

Healthcare Specification: CYPSS Chapter 7 Physical Healthcare and Intervention

Secure Settings for Children and Young People

(Under 18s)

NHS England and NHS Improvement



Healthcare Specification: CYPSS Chapter 7 Physical Healthcare and Intervention

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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

Healthcare Specification for Services for Children and Young People (Under 18s) in Secure Settings:

CYPSS Standard 7 : Physical Healthcare and Intervention

<http://www.rcpch.ac.uk/cypss>

The Overarching Specification should be read and incorporated in any tender, alongside this document.

Relevant outcomes frameworks

NHS Outcomes Framework Domains and Indicators

<https://files.digital.nhs.uk/80/C2138A/nhs-out-fram-ind-nov-18-pub-sched.pdf>

Domain 1	<p>Preventing people from dying prematurely</p> <p>Indicator/outcome</p> <ul style="list-style-type: none"> • 1a.ii Potential years of life lost (PYLL) from causes considered amenable to healthcare - children
Domain 2	<p>Enhancing quality of life for people with long term conditions</p> <ul style="list-style-type: none"> • 2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Domain 3	<p>Helping people to recover from episodes of ill health or following injury</p> <p>Indicator/outcome</p> <ul style="list-style-type: none"> • 3.2 Emergency admissions for children with lower respiratory tract infections • 3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under
Domain 4	<p>Ensuring people have a positive experience of care</p> <ul style="list-style-type: none"> • 4.5 Women's experiences of maternity services • 4.8 Improving children's experience of healthcare
Domain 5	<p>Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <ul style="list-style-type: none"> • 5.5 Admission of full term babies to neonatal care

Public Health Outcomes Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750626/Table_of_PHO_F_updates_November_2018.pdf

Domain 1	Improving the wider determinants of health
Domain 2	<p>Health improvement</p> <p>Indicator/outcome:</p> <ul style="list-style-type: none"> • 2.01 Low birth weight of term babies • 2.02i and ii Breastfeeding • 2.03 Smoking status at time of delivery - percentage of women stopping smoking during pregnancy • 2.04 - Under 18 conception; under 18 conceptions: conceptions in those aged under 16; number of births to under 18s • 2.06ii Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds

		<ul style="list-style-type: none"> • 2.07i Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) • 2.08i Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March
	Domain 3	Health protection <ul style="list-style-type: none"> • 3.02 Chlamydia diagnoses (15-24 year olds) • 3.05i Treatment completion for tuberculosis (TB)
	Domain 4	Healthcare and premature mortality <ul style="list-style-type: none"> • 4.01 Infant mortality • 4.02 Tooth decay in children aged five.
<p>N.B. The terms “child” or “children” will be used throughout this specification to include all children and young people under 18 years of age.</p>		
Outcomes	<p>The improvement of the physical health and wellbeing of children whilst they are in the secure setting:</p> <ul style="list-style-type: none"> • There is a comprehensive physical health strategy that outlines the contribution of all staff to supporting and improving the physical health and wellbeing of all children, that acknowledges the close relationship between mental and physical health¹; • There are seamless care pathways that begin with the use of the Comprehensive Health Assessment Tool (CHAT) and that encompass treatment, liaison and reintegration into community services in line with the ‘Healthcare Standards for Children and Young People in Secure Settings’ (RCPCH 2019) (‘CYPSS’); • Children know how to access a physical healthcare team appropriate to their needs and are able to access the following as appropriate to gender, need, confidentiality and legislation: immunisations and vaccinations, screening/treatment for sexually transmitted infections, appropriate contraception, midwifery, non-judgemental counselling, and termination of pregnancy services; • The weight, height, body mass index of children is monitored; • High quality ophthalmic and auditory screening services are provided for all children; • High quality dental services (where appropriate) are provided for all children, and high quality orthodontic care is continued for children where it has been started; 	

