

CABINET
30 JANUARY 2020**REVIEW OF DELIVERY MODEL FOR MEDICAL EDUCATION
PROVISION**

Relevant Cabinet Members

Mr M J Hart

Relevant Officers

Director of Children's Services and Director for Education and Early Help

Recommendation

1. **The Cabinet Member with Responsibility for Education and Skills recommends that Cabinet:**

- (a) **notes the issues identified regarding the existing Medical Education Service delivery;**
- (b) **approves the proposed timetable for the development of a new delivery model for Medical Education Provision;**
- (c) **approves the proposals for a new delivery model for Medical Education Team (MET) Provision to be co-produced with families, parents/carers schools and health partners; and**
- (d) **receives a further report to consider proposals for the new delivery model following design and co-production work.**

Background

2. The Council's duty to ensure arrangements for pupils who are unable to attend school because of their medical needs stems from Section 19 of the Education Act 1996, amplified in the Department for Education Statutory Guidance – Education for Children with health needs who cannot attend school
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

Key points of the Statutory Guidance**Local authorities must:**

- Arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local authorities should:

- Provide such education as soon as it is clear that a child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child
- Ensure that the education children receive is of good quality, as defined in the statutory guidance *Alternative Provision (2013)*, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

3. The Medical Education Team (MET) is a service currently delivered by Babcock Prime on behalf of the Council as part of the Learning & Achievement contract. This service discharges the duty of the Council to have appropriate and ongoing access to education for children with medical needs. The Service consists of qualified teachers and teaching assistants who are skilled in teaching pupils of statutory school age with a range of physical, emotional and psychological health needs. The service provides education through home tuition and access to teaching at three locations in the county. Permanent staff equate to 9.83 full time equivalent employees, a bank of supply staff are recruited for the purpose of supporting the MET, when demand and complexity of casework requires additional staffing in the bases and for home or hospital tuition.

4. This service is part of a wider system provision for Vulnerable Learners. The MET Service works at a child level with other professionals and agencies, including Worcestershire Children First (WCF), to plan for and provide support to children and young people. Further review and redesign would seek to improve links to other relevant provision and services including preventative and specialist support. It is key that we engage Health Commissioning and provision, understand our joint responsibilities for children and young people who would benefit from this service, and work to design a service together.

5. The following areas of provision for pupils with SEND and vulnerable learners are also being reviewed during 2020: Mainstream Autism Bases and Alternative Provision. All three reviews are set within a context of the strategic aim of ensuring we have an effective and sustainable continuum of provision for learners with SEND where children receive their education in the most inclusive setting possible. This includes a continued focus on ensuring that the graduated response is embedded consistently in schools and settings.

MET Provision

6. The MET provides a service for pupils who are too ill to attend school and is currently accessed through three bases across the county, in Kidderminster, Redditch and Worcester and/or for some children and young people home tuition. The base locations that are used for MET provision are co-located with Pupil Referral Units: Kidderminster (on the site of The Beacon Pupil Referral Unit), Redditch (on the site of The Forge Short

Stay School) and Worcester City (on the site of Newbridge Short Stay School). ¹Pupil referral units (PRUs) teach children who aren't able to attend school and may not otherwise receive suitable education. This could be because they have a short- or long-term illness, have been excluded or are a new starter waiting for a mainstream school place.

7. The service offers education hours of core subject teaching, dependent upon key stage. Maths, English and Science are taught by qualified teachers. Children and Young People are offered Personal, Social and Health Education (PSHE) and Year 11 students can access Business Studies. Regular mentoring sessions are also included in the timetable.

8. Students attending the bases are generally Key Stage (KS) 3 or KS4 with a small number from KS2 (Y5/6). During the 2017-18 academic year there were 122 pupils accessing MET services at some time during the year, across all key stages. At the start of October 2019, 48 pupils were accessing the service. Of the 48 pupils, 6 were receiving home tuition, 1 receiving tuition in hospital and 41 were attending a base, with an almost equal number in each of the bases. As of January 2020, there are 84 pupils accessing the service. 55 pupils accessing a base place, with the lowest number in Redditch (11), 10 accessing home tuition and 19 referred, subject to review and further information prior to decision. Enquiries from parents and carers, and schools are made on a daily basis. Approximately 80% of referrals are for pupils with needs associated with anxiety and mental health which is presenting a barrier to accessing their school place. The 20% would include those with low immunity, a temporary restriction in mobility, a condition which requires hospital services and treatment, including post-operative recovery where school attendance is not yet appropriate. There has been a reduction in overall numbers over the past 3 years as a result of improved planning for individual students, with a clear focus on re-integration back into appropriate education establishments.

9. Worcestershire's current service model is for the MET to deliver support for children who have an assessed medical need and cannot attend school. The children's needs are subject to regular review in conjunction with relevant medical professionals to ensure timely reintegration to school.

