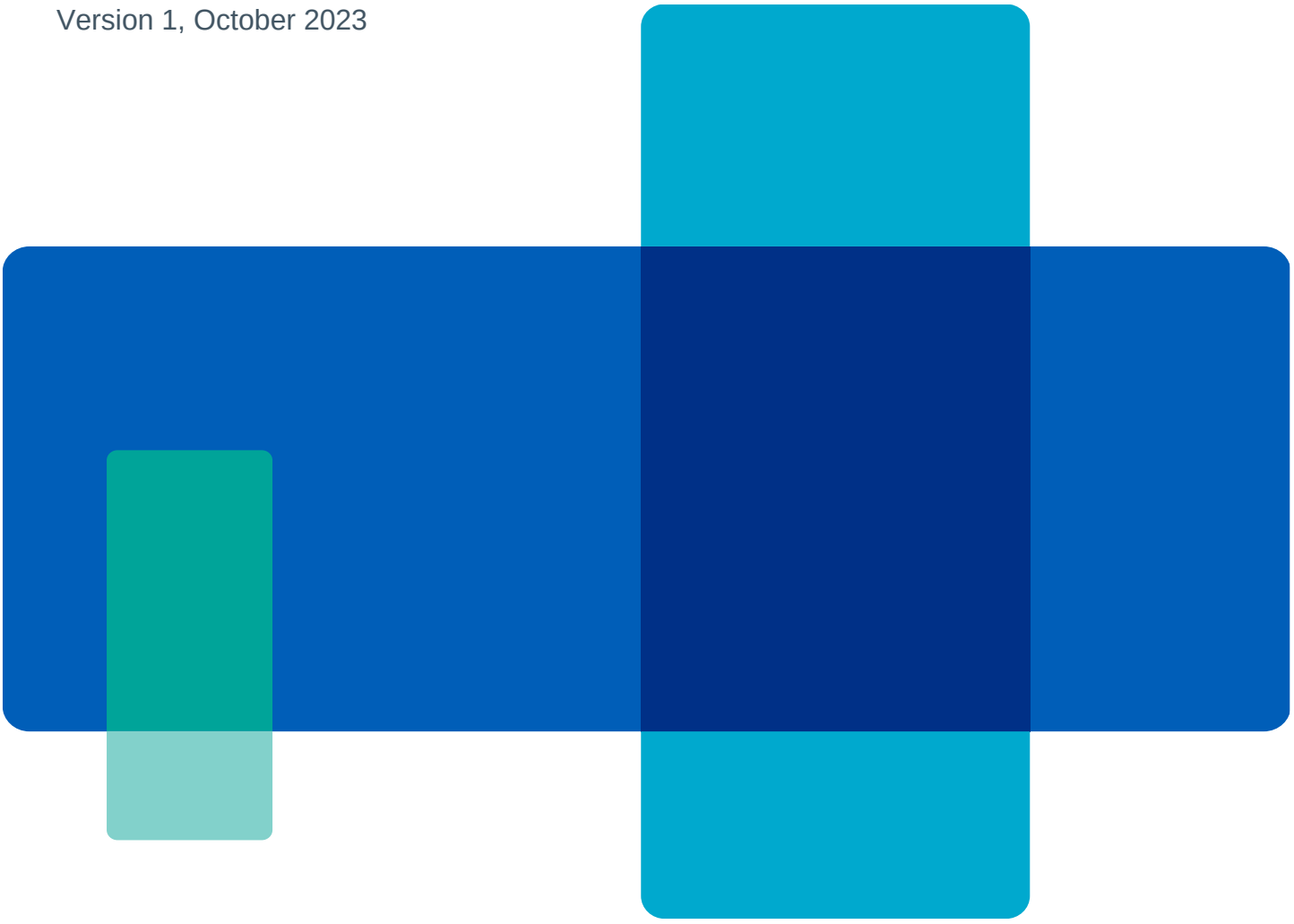
NHS England

Mental health and neurodevelopmental conditions healthcare specification

For children and young people in secure settings (CYPSS)

Version 1, October 2023



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Guidance notes – *Guidance notes are in italics*

SERVICE SPECIFICATION

NHS England is the commissioner of healthcare services for children and young people secure settings (CYPSS). NHS England regional commissioners may retain the structure of this model service specification template or determine their own in accordance with the Standard Contract Technical Guidance. Integrated care systems (ICSs) must not amend it.