¹ CYPSS standard 7.1

	<ul style="list-style-type: none"> • High quality evidence based interventions and access to specialist practitioners are offered and delivered for long term conditions, including for example asthma, diabetes and epilepsy, neurodisability, and skin conditions, according to individual needs²; • There is a comprehensive approach to health and wellbeing for the secure setting that is linked to the overall health strategy for the secure setting³; • All healthcare staff provide support to other staff working with children in the secure setting to foster a culture of multidisciplinary working and partnership, ensure the whole secure setting operates as a health promoting environment, and ensure children receive care in a holistic way according to their individual formulation⁴; • Children know how to make a complaint or compliment the service⁵. 																				
<p>Indicators of performance</p>	<p>Indicators of performance</p> <table border="1" data-bbox="495 608 1975 1233"> <thead> <tr> <th data-bbox="495 608 678 667">Indicator</th> <th data-bbox="678 608 1975 667">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="495 667 678 762">D05K01</td> <td data-bbox="678 667 1975 762">The % of children with an abnormal BMI Index on initial Physical Health assessment, and normal BMI Index on discharge</td> </tr> <tr> <td data-bbox="495 762 678 821">D05K03</td> <td data-bbox="678 762 1975 821">The % of children referred to an Optician and seen</td> </tr> <tr> <td data-bbox="495 821 678 880">D05K05</td> <td data-bbox="678 821 1975 880">The % of children referred to an Audiologist and seen</td> </tr> <tr> <td data-bbox="495 880 678 940">D05K06</td> <td data-bbox="678 880 1975 940">The % of children referred to a Dentist and seen</td> </tr> <tr> <td data-bbox="495 940 678 999">D05K07</td> <td data-bbox="678 940 1975 999">The % of children referred to an Orthodontist and seen</td> </tr> <tr> <td data-bbox="495 999 678 1058">D05K08</td> <td data-bbox="678 999 1975 1058">The % of children receiving a Flu vaccination</td> </tr> <tr> <td data-bbox="495 1058 678 1117">D05K09</td> <td data-bbox="678 1058 1975 1117">The % of children receiving an MMR vaccination</td> </tr> <tr> <td data-bbox="495 1117 678 1176">D05K10</td> <td data-bbox="678 1117 1975 1176">The % of children receiving a Men C vaccination</td> </tr> <tr> <td data-bbox="495 1176 678 1233">D05K11</td> <td data-bbox="678 1176 1975 1233">The % of children receiving a ACWY vaccination</td> </tr> </tbody> </table>	Indicator	Description	D05K01	The % of children with an abnormal BMI Index on initial Physical Health assessment, and normal BMI Index on discharge	D05K03	The % of children referred to an Optician and seen	D05K05	The % of children referred to an Audiologist and seen	D05K06	The % of children referred to a Dentist and seen	D05K07	The % of children referred to an Orthodontist and seen	D05K08	The % of children receiving a Flu vaccination	D05K09	The % of children receiving an MMR vaccination	D05K10	The % of children receiving a Men C vaccination	D05K11	The % of children receiving a ACWY vaccination
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² CYPSS standard 7.4

³ CYPSS standard 6.5

⁴ CYPSS standard 13

⁵ CYPSS standard 13.5

	D05K12	The % of female children receiving at least one HPV vaccination	
	D05K12.1	The % of male children receiving at least one HPV vaccination	
	D05K13	The % of children receiving a tetanus, diphtheria and polio (Td/IPV) vaccination	
	D05K14	The % of children receiving at least one Hepatitis B vaccination	
	D05K15	The % of children given advice and information on BBV prevention	
	D05K19	The % of children referred for STI screening	
	D05K20	The % of children screened for STIs	
	D05K21	The % of children who screened positive for an STI and who receive treatment	
	D05K24	The % of children with a diagnosis of asthma	
	D05K25	The % of children with a diagnosis of diabetes	
	D05K26	The % of children with a diagnosis of epilepsy	
Service principles (aims and objectives)	<p>The children are entitled to service provision that is at least equivalent to that available for children living in the community. The provision of service aims:</p> <ul style="list-style-type: none"> • To deliver safe, effective, personalised and comprehensive integrated physical health and intervention services to meet the health needs of the population of the secure setting in partnership with other healthcare providers, education providers, care staff, Youth Offending Teams, and local authority children's services; • To provide efficient, equitable and economical services that are prioritised on the basis of need and risk management; • To ensure that the secure setting receives continuity of physical health services that are clinically safe, delivered in accordance with relevant national and local quality standards and operate within the secure setting structures for the management of risk; • To develop a whole establishment holistic approach to address the needs of children, working with healthcare, education and secure setting staff to build resilience and support continuity of care and effective reintegration into the community as a core principle of all interventions; • To develop a whole establishment approach to health and wellbeing, maximising opportunities to support the child, to address their health needs including awareness of substance misuse health issues and services across the 		

secure setting. A comprehensive physical health strategy will be in place outlining the contributions of all staff to supporting and improving the physical health and wellbeing of children⁶;

- Individual care and treatment plans should be guided by a psychologically-informed and multi-factorial formulation, developed with the child, family/carers (where possible) and multiagency professionals to ensure a shared understanding and collaborative working.
- Any treatment/interventions should reflect national clinical guidance, current evidence bases and should be sequenced and co-ordinated according to the risk and need. For example, national guidance for immunisations.

