

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 31st January 2019

Title: HEALTH SUPPORT TO SCHOOL AGE CHILDREN: UPDATE

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Ward: Borough-wide

1. Summary

- 1.1 In November 2018, the Council's Executive agreed to extend 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. It also agreed 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.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 The Health Support to Schools service is a key mechanism to address health needs identified in the 2018 Children's JSNA. This report outlines the preparation for commissioning the 0-19 Public Health Nursing service from October 2020
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3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

- 3.1 To note this update.

Health & Wellbeing Strategy

1. Related priority: Obesity Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Supporting Carers

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Total savings: Not Applicable
 4. Budget host organisation: Not Applicable
 5. Source of funding: Not Applicable
 6. Beneficiary/beneficiaries of any savings: Not Applicable
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Supporting Public Health Outcome Indicator(s)

Yes: The Health Support to Schools service supports work to address all Public Health Outcome Indicators for children aged 5-19 years.

4. COMMENTARY

4.1 Service description

4.2 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.

a) Safeguarding Nursing support

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 as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered CSA/CSE.

b) Supporting pupils with medical needs in 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 are a key mechanism to manage this risk in schools.

4.3 Commissioning and contracting arrangements

4.4 Bromley CCG procured the service from Bromley Healthcare on behalf of the Council under a Section 75 agreement. The service started April 2017 with a 2 year contract. Contract monitoring and performance management of the service is managed by Public Health. This contract is due to be extended by 18 months from April 2019 to end September 2020.

4.5 Contract value

4.6 In April 2017 the service was funded £303k per year. By October 2017 it was identified that this funding was insufficient to run a safe service. The funding in the second year of the contract is £603k plus an extra £60k to ensure the extra Individual Health Care Plans are in place and up to date. The extension of the service for 18 months will be funded at a rate of £603k per year.

4.7 Performance monitoring

4.8 Overall performance of the service against the Key performance indicators is good. There is some dip in performance in Quarter 2 as many school nurses are term time only and educational settings are closed for half of the Q2 period (July, August, September).

Table 1. Performance Indicators for the Health Support to Schools service

Performance Area	Indicator	Target	2018/19		Comments
			Q1	Q2	
Attendance at Initial Case Conferences	% of conferences	95%	100%	97%	
CP reports sent prior to the conference if not attending	% of reports	95%	N/A	100%	
Review Case Conferences attended where there is a health need identified	%	95%	97%	100%	The team have attended 20 review case conferences where there were school nurse actions. There were 44 invitations to reviews where there were no school nurse actions and reports were sent for these.
'All about me' questionnaires completed	Number of questionnaires completed		33	81	This is an age-appropriate national questionnaire with local amendments which is completed by the SN and young person together.
Safeguarding supervision	% of staff receiving supervision	100%	100%	100%	
CAFs contributed to for school aged children	No. of CAFs		6	4	
Support to YOS	Number of health reviews		27	6	All 27 YOS young people referred in Q1 seen but only 6 of 18 seen in Q2 as many HSS staff are term time only
Referrals to other services	Number of referrals		11	0	
Termly visits to primary schools	% of primary age schools visited (n=76)	95%	81%	71%	The contents of these visits are not meeting all schools needs and are to be revised
Termly visits to secondary schools	% of secondary age schools visited (n=19)	95%	90%	68%	The contents of these visits are not meeting all schools needs and are to be revised in discussion with schools.
Individual Healthcare Plans (IHCPs) reviewed	Number of IHCPs		1769	2274	
Training sessions for schools by school relating to IHCPs	No. of sessions		76	18	Fewer sessions delivered in Q2 due to summer holiday
Support to pupils in Pupil Referral Units	Number of reviews		11	8	Fewer reviews delivered in Q2 due to summer holiday

4.9 Attendance at Initial and Review Case Conferences

4.10 Nearly all Initial Case Conferences where the HSS service knew about the case conference were attended by one of the HSS team. On the rare occasions where no-one was able to attend an Initial Case Conference a report was always sent.

4.11 The HSS are commissioned to attend Review Case Conferences where there is an identified health need. A pilot is due to start soon to promote the attendance at Review Case Conferences of other health professionals who are actually working with a child.

4.12 Children with Individual Health Care Plans (IHCPs)

4.13 Health Support to Schools in Bromley is now delivered to 20 schools for secondary age children (19 mainstream schools and the Glebe School), 78 schools for primary age children, 2 college settings and Bromley Trust Alternative Provision Academy. Specialist school nursing to the special schools is commissioned by Bromley CCG.

4.14 In August 2016, school nurses had records from 75 Primary schools, 17 Secondary schools and one Special school. From those schools, there were a total of 594 children and young people with IHCPs (Table 2 below).

