ENCLOSURE 2

NORTH YORKSHIRE COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S SERVICE

CORPORATE DIRECTOR'S MEETING WITH EXECUTIVE MEMBERS

30 JULY 2019

MEDICAL EDUCATION SERVICE – PROPOSED NEW MODEL

1.0 PURPOSE OF REPORT

1.1 This report seeks permission to consult the public on a proposed Medical Education Service (MES) that would enable a more flexible delivery model for those children/young people who cannot access education because of medical needs. It has been approved for review as part of the Strategic Plan.

EXECUTIVE SUMMARY

1.2 The new MES proposes to increase the amount of education a pupil is provided with whilst absent from school and provide a range of educational options. Through working closer with Health, the aim is to ensure the provision is in pupils' best interests and does not inhibit their re-integration back into school.

1.3 An increased range of options for medical tuition, including digital solutions, personal home tuition and group education (currently only available to pupils in the secondary phase of education) will enable the delivery of a bespoke package for each child. Regular review meetings led by the local Medical Education Service (MES) co-ordinator will be held with pupils, their families, health professionals and their schools 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.

1.4 The new model proposes a greater involvement of the pupil's home school, which will enable relationships to be maintained and ensure the school has greater accountability for their own 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 for families through utilisation of services of the Team around the Family and Early Help and the successful delivery of strengthened pathways. It is anticipated that this joined up, bespoke provision will facilitate an earlier return to school for many pupils.

1.5 The new proposed Medical Education Service would also include pupils with SEND needs that have an additional medical health need that attend special

schools, the post 16 cohort and young people in education with Education, Health & Care Plan (EHCP) plans up to the age of 25. This increase in provision would ensure equality across the county for all children and young people absent from school due to a medical need and will ensure there is the least disruption to their education as possible. 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 equitability met.

1.6 Financial modelling has been undertaken. Despite the increase in the amount of education that is to be provided to pupils and the extensive range of provision, there is potential for savings within the proposed new model. However, in order to ensure a flexible service provision and the needs of this cohort are met, the service will need to operate for a full year to fully identify any cashable benefits.

1.7 The proposal would require consultation to commence with children and their families in September 2019. The current model is delivered by staff within Enhanced Mainstream Schools and Pupil Referral Units, and centrally employed Physical/medical teachers and therefore staffing will be dealt with as part of the PRS and EMS work strand. Implementation of the new model would commence in September 2020.

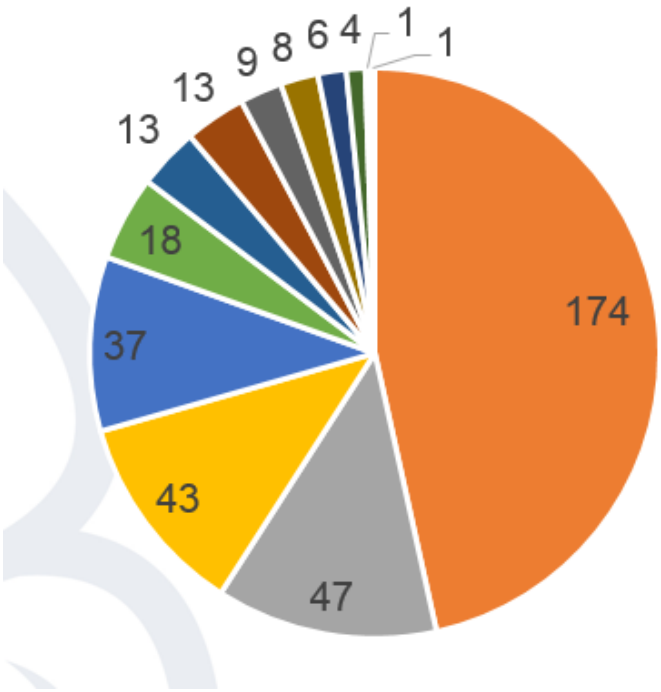
1.8 Following implementation of the new model, there will be work required to examine the commercial viability of the offer and work will commence on this aspect as a second phase under business as usual activity.

2.0 ISSUES

2.1 The local authority has a statutory responsibility to educate children of school age who have medical conditions which prevent them from attending school. The service is currently provided by the Pupil Referral Service (PRSs) and the Enhanced Mainstream Schools (EMSs). The current offer to children and young people averages at 5 hours of tuition per week which is comparatively lower than other local authorities that offer 12 hours. The present model offers no group education for primary aged children, post 16 students or children from special schools. Additionally, the group education for secondary children may not necessarily be the most suitable approach for this population of children and young people, as it has been suggested by health professionals that offering education away from school further accentuates some pupils' anxieties relating to education in school and hinders successful reintegration.

