

## The Commissioning of Birmingham School Health Advisory Service

### Consultation Document

8<sup>th</sup> December 2014 – 6<sup>th</sup> February 2015

#### 1. What are we trying to achieve?

We want to maximise the health and wellbeing of children and young people in Birmingham by enabling them to attend and benefit from lessons and activities in school. If they participate in school they are more likely to achieve their potential.

Children and young people who don't achieve at school become adults who are:

- more likely to live in poverty;
- less likely to achieve their work potential or aspirations;
- more likely to have physical and/or emotional ill health; and
- more likely to die at a younger age.

School is only one of a number of settings in which children and young people are to be found. However, most children are in school for a large part of the year and it is a place where the majority of children can be seen and supported when needed.

We are proposing a new model for the School Health Advisory Service in Birmingham. Our proposed priorities for the service are:

- Helping children to attend school even if they have medical problems
- Helping to find health problems early
- Giving early help to children with health problems
- Safeguarding children
- Helping children who may need special help
- Helping children to be a healthy weight
- Helping children with emotional problems
- Helping children who may have a problem with drugs, alcohol or smoking
- Helping growing children with relationships, including sexual health

More information on these priorities is in Appendix B.

Do you agree that these are the right priorities?
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Any comments on these priorities or are there any other priorities we should consider?

We also want to ensure that we get a good quality service at a good price from public funds.

## 2. Current need for a School Health Advisory Service

Birmingham is a young city with a growing population of children and young people. There are 105,639 primary school aged children in 300 primary schools and 70,155 secondary school aged children in 74 secondary schools.

The proposed School Health Advisory Service will give advice and support to individual children and families to improve their health and school life. Schools have a clear responsibility to support students with health needs and the School Health Advisory Service will support schools with this role.

An annual survey is carried out of pupils aged 7-18 years in Birmingham. Over the past five years children completing the survey have reported steady levels of physical health. The results from the survey report that:

- 3% of 12-18 year olds say they drink at least once a week;
- 9% of 12-18 year olds say they smoke and 4% of 12-18 year olds say they have used drugs in the last month;
- 9% of children identify that they have emotional problems;
- 8% of 7-11 year olds and 14% of 12-18 year olds report significant problems, such as being considerate of others feelings, sharing, being helpful if someone is hurt, being kind and volunteering to help etc;
- 8% of 7-11 year olds and 2% of 12-18 year olds report significant problems with children of the same age such as: preferring to play alone, not having at least one good friend, being picked on by other children etc; and
- Bullying is reported more often by 7-11 year olds (20%) than by 12-18 year olds (10%).

Most pupils want to achieve during their time in school. 70% of 7-11 year olds and 60% of 12-18 years olds think it is important to go to university, but 85% of each age group think it is important to have a job that is well paid.

These findings are very similar to those from surveys of children in other parts of England.

Research shows that if children live with abuse or family discord they are more likely to do things that are harmful. These include:

- unprotected sex at an earlier age, risking infections and pregnancy at a young age;
- smoking, risking chronic chest disease;
- starting to drink alcohol at an earlier age and in binges, risking injury and death or long term liver and brain damage; and
- excessive speed using vehicles, risking serious injury or death.

This link between children's experiences and their physical and emotional health is important. For this reason the School Health Advisory Service needs to focus on children who cause concern.

### **3. Reasons for remodelling current services**

The current School Nursing Service, including the mandated National Child Measurement Programme (NCMP), is delivered by a single NHS provider. The scope of the current service has developed over a number of years. However, there are some schools that do not get a regular service. In addition, there is evidence from local work suggesting the service needs to be more visible and it needs to change how and from where it supports pupils and families.

We have a responsibility to secure the highest quality service outcomes at the best possible price, and it is unlikely there will be any additional finances to extend a School Health Advisory Service. We are, therefore, proposing a new model that aims to focus on identifying and reducing any health issues that get in the way of a pupil joining in with lessons and activities.

### **4. What are the important principles proposed for the School Health Advisory Service?**

The proposed School Health Advisory Service will address physical and emotional health issues which can prevent children's and young people's full attendance at school and/or joining in lessons or activities.

