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AGENDA ITEM 5

CABINET
18 MARCH 2021

UPDATE ON THE REVIEW OF MEDICAL EDUCATION PROVISION IN WORCESTERSHIRE AND RECOMMENDED DELIVERY APPROACH

Relevant Cabinet Member
Mr M J Hart

Relevant Chief Officer
Interim Director of Children's Services

Recommendation

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

(a) notes the feedback and findings of the review of Medical Education Provision;

(b) notes the development of and rationale for a preventative approach including the:
- **i. role of NHS partners and deployment of NHS resource to assist prevention and early intervention, and**
- **ii. the proposal for a different delivery approach;**

(c) authorises the statutory Interim Director of Children's Services to consult on the policy approach to delivering statutory Medical Education provision in Worcestershire, including the revised funding agreement with Schools; noting the risk of further pressure on the Dedicated Schools Grant; and

(d) delegates authority to the Cabinet Member with Responsibility for Education and Skills, in consultation with the statutory Interim Director of Children's Services, to consider the outcome of the consultation and make the final decision.

Background

2. This report updates Cabinet on the outcome of the review and co-production of the approach of delivery for medical education provision for children and young people in Worcestershire. It seeks agreement to the implementation of the proposed approach.

3. The findings and recommendations in this report have considered the decision of Cabinet in January 2020 and has taken into account feedback from the Children and Families Scrutiny Panel in June 2020, November 2020 and is being considered by the Panel at its meeting on 16 March 2021. Cabinet is referred to previous reports on the

topic including the January 2020 and June 2020 Cabinet reports. In each of these reports assurances were given that a period of consultation would follow on the proposed redesign, where significant changes were envisaged. This report seeks Cabinet's approval to consult on the proposal to commission the service out to an external provider(s).

4. The recommendations approved in January 2020 by Cabinet were for co-production of a new delivery approach for medical education provision with proposals to be presented back to Cabinet in June 2020, with a plan of implementation to commence from September 2020/21 academic year.

5. This review and co-production approach additionally responds to expectations of the Local Area Special Educational Needs & Disabilities (SEND) Written Statement of Action 2018.

Statutory Legislation

6. Section 19 of the Education Act 1996 **requires local authorities** to ensure arrangements are made for pupils who are unable to attend school because of their health needs. When carrying out this duty due regard must be given to the Department for Education statutory guidance, ensuring a good education for children who cannot attend school because of health needs (2013).

7. Section 100 of the Children and Families Act 2014 **places a duty on governing bodies** of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangement for supporting pupils at their school with medical conditions.

Key points of the Statutory Guidance

Local authorities must:

8. 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.

9. In addition, there are important co-operation duties on local authorities and Clinical Commissioning Groups (CCGs) including:

- the Children and Families Act 2014 which imposes a range of duties in relation to co-operation including a requirement for joint commissioning arrangements to be in place
- the National Health Service Act 2006 which requires NHS bodies and local authorities to co-operate to advance the health and welfare of their population.

Local authorities should:

10. 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.

11. Ensure that the education children receive is of good quality [and] registered where appropriate, as defined in the statutory guidance *Alternative Provision* (2013).

12. This is to enable children and young people to progress towards and take appropriate qualifications and prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.

13. To 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.

School Governing bodies must:

14. Ensure that arrangements are in place in schools to support pupils at school with medical conditions.

15. Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Current Medical Education Provision in Worcestershire

16. The Medical Education Provision (MEP) is a service currently delivered by Worcestershire Children First (WCF) on behalf of the Council as part of the Service Delivery Contract with Worcestershire County Council (WCC). This aspect of service transferred to WCF from 1 June 2020 as part of the Learner and Achievement contract that was previously delivered by Babcock Prime. This service is part of a wider system provision for Vulnerable Learners.

17. The service consists of qualified teachers and teaching assistants. The service provides education through home tuition and access to teaching at three locations (Kidderminster, Redditch and Worcester) in the county. The current locations are co-located with Pupil Referral Units (PRUs): Kidderminster (on the site of The Beacon PRU), Redditch (on the site of The Forge Short Stay School) and Worcester City (on the site of Newbridge Short Stay School).

