

Physical healthcare specification

For children and young people in secure settings (CYPSS)

Version 1, October 2023



Contents

	1
1.1 Service name	3
1.2 Service specification number	3
1.3 Date published	3
1.4 Accountable Commissioner	3
2. Service overview	3
3. Demographics & evidence base	4
3.1 Population covered	4
3.2 Minimum population size	4
3.3 Evidence base	4
4. Service Aims and Outcomes	4
4.1 Service Aims	4
4.2 Service Outcomes	5
5.0 Service	5
5.1 Service description	5
5.2 Additional vulnerabilities and health inequalities	8
5.3 Pathways	8
5.4 Clinical networks	10
5.5 Staffing	10
5.6 Essential equipment and/or therapeutic environment	10
5.7 Inter-dependencies with other services	10
6.0 Appendices	10

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	<ul style="list-style-type: none"> Physical healthcare specification for children and young people in secure settings
1.2 Service specification number	<ul style="list-style-type: none"> XXX <i>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.</i>
1.3 Date published	<ul style="list-style-type: none"> XX/XX/XXXX <i>Insert the date the new or revised specification was published on the NHS England website.</i>
1.4 Accountable Commissioner	<ul style="list-style-type: none"> XXX <i>Insert regional commissioner title e.g., South West Health & Justice commissioner</i>
2. Service overview	
<p>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.</p> <p>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.</p>	

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
<ul style="list-style-type: none"> • 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
<i>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.</i>
4. Service Aims and Outcomes
4.1 Service Aims
<p>The service aims are to deliver safe, effective, personalised, and comprehensive integrated physical health care in response to the needs of children in the setting. In developing a service for mental health and neurodevelopmental conditions, CYPSS healthcare standard 7 should be considered.</p> <p>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.</p> <p>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.</p>

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

There is an opportunity, whilst children are in the setting, to rapidly assess for the routine screening and monitoring that may be needed, as well as to catch up on immunisations⁵ and vaccinations and identify any undiagnosed health conditions. These should be carried out with the consent of the child or young person (if they have the capacity/competence to consent and are willing to engage).

- The physical health needs of children placed in secure settings often differ to those in the community. For example, they may:
- Have a long-standing physical complaint including respiratory problems, musculoskeletal complaints, nervous system complaints, skin complaints, blood-borne viruses, sexually transmitted infections, and epilepsy

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.

⁵ See routine childhood immunisation schedule (<https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule>)

- Have missed routine screening and assessments, immunisations, vaccinations, and optical checks
- Missed routine follow up appointments for long term conditions
- Have undiagnosed health conditions.

See overarching healthcare specification section 5.1 for the service outline. In addition to this, the physical healthcare service should:

- Deliver a physical health service which meets the physical health needs of all children:
 - And acknowledges the close relationship between mental health, neurodiversity, and physical health
 - Through in-hours and out of hours services, based on clinical need
- Be visible both to staff and children and accessible both in terms of venue, availability, and timings of sessions
- Deliver services to children that are accessible according to their speech, language, and communication needs
- Identify and make reasonable adjustments to ensure appropriate care is always delivered
- Ensure the whole secure setting operates as a health promoting environment, ensuring children receive care in a holistic way according to their individual formulation which takes into consideration their mental health needs
- Health promotion activities should include, but are not limited to:
 - Diet/diabetes prevention education
 - Diabetic eye screening through the Diabetic Eye Screening Programme (DESP)
 - Physical activity and nutrition
 - Sexual and reproductive health
 - Sleep hygiene
 - Self-management of physical health
- Promote access to activities likely to benefit physical health and wellbeing and where appropriate work with voluntary and community organisations
- Offer screening and monitoring of physical health needs
- Provide contribution to Serious Investigations and Patient Safety incident reports

- Enable rapid referral for assessment of previously undiagnosed physical health conditions
- Ensure children can access the following which are appropriate to gender, need, confidentiality and legislation:
 - Immunisations and vaccinations
 - Screening/treatment for sexually transmitted infections
 - Appropriate contraception
 - Menstrual health
 - Midwifery
 - Non-judgemental counselling
 - Termination of pregnancy services
- Ensure all staff working directly with the children are aware of the physical health team and how to access 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 contact counts' intervention, applying theory to practice, and enabling reflective practice across the setting
- Ensure staff working in the physical healthcare team have access to external advice and support if a child presents with a condition requiring specialist support
- Ensure pathways are understood across the disciplines working in the setting, as well as the children in the setting. This can include processes for self-referral which children are supported and enabled to do so
- Ensure children know how to access a physical healthcare team appropriate to their needs. Children can refer themselves to the service if needed
- Ensure children are aware of what the physical health services include and who to talk to
- Ensure parents/carers/next of kin (where appropriate) are aware of what the physical health services include and what their child or young person has access to
- Ensure children know how to make a complaint or to compliment the service
- Provide expert contribution to case reviews
- Provide contribution to Serious Investigations and Patient Safety incident reports

- Provide advice to ensure that practice and policies do not have a negative impact on the physical health of children in the secure setting
- Provide local authorities and/or courts with information (where necessary) to help inform long term planning and placement decisions for children
- Ensure there are clear and locally accessible pathways and referral processes for both urgent and non-urgent referrals/advice, which have been agreed by other services involved in the pathway
- Have a good working relationship with the local A&E department in line with local healthcare provision and subject to the secure setting's security policies in relation to a child or young person being off site with security/care staff
- Consider the links to services following transition to the community, another secure setting or adult secure setting

Multi-disciplinary working

See overarching healthcare specification, section 5.1.

