

**Decision Maker:** EXECUTIVE

**Date:** For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Wednesday 21<sup>st</sup> November 2018

**Decision Type:** Non-Urgent Executive Key

**Title:** HEALTH SUPPORT TO SCHOOL AGE CHILDREN

**Contact Officer:** Dr Jenny Selway, Consultant in Public Health Medicine  
Tel: 0208 313 4769 E-mail: jenny.selway@bromley.gov.uk

**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** All wards

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1. Reason for report

- 1.1 The Health Support to Schools (HSS) contract expires at the end of March 2019. The contract is currently held by the Bromley Clinical Commissioning Group (CCG), funded through the Better Care Fund at £603k per annum. The Better Care Funding for this service will cease at the end of 2018/19 and recurrent funding is required if the service is to continue.
- 1.2 This report sets out the options for the future of this service in terms of funding and Commissioning options.
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2. **RECOMMENDATIONS**

2.1 **The Adult Care and Health PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:**

- i) **Agree new funding of £603k to be included in the Draft Revenue Budget for 2019/20 and a further £302k for 2020/21 for the Health Support to Schools service as outlined in Option 2 in Section 4.6 of this report.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: This service has a key role in the health contribution to safeguarding children aged 5-19 in Bromley. Targeted services for vulnerable children in the service include health support to the YOS, to pupils in the PRU, to Home Educated Children and Young Carers and Traveller Community.
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### Corporate Policy

1. Policy Status: Existing Policy: This service supports the delivery of the Bromley Children and Young People's Plan 2018 to 2021.
  2. BBB Priority: Children and Young People Healthy Bromley
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### Financial

1. Cost of proposal: Estimated Cost: £603k p.a.
  2. Ongoing costs: Recurring Cost:
  3. Budget head/performance centre: Public Health
  4. Total current budget for this head: £0
  5. Source of funding: Public Health grant
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### Personnel

1. Number of staff (current and additional): Not Applicable
  2. If from existing staff resources, number of staff hours: Not Applicable
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### Legal

1. Legal Requirement: Statutory Requirement:
  2. Call-in: Applicable: Executive decision.
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### Procurement

1. Summary of Procurement Implications: In terms of procurement, this should be straightforward as the service has properly developed service specifications available and there are organisations available to tender.
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### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 57000 children and young people in Bromley schools and Bromley residents aged 5-19 years.
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### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

### **3. COMMENTARY**

- 3.1 The original School Nursing service was completely redesigned in 2016 (Gateway report. Health support to school age children, 30<sup>th</sup> November 2016). This resulted in the Health Support to Schools contract, held by Bromley CCG but funded through the Better Care fund. This is separate to the Health Visiting Service contract which is held by LBB with an annual value of £3.2M and contract end date of September 2020.
- 3.2 Following a full evaluation of the Health Support to Schools contract in 2017, the Executive approved the second year of funding from BCG for the service (£303k), and also that the service needed up to an extra £300k (Health support to school age children Gateway report, 10<sup>th</sup> January 2018)
- 3.3 The Health Support to Schools service has two elements: safeguarding children, and supporting medical needs. Details of the services are in Appendix 1.
- 3.4 The current Health Support to Schools (HSS) contract is held by Bromley CCG and ends March 2019. It has been funded by the Better Care Fund (BCF) for the 2 years of this contract at a cost of £603k p.a. In discussions with the CCG they have been clear that the Better Care Fund cannot continue to fund this service going forward.
- 3.5 It is a statutory duty of the local authority to safeguard children. The School Nurse brings the health perspective to form part of a full oversight of a child's needs, especially if a child has disabilities. Ofsted inspections of SEND provision regularly refer to school nursing. The SEND framework does not distinguish between maintained schools and academies. Members are asked to note the risk if this service is not in place.
- 3.6 When the service was redesigned in 2016 a more targeted approach was taken whereby school nursing provision was only delivered to those children with medical and safeguarding needs (a model that is recognised now with other authorities looking to reduce costs).