Attention should be paid to the clear duties that the secure setting has to the children in its care: to safeguard (see the overarching healthcare specification and CYPSS Standard 2) and promote their welfare, to promote their good health and emotional wellbeing, and to take account of their specific needs as children.

Attention should be paid to the specific duties that local authorities have towards looked after children (LAC) in secure settings, including those placed in secure accommodation: to safeguard and promote their welfare; to make use of relevant services for these children in the same way that a parent would; to take into account the wishes and feelings of children and their parents/carers and to have regard to children's religion, racial origin and cultural and linguistic background before making any decision about them.

The child's rights should be respected and they should be given choices about their care whenever possible.

Providers should request, encourage and support children, families/carers and communities to use their knowledge, experience and insight to design and evaluate the services that are on offer, the way that they are delivered and their accessibility and relevance, using a co-production approach. Services should work with families/carers and systems around the child, as far as possible, to optimise family and system functioning.

Data collection relating to physical healthcare and interventions **and outcomes** should be collected in the setting:

- Providers should submit activity and outcomes data to commissioners on a regular basis for the purpose of contract monitoring. This reporting should be through SystemOne based on the Children and Young People's Indicators of Performance (CYPIPs);
- Providers should also contribute data to the national audit process as well as case studies and quality audits such as NDTMS (National Drug Treatment Monitoring System). Healthcare providers will be expected to submit data in line with national requirements to measure throughput as well as quality.

⁶ CYPSS Standards 7.1

	<p>Considerations should be given to ensuring that links are made between those providing physical health interventions and those providing mental health and substance misuse interventions.</p> <p>There should be effective information sharing systems in place (see the Overarching Specification) between those providing physical health services and other providers of mental health, learning disability and substance misuse services and the compilation of a single on-site health record⁷, as separation of record keeping and poor communication make it impossible to provide a truly holistic service⁸.</p>
Details on the establishment (secure setting capacity etc.)	For commissioner to fill in
Data on need	For commissioner to fill in (via SystmOne or local data collection systems in the absence of SystmOne)
Service description	<p>Time in a secure setting provides an opportunity to reach out to this vulnerable population and a chance to improve their health outcomes and to plan for their continuing care on discharge. There is a balance to be struck between the need to provide an appropriate secure setting and the aim of developing a child-centred, therapeutic service for children.</p> <p>Over a quarter of young men and a third of young women in secure settings have a long standing physical complaint including respiratory problems, musculoskeletal complaints, nervous system complaints, skin complaints, dental health problems, blood-borne viruses, sexually transmitted infections and epilepsy. A number of the children will have missed routine screening and assessments, immunisations, vaccinations and dental and optical checks and, if they have a long term condition, may have missed routine follow up appointments. There is an opportunity, whilst children are in the setting, to rapidly assess for the routine screening and monitoring that may be needed and to catch up on immunisations⁹ and vaccinations, all with the consent of the child (if they have the capacity/competence to consent and are willing to engage).</p> <p>The services should deliver a year round, child-centred, health service which meets the physical health and wellbeing needs of the children whilst acknowledging the close relationship between mental health and physical health.</p>

