

**Improving the emotional and psychological wellbeing and mental health of children in contact with the Youth Justice System in Yorkshire and Humber**

Supplementary Paper Dec 09

**Current PCT investment in Mental Health in Youth Offending Teams and Children's Secure Units**

**This paper**

This paper is supplementary to the High Level Service Specification, Care Pathway and Workforce Development Strategy which have been produced by the project to develop a regional commissioning model and recently circulated. Using the best information available it sets out the current level of spend on mental health care in two key parts of the youth justice system. The figures included below for Youth Offending Teams (YOTs) were obtained from the Regional Youth Justice Board, while the figures for Secure Children's Units were obtained from the relevant health commissioners and the units themselves.

**Calculating Unit Cost**

The original intention was to be able to provide a detailed unit cost analysis of investment in mental health provision that would allow comparison between different areas. In practice, the following general factors have mitigated against this:

**1. Operational models:**

Secure units and YOTs alike operate different models of practice in relation to supporting children's health and wellbeing, according to historical arrangements. In some areas staff work very holistically and there is much role blurring, whereas in others, team member's roles are more clearly delineated.

Some settings have dedicated CAMHS workers funded as part of the team. Others have no 'dedicated' MH staff per se but have positive relations with local CAMHS with good access to assessment, consultation and training 'in kind', but these resources may not be accounted for as part of the formal budget for the service. In a small number of instances there is currently no adequate model in place.

It was also very difficult to assess the contribution of primary care to mental health and emotional wellbeing in secure units, so where possible this is included as an estimated figure.

YOTs operate on a pooled budget with contributions from a range of local partners and the YJB nationally. Funding is not hypothecated, making it very difficult for some teams to identify who invests what on mental health and emotional wellbeing.

## **2. Definitions of MH and emotional/psychological wellbeing**

There are different approaches to defining what service activity is categorised as 'mental health' and this is even more the case when considering what is spent on 'emotional/psychological wellbeing'. Some YOTs took the view that some YJB and/or LA funding could be apportioned to MH related work in addition to the PCT contribution, but most felt that this was not the case. It was not possible to unpick the reasoning behind such variation within the timescale for gathering the information.

## **3. Substance abuse and self harm**

Across the YJS substantial resources are invested in resources to support CYP with substance abuse and/or self harm needs. Clearly there is some overlap as many who require these services also experience mental health difficulties, but funding streams tend to be quite discrete. This funding has not been included.

## **4. Interplay between investment and demand**

Unhelpful results were sometimes produced. For example in some localities the number of children and young people referred to CAMHS by the YOT is lower than would be expected from established research on levels of need. These areas appeared to have a higher investment per child - but this may have been the result of failure to identify need. It may alternatively reflect different models of practice as outlined in 1 above.

For all of the above reasons and variables, a comprehensive unit cost analysis has not been given for YOTS, where interpretation of the figures has been particularly difficult. Some indicative figures are included but these need further exploration locally. The data for the secure units is more transparent and so simple indicative figures have been created. The data is presented below, in order to support more in depth work.

**Table 1: Investment in emotional wellbeing and mental health in YH Children's secure units**

Secure Unit	YJB Places	Total seen by MH 08/09	PCT MH invest 08/09	PCT (Baroness Scotland) 08/09	Estimated PCT PCMH 08/09	Total MH invest (PCT, LA, and unit) 08/09	Average unit cost of MH per child entering the unit	Average unit cost per child seen by MH
Aldine House SCH Sheffield	6	23	£ -	£ -	£ -	£68,000	£2,956.52	£2,956.52
East Moor SCH Leeds	34	51	£6,000	£ -	£ -	£29,713	£195.48	£582.61
Rivendell YOI Wakefield	26	<i>123 estimate</i>	<i>£101,000 (estimated % of new community Forensic CAMHS team)</i>	£62,000.00	<i>£3,343.00</i>	£166,343	£1,352.38	£1,352.38
Wetherby YOI (inc Keppel Unit) Leeds	408	518	£385,142	£188,700.00	<i>£174,228.00</i>	£748,070	£605.23	£1,444.15
<b>TOTALS</b>	<b>474</b>	<b>715</b>	<b>£492,142</b>	<b>£250,700.00</b>	<b><i>£177,571.00</i></b>	<b>£1,012,126</b>	Average unit costs = total investment/number of CYP	

- As the above table demonstrates, there are considerable variations in MH spend per child across the 4 YH units
- This reflects a combination of different national funding mechanisms across children's secure estate, and local historical developments. In particular, PCTs with a YOI in their patch get an allocation from DH for providing healthcare. No such arrangement currently exists for SCHs, where income is dependent upon the contract bed price with the YJB nationally
- Aldine House (Sheffield) and The Rivendell Unit (Wakefield) have benefitted from additional local investment, by the LA and PCT respectively
- East Moor and to a lesser extent Wetherby, are the key areas of concern

**Table 2: Investment in emotional wellbeing and mental health in YH Youth Offending Teams (YOTS)**

As explained above, it proved to be difficult to produce fully reliable figures for the average unit costs of investment in mental health and related resources in YOTs, despite the help and input of managers from each YOT. This was mainly due to the nature of the pooled funding arrangements for YOTs.

However, initial analysis based on total investment in MH divided by numbers of CYP seen by the team clearly suggests wide variation from locality to locality:

- In terms of investment
- In terms of working practices eg numbers of children identified as having MH needs and requiring referral to CAMHS

YOT	PCT Total Investment in YOT 08/09	PCT MH spend 08/09	Total YOT MH spend - all sources 08/09	Total CYP Seen by YOT 08/09	Total MH Referrals for MH Assess 06/07*	Unit cost – all (estimated) MH funding/total CYP seen by YOT
Barnsley	£73,280	£40,560	£52,560	663	101	£79.28
Bradford	£65,172	£17,800	£317,800	1468	39	£216.49
Calderdale	£55,215	£55,215	£136,615	354	60	£385.92
Doncaster	£137,135	£91,296	£99,296	587	45	£169.16
East Riding of Yorkshire	£60,000	£20,349	£40,549	334	17	£121.40
Kingston-upon-Hull	£158,500	£109,068	£109,068	717	20	£152.12
Kirklees	£146,565	£12,200	£12,200	996	81	£12.25
Leeds	£158,683	£94,060	£250,513	2303	153	£108.78
North East Lincolnshire	£94,591	£57,308	£57,308	529	20	£108.33
North Lincolnshire	£57,308	£57,308	£57,308	456	56	£125.68
Rotherham	£106,070	£80,000	£90,000	627	41	£143.54
Sheffield	£210,000	£32,000	£237,000	1116	64	£212.37
Wakefield	£307,000	£184,650	£184,650	627	13	£294.50
York	£67,000	£31,068	£31,068	1259	177	£70.07
North Yorkshire	£117,569	£57,153	£57,153			
Totals	£1,814,088	£940,035	£1,733,088	12036	887	£143.99 = average MH investment per child seen by YOT (based on best information available)

\* Figures for referral to CAMHs are no longer collected regionally/nationally

**Table 2: Investment in emotional wellbeing and mental health in YH Youth Offending Teams (YOTS)**