18. There are 16 members of staff in the Medical Education Team (MET) including one Medical Education Service Lead, 3 caseworkers, 8 teachers and 4 teaching assistants (equivalent to 10.47 FTE), a bank of supply staff support provision when demand requires.

19. Children and young people are referred directly to the service for support by schools when a health need is seriously compromising attendance. All referrals are required to be supported by the medical consultant responsible for the child or young person's health condition.

20. Referrals are considered weekly and, in some cases, advice is offered to the referring school and attendance and provision maintained at the child's home school. Pupils are offered a place in the base or home-based learning where appropriate.

21. The service currently 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.

22. At the end of the Autumn 2020 term (December 2020) there were 52 pupils being supported by the Medical Education Team, with a total of 60 individual pupils having received support throughout the Autumn term 2020.

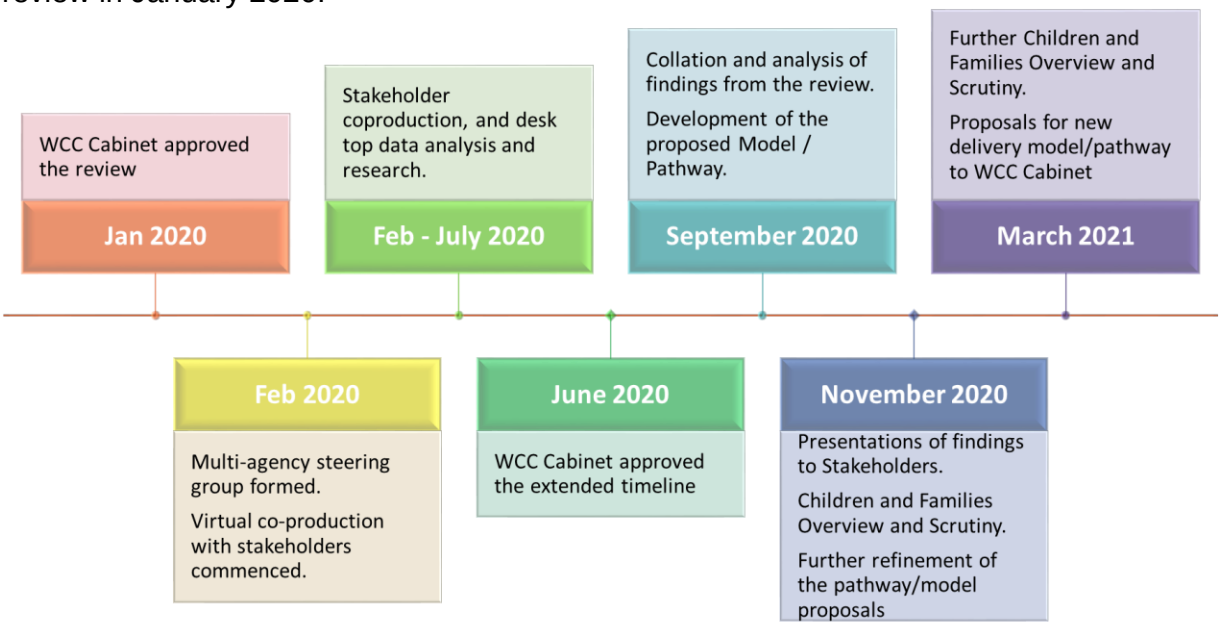
The Review and Co-production of a new delivery approach

23. On 30 January 2020 the Cabinet received a report from WCF proposing a review of MEP in Worcestershire. The report set out the context and case for change on behalf of Worcestershire children and young people. The January Cabinet report set out limitations in the service including those identified by external peer review in 2018.

24. The current review has included co-production with Herefordshire and Worcestershire CCG as children's health commissioners and Worcestershire Health and Care Trust as the children's health service provider, schools and families.

25. Joint responsibilities and collaborative opportunities are essential to ensuring that respective resources benefit pupils who are unable to attend school because of their health needs. The key principles of being healthy and having access to education are interdependent and essential to life chances and can prevent and reduce inequalities for children and young people.