3.7 The table below provides a breakdown of how the £603k is spent:-

	Children Per Year	Estimated Cost P.A. £'000	RISK if not Funded
<b>MEDICAL NEEDS</b>			
Support to schools to develop IHCPs for children with medical conditions	1,020	90	Risk of deaths in schools from asthma or anaphylaxis or other serious medical conditions
Staff training in 99 schools		40	As above
Support pupils with SEN to have appropriate care in mainstream schools and academies	7,000	20	Risk of failing Ofsted SEND inspection
	<u>8,020</u>	<u>150</u>	
<b>SAFEGUARDING NEEDS</b>			
Assessing children and young people and bringing health assessment and health perspective to case conferences	420	180	Risk of failing Ofsted Children's Social Care inspections Risk of inquorate Case Conferences
Assess and support health needs of children and young people on a Child Protection Plan	250	180	As above
Assess and support health needs of young people in contact with the YOS	60	43	Risk of unmet health needs in vulnerable groups
Assess and support health needs for children and young people in the PRUs	150	30	Risk of unmet health needs in vulnerable
Assess and support health needs for children and young people who are young carers	110	10	Risk of unmet health needs in vulnerable
Assess and support health needs for children and young people in the Gypsy Traveller community (estimated 100s)	100	10	Risk of unmet health needs in vulnerable
	<u>1,090</u>	<u>453</u>	
<b>TOTAL</b>	<u>9,110</u>	<u>603</u>	

3.8 As you will see from the table above, £453k relates to safeguarding issues and so there will be a direct impact on the children's placements budget if this service is not continued, which need to be fully considered.

3.9 Given funding from the Better Care Fund is not an option from 2019/20 onwards, funding of £603k p.a. will need to be identified for the service to continue.

3.10 Subject to Exec support it is suggested that underspends within the PH grant are used to fund the HSSS whilst officers consider how best to commission this service moving forwards which is detailed in section 4

#### **4. FUTURE SERVICE PROPOSALS**

4.1 Subject to funding being agreed for the Health Support to School (HSS) service, it is proposed to merge the 0-4 Service (Health Visiting and Family Nurse Partnership) and the HSS service into a single 0-19 years' service commissioned by LBB. This reflects similar changes in many areas in England.

4.2 The Health Support and Health Visiting services have always worked closely together and have similar roles in terms of early intervention in health and safeguarding children but for different age groups.

4.3 By merging the two contracts there will be some savings in management costs, estate costs and reduced duplication and records monitoring relating to safeguarding.

4.4 The Health visiting contract runs to end September 2020.

4.5 In order for the two services to integrate the HSS contract needs to be extended by the CCG to end September 2020, a period of 18 months.

#### **Commissioning Options**

4.6 The options for the future commissioning of HSS in Bromley are:

- Option 1 - Go out to tender for a standalone Health Support to Schools service for children aged 5-19 in Bromley to start April 2019.
- Option 2 –Extend, in agreement with Bromley CCG, the current Health Support to School contract for 18 months so that it will align with the end of the current Health Visiting contract which ends in September 2020, and then commission a combined 0-19 years' service.
- Option 3 - Consider if within the existing service provision there are elements of the service that could cease and if so what implications this decision might have, if any, on other areas of children's services.

4.7 Option 2 is the preferred option as this will result in revenue savings, reduce safeguarding concerns about sharing information between Trusts, and reduce duplication when looking after families with both preschool and school age children.

4.8 If Option 2 is agreed then a service specification for a 0-19 Public Health nursing service for Bromley would be developed which would be tailored to local needs and services and using the resources in the HSS team to optimal effect by piggy-backing them onto existing processes within schools and the council.