Table 2. IHCPs by type of school, August 2016

Type of school	Number of IHCPs
Primary schools (75)	365
Secondary schools (17)	217
Special School (1)	12

4.15 Following incidents in schools elsewhere in the UK where children died from medical conditions, schools were advised by Public Health to offer an IHCP to all pupils where the child and or parents wanted an IHCP. Additional nurses were employed to support the schools in this process.

Table 3. IHCPs by type of school, 2017-18

Type of school	Number of IHCPs		
	Summer 2017	Summer 2018	Autumn 2018
Primary schools (75)	663	959	1395
Secondary schools (17)	170	810	879
Total	833	1769	2274

4.16 Asthma as a marker for completeness of identified health needs

4.17 Data is collected from each school on the number of children and young people with medical conditions which could cause them to become significantly unwell in school. The most common health condition for which data is routinely collected in schools is asthma. As asthma is found in 1 in 11 children of school age in the UK, the numbers identified in each school can be compared to the numbers expected for a child population of that size. This gives an indication of the completeness of the identification process in each school.

- 4.18 In 2016, only 38 IHCPs were in place for all children and young people with asthma. However an audit of secondary schools in August 2016 found that 1077 young people were known to have asthma. Since that time, 1870 young people in secondary school settings in Bromley have been identified to have asthma. Based on an expected rate of 1 in 11, a total of 1990 young people in Bromley secondary age maintained schools and academies would be expected to have asthma. This indicates that identification of asthma in Bromley secondary schools is good, although not all schools are giving the HSS this data every year and one school has never provided this data.
- 4.19 The picture of asthma in primary age maintained schools and academies is more mixed. Although the number identified in maintained schools and academies has increased from 1011 in Autumn 2017 to 1481 in Summer 2018, this still falls short of the expected number of asthmatics in this population of 2330. Overall, on average, 78% of asthmatics in each school where data was available were identified. However there are still a minority of schools where no asthmatics have been identified and notified to the HSS.
- 4.20 The health data collected from schools is regularly audited by Public Health and the HSS service notified where data from schools is concerning for them to take forward during their visits to the schools.
- 4.21 The content of the ternly visits to schools by the HSS team has been amended in discussion with schools. The HSS team now only collect health data on one visit per year, and offer the other 2 visits as general HSS support to the school.

4.22 Future priorities for the HSS service

- 4.23 A needs assessment of the health needs of Bromley children in summer 2018 identified the following key issues affecting school-age children:
- There appears to be a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing.
 - There are high rates of opiate and/or crack use in young people aged 15-24.
 - It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
 - There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.
 - Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
 - Demand for early intervention Wellbeing (CAMHS) services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).
 - The number of children and young people presenting in mental health crisis at A&E continues to rise.
 - Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
 - The increasing number of children with Social, Emotional and Mental Health needs (SEMH) correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley.
 - The number of Electively Home Educated (EHE) children is increasing. 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.

- Gypsy Traveller young people are over-represented in the EHE group.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.
- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.
- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions appear quite poor.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.
- Rates of social, emotional and mental health difficulties and speech, language and communication needs are rising in Bromley.

4.24 Many of these needs are being addressed by the current service (see Case Studies in Appendix). However some of the needs identified require further work to identify the scale and details of the issues. Some of these will be addressed in a survey of pupils in year 10 in Bromley maintained schools and academies in January 2019.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 In January 2018 Executive agreed additional funding for the HSS in order to support some vulnerable groups of young people (Health support to school age children. Executive, 10th January 2018. Report No. CS18114). Key to this work is the HSS “piggy-backing” onto existing council work programmes in order to offer specialist health advice and support and receive referrals.

5.2 HSS support to the Youth Offending Service (YOS)

5.3 HSS staff attend the Adolescent Safety and Well-Being panel held alternate Thursdays at the Youth Offending Service. The aim of this meeting is to share information about young people known to YOS where there are significant concerns over their well being, and to make a joint plan around the young person’s care.

5.4 One young person was due to be placed in a semi independent living home following release from custodial sentence until the School Nurse advocated for her to not be placed where she originated from prior to custody as this would have placed her at risk of a poor rehabilitation due to others living at this address.

5.5 HSS staff also attend the MEGA (Missing, exploitation, gang affiliation) panel. This is an information sharing meeting to discuss the concerns of our most vulnerable young people.