1.1 Service name	• Mental health and neurodevelopmental conditions healthcare specification for children and young people in secure settings
1.2 Service specification number	• XXX • *Insert the existing specification number where the specification is being amended. If it is a new specification, the new number will be assigned by xxx.*
1.3 Date published	• XX/XX/XXXX • *Insert the date the new or revised specification was published on the NHS England website.*
1.4 Accountable Commissioner	• XXX • *Insert regional commissioner title e.g., South West Health & Justice commissioner*
2. Service overview	
Children in secure settings are entitled to service provision that is at least equivalent to that available for children living in the community. To offer children equivalent care, services need to work with children in secure settings to develop safe, trusting relationships. This service specification should be implemented in line with the requirements set out in the Children and Young People in Secure Settings (CYPSS)[1] Healthcare Standards and the Overarching Specification for CYPSS.	

[1] Throughout these specifications we will refer to the both the Children and Young People Secure Estate (CYPSE) and secure settings (CYPSS); this covers Young Offender Institutions, Secure Training Centres and Secure Children's Homes inclusively and the Secure School in the future.

3. Demographics & evidence base
3.1 Population covered
• Age: Children aged 10 to 17 years old placed in the Children and Young People Secure Estate (CYPSE)[2] on justice or welfare grounds.[3] • Gender: The CYPSE is an all-gender service.
3.2 Minimum population size
This service is available to all children placed in the CYPSE.
3.3 Evidence base
This section is for commissioners to complete based on Health and Wellbeing Needs Assessment and information from electronic health records (such as SystmOne) for their own local population.
4. Service Aims and Outcomes
4.1 Service Aims
The service aim is to deliver excellent mental health care and emotional wellbeing services, and support for children with neurodevelopmental conditions and learning disabilities. In developing a service for mental health and neurodevelopmental conditions, CYPSS standard 8 in particular should be taken into account. We recognise that children who are placed in secure settings are some of the most vulnerable in our society, and that they are more likely than their peers to have mental health and neurodevelopment healthcare needs, as well as other additional needs. NHS England and partners are committed to delivering healthcare services through the principles of the Framework for Integrated Care. See overarching healthcare specification section 4.1 for further details.

[2] Throughout these specifications we will refer to the both the Children and Young People Secure Estate (CYPSE) and secure settings; this covers Young Offender Institutions, Secure Training Centres and Secure Children's Homes inclusively and the Secure School in the future.

[3] Grounds for placement:

- Sentenced to a Detention and Training Order (DTO) – under section 100 of the Powers of Criminal Courts (Sentencing) Act 2000 (PCC(S)A.
- Sentenced for a serious offence – under section 90 or 91 of PCC(S)A or section 226, 226b or 228 of the Criminal Justice Act 2003 (CJA).
- Remanded by the court to custody – under section 91(4) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA).
- Placed in a secure children's home on welfare grounds under Section 25(6) Children Act 1989.

Individual care and treatment plans should be guided by a trauma-informed formulation, developed with the child, family/carers/next of kin (where appropriate) and multiagency professionals in a culturally sensitive way to ensure a shared understanding and collaborative working.

Healthcare staff take the child or young person's views, wishes and feelings into account in relation to matters affecting their healthcare, in line with the child or young person's level of understanding. This is balanced against what the healthcare professional judges to be in the child's best interests.

Providers should encourage and support children and their 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.[4]

4.2 Service Outcomes

Nationally collected outcomes
See overarching healthcare specification, section 4.2

Regionally collected outcomes
See overarching healthcare specification, section 4.2

5.0 Service

5.1 Service description

The mental health and wellbeing need of children placed in secure settings are often different to those of their peers in the community. For example, they may:

- Have often experienced social disadvantage, such as bereavement, loss, homelessness, being a young parent, and trauma and abuse, such as bullying/harassment, exposure to domestic violence and severe neglect.
- Have challenges in developing secure attachments.
- Have multi-layered, unmet, and complex needs.
- Not be accessing services in a timely manner, despite their high levels of need.

See overarching healthcare specification section 5.1 for the service outline. In addition to this, the mental health and neurodevelopmental condition service should:

[4] Co-production is a partnership approach between a practitioner and young person that allows each to learn from the other, draws on the strength and knowledge of both and allows all to experience a more balanced power dynamic within the relationship. This can enhance the child's ownership of services, create a vested interest and respond to their needs. From: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066121/2022-04-01_Managing_and_Minimising_Separation_in_the_CYPSE.