10. Some schools will make their own arrangements for pupils who are too ill to attend school. If a student's needs cannot be met through school-based support a referral can be made by the school to the MET service. Currently a referral to the MET Service requires the support of a Health consultant's letter so that the team understands the extent of the medical need and can assess associated risks. An unintended consequence of this is that it can, at times, lead to delays in providing appropriate education provision. The on-going, active involvement of medical practitioners for intervention and review is an important aspect of service delivery but not always present in the current model. A redesign would seek to achieve this as an aspect of improvement.

11. The pupil remains on the roll of the referring school and the service works in partnership to provide continued access to the curriculum in core subject areas.

12. Analysis of pupils' needs is a key part of on-going needs analysis for specialist education provision. The Local Area Special Educational Needs and Disability Inspection in March 2018 identified a need for additional specialist provision. We know

that the majority of pupils referred to the MET present with anxiety associated with attendance at school, and there has, in the past, been a reliance on MET services for pupils awaiting specialist provision for autism and complex communication needs. A redesign would seek to address this and promote the most appropriate delivery of service.

Peer Review of MET Service

13. In the summer of 2018, the Council commissioned an external peer review of the MET, led by the Head Teacher of the Hospital School at Great Ormond Street Hospital and supported by the Headteacher of Northampton Hospital and Outreach Education Service.

The scope of the review was to:

- assess appropriateness of current service provision in relation to national policy direction and guidance
- review and compare regional and national models of medical education provision
- ensure that provision complements alternative education provision within Worcestershire, and
- propose appropriate alternative models of providing education to children and young people with medical needs in Worcestershire that operate and are funded fairly and appropriately.

14. The review's final report can be summarised as follows:

Strengths of the service

- Greater focus on re-integration
- Committed staff
- Needs of child are prioritised
- GCSE attainment is in line with other similar provision
- Good inter-agency working with some schools
- Good communication with parents
- Emphasis on pupil well-being
- Parents feel MET flexibility of approach is a strength
- Generally, schools value MET.

Service Areas for Development identified

Appropriateness of current service provision

- There is no full-time curriculum offer and no facility for virtual learning
- The MET is perceived as a therapeutic intervention by some medical professionals rather than an educational facility meeting the Council's duty under the Education Act
- The accommodation is not appropriate, and some pupils did not feel safe.

Comparison with regional and national models of medical education provision

- The accommodation requires improvement
- The charge to schools in other areas of the country is greater
- The criteria for accessing the service are different across Local Authorities and some areas will accept a GP referral.

Provision that complements High Needs and Alternative Provision (AP) in Worcestershire

- Some pupils' placements are too long, particularly pupils with Autism
- There is no sharing of best practice or shared leadership between PRUs and MET
- Parents/Carers indicated a lack of information about AP and/or other options
- Parking at the bases is an issue for anyone visiting the sites
- There are challenging co-location issues at Worcester and Redditch sites
- Inappropriate classroom spaces in the bases for effective teaching and learning.

Appropriate alternatives to the current model

- More support from mainstream secondary schools is required for pupils with medical needs
- Further training is needed for schools
- Facilities could be developed for teaching pupils in paediatric inpatient settings
- Development of day provision with the appropriate facilities and therapeutic intervention services.

In 2018/19 measures and actions were taken to improve the physical environment of individual bases including safety and security measures, fencing, heating, ventilation and fire safety measures have been addressed. The review and further redesign would seek to identify and address suitable accommodation for an improved and appropriate teaching environment

Safeguarding Audit

15. The Education Safeguarding Advisor worked with the MET service during 2018 to undertake an audit of safeguarding processes and procedures. An action plan was prepared for individual bases to rectify any issues identified. Policy documents and staff training were up to date, with a safeguarding folder in each base. Risk assessments are reviewed regularly, and processes are in place to report Safeguarding and welfare concerns to Designated Safeguarding Leads (DSLs) in schools and WCF commissioners. As a result of regular monitoring by staff, some modifications have been made to the physical layout of the sites, teaching ratios may be changed to better support pupils and teaching staff will anticipate situations where student anxiety may be heightened.

Further progress

16. Since September 2018 there has been an increase in children and young people being supported by the MET to return to school provision following a review of individual pupils' needs, working with appropriate agencies to continue support into mainstream or specialist provision. The MET service has recently introduced a target for most pupils to receive no more than four terms of MET provision, excluding exceptions where longer term support is required.

Development of a new delivery model for Medical Education Provision

17. The main outcome of the current service is to provide education for pupils who are unable to attend school because of medical need, and to provide on-going access to education. The service will provide a nurturing environment in which to learn and aim to support pupils and their families to transition back to regular schooling, whilst supporting

schools to meet needs in the longer term. Any new delivery model should improve the experience and outcomes for children who cannot attend school due to a medical condition. It should also incorporate access to services for children and young people that will prevent the escalation of health conditions including mental health conditions that may prevent children and young people attending school.