2.2 In a recent survey carried out to ascertain the reasons parents choose to electively home educate their children, an overwhelming 192 cited medical needs, with the greatest majority of these identifying stress and anxiety. This suggests that medical education is either currently not accessible to all children, or that there are parents who do not feel it meets their child's needs. It may be that these pupils' levels of stress and anxiety do not meet threshold

for provision of medical education and require a different supportive approach, or it may be that the current threshold is too high. Each new case will be considered during the initial medical education review meeting to ensure that there is an appropriate pathway for each pupil.



NYCC – 2018 Ofsted Data
Stress and anxiety is by far the highest reason given for EHE (174)
Physical health was given as a reason by 18 families

2.3 The core focus of medical education is to provide a clear supported pathway to a small number of pupils and their families that require an education solution whilst they are too unwell to attend school. This needs to be achieved by working with Health, families and the home school to provide quality short term education to enable a successful reintegration back into school. Review of children within the present system has shown some pupils accessing medical education who have undiagnosed SEND needs. The subsequent medical need (often stress and anxiety) stems from the necessary SEND provision not being in place. A better solution for this cohort could be a targeted specialist placement or to remain in mainstream school with support to meet their needs on an Education Health Care Plan where necessary.

2.4 The proposed change to the current model of the Pupil Referral Services (PRS) and Enhanced mainstream schools as detailed within the SEND strategic plan further contributed and influenced the timing for Medical Education to be reviewed.

2.5 There is limited oversight of this population available to North Yorkshire County Council due to the different providers, and so progression of children and young people cannot be consistently tracked. As a result, it is suspected that there are low rates of young people presently receiving medical provision being successfully reintegrated back into mainstream schools. It is also suspected that there is a high degree of children and young people receiving medical education that have anxiety due to their SEND needs being unmet.

3.0 PERFORMANCE IMPLICATIONS

3.1 The proposed model gives the Local Authority an opportunity for increased scrutiny of different performance indicators. This includes measuring the time a child is absent from their school, the amount of education each child can access whilst using the Medical Education Service and the academic impact of receiving education through the Medical Education Service.

3.2 The proposed option is not expected to create any long-term performance implications; however, there will be the need for a transitional period for those children receiving medical at the point of the new model being implemented. This may in turn create a short-term performance issue which will be monitored and managed throughout the transitional period. An enhanced level of service provision and a collaborative approach to ensure children and young people are receiving the most appropriate medical tuition is anticipated to achieve a positive outcome. Measures will be identified to monitor the performance of the service provision if approval is received to commence.

4.0 POLICY IMPLICATIONS

4.1 With the proposal for the medical model being a new service provision, there are no current policies where implications will be seen. If the proposal is agreed, a policy for the service will be developed to support the staff to deliver the service successfully within the agreed parameters.

5.0 PROPOSED MODEL – PERSONALISED FLEXIBLE MEDICAL TUITION

5.1 The proposed model has been devised to ensure that educational provision for this vulnerable and transient population is closely monitored to ensure that it is provides for children and young people with medical needs. This will include some children and young people who would previously have been Electively Home Educated for a medical need. The service is not for children and young people with SEND needs who do not have additional medical needs. However, the service will signpost families and schools to ensure children and young people receive the correct education that support their SEND need. This may be through targeted provision or within a mainstream setting with an EHCP where it is deemed appropriate.

5.2 The service will provide both support and challenge to schools to ensure they are fulfilling their statutory duties in relation to medical pupils when at school and during the first 15 days of absence. The service will also advise and support schools on meeting the needs of children and young people with physical and medical needs. Incorporating Physical/Medical advisory teachers into this role will provide the Regional Co-ordinators with a closer advisory link to schools.

5.3 The service aim is to ensure educational attainment is minimally affected whilst a child or young person is absent from school and to do this it is providing an increased range of educational solutions and an increased

amount of hourly education. This recognises that that each pupil's needs are different and the education they can access whilst away from school needs to reflect this by offering a range of flexible solutions.

5.4 The expectation of the Medical Education Service is to provide usually short-term education. It is expected that pupils will return to their schools with the necessary support as soon as they are able. This aspect of the service will be monitored by the Lead, and it is expected that as SEND pupils are signposted to more appropriate services and as this model incorporates advice from Health, swifter successful supported reintegration will be possible.

6.0 Providing a Continuum of Support to Schools and Families

6.1 As the model works closely with the pupil's school, the transition into the Medical Education Service will be a part of a continuum of medical support provided by the MES team. At each locality hub there will be a Medical Education Service (MES) Co-ordinator. This person will advise schools in their locality on how to support children and young people with medical or physical needs whilst they are in school. They will liaise closely with the Early Help and Team around the Family and will advise and support families and schools in understanding when to refer to these services. They will also ensure the school is aware of the full range of universal and targeted services available including Kooth online counselling, Compass Buzz and face to face support.