## **Option 2**

- 4.9 An integrated 0-19 Public Health Nursing service would be a safer and more efficient way to meet the Public Health needs of children and young people in Bromley.
- 4.10 At the moment, if there is a case conference with both pre-school and school-age children in the family, then both the School Nurse and the Health Visitor have to attend the meeting. This would only rarely happen in an integrated service.
- 4.11 The safeguarding leads in both HSS and HV services are able to access appropriate records in the other organisation. However this has to be closely monitored and is a labour intensive process. Minor safeguarding concerns are less likely to be shared during this process, meaning that the separation of the two services in two different organisations is less than ideal.
- 4.12 The Health Visiting service is currently working hard to align more closely with the Early Intervention and Family Support service (EIFS) in Children's Social Care. The HSS service would also have a role in the early help to families with school age children, and this integration would not be expected to hold up the close working between HV and EIFS.
- 4.13 By merging the two teams there will be some savings in management costs, estate costs and reduced duplication and records monitoring relating to safeguarding.

## **5. MARKET CONSIDERATIONS**

- 5.1 The model of School Nursing represented by the HSSS has been shared with commissioners of School Nursing across London. This model is innovative and the feedback from both service providers and commissioners is that this service model is a good model.
- 5.2. The proposed spend per head in Bromley is approximately £11. This is the lowest spend in London, with the next lowest spending borough (Havering) at £14 per head. The highest spending borough in London is Camden which spends £43 per head.

### **Procurement and project timescales and governance arrangements.**

- 5.3 If the extension of the current contract is agreed for 18 months, the next tender will be for a new 0-19 years' service to start in October 2020. The process for tendering for this new service will start summer 2019. This will be led by Public Health and use the national 0-19 Public Health Nursing service specification with local amendments made in partnership with key stakeholders in schools and the council.

## **6. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

- 6.1 The HSS service has a key role in the health contribution to safeguarding children aged 5-19 in Bromley. Targeted services for vulnerable children in the service include health support to the YOS, to pupils in the PRU, to Home Educated Children and Young Carers.

## **7 POLICY IMPLICATIONS**

- 7.1 The HSS service supports the delivery of the Bromley Children and Young People's Plan 2018 to 2021. In particular it supports Priority area 1 (Early help and intervention),

Priority area 2 (safeguarding children and young people), Priority area 4 (Children with special educational needs and disabilities), and Priority area 6 (Enabling communities).

## 8. FINANCIAL IMPLICATIONS

8.1 This service consists of a safeguarding element (£453k) and medical needs element (£150k) as detailed in section 3 above.

8.2 The table below outlines the current budget and spend over the last few years and the position moving forward.

<b>School Nursing contract</b>					
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
					<b>(6 mths)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
School Nursing - budget	698	303	603	0	0
School Nursing - Actual	698	303	603	603	302
Difference over/(underspend)	<b>0</b>	<b>0</b>	<b>0</b>	<b>603</b>	<b>302</b>

8.3 It can be seen from the table above that there is a funding gap from 2019/20 onwards. the table shows the financial position up to the 30<sup>th</sup> September 2020, aligning with the Health visiting contract.

8.4 Current funding in 2018/19 if financed through the Better Care Fund (BCF). This is a temporary measure which ends in 2018/19. No further funding is available from BCF.

8.5 A request was made to extend the BCF funding, but this was rejected by Bromley CCG.

8.6 Schools have also been approached but have refused to fund what is considered to be a core local authority function. This could not be taken from Dedicated Schools Grant (DSG) directly as the grant conditions do not allow this.

8.7 If Members were to agree to fund this contract ongoing then it would cost in the region of £603k per annum from 2019/20. This would be growth. Any short term funding could be utilised from the Public Health reserve (currently £1,018k). Any longer term funding arrangements will need to be addressed if a longer term commitment is made at this stage.

8.8 If funding were agreed there may be some savings and synergies by combining the School Nursing contract and the Health visiting contract. At this stage this cannot be quantified.

8.9 If funding were not approved there would be no ongoing savings as the contract is currently funded through BCF and has no Council funding attached.

## 9. LEGAL IMPLICATIONS

9.1 This report seeks the approval of the Executive to include £603,000 in the Draft Revenue Budget for 2019/20 to continue funding the School Nursing service.