26. This timeline summarises the key steps taken since Cabinet approval for the review in January 2020:



27. From January to September 2020 co-production through surveys, interviews, focus groups (virtually) took place with stakeholders including; children and young

people, parent carers, staff, schools, children's social care, and NHS staff. Historical service demand and activity of the Medical Education service was reviewed along with research of other local authorities' approach to medical education provision.

28. Participants and respondents included:

- Five children and young people completed individual surveys
- 24 parent carers responded to the survey and six parent carers completed interviews
- Eight MET staff completed surveys and two facilitated focus group discussions were held with MET staff
- 15 schools contributed to interviews
- 24 survey responses were received from social care and family support practitioners, and
- 10 survey responses were received from health practitioners and a further 5 contributed to focus group discussions.

29. The survey, interview and focus group templates are provided in the Consultation Pack at Appendix 1, with a detailed summary of all responses at Appendix 3.

Review Findings

Co-production stakeholder review findings

30. Findings and common key themes can be identified from the feedback from the respective children, families and professionals who took part in the co-production exercises. Strengths and qualities of the current provision were identified and considered essential going forward include; safe, bespoke, accessible and welcoming provision that responds to young people's needs.

31. Key themes for a new approach of delivery were recognised across all stakeholders and include; a quick response to support when identified, a co-ordinated and agreed multi-agency approach that collaborates to respond and assist recovery to the child's 'home' school. Access to a breadth of curriculum in line with developmental and learning capacity including access to enrichment and social activities and an environment that could support this.

32. The schools that were interviewed shared views and themes including wanting to take the lead professional role and collaborate more with the education provision, other agencies supporting children and their parent carers with the principle of seeing 'medical education services' as short-term.

33. Health stakeholders particularly emphasised the need for a joint commissioning approach, any delivery being recovery focused and with support for parent carers relating to health issues.

Analysis of demand and usage for medical education provision in Worcestershire over time

Service usage

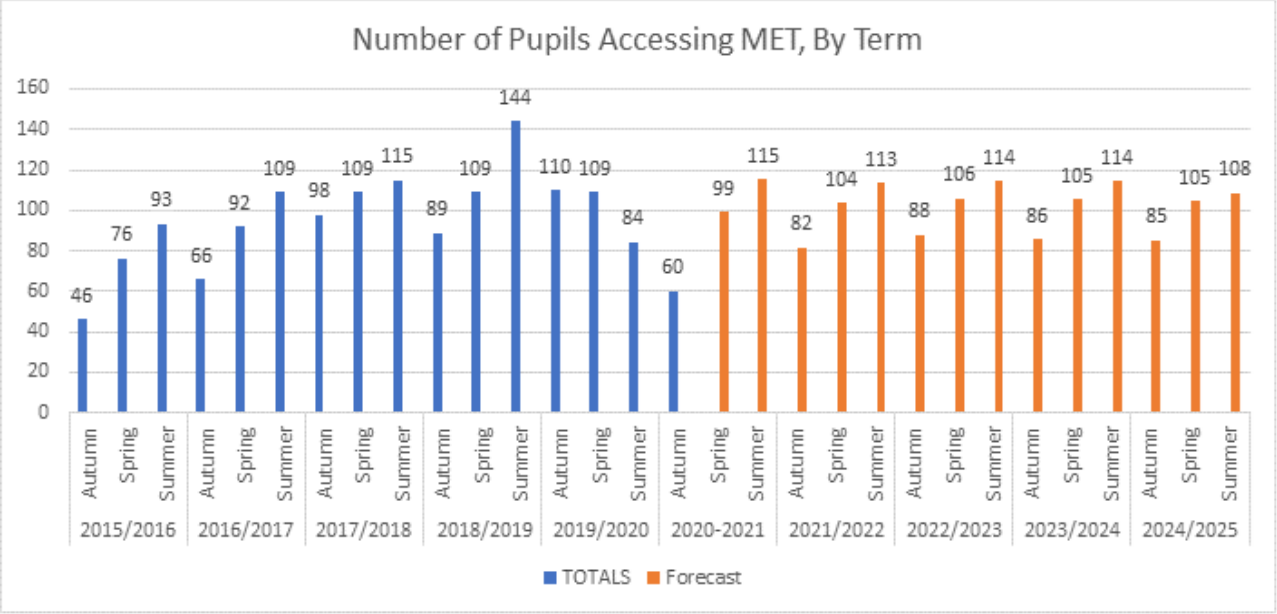
34. The number of children and young people supported by the MET has increased over the last 5 years, but not significantly over the period.