⁷ CYPSS standard 3 Information Sharing

⁸ Healthy Children, Safer Communities, DH 2009

⁹ The Routine Immunisation Schedule, Autumn 2018

	<p>The CHAT (Comprehensive Health Assessment Tool) should be used as a reception health screen¹⁰ for all children entering the secure estate to assess individual health needs within CHAT timeframes. An early and accurate assessment of health needs must be followed by prompt care and interventions, and services must at least be equivalent to those in the community¹¹, not only for treatment of any physical illness but also promotion of health and wellbeing.</p> <p>The data from CHAT can also be used to populate a health and wellbeing needs assessment for the secure setting. The data from these assessments will enable data collection across the secure setting that can be used to better inform the commissioning of health services in future.</p> <p>Healthcare provision needs to encompass primary care services as would be provided in the community, whilst also offering screening and monitoring of physical health needs. Effective treatment and follow up of long term conditions with specialist/secondary care input should also be provided if required.</p> <p>The provider will be required to ensure that there is a service in place that can respond to routine primary care and to both urgent and emergency care. They will need to ensure that they have a good working relationship with the local A&E department in line with local healthcare provision and subject to the secure setting security policies in relation to a child being off site with security/care staff.</p> <p>Clear pathways and referral processes should be in place for both urgent and non-urgent referrals/advice, which are agreed by all those needing to use them and which are understood across the disciplines working in the setting. This can include processes for self-referral. Staff working in the physical healthcare team will need access to external advice and support if a child presents with a condition requiring specialist support.</p>
<p>Core expectations for meeting the physical health needs of children under 18 years</p>	<p>The service provided should meet the following standards:</p> <p>Healthcare standards for Children and Young People in Secure Settings (2019): https://www.rcpch.ac.uk/sites/default/files/2019-06/rcpch_healthcare_standards_for_children_and_young_people_online1.2.pdf</p> <p>The standard for Physical Healthcare and Intervention (Standard 7) is detailed in full below.</p> <p>7. Physical Healthcare and intervention</p>

¹⁰ CYPSS Standard 4: Entry and Assessment

¹¹ CYPSS standard 1.2.1

	<p>7.1 Each secure setting has a comprehensive physical health strategy outlining the contributions of all staff to supporting and improving the physical health and wellbeing of children and acknowledging the close relationship between mental and physical health.</p> <p>7.1.1 The strategy incorporates a multi-disciplinary approach and is part of the secure setting's health strategy. (See 12.1).</p>	
	<p>7.2 The secure setting has access to, and receives support from, a multi-disciplinary physical healthcare team appropriate to the needs of the children.</p> <p>7.2.1 The secure setting receives consultation, advice and training from a physical healthcare team.</p> <p>7.2.2 There is a lead healthcare professional responsible for overseeing physical health provision within the secure setting.</p>	
	<p>7.3 Before intervention begins, physical health need is assessed (see 4.5) and a healthcare plan is developed (see 5.2).</p>	
	<p>7.4 A range of evidence-based physical health interventions is offered and delivered according to individual needs.</p> <p>7.4.1 Effective treatment and regular review, in line with evidence-based practice, are in place for the management of children with long-term conditions.</p> <p>7.4.2 There are formal assessments and arrangements in place with local health and social care agencies for the loan of appropriate occupational therapy equipment and specialist advice to ensure children are able to access mobility, communication and health aids.</p> <p>7.4.3 Children with skin conditions including acne, dry skin, dermatitis and eczema receive appropriate advice and treatment from healthcare professionals.</p> <p>7.4.4 Children's physical health is monitored including growth and nutrition and screening for defects of vision or hearing.</p>	
	<p>7.5 Children are cared for by a dental health service that assesses and meets their needs.</p>	

	<p>7.5.1 Children have timely access to dental checks and treatment. Assessments for orthodontic care are offered where appropriate and care should be continued where it has been started.</p>	
	<p>7.6 The secure setting has a comprehensive policy on communicable disease control.</p> <p>7.6.1 The policy includes an outbreak plan, pandemic flu plan and vaccination policy.</p> <p>7.6.2 Children are offered vaccinations appropriate to their age and need as set out under national guidance for immunisations and vaccinations.</p>	
	<p>7.7 Children have access to confidential advice and education about safer sexual practices and contraception within the context of relationships.</p> <p>7.7.1 Children have access to appropriate contraception in the secure setting.</p> <p>7.7.2 Children have access to screening and treatment programmes for sexually transmitted infections.</p>	
	<p>7.8 Sexual health services should be available to support children who have experienced violence, abuse and/or adverse childhood experiences as clinically indicated. (See 4.5.2).</p>	
	<p>7.9 Effective stop smoking interventions should be offered to children who smoke, with Nicotine Replacement Therapy (NRT) provided to children over 12 who are dependent on nicotine. Behavioural stop-smoking support should be provided to all children prescribed NRT and staff providing behavioural interventions should be trained to National Centre for Smoking Cessation and Training standards or its updates.</p> <p>Guidance: Stop smoking interventions and services, National Institute for Health and Care Excellence, 2018.</p>	
	<p>7.10 Antenatal and postnatal services equivalent to those provided in the community are available for young women who are pregnant and after delivery.</p> <p>7.10.1 Pregnant young women have access to a midwife.</p> <p>7.10.2 Non-judgmental counselling regarding options is provided for pregnant young women and, where appropriate and within relevant legislation, access to termination of pregnancy services.</p>	

