



Offender Health and Social Care
Improving Health, supporting Justice

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

Towards a Regional Commissioning Framework
Brief Summary Report
January 2010



Children Young People and Families
Programme

1. Overview

In autumn 2007 a mapping exercise was undertaken by YHIP Offender Health and Social Care, looking at the current provision of mental health and emotional wellbeing resources in the five children's secure units in the Yorkshire and Humber Region (YH). This established that the emotional wellbeing and mental health needs of children and young people aged 10 – 18 in the Youth Justice System (YJS) in YH are, broadly speaking, currently not being met. Existing services are patchy and inconsistent and do not meet the guidance set out in the DH/YJB Commissioning Framework, *Promoting the mental health of children in secure estate* (March 07), which is a key driver for this project. In particular it recommends a strategic regional approach to commissioning mental health services for this population of vulnerable children.

In March 2008 YH SCG agreed to support further work to develop a regional commissioning model, with match funding made available from The Youth Justice Board and The Department of Health (Offender Health) nationally, and YHIP CAMHS in YH. This brief report summarises the progress to date to develop a regional strategic approach.

1. Key milestones

Date	Milestone	Output
Sept/Dec 07	Mapping of existing MH resources in children's secure units	Identification of need
Oct 07	Stakeholder consultation event agrees need for regional approach and recommends going to YH SCG for support	Initial proposal produced for YH SCG
March 08	YH SCG with YJB, DH, and regional CAMHS support further work to develop a regional commissioning framework	9 month programme of work
April 08	Widely representative Expert Reference Group established (ERG)	Group for ongoing consultation and expert advice
June – Sept 08	CANA (Barnardo's) awarded tender and undertake service user consultation	Report on CYP views of MH resources in YJS in YH
June 08	Facilitated Care Pathway workshop	Comprehensive care pathway model drafted
July/August 08	Commissioning meeting and ongoing discussion with ERG re structure for regional commissioning model	Draft options for regional commissioning model
September 08	High level regional Service Specification drafted	Service Spec agreed by ERG
October 08	Regional stakeholder conference and consultation on the vision, care pathway and commissioning model	Sign up to the vision, refinement of care pathway, and clarity over regional commissioning model
Nov – Dec 08	Production of final draft of commissioning model, high level service spec, care pathway, and workforce development plan – consultation with ERG membership re all these products	ERG agreement to mixed model of local and regional commissioning, also final drafts of High Level Care Pathway, Service Spec and WFD
January 09	Exec summary of recommended Regional Commissioning Framework and required investment presented to YH SCG. Sign up by other strategic partners required re next phase of work to bring about necessary investment and business change	<i>Draft report, not circulated</i>
March 09	Mapping of investment in MH and Emotional well-being resources YOTS in YH	Summary report circulated Dec 09
June - July 09	Initial consultation on draft Quality Indicators Framework	Agreed locally subject to revision and alignment with national performance indicators
October 09	Quality Indicators – consultation with national agencies	Final version to be produced following consultation nationally
October 09	Initial contact with each LSCB to take support implementation	LSCBs not the appropriate forum
December 09	Circulate commissioning strategy to LA DCs and PCT DOCs	Now being followed up
January 10	Promulgation regionally, establish leadership locally	<i>In progress</i>

2. Recommended Regional Commissioning Model

1. An **integrated** health and social care commissioning model for the region, incorporating **universal, targeted and specialist** services (tiers 1 – 4)
2. An effective and **comprehensive assessment process** for all those who have contact with the Youth Justice System in Yorkshire and Humber, at their earliest point of contact, and whatever the location
3. A **case management and care coordination system** that ensures that the required assessments, Interventions and supports are available to all who need them in a seamless and organised way and follow them along the pathway
4. A **clear regional care pathway** ensuring a consistent high quality approach, for all children and young people, irrespective of where they are in the criminal justice, health or social care systems
5. A **confident and skilled workforce**, with the training and capacity to support the emotional/psychological wellbeing and mental health needs of all children and young people in the criminal justice system at universal, targeted and specialist levels
6. **Services that are accessible** to children and their families, informed by the recovery model, and available in child/adolescent/family friendly environments and settings
7. The health and social care needs of all children and young people in contact with the YJS are, over time, **incorporated into mainstream planning mechanisms** for children’s services in each locality
8. An effective, outcomes based model of **quality indicators and performance management**

Regional commissioning	Local commissioning
High level needs analysis including consultation High level Service specification and Care Pathway, Planning and Quality Indicators, and Service Outcomes	Detailed local needs analysis including consultation Contracting , Procurement Local delivery and development plan based on the agreed regional framework

3. Some key challenges

1. **Comprehensive model:** stakeholders in YH are committed to adopting a comprehensive model, incorporating the universal, targeted and specialist mental health and emotional wellbeing needs of CYP who are in secure accommodation, as well as those at risk of entering and those leaving it. This increases the complexity of the task, but offers the potential of a much better overall system of care for all vulnerable children
2. **Commissioning arrangements:** the health and social care needs of children and young people in contact with the YJS are subject to a complex mix of local and national commissioning arrangements. Depending where a child is in the overall system, responsibility may lie with the PCT, LA, YJB, Home Office, or NCG, and there is confusion about responsibility in some areas. This can be exacerbated by the fact that at any one time, up to 30% of CYP in YH secure estate do not come from this region
3. **Identifying and meeting the MH, psychological and emotional needs of vulnerable CYP in the YJS:** it is well established that there are high levels of mental, psychological and emotional wellbeing need in CYP in contact with the YJS. There are also well established risk factors, in terms of offending behaviour but research indicates that it is notoriously difficult to use these factors in order to predict individual need and outcomes. Therefore of the 10,000 new entrants to

the YJS in YH each year only a certain proportion will require formal intervention and an improved system needs to be sophisticated enough to account for this. Additionally lifestyle and cultural factors mean that many CYP in the YJS find traditional health and social care services do not meet their needs, and service providers do not always have the confidence or capacity to offer early and effective intervention to these children. The key lies in providing access to timely and effective assessment undertaken by an appropriately skilled workforce, and by ensuring that pathways into help and care are clear to everyone involved

4. **Historical investment:** varies widely across the YH, with the result that provision is not consistent. Consequently a regional approach has to have flexibility to allow for different provider models
5. **Sign up to a regional perspective:** different partners do not all have the same level of investment in regionalisation – some (e.g. Local Authorities) have a more local remit, whilst others (e.g. YJB) have more of a national position. Health (the NHS) has a well established regional structure for commissioning and for performance management. This has implications for getting sign up to a regional approach to improvement and change, even given the fact that we have opted for a model that reflects the need for local and regional implementation

4. Next steps

Work is now being undertaken to meet with Children's commissioners and other partners in each area to discuss how the model can be owned and taken forward locally. A programme of awareness raising is also taking place a various regional fora.

The Quality/Performance Indicators are being discussed with the relevant inspectors nationally and a final draft will be available in February 2010.

The ongoing work will report via the sub group on Children's MH that is being set as part of the regional PSA 12 Board.

A business case is now being made in order to provide support to Local Authorities and their partners to implement the regional strategy in 2010.

Steve Nash
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