

From: Roger Gough, Cabinet Member for Education and Health Reform
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To: Education Cabinet Committee - 14 March 2014

Subject: Outcome of the consultation on the Education Health Needs Service

Classification: Unrestricted

Past Pathway of Paper: Education Cabinet Committee, 27 September 2013

Future Pathway of Paper: Individual Cabinet Member Decisions

Electoral Division: All

Summary:

This report sets out the outcome of the consultation on the review of the Education Health Needs Service currently delivered by three Pupil Referral Units

Recommendations:

The Education Cabinet Committee is asked to consider and make recommendations to the Cabinet Member for Education and Health Reform and the Corporate Director of Education, Learning and Skills on the proposal to agree a new delivery model for Health Needs provision in Kent, which involves proposals to:

- (i.) Separate provision for Medical Needs and Mental Health Needs
- (ii.) Create one PRU which encompasses The Oakfields Unit and 6 resourced provisions across the County with outreach provision for Mental Health needs
- (iii.) Provide a service to mainstream schools for pupils with Medical Needs.

1. Background

- 1.1 A consultation on the future delivery options for the provision of the Education Health Needs Service was undertaken from October to December 2013. This report sets out the outcomes of this consultation, gives details of the proposed delivery model and structure, and explains the implementation phase of this review.
- 1.2 The new service will meet the needs of pupils with chronic illness, or long-term or other serious medical conditions, including those with mental health needs, who form potentially vulnerable groups of pupils at risk of underachieving.

2. Outcomes of the consultation

- 2.1 The review process and consultation on options for the future delivery of the service took place between 21st October 2013 and 16th December 2013. Information was circulated to all schools in Kent and 200 hard copies were distributed to interested parties, including staff, pupils and teachers/tutors. Consultation documents were also sent to all FE Colleges in Kent, the 8 PRU and Alternative Provision hubs (KS3 + KS4), the Chairs of Management Committees, Headteachers of the 3 Health Needs PRUs, all Local Members, all local MPs, Families and Social Care, and representatives of the accredited Trade Unions. There were eight meetings with teachers, parents and health professionals to discuss the options set out in the consultation document. The document was also circulated to Clinical Commissioning Groups and Health Commissioners.
- 2.2 There were 40 written responses to the consultation. Details of the responses are given in Appendices 1, 2 and 3. There were seven responses in favour of Option 1, 11 in favour of Option 2, and 17 respondents offered alternative suggestions.
- 2.3 As well as the two options proposed, the consultation outlined 9 principles to underpin the eventual outcomes. In discussions and through written responses there was general agreement with the principles, although some respondents expressed concerns about some elements (appendix 1).

3. The Proposal

- 3.1 Two delivery options were proposed in the consultation document:

Option 1 – A County service based on eight localities

Option 2 – A stand-alone Pupil Referral Unit, delivered through the three existing localities

- 3.2 Neither option in the original proposal received overall support and there were requests for further discussion and exploration on possible solutions for delivery. A project group was established, comprising Health Needs PRU Managers and Chairs of Management Committees, mainstream school Headteachers, health professionals and KCC officers. A revised single proposal for delivery has been made by this group. The new proposal, set out below, has been informed by the following:
- a) Ofsted briefing on health needs provision in January 2014;
 - b) DfE Statutory Guidance on supporting pupils with medical conditions at school. – February 2014
 - c) consideration of current and past referrals;
 - d) examples of case papers;
 - e) review of best practice, nationally;
 - f) the current profile of learners attending the 3 Health Needs PRUs;
 - g) comments and suggestions brought forward through the consultation – see Appendix 2.

3.3 The Recommended Proposal

- (i.) The Medical Needs Service should develop a new County Outreach Service
- (ii.) One County PRU for Mental Health Needs covering specialist education at Oakfields with 6 locality bases and outreach provision.