	<p>7.10.3 Pregnant young women receive information about avoiding substances (drugs, alcohol and smoking). Healthcare professionals document in the young woman’s health record if there is a history of substance misuse in pregnancy and appropriate interventions are offered.</p> <p>7.10.4 Pregnant young women should receive appropriate care while in secure settings which ensures the wellbeing of mother and baby, including food that meets the nutritional standards recommended and additional healthy food or snacks if they are hungry between mealtimes or miss meals due to sickness.</p> <p>7.10.5 Pregnant young women should receive advice and support about breastfeeding, both prior to and after birth.</p>
Dependencies	<p>Health commissioners and providers need awareness of the requirements of the relevant legislation and guidance governing particular secure settings such as The Youth Offender Institution Rules 2000, The Secure Training Centre Rules 1998 and National Minimum Standards for Children’s Homes (See references below).</p> <p>Prescribing should be based on national guidance but may need to be adapted for use in a secure setting where medicines are open to abuse or where they may pose a high risk of overdose. There should be a medicines management policy¹². There should be clear documentation regarding prescribing and if departing from national guidance, a clear rationale must be recorded.</p>
Rights of the Child	<p>The United Nations Convention on the Rights of the Child (UNCRC) should underpin the specification. This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children’s rights to expression and receiving information amongst other matters. Children have said that they need:</p> <ul style="list-style-type: none"> • Vigilance: to have adults notice when things are troubling them; • Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon; • Stability: to be able to develop an on-going stable relationship of trust with those helping them; • Respect: to be treated with the expectation that they are competent rather than not; • Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans; • Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;

¹² CYPSS Standard 6.4

	<ul style="list-style-type: none"> • Support: to be provided with support in their own right as well as a member of their family; • Advocacy: to be provided with advocacy to assist them in putting forward their views.
<p>Safeguarding children (Working Together to Safeguard Children, 2018)</p>	<p>Effective safeguarding arrangements in every local area should be underpinned by two key principles:</p> <ul style="list-style-type: none"> • Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; • A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children. <p>Safeguarding is everyone’s responsibility. Everyone who works with children has a responsibility for keeping them safe. No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.</p> <p>All those working with children should be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern. Working Together to Safeguard Children (HM Government 2018) sets out how organisations should work together and the actions to be taken when abuse or neglect is known or suspected.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf</p> <p>Safeguarding children in the secure setting is of critical importance. Secure settings must have current safeguarding policies and procedures in place, which are subject to appropriate monitoring and review by a Safeguarding committee and are legislatively compliant. (See the overarching healthcare specifications, and Standard 2).</p>
<p>Useful links and guidance</p>	
<p>Relevant overarching legislation links to health services for children</p>	<ul style="list-style-type: none"> • Working Together to Safeguard Children (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf • Children Act (1989) https://www.legislation.gov.uk/ukpga/1989/41/contents • Compliance with Children Act (2004) Section 11 duty to co-operate to improve wellbeing and to safeguard and promote the welfare of children.

- **Section 11 of the Children Act 2004** places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

- **Healthy Child Programme 0-5 (2009)**

Pregnancy and the first five years

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

- **Healthy Child Programme 5-19 (2009)**

Young people 11-16 Healthy Child Programme schedule-universal and progressive programme provides an evidence based programme detailed as a good practice outline.

https://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

- **Health Child Programme 0-19: Health visitor and school nurse commissioning**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686928/best_start_in_life_and_beyond_commissioning_guidance_1.pdf

- **Special educational needs and disability code of practice: 0-25 years.**

Statutory guidance for organisations which work with and support children who have special educational needs or disabilities (2015)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

- **Guidance for health services for children and young people with Special Educational Needs and Disability (SEND) (2018)**

<https://www.england.nhs.uk/wp-content/uploads/2018/07/send-health-services-children-young-people.pdf>

