

Substance misuse 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.

<p>1.1 Service name</p>	<ul style="list-style-type: none"> • Substance misuse healthcare specification for children and young people in secure settings
<p>1.2 Service specification number</p>	<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>
<p>1.3 Date published</p>	<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>
<p>1.4 Accountable Commissioner</p>	<ul style="list-style-type: none"> • XXX • <i>Insert regional commissioner title e.g., South West Health & Justice commissioner</i>
<p>2. Service overview</p>	
<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 SystemOne) for their own local population.</i>
4. Service Aims and Outcomes
4.1 Service Aims
<p>The service aim is to deliver safe, effective, personalised, and comprehensive integrated substance misuse services to meet the health and wellbeing needs of children in the setting. This includes:</p> <ul style="list-style-type: none"> • Developing a whole setting, holistic, integrated care approach to address the substance misuse needs of children, in collaboration with healthcare, education, secure setting staff and children. • Maximising opportunities to support children and their families/carers/next of kin (where appropriate) to address their needs, including understanding their

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.

condition, promoting their health and wellbeing, and promotion of “making every contact count”.⁴

- Addressing identified need, preventing an escalation of drug/alcohol related risk, and reducing the risk of future harmful use.
- Ensuring effective information sharing systems are in place between those providing substance misuse interventions and those providing other types of interventions in the secure setting (see CYPSS Standard 3 in Overarching Specification.)
- An appropriate substance misuse strategy outlining the contributions of all staff and departments to reducing the risk of substance-related harm to children and young people. This strategy should outline the policy for administering and supplying medication and link in with the provider’s medicines management policy.
- Ensuring that the secure setting receives continuity of substance misuse services that are:
 - Clinically safe and evidence based.
 - Delivered in accordance with relevant national and local quality standards
 - Efficient, equitable, and economical.
 - Prioritised based on need and in accordance with the secure setting’s risk management approach.
 - Embedded in the overarching care provided from all the professionals involved in the care of children.

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.

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

⁴ See <https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf>

<p>person's level of understanding. This is balanced against what the healthcare professional judges to be in the child's best interests.</p> <p>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.⁵</p>
4.2 Service outcomes
Nationally collected outcomes See overarching healthcare specification, section 4.2
Regionally collected outcomes See overarching healthcare specification, section 4.2
4.3 Service defined outcomes
<p>In addition to the National and Regional outcomes set out above, the service has overarching outcomes that align with the outcomes for children and young people's substance misuse services in the community:</p> <ol style="list-style-type: none">1. Reduction in the harm caused from the use of alcohol, nicotine-products, and drugs by children and young people.2. Improvement in the health, social and family functioning of children and young people. <p>Outcome 1: Reduction in the harm caused from the use of alcohol, nicotine-products, and drugs by children and young people.</p> <p>This outcome is achieved by demonstrating that:</p> <ul style="list-style-type: none">• Children are supported to reduce their use of alcohol, nicotine products, and drugs and are more informed around harms and risks of their use.• Children are supported to understand risk-taking behaviours, including alcohol and drug use.• Children have a greater knowledge of the harms caused by alcohol, nicotine products, and drugs.• Children are supported to address risk-taking drug and alcohol use

⁵ 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.

- There is the prevention or reduction of morbidity associated with alcohol and drug misuse.
- There is the prevention of blood-borne viruses through access to hepatitis screening and vaccination.

Outcome 2: Improve the health, social and family functioning of children

This outcome is achieved by demonstrating that:

- Children have improved mental and physical health and well-being.
- Substance misuse provision and interventions are trauma informed.
- There is a reduction in the risk of potentially harmful behaviour linked to the substance misuse of children and young people, both to themselves and to others, building resilience and prevention of any escalation of drug/alcohol related risk and harm.
- Children display a reduction in vulnerability where relevant to substance misuse and health.