3.4 Expectations on schools and academies

- (i.) The new proposal is predicated on an expectation that all schools and Alternative Provision PRUs will identify what they do to support pupils with chronic or long-term medical needs. These statutory duties were confirmed in a DfE document published in February 2014 which clearly states the role of schools and academies in supporting young people with health conditions. The expected implementation date of this guidance is September 2014.
 - (ii.) Each school should have a policy which articulates how the school will work with pupils with these needs, including the administration of medication. Governing bodies must ensure that arrangements are in place in schools to support learners with medical conditions. This includes consulting health and social care professionals and parents to ensure the needs of children with medical needs are effectively supported. Schools should also adhere to the new KCC policy to be provided. Where pupils have long and persistent absences from school due to long-term chronic or medical needs including mental health, schools must work with professionals and other organisations to help continue to support pupils' education, personal development and well-being.
- 3.5 The recent Ofsted guidance also indicates that inspection teams will evaluate the achievements and experiences of this group of vulnerable pupils. Schools will, therefore, need to ensure that teaching, the curriculum and the use of resources are appropriately adjusted to meet these pupils' needs. The school should consider the professional development of staff so that there is sufficient knowledge and expertise to manage medical needs and there should be a named person responsible for pupils who are unable to attend school because of medical needs. School governors and leaders should know which young people have chronic or other medical needs.
- 3.6 One stated aim of this review was the need to ensure that schools are doing all they can to safeguard and support these potentially vulnerable pupils, to ensure their educational needs are met. A new briefing for Section 5 Ofsted Inspections published in January 2014 gives helpful guidance.
- *“Potentially vulnerable groups of pupils, or those most at risk of underachieving, include those with a chronic illness or long-term health condition; for example, musculoskeletal problems, cancer, asthma, epilepsy, diabetes, Crohn’s disease, heart problems and pupils with mental health problems, such as anxieties, depression and school phobia.*
 - *If chronic illnesses are not managed well by pupils and those who help care for them, including schools, this can have a detrimental effect on pupils’ emotional*

- development as well as their safety, physical and mental well-being and their ability to participate and achieve well academically.*
- *The Equality Act, at section 6, sets out that a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.*
 - *Therefore pupils with a chronic illness or long-term health condition may be covered by the Equality Act. Schools are expected to make reasonable adjustments to help meet the needs of pupils with chronic and long-term health conditions.”¹*

Medical Needs Service County Outreach Service

- 3.7 The proposal envisages a dedicated service where the needs of pupils with medical conditions are supported by a County Outreach Team based in appropriate hubs. The team will coordinate specialist support to the home school from special health support (including school nurses), Home Tuition, Virtual Learning Environment, KIASS and family support. For these pupils the home school remains accountable for education provision and has access to this integrated additional support to meet these pupils' needs. This new service will be managed by a Medical Needs County Service Manager.
- 3.8 Based on current referral cases, approximately 20% of the cohort referred has medical needs. A number of these are short term serious medical conditions such as hip replacements, recovery from accident or glandular fever.
- 3.9 The delivery structure proposed for medical needs describes this service offered through a County Outreach Manager and 3 specialist teachers. This service links closely with KIASS. The proposal differentiates Kent's education support for these pupils, from those with mental health needs, where the complexity requires a different delivery model including resourced provision and fully planned reintegration processes.

Mental Health Needs: One PRU with 6 Resourced Bases and Outreach

- 3.10 Pupils with mental health needs will be supported by one county Pupil Referral Unit to provide a co-ordinated and distinct service for those learners with Mental Health Needs. This will build on the existing framework of effective partnership working between Oakfields PRU, which is a specialist mental health facility at tier 4 supported by hospital consultants, and clinical professionals to deliver Tier 4 CAMHS provision. Links with the Health Services will be strengthened and joint delivery models to support learners with mental health conditions will be established in six new locality bases. The outline structure of this service is set out in Appendix 4.
- 3.11 This aspect of the provision will be managed by a Head of School for Outreach Mental Health Services with 6 locality managers based in the resourced centres, aimed at Tier 3 provision and Outreach for Tiers 2 and 3. This will expand the existing successful West Kent PRU model across the county. The details of other staff are to be determined. The home school will refer pupils, through a revised process, and accountability for pupil progress and outcomes will rest with the home school. Close liaison will be maintained with the home school to ensure effective pupil reintegration. There will be a Head of School for

the Oakfields Unit and Outreach Service mainly providing for Tier 4 CAMHS provision.