The function of the proposed School Health Advisory Service will be to assess pupils and help the school to reduce the impact of any physical or emotional health issues. This will require a systematic assessment process and links to local specialist services if necessary. The service will also deliver the National Child Measurement programme (NCMP).

The proposed service will be for children aged 5-16, that is from school entry (reception) to the end of year 11. It will be available to state funded schools (maintained schools, academies and free schools), but not independent schools. The nursing support to Special Schools is commissioned by the NHS and so is not part of this proposal.

Quality of the School Health Advisory Service will be measured by progress in the priority areas outlined in section 1 and Appendix B. These measures will include feedback from children, families and schools about the services they receive.

The proposed new model is illustrated in Appendix A. It has a number of important features:

#### **a) Identifying pupils with physical or emotional health issues which prevent them from attending school or benefitting from lesson time**

Teachers may have concerns about pupils due to their work or their behaviour in class or around school. The School Health Advisor can help to identify if these concerns are the result of physical or emotional ill health. They may also be able to identify other factors, such as home, family or school based issues, which are important parts of the concern.

Clinical staff in the community or hospital may identify health issues. The School Health Advisor can assess the impact this might make on a pupil's attendance or recommend some changes in the school environment/timetable.

The Health Questionnaire should continue to be used to identify any pupils with previously unknown health conditions. This is used at school entry (reception or new to the area) and on transfer from Year 6 (Primary) to Year 7 (Secondary).

There are times when the pupil themselves or their family may have concerns, and there should be ways for them to seek advice from the School Health Advisor. This is not to be seen as an alternative to consulting their GP but sometimes the problem is linked to school. The School Health Advisor may carry out an assessment and/or give advice face-to-face or by phone, email, webchat or through other electronic channels.

Absence from school can be short lived or prolonged. When the family report that the absence is due to medical reasons an assessment of the condition and its treatment will help to plan further actions. These should help to improve the pupil's attendance.

Physical or emotional ill health can prevent pupils benefitting from time in lessons or activities. An assessment of the condition and treatment will help to plan further actions which should help to improve the pupil's participation.

An assessment may sometimes uncover an unknown problem causing absence and/or disruption in the classroom and can help to plan further actions.

Are there any other people or ways that could help the service identify pupils with physical or emotional health issues that prevent them from attending school or benefitting from lessons?

The time available during the school day that is not used for teaching is small. To overcome this it is proposed that pupils can be seen outside core school hours and/or at non-school venues.

Do you think that offering a service out of school hours and in alternative premises is a good idea?

**b) Different age groups require a different approach**

Children grow into young people who grow into young adults. The needs of primary and secondary aged children are different because of the changes resulting from growing up and puberty. Primary school pupils are still quite dependent upon parents and families, and learn and feel things differently. Secondary school pupils are more independent and face the great physical and emotional changes of puberty. The issues that concern the two groups are, therefore, very different. This means that we will ask those bidding to provide the School Health Advisory Service to show us what different approaches they will be offering for pupils in primary and secondary schools.

Do you agree with the need for different approaches for pupils in primary and secondary schools?

**c) There are groups of more vulnerable children**

In mainstream schools there are groups of pupils who will need more careful and regular assessment. These include children with special educational needs or disabilities, known physical or mental illness, and children in care or who have child protection plans.

There are also groups of children who are not in school, namely those children who are home educated, temporarily or permanently excluded from school, or in alternative provision. These children will be included in a 'virtual school' approach which will need to be a more flexible type of service. We will ask those bidding to provide the School Health Advisory service how they will meet the needs of these pupils.

Do you agree there should be a virtual school approach to address the needs of vulnerable children who are not usually in a school setting?

**d) Assessment of pupils should use systematic and reliable tools**

It is important to ensure the quality and reliability of assessments that are carried out. There are well researched assessment tools and pathways available. (A pathway is a step by step process for the school health advisor to follow so as children and young people receive the most appropriate care) Pathways will include:

- a health assessment pathway;
- a healthy weight pathway;
- an emotional health & wellbeing pathway;
- a substance misuse, including alcohol, pathway; and
- a sexual health pathway.

We will ask those bidding to provide the service to show us what different pathways they expect to use.

