NHS England.

8. Children or connected people who make complaints on their behalf about the quality of service or other experiences they may have when cared for by a Local Authority are able to make a complaint under a statutory complaints arrangement that is based on national guidance issued by the Department of Education under Section 7 of the Local Authority Social Services Act 1970 and the Representations Procedure which is part of the Children Act 1989 regulations and subsequent associated legislation.

Dispute Resolution

9. Concerns from commissioners regarding the provision of healthcare services within the children and young people’s secure estate should be managed through conventional contract management processes. Should the YJB or the other partner agencies have any such concerns, it should notify the NHS England Local Area Lead Health and Justice Commissioner responsible for the establishment in question. There is an expectation that concerns be resolved at this level wherever possible.

10. Should concerns not be resolved at this level, they should be formally raised in writing to the Health and Justice Children’s Assurance Group (Annex C). Agreed actions to resolve any dispute will be recorded in writing and will be final.

11. Any whistleblowing allegation made to NHS England regarding healthcare services in the children and young people’s secure estate will be shared with the YJB and the other partner organisations, and an approach to investigation and response will be agreed. Any whistleblowing allegation made to the YJB regarding the children and young people’s secure estate will be shared with NHS England and other partner organisations if there may be an impact on the health and wellbeing of young people. In such an incidence, the YJB, NHS England and the other partners will agree an approach to investigation and response.

Secure Setting Governance

12. Establishments and providers should continue to come together at a local level and membership and operation should be determined locally but supported by a local partnership agreement based on the national Agreement. The YJB, Local Authorities and NHS England as the responsible commissioners shall continue to have their own contract and performance management processes specific to their provider at this level.
Local Area Governance

13. NHS England local teams may choose to establish governance at regional level to oversee the delivery of healthcare in young people’s secure settings within their area. The YJB will provide attendance at this level dependent on the establishments involved and PHE representation will be through the health and justice specialist public health and the alcohol and drugs teams at PHE centre level. Secure estate providers shall be invited to attend this meeting to discuss relevant issues where required.

National Governance

14. In addition to overseeing delivery of the priorities and commitments outlined in this Agreement, governance at a national level shall oversee unresolved issues identified at the Local Area level. A process shall be put in place for the escalation of such issues. Secure estate providers shall be invited to attend this meeting to discuss relevant issues where required.
Annex C

Proposed Terms of Reference for the Health and Justice Children’s Assurance Group

1. Terms of Reference

The Children’s Assurance Group will oversee the performance and service delivery of healthcare provision in Children and Young People’s Secure Estate (CYPSE) by:

- Reviewing existing performance information and discussing emerging performance issues.
- Addressing performance issues which are persistent and cannot be resolved at the local level.
- Overseeing the delivery of an agreed and specific portfolio of projects aimed at improving health care provision in the CYPSE.
- Assuring evidenced based interventions which contribute to the delivery of improved outcomes for children.
- Supporting quality improvement by reviewing the themes and lessons learnt from Inspections and Serious Untoward Incidents.
- Ensuring the child’s voice is heard and shapes policy and delivery.
- Having oversight of the Children’s Health and Justice allocation.
- Supporting and/or commissioning Task and Finish work groups as appropriate.

The Group will report into the NHS England Health and Justice Oversight Group.

2. Working arrangements

The secretariat function will be covered by the Central Team in NHS England which will:

- Arrange all meeting dates with members.
- Coordinate agendas and papers for all meetings.
• Ensure review of Term of Reference is on the agenda every other meeting.
• Aim to circulate papers 5 working days in advance of any meeting.
• Circulate draft minutes within 10 working days of the meeting for the Chair to sign off.

3. Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Kelly</td>
<td>Assistant Head of Health and Justice</td>
<td>NHS England</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Kevin Venosi</td>
<td>Head of Commissioning and Change</td>
<td>Youth Justice Board</td>
<td>Co-Chair</td>
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<tr>
<td>Éamonn O'Moore</td>
<td>Director of Health and Justice</td>
<td>PHE</td>
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<tr>
<td>John Stacey</td>
<td>Children’s Services</td>
<td>ADCS</td>
<td>Rep for SCH</td>
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<tr>
<td>Moya Sutton</td>
<td>Head of Safeguarding</td>
<td>NHS England</td>
<td>Nursing Directorate</td>
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<tr>
<td>Peter Savage</td>
<td>Head of Contracts &amp; Business Management</td>
<td>Youth Justice Board</td>
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<tr>
<td>Caroline Twitchett</td>
<td>Children’s Quality Lead</td>
<td>NHS England</td>
<td>Regional Lead Rep</td>
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<td>TBC</td>
<td>Regional Director of Commissioning</td>
<td>NHS England</td>
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<tr>
<td>Vanessa Fowler</td>
<td>Heath &amp; Justice Local Area Lead</td>
<td>NHS England</td>
<td>Local Area Rep</td>
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<tr>
<td>Sue Sherrard</td>
<td>Head of Business Change Projects</td>
<td>Youth Justice Board</td>
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<tr>
<td>Angela Hawley</td>
<td>Youth Offender Health Policy Lead</td>
<td>Department of Health</td>
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<tr>
<td>Naomi Abigail</td>
<td>Secure Children’s Home Lead</td>
<td>Department for Education</td>
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<tr>
<td>Sam Cox</td>
<td>Programme Manager - Criminal Justice team (Alcohol, Drugs and Tobacco)</td>
<td>Public Health England</td>
<td></td>
</tr>
</tbody>
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