35. The numbers include those supported in base group provision, 1:1 tuition, or home learning, and varies from 1 hour to 23 hours per week. Pupils attending the base provision are typically taught in groups of 8-10. Analysis of the children accessing places at the MET since 2015 shows 42% are boys and 58% are girls.

36. A 5-year-termly average has been calculated (in graph 1) to reflect the trend for each term, with no change to the eligibility criteria for the service, or wider system changes.

37. The forecast does not include a reduction of pupils because although the proposed approach is intended to prevent some service interventions there are other factors that may affect service need in the future. This includes the impact of Covid-19 on the emotional and mental health of children and young people and knowledge that historically there has been inconsistencies in the identification of some children that should be supported under Section 19 duties. WCF will be increasing monitoring from 2021 to ensure identification is consistent and timely.

Graph 1:



38. Pupils attending the bases are mainly in Key Stage (KS) 3 or 4 with a small number from KS2 (Year 5 or 6).

Pupil Vulnerabilities including SEND

39. There is an over-representation of children and young people with SEN Support or autism diagnoses (particularly the latter) either confirmed or under consideration.

40. The comparison to current census data (in table 1) for secondary school age pupils reveals that while the rate of Education and Health Care Plans (EHCPs) is similar, the rate of pupils with SEN support is 5 times higher. The rate for pupils with an autism diagnosis at the MET is 11 times higher which may indicate the reason for the pupil's

SEN support. Child looked after is 1.7 times higher than the 1.3% rate in mainstream secondary schools while pupils eligible for pupil premium is 1.1 times higher than the 20.2% rate in mainstream.

Table 1:

	Mainstream Secondary school pupils	3 yr average, MET pupils
EHCP	3.7%	3.9%
SEN support	10.5%	49.7%
Autism diagnosis	3.1%	34.6%
CLA	1.3%	2.2%
Pupil Premium (PP)	20.2%	22.5%

Source: School Census January 2020 and October 2020

41. A large majority, approximately 80%, of referrals are for pupils with needs associated with anxiety and mental health which present a barrier to accessing their school place. The other 20% include those with low immunity, a temporary restriction in mobility, a condition which required hospital services and treatment, including post-operative recovery where school attendance is not yet appropriate.

Length of support and destinations

42. The length of time that children access support from the MET varies. Most children/young people (86%) leave the service within 5 or fewer academic terms, and 95% within 7 academic terms. 5% (26 pupils) in the last 5 academic years have accessed the service for longer than 7 terms (2 school years and 1 term).

43. Of the 503 pupils supported by the MET since Autumn 2015, the majority (53%) left the service either to return to a mainstream school or had completed their statutory education. 23% struggled to engage with the service and outcomes were not recorded. The remainder moved to alternative provision such as special schools, Alternative Provision or Elective Home Education.

Which schools refer to the MET

44. There's no unusual or unexpected trend or pattern in the location of schools or where children and young people live in terms of who is referred and provided with support through the Medical Education Service. It tends to be associated with areas which are most populated and have the highest levels of deprivation. There are 21 schools which account for over half of all referrals to the service, which are mostly situated in Worcester, Redditch and Kidderminster.

How do other local authorities deliver medical education provision?

45. Research of other local authorities' approach to medical education provision included a review of ten statistically similar and/or neighbouring local authorities and

compared the referral process/criteria, the offer of provision and curriculum, child level outcomes and funding arrangements. The key findings from the other local authority comparisons found that Pupil Referral units are a consistent provider of medical education provision in other local authorities. Referral processes are similar to the existing Worcestershire process and reintegration back to mainstream education is the common aim. A full time and breadth of curriculum approach is consistent in other local authorities and it is usual for a physical site or base to be available. Finally, funding models include a mix of Dedicated School Grant budget and contributions from schools.