- Deliver a fully embedded mental health, harmful sexual behaviour and neurodevelopmental conditions service that meets the emotional, neurodevelopmental, and mental health needs of all children accommodated within the secure setting, incorporating plans for in and out of hours services, based on clinical need.
- Be visible to staff and children and accessible both in terms of location and timing of sessions and provide sufficient availability to meet children's needs.
- Be staffed by practitioners trained in managing mental health, harmful sexual behaviour, and neurodevelopmental conditions.
- Embed mental health and neurodevelopmental practitioners in multi-disciplinary teams. As a minimum, ensure mental health practitioners have neurodevelopmental awareness and a knowledge of referral pathways.[5]
- Provide expert contribution to case reviews.
- Provide contribution to Serious Investigations and Patient Safety incident reports.
- Ensure all staff working directly with the children are aware of the mental health, neurodevelopmental and emotional wellbeing team, and access their support and supervision as required.
- Offer systemic and individual support to the secure setting staff on assessment, formulation, formulation-based care planning, support, and supervision of 'every interaction matter's interventions, applying theory to practice and enabling reflective practice across the setting.
- Offer training to all staff in mental health and neurodevelopmental awareness, child development and attachment, and trauma awareness.
- Ensure mental health practitioners are part of any health promotion meetings and activities to promote health across the secure setting.
- Enable rapid referral for assessment of previously undiagnosed mental health and neurodevelopmental conditions.
- Offer comprehensive assessment of overall emotional wellbeing, to inform the trauma-informed formulation.

[5] See https://www.cqc.org.uk/news/all-cqc-registered-providers-ensure-their-staff-receive-training-interacting-people-learning
https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism.

- Ensure children are aware of what the mental health, neurodevelopmental and emotional wellbeing services comprise and who to talk to about it. Children can refer themselves to the mental health service if needed.
- Deliver services that children can access – that is, with consideration of their speech, language, and communication needs
- Use enhanced communication strategies when engaging with all children, and ensure staff are adequately trained to use these.
- Provide enhanced support for children with the most complex needs while considering hospital admission under the Mental Health Act if needed.
- Ensure specialist staff are available for children with mental health and neurodevelopmental needs.
- Promote access to activities likely to benefit emotional health and wellbeing, and, if appropriate, work with voluntary and community organisations.
- Provide advice where secure setting practice and policies may adversely affect the emotional health and wellbeing of children.
- Provide local authorities and/or courts with information (where necessary) that informs long term planning and placement decisions for children.
- Identify and make reasonable adjustments to ensure appropriate care delivery where required.
- Establishes links to services following a child's transition to the community, another secure setting or adult secure setting.
- Work with mental health case managers to ensure children have access to assessment for transfer under the Mental Health Act if required.

Multi-disciplinary working

See overarching healthcare specification, section 5.1.

Record keeping

See overarching healthcare specification, section 5.1.

Prescribing

See overarching healthcare specification, section 5.1.

5.2 Additional vulnerabilities and health inequalities

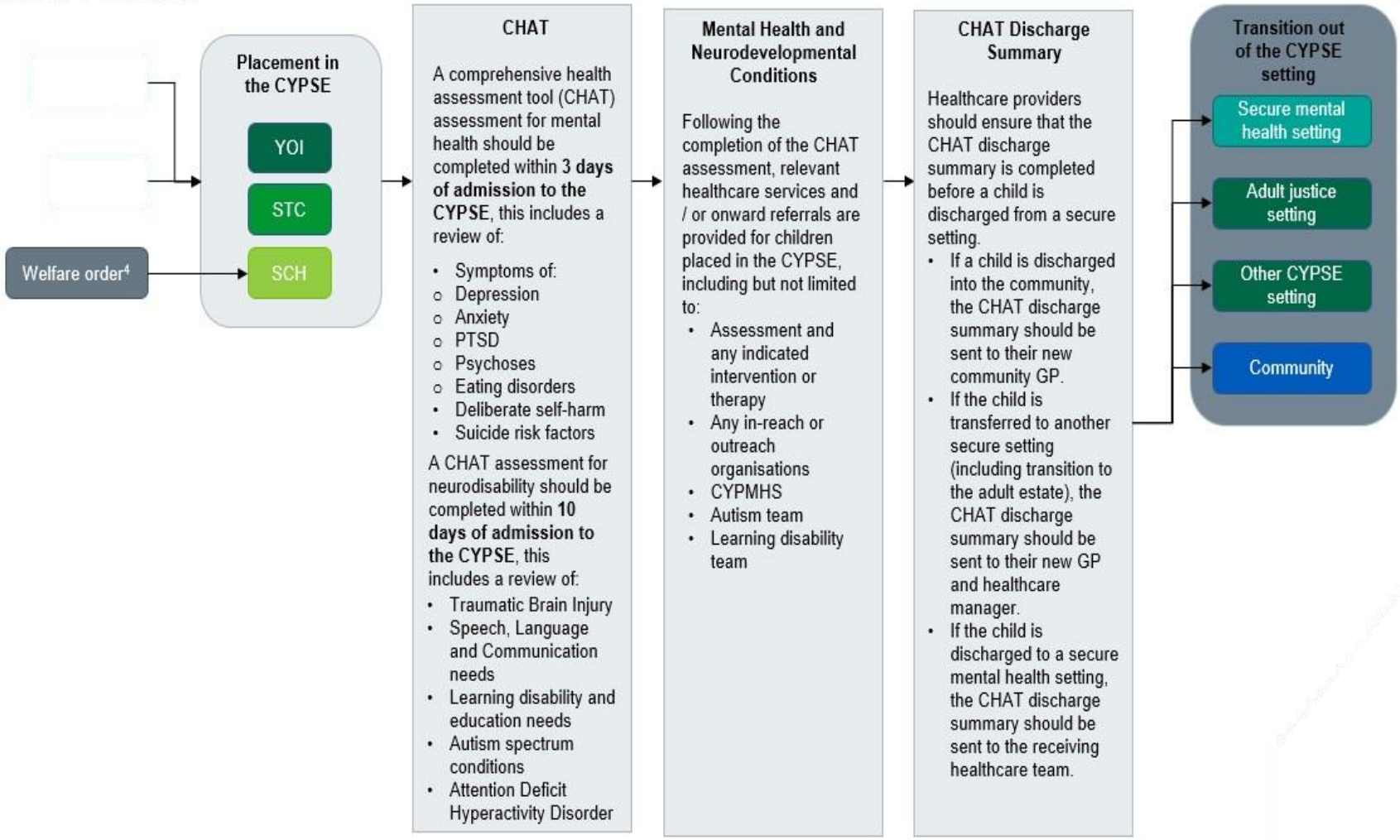
See overarching healthcare specification, section 5.2.

