

CABINET
25 JUNE 2020**REVIEW OF DELIVERY MODEL FOR MEDICAL EDUCATION PROVISION**

Relevant Cabinet Member

Mr M J Hart

Relevant Chief Officer

Director of Children's Services

Recommendation

- 1. The Cabinet Member with Responsibility for Education and Skills recommends that Cabinet:**
 - (a) notes the impact of Covid-19 on the review of Medical Education Provision;**
 - (b) approves the revised timetable for the development of the new delivery model of Medical Education Provision, including the Medical Education Service;**
 - (c) approves the continuation of the current Medical Education Service within the same functions and capacity for the academic year starting in September 2020; and**
 - (d) receives a further report to consider proposals and recommendations for the new delivery model of Medical Education Provision following design and co-production work.**

Background

2. On 30 January 2020 Cabinet received an initial report proposing a review of Medical Education Provision in Worcestershire. The report set out the full context and case for conducting a review into Medical Education Provision for Worcestershire children and young people. It made the following recommendations, which were approved by Cabinet:
 - A period of co-production and co-design between February and April 2020 to develop priorities and recommendations from which to redesign the current model of Medical Education Provision;
 - The submission of redesign proposals and recommendations for Cabinet to consider and approve on 4 June 2020;
 - The implementation of proposals and recommendations of a phased approach for any changes from September 2020 (subject to agreement by Cabinet).

3. Since the last report to Cabinet, the review of Medical Education Provision has been impacted upon by the Covid-19 pandemic. The opportunity to consult with parents, young people, schools and stakeholders in health and beyond has been severely limited and as such recommendations about the future of the provision and the Medical Education Service (due to be made to Cabinet in June 2020) will be delayed. A decision is now needed about a new timeline to complete the review and to implement recommendations from it. As a result of the impact of Covid-19 on the review, it is unlikely that full and substantive changes to the current service and wider system of provision for children with medical conditions and difficulties could be implemented before September 2021. This is in order to minimise the disruption and uncertainty which a significant change to provision in the middle of a school year would bring to children, young people, parents and staff. However, this would not prevent smaller changes and improvements being made where their benefit is likely to exceed any potential disruption caused. In the meantime, students would continue to benefit from the delivery and approach that has been in place in the Medical Education Team in recent years with an emphasis on the delivery of English, Maths, Science, Business Studies and PSHE through base provision and home tutoring where needed. This approach currently fulfils the Local Authority's duties in regard to Section 19 Education Act 1996 and would continue to do so during the 2020-21 academic year should the proposals for an extended timescale be agreed.

4. Since the last report to Cabinet a multi-agency steering group has been meeting to shape and progress the review including making plans for the engagement and inclusion of the following stakeholders:

- Children, young people and parents who currently access the service or have done previously;
- Staff and management of the Medical Education Service;
- Staff and management of Primary Schools, Secondary Schools, Alternative Education Providers and Special Schools;
- Staff and management in the NHS – including both commissioner and providers (particularly relevant to mental health);
- Staff and management in Worcestershire Children First Early Help services and Social Care.

5. The outbreak of Covid-19 and consequent changes to educational settings, family commitments and service delivery across partner agencies means that it has not been possible to hold planned meetings and workshops with these groups. These meetings were planned to understand the individual and collective priorities, aspirations, challenges and potential solutions the review should be engaging with. In lieu of these meetings WCF has been able to collect a small number of individual responses and contributions by e-mail from staff in the Medical Education Team, children, schools and parents, as well as conduct several phone interviews with parents. However, this has been at a slower pace than planned and has not been able to engage with the broad cross-section of stakeholders needed in a review of this importance. More work is needed in order to form an accurate, co-produced, inclusive and collectively owned set of recommendations for the future of the Medical Education Service, and the wider system of support it is part of. The availability of stakeholders for coproduction and consultation activity has likewise affected timescales for parallel reviews of the Mainstream Autism Bases and Exclusions and Alternative Provision highlighted to Cabinet in the January report.

