

North Yorkshire County Council

Executive

17 December 2019

Medical Education Service (MES)

Report of the Corporate Director – Children and Young People's Services

1.0	Purpose of Report
1.1	The purpose of the report is to seek approval for a revised model of Medical Education Service (MES) in order to ensure a more flexible delivery of education for those children/young people who cannot access education because of their medical needs. The final model has been developed after paying due regard to the feedback from the public consultation which took place between 2nd September and 13th October.

2.0 Executive Summary

- 2.1 This report seeks approval for a revised model for the future Medical Education Service (MES) to ensure the local authority meets its statutory duty to provide education for children and young people that are unable to attend school due to their medical needs which could be physical or mental health.
- 2.2 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.
- 2.3 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.
- 2.4 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.

- 2.5 The new recommended 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 equally met.
- 2.6 Financial modelling has been undertaken and the proposals are affordable within the existing financial envelope. Given the variable needs of the pupil population, these financial implications will need to be closely tracked.

3.0 Issues

- 3.1 The North Yorkshire Strategic Plan for Special Educational Needs & Disability (SEND) Education Provision 0-25 (2018-2023) outlines the need for a revised medical model to be implemented from September 2020.
- 3.2 The local authority has a statutory duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their physical or mental health needs. Local authorities should:
- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative.
 - Ensure that the education children receive is of good quality and allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible
 - Address the needs of individual children in arranging provision.

4.0 Current Provision

- 4.1 The service is currently commissioned from the Pupil Referral Service (PRS) and the primary SEMH Enhanced Mainstream Schools (EMS). The current offer to children and young people averages 5 hours of tuition per week which is comparatively lower than other local authorities.
- 4.2 The present model offers some group tuition for secondary pupils but this is not available for primary aged children, post 16 students or children from special schools. These students only receive the offer of an individual tuition package of education.
- 4.3 The demand for the service is variable as it is needs led but currently there are between 60-80 children and young people on average in receipt of medical tuition.

5 Rationale for Change

- 5.1 The review of the current model of provision has raised a number of issues that require improvement if the local authority is to be confident that it is providing a strong offer of education for children with medical needs and is fulfilling its statutory responsibilities. In summary these include:

- Strengthened local authority oversight and monitoring of this population of children to ensure the educational programme remains appropriate to need and any special educational needs are identified in a timely fashion
- Increased accountability for the LA and schools in relation to ensuring pupils' individual needs are being met
- Improved range of education provision, curriculum and accreditation offer for young people requiring medical tuition
- Greater flexibility in provision to ensure children are receiving appropriate levels of education
- Increased education outcomes
- Reduction of education time missed due to absence from school with a better and swifter reintegration offer

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

- A reduction in the number of families citing medical reasons as their reason to electively home educate. This currently stands as 192 children (2018)
- A reduction in time children take to re-integrate back into school. This currently stands at 7 months.

6.0 Implications

6.1 Financial

The current budget for the medical tuition service is £799,800

6.2 A robust financial model has been constructed which recognises all the key parameters that will influence the level of staffing required within the new service. These include the numbers of pupils it is estimated the service will need to support, the appropriate duration of that support, and the delivery mode (in-reach tuition in small groups or outreach), and the number of hours of tuition that pupils at each key stage are entitled to on a weekly basis. It should be emphasised that some parameters such as the amount of a tuition a pupil is entitled to in a week are within our direct control, whereas other parameters such as the number of pupils needing to be supported by the service will have a demand led element to them.

6.3 Our analysis indicates that using a set of likely assumptions, the new service model will be able to operate within the existing budget resource of £799,800. There is a degree of uncertainty involved in mapping the likely service delivery model (and associated financial cost) for a relatively small cohort of pupils (it is estimated the service will work with in the region of 100 pupils per annum), with diverse needs, an uncertain age profile, across multiple (and potentially remote) geographic locations.

6.4 It should be emphasised that to some extent the costs may fluctuate from year to year. Some specific uncertainties which could have a significant financial impact are (a) the numbers of pupils supported, (b) the duration of support they require from the service, and (c) the mix of support that can be provided by in-reach and outreach, and the extent to which AV1 computer options can be deployed.

6.5 These issues will be tracked very closely during the set-up and early days of operation of the new model, and if they pose any financial risk, there are a series of mitigating actions which the service can pursue including the refinement of eligibility criteria, liaising with

schools over the optimal arrangements to support some pupils, developing rapid pathways into specialist provision where those provisions can more appropriately meet the needs of pupils, and reviewing the appropriateness of more expensive outreach provision. Please see attached at Appendix 4 the risks associated with the proposed model.

- 6.6 Following a full year of delivery the service will be subject to a Post Implementation Review which will include consideration of future efficiencies; a decision would then be taken to identify the potential for efficiencies across the service.
- 6.7 Legal
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.
- 6.8 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.
- 6.9 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.
- 6.10 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 institutions. 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.
- 6.11 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).
- 6.12 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.

6.13 Equalities

The Equality Impact Assessment has been updated following the consultation process and analysis of feedback and is available in **Appendix 1**.

- 6.14 There are significant benefits of the new model in terms of children and young people with protected characteristics. The greater range of educational opportunities will mean that a child's educational provision can be tailored to their needs.
- 6.15 The new model will also ensure ongoing manager oversight of individual cases of children to ensure that the provision they are receiving is appropriate and that progression is carefully planned.
- 6.16 There may be a negative impact of the transition to the new service particularly for children who are accessing the current model and struggle with change. This will be addressed through careful planning and a personalised response to the transition.
- 6.17 The proposals will have a positive impact on children and families living in rural areas as the model of delivery is based on a locality focus. The proposals increase the range of learning opportunities for children and young people and enables greater accessibility regardless of where a child lives.

7.0 Associated Risks

7.1 The risks associated with the implementation of the proposed Medical Education Service model are detailed in the table below:

Ref.	Risk	Mitigation	Level
1.	Increased numbers of pupils with medical needs who would meet the criteria to access the service subject to approval.	<ul style="list-style-type: none"> • There will be a named officer within the LA who has responsibility for the service and associated budget. • Service is for short term support of children • Clear eligibility criteria will be agreed and communicated internally, to Schools and Medical professionals. • Joint Governance arrangements to be established between health and the LA • A robust referral process which prioritises what a child can access in terms of learning and insists on recent assessment by a recognised relevant health professional. • Maximising the options for support as part of the learning programme • Emphasis on transition into an appropriate long term educational placement 	Medium

3.	Availability / length of placement for more specialist provisions will impact upon the duration of time that young people spend supported by the service	<ul style="list-style-type: none"> • First 6 -12 weeks of support from the service to be used to assess need and long term educational placement. If SEND needs identified consideration to be given for a request for statutory assessment to avoid long term use of the MES. • Clear pathway agreed with the SEND team underpinned by streamlined placement procedures. • New EMS provision from September 2020 and increased capacity planned in specialist provision will reduce this risk. 	High
4.	Management of resources	<ul style="list-style-type: none"> • Personalised programme of education for each child which maximises the range of options available and does not purely rely on teacher tuition. • Half termly reviews to identify when a child is ready to return to school so a transition plan can be developed and implemented. • Group tuition to be considered for young people as appropriate to need. • Staff working across a locality patch and not county wide. • Named officer responsible for the service and the budget allocation and use. 	Medium

8.0 Consultation Undertaken and Responses

8.1 A formal consultation on the proposed model was undertaken between the dates of 2nd September 2019 and 13 October 2019 and included the approaches listed below:

- On line information and survey on the county council web site
- A series of public meetings for parents and carers,
- A series of professional meetings for schools and other stakeholders
- Direct correspondence with parents/carers and children who have accessed the service over the past 2 years

8.2 The consultation document is enclosed in **Appendix 2.**

8.3 The consultation attracted feedback via the on line survey from 69 respondents. Full details of the consultation feedback and responses have been provided in **Appendix 3.**

8.4 The responses received during the consultation were largely positive and for ease have been grouped under the following categories:

- Centralised Service
- Proposed Staffing
- Individualised packages of education
- Range of provision
- Finance
- Personal experience feedback

- Miscellaneous

8.5 Centralised Service

The consultation supported the need for greater oversight of the children and young people receiving medical tuition by the local authority. However, there was a strong view that the actual delivery of the provision should be localised, with the benefit of knowledge of the actual area and settings. This is fully supported as the proposed staffing model will include Locality based Medical Co-ordinators as well as a team of tutors.

8.6 There was acknowledgement that the centralised service would help to ensure a consistent offer of education across the county and would help prevent children and young people not having needs met.

8.7 The feedback supported the proposed model for the centralisation of the service.

8.8 There were no adverse comments to the proposed title of the service and therefore it is recommended it remains as the Medical Education Service.

8.9 Proposed Staffing

The staffing composition for the final model will be subject to further HR consultation with affected staff. However, the feedback from the consultation has been useful in raising specific issues that will require further consideration, such as training and essential skills required in undertaking these types of roles.

8.10 There was support for a lead for the service who can oversee the whole provision but with locally based co coordinators. It is recognised that the staff appointed to these roles require visibility in the locality and also need to have knowledge and training in social, emotional and mental health and the impact of such on children and families. Staff need to be strong communicators with the ability to work in partnership with other providers such as health. This will be addressed as part of the recruitment process.

8.11 Individual Packages of Education and Range of Provision

Feedback from the survey emphasised the need for the new model to ensure that the education offer is personalised and relevant to the needs of the child and that it should provide opportunities for some group and individual learning.

8.12 The proposed range of provision on offer has been well received although there is some reservation expressed over the use of the robotic technology. It is important to clarify that the use of the AV1 computers does not allow recording of lessons or children in school as it is technology that allows for live streaming alone. It will be important to raise the confidence and understanding of this form of technology with schools and parents/carers if proposals are agreed.

8.13 It is also important to stress that the range of provision that will be on offer strengthens the ability to personalise learning for individuals and is not to replace individual face to face teaching and is not a cost cutting venture. There are no budget savings identified as part of this proposed model.

8.14 Finance

Some of the feedback received questioned whether the rationale underpinning the proposals related to financial sustainability. The proposals for the new model have been based on strengthening educational provision and oversight and are not associated with any reduction in the budget allocation.

8.15 Personal Experiences

Some of the feedback received from the consultation relate to personal experiences of families. The development of the newly proposed model will address many of the issues raised particularly in terms of families not receiving any help or advice.

8.16 The Lead Officer and the locality based Co-ordinators will provide a visible and accessible point of contact for families and will be involved in ensuring that individual cases are regularly reviewed with family and associated stakeholders.

8.17 Miscellaneous

Some feedback received questioned the value of investing resources into meeting the needs of children and young people with medical needs. It is the absolute belief of the local authority that all children and young people have the right to be included and to access a high quality and appropriate education.

8.18 Some comments relate to the perceived level of understanding of schools in terms of inclusion and meeting the needs of children with anxiety and mental health needs. The Lead and Locality based medical Co-ordinators will be required to develop a close working relationship with schools to identify training needs and the best approach to meeting the needs of children and young people with additional needs.

8.19 A few comments related to the response process for the on line survey as the text boxes had a character size restriction. This will be borne in mind for future consultations but it is important to note that responses could have been emailed or sent in to the local authority if required.