6.2 Working early and collaboratively with schools will ensure a smooth pathway for families that do require the Medical Education Service. During the first 15 days a child or young person is absent, the school has a duty to provide education. The MES Co-ordinator will be there to ensure the school fulfils these duties and where necessary signpost the school to good practice in this area. During the child's absence from school, the MES Co-ordinator will also advise the school on how to ensure the pupil's presence is kept alive in the school. Research carried out by the company 'Noisolation' (that works closely with the Minister for Loneliness) found that many children felt forgotten when they had been away from school for a long period of time. Successful schemes such as 'Panda in my Seat' ensure better home to school communication as the child has a physical presence in the classroom.

7.0 Joint Funding and Responsibility

7.1 The proposed model is exploring the potential to recover an element of costs from schools by including a transfer of a percentage of the AWPU, this would be topped up by the local authority. This was agreed in the North Yorkshire Strategic Plan for Special Educational Needs & Disability (SEND) Education Provision 0-25 (2018-2023) (page 27). In addition to making a contribution towards the overall cost of the education, it will also act as a disincentive to schools to refer to the service if they have a pupil who can be accommodated into school with the correct adaptions, adjustments and flexibilities. At this juncture no income stream has been included.

8.0 Collaborative Working

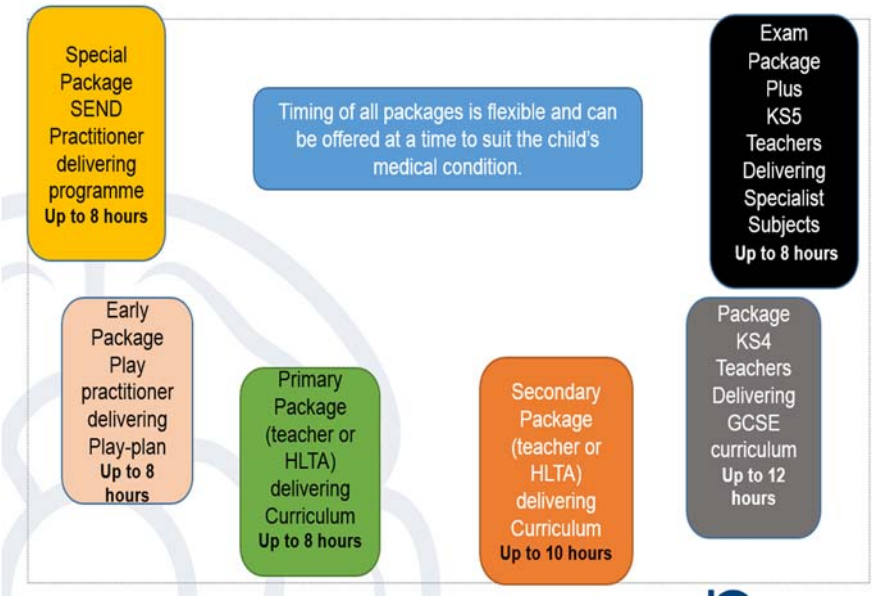
8.1 The strength of the service will be the co-production working with families, schools and Health. There will be an initial and then regular review meetings. These will view the child holistically seeking the right educational solution whilst being mindful of the impact on their health. The service will work with the child's own school to support and advice on how to successfully and flexibly support the child back into school. The initial meeting will always examine the child or young person's history, as it will seek to determine if there are underlying SEND needs, if there is a necessity for an EHCAR and whether there is enough evidence for the case to be identified as Medical. At the other side of the process, once a child has returned to school, the review meetings will continue to be supported by the MES Co-ordinator until the successful transition back into school is complete. Additionally, if thought necessary, the pupil's tutor may also initially work with the pupil in school to support this transition process.

9.0 Types of Education Provision

9.1 This Personalised Flexible Model has an increase in the type of provisions offered. At each review meeting it is possible to change the provision to reflect what the child currently needs.