**e) Assessment should result in a plan of action**

The purpose of the assessment is to identify issues which prevent the pupil from attending school or benefitting from lesson time. There is no point in doing the assessment if these issues are not then modified. This is the purpose of the resulting plan of action.

This plan has to be negotiated with and agreed to by the pupil (and family if appropriate). The plan may require some action by the school, or referral to a community or hospital based service. In both these cases the pupil (and family if appropriate) will need to agree what specific information can be shared and with whom (this is called consent).

Do you think pupils and/or families will agree to their concerns being shared when an action plan involves other services or agencies, including school?

The School Health Advisor is not expected to provide the support or service set out in the plan of action, unless it falls within their competency. They will, however, be a key worker

enabling the delivery of the plan of action and supporting change for that pupil. While the plan of action is being organised or put into place there may be the need for some short term support by the School Health Advisor using a brief intervention.

f) **Relationships with others in school, General Practice, community specialists and hospital specialists are important**

There are a number of people who may identify pupils with physical or emotional health issues which prevent the pupil from attending school or benefitting from lesson time. There are also a number of people who may be part of the plan of action. This means that the School Health Advisor will need to have good relationships with a number of other people. These include:

- **school staff** of many grades but particularly the Designated Safeguarding Lead, Special Educational Need Co-ordinator (SENCO) and pupil welfare lead;
- **General Practice** staff but particularly the GPs;
- **Community specialists** of many different disciplines. This can include, community paediatricians, physiotherapists, occupational therapists, speech therapists, children's nurses, children's palliative care teams, adult psychiatric services, substance misuse services, sexual health services, and staff in children's centres; and
- **Hospital specialists** of many disciplines. This can include paediatricians, specialist nurses, physiotherapists, occupational therapists.

Are there any other people, in addition to those listed in 4f, with whom the School Health Advisor needs to have a good relationship?
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5. **How will we know we have made a difference?**

To assess whether we are making a difference to the lives of pupils and their school experience we will measure progress against the priorities and actions set out in Appendix B. These try and cover the important areas and issues. Where we have previous data we will also be able to look at trends over time.

Have you any other comments on our proposals?
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## 6. What next?

We would like your comments or views so we can further plan our approach.

There are several ways you can tell us what you think:

Website: [www.birminghambeheard.org.uk](http://www.birminghambeheard.org.uk)

Twitter: @healthybrum #bshas

Email: [childrenhealthandwellbeing@birmingham.gov.uk](mailto:childrenhealthandwellbeing@birmingham.gov.uk)

