

## Health and Wellbeing Board

26 July 2017



### County Durham Youth Offending Service Health Needs Assessment and New Model of Health Provision 2017/19

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## Report of Gill Eshelby, Strategic Manager, County Durham Youth Offending Service

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### Purpose of the Report

- 1 To present the Health and Wellbeing Board with the Executive Summary and Health Needs Assessment (HNA) of Young People who Offend 2016/17, including key findings and recommendations, attached at Appendix 2.
- 2 To present the new co-commissioned model of Health provision in County Durham Youth Offending Service (CDYOS) for 2017/19. The model, based on findings and recommendations in the HNA, was approved by CDYOS Management Board (February 2017).
- 3 The report also outlines funding arrangements and governance for the model, and considers implications of such a collaborative approach for the wider system.

### Background

- 4 Children and young people who are in contact with the youth justice system (YJS) are generally a socially excluded population, with significant complex health needs. Research has demonstrated that the health outcomes for young people who offend are poor, associated with poorer physical, emotional and socio-economic wellbeing.
- 5 Tackling the health and wellbeing needs of young people who offend is a complex issue and depends on many underlying factors such as: low educational attainment; poor attendance at school; non-participation in post-16 learning; unidentified speech, language and communication needs; mental health issues; and increased risk-taking behaviour relating to smoking, drug and alcohol use and risky sexual activity.
- 6 CDYOS recognises the health needs of young people who offend and CDYOS Management Board has a clear commitment to improve the health and wellbeing outcomes for young people.
- 7 Current statutory commissioning responsibility to provide a health post in the Youth Opportunity Service (YOS) lies with the CCGs (Health and Social Care Act 2012).

- 8 The Management Board commissioned the HNA in early 2016; work was jointly led by CDYOS and Public Health. A multi-agency project board was responsible for the oversight and monitoring of the HNA project and ensuring the project outcomes were achieved. One of the aims of CDYOS HNA was to identify the needs of young people supervised by CDYOS to inform future commissioning intentions.
- 9 Until March 2017 CDYOS Health provision consisted of 3fte community nurses employed by County Durham and Darlington NHS Foundation Trust (CDDFT). The posts had been in CDYOS since April 2000 (creation of the YOS). The specification (done by North of England Commissioning Support (NECS)) ended 31 March 2017. Funding for the 3fte YOS nurses arose as an issue in late September 2016, when they were informed by their employer that funding for the posts could not be identified. Notice was served in early January and the last nurse left CDYOS on 17 March 2017.
- 10 HNA interim findings and recommendations were presented to CDYOS Management Board in November 2016. The final draft HNA, key findings and recommendations were approved by the Board (February 2017). These have informed the new co-commissioned model of health provision for 2017/19.

### **Partnership Involvement and Progress to date**

- 11 Considerable progress has been made since early January to develop the new model for 2017/19. We are very grateful to all partners who have risen to the challenge to pool resources, 'bend' current commissioned services, and co-commission the innovative new provision.
- 12 The contribution of Public Health to improve outcomes for young people in the youth justice system has been significant – not only in relation to the HNA. Public Health have provided £80k non-recurrent funding to support a Specialist Children's Public Health nurse post for 2 years; agreed variation of Harrogate and District Foundation Trust (HDFT) contract to include the post until March 2019; and included 2fte substance misuse posts for CDYOS in the new Drug and Alcohol service specification.
- 13 Challenges and risks have been acknowledged and mitigated, including:
  - Safeguarding vulnerable young people in the youth justice system
  - Meeting their health needs to reduce reoffending
  - Reputational risk/potential inspection risk during transition to new model
- 14 Opportunities include:
  - Development of a Speech Language and Communication Needs (SLCN) Strategy for Co. Durham
  - Current core School Leadership Teams (SLT) service contract review (2017)
  - Sexual Health Service Review (currently underway)
  - New Drug and Alcohol Service commission (go live Oct 2017)
  - School Nursing Service review (2019)
  - Child and Adolescent Mental Health Service (CAMHS) Transformation funding (2017 onwards)