- **Mental Capacity Act (2005)**

https://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

- **Mental Capacity (Amendment) Act (2019)**

http://www.legislation.gov.uk/ukpga/2019/18/pdfs/ukpga_20190018_en.pdf

	<ul style="list-style-type: none"> • Mental Health Act 1983: Code of Practice (2015) https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983 Guidance on assessing mental capacity for medical treatment is provided in Chapter 24, paragraph 30.
Relevant Inspection Frameworks for secure settings	<p>Alongside the Healthcare Standards for Children and Young People in Secure Settings (2019) (www.rcpch.ac.uk/cypss) providers also need to ensure compliance with the relevant inspection framework for the secure setting i.e. YOIs, STCs and SCHs.</p> <p>The relevant inspection framework should be frequently reviewed as part of all multi-disciplinary team meetings to address recommendations and ensure all areas for improvement are being progressed.</p> <p>Each secure setting is inspected on an annual basis.</p> <p>HMIP Inspections for Young Offender’s Institutions framework: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2019/03/INSPECTION-FRAMEWORK-2019.pdf</p> <p>Her Majesty’s Inspectorate of Prisons (HMIP) is an independent statutory organisation which reports on the treatment and conditions of those detained in young offender institutions.</p> <p>HMIP inspects Young Offender Institutions for children under age 18 annually. HMIP works jointly with other inspectorates such as the Office for Standards in Education, Children’s Services and Skills (Ofsted), Care Quality Commission (CQC) and the Royal Pharmaceutical Society. This joint work ensures expert knowledge is deployed on inspections and avoids multiple inspection visits.</p> <p>All inspections carried out by HMIP contribute to the UK’s response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel Inhuman or Degrading Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies, known as the National Preventive Mechanism (NPM), which monitor the treatment of and conditions for detainees. HMIP is one of several bodies making up the NPM in the UK.</p> <p>All reports include a summary of an establishment’s performance against the model of a healthy prison. The four tests of a healthy prison are:</p> <ul style="list-style-type: none"> • Safety: children, particularly the most vulnerable, are held safely; • Respect: children are treated with respect for their human dignity; • Purposeful activity: children are able and expected to engage in activity that is likely to benefit them; • Resettlement: children are prepared for their release into the community and helped to reduce the likelihood of re-offending.

Under each test HMIP makes an assessment of outcomes for children and therefore of the establishment's overall performance against the test. In some cases this performance will be affected by matters outside the establishment's direct control which need to be addressed nationally.

Further detail of the criteria under each of these tests for Young Offender Institutions for children under 18 can be found online.

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/11/Childrens-Expectations-FINAL-261118-2.pdf>

Joint Inspections of Secure Training Centres

The framework for inspections of Secure Training Centres (STCs) is available at:

<http://ofsted.gov.uk/resources/inspections-of-secure-training-centres-framework-for-inspecting>

Please note the STC inspection framework is currently under review. A new framework will be published in April 2019.

The inspection of Secure Training Centres is undertaken jointly by Ofsted, HMIP and CQC in consultation with the Youth Custody Service for England and Wales, and the Ministry of Justice. Each Secure Training Centre is subject to an annual inspection in accordance with a service level agreement with the Youth Custody Service and Ministry of Justice, acting on behalf of the Secretary of State for Justice.

The timing of an inspection is influenced by an assessment of:

- The outcomes of previous inspections
- Advice or information provided to the inspectorates by the Secretary of State, the Ministry of Justice and/or the Youth Custody Service
- Other relevant information received by Ofsted, HMIP or CQC.

Where there are significant concerns about a Secure Training Centre between the annual inspections, an additional inspection may be carried out if requested by the Ministry of Justice and/or Youth Custody Service.

The inspection framework includes evaluation criteria to describe what "good" looks like in the judgement of overall effectiveness, taking into account:

- Safety of children;
- Promoting positive behaviour;
- Care of children;
- Achievement of children;
- Resettlement of children;

- Health of children;
- Effectiveness of leaders and managers.

The experiences and progress of children in all areas of their lives are central to the inspection.

Inspectors use the descriptors of good as the benchmark against which to grade and judge performance.

Inspectors make their judgements on a four-point scale:

1. Outstanding
2. Good
3. Requires improvement
4. Inadequate.

Ofsted Inspections of Secure Children's Homes:

Ofsted uses the Social Care Common Inspection Framework (SCCIF) for the inspections of Secure Children's Homes.