46. Further details of the analysis and findings can be found in Appendix 2.

Recommended proposals for a new delivery approach

47. The Medical Education Service ensures that as a local authority we are fulfilling our duties under Section 19 of the Education Act 1996. Provision for children who are unable to attend school is intended to be short-term in response to acute needs rather than long-term as a result of chronic difficulties that are addressed through special educational needs legislation as described in EHCPs.

48. Provision for children and young people with SEND is being considered through the Written Statement of Action: a programme of work that includes developing a graduated approach and a continuum of provision for children with SEND within Worcestershire. This work includes a review and investment in Mainstream Autism Bases (2020 – 2022) and more recently the commencement of a wider review of gaps in specialist provision in the county and how needs could be met going forward. These are concurrent developments also intended to ensure needs are met at the right time and through the right provision.

49. A new approach (table 2 below and detail in Appendix 4) expands upon the current service to support children unable to attend school because of medical difficulties. It is recognised that children may have different entry and exit points. Currently the Medical Education Service focuses efforts on 'recovery and rehabilitation' through the provision of education in bases or via remote learning. The new approach describes how we will maintain and improve upon this provision, but also focuses on efforts to maintain children's placements in schools (preventing the need for them to access Medical Education provision). Additionally, it describes the work we will do to reintegrate children if they have needed some time away from school.

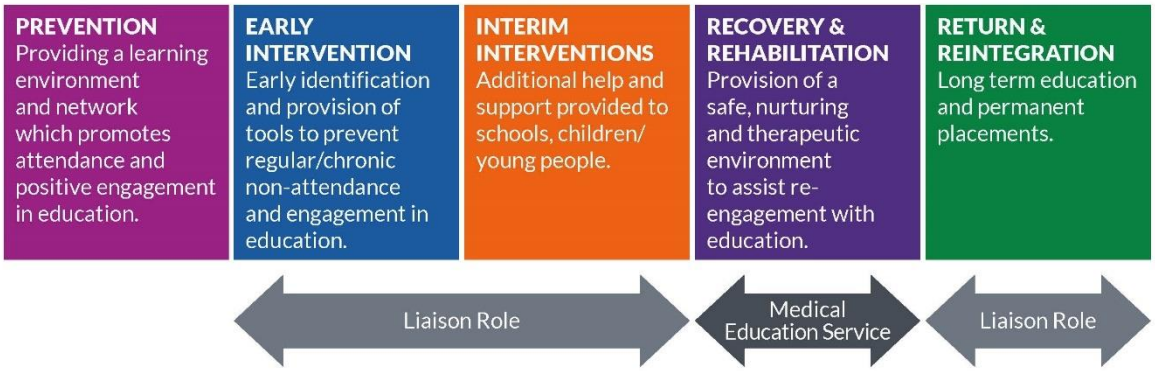
50. The review and co-production identified system developments and processes that will better enable schools to have the skills through training and support, and access to expertise to support children with needs associated with anxiety and mental health.

51. The Medical Education Service will support short-term provision through return and reintegration packages for children with health needs that are preventing them from accessing their usual education provision. A multi-agency panel will continually review prevention helping and supporting return and reintegration.

52. The Medical Education Service will offer 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.

53. This support should be available within appropriate geographical locations and include onsite education and remote learning for children who need to remain at home for their period of support.

Table 2:



54. The proposed Medical Education Service will retain the current teaching resource and ensure and increase the breadth of curriculum. In addition, liaison support for referring schools needs to be developed. This will provide advice and guidance to schools in interim interventions to maintain attendance at the home school and a co-ordinated approach between health and social care at the point of reintegration. This provision will be monitored and reviewed against the growth of capacity and resource in mainstream schools that will be delivered by the NHS Mental Health in Schools programme (operational in Worcestershire from October 2021), further NHS investment and development of a continuum of provision for children with autism, the impact of Covid recovery of education and the longer term effects on children's mental health and the effectiveness of a preventative approach.

The NHS role in a preventative approach

55. Herefordshire and Worcestershire CCG are a partner involved in the co-production of the review. This review has identified a joint understanding of outcomes for the children referred to medical education provision. It has enabled partners to co-produce a multi-agency preventative approach to more effectively deploy resources. The review has shown that the rate of pupils with SEN support using the medical education provision is significant and just over a third have a diagnosis of autism. Joint Commissioning arrangements must cover services for 0 – 25-year olds with SEND or disabilities, both with and without EHCPs. The review has also shown that 80% of young people referred have a mental health need associated with anxiety.