- Liaison and Diversion Service (extension to March 2018)
- 15 Meetings/discussions have involved the following commissioners:
- CDYOS
  - Public Health, Durham County Council (DCC)
  - DCC Commissioners
  - NHS England (Health and Justice)
  - CCGs (DDES and NDCCG)
  - Office of the Police, Crime and Victims' Commissioner

### **Health Steering Group**

- 16 On 6 January, the commissioners listed in paragraph 15 (above) agreed to form a Health Steering Group. Gill Eshelby chairs the Steering Group and is project managing the work.
- 17 The Health Steering Group is a subgroup of CDYOS Management Board to ensure robust governance. It met monthly until April 2017 to drive forward developments and will meet quarterly for the rest of 2017/18. Terms of reference, membership and accountability have been agreed. An action plan is being developed to implement the recommendations in the HNA. This will be presented to the Management Board in September 2017.
- 18 It was agreed by the Health and Wellbeing Board that a Healthy Child Programme Board would be established to provide an opportunity to bring together a multi-disciplinary group to discuss integrated working and develop a small number of shared objectives, with the aim of reducing health inequalities and delivering improved health and wellbeing outcomes for children and families.
- 19 Work has been taking place with stakeholders and colleagues to start to embed the approach to the delivery of the Healthy Child Programme across the county to transform our approach and embrace a truly collaborative delivery model, wrapped around the needs of children and families. It is recommended that the work of CDYOS Health Steering Group and the HNA is considered for inclusion as part of the development of the Healthy Child Programme Board.

### **CDYOS Health Provision 2017/19**

- 20 CDYOS Health provision is being co-commissioned by DCC Public Health, NHS England, CDYOS, the Office of the Police, Crime and Victims' Commissioner, and CCGs. An overarching document sets out the model, functions, service specifications, performance management, and information sharing agreements. All secondments to CDYOS are subject to Service Level Agreements (SLAs) with commissioners and providers; all SLAs include Information Sharing Agreements (ISAs) and Data Sharing Agreements (DSAs).
- 21 Funding has been secured from a range of sources to support some posts (see paragraph 23 below). Other posts/functions will be provided by shaping commissioned services to address the needs identified in the HNA. The CCGs have included young people who offend in their prioritization. Negotiations are

currently underway to include 1fte CDYOS Speech and Language Therapist in core service (commissioned by CCGs) from December 2017.

- 22 The model offers the opportunity for joint work, co-commissioning and innovation – thinking ‘outside the box’ to develop and implement a new model to meet the health needs of young people who offend. This approach will ensure an innovative partnership approach, value for money, and robust performance management framework to monitor impact and outcomes.
- 23 The HNA identified the need for specific functions in CDYOS. Based on the findings of the HNA, CDYOS Health provision for 2017/19 will be:
- 1fte Speech and Language Therapist
  - 1fte Specialist Children’s Public Health Nurse
  - 2fte Drug and Alcohol staff
  - 2fte Health Care Support Workers (Mental Health)
  - 1.5fte Liaison & Diversion Link Workers
- 24 The table below provides more detail:

Post/Function	Cost/Source of funding	Provider	Comments
1fte Speech & Language Therapist (Band 6)  <b>2017/18</b> CDYOS non-recurrent funding	c.27k (0.64 CDYOS); 0.36 NTHFT  c.60k per year (core SLT contract from Dec 2017)	NTHFT	Current CDYOS DCC contract extended for 8 months (April – end Nov 2017).  CDYOS post/function to be incorporated into core SLT contract from 8 Dec 2017. Negotiations underway with provider (CCG commission).
2fte Health Care Support Workers (Mental Health) (Band 3)  <b>2017/19</b>	c.60k per year for 2fte  NHS England Health & Justice  2017/19 funding	TEWV	NHS England Health & Justice to commission 3fte for Durham & Darlington YOS (2fte CDYOS; 1fte DYOS). Total cost c.87k per year.  TEWV to employ & align to L&D.  NHS England Health & Justice to fund via CAMHS Transformation.
2fte Drug & Alcohol staff  <b>Oct 2017 onwards</b>	Cost tbc  Public Health	Provider tbc	2fte young people’s posts to be included in new Drug and Alcohol service spec (Public Health commission).  Posts in CDYOS from Oct 2017 – for duration of contract