Broad range of Tutor Packages

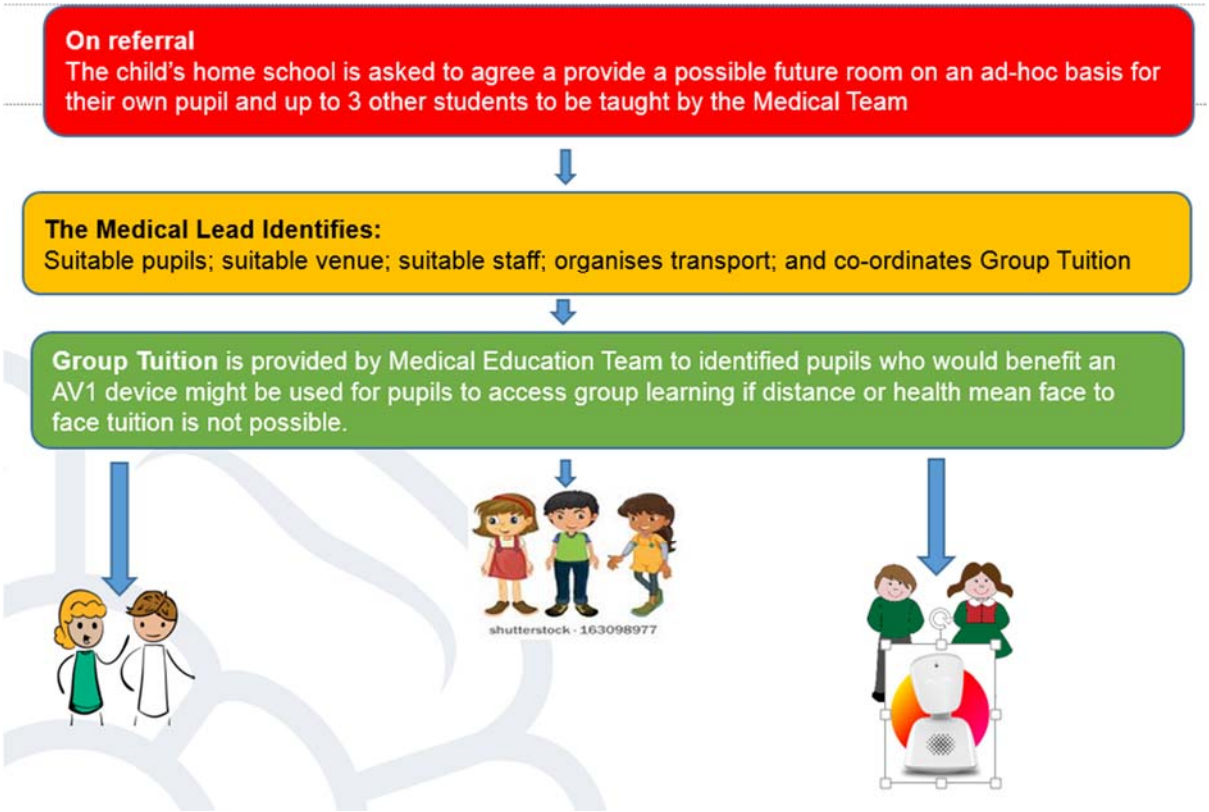
9.2 The diagram below shows the proposed offers to children and young people. It indicates home education could be delivered by a variety of practitioners in a range of delivery styles that include a bespoke medically-led intervention for our most complex children and young people, a play-based learning programme for our younger pupils, core subject and topic based curriculum for pupils in Key stage 2 and 3, and GCSE and A level programmes of study.



9.3 We anticipate that this will initially be our most popular option, but over time the balance will change as schools and families become aware of and understand the benefits of other systems. Tuition will usually be in the pupil's own home. However, we have listened to advice from colleagues in CAHMS, and will be offering short school-based interventions delivered in the pupil's own school. This is because we were advised that in some cases education outside of school can exacerbate a child or young person's anxiety issues regarding school and prolong their recovery time.

Group Education

9.4 The suitability of group education for each individual child will be discussed at the review meetings. The MES Co-ordinator will be aware of other pupils in the locality currently accessing the medical education service and, when it is educationally beneficial and medically feasible, this population will be educated at a local school. This will not always be the pupil's own school; although wherever possible it is anticipated that the group will move from school to school. Accessing the school environment in this way will help with reintegration. In some instances, a pupil may be suitable to join the group but be living too far away or may initially be anxious about accessing group education. In these cases, they can access the group by using an AV1 device.



AV1

9.5 An AV1 is a device that enables a child or young person to access their own school or learning environment through an app on their phone or tablet. It does this by providing an interactive one-way live stream which allows the absent pupil to engage in the school environment without leaving home. The AV1 acts

as a portal which allows the pupil to hear and see their own lessons enabling them to continue learning at home. Their engagement and interaction in the lesson is flexible to reflect their health needs. For example, it may vary from watching and listening to the lesson at home to a pupil engaging fully in the lesson, answering questions, participating in group work and maintaining friendships. As they are able to see, talk and listen to their friends this important social link is maintained and enables the reintegration back into school to be smoother as friendships are continued. The stream is one way which enables the child at home to feel confident because they cannot be seen, as the children at school only see the AV1 device. The AV1 stream is live and cannot be recorded or played on a large screen as it is designed to be accessed only by the pupil.