9.0 Reasons for Recommendations

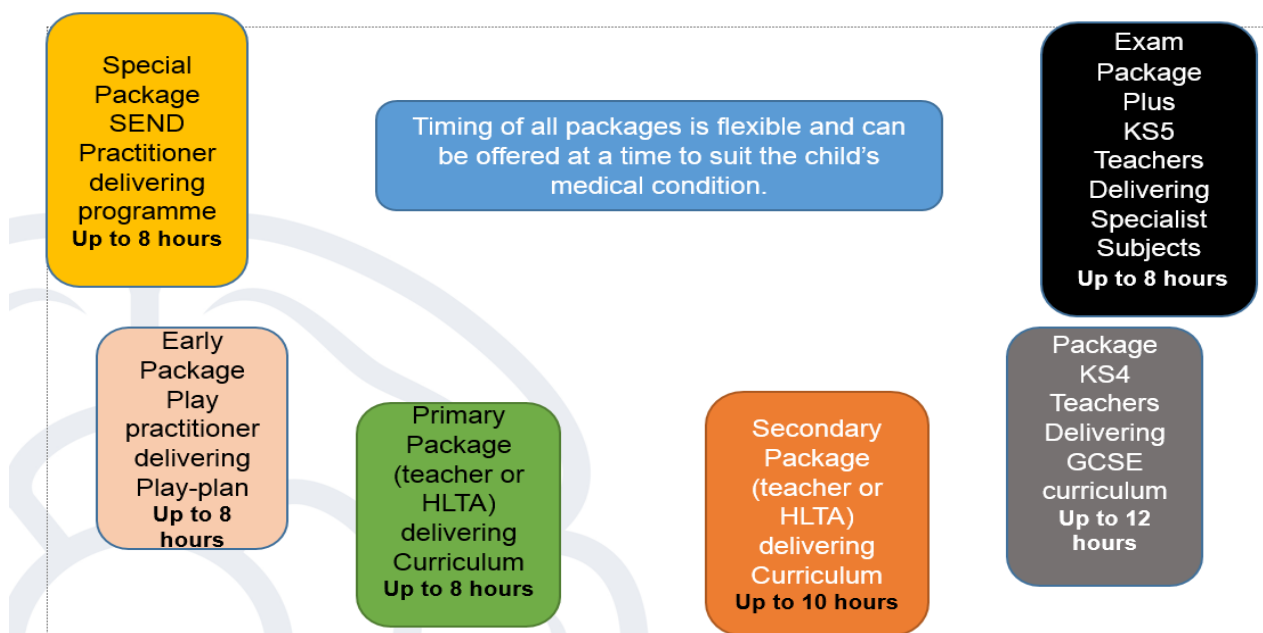
9.1 The recommended model will include central management by the local authority with operational delivery co-ordinated at locality level. The Lead Manager will have oversight of the cohort of children using the service and will also maintain the database for children with SEND that are electively home educated (EHE). The lead officer will be responsible for implementing the delivery of the service and ensuring close oversight of the educational progress of children accessing the provision.

9.2 The service is accessible for children with an evidenced medical need, endorsed by health professionals and where their medical condition has meant that they have been absent from school for 15 days or more during the academic year (collectively or cumulatively). The service is not for children and young people with SEND who do not have additional medical needs.

9.3 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.

9.4 The service aim is to ensure educational attainment is minimally affected whilst a child or young person is absent from school by providing a personalised learning programme with an increased range of educational opportunities 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.

- 9.5 The expectation of the Medical Education Service is to provide usually short-term education. It is expected that pupils will return to a longer term educational placement as soon as they are able.
- 9.6 Providing a Continuum of Support to Schools and Families
The service will be delivered in localities and will be a part of a continuum of medical support provided by the MES team.
- 9.7 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.
- 9.8 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 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 innovative ideas to ensure the pupil's presence is maintained in the school.
- 9.9 Collaborative Working
The service will ensure that there is a multi-agency approach to ensure that the personalised learning programme for the individual child or young person is appropriate and meets needs. Key partners include the education setting, health colleagues, local authority services together with the family and child.
- 9.10 Progress will be reviewed on a regular basis to ensure the child is making progress and the programme remains fit for purpose. 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 when appropriate. 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.
- 9.11 Types of Education Provision
This Personalised Flexible Model has an increase in the type of learning opportunities available for children and young people.
- 9.12 *Broad Range of Tutor Packages –*
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 CYP, 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.



9.13 Tuition will usually be in the pupil's own home initially but when appropriate short school-based interventions delivered in the child's own school will be encouraged to ensure a relationship with school and peers is retained.

9.14 *Group Education -*

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.

On referral

The child's home school is asked to agree a provide a possible future room on an ad-hoc basis for their own pupil and up to 3 other students to be taught by the Medical Team



The Medical Lead Identifies:

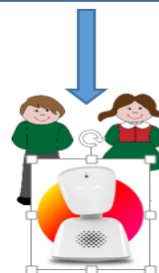
Suitable pupils; suitable venue; suitable staff; organises transport; and co-ordinates Group Tuition



Group Tuition is provided by Medical Education Team to identified pupils who would benefit an AV1 device might be used for pupils to access group learning if distance or health mean face to face tuition is not possible.



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9.15 *AV1 Robotic Technology -*

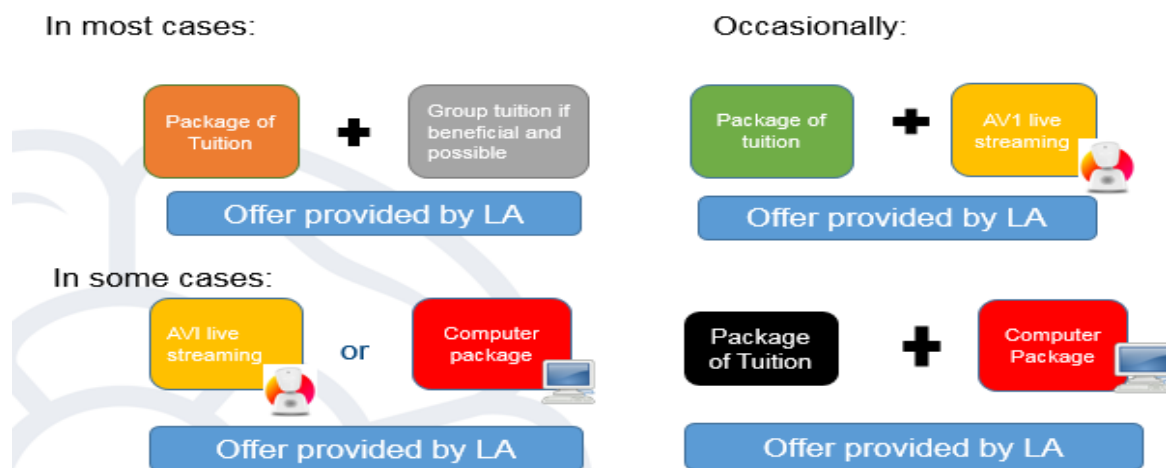
Some children and young people will have the opportunity to use AV1 Robotic Technology which is a device that enables a child or young person to access their own school or learning environment through an app on their phone or tablet. It does this by providing an interactive one-way live stream which 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.

- 9.16 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.

9.17 *Online Provider (such as Academy 21 or Nisai) -*

These are virtual classrooms designed primarily for young people from year 7 upwards and including A level students. Learning is accessed through an online virtual classroom.

- 9.18 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. The student engages in the lesson by listening to the teacher and typing in their responses.
- 9.19 The children and young people have the 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. 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.
- 9.20 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 Recommendation

10.1 The Executive are recommended to approve the proposed new model for the Medical Education Service to enable implementation from September 2020.

Stuart Carlton
Corporate Director – Children and Young People' Services

County Hall
Northallerton
17 December 2019

Author of report – Jane Le Sage
Presenter of report – Stuart Carlton / Jane Le Sage

Background Documents: None

Appendices:

Appendix 1 – EIA
Appendix 2 – Consultation Document
Appendix 3 – Consultation Responses

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
Names and roles of other people involved in carrying out the EIA	Jane Le Sage 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 Updated version 05.11.2019

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 some other authorities offer up to 12 hours).
- Current in-reach provision may not necessarily be the most suitable approach for this population of children and young people.
- There is no in-reach 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 in-reach / 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 to 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 appropriate for their 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 equitably 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 X	X	<p>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.</p> <p>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 for individuals will be identified and mitigations will be explored for each student.</p> <p>Post Consultation update: The proposals will introduce greater opportunities to access learning when a child is too ill to attend school. Similarly, the creation of the Lead role will provide greater oversight of individual children to ensure the education programme remains appropriate and that issues are addressed at the earliest stage. Children who are accessing provision now and will continue to receive support post September 2020 will be supported to ensure the transition is well planned and seamless</p>
Disability		x	X	<p>Service Users - The service is provided to children and Young people in primary through to Post 16 with various disabilities (long and</p>

				<p>short term). The new model will look to ensure those receiving medical tuition are receiving the most appropriate provision and are placed in the correct service, and where this is not the case ensuring the required educational provision is available. With an increase in delivery options this will ensure despite the disability children and young people have a way of being educated whilst off school.</p> <p>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 for individuals will be identified and mitigations will be explored for each student.</p> <p>Post Consultation update: The proposals will introduce greater opportunities to access learning when a child is too ill to attend school. Similarly the creation of the Lead role will provide greater oversight of individual children to ensure the education programme remains appropriate and that issues are addressed at the earliest stage.</p> <p>The greater range of learning opportunities will mean that learning programmes can be personalised to the individual and can also help to avoid isolation</p> <p>Children who are accessing provision now and will continue to receive support post September 2020 will be supported to ensure the transition is well planned and seamless</p>
Sex	x			Minimal impact is anticipated and the service is delivered to all eligible children and young people regardless of sex.
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 proposal sees an increase in options available for Medical Tuition and an increase in hour's 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. Post consultation: The wider range of learning opportunities and a very specific locality focus will mean that children will receive support regardless of where they live
...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.	

<p>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.</p> <p>The proposed change is likely to see a positive impact specifically for children and young people in education and with a long or short term disability.</p> <p>Post consultation: The proposed new service will have a positive impact on children with disabilities in terms of access to education, personal support, contact with school, oversight of a medical co-ordinator to ensure education remains appropriate. Support will also be given to plan transitions back to school as appropriate. Families will be fully involved in the planning and review of provision</p>

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.	X
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.	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>Whilst we anticipate positive benefits to children and young people we have acknowledged there is a possibility of adverse impact for some individual children and young people, particularly those that require additional support in terms of change and transition. The service will offer a personalised programme of learning for children and young people with appropriate levels of support for children and young people to manage change. The Local Authority will always ensure the statutory duty in respect of the education of children with medical needs is met.</p>	

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?)

The new model will be rigorously monitored by the named officer within the Local Authority with responsibility for this area of work. The children, young people and their parents and carers, will be actively involved in regular reviews of their educational programme and will be invited to express their views on the delivery of the new model as part of this process.

There will be a post implementation review of the new model which will involve all stakeholders.

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	Complete	Weekly feedback review meetings
Overall review of feedback and any required changes made to model	Carol Ann Howe	November 2019	Complete	Feedback review session (half day session)
EIA update	Julie Broome/ Carole Ann Howe	November 2019	Complete	EIA Representative Project Board CYPLT
Sign off of final model by CYPLT	Carol Ann Howe	December 2019	In Progress	CYPLT Meeting

Further actions to be developed following consultation including a post implementation review at 6 and 12 months.

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 associated with Age and Disability, 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 on the County Council website.

Post consultation: The proposed new service will have a positive impact on children with disabilities in terms of access to education, personal support, contact with school, oversight of a medical co-ordinator to ensure education remains appropriate. Support will also be given to plan transitions back to school as appropriate. Families will be fully involved in the planning and review of provision together with other key stakeholders.

Section 14. Sign off section

This full EIA was completed by:

Name: Jane Le Sage
Job title: Assistant Director, Inclusion
Directorate: Inclusion, CYPS
Signature: J Le Sage

Completion date: 28.08.19

Authorised by relevant Assistant Director (signature): J Le Sage

Date: 28.08.19 **Post Consultation: 05.11.19**

Consultation on the proposed model for the education of children and young people with medical needs.

2nd September to 13th October 2019

North Yorkshire County Council has a duty to provide education for children who are absent from school due to ill health for more than 3 weeks. The North Yorkshire Strategic Plan for SEND Education Provision 0-25 sets out action to improve this provision. You can read this plan [here](#).

