

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 15th November 2016

Decision Type: Non-Urgent Executive Key

Title: HEALTH SUPPORT TO SCHOOL AGE CHILDREN

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Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough Wide

1. Reason for report

- 1.1 A detailed assessment of the needs of school age children in Bromley has identified some areas of risk. This paper proposes that two new services be commissioned: a health safeguarding function for school age children (including targeted safeguarding of vulnerable groups); and a new nurse led team to provide strategic health support and training to schools.
- 1.2 The new services will start from 1st April 2017.
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2. RECOMMENDATIONS

- 2.1 The Council's Executive is asked to agree:
- i) That the services be funded for a period of up to two years from the Better Care Fund up to a maximum of £606k; and
 - ii) The draw down of the funding for 2017/18 from the Better Care Fund with any funding required for 2018/19 being subject to a further report to the Executive.

Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
 2. BBB Priority: Children and Young People.
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Financial

1. Cost of proposal: Estimated cost maximum £606k over 2 years
 2. Ongoing costs: N/A. £
 3. Budget head/performance centre: Better Care Fund
 4. Total current budget for this head: £21,611k
 5. Source of funding: Better Care Fund
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Staff

1. Number of staff (current and additional): n/a
 2. If from existing staff resources, number of staff hours: n/a
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 60,000 (population of 5-19 year olds living in or attending school in Bromley)
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: None

3. Estimated Contract Value

3.1 £606k FYE (£303 k in 2017/18; £303k in 2018/19)

4. Current commissioning arrangements

4.1 The current arrangements are detailed in Table 1 below:

Table 1. Current commissioning arrangements 2016-17

Contract	Annual Value £000 p.a.	Contract period
School Nursing	957	April 2013 to March 2017
Total	957	

5. COMMENTARY

5.1 Since the decision in February 2016 not to reprocur the current School Nursing service from April 2017, work has been ongoing to identify and prioritise the ongoing health needs of school age children and to determine appropriate services to meet those needs. Officers were asked to conduct a Risk Assessment and a Child Wellbeing Needs Assessment. This work was led by Public Health and involved key partners within the Council (Directors of Education, Children's Social Care and Commissioning) and Bromley CCG. Schools were able to contribute to the work through the Emotional Health Forum, a subgroup of the Secondary Head Teachers group.

5.2 The full key findings of the needs assessment are the subject of a separate report; the executive summary is attached to this report at Appendix 1. In terms of the risk assessment around the health needs of school age children the following key issues were identified:

- Community and hospital services indicate that young people in Bromley have a high level of need for support around self harming behaviour. A brief survey of emotional health concerns in secondary schools in Bromley in 2015 confirms this.
- A quarter of young people in contact with the Youth Offending Service (YOS) have health needs.
- Vulnerability and safeguarding concerns in Electively Home Educated (EHE) children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- There appears to be significant under-reporting or lack of identification of Child Sexual Abuse (CSA) and Child Sexual Exploitation (CSE) in Bromley, particularly by health services.
- At least 200 children and young people with complex health needs but no EHC Plan or Statement require support to attend school, and this number is increasing.
- The predicted increase in the number of Unaccompanied Asylum Seeking Children (UASC) will require support from health as well as social care agencies.

5.3 Officers consider that an on-going Safeguarding Nursing Support function is critical to address these issues which if not addressed, may impact on the Council's response to Ofsted inspection.

5.4 A recently published report by Ofsted, HM Inspectorate of Probation, HMIC and CQC, "Time to listen – a joined up response to child sexual exploitation and missing children", September 2016, outlined findings from five joint targeted area inspections. This document gives an indication of the expectations of Ofsted and the other agencies:

- Some of the issues identified, such as the inability of school nurses to provide safeguarding services, were a consequence of professionals not having the time to engage effectively with children. School nurses are one of the key frontline professionals who can make a difference to children's lives. When well trained and resourced, school nurses are ideally placed to identify risks of child sexual exploitation. Ofsted has already made clear public statements about the impact of social worker caseloads on their ability to do the job. These joint inspections have found similar challenges for health professionals. Where staff do not have the time to work with children and young people, we cannot expect risks to be mitigated effectively.
- The 'Ofsted social care annual report 2016' set out the following year's priorities, which included children who go missing, care leavers and children who have disabilities. Between now and December 2017, Ofsted will complete its single inspection of all local authority children's services. These inspections will continue to place a key focus on child sexual exploitation and children missing from home, care and school. Ofsted is currently consulting on the future of children's social care inspection. We are clear that whatever the future model of inspection, the vulnerability of these children will continue to have a clear and unrelenting focus.