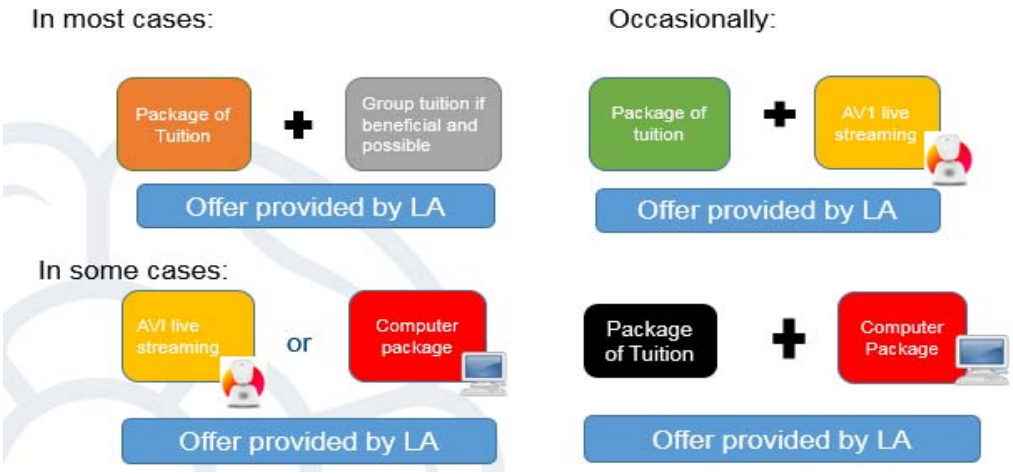
Online Provider (such as Academy 21 or Nisai)

9.6 These are virtual classroom designed primarily for young people from year 7 upwards and including A level students. Learning is accessed through an online virtual classroom. These platforms provide the same syllabuses and the same subjects available at their own school to ensure learning can be seamless. The student is part of a small online classroom where they watch and hear the teacher's lesson on their computer screen. They see a PowerPoint or the teacher's interactive whiteboard, and just like an interactive whiteboard in school the teacher has opportunity to invite students to participate in the lesson by writing on the whiteboard, which they can do through their computer screen.

9.7 The student engages in the lesson by listening to the teacher and typing in their responses. They have opportunity to share their response with the whole group or just the teacher. There is also the facility for the student to have one-to-one tutorials with their teacher to go over any area of difficulty.

9.8 Pupils follow a similar timetable as they would in school, and so this routine helps them when they reintegrate back to their own school. The timetable can be chosen with the student's health needs in mind. On occasions where a young person has to miss a session, due to attending a medical appointment, for example, they have opportunity to watch a recording of the lesson. Similarly, if a student wants to watch the lesson again, they are able to do so which can help with revision.

9.9 This platform allows the Medical Education Service Co-ordinator to monitor the student's progress and participation, and at the review meeting this data can be shared with the student's parents and school to ensure that expected progress is being made.



10.0 FINANCIAL IMPLICATIONS

10.1 Engagement has taken place with providers of the proposed technology and costing's sought.

10.2 The current budget for the medical tuition service is £799,800. The financial modelling estimates an indicative cost for the provision of £798,200. As detailed throughout the paper, any monies remaining would remain within the budget to allow for a flexible model to meet the needs of the children and young people until the true cost is fully understood. Following a full year of delivery, a decision would then be taken to identify any savings that could support the reduction in the High Needs Budget overspend.

These may come from:

- An increased uptake of technological solutions to home education;
- Efficiencies in teacher deployment.

11.0 LEGAL IMPLICATIONS

11.1 Governing Bodies of Schools, Proprietors of Academies and Management Committee of Pupil Referral Units all must make arrangements for supporting pupils with medical conditions, pursuant to section 100 Children & Families Act 2014. They must have regard to guidance issued by the Secretary of State. The guidance on 'Supporting Pupils at School with Medical Conditions'

states pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

11.2 The LA has a statutory duty according to section 19 Education Act 1996 to make arrangements for the provision at school or elsewhere for 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.

11.3 The arrangements under section 19 shall be full time education or such part time basis as the LA consider to be in the child's best interest for children with physical or mental health reasons.

11.4 The LA has a power according to section 61 Children and Families Act 2014 to make arrangements for any special educational provision that it has decided is necessary for a child or young person to be made otherwise than in a school, early year's education or post 16 institution. This power is only available where the LA is satisfied that it would be inappropriate for the provision to be made in school and following consultation with the young person and parents.