<b>Post/Function</b>	<b>Cost/Source of funding</b>	<b>Provider</b>	<b>Comments</b>
1fte Specialist Children's Public Health Nurse (Band 6)  <b>2017/19</b>	C.60k per year.  (40k Public Health; 20k OPCVC) for 2 years  Non – recurrent 2017/19 only	Harrogate and District Foundation Trust	Public Health non - recurrent funding: 80k (40k per year) for 17/18 and 18/19. Public Health commission.  Shortfall of 20k per year to be funded by the Office of the Police, Crime and Victims Commissioner (OPCVC).  Post to be aligned to HDFT from April 2017 for 2 years
1.5fte Liaison and Diversion Workers  <b>2017/18</b>	No cost to CDYOS – in L&D structure	TEWV	L&D model includes 1.5fte staff to link with CDYOS and 0.5fte Darlington YOS. Links to Police custody suites/courts etc. Additional capacity/functions – not full time in the YOS.

## **Conclusion**

- 25 Following Management Board approval on 13 February 2017, work commenced to implement the new model to meet the needs of young people in the youth justice system in Co Durham, as recommended in the HNA. Recruitment to some posts is currently underway; others have already commenced in CDYOS.
- 26 The Youth Justice Board (YJB) are aware of this work and want to raise it nationally as an example of co-commissioning, local leadership and good practice. This is especially important in view of the Taylor Review of the Youth Justice System and Government Response (December 2016) and the national Youth Justice Reform Programme which will commence in 2017/18. The Taylor Review emphasised the crucial role health and education have in reducing re-offending. The Executive Summary and new model was also shared with the Ministry of Justice (MoJ) Youth Policy Unit when they visited CDYOS in May.
- 27 The Executive Summary and new model have been shared with the Children and Families Partnership, the Safe Durham Partnership and Local Safeguarding Children's Board.
- 28 Discussions will need to take place at strategic level about current commissioning responsibilities to ensure sustainability beyond March 2019.

## Recommendations

29 The Health and Wellbeing Board is recommended to:

- a) Receive for information the new model of health provision in CDYOS
- b) Receive an update in due course
- c) Consider implications of such a collaborative approach for the wider system, especially for vulnerable groups
- d) Consider current commissioning responsibilities to ensure sustainability
- e) Refer the work to the Healthy Child Programme Board

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## **Appendix 1: Implications**

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**Finance** – Funding to mainstream this important area of work after 2018/19 needs to be secured via commissioning.

**Staffing** – The HNA and Exec Summary identified the health staff required in CDYOS to meet the health needs of young people who offend in Co Durham.

**Risk** – Young people in the youth justice system have a range of complex health needs which impact on a range of outcomes: educational achievement, employability, behaviour/vulnerability, criminality/offending, mental health and disadvantage. Services need to be mainstreamed for continuous delivery post 2018/19.

**Equality and Diversity / Public Sector Equality Duty** – CDYOS aims to reduce health inequalities for young people who offend, and improve health outcomes based on identified need.

**Accommodation** – Not applicable

**Crime and Disorder** – The Taylor Review of the Youth Justice System (December 2016) highlights the major role health plays in youth offending.

**Human Rights** – Young people in the youth justice system, and their parents/carers, have a right to access appropriate health provision to meet their needs.

**Consultation** – Young people who offend and their parents/carers; young victims of crime and their parents/carers have been consulted during CDYOS HNA.

**Procurement** – This work needs to inform future commissioning

**Disability Issues** – The new model will have no negative impact on disability and aims to provide additional support for young people with SLCN.

**Legal Implications** – Current commissioning responsibilities need to be clarified at strategic level to ensure sustainability beyond March 2019.