56. The CCG have funded training in 2020/21 for all schools in anxiety-based school avoidance. This training has been delivered by the WCF Education Psychology team. The Mental Health Support Teams in Schools (MHSTs) will be operational in schools from October 2021, starting in Kidderminster, Redditch and a rural Worcestershire coverage. MHSTs are intended to provide early intervention on some mental health and emotional well-being issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and well-being. The teams will act as a link with local children and young people's mental health services and will be supervised by NHS staff. Funding for this resource in 2021/22 is £1.1m and will include 32 staff.

57. NHS Child and Adolescent Mental Health Services (CAMHS) and the CCG will be members of the Multi-Agency Assessment and Review Panel providing advice and support on prevention, relevant interventions services before and in addition to a child needing alternative education arrangements and a key support for reintegration planning.

58. Tier 2 and 3 CAMHS service are revising their triage and assessment considerations to review the impact of the young person's mental health on their ability to access education and the CAMHS service input in supporting attendance.

59. The CCG is committed to supporting the proposed multi-agency approach with the deployment of resources and is considering and pursuing additional funding options to improve the timeliness of support and outcomes for young people with mental health illness and for children and young people with autism. Once recommendations in this report are considered and commented on by the Cabinet the review findings and recommendations in relation to the preventative approach will be taken to Herefordshire and Worcestershire CCG Clinical Commissioning and Executive Committee (CCEC) to gain the support in joint working that is required from the services they commission i.e. CAMHS and MHSTs.

60. The Integrated Commissioners Executive Officer Group (ICEOG) is also reviewing a range of options to increase capacity, skill and knowledge for supporting children and their families with autism.

How the new approach and Medical Education Service addresses the areas for development

61. The review and co-production of a new approach including both the Multi-Agency approach and the Medical Education Service addresses the limitations identified in both the 2018 review and current review.

62. In particular, introducing a preventative approach and process will ensure multi-agency commitment to supporting children and young people at the right time and in the right place. When the Medical Education Service is required, a full curriculum offer can be provided in an appropriate manner. The principle of provision is that it will be a short-term intervention, the funding model is transparent and follows the child, geographical coverage is maintained through physical locations and provision is registered with Department for Education/Ofsted.

Future delivery of our Medical Education Service

63. The provision of suitable education for children that because of illness would otherwise not receive a suitable education will continue to be delivered by a Medical Education Service.

64. The review has concluded that the responsibility for delivery of medical education provision, (pending approval of the Cabinet recommendations) needs to be delivered by registered education provider(s). WCF on behalf of the local authority will commission a registered education provider to deliver medical education provision on their behalf. The benefits include:

- The added value of existing expertise in the provision of education for vulnerable learners within Worcestershire's school system
- The opportunity to benefit from increased curriculum and extra-curricular activity as part of existing (and broader) school provision
- The potential for economies of scale in leadership, multi-agency support, materials and resources and other aspects of delivery as part of a wider educational provision
- The potential for greater flexibility with regards to the reintegration into mainstream provision for pupils who are not currently on role at a school (for example when they have recently moved into the local authority).

65. In the event of a procurement exercise, officers will receive detailed advice from the Council's procurement team to ensure compliance.

Legal, Financial and HR Implications

Financial

Revenue funding

66. The proposed funding model increases transparency and strengthens the link between the child and the pupil-led elements of funding.

67. Currently, when a school refers a child to the Medical Education Service, the funding contribution from the school is calculated as 80% of Average Weighted Pupil Unit (AWPU, the sum of money for every individual child or young person on roll at a school) with the school retaining 20%. No other funding follows the child whilst they are accessing the medical education service. **In the new approach, the pupil-led funding streams of SEN top-up funding and Pupil Premium Grant (PPG) will also be required to follow the child for the period of time that the pupil is accessing the Medical Education Service**. This will be at a rate of 80% of the notional £6k SEN funding and 100% of the PPG. Table 3 below provides examples for individual children and their home school contributions.