Record keeping

See overarching healthcare specification, section 5.1.

Prescribing

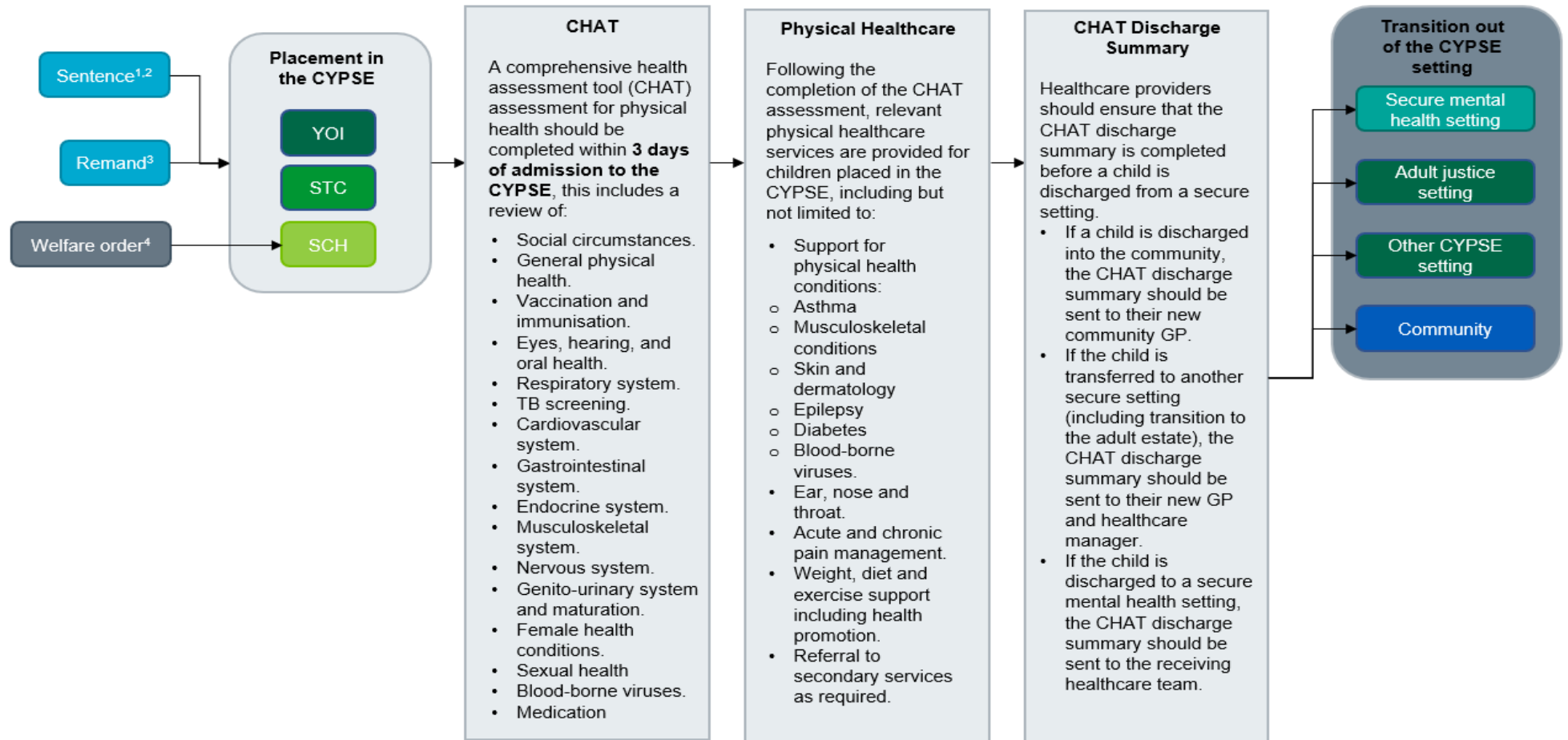
See overarching healthcare specification, section 5.1.

5.2 Additional vulnerabilities and health inequalities

See overarching healthcare specification, section 5.2.

5.3 Pathways

Overall patient pathway – see below.



1. Sentenced to a Detention and Training Order (DTO) – under section 100 of the Powers of Criminal Courts (Sentencing) Act 2000 (PCC(S)A)
 2. 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).
 3. Remanded by the court to custody – under section 91(4) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA).
 4. Placed in a secure children’s home on welfare grounds under Section 25(6) Children Act 1989.

5.4 Clinical networks		
See overarching healthcare specification, section 5.4.		
5.5 Staffing		
<p><i>For commissioners to complete:</i></p> <ul style="list-style-type: none"> • List <u>essential</u> staff groups for provision of the service • Include links to relevant, agreed, and applicable standards <p>In developing the approach to staffing, CYPSS Standard 14 should be consulted.</p>		
5.6 Essential equipment and/or therapeutic environment		
<p><i>This section is for Commissioners to complete based on local provision.</i></p> <p>In developing a service, the CYPSS standards that should be considered for essential equipment and therapeutic environment are listed in section 11.</p>		
5.7 Inter-dependencies with other services		
<p><i>Detail other inter-dependent NHS services the service relies on for delivery. Include links to relevant, agreed, and applicable standard and proximity</i></p> <p><i>This section is for commissioners to complete based on local provision.</i></p>		
Interdependent service	Relevant service specification / standard	Proximity to service
6.0 Appendices		
See overarching healthcare specification, section 6.0		

