

<b>Date of meeting:</b>	Thursday, 12 March 2020
<b>Title of report:</b>	<b>Medical Education Service</b>
<b>Type of report:</b> Delete as required	For information only
<b>Executive summary:</b> Including reason for submission	The paper describes the arrangements that will be put into place to ensure that in the case of young people being referred to the Medical Education service, who are already the subject of Education, Health and Care plans, that there is optimal alignment of the resources within the Medical Education Service and Element 3 funding arrangements.
<b>Budget / Risk implications:</b>	None
<b>Recommendations:</b>	None
<b>Voting requirements:</b>	N/A
<b>Appendices:</b> To be attached	None
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## **1.0 Purpose of the Report**

- 1.1 The Medical Education Service has been going through a process of significant transformation, with an objective of being fully reconfigured by September 2020.
- 1.2 This paper describes the nature and objective of those changes, and in particular:
- (a) Describes how the service can operate within the existing resource envelope of £799,800, whilst;
  - (b) Describing the risks that exist in avoiding any overspend pressure to the high needs budget in what is a service with a degree of demand led volatility, and;
  - (c) Describes the arrangements that will be put in place to ensure that in the case of young people being referred to the service, who are already the subject of Education, Health and Care plans, that there is optimal alignment of the resources within the Medical Education Service and Element 3 funding arrangements

## **2.0 Background**

- 2.1 The new Medical Education Service (MES) proposes to continue an appropriate level of education for a pupil whilst absent from school and provide a range of educational options. Through working closer with Health partners, the aim is to ensure the provision is in pupils' best interests and does not inhibit their re-integration back into school.
- 2.2 An increased range of options for medical education, including digital solutions, personal home tuition and group education will enable the delivery of a bespoke package for each child. Regular review meetings led by the School will be held with the local Medical Education Service (MES) co-ordinator as well as the pupils, their families and health professionals to ensure a flexible, pupil and family-centred joined-up approach that reflects pupils' needs by delivering the right amount of education, at the right time, and through the right choice of educational provision.
- 2.3 The new model proposes a greater involvement of the pupil's home school, which will enable relationships to continue and ensure the school maintains accountability for their pupils. There will be earlier professional intervention through multi-disciplinary meetings, greater Health and school involvement and a more bespoke range of options dependent on the need of the child or young person. This will be achieved with an improved holistic collaborative approach to meeting the needs of individual children involving key professionals as appropriate. The new model will seek to minimise duplication of meetings, assessments and reviews. It is anticipated that this joined up, bespoke provision will facilitate an earlier return to school for many pupils.
- 2.4 This service will also integrate key functions of the Physical/Medical Service in offering support to mainstream schools to promote inclusion of children with physical disabilities or who are unwell. With an education officer leading the service, there will be greater accountability and monitoring of this population that will ensure all North Yorkshire pupils' needs are equally met.

### **3.0 Design Objectives for the new Medical Education Service**

3.1 The design objectives for the new MES include:

- Ensuring the Local Authority is compliant with its statutory responsibilities for children with medical needs;
- Greater clarity of responsibilities of key stakeholders including Schools and Health;
- LA having strengthened oversight of the population of children with medical needs who are unable to attend school to ensure children are able to access an education programme that is appropriate to their needs;
- To increase the profile of children out of school for medical needs across the localities via the Locality Boards which are made up of Head Teachers and to ensure more accountability for those children in the area;
- Improved range of education provision, scope and curriculum offer for young people requiring medical tuition;
- Increased education outcomes for pupils by increasing the number of education hours;
- Reduction of time missed due to absence from school with a better and swifter reintegration offer

### **4.0 Anticipated Benefits of the New Service**

4.1 It is anticipated that the proposed new model will realise a number of associated benefits including:

- Parents will have more information to inform their decision on the options available to them if their child is unable to attend school due to mental health needs. It is anticipated this will create a 10% reduction in the number of families citing medical reasons as their reason to electively home educate.
- Children and young people currently in receipt of medical education take an average of 7 months to be reintegrated back into school. It is anticipated that the new model will enable 50% of children and young people who are receiving medical education will be reintegrated back into school within 12 weeks which is a reduction of 16 weeks for 50% of the cohort. The remaining 50% will either be reintegrated back into school within 28 weeks or a more appropriate provision will be identified.
- It is anticipated there will be a minimum of a 25% reduction in the timescale of the School making a referral once 15 days of absence has occurred due to medical needs, previously referrals have taken an average of 12 months to be made.
- To increase the proportion of children who receive a blended programme of education by 10% as currently of the 54 children who are receiving centrally provided medical education 52% of children are in receipt of individual tuition at home.

## **5.0 Relationship and Working Arrangements for the new model**

- 5.1 There are a number of assumptions underpinning the new model including:
- It is assumed that Schools understand the new protocols associated with the service as well as their own responsibilities for children with medical needs on their roll.
  - It is assumed that Health colleagues will work in partnership with us and will complete the Referral Form required for medical provision.
  - It is assumed that stakeholders will contribute to the multi-disciplinary meetings working collaboratively with us to meet needs of children and young people with medical needs.