- 3.12 The mental health needs provision for Kent will offer 200-250 places in any academic year. The length of stay will vary according to needs. A distinctive element of this proposal is an effective reintegration programme for pupils with mental health needs and outreach support. This will be a prime responsibility for the locality managers working in the six Outreach Centres and managed by the creation of two new posts: the Head of School for the Oakfields Unit (Tier 4) and Head of School for the Mental Health Needs Outreach Service (Tiers 1, 2 and 3).
- 3.13 A feature of the proposal is the development of a triage system at local level (Tiers 1 and 2), through to the specialist intervention at Tier 4 CAMHS. Respondents to the consultation emphasised the need to develop clearer systems between the different levels of intervention within the mental health continuum. This new system will support the In Year Fair Access Protocols which are established in all districts.

Executive Headteacher

- 3.14 The development of the service proposed for mental health needs is significantly different from the current delivery model, and takes account of the comments made in the consultation exercise. In order to ensure consistency of approach the proposal offers a structure which has an Executive Headteacher coordinating the work of the 3 strands of provision. Key functions of this post will be to monitor the effectiveness of the referral process, coordinating joint delivery with health professionals and monitoring impact. Another important aspect will be to develop a model of joint working between education professionals, health professionals and CCG's to deliver a commissioned service for CAMHS Tiers 1-2 for pupils with emotional, behavioural and mental health problems.

Role of KIASS in the Health Needs Service

- 3.15 All young people accessing an Alternative Curriculum PRU will be required to have some form of holistic assessment in place to ensure that their personal development and well-being needs are being met. KIASS (Kent Integrated Adolescent Support Service) will have the oversight, implementation and delivery of the common assessment framework and ASSET assessment framework for young offenders, provision of personal development and well-being programmes to wrap around young people and their families. Where a young person has been identified for a place in the outreach service and a holistic assessment is not yet in place a key worker will be allocated from KIASS to undertake the assessment.
- 3.16 Each district based KIASS Casework Team Manager will keep a watching brief on all students entering the Health Needs provision. They will work alongside the County Outreach Manager to ensure that sufficient support and provision is in place for each young person as part of their wider care plan, ensuring that the most appropriate personal development and well-being support is in place for both the young person and their family as the young person moves through

the outreach service and back into mainstream education through a reintegration pathway plan.

- 3.17 In March of each academic year a Participation and Progression Panel will be undertaken with all students at risk of becoming NEET. Options support will be considered alongside appropriate referrals to employment, education or training provision to ensure continued participation.
- 3.18 For young people requiring longer term mental health support or as part of their reintegration package into mainstream education a coach or mentor will be allocated to each young person to support their sustained engagement in education.
- 3.19 The outreach service will have access to a virtual advisory and support team with named professionals from which to draw support and advice. Each team will comprise an early intervention worker, attendance officer, substance misuse advisor and youth offending officer.
- 3.20 KIASs Managers will support the Outreach Service to better manage risks, through joint assessment of cases and through providing access to Safer Schools Clinics, Risk Management process [http://www.kscb.org.uk/pdf/ARM%20Procedures%20August%202013%20final%20\(1\).pdf](http://www.kscb.org.uk/pdf/ARM%20Procedures%20August%202013%20final%20(1).pdf) and the Kent Youth Drug Intervention Scheme (http://www.kent.police.uk/about_us/policies/k/k04.html). Training will be provided to all staff on the availability of additional support for managing high risk challenging behaviour
- 3.21 If at any point the County Outreach Manager, parent or young person feels that their concerns are being addressed by services they can raise this with the KIASs Manager. The KIASs Manager will act as a broker for education providers with key services to understand the issues or challenges.

4. Referral Process

- 4.1 A revised procedure for pupils with mental health needs will be developed. The new system will take account of CAMHS baseline data, which includes information on incidence of mental health needs. The draft CAMHS Baseline Review (September 2013) identified that:
 - one in ten children between 5-16 years has a clinically diagnosable mental health problem;
 - the rates of disorders rise steeply in middle to late adolescence: by ages 11-15 it is 13% for boys and 10% for girls. Approaching adulthood the rate is around 23% by ages 18-20 years;
 - around 60% of children in care and 72% of those in residential care have some level of emotional and mental health problem;
- 4.2 The referral process needs to be a tripartite arrangement between Education, Health and Families and Social Care. The Project Group will develop proposals for this new system.

