

Q&A ON HEALTH SERVICES IN SECURE CHILDREN'S HOMES (YOUTH JUSTICE COMMISSIONED) AND SECURE TRAINING CENTRES IN ENGLAND – AUGUST 2011

Gateway Reference: 16443

Background

On 27 May 2011, the Department of Health (DH) announced the start of a phased project to transfer commissioning responsibility for health services in Secure Children's Homes (SCH) and Secure Training Centres (STC) in England to the NHS. [See link](#).

The project is a cross government initiative with DH, the Department for Education, the Youth Justice Board (YJB) and the Ministry of Justice working with the sector.

The first phase of the project will be work with the nine SCHs in England who currently provide placements for the YJB. NHS Primary Care Trusts which have a SCH within their boundary have nominated a lead commissioner to work with DH and the SCH during this project. SCH that provide secure placements only on welfare grounds may come into the scope of this project at a later stage. Note Wales is out of scope as lead responsibility sits with NHS Wales.

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Question and Answer

Q: Why has the decision been made to go ahead with transferring commissioning responsibility for health services in Secure Children's Homes (SCH) with youth justice commissioned beds to the NHS in 2012/13 and to deal with the welfare only SCH separately?

A: The Youth Justice Board contracts directly with SCH to provide youth justice places, whereas in the welfare only homes, individual authorities commission each placement separately. Whilst SCHs providing placements on welfare grounds are managed by individual local authorities, they are providing a much wider regional or national service to the local authorities responsible for placing

children. Therefore to progress this change with SCHs that provide “welfare placements” will require dialogue at a local level with each individual home. SCHs that provide welfare only placements, and their associated Local Authority that provides this service, were contacted via letter during w/c 18 July 2011. Following this contact, it is planned that a meeting will be held with these homes and with policy colleagues, to discuss the content of a short options appraisal paper for further discussion with these homes.

The resource for the group of homes that have youth justice commissioned beds originated from existing funding available to the Youth Justice Board.

The relevant ministers at the Department of Health and Ministry of Justice have agreed to include all children placed in these SCHs including the comparatively small group who may have been placed on welfare grounds.

The primary aims of this project are:

- to improve upon the health and well-being outcomes of children and young people detained in SCH and Secure Training Centres in England both whilst they are detained in a secure setting and to better maintain continuity of care when they are released back to local communities and
- to ensure that these children are receiving comparable care with children in the wider NHS, that is appropriate to their high level of need and that this is being achieved in a way that is value for money.

This project can only be undertaken in a way that presents no additional financial burden to the NHS.

Q: (*From Secure Children’s Home (SCH) with welfare only beds*) If we are not included in this process from the word go, the bed price for the welfare beds in our establishments will be uncompetitive in comparison with the bed price in a SCH with both youth justice commissioned beds and welfare beds. We are extremely concerned about this - what is your response? We argue that the process should be started with our homes first.

A: As part of this project, the Department of Health will undertake a short options appraisal on the transfer of commissioning for these homes engaging at a local level with these homes and partner Local Authorities. This paper will be developed to allow the commissioners of SCH services for children with welfare needs to assess the costs and benefits of participating in this project, and allow them the opportunity to discuss their options with Department of Education officials.

The project involves a new mechanism for redistribution of existing funding that is already committed to funding the healthcare of young people in the secure estate. It will not involve these homes receiving any additional funding. Any

decision to proceed with bringing any or all of the welfare only homes into scope of the project can only go ahead on this basis and will not involve any SCH receiving any new additional NHS funding.

Q: My Secure Children's Home (SCH) currently contracts with seven different purchasers for health services. This is going to make life very difficult.

A: The policy change to transfer commissioning responsibility for health services in SCH and Secure Training Centres to the NHS should in fact, make this situation much easier. The need to contract and communicate with several different purchasers will cease as the NHS commissioners will take on this role.

Q: Issues regarding working out who is the Responsible Commissioner have led to huge problems in payment for children who have transferred to mental health hospitals in an area separate to the Secure Children's Homes in which they were originally placed. These sometimes go on for years. How will this policy change affect that situation?

A: If a child requires transfer to a medium secure forensic Child and Adolescent Mental Health (CAMHS) unit under the Mental Health Act 1983 any funding required should be provided by the placing PCT.

For other types of health service provision (including Tier 3 type CAMHS), the Responsible Commissioner guidance is available, although we are aware this has not always translated well into practice at ground level. Bringing the commissioning of health services into the NHS will make it clear where responsibility for these children lies. Prisons work in terms of a Partnership Board with representation from the Governor, Healthcare Manager and local health commissioner to work out these sorts of problems. We would expect to see this approach mirrored in terms of this transfer.

Q: What is covered in terms of health?

A: Services will include primary health care (including dentistry), community CAMHS and community health services including any need for secondary health care. Responsibility for funding substance misuse services for children held in secure settings in England already transferred from the Ministry of Justice to the Department of Health from April 2011¹. Transport, bedwatch and escort costs are not included at this stage. Tier 4 type CAMHS are not included and will continue

¹ The funding is allocated to Primary Care Trusts via the Strategic Health Authority bundle but, as with the Young Peoples Pooled Treatment Budget substance misuse funding for Young People, the expectation is that this funding will be routed to the local children and young people's substance misuse commissioning groups in order to ensure alignment and value for money.

to be covered by NHS Responsible Commissioner guidance in relation to Looked After Children. Please let us know if you are unsure if something will be covered.

Q: Will there be a reduction in the budget available for the provision of health services in Secure Children's Homes following this policy change?

A: We do not expect any change to the current provision for 2012/13. A health needs assessment and costings exercise is currently being undertaken to provide robust figures to inform future commissioning.