9.2 Under Section 17 of the Children Act 1989 the local authority has a statutory duty to safeguard and promote the welfare of children in their area who are in need.

9.3 Under Section 10 of the Children Act 2004 the local authority has a statutory duty to 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 in its area so far as relating to physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society, social and economic well-being.

## 10. PROCUREMENT IMPLICATIONS

10.1 In terms of procurement, this should be straightforward as the service has properly developed service specifications available and there are organisations available to tender.

<b>on-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	<ol style="list-style-type: none"> <li>1. Health support to school age children. Care PDS 9<sup>th</sup> January 2018, Executive 10<sup>th</sup> January 2018 CS18114</li> <li>2. Gateway report. Health support to school age children. Care PDS 15<sup>th</sup> November 2016, Executive 30<sup>th</sup> November 2016 CS17065</li> </ol>

**DETAILED DESCRIPTION OF THE CURRENT SERVICE**

The current contract is between Bromley CCG and Bromley Healthcare. The service provides health support to all maintained schools and academies in Bromley, including Glebe school and the PRU (Pupil Referral Unit), but not the special schools which are supported by the ICCNT (commissioned by Bromley CCG).

The Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools. By building the HSS around existing council and school processes, the HSS is an efficient, effective mechanism for providing essential health expertise.

**Safeguarding Nursing support**

It is a statutory duty of the local authority to safeguard children. The School Nurse brings the health perspective to form part of a full oversight of a child's needs, especially if a child has disabilities.

In terms of the core safeguarding function, the nursing support feeds into the assessment processes, for example Case Conferences. As well as the Social Worker assessment, the School Nurse will do an additional assessment of the child or young person. After the Initial Case Conferences the HSS input is focused on those children and young people with medical needs.

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Traveller community, young carers and young people attending Pupil Referral Units.

The priority groups for additional support were identified by the Needs Assessment in September 2016 and agreed by Executive in February 2018. A meeting of key stakeholders in the council in May 2018 agreed a process by which priority groups of vulnerable children and young people the HSS service would be supported.

For each group of vulnerable children the HSS is developing processes which use the existing mechanisms of assessing the needs of each young person already used in that team, and inputting health expertise into those processes. In most cases this will involve the School Nurse conducting an assessment with the child or young person. This takes an hour and involves a one-to-one meeting with the child or young person and filling in a questionnaire "All about me" together. Any health needs identified are taken forward and if necessary the SN will continue to see that child on a regular basis.

This method of providing expert health support at key decision points is an efficient, effective method of working. It mirrors changes in NHS working of increasingly focusing the greatest expertise at the initial assessment in order to ensure that health needs are quickly and accurately identified and acted upon.

## **Strategic Health Support to Schools**

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions and school staff training by School Nurses are key mechanisms to manage this risk in schools.

### **Gaps in HSS service identified in October 2017**

An evaluation of the service in October 2017 found that although the new model of service was working, the safeguarding function of the new service did not have sufficient capacity. At least 75% of the Health Support to Schools service is devoted to safeguarding.

#### **a) Case Conferences**

Nurses in the HSS are commissioned to attend all Initial Case Conferences. They should also attend Review Case Conferences if there is a health need and they are the most appropriate health professional to attend. It is not known how many of these children have health needs, but it is reasonable to assume that a large proportion of these vulnerable children have health needs. In addition to attending the Initial and Review Case Conferences, the School Nurses would also be expected to attend Core Group meetings.

The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity.

#### **b) Supporting vulnerable groups**

The service is commissioned to support vulnerable groups such as Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Traveller community, and young carers.

They are also commissioned to support frontline school staff in a timely manner when concerns are raised about a child or young person, recognising that schools already have excellent systems in place for managing early concerns, and that urgent concerns should be referred to the MASH team.

The evaluation of the service on October 2017 (Appendix 1) showed that the only targeted support the service was able to provide was to the Youth Offending Service.