5. Governance

5.1 The new service will be governed by one Management Committee, which will include the Executive Headteacher, two Heads of School, Lead Local Authority Officer, CAMHS (both SLAM and the Sussex Partnership); CCG representative; KIASS; Parents; AEN and Headteachers from each locality.

6. Resources

6.1 Financial

The current expenditure on the service is approximately £3.5m across both medical and mental health needs. The proposal will be funded within this financial envelope. Indicative costs of the outline management are in the region of £750k. The budget for Oakfields PRU will be remodelled. A new formula will be developed for Oakfields and the 6 resource bases to provide a delegated budget for the new county PRU. The budget for the outreach service will be devolved to the localities based on the profile of need and learner numbers. A new formula will be developed.

6.2 Accommodation

The current Health PRUs operate from accommodation at Canterbury High and also KCC lease accommodation at Woodview Leybourne, Oakfields NHS premises and Woodview Unit in Tunbridge Wells. In addition, there is a small health PRU at Seal.

KCC's Asset Management Plan, endorsed by Policy & Resources Committee in Autumn 2013, sought to ensure efficient use of Council assets and to reduce the portfolio by 30% within 3 years.

Further work is needed to outline the accommodation options, which must reduce the property revenue costs. No allowance has been set aside for any capital investment. It is intended that the 6 resource basis will utilise existing provision in mainstream schools across the County. a number of school have already offered appropriate accommodation to meet the required needs.

6.3 Human

The redistribution of the current budget will be predicated on a teaching staff in each centre, delivering English, Maths, Science and ICT. Any proposal affecting the numbers of staff will be part of consultation with all staff currently employed, and with professional associations

6.4 Further Costs

The delivery model will include the costing of a Virtual Learning Environment and a County home tuition service, and joint commissioning packages with the health services.

7. Recommendations:

7.1 The Education Cabinet Committee is asked to consider and make recommendations to the Cabinet Member for Education and Health Reform and the Corporate Director of Education, Learning and Skills on the proposal to agree a new delivery model for Health Needs provision in Kent, which involves proposals to:

- Separate provision for Medical Needs and Mental Health Needs
- Create one PRU which encompasses The Oakfields Unit and 6 resourced provisions across the County with outreach provision for Mental Health needs
- Provide a service to mainstream schools for pupils with Medical Needs.

8. Background Documents

8.1 Supporting pupils at school with Medical Conditions. DfE Statutory Guidance, - February 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277025/draft_statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions_for_consultation.pdf

8.2 Consultation Document: Health Needs and Education Service Review

<http://consultations.kent.gov.uk/consult.ti/HealthNeeds/consultationHome>

9. Contact details

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Responses to the consultation on the principles:

1. *develop a flexible and responsive service managed by headteachers.*
 - There was no disagreement with the principles and respondents emphasised the need to be explicit about the role and responsibilities of mainstream schools in ensuring that pupils' educational needs were met.
2. *consult on a county-wide revised policy for pupils with medical needs and mental health needs, which should include protocols for schools and GP's.*
 - A significant number of respondents supported this principle.
3. *review referral systems and reintegration systems*
 - Respondents supported this principle, but pointed to the need to differentiate between medical and mental health needs. They felt that we "should start by looking at the criteria for referral to establish what is needed in Kent".
4. *appropriate links with home schools and FE Colleges*
 - Respondents supported this principle and in particular health professionals welcomed this.
5. *ensure that there are better opportunities for young people with health needs to remain in their home school.*
 - There was an acknowledgement that some mainstream schools will have a training need to ensure appropriate outcomes for this group of young people.
6. *develop a service that is more available to all pupils with health needs across the county.*
 - There was a recognition that the current structure cannot offer equality of opportunity for pupils across the county because the 3 Health Needs PRUs do not offer a consistent delivery model.
7. *provide access to an appropriate curriculum model*
 - The respondents supported this principle, pointing to the need for equality of appropriate high quality curriculum opportunities for all pupils using the health needs service.
8. & 9. *explicit links with other agencies and the 7 Clinical Commissioning Groups;*
 - Respondents supported this principle which was endorsed and emphasised by health professionals and parents.

