

**Oxfordshire County Council**  
**Schools Forum – Meeting on 2 March 2017**  
**Oxford Hospital School Charging Policy**

Settings		Sector		Voting Entitlement (for decision papers only)	
Academies	✓	Foundation Stage	✓	PVI Representative	
Maintained Schools	✓	Primary	✓	16-19 Representative	
PVI Nurseries	✓	Secondary	✓	COTO Representative	
Special Schools	✓	Special	✓	Maintained Primary School Representatives	
Local Authority	✓	16+	✓	Academy Primary School Representatives	
Schools Forum	✓	High Needs	✓	Maintained Secondary School Representatives	
				Academy Secondary School Representatives	
				Pupil Referral Unit Representative	
				Special School Representatives	
				Nursery Representative	

## 1. Item for Comment/Information

## 2. Purpose of Report

To advise Schools Forum on Oxford Hospital School's (OHS) charging policy and current review.

## 3. Recommendations/Actions/Decisions for Schools Forum

- 3.1 Schools Forum is asked to note and comment on the actions being taken.
- 3.2 Schools Forum is also asked to recognise the challenges going forward and uncertainties arising from the national funding reforms proposals.

## 4. Context

- 4.1 Extracts relating to Hospital education from the 'High needs national funding formula and other reforms Government response and new proposals for consultation – stage two':

*'There was widespread acknowledgment that this is a unique area of funding and a broad consensus around the interim measure of leaving the funding arrangements as they are for now.'*

*'We proposed not to change the distribution of funding for hospital education until we had further considered options with representatives of the hospital education sector'*

*'Funding hospital education will be allocated to local authorities on the basis of historic spending. For the purposes of the allocations illustrated in this consultation we are using the information about planned spending in 2016-17 on hospital education, reported by local authorities in their section 251 budget statements'*

- 4.2 The OHS receives direct funding from the DfE Hospital School Fund (approx. 2/3<sup>rd</sup> of income) and the Local Authority High Needs budget plus money obtained from charging (1/3<sup>rd</sup> of income). This is used to fund core activities such as:
- Premises costs – inpatient and outreach centres across the county
  - Core staff to act as lead professionals to liaise with medical staff and co-ordinate personal learning programmes
  - Education for pupils who:
    - are in-patient at the general hospital for more than 1 day and are well enough to be taught
    - have complex medical conditions which require frequent admissions to hospital treatment from day 1
    - are in-patients at the Adolescent Mental Health Unit (Highfield) from day 1 and are well enough to be taught
    - require OHS attendance, in an advisory capacity, at relevant multi-agency and review meetings
  - Advice and consultation to schools/academies regarding the education of pupils with medial and/or mental health needs up to 10 hours per school in any academic year
  - Wider liaison to support pupils to re-engage with education such as with families and other professionals
  - Assessment of need at point of referral.
- 4.3 During the academic year 2015-2016, the OHS taught just under 900 pupils. 94 pupils were taught in the outreach sector.

## 5. Charging Policy

- 5.1 In the Outreach sector, the OHS currently charges schools for direct pupil facing work; this is a contribution to the costs and is in line with charges for permanently excluded children. Charges are made to schools as described in appendix 1, commencing the week direct pupil facing work takes place. Where there is a suspension of services (resulting from pupil absence, home school request, and/or medical condition) no charge is made.
- 5.2 Since September, 2016 the OHS has reduced the total amount charged to schools. This has been achieved by ensuring that the charges made are only applied at the point regular and frequent pupil facing activity begin. No charges have been made for OHS attendance at meetings, advice and guidance provided to schools and in schools, or CPD, training for INSETs.
- 5.3 In the future, the OHS anticipates a further reduction in charges being made to schools as it strengthens the range of pathways it offers to Oxfordshire schools. It is estimated that the charges for 2016 – 17 will be approximately £70,000 less than last year.

Charges	Primary	Secondary	Special	OCC SEN	Total
2015-2016	0	19,4851	5529	1912	<b>£202,292</b>
Autumn term	232	44,262	1,626	0	£46,120

## 6. Engaging with schools about future provision

- 6.1 A survey is underway, supported by the Educational Psychologist Service, to find out how schools are currently fulfilling their duties in relation to children with medical needs ([Supporting pupils at school with medical needs](#)), what services they have used in the past, and what support they would like going forward.

## 7. Background information on Oxford Hospital School

- 7.1 Currently the Outreach Service works with 40 children across the county, providing pupils with educational interventions in home-schools, in family homes, in community libraries or at 3 of its fixed bases. The service is led by an Assistant Head teacher and staffed by 5.5 FTE teachers and 6 support staff. 5 Associate teachers are additionally enlisted to provide subject specific lessons on a needs basis.
- 7.2 This year, the Outreach Teaching Service has strengthened its focus on delivering the Section 19 duties placed on the LA by remaining faithful to its core purpose of supporting schools to ensure a good education for pupils with medical needs. This means that the OHS has ceased some previous interventions which threatened to fracture home schools from their pupils and no longer provides education for a pupil because whose medical presentation results from the absence of a more appropriate alternative.
- 7.3 Since September 2016, all referrals to the OHS OTS are considered in a weekly panel meeting overseen by the Head teacher, and assessed against medical need and re-integration opportunities. Where necessary, capacity from staff typically located at in patient settings is deployed to meet arising pupil need. This important operational development allows the OTS to better match provision to need, forge strong partnerships with home schools or helpfully signpost referrers to alternative pathways. As part of its commitment to Oxfordshire schools, the OTS always provides advice and guidance regardless of whether or not a referral has resulted in direct pupil facing education being agreed.
- 7.4 Critically, the OHS is an outward facing provision, drawing on the knowledge and skills nationally available, and an active participant in

sector based school improvement programmes. The exceptional progress being made by pupils across the school every day is a direct result of this stand point.