11.5 Statutory guidance 'Ensuring a Good Education for Children who Cannot Attend School Because of Health Needs' states in considering alternative education local authorities should not:

- have processes or policies in place which prevent a child from getting the right type of provision and a good education; and

- have inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

11.6 LG Ombudsman issued a Focus Report in September 2011 (amended June 2016) 'Out of School…out of Mind? 'That gave guidance to local Authorities on how the LGO expects the LA to fulfil their responsibilities for those who cannot attend school full time to:

- consider the individual circumstances of each case and be aware that a council may need to act whatever the reason for absence (with the exception of minor issues that schools deal with on a day-to-day basis) even when a child is on a school roll;

- consult all the professionals involved in a child's education and welfare, taking account of the evidence utilised in coming to decisions;

- choose, based on all the evidence, whether to enforce attendance or provide the child with suitable alternative education;

- keep all cases of part-time education under review with a view to increasing it if a child's capacity to learn increases;

- adopt a strategic and planned approach to reintegrating children into mainstream education where they are able to do so; and

- put whatever action is chosen into practice without delay to ensure the child returns to education as soon as possible.

12.0 HUMAN RESOURCES IMPLICATIONS

12.1 With the proposal for the medical model being a new service provision, there are no current policies where implications will be seen. If the proposal is agreed, a policy for the service will be developed to support the staff to deliver the service successfully within the agreed parameters.

12.2 As part of the work to develop the overarching Strategic Plan, which this review is part of, significant public consultation was undertaken across the county with a range of stakeholders, including young people, parents and carers and education professionals. This included specific feedback in relation to changing to a new model of medical provision and ideas that will be included in design of the new way of working.

12.3 Further consultation in scope of this project includes:

External:

- consultation in relation to the proposed new medical tuition model: this is scheduled to take place between 2nd September until the 13th October;
- direct consultation events with parents and carers, young people, and education professionals in conjunction with the consultation on the proposed new medical tuition model from 02 September 2019 until the 13 October 2019.

Internal:

- Consultation on a proposed staffing structure to deliver the new medical model will take place in January 2020.

12.4 With regard to the decommissioning/ending of the EMS provision for primary medical needs and PRS provision for secondary medical needs, the work will still need to continue and therefore the designation of the setting (maintained or academy) needs to be considered when determining whether TUPE and associated protections may apply or TUPE principles (potential transfer of staff)) in theory will apply and further detailed legal advice would need to be taken with regard to the potential implications of this.

12.5 A mapping exercise will need to be undertaken to determine which staff in the EMS/PRS provisions are currently delivering this provision, the designation of the setting in which they are based and most importantly the proportion of

their role that is dedicated to the delivery of education to pupils with medical needs, in order to scope which staff will be involved in any consultation.

12.6 The reason this situation differs from the current situation with the central Inclusion restructure, whereby the decision was taken to exclude EMS staff from ring fencing arrangement, is due to the fact that the work is still continuing and is proposed to transfer to a central medical model.

12.7 It is important that there is good clear communication with the EMS/PRS provisions in respect of any mapping exercise and consultation on the proposals. If it is not possible to transfer staff, schools will need to consider whether they can deploy staff elsewhere within their school or seek appropriate advice from their HR provider about any necessary restructuring they may need to undertake.

12.8 Maintained schools can apply to the LA for financial support for their restructuring costs resulting from the wider EMS and PRS remodelling which will include this MES proposal. Once the staff in scope are identified, more detailed costing's can be provided.

13.0 EQUALITIES IMPLICATIONS

13.1 It is anticipated that with a more flexible model and the ability for tuition to be provided through extended hours, regardless of location, a positive impact on pupils and their families will be seen upon implementation of the proposed model.

13.2 An Equality Impact Assessment has been completed and will be amended to take into account any developments post consultation.

14.0 REASONS FOR RECOMMENDATIONS

14.1 The personalised flexible medical tuition provides children and young people with a range of options designed to fit around their specific need and ability to access education at any time. It engages and works with the home school at each stage ensuring joint ownership and oversight of the medical education. It provides a greater number of hours of education whilst the child is unable to attend school and proactive small steps back into school. The proposal is a joined-up solution focused model.

14.2 It benefits from a central Lead that has oversight of this cohort and also maintains the database for children with SEND that are electively home educated (EHE). This will ensure that children and young people that require medical education or have SEND needs do not opt for EHE because of a lack of other options and that schools and their families are given the correct guidance for both cohorts.

15.0 RECOMMENDATION

15.1 That the Executive Member for Education & Skills give approval for a public consultation, to take place between 2 September until 13 October 2019, on the proposed Medical Education Service model.

STUART CARLTON
CORPORATE DIRECTOR – CHILDREN AND YOUNG PEOPLE'S SERVICE

Report prepared by Jane Le Sage, Assistant Director, Inclusion

Action Agreed ..... ……..Executive Member

Date:.....

Action Requested..... …… Corporate Director

Date:.....

