



HM Government



The Children and Young People Secure Estate National Partnership Agreement

Working together to commission and deliver high quality health services for children and young people

2018-2021

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NHS England INFORMATION READER BOX

Directorate

Medical	Operations and information	Specialised Commissioning
Nursing	Trans & Corp Ops	Strategy & Innovation
Finance		

Publications Gateway Reference: 08128

Document Purpose	Strategy
Document Name	The Children and Young People Secure Estate National Partnership Agreement
Author	NHS England
Publication Date	September 2018
Target Audience	Partner Government Organisations
Additional Circulation List	
Description	The aim of this new agreement is to enable a more fully integrated approach to the commissioning and delivery of excellent health services, and through this, to improve the health and wellbeing of those within the children and young people secure estate in England.
Cross Reference	
Superseded Docs (if applicable)	The Children And Young People Secure Estate National Partnership
Action Required	n/a
Timings / Deadlines (if applicable)	
Contact Details for further information	Charlie Venosi Specialised Commissioning charlie.venosi@nhs.net

Document status

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Version number: 1

First published: September 2018

Prepared by: Emily Nicol

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact Emily Nicol at Emily.nicol@nhs.net

Introduction and purpose of the Agreement

A Partnership Agreement for the children and young people secure estate¹ in England has been in place to support the commissioning and delivery of healthcare in secure settings for children and young people since NHS England became the statutory agency responsible for health commissioning in 2013. The previous partnership of NHS England, the Youth Justice Board and Public Health England has worked together for five years to drive improvements to the commissioning and delivery of healthcare for this complex and vulnerable cohort of children and young people.

The aim of this new Agreement is to enable a more fully integrated approach to the commissioning and delivery of excellent health services, and through this, to improve the health and wellbeing of those within the children and young people secure estate in England.

The Agreement has been expanded and strengthened to a group of six organisations, a mixture of arms-length bodies and government departments, all with a key role to play in ensuring high quality, outcomes based health services for this group of children and young people.

These are:

- Department for Education
- Department of Health and Social Care
- Her Majesty's Prison and Probation Service - Youth Custody Service
- Ministry of Justice
- NHS England
- Public Health England

¹ The children and young people secure estate in England covers youth detention accommodation including young offender institutions (under 18s), secure training centres and secure children's homes. Some secure children's homes hold children placed for both justice and welfare reasons, others only hold children placed by local authorities under a Secure Welfare Order for the protection of themselves and / or others (welfare placements), under Section 25 of the Children Act 1989. <http://www.legislation.gov.uk/ukpga/1989/41/section/25>

This commitment to a more integrated approach, is reflected in the implementation of a Framework for Integrated Care (SECURE STAIRS). The implementation of this Framework will affect and include staff across the whole secure setting in their intervention with children and young people. This will be achieved through the provision of an environment where the day to day care of children and young people is underpinned by a focus on their relationship with staff, and an understanding of trauma/ attachment principles. All interventions will be driven by a 'formulation' approach, which takes into account the child or young person's life experience, rather than concentrating on labels, categories or diagnoses, settings, and the quality of health services delivered to children and young people in this environment.

This National Partnership Agreement sets out:

- the background of reform we are working within
- our commitment to working together and to sharing accountability for delivery, through linked governance structures
- our core objectives and priorities for 2018-21
- how we are working together to improve our data and evidence so that we can better understand the health and wellbeing needs of children and young people in secure settings, and the quality of health services delivered to children and young people in this environment

Who we are

Our partnership helps us to collaborate and align our priorities, although we are six organisations with specific roles.



A background of reform

These six organisations are working in significantly changing times. Reforms to both the youth justice system and welfare secure system are having a substantial effect on the way in which the partners are working, and will work together in future.

Reform to the youth justice system

The youth justice system has recently undergone significant reform in order to improve and simplify governance of it. Alongside this, a series of reforms is underway (under the Youth Justice Reform Programme) aimed at supporting the achievement of the overarching outcomes of making youth custody a place of safety, both for children and those who work there; and improving the life chances of children in custody.

²The NHS public health functions agreement sets out the arrangements under which the Secretary of State for Health and Social Care delegates responsibility to NHS England for certain public health services (known as Section 7A services).

What this means in practice

The Youth Justice Reform Programme is split into four strands:

- An individualised approach: an integrated framework for care encompassing education, health, and behaviour support into youth custody, to ensure each young person has had a full needs assessment and a tailored care and support plan.
- A professional, specialist workforce: create a professional and stable workforce that includes more staff with specialist skills, who want to work with young people and a focus on rehabilitation.
- Strong leadership and governance: develop strong leaders who create the right culture who are held to account for outcomes.
- The right estate: smaller units with a therapeutic environment.

In addition to these four strands, the Youth Justice Reform Programme includes the creation of two secure schools.

Structural changes

Responsibility and accountability for commissioning youth custody services now lies with the Ministry of Justice. The Youth Custody Service was established as a distinct arm of Her Majesty's Prison and Probation Service and has operational responsibility for the day to day running of the youth custodial estate, including the placement of young people into custody and the delivery of secure services.

Secure children's homes reform

The Department for Education has policy responsibility for secure children's homes, with the statutory duties for

looked after children resting with local authorities and providers.

The Department for Education set up and continues to fund the Secure Welfare Coordination Unit (SWCU), which is run by Hampshire County Council. The unit is gathering much needed data on supply and demand and the needs and characteristics of the looked-after children involved. This is the first time this data has been collected centrally and it is helping to build a national picture of the issues and challenges the system is facing.

The unit is also supporting local authorities in finding suitable placements, speeding up the administrative processes around allocation of places. Building on the data gathered by the SWCU, and Sir Martin Narey's recommendations for secure provision in his 2016 review of residential care³, the department is working with the Association of Directors of Children's Services and Secure Accommodation Network to consider options for how the commissioning of secure children's homes placements could be made more efficient and effective. In addition, the department continues to invest in the secure children's homes estate through its Secure Accommodation Capital Programme, worth £40m over the current spending review period, to ensure the provision meets young people's needs and to expand capacity. Finally, as recommended by Sir Martin Narey, the department is also setting up a Residential Care Leadership Board to drive forward system and practice change. Sir Alan Wood was appointed as Chair of the Board in November 2017.

3 Sir Martin Narey's recommendations for secure provision in his 2016 review of residential care.

How we work together

We are jointly committed to and accountable for delivering shared objectives. Each partner organisation has separate respective statutory responsibilities and independence, but in order to achieve the best possible outcome we must work together.

We commit to collaborate and cooperate at all levels within our organisations to deliver on our principles of partnership. Appropriate governance structures support delivery of what we are jointly committing to.

The **Children's Assurance Group** has responsibility for the oversight and on-going management of this agreement and delivery of our shared objectives. It oversees partnership risks and their mitigation and enables dispute resolution. This meeting feeds into the NHS England Health and Justice Oversight Group. The Children's Assurance Group provides a key communication link to regional governance structures and through them to local governance.

Governance at secure setting level is provided through the development and operation of local Partnership Boards. These boards should be underpinned by a Local Health Partnership Agreement, based on this National Partnership Agreement, to set out how partnership work is taken forward at a local level to support delivery.

Organisational governance structures exist in each individual organisation, which will be used to ensure decisions that impact on organisational spending and delivery are signed off appropriately. Each partner to this Agreement is responsible for ensuring decisions are signed off and information is disseminated through the proper channels.

Regional and local governance

NHS England regions will establish governance at regional or local level to oversee the delivery of healthcare in children and young people secure settings within their area and this should mirror the membership of the Children's Assurance Group at national level. Governance at local level is provided through Local Health Partnership Boards. These are co-chaired by the governor / director or manager of the secure setting. The meeting should include secure setting providers, health and substance misuse staff and the local authority or voluntary sector board where relevant.

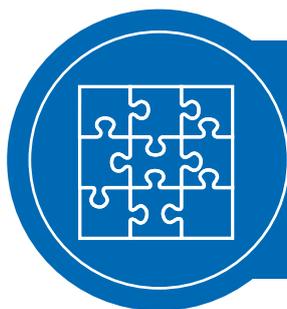
What we are committing to deliver

Our Partnership is underpinned by three core objectives:



1

To improve health, address health inequalities, and to support the children and young people secure settings to become environments that enable good health and well-being.



2

To improve future life outcomes by focusing on the elements which promote change in children and young people, thus to reduce the issues relating to reasons for detention.



3

To support access to, and continuity of care, through the children and young people secure estate into the community, and other secure settings, including transition into community services.

The Principles of Partnership

The partners agree to support the delivery of the core objectives through the following Principles of Partnership.

Principle 1

We have a shared vision to grasp the opportunity to improve health, address health inequalities, and to support the children and young people secure estate settings to become environments that enable good health and wellbeing.

Demonstrable measures:

- Governance is fully supported by senior personnel in all our partnerships, so that there is a focus on system leadership. Work programmes are linked and there is commitment to, and development of, a set of shared commissioning intentions. We will align commissioning timetables where possible, to facilitate the co-commissioning of services.
- We will align and compare performance metrics.
- We will align and compare specifications.
- We will jointly resource where required to support service design development and to support the commissioning process, for example through the evaluation and mobilisation of new contracts.
- We will jointly respond to recommendations from inspection reports to improve the health and wellbeing of children and young people in secure settings.
- We will jointly respond to learning arising from urgent notifications, on a case by case basis.
- We will have a whole systems approach to improving health and wellbeing for those placed in the children and young people secure estate.