6. At the present time there are 69 pupils who are either accessing provision with, or in the process of referral to, the Medical Education Team. The Covid-19 pandemic has necessitated changes to the delivery of support to children and young people. All pupils have had access to online learning, telephone subject support and safe and well checks from staff. Work packs, emails activities and online materials have been provided for Maths, English, Science, Business Studies and PSHE, providing continuity of curriculum for students. A resilience course for older students and additional activities focused on emotional health and wellbeing have been an integral part of the offer. Multiagency work and communication have continued throughout the pandemic ensuring children's needs are understood and acted upon. Where appropriate and based on robust risk assessment, vulnerable pupils have been able to attend bases in person.

Interim feedback from the review

7. Whilst the participation across stakeholders has been limited by the pandemic, there are some emerging themes from the analysis of what has been possible so far. A significant finding to note is that some children and young people receive provision from the Medical Education Team for longer periods of time than the target of 4 academic terms. Children and young people who access the Medical Education Team for longer durations are often those whose needs are more difficult to meet in mainstream schools. Considerable progress has been made in this regard and closer monitoring of this target, tracking of children's progress, along with a renewed emphasis on supporting reintegration into schools means this is less common than in the past, however there remains room for improvement in this regard.

- Approximately 80% of the children and young people who are being supported by the Medical Education Team need the support because of some form of mental health condition or anxiety, with the latter forming an increasingly large proportion of pupils.
- Feedback from parents has highlighted the perception that mainstream schools have been unable to meet the needs of their children and the Medical Education Team has been the first provision to do so. These negative perceptions of mainstream education can prove challenging when planning for reintegration from the Medical Education Team back into school.
- In some cases, children and young people's attendance has deteriorated for some time before they are referred to the Medical Education Service. Poor attendance over time is often linked to anxiety, sometimes linked to a diagnosis of autism.

8. Feedback from some children, young people and parents has also highlighted concerns about delays in and negative experience perceptions of the assessment of neurodevelopmental difficulties (Umbrella Pathway) and SEND assessment pathway, as well as perceptions of difficulties accessing support from mental health services

9. A common and positive perception amongst parents who have engaged with the review so far is that the staff at the Medical Education Team are "turning children's lives around", by getting them re-engaged in their education and helping them achieve consistent attendance and academic progress. In addition to these broader points about support available to children and young people with medical conditions and difficulties, the following points have emerged about the team itself:

- Staff working for the Medical Education Team are highly valued by children, young people and parents being credited with creating a caring and nurturing atmosphere. This is consistently increasing the engagement and attendance in education, as well as significantly changing the academic and emotional progress and achievement pupils are making.
- There is a perception that the current curriculum offer from the Medical Education Team is limited by factors such as staffing, physical sites from which provision is delivered and staffing structure in place.
- Feedback indicates a desire for increased partnership working and collaboration between the service, home schools and CAMHS to better integrate and coordinate support for children and families. Additionally, there is hope for increased capacity building and early intervention within mainstream schools to prevent children's difficulties escalating to the point where they are unable to attend.
- There is a lack of consistent understanding about the aims and remit of the Medical Education Team, who it is for, what it can offer and how it complements the support from other services and educational settings in regard to medical difficulties and conditions

Wider system review and improvements

10. An additional point, which is important to note for the review and subsequent recommendations concerning the Medical Education Team is that since the Cabinet meeting in January 2020, WCF has commenced a review into "Exclusions and Alternative Provision". The narrative emerging from the review of Medical Education Team has similarities to the feedback within alternative provision and pupil referral units. In both reviews early indications are that a lack of consistency in the delivery of preventative early intervention in schools can result in an escalation of difficulties with a commensurate impact on exclusion rates and attendance.

11. The evidence for this can be seen in the growing demand for places in the Medical Education Team as well as the growth in exclusions in the county. Between 2012/13 and 2017/18 the number of exclusions per year more than doubled and they have remained at the same level since then. This pattern is mirrored by the experiences in neighbouring authorities and at a national level, which remains subject of an ongoing government review into alternative education provision.