<https://www.gov.uk/guidance/social-care-common-inspection-framework-sccif-children-s-homes-including-secure-children-s-homes>

For full inspections of secure children's homes, Ofsted will be assisted by an inspector from CQC in Ofsted's evaluation of health services provided for children. For interim inspections of secure children's homes, Ofsted may request the assistance of a CQC inspector if there are health related matters where the inspection would benefit from CQC's input. CQC is responsible for regulating registered healthcare providers.

Inspections under SCCIF make judgements on overall experiences and progress of children, taking into account:

- How well children are helped and protected;
- The effectiveness of leaders and managers;
- Outcomes in education and related learning activities.

Inspectors will use the descriptions of what 'good' looks like as the benchmarks against which to grade and judge performance.

The areas of required evidence and what 'good' looks like are set out in chapter five of the SCCIF.

Inspectors will make their judgements on a four-point scale:

1. Outstanding
2. Good
3. Requires improvement
4. Inadequate.

	<p>Inspections of Secure Schools At the time of creating these specifications the inspection framework for Secure Schools was not yet confirmed.</p>
<p>References for commissioners</p>	<p>The Children and Young People Secure Estate National Partnership Agreement (2018) https://www.england.nhs.uk/publication/the-children-and-young-people-secure-estate-national-partnership-agreement/</p> <p>Healthy children, safer communities (2009) http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf</p> <p>Securing excellence in commissioning for offender health (2013) http://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf</p> <p>The Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPOA) simplified the previous remand framework. All children now 12-17 are subject to the same remand provisions and all remanded children are treated as looked after by the local authority designated by the court when remanded securely. More details can be found here: http://www.justice.gov.uk/youth-justice/courts-and-orders/legal-aid-sentencing-and-punishment-of-offenders-act-2012</p> <p>The Young Offender Institution Rules 2000 http://www.legislation.gov.uk/uksi/2000/3371/contents/made</p> <p>The Secure Training Centre Rules 1998 http://www.legislation.gov.uk/uksi/1998/472/contents/made</p> <p>The Children’s Homes (England) Regulations 2015 http://www.legislation.gov.uk/uksi/2015/541/pdfs/uksi_20150541_en.pdf <u>Guide to the Children’s Homes Regulations including the quality standards</u> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Childrens_Home_Standards_inc_quality_standards_Version_1.17_FINAL.pdf</p> <p>National Standards for Youth Justice Services http://www.justice.gov.uk/downloads/youth-justice/yjb-toolkits/victims/national-standards-youth-justice-services.pdf</p> <p>Public health functions to be exercised by NHS England</p>

Service specification No.29. Public health services for people in prison or other places of detention, including those held in the Children and Young People's Secure Estate

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256509/29_public_health_services_for_people_in_prison.pdf

Guidance on Infection Control for Chickenpox and Shingles in Prisons, Immigration Removal Centres and other prescribed Places of Detention (2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/648640/guidance_on_infection_control_for_chickenpox_and_shingles_in_prisons.pdf

Managing tuberculosis (TB) in prisons

<https://www.gov.uk/government/publications/managing-tuberculosis-tb-in-prisons>

Oral healthcare in prisons and secure settings in England (BDA February 2012)

https://www.bda.org/dentists/policy-campaigns/campaigns/Documents/oral_health_in_prisons_eng.pdf

Attention is drawn to **NICE guidelines** as a source of evidence based practice:

- Prevention of sexually transmitted infections and under 18 conceptions (PH3)
- Promoting physical activity for children (PH17)
- Physical activity and the environment (NG90) NICE guidance

Available here: <http://guidance.nice.org.uk/CG/Published> (clinical guidelines)

National Standards for Youth Justice Services

<http://www.justice.gov.uk/downloads/youth-justice/yjb-toolkits/victims/national-standards-youth-justice-services.pdf>

Human Rights Act (1998)

https://www.legislation.gov.uk/ukpga/1998/42/pdfs/ukpga_19980042_en.pdf

Equality Act (2010)

https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Care, Education and Treatment Reviews for Children and Young People- Code and Toolkit (2017)

<https://www.england.nhs.uk/wp-content/uploads/2017/03/children-young-people-cetr-code-toolkit.pdf>