Summary of written responses

Option 1:

- 'Health needs pru's (*sic*) have a unique set of priorities and respond to needs that are outside of most teacher's expertise' – PRU Centre Manager
- 'District working in hubs enhances the education for all pupils' – Member of Staff

Option 2:

- 'this could be overcome by binding the two "sub-services" together and thereby ensuring Health Needs Education does not become a "post-code lottery". – Member of Staff
- 'Headteachers of mainstream schools do not have the medical knowledge to appreciate what is best for pupils' – Member of Staff

Unifying East and West Kent Health Needs PRU's:

- 'There needs to be someone unifying West and East Kent' (Health Needs PRUs); 'The new person would be in charge of referrals and consistency across the county' - Tutor for West Kent Health Needs Education Service

Alternative Proposals:

- 'I have no hesitation in recommending one service to be set up for Medical Needs and one for those needing short-term home tuition for mental health needs.. I firmly believe that Oakfields Education Unit is a genuine centre of excellence offering much needed and vital support for those young people with chronic mental health issues' – Teacher
- 'WKHNES has proven successful outcomes. Surely it makes sense to build on their strengths rather than throw out structures which in many ways work' – Teacher, West Kent Health Needs Education Service

Allocation of Resources/Budget:

- 'A concern would be which [localities] could be used and would this effect the budget' – Member of Staff
- 'I support the proposed Alternative Proposal and feel that this would, in the long term be beneficial to the young people in this care and subsequently save money through lower re-admissions' – Tutor
- 'Concerned about the potential huge increase in cost that may have to be taken on by a school if option 1 went ahead' – Headteacher
- 'An 8 hub model would cost more to run because of overhead costs of rent, heating, lighting, maintenance, internet access...' - Tutor for WHKNES

Referrals:

- 'We understand and agree with some of the underlying principles of this review but feel that the consultation should start by looking at the criteria for referral to HNE to establish what is needed in Kent first of all before the different options are proposed' – Assistant Headteacher

Delivery Method/Structure:

- 'CAMHS provision must be linked better with all units'; 'Mental Health needs provision should be up to the age of 18+' – Tutor, West Kent Health Needs Education Service
- 'It should be a county wide service/provision but not necessarily delivered through the 8 "Hubs". The delivery structure should not be predetermined at this stage but decided later' – Governor
- 'The delivery structure of 3 separate provisions...but with the following refinements': 'There is an annual joint meeting of the 3 full Management Committees, with Senior Local Authority Officers'; 'There is redistribution of budget'; 'HNE referrals panel...to be strengthened by the addition of the Head of Oakfields'; 'That the current transport budget is devolved to EKHNES and WKHNES' – Community Mental Health Nurse, CAMHS
- 'We would be interested in principle in basing the service in Canterbury on the hub of the Canterbury Inclusion Service although would ask for further discussion on the timing on such a development...' – Canterbury Inclusion Service
- 'integrated care plan essential not just education service, different localities linked to these commissioning groups should help' – St Augustine Academy

Appendix 3

Consultation documents (hard copies) distributed: 200

Responses received: 40

	Agree with Principles	Disagree with Principles	Not provided	Option 1	Option 2	Alternative Proposals	Total no. Respondents
Parents/ Carers	5	2	0	1	2	4	7
Health Needs PRU Staff and Governors							
Governors	3	1	1	2	0	3	5
Head teachers	2	0	1	0	1	2	3
Teachers/ Tutors	3	1	0	0	1	3	4
Members of Staff	2	3	0	1	2	2	5
Schools							
Governors	0	0	0	0	0	0	0
Head teachers	4	0	1	3	1	1	5
Teachers/ Tutors	3	0	1	0	1	1	4
Members of Staff	1	2	0	0	1	0	3
Other Interested Parties							
Peripatetic Tutors	0	2	0	0	2	0	2
Charity	1	0	0	0	0	0	1
Health Professionals	0	1	0	0	0	1	1
Total	24	12	4	7	11	17	40

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Outline Structure: Health Needs Provision

————— Line Management
 - - - - - Professional dialogue