We want all children and young people that are too unwell to attend school in North Yorkshire to:

- access appropriate levels of education to maximise their learning
- have a programme of learning that meets their academic and health needs
- be fully supported to return to school when possible

We know that children and young people are absent from school due to ill health for a variety of different medical reasons. This can range from recovering from an operation, ongoing medical treatments to children and young people with significant levels of anxiety. At the moment most children and young people have access to limited part time education either at home or in our Pupil Referral Services and integration back into school is low.

We have worked with partners to develop a new enhanced model for the education of children who are out of school due to their medical needs. We would now like to ask your views on our plans as part of a formal consultation with professionals, parents/carers and children and young people. This document briefly explains the proposals how we intend to consult and how you can take part.

Who are we consulting?

We are asking the public for views on our proposals, specifically the following groups;

- parents, carers, children and young people
- children and young people currently receiving medical tuition
- staff in schools and further education settings (e.g. colleges), including governors;
- parent and carer groups,
- local authority staff; and
- health colleagues.

How are we consulting?

We are asking a number of questions in a survey about our plans and are also inviting any other ideas and suggestions.

You can find the survey on the Council’s website and the SEND Local Offer [here](#).

Paper copies and other formats are available on request and an ‘easy read’ version is available on the website. Please do read all the information on the proposal before you give us any feedback.

We are also holding events around the county for parents and carers, and for schools and other interested professionals. These will take place in September 2019 and full details are outlined below:

Consultation Events				
Locality Area	Date	Venue	Time	Audience
Selby	12 September 2019	The Regen Centre, Landing Lane, Riccall, YO19 6PW	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals
Craven	17 September 2019	The Tempest Hotel, Elslack Lane, Skipton, BD23 3AY	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals
Harrogate	19 September 2019	The Old Swan Hotel, Swan Road, Harrogate, HG1 2SR	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals

Scarborough	20 September 2019	The Crown Spa Hotel, The Esplanade, Scarborough, YO11 2AG	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals
Hambleton / Richmond	24 September 2019	The Golden Lion, 114 High Street, Northallerton, DL7 8PP	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals
Ryedale	25 September 2019	The Talbot Hotel, Yorkersgate, Malton, YO17 7AJ	a) 12:00 - 1:30pm b) 2:00 - 3:30pm	a) Parents, Carers, Children and Young People b) Professionals

What is the timescale?

The consultation will be open for 6 weeks starting on **2nd September until 13th October 2019**. Once the consultation has closed, we will review all of the responses and make any changes required to the proposals. We will then prepare a report for our Executive, made up of councillors so they can make a decision in November about our recommended future model. If the plan is agreed by councillors it will then be published and we will then implement it from September 2020.

Information about our Equalities Impact Assessment

We have carried out an equalities impact assessment (EIA) which can be found here www.northyorks.gov.uk/current-consultations. We will update this following comments received during the consultation and councillors will consider it again before they make a decision on implementing the plan. The EIA has identified that there will be an impact on children and young people receiving education whilst they are absent from school due to ill health and we will offer support to families to adapt to those changes.

We anticipate that, if the plan is implemented, that the proposals will bring a positive impact to young people and their families, particularly as there will be an increase in the type and amount of education offered. We anticipate that by making joint decisions with families, schools and health providers the right education will be made in a timely manner and, that by greater joint working, children and young people will be able to return to school sooner.

Completing the survey

Please give your feedback on the proposals in our strategic plan by completing our online survey at www.northyorks.gov.uk/current-consultations.

If you would like a paper copy of the survey, please call our customer Service Centre on 01609 780780.

Our proposal for Medical Education Service (MES) provision:

1. We will identify a local authority Officer, a qualified teacher, who will be responsible for the medical education service and will:

- Manage referrals of children and young people requiring support.
- Ensure personalised learning plans are drawn up for individual children and young people in conjunction with schools, settings and parents/carers and that they are regularly reviewed.
- Quality assure the service by supervising and training staff.
- Have an overview of children and young people who are absent from school and ensure education hours remain appropriate.
- Work with schools, settings and parents/carers to plan transitions back into school when appropriate.

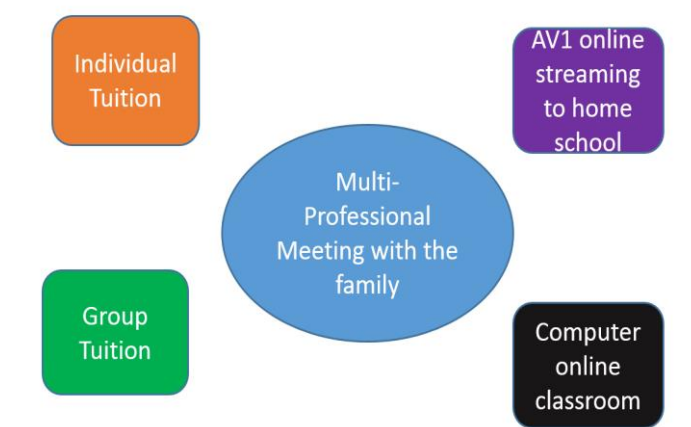
2. We will provide locality based Medical Education co-ordinators who will work closely with local schools and settings, health providers and parents/carers to support children and young people in a variety of ways by:

- Advising schools on how to help children and young people that have a medical and/or a physical need during the first 15 days of absence from school and when the young person is well enough to return. This will help the school to make adaptations so that the pupil can stay in school;
- Ensuring families and schools can access support from other services that may be able to help them, such as the Early Help Team
- Helping schools and settings with ideas on how the school staff and students can keep in contact with the child when they are unable to attend school by sharing ideas about successful schemes such as 'Panda in my Seat'. We think that keeping in touch with what is happening at school will also help when the child or young person is well enough to return to school;
- Chairing the initial and review meetings between health providers, the school, parents/carers and the child or young person to make sure that there is an agreed plan of how education is going to be provided.
- Ensuring that any further assessment of special educational needs and/or disabilities (SEND) is undertaken, under the role of the Locality Coordinator.

3. How will a child or young person receive an education when they are absent from school?

- The school will make a referral to the Medical Education Service when the child has been or is likely to be absent due to ill health for 15 days.

- The referral will trigger a meeting between school, parents/carers and other relevant professionals during which the education plan will be agreed. These meetings will be held regularly whilst the child or young person is absent so that the ongoing suitability of the medical education provision can be reviewed and where possible a return to school can be discussed. The package of provision agreed for each child will take account of their needs and will be changed as needed.
- The programme of education will be personalised to the child or young person and may involve direct teaching, on line learning, live streaming of actual lessons from their school or setting as shown below:



An individual package of education provision may include one or more of the following:

1. Individual Tuition

- For children whose illness means they must be educated within their home.
- Tuition will be delivered at a time that is right for each child or young person (this may be early evening).

2. Group Education

- Working with other children and young people who are also absent from school due to medical reasons;
- Teaching to take place within a school setting (to support reintegration)



3. Computer online classrooms:

- Teaching is delivered by an online teacher in a small virtual classroom which means they can see the whiteboard, PowerPoint or demonstration on their computer screen and:
 - Respond to the teacher by typing responses to questions.
 - Talk to other students in the same virtual classroom.

4. AV1 Robot Technology:

- Teaching comes by their own teacher through an app that connects to a robot at their own school;

- Pupils can join in lessons by answering questions in class through the robot's speaker;
- Continuing friendships with their peers by seeing and speaking to them, accessing playtime etc.

	<p>The child or young person at home sees their lessons through the app on their phone or tablet. The teacher and pupils at school communicate with the child or young person through the robot.</p>	
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Thank you for taking the time to read this document, we look forward to hearing your views.



Consultation on Medical Education Service (MES) – Proposed Model

November 2019

We have developed this document to share the outcomes of the consultation on proposed changes to the educational provision for children who cannot attend school due to their medical needs. There is also a full report of all responses and our responses to the comments.

1.0 What did we consult on?

Between 2nd September 2019 and 13 October 2019 we held a consultation asking for your views on proposals in relation to providing education for children and young people who cannot attend school due to their medical needs. We asked questions about plans to:

- Develop a centrally managed Medical Education Service
- Have a central lead for MES and a coordinator in each locality
- Develop an individual package of provision for each child or young person
- Include the following in packages of education:
 - Individual tuition
 - Group tuition
 - Computer on line classrooms
 - AV1 Robotic Technology

Overall 69 respondents completed the consultation questionnaire. Please note this consultation has now closed.

2.0 How did we consult?

Details of the proposed model was made available on the public website (www.northyorks.gov.uk/consultations) with an online survey to complete. This information was also available in easy read, alternative language or other formats upon request. The consultation was open from Monday 2nd September to Sunday 13th October 2019. The Local Authority received 69 responses to the survey. In addition, feedback was received by email and from meetings during the consultation period which have been considered.

Twelve public events between 12th and 25th September 2019 were arranged across all localities in North Yorkshire. The events were split into two parts with the first part of the session being open to parents/carers, children, young people and families. The second part of the events was open to Schools and professionals. The same presentation was delivered at each event to ensure the messages around the proposed model were consistent.

Letters highlighting the consultation and how to access this were sent to all families whose child or children and currently in receipt of medical tuition. Letters were also sent to families who had a child or children who was previously in receipt of medical tuition within the last two years.

A short video was produced with the Assistant Director for Inclusion to explain the proposed model and outline the purpose of the consultation. This was available on the NYCC website along with all consultation documents. A press release was published on 27th July following publication of the documents to Executive Members on proposed changes. A further press release was published on 3rd September when the consultation went live

The consultation has been promoted via the Schools E-red bag, NYCC website, corporate Facebook and Twitter accounts with regular releases on social media ahead of the public events. Further targeted communications with details of the consultation were sent to School Governors, Health colleagues including GP practices across North Yorkshire, 0-19 services and Children and Adolescent Mental Health Services.

Throughout the consultation a weekly breakdown has been provided to the monitoring group to review responses and feedback. As the responses have been reviewed on a weekly basis, we have been able to respond to queries and provide additional information throughout the consultation. We developed a Frequently Asked Questions document and published this on the consultation page on the website to assist with answering the questions.

3.0 What feedback did we receive?

The following gives an overview of the feedback from the survey, emails and meetings received on the proposals. More detailed information on the feedback and our responses is available at the end of this document

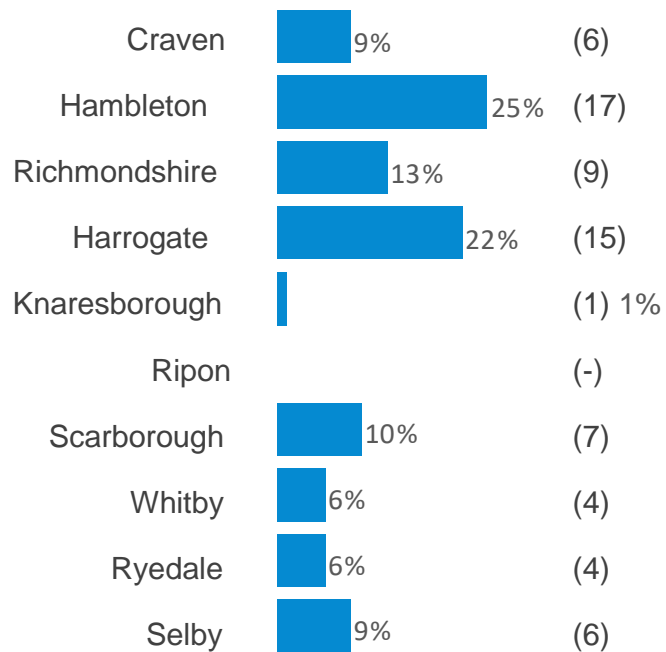
3.1 Who responded to the consultation?