18. There is an opportunity to strengthen multi-agency working so that children, young people and their families can access the support they need from early help, social care, health providers and specialist education teams, and return to school. There is also an opportunity to review the impact and feedback from parents/carers who have attended the Autism and Anxiety training provided by the Clinical Commissioning Groups and delivered by Autism West Midlands.

19. In considering a new model, clarity will be provided on whom the service is for and when it will be appropriate to use it and in what way. This must be seen in the context of other services available to support children, young people and their families. The role of early help and health practitioners needs to be understood to ensure children, young people and their families can access the support and services they need as part of a single package.

20. Current best practice suggests that an effective MET service should be co-produced with parent/carers, education leaders, health professionals, to develop a service that is clear and effective and has the best education outcomes for the children and young people who access it. Proposals for a redesign could include:

- The provision of funding for schools to make their own arrangements
- A wrap-around model of early help to support families
- An outreach service for schools and families to maintain school placements
- Multi-agency delivery to include targeted mental health interventions and family support, alongside teaching for individual pupils
- The decommissioning of the current bases which are not fit for purpose
- The identification of new sites, possibly co-located with existing OFSTED registered provision, that would become the multi-agency hubs, and/or
- Access to an e-learning platform for specific groups of learners.

21. A multi-agency project will co-produce the proposals including any requirement for capital reinvestment and changes in organisational structures and delivery. A project team with appropriate governance and investment will be required to deliver any redesign.

22. Identifying the role of key stakeholders in supporting multi-agency delivery will be an essential part of securing positive outcomes. Co-production with all stakeholders, including parent/carers, young people, schools and health professionals will be an essential component of this redesign so that the experiences of users informs future.

23. Proposals around any site locations would include an analysis of travel times and impact on users of the service.

Phases of Re-Design, Risks and Implications

24. A full service design proposal will be co-produced with participation of parent/carers, young people, service staff and other stakeholders, to include resource, timescales,

quality of service, cost and user implications being understood. During this phase, the continuation of provision for children and young people and staff will be sustained. Any proposed significant changes to the service design that require consultation with those affected will be carried out.

25. An indicative timeline for the coproduction of this service re-design is:

- January 2020 – Cabinet report
- February – April 2020 – Co-production of Service Re-design
- 4 June 2020 – Re-design proposals and recommendations report to Cabinet
- September 2020 – Phased approach to implement proposals (if agreed by Cabinet) planned to maximise continuity and minimise disruption for learners (particularly those in Year 11).

26. The timeline for the implementation of any proposed changes would depend upon the recommendations proposed, the feedback received, and decisions made. Should Cabinet agree proposals in June 2020, it may be possible to implement some rapid changes by September 2020, although further work would be needed to scope out the proposals and necessary timescales required, therefore any larger scale proposals are more likely to be implemented by September 2021.

Legal, Financial and HR Implications

27. A further report will propose any redesign changes, if these are significant changes proposed which require consultation then approval to do so will be sought before any final decision, and appropriate HR and Legal advice will be required.

28. Funding for the service is a combination of Council funding (through the High Needs block of the Dedicated Schools Grant), and contributions direct from schools. Current funding for the service is £775k (note the schools' contribution is based on historical information from Babcock Prime).

Year	DSG Funding (£000)	Income from Schools (£000)	Total Funding for Service (£000)
2019/20	598	177	775

29. Financial implications of a new service would be included identified as part of the redesign. It should be noted that because Council funding is via the Dedicated Schools Grant (DSG), there is no direct revenue saving directly from the Council budget, as DSG budget is ring-fenced grant. Any potential savings could help to mitigate the overall pressures in the DSG budget. The principle would be to ensure the service remains within the overall financial envelope and not create additional revenue pressure for the Council.

30. The Council is under a legal duty to make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them – section 19 of the Education Act 1996.

Public Health Impact Assessments

31. A full Public Health Impact Screening and Assessment (if necessary) will be carried out during the re-design phase.

Privacy and Data Protection Impact Assessments

32. A full Privacy and Data Impact Screening and Assessment (if necessary) will be carried out during the re-design phase.

Equality and Diversity Implications

33. A significant proportion of the children and young people accessing the service will have a disability (and may also have other, relevant Protected Characteristics). Any future service will potentially advance the three aims of the Public Sector Equality duty – in particular, promoting equality of opportunity. A comprehensive, multi-agency Equality Impact assessment will be conducted before proposals are submitted for Cabinet approval. The Assessment will include consideration of Public Health impact. Further assessment may be required during the re-design phase.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Children's Services) the following are the background papers relating to the subject matter of this report.

- Alternative Provision Statutory guidance for local authorities (January 2013) <https://www.gov.uk/government/publications/alternative-provision>
- Local Area Special Educational Needs and Disability (SEND) Inspection outcome (March 2018) & Local Area SEND Written Statement of Action (August 2018) - http://www.worcestershire.gov.uk/info/20546/local_offer_news_and_updates/1614/send_inspection_and_peer_review/1
- Peer Review Report of MET Service (June 2018)
- Action Plan for MET bases following Safeguarding Audit in June 2018.