5.0 Service

5.1 Service description

The health and wellbeing needs of children placed in secure settings often differ to those in the community, this cohort of children may:

- Have a higher likelihood of having been subjected to trauma or severe neglect.
- Have challenges in developing secure attachments.
- Have experienced high levels of social disadvantage, such as bereavement, loss, homelessness, abuse, being a young parent, substance abuse, poor diet, experience of bullying/harassment, exposure to domestic violence and other adverse childhood experiences.
- Have multi-layered, unmet, and complex needs.
- Not be accessing services in a timely manner in the first place, despite high levels of need.

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

- Deliver a dental and oral health service which meets the needs and improves the oral health of all children accommodated within the secure setting,

incorporating plans for both in-hours and out of hours services, based on clinical need.

- Deliver a fully embedded substance misuse service which meets the health needs of all children accommodated within the secure setting, incorporating plans for both 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 and timings of sessions
- Proactively seek to engage with children at times and in venues across the estate that suits the needs of the child, making reasonable adjustments where appropriate
- Ensure a range of consultation, individual and group work interventions are offered
- Be staffed by practitioners trained in substance misuse services
- Embed mental health practitioners in multi-disciplinary teams that works together to ensure that children and young people's co-occurring conditions are supported in a holistic and trauma-informed approach
- Provide expert contribution to case reviews
- Ensure all staff working directly with the children are aware of the substance misuse team and 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 promote "making every contact count"⁶ interventions, applying theory to practice, and enabling reflective practice across the setting
- Deliver a year-round substance misuse service providing consultation, advice and training from specialist substance misuse staff
- Ensure substance misuse specialist practitioners are part of any health promotion meetings and activities to promote health across the secure setting
- Ensure children are aware what the substance misuse service comprises of and who to talk to about it. Children have the opportunity to refer themselves to the substance misuse service if needed
- Deliver services to children that are accessible according to their speech, language and communication needs
- Promote access to activities likely to benefit health and wellbeing and where appropriate work with voluntary and community organisations

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf>

- Provide local authorities and/or courts with information (where necessary and appropriate) to help inform long term planning and placement decisions for children
- Provide contribution to Serious Investigations and Patient Safety incident reports
- Identify and make reasonable adjustments where required to ensure appropriate care delivery
- Consider the links to services to support a smooth transition to the community, another secure setting or adult secure setting
- For justice placements, staff need to be aware of:
 - Any obvious substance misuse need that is uncovered through the Youth Justice Services/Youth Offending Team assessment and post court report
 - Uncovered substance misuse need and ongoing problems during the sentence by making sure they attend detention and training order meetings or any other relevant meetings
- Following CHAT reception screening:
 - Children requiring immediate access to pharmacological support should be provided with appropriate clinical interventions or moved to an appropriate placement where detoxification can safely be undertaken
 - Children not deemed to be at immediate risk should receive a full assessment within CHAT timeframes (five days) and have access to further evidence-based support/interventions as required based on identified need
 - A robust care plan for discharge should be started as soon as the child/young person is admitted to the setting to ensure appropriate continuity on transition to the community, another secure setting or the adult secure estate. This should be based on formulation and shared understanding of need.

To support the achievement of outcome 1, the service should have/ensure that:

- Enhanced support is available for children with the most complex needs
- Specialist staff are available for children and young people
- Children have access to NICE recommended interventions for specific conditions

- Children work with practitioners to develop a personal safety plan prior to discharge that includes consideration of substance misuse risks / issues, including transition to the adult secure estate
- Professional networks understand and address children's involvement in drug use and criminal activity, including Child Sexual Exploitation and County Lines

To support the achievement of outcome 2, the service should have/ensure that:

- Children who are not misusing substances are educated and informed to prevent harmful use of substances
- Each secure setting has an appropriate substance misuse strategy outlining the contributions of all staff to reducing the risk of substance related harm for children and young people
- Each service delivers substance misuse initiatives and interventions within the context of other needs a child or young person may have and in tandem with other educational strategies and care
- Substance misuse work is integrated within the overall care plan, formulation and Comprehensive Health Assessment Tool (CHAT) discharge plan
- Children have a named healthcare professional
- Children have a shared trauma-informed formulation, which is regularly reviewed, to facilitate shared understanding of the issues that led to admission into the secure estate and includes:
 - Information from the CHAT
 - Specialist assessment(s) for the child or young person
 - Speech, language, and communication needs
 - Outcomes for the child or young person with consideration given to transition pathways
 - Input from all staff involved with the young person
- Children are supported to contribute to the development of their trauma-informed formulation
- Children have access to NICE recommended interventions for specific conditions and practitioners can refer them appropriately
- Embedded healthcare practitioners at each secure setting offer support to staff and children. Examples include:
 - Staff with healthcare training are visible and available