- 7.5 Pleasing progress is being made towards the OHS becoming a sponsored academy of the first MAT for pupils with medical needs. The alliance between Northamptonshire Hospital and Outreach Education (NHOE) and OHS (who are long standing collaborators in delivering high quality education for pupils with medical needs) means that Oxfordshire is well placed to benefit from the MAT's commitment to chart a new way forward for the sector. The head teachers of both schools are unswerving in their determination to drive continuous improvements both locally and nationally, understanding the critical importance of retaining capacity to respond to countywide needs. Whilst not exhaustive, the following list outlines some of planned new ways of working academisation will secure for pupils in Oxfordshire:
- Increased financial certainty through the brokering of a 'fit for purpose' funding formula for pupils with medical needs
  - Expansion of successful interventions resulting from national pilots
  - Extended pupil reach through the development of high impact, affordable, virtual learning platforms
  - Establishment of new services for Oxfordshire schools, such as short stay schools for pupils unlikely to return to their home schools before the end of KS4; OHS staff presence in Oxfordshire schools to support pupils at risk of falling out of school due to mental health difficulties; cost effective access to partnership arrangements with other, strong, local providers
  - Improved opportunities for CPD, staff exchanges, and partnering with Oxfordshire schools to offer first hand skill sharing.
- 7.6 The recent Ofsted judgement which placed the OHS in special measures has provided a real opportunity for outstanding leadership and management across the school. The recent appointment of an Interim Executive Board to the OHS secures the strong strategic direction for this provision.
- 7.7 Current models of delivery in outreach sectors and, by consequence, charging approaches across the country are inconsistent because there is neither a national funding formula provided by the DfE, nor statutory expectations around what constitutes good practice. Indeed, some LAs receive zero hospital school funding and must provide both inpatient and outreach services entirely from High Needs allocations – others receive funds disproportionate to local requirements. Most Hospital education services have a charging policy and those that have not charged in the past are now doing so. Models of delivery in outreach settings range from

entirely virtual learning to full time short stay schools (medical PRUs) from which home tutors may also be deployed.

- 7.8 Against this backdrop, the OHS is financially able to strengthen the services it can provide to Oxfordshire schools through the upcoming academic year from its £450K high needs allocation and existing charging model. Acutely aware of the budget challenges faced by Oxfordshire schools and increasing presentations of need in pupils, the OHS is going through the process of reviewing its charging policy.

## 8. Way forward

- 8.1 Charging rates and non-charged services are being reviewed currently by the OHS IEB both as the school moves towards academisation, and as a result of forecasted efficiencies in other areas. Any guidance from the DfE will also be taken into account.
- 8.2 During this period of change and uncertainty, it is recommended that nominal charges are continued, in line with the reductions made this year. This provides the OHS with the stability it requires to strengthen the services it can offer Oxfordshire schools planned against forecasted models. Current charging rates are in line with those applied by other Hospital Schools and/or Medical PRUs/APs in similar situations, however the OHS recognises the need to ensure Oxfordshire schools also take advantage of the non-charged services already available.

## 9. Contact Details of Lead Officer/Author

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**OXFORDSHIRE HOSPITAL SCHOOL****CHARGING – Outreach Teaching Sector Charging Policy**

The AWPU charges for the 2016/17 financial year are:

Stage	Annual	Weekly
Primary (Years R-6)	£2,941.04	77.40
Key Stage 3 (Years 7-9)	£4,212.63	110.86
Key Stage 4 (Years 10-11)	£4,415.00	116.18

Recharges or invoices for Schools and Academies will be made on a termly basis based on the number of weeks support given during that term.

If the referral is from the SEN team, then there will be a weekly placement fee of between £300 and £400 depending on need and by agreement.

Any outstanding income for invoices raised will be reviewed each month by the Finance and Administration Manager and pursued to ensure OHS receives all monies. The Debtor will be sent a reminder after 30 days, a second reminder after 60 days and then the Assistant Headteacher will contact the school to agree the next course of action, which may include withdrawal of support from OHS.

Once identified, no debt may be cancelled except by full payment, or by writing-off in agreement with the Local Authority. The Headteacher shall submit regular reports to the Governing Body of amounts proposed for write-off. The debts shall be formally considered and endorsed by the Governing Body and recorded in the minutes. Write-offs will be recorded on an annual basis and be available for Governor and Local Authority inspection.