5.5 In view of this the Council has two options:

Option 1 Do Nothing - acknowledging the risks identified by officers around having no health safeguarding support for children aged 5-19 years.

Option 2. To support the development of a Strategic Health Team and Safeguarding Nursing Support team during 2017/18 and 2018/19 providing:

- Safeguarding Nursing to ensure that specific vulnerable groups are appropriately safeguarded
- Strategic Health Support Team which would provide strategic health support to schools to minimise the risks of children with health conditions in schools not being adequately supported

5.6 This paper proposes that Option 2 be progressed which provides a new delivery model to address the specific needs set out in para 5.2. If these needs are not met there may be an increased risk of harm to the children and young people in these groups. During the first year both functions will be fully evaluated and discussions will be held with schools to establish how they can become self sustaining in respect of health input and how these services can be funded beyond the initial period.

Safeguarding Nursing support

5.7 This team will include specialist nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment.

It is proposed that a specialist Safeguarding Nursing Team is commissioned to provide support to young people accessing the Youth Offending Service (YOS) or children who are electively home educated (EHE), and that this team develops expertise in the needs of Gypsy Traveller children and young people. The Safeguarding Nursing Team will work closely with the Children Looked After (CLA) nursing team commissioned by Bromley CCG (BCCG). The CLA nursing team has a nurse allocated to the over 16 years CLA, and this role would be most suitable to support the unaccompanied asylum seeking children (UASC).

A key role of the Safeguarding Nursing Team will be to increase identification, assessment and appropriate support to young people who have suffered sexual abuse or exploitation (CSA/CSE).

This team will also provide health input to all safeguarding processes for children aged 5-19 in Bromley. This will include supporting schools and other setting in assessing concerns, and attending case conferences, core group meetings and Child in Need meetings.

The Safeguarding Nursing Team will work closely with existing teams commissioned by or provided by the Council, including the Children Looked After and Care Leavers team, Youth Offending Service, the Early Intervention and Family Support team, and the Education Welfare Officer team (for Electively Home Educated children).

An indicative structure for the Safeguarding Nursing Team would be 1.0 WTE Band 7 nurse to provide support to vulnerable groups (including YOS, EHE and GT) and 2.3 WTE Band 6 nurses to provide general safeguarding support.

Strategic Health Support to Schools

- 5.8 This new team will work at a strategic level, providing senior nursing support to the Assistant or Deputy Head Teacher (secondary schools) or Head Teacher (primary schools) in order to reduce the risks to schools of looking after pupils with medical conditions, including emotional health conditions.

The senior nurse will jointly review with the Assistant Head/Head Teacher the health needs in each school (including pastoral needs, SEN, and safeguarding needs). This overview will inform training and support needs in the school and provide an opportunity for strategic nursing advice to each school, and also identify health needs in the borough which can be used to improve commissioning of child health services (in conjunction with the CCG). This model of working involves each school clearly leading on this agenda but with appropriate strategic nursing support to minimise risks to the school and the young people.

An indicative structure for the Strategic Health Support team would be:

- 1 WTE Band 8a: Strategic support to secondary schools + support to School Partnership Board
- 1 WTE Band 7: Strategic support to primary schools
- 1.4WTE Band 5: 0.4WTE role to advise schools on PSHE/SRE
1.0WTE role to deliver training to schools for Epipen etc

5.9 Outcomes

Function	Quality indicator	Metric	Monitoring
Strategic support to schools	The Strategic nurse to meet with senior school lead at least fortnightly: 1. Secondary school – single school 2. Primary school – groups of up to 5 schools	Senior Nurse to attend all meetings	Quarterly monitoring
Healthcare Plans in place	Strategic Health Team (SHT) to ensure all CYP with medical needs have an up to date Healthcare Plan in place. Database of all Healthcare Plans to be maintained by SHT, with appropriate timescales, and specialist input as necessary.	Database audited every quarter. 95% of Healthcare Plans to be up to date	Quarterly monitoring
School training	Training needs identified and delivered in timely fashion.	Database to include training needs identified and training delivered	Quarterly monitoring

SHT input to YOS, GT, & EHE	To be developed with each team.		
PSHE/SRE	SHT to audit PSHE/SRE in all schools at least once a year.	Schools audited for PSHE/SRE	Annual monitoring
Safeguarding – pro-active support of vulnerable groups	1. Identification of vulnerable children in schools, A&E, youth services, third sector 2. Termly meeting with vulnerable school age pupils in school	1. Number of children identified and assessed 2. Quarterly report by school	Quarterly monitoring

6. POLICY IMPLICATIONS

- 6.1 The proposal set out in this report is consistent with current policy and is in line with the proposal for the Council's Public Health budget for 2017/18.