- A point of contact and a resource for residential staff and children at the secure setting
- Providing informal support/reflection/training to residential staff through increased integrated multi-disciplinary team (MDT) working
- Increasing confidence amongst residential staff in managing complex behaviours
- Working collaboratively, knowing a particular group of children in detail, and developing relationships that can be used as vehicles of change
- Healthcare staff provide training, supervision, reflective practice and support to health and non-health staff to improve the mental health, resilience and wellbeing of all staff and children
- Children with ongoing substance misuse treatment needs on transition will have a co-ordinated handover to specialist substance misuse services within the community, new secure setting, or adult secure setting as appropriate
- Continuity of care plans are in place for children both entering and leaving secure settings, ensuring that:
 - All children are registered with a GP before leaving or having just left secure settings
 - Completed CHAT discharge plans are all forwarded to the new registered GP⁷
 - There is a named healthcare lead(s) / Care Programme Approach co-ordination, to include pre-transition engagement with community, adult or secure inpatient services where required
 - There is effective communication with families/carers/next of kin (where appropriate) and youth justice services (e.g., Youth Offending Teams) to support improved health outcomes on transition
 - A comprehensive transition plan is created to include pre-transition engagement with adult services
 - For justice placements, effective communication with Liaison and Diversion takes place if a child/young person was assessed at arrest.
- Clinical substance misuse presentations of children in the secure estate are rare. Access to relevant specialist provision should be made available via the most appropriate local arrangements, to include:

⁷ See CYPSS standard 10.5

- Relevant psychological and mental health interventions, alongside prescribing interventions that are closely monitored and regularly reviewed by competent staff
- Age-appropriate pharmacological interventions for substance misuse
- Involvement of specialist services such as paediatricians, young people’s clinicians, primary care, CAMHS staff and addiction psychiatrists.⁸

Pharmacological interventions must be delivered in line with the drug misuse and dependence UK guidelines on clinical management⁹ and can only be delivered if the individual setting has ensured access to the relevant local specialist provision. This may include arrangements with local community-based substance misuse provision.

Note that if stock of controlled drugs is needed at the secure setting, the provider is responsible for ensuring the Home Office Controlled Drugs Licence is in place in line with the Misuse of Drugs regulations and Home Office guidance.¹⁰