North Yorkshire County Council

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

Proposals to implement a new medical model

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Children and Young Peoples Services
Lead Officer and contact details	Carol-Ann Howe (x4738)
Names and roles of other people involved in carrying out the EIA	Emma Lickiss Carol Ann Howe Julie Broome
How will you pay due regard? e.g. working group, individual officer	Project Board Working Group Individual Officers
When did the due regard process start?	January 2019

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

As part of the Strategic Plan for Special Educational Needs & Disability Education provision 2018 – 2023 we propose to implement a new medical model - for delivering education tuition to children and young people who cannot attend mainstream school due to medical needs through:

- in-reach provision (school based, small group work currently commissioned through existing Enhanced Mainstream Schools and Pupil Referral Services)
- out-reach provision (delivered in the child's home by a tutor/teacher).

If approval is given to proceed, the proposed medical model will be subject to external public consultation. Following consultation, should approval of the model be received, through the Council's Executive, the service will review and restructure NYCC staffing posts to deliver the new service model.

The project will also include identifying and implementing the new commissioning arrangements for in-reach and out-reach provision.

The proposal would require consultation to commence with children and their families in September 2019.

The service aims to implement the new model and staffing arrangements at the same time from September 2020.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The review of medical tuition arrangements are required due to:

- NYCC offer a low amount of tuition per week (5 hours other some other authorities offer up to 12 hours).
- Current inreach provision may not necessarily the most suitable approach for this population of children and young people.
- There is no inreach provision for primary aged children.
- Current system is not meeting needs of 192 children who have cited medical as their reason to electively home educate instead.
- There are suspected low rates of young people receiving inreach/outreach provision being reintegrated back into mainstream schools.
- The local authority has limited oversight of this population and cannot view progress of children and young people receiving support.
- Current high costs of provision which do not represent value for money.
- There is currently no traded model which should be explored to identify opportunities generate income.

The proposed change to Medical Education Service ('MES') provision is expected to achieve the following:

- Young people with medical needs will receive increased quantity of education provision.
- Improved range, scope and curriculum offer for young people requiring medical tuition;
- Increased support for families by increasing the number of tuition hours for their young people.
- Increased accountability for the LA and schools in relation to ensuring pupils needs are being met in the right provision;
- Improved monitoring and ability to report to Ofsted in relation to medical pupils;

In addition the proposal seeks to achieve the following benefits:

- Improvements in outcomes for young people receiving medical tuition
- Reduction in time children take to re-integrate back into school at a level that is suitable to that child's individual needs

Section 3. What will change? What will be different for customers and/or staff?

The proposal seeks to increase the amount of education a pupil is provided with whilst absent from school and provide a wider range of educational options. Through working closer with health, the aim is to ensure the provision is provided with pupils' best interests and does not inhibit their re-integration back into school.

An increased range of options for medical tuition, including digital solutions, personal home tuition and group education (currently only available to pupils in the secondary phase of education) will enable the delivery of a bespoke package for each child. Regular review meetings with pupils, their families, health professionals and their schools would ensure a flexible, pupil and family-centred joined-up approach, that reflects the pupil's needs by delivering the right amount of education, at the right time and through the right choice of educational provision.

The new model proposes a greater involvement of the pupil's home school, this will enable relationships to be maintained and ensure the school has greater accountability for their own pupils. There will be earlier professional intervention through multi-disciplinary meeting, 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 via a better joined up collaborative approach for families through utilisation of services of the Team around the Family and Early Help and the successful delivery of strengthened pathways. It is anticipated that this joined up bespoke provision will facilitate an earlier return to school for many pupils.

The new proposed service provision would also encompass pupils with SEND needs that attend special school provision, the post 16 cohort and young people in education with Education, Health & Care Plan (EHCP) plans up to the age of 25 and so would be legally compliant. With an education officer leading the service, it is anticipated a greater accountability and oversight to ensure all North Yorkshire pupils' needs are equitability met would be achieved.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

If approval is given to go ahead, a consultation with children, young people and their families is scheduled to take place in September 2019 on the proposed model. This will give families the opportunity to provide feedback on the proposed changes and submit views and alternative options that they feel may be a better option to meet the needs of children with medical educational requirement, the consultation is scheduled for 30 day period with time allocated post consultation to review and consider feedback received and where necessary make the appropriate changes.

Following family consultation there will be the need to engage with staff currently working within the EMS service who provide this provision. With potential job opportunities the EMS medical staff would be given the first opportunity to apply for any new roles prior to jobs being advertised wider. The staffing structure will be further defined following consultation with families to ensure the final delivery model is staffed appropriately. The EIA will be updated through various stages in the process to reflect the position of the work.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

The proposal does not aim to achieve any cashable benefits from the proposed changes. There is however potential for the proposed new model to be more cost efficient due to the range of options available and the introduction of technology options. Any impact to budget will not be fully understood until September 2021, ensuring the model is flexible and meet the needs of the children is critical. The model would be monitored for a 1 year period, therefore flexibility within the budget for the first year of implementation is needed to ensure all statutory duties are met and the best service possible is delivered.