5.3 Pathways

Overall patient pathway – see below.

NHS England

Mental Health



1. Sentenced to a Detention and Training Order (DTO) – under section 100 of the Powers of Criminal Courts (Sentencing) Act 2000 (PCC(S)A)
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5.4 Clinical networks
See overarching healthcare specification, section 5.4.
5.5 Staffing
Senior clinician responsibilities Within the mental health and neurodevelopmental conditions team, the senior clinician should have sufficient time to ensure trauma-informed formulations are developed for each child/young person and that these are used to plan and sequence interventions in a collaborative manner across all staff groups. The senior clinician will be expected to have the skills and training to: • Oversee specialist assessments of all children based on complex data from sources including psychological and neuro-psychological tests, self-reported measures, rating scales, direct and indirect observations, and semi-structured interviews with children, residential staff, family/carers, next of kin and others involved in the child or young person's care. • Ensure onward referrals, both internally and to outreach, are made to appropriate team/provider where clinically indicated. • Oversee formulation and implementation of plans for the management and treatment of the factors related to mental health and neurodevelopmental conditions. These plans should be developed employing methods of proven efficacy and in the context of the family and wider system, with consideration of sustainability on transition; and be the basis for the decision to place the child in a secure setting. They should include formal psychological treatment where appropriate to meet. • Evaluate and make decisions about treatment options. • Ensure supervision of both health and secure setting staff in line with supervision strategy. • Support the embedding of training and staff to apply theory to practice. • Promote a psychologically informed understanding of formulation, formulation-based care planning, 'every contact counts'[6] and reflective practice in promoting the best possible care for children within the secure setting. • Provide health input for transition to the community or to another secure setting.[7]

[6] https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf
[7] https://www.nice.org.uk/guidance/ng43

Staffing requirements

There will need to be sufficient staffing in place to provide access to the range of evidence-based specialist mental health and neurodevelopmental interventions, both pharmacological and psychological, that children in secure settings require. The evidence used to determine the required specialist mental health staffing levels should come from:

- Epidemiological and within-unit data regarding prevalence of presenting problems
- National guidelines regarding evidence-based interventions (National Institute of Health and Care Excellence, etc)
- National staffing guidance for Child and Adolescent Mental Health Services (British Psychological Society guidance on Using Applied Psychologists Effectively in the Delivery of CAMHS, Royal College of Psychiatrists' guidance on Building a Comprehensive CAMHS
- The evidence base regarding the impact of complex and attachment trauma on development, mental and physical health needs.

In developing the approach to staffing, CYPSS Standard 14 should be consulted.

5.6 Essential equipment and/or therapeutic environment

This section is for Commissioners to complete based on local provision.

In developing a service, the CYPSS standards that should be considered for essential equipment and therapeutic environment are listed in section 11.

5.7 Inter-dependencies with other services

Detail other inter-dependent NHS services the service relies on for delivery. Include links to relevant, agreed, and applicable standard and proximity

This section is for commissioners to complete based on local provision.

Interdependent service	Relevant service specification / standard	Proximity to service

6.0 Appendices
See overarching healthcare specification, section 6.0