## **6.0 SUMMARY OF SAVINGS AND COSTS**

- 6.1 The existing budget resource for the Medical Education Service is £799,800.
- 6.2 Given that the service needs to identify support for individual pupils, who will be at different key stages, live in different proximities to centres of service delivery, and have differing learning needs, the financial modelling / optimal service configuration is both complex and requires a degree of flexibility, The financial modelling for the new service has been based upon the following key assumptions to determine the projected staffing cost:
- Average entitlement to tuition will range from 8 hours per week at Key Stage 1 to 12 hours per week at Key stage 2.
  - The service will work with an average of 105 pupils per annum (based on an interpretation of previous years' trend data.)
  - 50% of pupils accessing the service will only require support for an assessment period of 12 weeks, whereas the remaining pupils accessing the service will require support for an average of 28 weeks.
  - 40% of the support will be delivered via in-reach to groups of 3 pupils, whereas the remaining provision will be via outreach.
  - The tuition will be delivered via a mix of HLTA's and qualified teachers (with the provision at key stage 4 being entirely teacher provided.)
  - The service will be managed across the respective localities through the Head of Service and three area Co-ordinators.
  - The delivery of core subjects will be facilitated by the employment of 8 FTE teaching staff (it has been assumed that the average salary cost for these staff will be main scale 4 reflecting that this will be the maximum starting salary that will be available but that the potential exists for staff to be redeployed from other local authority teams who could be eligible to pay protection)
  - The service will employ four full time equivalent HLTA's.
  - The balance of tuition hours will be delivered via relief teaching staff and relief HLTA's.
  - Contingency provision of £40k (notionally based on £10k per locality)
- 6.3. The cost of supporting the service based upon the above assumptions has been modelled as costing c.£759k per annum which is within the existing budget. The principal financial risks to the service are considered to be that additional staffing is required.

- 6.4 It should be noted that there are risks that this provision may not be sufficient particularly if the number of pupils requiring support or the duration of support required prove to be an underestimate (because of changing circumstances within the pupil / school population) This particular risk will be mitigated by gatekeeping arrangements within the service ensuring that there are appropriate challenging discussions about the capacity of schools to support pupils and the duration of time that it is appropriate for the pupil to remain within the service. However, in a service which is providing intensive support to a relatively small cohort of pupils, there will inevitably be fluctuations in expenditure levels between financial years.
- 6.5 The challenges of supporting a small cohort of pupils across four localities exacerbates that financial risk – the model can never accurately predict the specific distribution of pupils across the county requiring support, their respective key stages, their needs and home location and whether that facilitates in-reach support, etc. The risk that we may end up overspending (because say the numbers of pupils and their needs in the Craven area are beyond the levels anticipated in the financial model) have been mitigated in two ways within the design of the service. Firstly, the staffing model has core teaching staff and core HLTAs delivering the majority of the tuition – but incorporating a budget for relief staff provides the service management with the flexibility to target additional resources where they are most needed. In addition, the budget includes a 40k contingency which has specifically been included to cover the logistical challenges that the service may face as a result of the characteristics of the pupils it supports in any one year.
- 6.6 In addition to the staffing costs, the budget includes a recharge of £45k for the proportion of time that the service lead spends on operational activity (the strategic component being resourced from the Inclusion Services budget) and provision of 92k for non-staffing costs (which are principally staff travel costs and a provision for the acquisition of AV equipment) Therefore, the aggregate estimated expenditure for the service is £896k – which is significantly in excess of the base budget resource available of £799,800.
- 6.7 It should be emphasised that the deployment of AV Equipment is considered to have great potential to offer a wider range of opportunities to support young people in re-engaging with the curriculum, and there are case studies (and direct North Yorkshire experience) evidencing fantastic progress being made by young people. The deployment of AV may have a spin-off benefit of enabling more cost effective packages of support to be developed – but it should be emphasised that at this stage, this has not been incorporated into the financial modelling.
- 6.8 However, an analysis of existing cases being supported indicates that a small but significant cohort of pupils being supported by the service will be the subject of Education Health and Care Plans. The possibility exists that schools could be in receipt of Element 3 funding in respect of pupils but making no specific provision for the pupil.
- 6.9 Under these circumstances it is proposed that the Medical Education Service would discuss with the individual school whether there are staff within the school who could deliver the specific support package identified by the service, or alternatively that the school will provide resources (equivalent to the E3 funding) for the period that the pupil

is supported by the Medical Education Service. This arrangement would commence from April 2020. **Schools Forum is requested to endorse this approach.**

- 6.10 Given the significant transformation involved in the service, **it is proposed that an update report is provided to Schools Forum in March 2021 as a specific section of the High Needs report.**

## **7.0 RECOMMENDATIONS**

- 7.1. Schools Forum is requested to endorse the approach in relation to pupils in receipt of Element 3 funding – as set out in paragraph 6.9.
- 7.2. Schools Forum is requested to endorse the approach of providing an update on the operation of the service and its financial implications in March 2021.

STUART CARLTON  
Corporate Director – Children and Young People’s Service