Overall 69 respondents completed this on line questionnaire. This included:

- 33 parents / carers
- 29 organisations
- 4 current providers of medical tuition
- 3 children or young people

3.2 Summary of survey findings

Please select your area: (Please tick one)



In what role are you completing this survey? (Please tick one)

I am a parent/carer (33) 48%

I am a child/young person (3) 4%

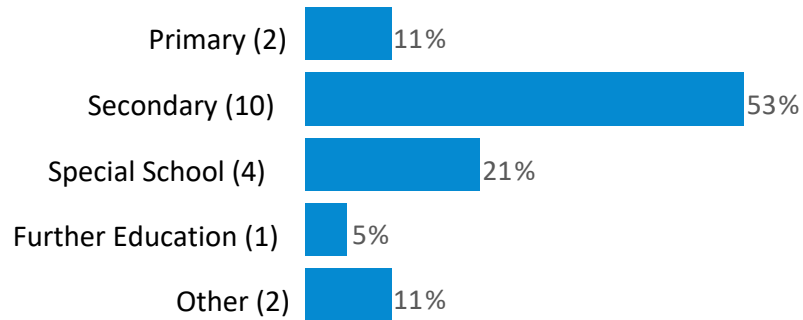
I am responding on behalf of an organisation/in my professional role (29) 42%

I am responding as a current provider of medical tuition on behalf of the Local Authority (4) 6%

If you are 'responding on behalf of an organisation' which one?



If you are a 'child or young person', what type of education setting do you go to?



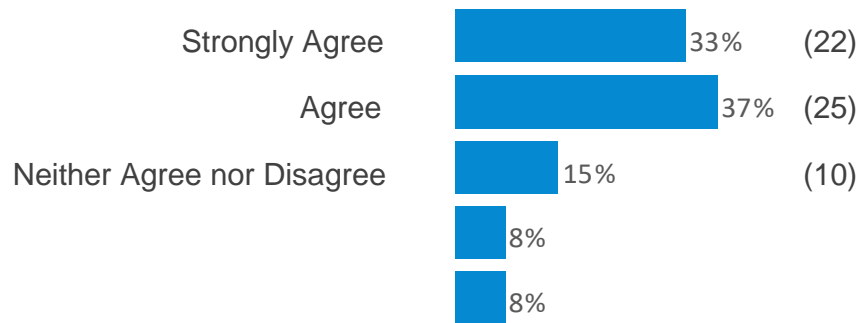
If Other please specify:

Skipton PRS EMS

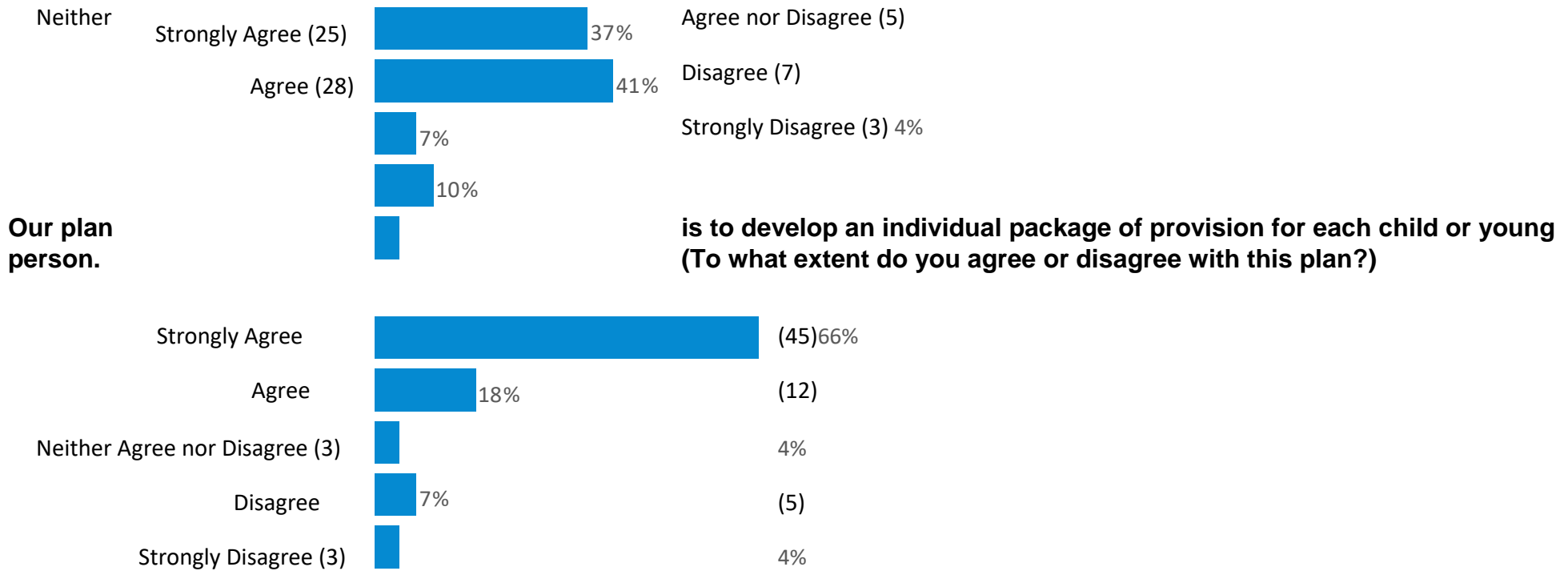
Do you consider yourself to have a disability? (please tick one)



Our plan is to have a central Medical Education Service (MES). (To what extent do you agree or disagree with this plan?)



Our plan is to have a central MES lead and a co-ordinator in each locality. (To what extent do you agree or disagree with this plan?)

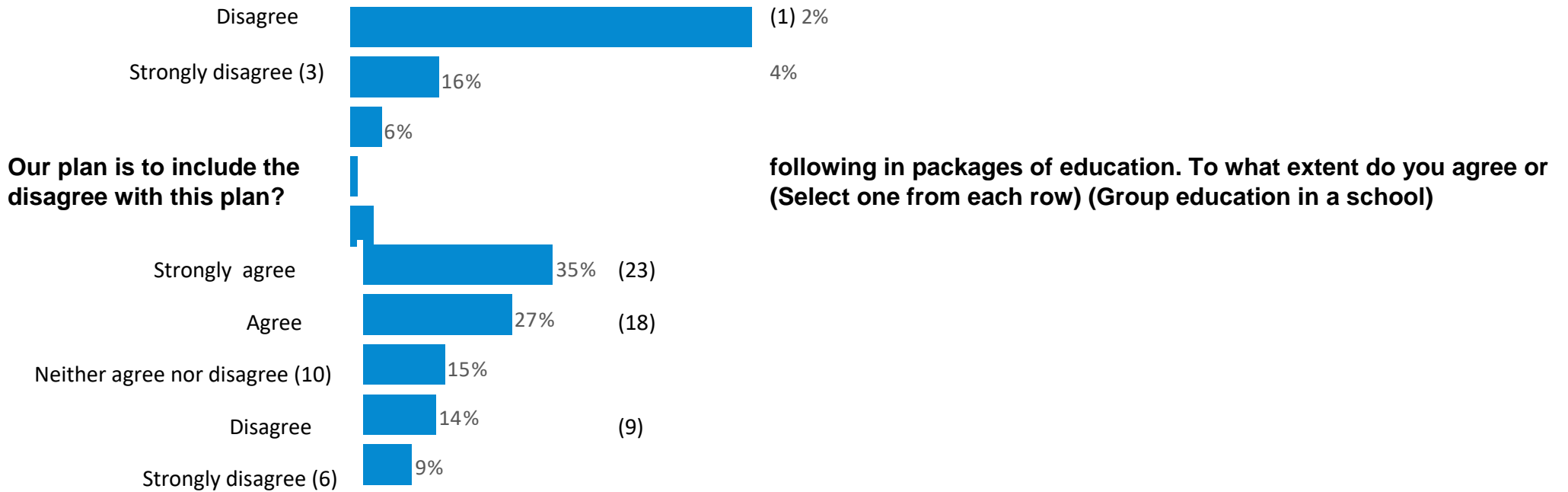


Our plan is to include the following in packages of education. To what extent do you agree or disagree with this plan? (Select one from each row) (Individual tuition)

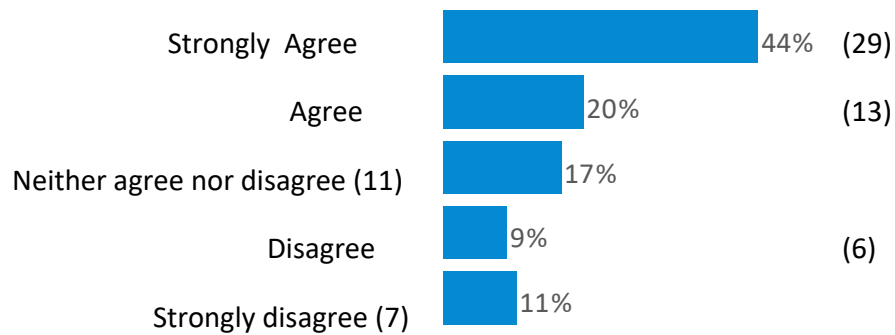
Strongly agree (49)72%

Agree (11)

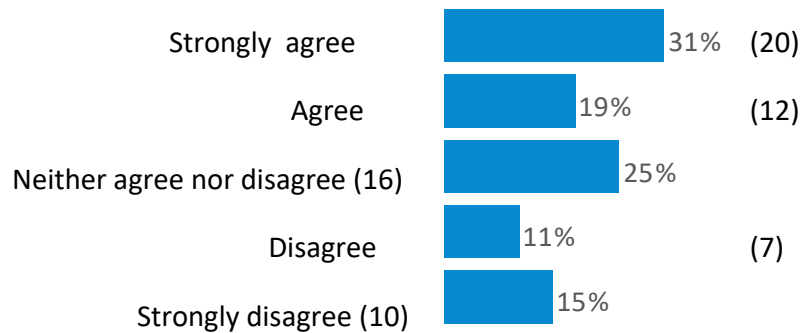
Neither agree nor disagree (4)



Our plan is to include the following in packages of education. To what extent do you agree or disagree with this plan? (Select one from each row) (Computer online classrooms)



Our plan is to include the following in packages of education. To what extent do you agree or disagree with this plan? (Select one from each row) (Education delivered via an AV1)



3.0 Detailed Feedback Received During the Consultation and subsequent Local Authority response:

Category	Further information provided	Response
Centralised Service	Having attended the meeting in Harrogate I was impressed with the proposals and felt that it was a genuine consultation across all agencies. Having the view points from other agencies helped to appreciate the multi-agency approach to supporting these children. Building relationships with the child/young person is essential so it is important that there is consistency for these children/young people. It is essential that staff appointed have knowledge and experience of social, emotional and mental health needs.	Thank you for your comments and finding the time to attend the consultation. We agree a highly skilled team with knowledge and experience in SEMH is essential and we will ensure this is addressed when staff are recruited to the roles. We are committed to a multi-agency approach and joint accountability for meeting the needs of the children

Category	Further information provided	Response
Centralised Service	This service is essential and long overdue. It must find its rightful place up there with safeguarding, Send and SEMH. It must also address attendance issues, register codes and legal proceedings taken by schools for attendance.	We agree. The increased monitoring function of the local authority will mean that we have a named officer who will ensure transparent practice.
Centralised Service	If it would provide a full joined up service it would provide benefit to children like mine.	That is good news. We will join up the systems and stakeholders involved as part of this process.
Centralised Service	This role will require more than one person per area who is an effective communicator to coordinate the many children with many different needs –one size does not one size fits all delivered by one person.	The service is based on the premise that one size does not fit all and this is why we are offering a range of educational solutions that can be changed to reflect the pupil's needs. The local co-ordinator will be flexible to ensure a pupil-centred approach: this will be overseen by the Lead Officer to ensure this occurs.
Centralised Service	I think this is absolutely essential. In my role as a parent and a teacher I think there has been a huge void in this area for many years. Children are missing out on the education they are entitled to through no fault of their own.	We hope that our proposed model will increase the oversight of children who are unable to attend school due to medical needs
Centralised Service	It is vitally important that there is consistency when a child is out of school. Working with the school ensure that are not large gaps in there learning on their return to the classroom.	We agree as we have built in the regular review meeting to address this and ensure a close working relationship between MES tutors and teachers in school.
Centralised Service	The funding areas in the Scarborough area have meant that pupils have had an inconsistent service depending on the priorities of the individualised schools. This will ensure equal access to provision across the county.	We agree.
Centralised Service	I think it is very important to have a team to attend to those too unwell to attend school.	We agree.
Centralised Service	Brilliant Idea	Thank you
Centralised Service	Having worked as a home medical tutor for primary pupils I think it is a positive move to have a dedicated MES with suitably experienced staff who are focused on meeting the needs of this very vulnerable pupils.	Thank you. You must have a very good understanding of the needs of this population.
Centralised Service	The same offer of provision should be offered countywide. Parents should not consider relocating in order for them to access a 'better' service.	The new centralised model with local co-ordinators will ensure that the provision is consistent.

Category	Further information provided	Response
Centralised Service	I think North Yorkshire is too big to have a centralised service, to run smoothly this needs to be in each locality.	The new centralised model will have local co-ordinators to ensure the service runs smoothly.
Centralised Service	Need should meet local needs central is too large and does not understand local need.	The new centralised model will have local co-ordinators that understand local need. The overall monitoring responsibility will be held centrally to ensure oversight across the county
Centralised Service	This will ensure the quality of provision across North Yorkshire	We agree.
Centralised Service	This would be good to provide a countywide consistent centralised level of tutoring for all students involved.	We agree
Centralised Service	After been to the consultation presentation, this seems to offer what we, as a PRS, were offering for the last ten years. This model works well for all parties concerned.	As you are aware the role of the PRS is changing from September 2020 to provide a focus on alternative provision. Many PRS have informed us that they do not wish to continue to provide medical tuition. The new model will provide more flexible programmes of education for young people
Proposed Staffing	You will need someone to coordinate the service to ensure all children have a voice.	Yes, we have our central Lead coordinating the service. Our locality coordinators will be best placed to ensure young people have a voice. This will also be included in the performance Indicators for the service so that we gather feedback from both young people and their parents/carers
Proposed Staffing	It is important to have a local strategic lead to coordinate all agencies involved the best outcome for the child.	Yes, we have our locality coordinators in position to do this role.
Proposed Staffing	This will help to ensure that individual plans are consistency reviewed and monitored, provide advice and support to schools and develop links with health professionals.	We agree
Proposed Staffing	One person being responsible for the coordinating will be a positive step.	We will only have one lead and one coordinator in each locality.
Proposed Staffing	Coordination is key to the success and having local knowledge is an advantage.	We agree. The strategic oversight will be undertaken centrally but there will be locality based coordinators and providers

Category	Further information provided	Response
Proposed Staffing	Given the geography of NYorks, it seems unlikely to be able to effectively deliver services without locality teams.	We agree. This is why in addition to the Lead we will have local co-ordinators that will have a team of medical tutors.
Proposed Staffing	This role is crucial- local links, knowledge and relationships will be essential. Useful to have a variety of 'setting specialists' within the county team so detailed advice can be sought, thus providing greater confidence for parents.	Having a centralised service will ensure that each locality coordinator has access to specialists within the county team.
Proposed Staffing	I feel this is good but the appointment of the right people is obviously important.	Absolutely, it is crucial we recruit the right people to these roles and ensure they receive appropriate on going training and support
Proposed Staffing	Someone with a depth of understanding about the full spectrum of needs should oversee this at a strategic level.	We agree
Proposed Staffing	It will help to have someone around to help but the amount of issues and how much each case differs would be too much for one person. You would need lots of people with different kinds of qualifications in different areas.	We agree. The role of our locality coordinator is to coordinate local SEN and health professionals to support each case as necessary.
Proposed Staffing	It is important for the locality coordinator to get to know each of the schools and form good working relationships with key staff in schools and partner agencies.	We agree. This will be built into the job functions of the co-ordinator
Proposed Staffing	More than one person will be needed –there are so many variables, needs, difficulties needs it will be too much for one person so a team of good communicators will be needed to coordinate it all.	We agree. There are a lot of variables. The role of our locality coordinator is to coordinate local SEN and health professionals to support each case as necessary.
Proposed Staffing	There needs to be plenty of leaders for the support of each child.	There will be a team of professionals ensuring the right decisions are made for each child.
Proposed Staffing	There needs to be a person we can approach for our area who knows what specific services are available so there is one point of contact.	This will be the locality co-ordinator's role. This will be widely publicised in localities
Individualised Package of Education	This system will only work if personalised to that young person's learning.	We agree. The options we have included can be personalised to build a blended learning programme for individual young people

Category	Further information provided	Response
Individualised Package of Education	Excellent news	Thank you
Individualised Package of Education	A child centred approach is vital to meeting the needs of each individual child. It is essential to consider not only the medical condition but also the social, emotional and mental health needs of each individual pupil.	We agree. We will ensure that this responsibility and experience is built into job descriptions. The staff will also have access to the locality based SEND teams and health colleagues
Individualised Package of Education	As long as opportunities to socialise are also considered and it isn't a narrow offer of home schooling.	The individualised package of learning also includes group learning which will enable the child or young person to socialise with others who are also absent from school due to illness. The AV1 option will enable the child or young person to socialise with their own friends at school. The AV1, computer packages and group learning ensure that the offer is not 'just' tuition in the home. However, for some pupils this might be the individual package they need.
Individualised Package of Education	Again it would be helpful to have subject specialists within the team. At Primary level, all curriculum areas are taught but advice still needs to be sought from subject managers within the school to ensure opportunities are maximised.	All our teachers will work closely with the pupil's own school to ensure that what they deliver will be similar to what they would have in school. This will help when the child returns to school. This will also ensure teachers will have access to subject specialists.
Individualised Package of Education	Yes needs to be individualised for the child.	We agree.
Individualised Package of Education	This is already in place for children not attending school.	The new model extends the options available for creating an individualised package. So that group tuition can be offered in Scarborough and to primary children across the county, the AV1 and computer packages also extend this offer.
Individualised Package of Education	Excellent, individualised programme to suit their needs.	Thank you.
Individualised Package of Education	All children's needs are individual.	We agree.

Category	Further information provided	Response
Individualised Package of Education	Each individual comes with their own situation and should be dealt with accordingly.	We agree.
Individualised Package of Education	Very appropriate to tailor provision to individual needs.	Thank you.
Individualised Package of Education	The children supported by EMS have already an individual package with support from the teams involved PSA, medical teacher, specialist teachers, ATAs and parents and professionals involved.	This is good to hear. We acknowledge the excellent work done in the EMS and now want to extend the options further so that this population also has the opportunity of group tuition, the use of an AV1 (so they connect to their own classrooms and friends) and computer packages where appropriate.
Individualised Package of Education	It will only work if it is tailored to the bespoke needs of the child. It cannot be a 'one size fits all' approach.	We agree.
Individualised Package of Education	Every child is different.	We agree.
Individualised Package of Education	Yes, as long as it is flexible enough to meet the needs of the child/student. Sometimes it is difficult initially to say exactly what is required but becomes apparent after initial assessment.	Yes, for this reason we will review what is in place regularly. We recognise that what is suitable for meeting a child/student's educational needs are likely to alter over time and particularly as they begin to recover and need support returning to school.
Individualised Package of Education	Each individual is different so you need to have different things as one plan won't suit everyone.	We agree. We acknowledge the excellent individualised already being carried out. We want to extend the options further so that all populations have opportunity for group tuition, the use of an AV1 (so they connect to their own classrooms and friends) and computer packages where appropriate.
Individualised Package of Education	Individual packages already in place. Skilled teachers work closely with schools to ensure a personalised balance of IT, 1:1, hands on experience etc. to support children.	This is good to hear.

Category	Further information provided	Response
Individualised Package of Education	The child's need must be top of the list for priority and they should have a tremendous amount of say in how they are educated i.e. home tutor.	We agree the child's need are our top priority. We believe the processes that will be in place will ensure that the child's viewpoint is heard.
Individualised Package of Education	As an individual it is important to target the teaching to meet the needs of the individual, particularly considering the health of the child.	We agree
Individualised Package of Education	There needs to be flexibility as the medical needs of all pupils will differ.	We agree
Individualised Package of Education	Absolutely each child is different and when catering for those with additional needs these need to be taken into account.	We agree
Individualised Package of Education	Individual packages already in place, therefore, this is nothing new.	We acknowledge that individualised packages are already in place. However, the extent to which they can be individualised is limited to the options available. We want to extend the options available so that all populations have opportunity for group tuition, the use of an AV1 (so they connect to their own classrooms and friends) and computer packages where appropriate.
Individualised Package of Education	Already provided by current EMS's.	We acknowledge that individualised packages are already in place at the EMS. However, the role of the EMS will be changing from September 2020. However, the extent to which they can be individualised is limited to the options available. We want to extend the options available so that all populations have opportunity for group tuition, the use of an AV1 (so they connect to their own classrooms and friends) and computer packages where appropriate. The EMS's offer is for home tuition alone.
Individualised Package of Education	Needs vary so much medically and educationally it needs to be flexible and built around the child.	We agree

Category	Further information provided	Response
Individualised Package of Education	Each child will require a different package, I'm not sure NYCC fully comprehends what this means.	NYCC does fully comprehend what this means. In addition to the packages outlined in this model where a child or young person requires a different approach we have and we will continue to provide this wherever possible.
Range of Provision	It is good to see a varied range of provision.	Thank you. We believe having a varied range will enable us to meet need
Range of Provision	All forms of tuition are important depending on the individual needs.	We agree
Range of Provision	The appropriateness of each will depend on individual circumstances.	We agree
Range of Provision	Maintaining a link with the home school is essential to successful transition and to enable the child to feel included. Providing a range of ways to support the links allows the package to be tailored to the individual.	We agree.
Range of Provision	I believe that all of the above options could be right for individual children depending on circumstances.	We agree.
Range of Provision	Everyone will need something different and all ultimately work towards getting to mainstream education – obviously with exceptions as I only speak for myself here. The school I was meant to go to did not follow the law and send me school work so if the government had then I would be much more confident now. All of those above would have helped me greatly.	Thank you for sharing your experiences. I am sorry you feel that the lack of provision that you received impacted upon your confidence. The local coordinator will be in place to ensure the schools know what their legal obligations are in relation to providing education whilst a young person is unwell and also when to refer to the service for long term absence due to illness.
Range of Provision	Needs agreement on an individual basis. Learning must be appropriate and overseen, however loosely, by that learner's actual teacher(s) to ensure it is worthwhile especially in the run up to KS1, KS2, SATs and GCSEs etc. Positive feedback is valued enormously especially in situations where the learners are desperate to still belong to the school. AV1 in school an option?	We agree it needs to be on an individual basis. The child's own school will work closely with the service and be part of the team of professionals involved in provision choice. They will be an expectation that they work closely with tutors, be able to see feedback and reports from online teaching and where an AV1 is used the child will be able to be taught by their own teachers.
Range of Provision	Yes a variety of programmes need to be available in order to cater for the different children's needs, specifically children with SEND.	We agree.