7. FINANCIAL IMPLICATIONS

- 7.1 Current expenditure on School Nursing is £957k annually. The financial implications of the proposals in this report are shown below. The cost would be a maximum of £606k (£303 in 2017/18 and £303K in 2018/19).

As set out in section 5 officers consider that a Do Nothing option would leave the Council exposed to risks around safeguarding of children. The cost of establishing a Strategic Health Team and Safeguarding Nursing Support is detailed in the table below. These costs are based on the indicative team structures suggested above and in accordance with national NHS pay scales.

Service	2017/18	2018/19	2019/20
	£000s	£000s	£000s
Safeguarding Nursing Support	148	148	Subject to business case
Strategic Health Team	155	155	0
Total	303	303	TBA

- 7.2 As these proposals are designed to address the health needs of school age children for whom both the Council and BCCG have a joint responsibility it is proposed that the development of the Strategic Health Team and Safeguarding Nursing Support is funded from Better Care Fund for a period of up to two years. The new model will be fully evaluated in year one to assess its effectiveness and value to schools. Discussions will take place with schools during 2017/18 to establish a sustainable funding model.
- 7.3 Pending the evaluation and proposals for future service and funding, at this point the Executive is asked to agree the draw down of the first year of funding (£303k) from the Better Care Fund. Any funding required for 2018/19 will be subject to a further report to Executive based on the first year evaluation.
- 7.4 BCCG have expressed their support for the proposal.

8. LEGAL IMPLICATIONS

- 8.1 **Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- 8.2 **Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including

their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements. Local authorities should work with schools to support pupils with medical conditions to attend full-time.

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications for LBB.

10. PROCUREMENT IMPLICATIONS

10.1 In order to ensure that there is no gap in the provision of the safeguarding function it is intended that the new services be in place from 1st April. Officers are working with the Council's Legal and Procurement teams to ensure that this can be achieved.

11. CUSTOMER PROFILE

11.1 A detailed Needs Assessment of the child population of Bromley is set out in the full Needs Assessment, the executive summary of which is attached at Appendix 1.

12. STAKEHOLDER CONSULTATION

12.1 The proposal for Strategic Nurse support to senior staff in secondary schools has been developed in response to discussions in the Emotional Health Forum over the last two years. It is recognised that schools have responsibility for the care of children with medical needs in their school as well as those with safeguarding, pastoral and mental health needs. For some children they will have needs in more than one of these domains. The schools already have information about all of these groups in their school but lack strategic health input into the pro-active management of their needs and minimisation of risks. The strategic nurse role will also bring to the school information about attendance at A&E of any children in their school, and this information will also be considered together with information the school has for those children in order to optimise the assessment of need and ongoing support these children may need.

12.2 The joint safeguarding team has been discussed with the Chief Officer, the Director of Quality and the Designated Nurse for Safeguarding in Bromley CCG.

13. SERVICE PROFILE / DATA ANALYSIS

13.1 See Appendix 1

14. MARKET CONSIDERATIONS

14.1 See Section 10

15. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

15.1 In order to ensure that there is no gap in the provision of the safeguarding function it is intended that the new services be in place from 1st April 2017. Officers are working with the Council's Legal and Procurement teams to ensure that this can be achieved.

Non-Applicable Sections:	N/A
Background Documents: (Access via Contact Officer)	

CHILD WELL-BEING NEEDS ASSESSMENT: EXECUTIVE SUMMARY

This report describes the population of children and young people aged 0-18 in Bromley in terms of size of population and the ethnic make-up of that population, together with estimates of projected changes to that population.

The report then describes how prevention could affect the health and wellbeing of the children and young people of Bromley. Prevention can be primary, secondary or tertiary.

Primary prevention aims to prevent a problem before it occurs by identifying families within the population who are more likely to suffer poor outcomes for their children. Section A uses evidence to identify risk factors in families in Bromley.

Secondary prevention aims to identify a potential or emerging problem in a child or young person at an early stage in order to minimise the impact of that problem. Section B reviews what we know about emerging health, education and social care needs of children and young people in Bromley. This section will focus on children with identified low level needs, for example those known to Children's Social Care from Early Intervention Family Support or those identified as having Special Educational Needs but who do not have a statement or EHC Plan.