Table 3: Examples of individual child school contributions

Individual Child Example	AWPU at 80% (£)	SEN at 80% (£)	PPG at 100% (£)	School annual contribution to ME Pathway (pro-rata for no. of weeks) (£)
Pupil 1 - no SEN or PPG – KS3	3,523	0	0	3,523
Pupil 2 - SEN and PPG – KS3	3,523	4,800	955	9,278
Pupil 3 - PPG only - KS4	3,970	0	955	4,925

68. Based on an analysis of historic data around average pupil numbers, age, % with SEND and Pupil Premium Funding, the total contribution from schools to the Medical Education Service may increase by around £327k per annum. This figure would be variable depending on the number and mix of pupils accessing the service. Combined with the existing WCC and WCF financial commitment to the service, this gives an indicative total budget for the service of £968k per annum, as shown in table 4 below.

Table 4:

	Current Provision - 20/21 Budget (£000)	Increased Investment (£000)	Expected Provision (at 20/21 rates) (£000)
Current Medical Education Team	555	0	555
Premises	86	0	86
Additional Investment to implement service changes	0	327	327
	641	**327**	**968**
Funded By:			
Schools AWPU to WCF/Provider	89	122	211
Schools Top-Up to Provider	0	185	185
Schools PPG to Provider	0	20	20
DSG into WCF/Provider	466	0	466
WCC Base Budget for Premises	86	0	86
	641	**327**	**968**
Funding Gap (note - any Funding Gap would be an additional pressure on the DSG HN Block)	**0**	**0**	**0**

69. A preventative approach puts a greater focus on prevention and early intervention than currently exists, including use of SEND top-up funding to provide short-term additional support. This is with the intention of keeping more children and young people in mainstream schools over a longer period, therefore avoiding more costly long-term placements in alternative and specialist provision. Therefore, the increased budget for the service, as shown in table 4 above, can be considered to be an investment in a preventative service, with potential for long-term cost avoidance. The additional investment to implement service changes will be reviewed as part of the implementation of the future funding model of delivery.

70. Feedback from the Worcestershire Schools' Forum in January 2021 indicated that the new approach looks comprehensive. Feedback from Head Teacher representatives indicated that they supported review and a new approach but raised their concern about any additional costs to schools.

Capital investment

71. The figures above do not include any changes to premises costs, or capital requirements for changes to premises, as the work to ascertain this is currently ongoing.

72. In the 2018 Peer Review of the Medical Education Service, issues with the base accommodation were identified. 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.

73. The key findings from the current review reiterate the need for improved learning environments and a desire for outdoor/physical spaces. WCF has commissioned their Property Advisors to update this feasibility work to assess any shortfall and suitability of the accommodation in the existing three bases and make recommendations where appropriate.

74. Medical Education base provision should be available within appropriate geographical locations to support the forecast pupil numbers.

Legal

75. WCC/WCF have a statutory duty under s.19 of the Education Act 1996 to provide education to children and young people who will be absent from school for 15 consecutive days or more due to a medical condition. This needs to be appropriate and suitable to a child's/young person's age, ability and special educational needs. The provision recommended by the review will meet the statutory duty through a period of registered provision at the point of "recovery and rehabilitation".

76. The recommendations in this review seek to enhance the activity in mainstream schools and the role supporting agencies can play with schools and parents to promote school attendance and educational engagement. The investment in prevention and early intervention will assist schools to be able to "make arrangements" and "reasonable adjustments" for children and young people with medical conditions and/or special educational needs and disabilities, as per the Children & Families Act 2014 and The Equality Act 2010. This includes applications of the statutory guidance issued alongside the Children & Families Act 2014 concerning the support of pupils with medical conditions. At the point that schools can evidence they are not able to meet these requirements, the review's recommendations provide the facility for schools to request additional help and support or to place a pupil in a short-term registered provision, if there has been or is anticipated to be a prolonged period of absence from school.