School Nurses refer in to the panel as well as taking referrals from the panel. For example, one young person known to HSS staff to be at risk of CSE and going missing was taken to this panel. This enabled professionals to monitor her safety and well being and all professionals were aware of the risks surrounding this young person

- 5.6 The HSS team also meet with the Education Welfare team to discuss electively home educated (EHE) children. So far the HSS team have seen 7 EHE children and are still working on the referral process.
- 5.7 HSS staff also attend the “Education Top 10” panel. The aim of the meeting is to find the reasons for a child not being in education, ways to re-engage the family and young person and discussing educational provisions that will meet the needs of the young person. These meetings enable the Safeguarding School Nurses to identify some of the most vulnerable young people in the borough. These referrals have led to work being done around all aspects of health such as risk taking behaviour, poor emotional health, sexual health support and advice, work around Child Sexual Exploitation, advice and support around diet, advice and support around dental health and any other concerns that the family child or professionals involved would like advice and support on. Ofsted were informed of the benefit of having health representatives at the meetings

“I would like to say that the [HSS] service has made a really important contribution to this meeting and as a consequence had a significant impact on the wellbeing of children and young people. In some notable cases that I have observed recently, they have been able to identify risk that others have not and gain access to young people where others have not. In at least one case recently and possibly in two, this is very likely to lead to a disclosure of Child Sexual Abuse.” Pip Hesketh, Head of Inclusion, LBB

- 5.8 HSS staff also attend the Emotional Health Forum, GP Safeguarding leads meeting, meetings with the Epilepsy Nurse and the Asthma Nurse from the local hospital, MARAC, Drug and alcohol service meetings, Sexual health team meetings, MASH team meetings, ICCNT team meetings, and work closely with Health Visitors.

6. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

- 6.1 Arrangements are underway in Bromley CCG to extend the HSS contract for a further 18 months to end September 2020.

Non-Applicable Sections:	Financial and Legal Implications, and Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Health Support to School Age Children. Executive 28 th November 2018. Report No. CS18184.

CASE STUDIES

Case Study 1

The young person was referred to HSS service at the request of the young person for support around healthy eating and being very over weight. BMI 44.6.

This young person was at risk of poor health outcomes if his BMI remained this high. He was initially met by a School Nurse who discussed the need to look holistically at healthy living

- The young person was weighed and measured at his own request weekly
- Healthy diet was explained including information on what our bodies need and why- vitamins, protein, carbohydrates calcium etc . As an 18 year old, a discussion took place about alcohol looking at current intake units and calories from this.
- The need for good fluid intake was discussed in maintaining good general health
- Exercise was discussed and the young person gained access to a gym although free forms of exercise were discussed such as walking
- Resources from Public Health England used to illustrate as well as supportive appropriate apps.
- So far the young person has reduced his BMI to 42.6. He has lost 7.5kg despite having difficulties in his personal life which he was also supported with. The work with this young person continues

Case Study 2

This 14 year old young man had experienced an exacerbation of his mental and emotional health difficulties in April 2018 and was described as being in crisis, attending A&E twice with suicidal ideation. This young man had been referred to the Community Paediatrician and CAMHS in 2015, but these assessments were incomplete as he was refusing to meet professionals.

In April 2018, Mother asked the GP for more support for her son as she was unable to engage her son with any service and he was now starting to refuse to attend school.

The son refused to meet the School Nurse so the nurse spent time discussing his difficulties with his mother. The family were really struggling and were distressed that they were not able to help this young man.

The SN assessment of this young man and his family was that they, in the first instance, needed to feel they were being listened to. Mother agreed for the SN to share her discussions with other professionals, in particular to contact the community paediatrician to help inform the assessment being undertaken. The SN also contributed to the subsequent Child in Need plan.

The information shared with the community paediatrician was very useful to inform their assessment and treatment plans for the young person, who then engaged with the Community Paediatric service. The mother stated that she had felt listened to and that increased her sense of being able to speak up for her son to access services that he previously was unable to obtain.

Case Study 3

A young Father-to-be was identified from the Youth Offending Service as someone who would benefit from support around his upcoming fatherhood. The young person had a difficult early childhood and therefore his early experience of being parented was not a good one to model his behaviour on.

The young man was identified from attending the weekly meeting at the youth offending service (YOS).

The young man was helped with a range of questions he had:

- What happens in pregnancy?
- What changes his partner will go through
- Supporting the young person around his emotional feelings around the pregnancy and the role he will play as a father.
- Looking at personal relationships, both positive and negative, and how these can impact on babies and children.
- Being a role model.
- How babies' brains develop

This provided him with the opportunity for his own space to talk, ask questions and feel valued. He was met with several times, provided with supportive videos, and given a "cyber baby" to look after to have an idea of how it feels to identify baby's needs

This young person was described as a "prolific criminal". However the School Nurse shared with other professionals that he is also punctual, polite and very engaged with the School Nurse and his YOS worker. He has not offended during the time the School Nurse has been working with him. He is attending appointments with his partner and the Health Visitor and he is gaining in confidence in fulfilling a greater role in supporting the baby and his partner. This work is ongoing.