Category	Further information provided	Response
Range of Provision	Being educated separately in enhanced provision in an existing school marks the young person out as being 'different' which they don't like. Use of the AV1 would have privacy implications for both pupil and their peers in the class.	In most situations we are going to use a school (not enhanced provision) to provide group tuition. We understand that some young people will require support with this particularly if they have SEMH needs. However, by providing group tuition at a new venue creates a 'new normal' for the young person and this can be a further barrier to returning to school. The AV1 is a live stream it has no cookies, no data can be stored, the stream cannot be filmed or screen shot. The stream is for that pupil, and them only therefore it can only be seen on a small screen. It only live streams what the pupil would see if they were at school. Privacy agreements are in place regarding usage and the stream can be terminated immediately if there are breaches.
Range of Provision	Variety of approaches meets the needs of the range of students.	We agree.
Range of Provision	It is important for the child to have individual tuition. Would group education in a school work differently to visiting EMS now? Computer online classrooms – you lose the human interaction. A robot in class is like constant observation and technology does not always work. The teacher hasn't got time to sort it out.	We agree individual tuition can be important. However, other form of tuition can be equally successful depending upon the needs of the individual child. Presently, the EMSs do not offer group tuition. In a school it would work differently to a PRS or EMS as rather than creating a 'new normal' the child would be back in a familiar environment and this will help them when they are well enough to return to school. The AV1 is not a security camera where everything is recorded. It is a live stream. The only person observing is the child who is too unwell to attend their own lessons in person. They also are not just 'observing' they are engaging. The AV1 enables them to talk to their friends answer questions in class and go out to play.
Range of Provision	As above for this to work there must be an element of hands on practice teaching in a face to face way to help unwell isolated people feel valued and supported. Online classrooms have their place but especially for those with mental health needs, building those social skills and not allowing them to hide away is very important.	Thank you for your view having a range of provisions will ensure we are able to select what is right for each individual child.
Range of Provision	All pupils are different and require individual arrangements. Proviso of alternative education needs to be put in place quickly or students get too far behind with their studies and cannot make up the time lost.	We agree.

Category	Further information provided	Response
<p>Range of Provision Group Tuition</p>	<p>These different methods all depend on each child's needs. My child's experience at her secondary school has left her isolated. Home tuition would have educated her but would have kept her isolated. She is currently in group tuition at Skipton PRS. This has proved to be an invaluable service for our family and my daughter's wellbeing. It is a safe environment.</p>	<p>Thank you for sharing your experiences. We agree group tuition is important and prevents children from being isolated.</p>
<p>Range of Provision Group Tuition</p>	<p>I am in group tuition at Skipton PRS. I would not want to go to a school for group tuition because this is the cause of my problems.</p>	<p>Thank you for sharing your experience. We understand there may be some situations where we would need to provide group tuition at an alternative venue.</p>
<p>Types of Provision Computer Packages</p>	<p>Online is definitely a way forward in this day and age.</p>	<p>We agree we need to make utilise online technologies.</p>
<p>Types of Provision Computer Packages</p>	<p>Online education may widen the subjects that they can have support with Through secondary education my son only had Science and English tuition even though he took another 3 subjects at GCSE therefore had to fund tuition and try and work with the local school but due to it being a situation they were not very familiar with proved difficult for some subjects.</p>	<p>The online packages will certainly expand the range of subjects available.</p>
<p>Types of Provision Computer Packages</p>	<p>For a lot of children computer online classrooms won't be suitable as they won't be able to access them. My child requires 1 to 1 assistance with all her learning.</p>	<p>Thank you for sharing your experience. We agree that for children with learning difficulties a computer online package will not meet their needs but having an individual tutor will be able to support them with their learning.</p>
<p>Types of Provision Education streamed by AV1</p>	<p>Whilst the AV1 may be suitable for very young children, it raises GDPR and safeguarding issues in terms of allowing a child video access to a classroom setting. Teaching unions may have concerns on this, too. Concern over the use of online solutions long term or for mental health cases.</p>	<p>The AV1 has been built with GDPR in mind. The live stream has no cookies, no data can be stored, the stream cannot be filmed or screen shot. The stream is for that pupil, and them only therefore it can only be seen on a small screen. Privacy agreements are in place regarding usage and the stream can be terminated immediately if there are breaches.</p>

Category	Further information provided	Response
<p>Types of Provision</p> <p>Education streamed by AV1</p>	<p>From experience computer and AV1 does not work. Students, especially those isolated from society, need to see 'real' people.</p>	<p>We would like to know about your experience with AV1 and online computer packages. For some pupils face to face and group tuition will be the most suitable form of education. Our research and feedback from our case study showed that children being able to see and speak with their friends and being taught at home but by their own teacher prevented them feeling isolated.</p>
<p>Types of Provision</p> <p>Education streamed by AV1</p>	<p>I disagree strongly with robots replacing teachers, pupil's relationships with human beings harmed by technology. The relationship, trust and understanding between adult/pupil is lost.</p>	<p>The AV1 is there to enable the pupil at home to see hear and speak with their teacher and their friends and is designed to maintain relationships. The use of AV1s will be appropriate to the need of the child</p>
<p>Types of Provision</p> <p>Education streamed by AV1</p>	<p>Children with medical needs need human contact, their condition means that they can no longer be in school. A virtual school does not fulfil this need. I am also concerned that teachers may not want to be filmed. They (the teachers) should not be put under the microscope in this way.</p>	<p>For some children with medical needs, seeing a tutor will be the very best option for them. However, others may prefer and benefit from an online computer package and interact with a teacher and other students in an online classroom. This has the advantage of peer learning and an experience that is closer to that of a classroom. The AV1 option does not film the classroom. Instead it is live stream that goes to the child's phone or tablet. This means the child at home can join in with the lessons and maintain friendships with their peers. The teacher is not under the microscope any more than if the child was seated in their classroom.</p>
<p>Types of Provision</p> <p>Education streamed by AV1</p>	<p>AV1 creates safeguarding issues. Medical pupils already spend too much time in front of various screens. Needs a personal, human response to such sensitive medical needs.</p>	<p>The AV1 has been built with safeguarding in mind. The live stream has no cookies, no data can be stored, the stream cannot be filmed or screen shot. The stream is for that pupil, and them only therefore it can only be seen on a small screen. It only live streams what the pupil would see if they were at school privacy agreements are in place regarding usage and the stream can be terminated immediately if there are breaches.</p>
<p>Types of Provision</p>	<p>In regards to the robot I would be concerned about where that footage could potentially end up, on YouTube? On other apps. And what about safeguarding the teacher/staff and other children in the classroom.</p>	<p>It is not possible to upload to YouTube or other apps because the AV1 has been designed to prevent this occurring. The only person able to see what is happening in their own classroom is the child themselves. The system has been built with safeguarding in mind. The child would be able to see the teacher and their class friends the same as if they were at school.</p>

Category	Further information provided	Response
Education streamed by AV1		
Types of Provision Education streamed by AV1	If children are terminally ill or receiving treatment for chronic illness a robot will meet need.	We agree that an AV1 will help a child continue to be part of school life when they are unwell.
Types of Provision Education streamed by AV1	Not convinced about the AV1 as yet. I have done some investigating but I feel this needs further investigation.	We have also investigated. We believe this is a powerful education tool that we need to be able to offer unwell children along with other provision. This is the most effective means of helping them continue to be connected to their own world and by continuing to be able to talk with their own friends and teachers they are not isolated and returning to school is much simpler. We have also piloted its use and received good feedback from both parents and children
Types of Provision Education streamed by AV1	So disappointed that pupils needs are to be limited by cost cutting exercise such as introduction of AV1 robotics.	The motivation to introduce the AV1 was to help the child to be able to engage in their own classroom and more importantly to engage with their friends. Being absent from school for long periods can be extremely isolating for children and it is important we have an option where that reduces this. This is not a cost cutting exercise- no savings are attached to this change. We are extending the range of opportunities for accessing education
Types of Provision Individualised Tuition	I feel face to face interaction is important in building a relationship with the child and ensuring the best possible outcomes.	We agree. For some children and young people this will best meet their needs.
Types of Provision	Keep home tutors local to school. What works for one child may not work for another. Do not swap and change tutors as this will set back a child or prompt school refusal. It is really important that a child with medial needs knows that their teachers knows and remembers everything about them.	Teachers at the child's own school do not have capacity usually to provide home tuition as well. However, we will be recruiting tutors and interested school teachers can apply. We understand all children

Category	Further information provided	Response
Individualised Tuition	Not sure if online will give enough guidance and encouragement to a child struggling and afraid to ask for help if suffering with anxiety etc.	are different and have different needs. We agree consistency is important. Online will be suitable for some, but not all pupils.
Types of Provision Individualised Tuition	The one to one is a lot more effective and I for one am strongly against this proposal. You can't replace a teacher with a robot that child's needs can't be met by a robot/iPads/streaming. And if the child is ill or in pain, they will miss more by not being able to keep up, whereas the tutor touches base on everything my child's class are doing at school, leaving tasks for child to do to remember it when she's left to practice. Robots will never be effective or have an impact.	Thank you for sharing your experience. We partially agree. Home tuition will be the right type of education for some children. However, some children will benefit from an AV1, as this will allow this connect them to their own friends and classroom. For some children a combination of both provisions will work best.
Types of Provision Individualised Tuition	As a parent of a child who is currently out of education due to serious injury and is receiving home education provided through NYCC I don't see how the robot will ever have as much impact on the child's learning as a qualified tutor providing the reassurance and the explanations guidance and general help if they are struggling to understand a subject.	Thank you for sharing your experience. As the AV1 is live stream your child's own class teacher would be able to provide reassurance guidance and general help in the same way that they would do if your child was in school.
Types of Provision Individualised Tuition	I strongly agree with the individual tuition as sometimes that's the only way a child will learn. I know it's not practical that they don't have the interaction with other students but they also have a right to have an education whether it's at school or home.	We agree in some instances individual tuition is the right provision for the child whilst they are unwell.
Types of Provision Individualised Tuition	It just works fine for both the tutor and the individual medical student right now. The teacher has email and face to face access to the same tutor now and it really works for the teacher, tutor and ultimately the child.	I am pleased home tuition has worked in your situation. This will remain one of the provisions offered as for some children and young people this is what they require.
Types of Provision Computer Packages	I would like information about how these are to be funded and quality assured.	Funding for the AV1s and online classrooms have been costed into the overall model. Within this service proposal, children would always be on roll at a school, and are unlikely to attend full time, online education is most likely to be offered in tandem with tuition.

Category	Further information provided	Response
<p>Types of Provision</p> <p>Computer Packages</p>	<p>Safeguarding online classrooms currently, do NOT have any regulation and do NOT fulfil NYCC/Ofsted AP statutory regulations. NYCC will be in breach if the current government consultation be voluntary if passed.</p>	<p>The online classrooms we have investigated as possible providers for the service all report on attendance, participation and achievement on a regular basis to ensure the home school is able to fulfil its safeguarding and quality assurance duty.</p> <p>We are talking to the potential providers and the DfE to ensure that any service we offer is compliant with AP guidance and regulation. The DfE advises us that the current consultation is scheduled to report in January but may be delayed by the election.</p>
<p>Types of Provision</p> <p>Computer Packages</p>	<p>The proposals don't meet the current statutory AP guidance. There is no registration process for online schools and we do somewhat slip between the net. An AP provider must be registered as an independent school if it provides full-time education to any of the following: five or more full-time pupils of compulsory school age, one or more full-time pupils who have an EHCP and one or more full-time pupils who are looked after children (LAC). Until regulated/inspected these should not be used though I do acknowledge that they have huge potential.</p>	
<p>Types of Provision</p> <p>Computer Packages</p>	<p>Good liaison between class teacher and tutor is vital, parents cannot be responsible for ensuring child sits at computer.</p>	<p>We agree good liaison between the class and home tutor are vital. Online classrooms will require the child to log on and attend to sessions. Where this option is the most suitable it would be expected that parents encouraged their child to engage as they would if it was a school classroom.</p>
<p>Types of Provision</p> <p>Group Tuition</p>	<p>Small groups are ideal as it aids learning and socialisation. Being taught one to one is unhealthy.</p>	<p>We agree in most cases group learning is preferable.</p>
<p>Finance</p>	<p>Of course it is essential to have an individual package of provision but I worry that budgets will restrict this option</p>	<p>There are no budget savings associated with these proposals.</p>
<p>Finance</p>	<p>Of course it is essential to have an individual package of provision but I worry that budgets will restrict this option.</p>	
<p>Finance</p>	<p>Cost vs benefit</p>	
<p>Finance</p>	<p>Cost</p>	
<p>Finance</p>	<p>Anxious and SEMH pupils will require more support than the plan states. The presentation looks like it promises a lot, will it actually come to fruition, costs look like they will exceed the current provision.</p>	<p>The proposed model will enable the local authority to ensure that unmet needs of children who are off school for medical reasons can be met. This includes unmet special educational needs. The multi-</p>