77. Statutory guidance was published by the Department for Education (DfE) in 2013 on alternative provision. The definition which still applies today is *"Education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour."*

78. The DfE state that alternative provision 'should be good quality [and] registered where appropriate.' The conditions under which alternative provision must be registered is if "*it provides full-time education to five or more full-time pupils of compulsory school age, or one such pupil who is looked-after or has a statement of SEN. All AP Academies and AP Free Schools must be registered as independent schools whether or not they are full-time or part-time."*

79. The MET is at times the sole education provision for pupils receiving support without the facilities, capacity and information communication technology to provide a full time, full curriculum, alternative education offer for children and young people who need and can access it. Therefore, registering the Medical Education Service with Department for Education/Ofsted is crucial in ensuring compliance with the legislation and one which

will add to the quality assurance work already undertaken to ensure the suitability and effectiveness of the provision.

School Organisation Statutory processes

80. In the event of the service being commissioned to an external education provider, this may require changes to education provision by Statutory School Organisation Processes, such as for some change or age range or capacity increases. This involves the publication of proposals and a representation period before a change can be determined.

Human Resources

81. Registered providers, once commissioned, will be responsible for providing education to children and young people requiring alternative education for medical or mental health reasons.

82. Staff working in services considered to be included in-scope of the existing Medical Education Team are likely to transfer under TUPE Regulations and would be directly employed by the new registered education service provider(s) rather than WCF. Staff would transfer on their current terms and conditions following a TUPE consultation period and due process would be followed.

Risk Implications

83. The Covid-19 pandemic has impacted on the pace of the review and the demand for delivery of service. There is a risk that following the Covid pandemic there may be an impact on numbers of children who experience anxiety/low mood that their attendance will be affected. This will be monitored closely through the multi-agency panel and respective commissioners.

84. There is not an external independent medical education provider in Worcestershire, however, there has been interest from educational providers locally, in delivering a Medical Education Service. Should no suitable quality providers be identified as a result of the procurement process, continuity of service will continue through WCF.

85. Future implementation of a change of provider needs to be managed and planned to minimise disruption and children's education experiences. Continued liaison with parent carers and children and young people through the implementation phase will see change planned on an individual child basis.

Next Steps

86. Implementation of operational changes and soft market testing relating to multi-agency working throughout the approach can begin immediately including:

a) the information and advice toolkits for schools, parent carers and agencies;
b) training and learning networks; and
c) the Multi-Agency Assessment and Review Panel.

87. Following approval by Cabinet of the recommendations, and consultation the indicative timeline to implement the proposals for new medical education provider(s), assuming authorised following consideration of the outcome of consultation, would include:

- May – June 2021 Stakeholder consultation on policy approach (after elections)
- June / July 2021 Cabinet Member final decision
- Sept - October 2021 Expressions of interest, evaluation of bids and decisions to identify registered provider(s)
- October - November 2021 Plan statutory School Organisation processes (where appropriate) and review accommodation requirements
- December 2021 – January 2022 complete School Organisation processes (where appropriate)
- February - March 2022 TUPE processes (where appropriate)
- March – August 2022 New provider(s) with support from WCF implement necessary changes to take effect from September 2022
- September 2022 New Service Provider(s) begins.

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

88. The Joint Impact Assessment screening did not identify any potential Environmental Sustainability considerations requiring further assessment. It identified that further impact analysis was required in respect of Data Protection, Equality and Public Health assessments. Full Equality and Public Health and Data Protection Impact Assessments have been carried out in respect of these proposals. These identified no potential negative impact for any Protected Groups. These are included in Appendix 5 for information.

Supporting Information (Available electronically)

- Appendix 1 – MET Review Consultation Pack
- Appendix 2 – Summary of MET Review findings
- Appendix 3 – Detailed summary of feedback from Stakeholders
- Appendix 4 – Proposed Multi-Agency Approach and Outcomes
- Appendix 5 – Joint Impact Assessments
    a Screening
    b Data Protection
    c Equality and Public Health

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 Interim 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)
- Education for children with health needs who cannot attend school (May 2013)
- Worcestershire Supporting Children with medical difficulties guidance:
- Local Area Special Educational Needs and Disability (SEND) Inspection outcome (March 2018) & Local Area SEND Written Statement of Action (August 2018)
- Cabinet Report: Medical Education Provision (30 January 2020)
- Cabinet Report: Medical Education provision (25 June 2020)
- Children and Families Overview and Scrutiny Report (13 November 2020)