Recent Ofsted inspections indicate that a greater level of support from School Nursing is expected than indicated by earlier guidance.

#### **c) Additional risks identified**

The HSS service is commissioned to work with schools to offer strategic support to reduce the number of children entering the safeguarding system, work in partnership with other key stakeholders to promote the safety and welfare of children and young people, and contribute to cross-borough work on risk management and risk tolerance. This includes supporting vulnerable children in transition between health visiting and school nursing, and into adult services. The changes to the way schools are supported by the HSS service raises some particular risks.

- The loss of drop-ins for pupils every week in each secondary school resulting in reduced contact with children increases the risk that:
- issues and concerns are not recognised and identified in a timely way (such as safeguarding, sexual health, teenage pregnancy, self-harm issues)
- there will be increased demand on targeted and intensive interventions if opportunities for early help are missed
- there will be less visible access to health services for 5-19 year olds
- there will be increased clinical risk due to lack of expert school nursing assessment and interventions for an individual child
- there is a reduction in local capacity to identify CSE, Missing and Gangs. School nurses are well placed to contribute in identifying and raising awareness of these issues.

Other risks relate to the down-sizing of the service.

- There will be reduced advocacy for young people's health, particularly children's special needs
- Families will lose ability to gain advice from school nurses, and may be less likely to access support from elsewhere
- Other partners, especially social care, schools and primary care, will not have school nursing to refer to, so potential for a young person's needs not to be met if colleagues do not have the knowledge or experience to either deal with the issue or appropriately signpost
- Loss of nurse-delivered health promotion and PSHE just as SRE and possibly PSHE become compulsory.

#### d) Supporting medical needs in school

Due to recent deaths from asthma in schools outside Bromley, it is recommended that all children with asthma in Bromley schools are offered an Individual Health Care Plan. This is likely to involve at least 6000 children and young people, based on existing data collected by GPs in Bromley. It is proposed to develop and align systems in primary care for providing health professional input into these Plans.

### Service Metrics

#### Medical needs 2017/18 academic school year

School	HSS Visit Autumn term 2017/18	HSS Visit Spring term 2017/18	HSS Visit Summer term 2017/18 (to date as of 18 June 2018)
Primary Schools (n=77)	74	71	67
Secondary Schools (n=18)	17	18	18
Other schools (Glebe, PRU, Bromley College)	3	4	4

<b>Safeguarding data January to April 2018 (data from Children's Social Care)*Case Conference</b>	Number invited to	Number attended	Reports sent
Initial CC	43	36	39
Review CC	96	16	37

\*HSS contest the number of invites to Initial CCs as their own data has 100% with report sent

The provision of additional safeguarding input to vulnerable groups required a careful assessment of the numbers in each group and how they were currently supported. The outcome of this work is summarised in the table below. Data is being collected by the HSSS on this additional work.

### **Additional safeguarding needs as identified May 2018**

<b>Vulnerable group</b>	<b>Number of CYP in group</b>	<b>Number of new contacts/month</b>	<b>Planned HSS input</b>
Electively Home Educated (EHE) children	278	12 - 23	SN to conduct assessment on all EHE where health needs identified by the EHE service interview
Children and young people subject to a Child Protection plan	~ 200	7 Initial CCs, 17 Review CCs In April 18	SN attend all Initial CC and Review CC where health need. Also assessment followed by attendance at Review CC if on Plan >1 year
YP in contact with YOS	120	12	SN to conduct assessment on all YP in contact with YOS where health needs identified by the YOS workers
Pupils in the PRU	45 in 1 <sup>o</sup> PRU 90 in 2 <sup>o</sup> PRU 18 Nightingale	(Interview on admission)	SN to conduct assessment on all pupils in PRU where health needs identified by the initial PRU interview
Young carers	109		SN to conduct assessment on all young carers where health needs identified by the Bromley Well team
Traveller CYP	Unknown		HSSS to work with schools to identify GT young people and develop a new service.