Section 6. How will this proposal affect people with protected characteristics?	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.**
Age			x	**Service Users** - The service is provided to children and Young people in primary through to

				Post 16. The current service is viewed by professionals as not meeting the needs of the children, the proposal sees an increase in options available for Medical Tuition and an increase in hours children and Young people will receive. It is anticipated that there will be greater positive impacts if this proposed change to MES goes ahead, however, it is recognised that the children and young people in this cohort have complex medical needs and therefore any change may adversely affect them. During the consultation any impacts will be identified and mitigations will be explored
Disability			x	**Service Users** - The service is provided to children and Young people in primary through to Post 16 with various disabilities (long and short term). It is anticipated that there will be greater positive impacts if this proposed change to MES goes ahead, however, it is recognised that the children and young people in this cohort have complex medical needs and therefore any change may adversely affect them. During the consultation any impacts will be identified and mitigations will be explored.
Sex	x			No impact anticipated
Race	x			No impact anticipated
Gender reassignment	x			No impact anticipated
Sexual orientation	x			No impact anticipated
Religion or belief	x			No impact anticipated
Pregnancy or maternity	x			No impact anticipated
Marriage or civil partnership	x			No impact anticipated

Section 7. How will this proposal affect people who…	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.**

..live in a rural area?		x		The current service is viewed by professionals as not meeting the needs of the children, the proposal sees an increase in options available for Medical Tuition and an increase in hours children and Young people will receive. This is proposed to be delivered through a range of available options including group tuition, individual tuition, virtual learning and interactive virtual learning. The current service is based around EMS or PRS bases, moving away from this, enables greater equality regardless of where a child resides.
…have a low income?	x			
…are carers (unpaid family or friend)?	x			

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	x
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
The service is available to all children and young people living within North Yorkshire therefore there are no specific areas that will be impacted any differently to others. If the proposed changes are implemented it will have positive impacts on those children who are not covered by the current bases.	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) **State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

The proposed change is likely to see a positive impact specifically to children and Young people in education and with a long or short term disability. The service is provided to children and Young people in primary through to Post 16. The current service is viewed by professionals as not meeting the needs of the children, the proposal sees an increase in options available for Medical Tuition and an increase in hours children and Young people will receive.

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (**Remember:** we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	**Tick option chosen**
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	
2. **Adverse impact - adjust the proposal -** The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	**X**
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	

Explanation of why option has been chosen. (Include any advice given by Legal Services.)

The aim of the proposed change is to improve current service provision, the ability to give a variety of delivery options to meet the children or young person's needs is expected to benefit those in receipt of the service and support learning in a variety of different ways. It sees an increase in hours received and a joint up collaborative approach between NYCC, Health professionals and children and young people and their families to ensure the best package of tuition is put in place to support the learning.

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

On-going discussions with Children, Young people and their families will take place throughout the decision making process regarding delivery of the service.

If the proposals are implemented a post implementation review will be done and children and young people and their families willing to provide feedback on the model within its first year of implementation will be reviewed. Engagement with medical professionals will take place and the post implementation review will seek their involvement.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	**Lead**	**By when**	**Progress**	**Monitoring arrangements**
Consultation with Families	Carol Ann Howe	October 2019	Not Started	Weekly feedback review meetings
Overall review of feedback and any required changes made to model	Carol Ann Howe	November 2019	Not Started	Feedback review session (half day session)
EIA update	Emma Lickiss/ Julie Broome/ Carole Ann Howe	November 2019	Not Started	EIA Representative Project Board CYPLT
Sign off of final model by CYPLT	Carol Ann Howe	December 2019	Not Started	CYLT Meeting
Further actions to be developed following consultation				

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

Whilst there may be some adverse impacts, the proposal sees a significant positive impact or no impact on children and young people with protected characteristics and aims to improve the current service offer. The EIA will be reviewed regularly throughout the consultation and decision making process and where required updated to reflect any changes.

The ability to consult with children and young people and their families will help us to further understand the impacts the change will have and make any required adjustments to ensure the needs of the children are met and the best possible provision of service is offered.

Actions detailed above will be monitored and updated and any changes to the EIA will be published for the general public to review.

Section 14. Sign off section

This full EIA was completed by:

Name: Emma Lickiss
Job title: Project Manager
Directorate: Central Services
Signature:

Completion date: 08 July 2019

Authorised by relevant Assistant Director (signature):

Date: