

From: Patrick Leeson, Corporate Director for Education, Learning and Skills

To: Roger Gough, Cabinet Member for Education and Health Reform

Subject: New Delivery Model for Education Health Needs Service

Classification: Unrestricted

Past Pathway of Paper: Education Cabinet Committee, 27 September 2013, 14 March 2014

Future Pathway of Paper: Cabinet Member Decision

Electoral Division: All

Summary:

Following the consultation and Education Cabinet Committees recommendations the Cabinet Member for Education and Health Reform is asked to agree to the new delivery model outlined in this report.

Recommendations:

That the Cabinet Member for Education and Health Reform agrees to:

- (i) Separate provision for Medical Needs and Mental Health Needs

- (ii) Create one Pupil Referral Unit (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 On 27 September 2014, Education Cabinet Committee received a report informing them that the second phase of the Alternative Provision Health Needs Service review was due to take place. This part of the review considered Kent County Council's PRU and Alternative Provision for pupils with Health Needs.

- 1.2 Currently there are 3 PRUs designed to support young people who because of health issues cannot attend mainstream school for periods of time.

- 1.3 A review process and consultation on the future delivery options for the provision of the Education Health Needs Service was taken place between 21st October 2013 and 16th December 2013 and proposed two options for the delivery of the Education Health Needs Service.
- 1.4 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.
- 1.5 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

2. Outcomes of the consultation

- 2.1 The consultation on options for the future delivery of the service was circulated to all schools and relevant parties and eight meetings were held 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 with 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.
- 2.4 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 process

3. **The Recommended Proposal**

3.1 Following consideration of all feedback the following as agreed as the preferred proposal:

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

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

- (i) 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 1.
- (ii) 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.
- (iii) 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).

- (iv) 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.

- (v) Executive Headteacher
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.

3.3 Medical Needs Service County Outreach Service

- (i) 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.

- (ii) 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.

- (iii) 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.

4. Expectations on schools and academies

- 4.1 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.
- 4.2 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.
- 4.3 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.
- 4.4 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.

5. Role of KIASS in the Health Needs Service

- 5.1 Each district based KIASS Casework Team Manager will review 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.

6. Referral Process

6.1 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;

6.2 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.

7. Governance

7.1 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.

8. Resources

8.1 The current budget on the service is approximately £2.4m across both medical and mental health needs. In addition there is around £0.7m spent within the transport and SEN budgets. The proposal for the service will be costed within this funding 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 and new formula will be developed.

8.2 Physical

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

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

For emerging options on delivery models any option must reduce the property revenue costs. For outreach options the full property costs of that service must be considered. No allowance has been set aside for any capital investment for any of the options.

8.3 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 require consultation with all staff currently employed, and with professional associations

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

9. Recommendations:

9.1 That the Cabinet Member for Education and Health Reform agrees 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.

10. Background Documents

10.1 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

10.2 Consultation Document: Health Needs and Education Service Review

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

10.3 Section 5 Ofsted Inspections

<http://www.ofsted.gov.uk/resources/impact-of-section-5-inspections-maintained-schools-england>

11. Contact details

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Outline Structure: Health Needs Provision

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