Return the consultation questionnaire in the FREEPOST envelope provided

Write to: Birmingham Public Health

PO Box 16732

Birmingham

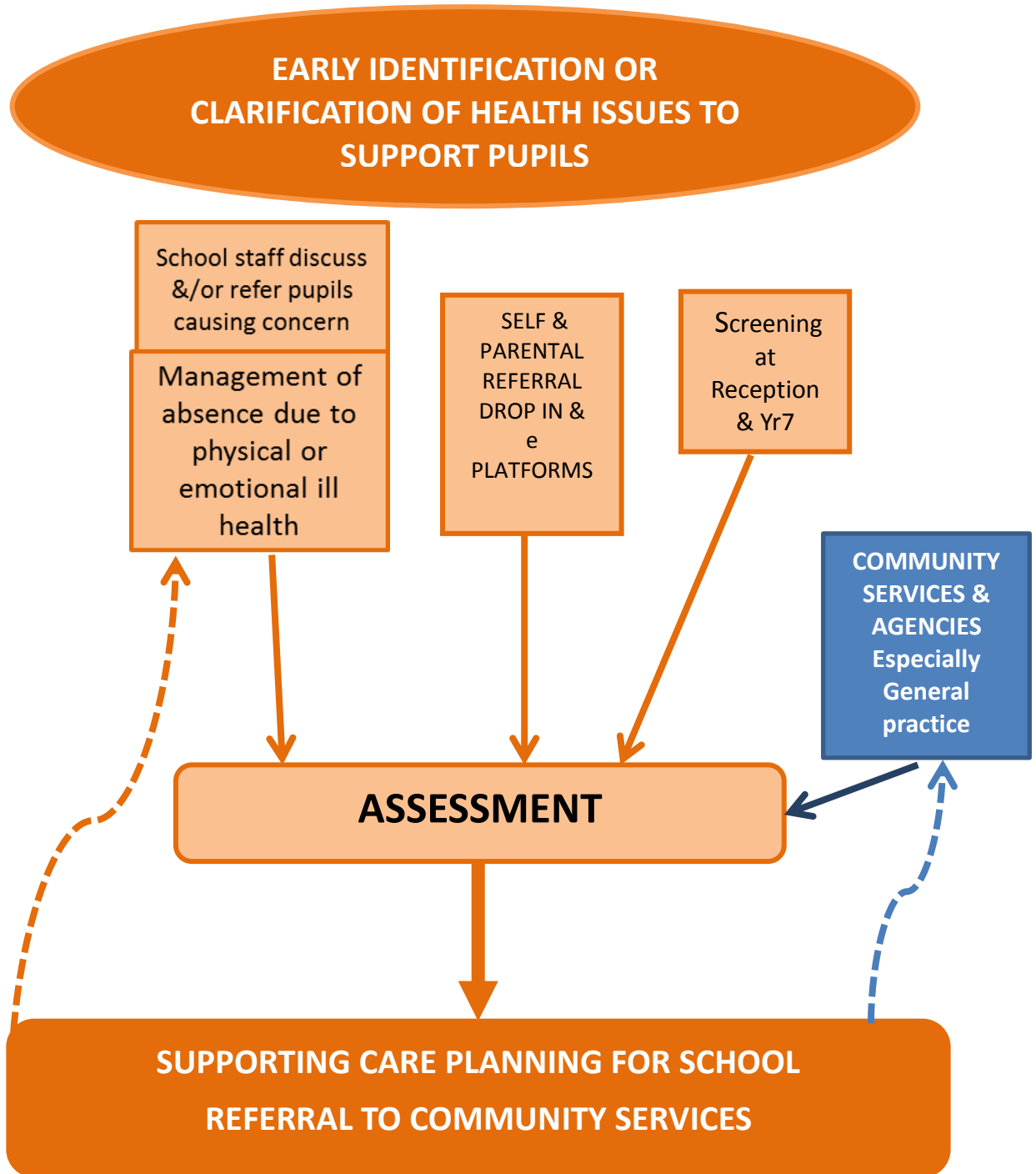
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For further information please email: [childrenhealthandwellbeing@birmingham.gov.uk](mailto:childrenhealthandwellbeing@birmingham.gov.uk)

Thank you for taking part in our consultation

**Appendix A**

**A SUPPORT TO STUDENTS & SCHOOLS TO ENHANCE ATTENDANCE, ENGAGEMENT, & ACHIEVEMENT**





### Proposed School Health Advisory Service Priorities and Actions

PRIORITY	ACTION
Helping children to attend school even if they have medical problems	<p>Giving advice &amp; support to children, families &amp; schools about how to manage long-term conditions, such as asthma.</p> <p>Giving advice and support to children &amp; families regarding school attendance where parents may be unsure as to whether a child should attend school or not with a minor illness.</p>
Helping to find health problems early	<p>Reception health questionnaire and assessment (including measuring weight, height and hearing test)</p> <p>Year 6 measuring weight and height</p> <p>Year 7 health questionnaire</p> <p>New to area assessments</p>
Giving early help to children with health problems	Supporting children, young people and families early with a health problem, so the problem doesn't get worse.
Safeguarding children	Being involved in the child protection /child in need meetings where it is appropriate
Helping children who may need special help	<p>Giving advice and support to children &amp; young people who may need special help including:</p> <ul style="list-style-type: none"> <li>Excluded children (fixed and permanent)</li> <li>Home schooled children</li> <li>Children in care (CiC)</li> <li>Young carers</li> </ul>
Helping children to be a healthy weight	Use of the Healthy weight care pathway

APPENDIX B

**Proposed School Health Advisory Service Priorities and Actions**

Helping children with emotional problems	Use of the Emotional health & wellbeing care pathway
Helping children who may have a problem with drugs, alcohol or smoking	Use of the Substance misuse care pathway.
Helping growing children with relationships including sexual health	Use of the Sexual health care pathway