Category	Further information provided	Response
		agency approach will ensure that referrals are made to agencies to ensure a holistic approach to meeting needs
Finance	Schools will need appropriate additional funding and support to implement these changes- nowhere in your consultation documentation do you explain how this will happen.	We do not see why schools will need additional finances to be involved in advising on their own pupil's educational needs or occasionally accommodating their own pupil in a group of others to assist in their rehabilitation back into school. We are not removing any of the funding the school is receiving for their pupil
Finance	If there is a requirement for schools to contribute to the cost of this service without additional central funds then this will be impossible in a school already running a deficit budget.	No there is no requirement for schools to contribute to the cost of this service.
Personal Experiences	My daughter has special educational needs and we fought tooth and nail to get a plan finally got it and it was rubbish. I have since taken her out of school completely....	Thank you for sharing your experience. I am sorry to hear that you feel that your daughter's SEND needs were not met. However, this review is for children with physical or mental health needs preventing them attending school. If you wish to speak to the local authority regarding your experience's, please contact us.
Personal Experiences	Currently have a [REDACTED] with severe anxiety disorder and chronic fatigue Has 1 to 1 tutor at home for 1/5 hrs a week. The service we have received from the [REDACTED] area has been outstanding the same tutor every week which is very important in my [REDACTED] care, it has taken [REDACTED] nearly a year to become more comfortable with [REDACTED] excellent tutor, continuity is key.	Thank you for sharing your experience. I am pleased that your [REDACTED] has received excellent tuition from the tutors in the [REDACTED] area. We understand that for many pupils having the same tutor/s is important. We agree with this; however, we also know how it can then become difficult if a tutor leaves and so we also need to be mindful of this when establishing tuition for a long term illness.
Personal Experiences	My child has had no contact with either any education related health care professionals or medical needs tuition. The LA is failing my child.	Thank you for sharing your experience. In the new model the locality co-ordinator would raise awareness with schools about their duties whilst a child is absent from school due to illness in the first fifteen days and that they would send work home during this period. If a child has a long term illness that is over 15 days, the schools would know to refer to this service. Please contact us to discuss your child's needs so we can ensure the correct support is in place
Personal Experiences	I have a child with school anxiety who is missing a lot of schooling.	Thank you for sharing your experience. I would ask your school in the first instance how they are planning to meet your daughter's educational needs whilst she is unwell. If your daughter has been away from school for more than 3 weeks your school should be able to advise you on how she can be educated whilst unwell. Different areas and stages in education have different systems. This is why we are wanting to centralise the provision to ensure it is fair across the county.

Category	Further information provided	Response
Personal Experiences	I am trying very hard to keep an open mind – so far my son has had no help so I am somewhat cynical about how this will be delivered.	Thank you for sharing your experiences. I am sorry your son has had no help. If your son has missed school due to a medical need please contact your school in the first instance for advice on how he can access education whilst unwell, and, if necessary the LA.
Personal Experiences	Every young person has different needs, my son has medical needs which stops him from being in school but very clever and eager to learn.	Thank you for sharing your experience.
Personal Experiences	You're never going to give every single child the full care they need because there simply aren't those resources. You've already taking away the thing that saved my life (Grove Academy) and you say you will care for each young person.	Thank you for sharing your experiences. I am pleased that you had a positive experience at the Grove. We believe the new system will be able to meet the needs of a greater number of pupils who are absent due to ill health and the range of provision will meet a greater number of children who are unwell.
Personal Experiences	Very careful consideration needs to be given to the type of individual support, teaching offered. My son received one to one home tuition this was a stepping stone until he got an EHCP. This type of tuition was perfect and helped build his social skills. Computer learning he wouldn't engage with as at times he was so anxious he needed real reassurance.	Thank you for sharing your experience. Yes the home tuition model is a vital part of the service.
Personal Experiences	I have not had any help.	If you are a child with a medical need that has prevented you from attending school, ask your parents to contact your school. The school will be able to advice on next steps.
Personal Experiences	Unless my son drops below 50% attendance there is no help- he is currently on 60!!!! The County is failing my son.	Providing education for children who are out of school due to illness is the school's responsibility in the first 15 days after this it becomes the LAs responsibility. The advice you have been given on % is incorrect.
Personal Experiences	My child has had no more than 65% attendance since starting school in reception. He is now in Y5 and has had no support to meet the standards he is capable of whilst off school with Chrohns Disease either for hospital treatment or illness.	Thank you for sharing your experience. You have been wrongly advised. Providing education for children who are out of school due to illness is the schools responsibility in the first 15 days after this it become the LAs responsibility. The advice you have been given on % is incorrect.
Personal Experiences	I have Chrohns disease and miss a lot of school to have treatment and go to hospital. I get worried about school because I cannot keep up and I find it hard.	Thank you for sharing your experience. I understand how worried you must become. I think your family needs to contact school for advice as you are entitled to support whilst you are poorly.
Personal Experiences	I didn't know where to get help and school didn't help very much.	Thank you for sharing your experiences. I am sorry the school did not help you. If you need further help please contact the LA.
Personal Experiences	Children who have been suffering with poor attendance due to medical conditions need support. We did not receive this which lead to our child becoming isolated, anxious, bullied, then depressed. As well as in pain.	Thank you for sharing your experience. I am so sorry to hear this. I hope you can see that the changes we want to make will help to address this experience for other children.

Category	Further information provided	Response
Personal Experiences	For her to be educated and overcome her fears and anxiety. She has a long road to go. I am very concerned this is going to stop in September 2020 when my daughter goes into her final GCSE year.	We will be working very closely with the PRSs and affected families to ensure the disruption to students currently receiving in-reach is minimised.
Personal Experiences	Children who are already receiving tuition at PRS should be able to continue. These children are beginning to feel supported and safe in an environment where they can learn. Taking this away will NOT support their mental health needs.	We will be working very closely with the PRSs and affected families to ensure the disruption to students currently receiving in-reach is minimised.
Personal Experiences	I was at home all the time. Having lessons at home would educate me. But going to PRS is helping me feel better and stops me being alone.	Thank you for sharing your experience. I am pleased the PRS helped you. We intend to continue with opportunities for group education.
Personal Experiences	I am a battle of a weary parent of a 12 year old who is autistic and who has serve anxiety. He has been out of school for 18 months. The support from NYCC has been negligible at best- I hasten to add that Jane Clark has been a tremendous support- and my son has a tutor because I went and found him one, he as a psychologist because I went and found him one. I have fought for my child's right to an education with the right support to no avail so it is up to me to support him as best I can. He can been failed catastrophically be the NYCC	Thank you for sharing your experience. I am sorry to hear that your son has severe anxiety. I am pleased that you have received support from SENDIAS. Please contact us so that we can work with you to ensure your child receives the support they need
Personal Experiences	My son broke his back and couldn't walk around a normal school.LA refused to put him in a specialist school as he wasn't diagnosed with autism until I paid for a private assessment. The system is wrong.	Thank you for sharing your experience. I am sorry that your son had difficulty attending his school when his leg was broken. I am pleased that he is now in a specialist school for his autism.
Miscellaneous	You will more of our kids have medical needs than you think	There will be children with medical needs as well as possibly unmet special educational needs.
Miscellaneous	Education should be inclusive and available to all regardless of any medical or physical situation because it is necessity for survival in today's society.	Yes we agree.
Miscellaneous	Information on current services and support is not reaching children and families. Schools and Health need to work to help families to know where help can be found. It took me two years to find the right support.	Thank you for sharing your experience. In the new model the locality co-ordinator would raise awareness with schools about their duties whilst a child is absent from school due to illness in the first fifteen days and that they would send work home during this period. If a child has a long term illness that is over 15 days the schools would know to refer to this service.
Miscellaneous	Schools need to support families however do not seem to have time or staff available.	Schools have a responsibility to provide education for children and young people who are absent during the first 15 days. Many do this by sending work home. After this time the responsibility passes to the local

Category	Further information provided	Response
Miscellaneous	There are elements I agree and disagree with however I cannot put them on here as it seems you have restricted the space available for comment. How can we be expected to comment without appropriate space to do so?	I am sorry that you were not able to express your opinions concisely. We were not able to alter the box size after the consultation went live as it would have invalidated the other responses. You can email or write to us to provide more information
Miscellaneous	As above there are elements I agree and disagree with however I cannot put them on here as it seems you have restricted the space available for comment. How can we be expected to comment without appropriate space to do so? This feels as though t	I am sorry that you were not able to express your opinions concisely. We were not able to alter the box size after the consultation went live as it would have invalidated the other responses. You can email or write to us to provide more information
Miscellaneous	As above there are elements I agree and disagree with however I cannot put them on here as it seems you have restricted the space available for comment. How can we be expected to comment without appropriate space to do so?	I am sorry that you were not able to express your opinions concisely. We were not able to alter the box size after the consultation went live as it would have invalidated the other responses. You can email or write to us to provide more information
Miscellaneous	As above not enough space to comment on each individual area. There needs to be an option to partly agree or disagree and comment fully. Restricting the ability for people to fully comment is not allowing a full and clear consultation on this policy and the changes which are being put forward. I would like the opportunity to add comment on the elements proposed.	I am sorry that you were not able to express your opinions concisely. We were not able to alter the box size after the consultation went live as it would have invalidated the other responses. You can email or write to us to provide more information
Miscellaneous	It needs a more joined up approach when I phoned I was put through to 5 different people.	Having a locality coordinator will make this easier as there will be one person responsible for medical education in each locality.
Miscellaneous	Children who cannot attend school because of mental health are ignored and parents have to fight for any help.	The majority of pupils who are receiving education due to illness are receiving this due to poor mental health.
Miscellaneous	I have seen first-hand the way children with a mental illness/disability are treated by the adults we are told to respect. Was emotionally abused by the people who were meant to be helping me and now I have to live with it forever.	I am sorry to hear about your experience. This review is looking at a new service for children who are temporarily out of school due to medical reasons.
Miscellaneous	Please do not put more pressure on classrooms in schools. Please be sensible about the money you spend and if the child will truly benefit. Will the child access the curriculum? Will be child live unassisted. If the answer is no then be sure if the outcome before precious resource is spent.	We believe that every child in North Yorkshire has the right to an education regardless of any disability, additional need or illness.
Miscellaneous	Many children do not thrive in a group situation and need the safety of their home.	We partially agree that here are a few circumstances where if a child has a low immunity where it may not be safe for them to interact in a group, However, usually children do benefit from being able to socialise with other children. Having experiences outside of the home gives children confidence and helps them to prepare for adult life.