Principle 2

We commit to working towards meeting the needs of children and young people in secure settings in an integrated way, with a particular focus on the implementation of a Framework for Integrated Care (SECURE STAIRS).

Demonstrable measures:

We will contribute to the implementation of the Framework for Integrated Care, evidenced through key performance indicators, the Youth Justice Reform matrix and evaluation and through the response to serious and significant incidents.

Principle 3

We commit to continually improving quality: the aim should always be for outcome focused, evidence based health services and guidance, linked to Health and Wellbeing Needs Assessments and robust data.

Demonstrable measures:

- We will collaborate to assess the needs of the cohort for any services commissioned for the children and young people secure estate, and when any new services are commissioned.
- We will work together to review the quality of needs assessments being undertaken in the children and young people secure estate, to ensure that they are a holistic assessment of need that encompass all necessary elements.
- We will work together to review evidence and produce evidence based guidance.
- We will jointly respond to recommendations from inspection reports to improve the health and wellbeing of children and young people in secure settings.
- We will jointly respond to learning arising from urgent notifications.

Principle 4

We agree on a focus on addressing health and wellbeing related issues that may be likely to reduce the factors relating to reasons for detention, including those that relate to re-offending, and to support improving life chances, by focusing on factors that promote change in children and young people. This is delivered through joint localised health service provision and partnership work, with the vision of seamless pathways of care always in mind.

Demonstrable measures:

- Evaluation of the Framework for Integrated Care over the three year period, and any interim results.
- The vision of a seamless integrated service to children and young people in custody or detained on welfare grounds, is reflected in service requirements and is supported by ongoing contractual review and performance management processes.

Principle 5

We accept the Healthcare Standards for Children and Young People in Secure Settings (RCPCH 2013) as a benchmark for health services within detained and secure settings, including transition in and out of these settings.

Demonstrable measures:

We will work together to support a regular audit process for the monitoring of the impact of the Standards across each setting, including establishing a requirement for providers to comply with access for audit to take place.

Principle 6

We have an expectation that young people leaving detention will be healthier than on arrival. 'Healthier' is defined as having made measurable improvements to any or all aspects of a young person's health.

Demonstrable measures:

We will jointly monitor the quality of health care provision using all data available and sharing data where possible.

Principle 7

We have a concentrated focus on safeguarding, including deaths in custody and / or any Safeguarding and Public Protection Incidents (SPPIS).

Demonstrable measures:

- There is a clear process for shared learning from deaths in custody, serious incidents and near misses and evidence of change resulting from that shared process.
- There is learning from near misses / SSPIs and Serious Case Reviews, which is fed back and discussed with the Partnership. The Partnership considers data arising from audits of the Healthcare Standards for Children and Young People in Secure Settings.

Principle 8

We work together to improve the quality of data and intelligence collection and enable better data-sharing between partners. This includes improving the sharing of information before and after time in the secure estate, to support continuity of care, and to aid the development of effective health and wellbeing outcome measures.

Demonstrable measures:

- We will have agreed protocols for the sharing of information.
- There is timely sharing of routine information between partners.
- We will jointly interrogate key data to inform policy and operations.

Principle 9

We support the improvement of preventative, diagnostic and screening programmes for non-communicable diseases (NCDs), and the improvement of the proactive detection, surveillance and management of infectious diseases in the children and young people secure estate and the joint capability to detect and respond to outbreaks and incidents.

Demonstrable measures:

- There are improved rates of screening and vaccination.
- There is a rapid response to any outbreaks of infectious disease. We work together on the production of guidance to manage infectious disease in the children and young people secure estate.

How we will deliver

The partners to this Agreement commit to the development of a joint work programme, which is monitored by the Children's Assurance Group, reviewed on a quarterly basis, and available as a public document.



What we need to know

Understanding the complex interaction of factors that influence health and social care outcomes helps us to make better decisions.

We are committed to understanding the factors that impact on health and social care outcomes for children and young people in secure settings.

This includes understanding specific needs and the needs of vulnerable cohorts, such as those children and young people who are **particularly complex**, the **'high risk, high harm, high vulnerability'** cohort, which has substantially increased in a smaller estate, as well as the less complex children and young people, who still have multiple needs.

None of the different support systems alone can provide effective care for this group of young people. They are frequently passed between and within services and experience fragmented and inconsistent care. A new type of

partnership between government organisations and agencies is needed to better respond to these children and young people.

We must also take account of:

- the physical environment, staffing levels and regime
- service access for those with particular needs, especially those with protected characteristics
- the structure of this cohort and how it moves around the estate, including how demographics are changing and how we are responding to changes to meet needs, particularly for those with protected characteristics
- the services, facilities and structures that help us deliver healthcare.



Multifaceted needs in a small estate. Dramatic reduction in numbers over time.



Very complex children | Complex children

Specific needs of vulnerable cohorts

- Substance misuse need
- Physical health need
- Mental health and neuro-disability
- Need to promote resilience
- Needs around transition from child to adult services or secure setting
- Needs based on protected characteristics
- Need for health promotion / illness prevention

What we need to know

We will improve our confidence in health data and how we measure success.

The Partnership recognises:

- the need for **valid, reliable, timely and sensitive data** to describe health needs among children and young people in secure settings, the effectiveness of health service providers and health outcomes, how well services meet identified needs and the impact of policy decisions on health provision. In addition, there is a need for data to be shared across the partnership to provide a more rounded explanation of the impact of services across the whole setting, on health need.
- improving health and wellbeing may be as much about changes to the secure setting programme, residential staffing levels, food, accommodation, access to exercise, education, employment etc, as delivering specific health services
- working together to establish a **better understanding of effectiveness and efficiency of health services** across the children and young people secure estate can improve quality and performance.

The **Children and Young People Informatics Group** has been set up to discuss improvements to data within the children and young people secure estate.

Healthcare and commissioning organisations have all been invited to provide input, which will in turn help inform decisions made on the health of this vulnerable and complex cohort of young people. This will feed into the **Health and Justice Data, Intelligence and Evidence Group (DEI)**.

In the longer term, the vision is to be able to evidence nationally that children leave the secure estate healthier than when they enter. Data should show that health inequalities have been addressed and children have been supported whilst in the secure estate in an integrated way, and in terms of their future resettlement.

Who scrutinises what we do

Effective delivery of our objectives will be observed by existing scrutiny bodies.

Internal organisational governance

Partner organisations have in place internal (local / regional / national) governance, which oversees each partner's specific areas of responsibility.

National Audit Office and Her Majesty's Treasury

The National Audit Office (NAO) scrutinises public spending for Parliament and is independent of government.

Coroner

Investigates deaths which occur in custody or otherwise in state detention and has a duty to make a report to prevent other deaths. 'Regulation 28' reports are shared with relevant organisations to prevent future deaths.

Independent Monitoring Board

Every young offender institution (YOI) has an Independent Monitoring Board. Voluntary members are appointed by the Ministry of Justice to monitor day-to-day life in YOIs and ensure that proper standards of care and decency are maintained.

Care Quality Commission

An independent regulator of all health and social care services in England, the Care Quality Commission (CQC) ensures that services meet national standards of safety and care.

Youth Justice Board

The Youth Justice Board (YJB) is a non-departmental public body established by the Crime and Disorder Act 1998. Its primary function⁴ is to monitor the operation of the youth justice system and the provision of youth justice services.⁵ It has a legal duty to advise the Secretary of State for Justice on matters relating to the youth justice system, to identify and share examples of good practice and to publish information about the system reporting on how it is operating and how the statutory aim of the system ('to prevent offending by children') can best be achieved.

HM Inspector of Prisons

This independent inspectorate reports on conditions for and treatment of those in prison, young offender institutions and immigration removal centres.

Ombudsman

The Prison and Probation Ombudsman (PPO) is appointed by the Secretary of State for Justice and investigates complaints from children and young people in secure settings and those subject to probation supervision. The PPO is also responsible for investigating all deaths in custody or detention and producing Fatal Incident Reports.

Healthwatch

Healthwatch is an independent consumer champion for health and social care across England, working to ensure consumer views are represented locally and nationally.

Ofsted

Ofsted (Office for Standards in Education, Children's Services and Skills) is a non ministerial department that inspects and regulates institutions in England providing education to learners of all ages and providers of care for children and young people. This includes secure children's homes.

Office of the Children's Commissioner

The Children's Commissioner speaks up for children and young people so that policymakers and the people who have an impact on their lives take their views and interests into account when making decisions about them. Independent of government and Parliament, the Children's Commissioner has unique powers to help bring about long-term change and improvements for all children, particularly the most vulnerable.

17 4 The YJB's primary and unique functions are set out in section 41, part III of the Crime and Disorder Act 1998
5 As defined by section 38, part III of the Crime and Disorder Act 1998

Signatories



Indra Morris
Director General
Department for Education



Jonathan Marron
Director General
Department for Health
and Social Care



Justin Russell
Director General Prisons
Ministry of Justice



Department
for Education



Department
of Health &
Social Care



Ministry
of Justice



Michael Spurr
Chief Executive Officer
Her Majesty's Prison and
Probation Service



Kate Davies
Director of Health &
Justice, Armed Forces and
Sexual Assault Referral
Centres (SARCs)
NHS England



Duncan Selbie
Chief Executive Officer
Public Health England



HM Prison &
Probation Service



Public Health
England