12. The review of Medical Education Team therefore will be coordinated and cognisant of the review into exclusions and alternative provision. There is a similar link and connection to the implementation of the SEND Written Statement of Action, particularly activity and actions being taken to embed the "Graduated Response" across the education system. The issues, opportunities, activity and ideas from these parallel areas of work will be included and integrated in the recommendations and proposals made to Cabinet about Medical Education Provision. This will be made possible by the extended timeline which is now proposed.

Proposed and revised timeline

13. In order to allow sufficient time for the coproduction and engagement with stake holders currently delayed by Covid-19, the change-over in school years, as well as other parallel reviews and work which have been referenced, a new timeline is proposed for Cabinet to consider and approve.

- June 2020 – Cabinet report.

- June to October 2020 – co-production and service re-design phase with stakeholders.
- October to December 2020 – Re-design proposals and recommendations report to Cabinet.
- January to April 2021 – Consultation (if agreed by Cabinet) on the re-design proposals and recommendations if significant changes to the service are identified in the review.
- January to July 2021 – Phased approach to implementation of minor improvements and changes (if agreed by Cabinet) to existing Medical Education Provision.
- May 2021 – Cabinet report for decision on preferred option(s) following consultation with MET staff and other stakeholders.
- September 2021 – Implementation of significant improvements and changes to the Medical Education model and provision.

14. The timeline for the implementation of any proposed changes would depend upon the recommendations proposed, the feedback received, and decisions made. It may also be subject to any ongoing disruption caused by Covid-19, including any changes to government directions and guidance. Should Cabinet agree recommendations and proposals presented to it in December 2020, it may be possible to implement some minor changes within the 2020/21 academic year. However, significant changes which impact on physical bases, budgets, staffing, eligibility, for instance will require a period of consultation.

Legal, Financial and HR Implications

Legal implications

15. 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.

16. The Council has a 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>.

17. 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.

18. 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.

Financial implications

19. The Medical Education Service is funded from a combination of Council funding (through the High Needs block of the Dedicated Schools Grant), and contributions direct from schools where children and young people are registered to. The annual budget 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 |

20. The implications of delaying the implementation of changes to the current model of provision (including changes to the budget and funding model) is that this budget would continue unchanged for the 2020/21 academic year. This applies particularly to the allocation from the Dedicated Schools Grant as income from schools is dependent on the number of children and young people being supported. It should be noted that from 1st June the service transferred to WCF as part of a wider transfer of all services from Babcock Prime.

21. A further report will make proposals and recommendations to Cabinet about the future of Medical Education Provision in the county. Where these might represent significant changes then approval will be sought from Cabinet to consult broadly on those changes before any final decision is presented to Cabinet. This will include appropriate HR and Legal advice where and when required.

Risk Implications

22. There has been a need to complete a review into Medical Education Team in order to improve the help and support available to children, young people, parents and schools where there are medical needs and difficulties affecting school attendance. The delay in progressing the review caused by Covid-19 will postpone substantive change in the provision and commensurate potential improvement in outcomes until the 2021/22 academic year. The importance of genuine input of stakeholders to the review and need to develop a co-produced and co-designed model of Medical Education Provision in the county means that this delay is unavoidable. Waiting a full academic year (2020-2021) before implementing any largescale changes impacting on staffing or the location of physical bases for delivery of the work of the Medical Education Team will avoid a significant negative impact on the academic, social and emotional progress of children and young people

being supported. This is particularly important given the vulnerability of many students caused by their anxiety and mental and physical health conditions.

Joint Equality, Public Health, Data Protection and Sustainability Impact Assessments

23. A full Public Health Impact Screening and Assessment (if necessary) will be carried as part of the re-design phase.

24. A full Privacy and Data Impact Screening and Assessment (if necessary) will be carried out as part of the re-design phase.

25. 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.

Supporting Information

- N/A

Contact Points

County Council Contact Points

County Council: 01905 763763

Specific Contact Points for this report

Sarah Wilkins Director for Education & Early Help

Tel: 01905 846328

Email: swilkins@worcschildrenfirst.org.uk

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.

- Cabinet Report: Medical Education Provision (30 January 2020)
- 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.