Case Study 4

This vulnerable young person was not attending school (she had been a school refuser for most of the last year) and was subject to a Child Protection plan. There were concerns regarding her general health. Other children in this child's family have health needs and all attend school except the child. Initially a health needs assessment was carried out (The "All About Me" questionnaire). Areas of concern identified were:

- Support required around hygiene,
- Sleep hygiene,
- Diet,
- Dental care,
- Outstanding medical concerns
- The child very rarely leaving the house.

The family were feeling overwhelmed and did not feel that they had enough support and knowledge on how to make changes. The family were supported in several ways:

- Mother was provided details of the Autistic Trust for a sibling who has ASD as well as support in the area for families who have children with additional needs.
- The child and oldest sibling were referred to Young Carers.
- The HSS liaised with Bromley Y to support the family with therapeutic intervention.
- The HSS liaised with GP and requested a blood test as the girl was very pale.

At the case conference the School Nurse highlighted an area of the child's life that had not been considered before. This led to requests that background checks should be made on certain adults who were in the child's life around the time she became a school refuser and stopped leaving the family home.

The child was found to be vitamin D deficient. She is now taking prescribed vitamin D. The GP has requested that the School Nurse supports the family in ensuring the child takes her medication.

The child has attended the dentist and her daily oral hygiene is improving.

The child is being seen by School Nurse regarding all of the identified health needs and ongoing support is being provided. Work around health also considers online safety for the child as she is not attending school and therefore lacking in interaction with others which may lead to her using media to socialise.

The Safeguarding School Nurse continues to liaise with Bromley Y, social worker, GP, the family and of course the child.

The Safeguarding School Nurse is working with professionals to identify the real reason why the child has presented as feeling unable to leave the house and therefore unable to access her education.

Case Study 5

All children and young people who are on a Child Protection Plan will receive a full Health Assessment and any areas of support identified at the Health Assessment will be provided.

HSS service received an invitation for an Initial Case Conference. The young person was identified by Children's Social Care as being at risk of Child Sexual Exploitation, Sexual Assault and Neglect. The School Nurse completed a "All about me" health assessment with the young person. Identified issues included:

- A bladder condition
- The young person was very overweight,
- A high risk of CSE and risk taking behaviour was identified,
- Neglectful parenting,
- Family bereavement,
- Learning Disability and
- Possible Mental Health issues.

The School Nurse referred the young person to the Bowel and Bladder Clinic, the Dietician, CAMHS and Barnardo's. She attended all professionals meetings, and acted as advocate for the young person, and followed up all referrals. She liaised with the school, Children's Social Care, CAMHS, the young person's mother and extended family, Contraception Clinic and Sexually Transmitted Infection clinic.

The School Nurse worked with the young person on risk reduction. This took the form of weekly meetings covering subjects such as: Sexual Health, Contraception, Sexually Transmitted Infections, Sharing Sexual Images, Consent, Healthy and Unhealthy relationships.

After 9 months of work, the young person is now in Kinship Care., attending school regularly, attending the dietetic clinic and has lost weight by following dietary advice. She is also attending the Bowel and Bladder clinic, she is free of sexually transmitted infections and using contraceptives. She has had a full assessment at CAMHS and continues to engage with this service. The young person continues to meet with the School Nurse Weekly and is engaging well with the support offered.

Case Study 6

The Health Support to School Service offers support to the Youth offending service (YOS). The service offers health support to service users who may be at risk of activities that will have a negative impact on their physical and emotional well-being.

One young person was referred by his YOS case worker due to concerns over her safety as she had gone missing on a number of occasions.

Following the “All about me” Health Assessment the following health needs were identified:

- Poor diet,
- Drug use,
- Alcohol use,
- Poor hygiene,
- Concerns over safety, sexual health, risk of CSE,
- Self-harming linked to poor emotional well being

The School Nurse attended strategy meeting and subsequent child in need meeting and liaised with the family, social worker, case worker, GP, Bromley Changes, and Bromley Y.

Referrals were made to Bromley Y, the GP, and Bromley Changes.

The young person attended small group work held at YOS with the School Nurse. Of the 5 sessions to provide support and information around CSE prevention and to improve self esteem, the young person attended 4 sessions.

The young person has now completed work at YOS and Bromley Changes. Her family report that home life is calmer and the young person is now attending her educational course. She is no longer going missing and her relationship with her family has improved.