Category	Further information provided	Response
Miscellaneous	Don't allow children who will disrupt into already stretched classrooms. The ideal that all special needs children should have the chance of going into mainstream school is an ideal that is wrecking the education of other children. If a classroom is disruptive then a child can't concentrate and learn. The bottom line is/ if from a few changes a child cannot access the learning offered in the classroom then the child shouldn't be there. The others have to go out and get jobs on their own two feet- don't make it harder than it.	We disagree. All children have a moral and legal right to be educated.
Miscellaneous	Schools need to be on board more with the responsibility they have to children with mental health issues, that are a casualty of them not been provided with sufficient support. They need to realise they have a duty of care and stop having "out of sight, out of mind" mentality. This new plan is fantastic and one which I wish could have been offered before I removed my so to special provision.	I am pleased that you like the plan I am sorry you did not receive the help your son required in mainstream. I am pleased he is now in a provision that meets his needs.
Miscellaneous	More money is needed to extend the subjects offered. Also into further education. Although my son is hoping to start college this year there is a high possibility that he may not be able to always attend because of medical needs and home tuition would be beneficial and keep him up to date when needed.	Thank you for sharing your experience. I hope your son is well enough to enjoy his college course.
Miscellaneous	Any help would be grateful my received as we got none!	I am sorry to hear that.
Miscellaneous	I was 'encouraged' to remove my son from school or they would prosecute me for his non-attendance, despite him having autism and social anxiety. This was a few months before he was due to sit his GCSE exams. He is a highly intelligent boy who was on the gifted and talented register in primary school, he left school with no qualifications.	Thank you for sharing your experience. I am sorry that the school environment was not right for your son. The role of the locality coordinator will be to guide schools as to when medical education can be provided so hopefully this situation will not arise.
Miscellaneous	Need to give greater clarity that provision should be available to a child who has missed 15 days in a school year (ie they do not need to be consecutive) repeatedly saying off 3 weeks does not make this clear.	Yes it is 15 consecutive or cumulative days this enables a pupil who has managed to come back to school for a brief and then had a relapse to continue to receive medical education without waiting for the 15 day period. Medical Education would not however necessarily be given if a pupil had occasional unrelated illnesses that totalled 15 days over a school year.
Miscellaneous	I currently work in CYPS but recently left a secondary school where I have previously had responsibility for managing pupils with medical needs. This school did previously employed an outreach tutor but due to differing priorities within the school, this post could not be sustained- as a result, pupils with medical needs were neglected. Pupils do not need specific medical evidence in order to be eligible for tuition, and a local co-ordinator will help to ensure this happens more consistently.	Thank you for sharing your experience. However, we will need medical evidence prior to offering medical education.

Category	Further information provided	Response
Miscellaneous	Need to include a model for very unwell children in special schools, who are unable to attend due to their illness and therefore the technological aspects of the plan are less accessible to them potentially.	Thank you for highlighting this to us.
Miscellaneous	I feel strongly that I have been unable to give a full and clear picture of my feelings in relation to the elements in this consultation that I both agree and disagree with as the ability to comment has been restricted on this form. As a family we have intimate knowledge of the failings of the current model of medical tuition and the lack of training that on the ground school and NYCC staff have with the legal guidance. Restricting the comments boxes is restricting people's ability to fully comment makes the whole process invalid.	I am sorry that you were not able to express your opinions concisely. We were not able to alter the box size after the consultation went live as it would have invalidated the other responses. You can email or write to us to provide more information
Miscellaneous	More support is needed around medical needs in our special schools. All schools like our (Springwater) should have a dedicated, full time nurse to support the pupils requiring this level of care. It is not in the training or job descriptions of education staff to do so.	Thank you for highlighting this to us. We will raise this with health colleagues
Miscellaneous	I am concerned that, with the uncertainty of EMS provision for primary aged children, some children may be classed as 'unsuitable for school' because there is no appropriate provision for them in the future. This would push them down a medial route which would not necessarily be the best for the child. Current medical teachers in Ryedale are SEMH specialists. This is vital when mental health is the barrier to being in school. Will the new professionals be adequately trained?	The outreach function of the EMS will be undertaken by the locality based SEND Hubs. These will be made up of a range of professionals including those with SEMH experience. The team delivering medical tuition will be suitably trained and will have access to expertise from the Hubs
Miscellaneous	Communications from the schools needs to be carefully considered, especially when seen by the learner. Reintegration to school may need to be a lengthy process where perhaps a period of time where home tuition conditions such as AV1 learning or individual tutoring are replicated on the premises, perhaps building to involving a friendship group. Back up plans need creating at all levels, especially AFTER a successful return. Contact needs to informally continue with families to avoid a repeat of situation.	We agree
Miscellaneous	The level of documentation required to gain medical outreach needs to be made very clear particularly around those students with mental health issues. School refusers are really hard to deal with. CAMHS is consent based so if a child is failing to attend school and refusing to go to CAMHS it is very difficult to get a consultants letter. Will a GPs letter suffice? Half termly reviews for students?	The necessary and fair level of evidence is currently being decided upon. We intend to review progress on a regular basis

Category	Further information provided	Response
Miscellaneous	The medical needs of young people has often been overlooked by schools. As a PRS we offered a comprehensive package of education for individuals, delivered by subject’s specialists who had a wide experience of working with medical needs students. If this package is replicated, it will offer the best support for Young people, their families and schools. I hope that the staff from the PRS will be considered for these posts, bearing in mind their wide range of expertise and experience.	Thank you for your comments. We recognise the skills and experience of the staff in the PRSs that have been involved in supporting this population.
Miscellaneous	I am assuming that ‘medical’ also includes children who become school refusers due to emotional and social issues. If so, further detail is required on how schools will be supported to address this. The model looks sound in terms of supporting and providing an education to children who are unable to attend due to physical health needs but what will be done to address the underlying issues of school refusers? Schools and other agencies struggle to address this and there tend to be more failure than successes in terms of reintegration.	The model is for children with physical and mental health difficulties. Working with schools is a crucial part of this model. This will enable us to support the pupil with reintegration.
Miscellaneous	The loss of extremely experienced, dedicated and well qualified staff in the current provision and the relationships built with current schools, pupils/parents and professionals will be a huge blow to all. Currents EMS are unclear about what, where, when and who will be likely to be part of this new idea?	The EMS primary SEMH schools currently provide medical tuition for children that are too ill to attend their home school. From September 2020 the models for all EMS’s will change to an in-reach model. Headteacher’s of existing EMS’s have made a decision as to whether they wish to continue the EMS under the new specification. This also means that primary SEMH EMS’s in to the future will not be required to deliver medical tuition and this will be part of the proposed centralised service. We are in contact with Headteacher’s to ensure that they are kept up to date with opportunities that will help reduce the loss of skilled staff across North Yorkshire.
Miscellaneous	I don’t know how in depth anyone will look at this survey but I hope someone sees this. I would love to speak to some members of the council deciding on these issues and give them a more casual heart to heart about what it is like to be affected by this. My name is [REDACTED] and honestly- [REDACTED] played a big part in my recovery and I can say with 100% certainty that I wouldn’t be here if it weren’t for the school and the amazing people there. Please take the time to listen to us... we need you.	Hello, thank you for responding. We really value the opinions of young people who have experienced medical education. One of my colleagues will be in touch with you as suggested. We will make contact with you.
Miscellaneous	I hope the local coordinator would liaise closely with the compass buzz service about how schools can be more supportive and understanding of young people with anxiety!! Also what about the gap between a young	Thank you for your comments. The local coordinator will be working with Compass Buzz. The necessary and fair level of evidence is currently being decided upon.

Category	Further information provided	Response
	person stopping attending school completely due to their mental health deteriorating and the long wait for an initial assessment at camhs which will defiantly be more than 15 days? Also what about those young people who refuse to attend camhs but their mental health is cited as the reason they can no longer attend school?	
Miscellaneous	The consultation is a SHAM. The letter inviting me to take part is dated October, AFTER all of the public meetings to discuss the proposed changes has taken place. I have had no opportunity to ask questions or hear contrary views. All I am left with is the NYCC's partisan account which side-steps all counter argument. The devil is in the detail: "cost efficiencies" (cuts) and job opportunities" (losses), neither of which appear on the easy read version. Public voice is on this important issue is vital, but this consultation is meaningless.	I am sorry you did not receive the letter in time to attend any of the consultations. We did write to all schools and PRSs about the consultation in addition to putting it on our social media, webpage and the same was also done by SENDIAS. The consultation dates were also published in some of the local press. There are no cost savings with this proposed service.
Change	EMS provision is already working successfully	We agree but the model will change from September 2020 – but want to be able to extend the number of hours offered to pupils and group tuition where suitable.
Change	The current system works very well with great success. Allowing the medical child to have visitors into the comfort of their home at a time that suits their needs.	Home tuition will continue when this is the right choice for the child. This model also has options where children can be educated alongside one another an option for them to see and work with their own class in the comfort of their home and for some pupils the option for online learning.
Change	The current system is already managed and coordinated separately.	We are unable to comment without further details
Change	Current provision from EMSs has been very effective and feedback from parents is very good.	I am pleased that this is the case. The proposed model will embed the principles that are working well

4.0 Summary and Consideration of Survey Findings

The responses received during the consultation have been largely positive and have been grouped under the following categories:

- Centralised Service
- Proposed Staffing
- Individualised packages of education
- Range of provision
- Finance

- Personal experience feedback
- Miscellaneous

Centralised Service

The consultation supported the need for greater oversight of the children and young people receiving medical tuition by the local authority. However, there was a strong view that the actual delivery of the provision should be localised, with the benefit of knowledge of the actual area and settings. This is fully supported as the proposed staffing model will include Locality based Medical Co-ordinators as well as a team of tutors.

There was acknowledgement that the centralised service would help to ensure a consistent offer of education across the county and would help prevent children and young people not having needs met.

The feedback analysis supports the proposed model for the service.

Proposed Staffing

The full details of the staffing composition for the final model will be subject to further HR consultation with affected staff. However the feedback from the consultation has been useful in raising specific issues that will require further consideration. There was support for an overall co coordinator of the service who can oversee the whole service but with locally based co coordinators. It is recognised that the staff appointed to these roles require visibility in the locality and also need to have knowledge and training in social, emotional and mental health and the impact of such on children and families. Staff need to be strong communicators with the ability to work in partnership with other providers such as health.

Individual Packages of Education and Range of Provision

Feedback from the survey emphasised the need for the new model to ensure that the education offer is personalised and relevant to the needs of the child and should provide opportunities for some group and individual learning. The proposed range of provision on offer has been well received although there is some reservation expressed over the use of the robotic technology. It is important to clarify that the use of the AV1 computers does not allow recording of lessons or children in school as it is technology that allows for live streaming alone. It will be important to raise the confidence and understanding of this form of technology with schools and parents/carers if proposals are agreed.

It is also important to stress that the range of provision that will be on offer strengthens the ability to personalise learning for individuals and is not to replace individual face to face teaching and is not a cost cutting venture. There are no budget savings identified as part of this proposed model.

Finance

Some of the feedback received questioned whether the rationale underpinning the proposals was financial. The proposals for the new model have been based on strengthening educational provision and oversight and are not associated with any reduction in the budget allocation.

Personal Experiences

Some of the feedback received from the consultation relate to personal experiences of families. The development of the newly proposed model will address many of the issues raised particularly in terms of families not receiving any help or advice. The Lead and the locality based Co-ordinators will provide a visible and accessible point of contact for families and will be involved in ensuring that individual cases are regularly reviewed with family and associated stakeholders.

Miscellaneous

Some feedback received questions the value of investing resources into meeting the needs of children and young people with medical needs. It is the absolute belief of the local authority that all children and young people have the right to be included and to access a high quality and appropriate education.

Some comments relate to the level of understanding of schools in terms of inclusion and meeting the needs of children with anxiety and mental health needs. The Lead and Locality based medical Co-ordinators will be required to develop a close working relationship with schools to identify training needs and the best approach to meeting the needs of children and young people with additional needs.

A few comments related to the response process for the on line survey as the text boxes had a size restriction. This will be borne in mind for future consultations but it is important to note that responses could have been emailed or sent in to the local authority if required.

5.0 Equality Impact Assessment (EIA)

The EIA for use of this public consultation was shared on our website as part of the material for consideration. The EIA has been monitored against feedback received during the consultation period. Having reviewed feedback on conclusion of the consultation there have been some changes to the EIA which will be published with the documents that are submitted to the Executive as part of the recommendations for change.

6.0 Outcome of the consultation

Following consideration of the consultation responses a recommendation will be made to implement all aspects of the proposal. This recommendation will be put forward in line with the Authority's democratic processes as outlined in its Constitution.

7.0 Next steps and timescales

A decision by the Council's Executive is scheduled for 26 November 2019. If approval is received the new model will be fully implemented from 1st September 2020

Appendix A - Public Presentation:



Standard
Presentation - Medica

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