Tertiary prevention aims to minimise the impact of a known need.. Some information about tertiary prevention will be set out in Section C. Information in this section will include those CYP known to the school nursing service as needing an individualised Healthcare Plan in school, those children with EHC Plans or statement of SEN, Looked After Children and young people known to the Youth Offending Service, and those on a Child Protection Plan.

Key findings on demography

- The greatest population growth 2015 to 2025 will be in secondary school age children.
- Certain wards have a higher concentration of ethnic minorities than others. The North-West of Bromley has the highest proportion of ethnic minority population and the North-East of the borough has the highest proportion of Gypsy Travellers, in particular the wards of Cray Valley East and West.
- There may be a higher disease burden due to the increased risk amongst certain BME groups, and evidence suggests a lower life expectancy amongst Gypsy Travellers as well as higher prevalence of long term illness.

Key findings from Section A: Risk factors in families in Bromley

- Mental health issues in parents in Bromley is at least as common as national rates
- Illness and disability of parents is of concern, especially in areas of higher deprivation
- Smoking in pregnancy is more common in Bromley than in London, and is particularly high in pregnant young people under the age of 20 and pregnant women in routine and manual occupations.
- Recorded drug and alcohol misuse in Bromley is below the national average. However the proportion of pregnant women in substance misuse services and hospital admissions for substance misuse are both higher than national and London averages. These should be reviewed after an update of the data in 2016.
- Domestic violence is recorded more frequently in Cray Valley wards and Mottingham and Chislehurst North
- Homelessness of families with children is higher than national rates. There are increasing numbers of households with children residing in temporary accommodation and outside Bromley
- Families affected by unemployment, housing and financial difficulties and require support are more likely to live in the Crays, Mottingham or Penge
- Teenage pregnancy rates are reducing significantly, although still more frequent in areas of higher deprivation. Late booking for antenatal care in pregnant teenagers is of concern.

Key findings from Section B: Emerging health, educational and social care needs

- The distribution of children with Special Educational Needs across the borough is higher in some wards, notably the Cray Valley wards, Bromley Common and Keston, Orpington, and Plaistow and Sundridge.
- Smoking rates in young people in Bromley are higher than London and national rates.
- Young people between 15 and 24 years old continue to have the highest rates of new STIs. Males of all ages are more affected by new STIs than females
- Of the 90 young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.
- Nearly a third of children in Year 6 in Bromley are either overweight or obese. Pupils obese in reception year were more likely to remain obese at year 6 in Crystal Palace, Mottingham and Chislehurst North, Cray Valley East and Cray Valley West
- Some wards have a higher proportion of children living in families who are receiving support: Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North
- Community and hospital services indicate that young people in Bromley have a high level of need for support around self harming behaviour. A brief survey of emotional health concerns in secondary schools in Bromley in 2015 confirms this.
- A quarter of young people in contact with the YOS have health needs.
- The number of exclusions of primary school pupils is very high.
- There is no data on LGBT in young people in Bromley, although this is a known risk factor for several adverse outcomes in this age group.
- Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- There appears to be significant under-reporting or lack of identification of CSE in Bromley, particularly by health services

Key findings from Section C: minimising the impact of a known need

- At least 200 children and young people with complex health needs but no EHC Plan or Statement require support to attend school, and this number is increasing.
- Compared to similar areas there are higher rates in Bromley of children with speech, language and communication needs, children with severe, profound and multiple learning difficulties, and pupils on the autistic spectrum. Pupils with behavioural, emotional or mental health needs are more likely to attend independent schools
- Some indicators, for example on substance use in Bromley Looked After Children, are reassuring. Others raise concerns:
 - Exclusions from school and persistent absence of Bromley LAC are higher than statistical neighbours, London and national data.
 - The proportion of LAC who are Not in Education, Employment or Training is also higher than comparators. This may be due in part to the relatively high rates of LAC with Special Educational Needs in Bromley.
 - The proportion of LAC who have been convicted or subject to a final warning or reprimand during 2014 was also higher than comparators, although the numbers are small.
 - The predicted increase in the number of UASC will require support from health as well as social care agencies.
- Initial contacts to assessments by children's social care services have begun to level off and in the case of referrals decrease significantly based on levels prior to 2011. This is likely to be due to the success of the targeted approach of the MASH service