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

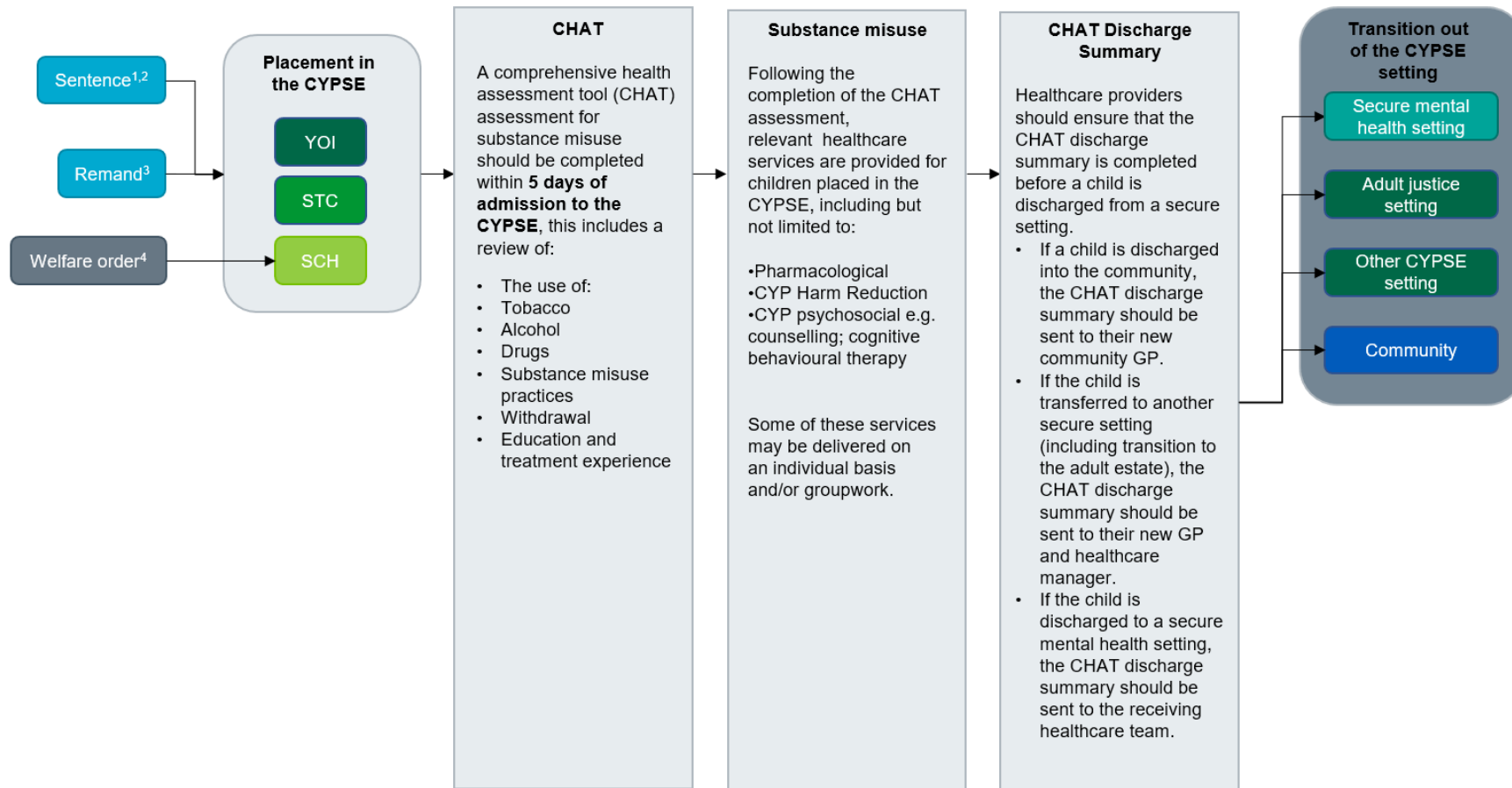
Overall patient pathway – see below.

⁸ Gilvarry & Britton, Guidance for the pharmacological management of substance misuse among young people in secure environments, Department of Health, 2009.

⁹ Drug misuse and dependence UK guidelines on clinical management, Department of Health, 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

¹⁰ See <https://www.gov.uk/guidance/controlled-drugs-domestic-licences#hospitals-care-homes-and-other-healthcare-providers> and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480587/Domestic_Controlled_Drug_Licensing_in_Healthcare_settings_FINAL_2014-11-18.pdf

Substance misuse



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		
<i>For commissioners to complete:</i>		
<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 		
CYPSS Standard 14 sets out the requirements of staff working in a secure setting.		
5.6 Essential equipment and/or therapeutic environment		
<i>This section is for Commissioners to complete based on local provision.</i>		
CYPSS Standard 11 sets out the requirements for the therapeutic environment needed in a secure setting.		
5.7 Inter-dependencies with other services		
<i>Detail other inter-dependent NHS services the service relies on for delivery. Include links to relevant, agreed, and applicable standard and proximity</i>		
<i>This section is for commissioners to complete based on local provision.</i>		
Interdependent service	Relevant service specification / standard	Proximity to service
6.0 Appendices		
See overarching healthcare specification, section 6.0		

