

YOUNG PEOPLE OVERVIEW & SCRUTINY COMMITTEE

3 September 2021

Medical Education Service (MES) briefing

Report of the Corporate Director, Children and Young People's Service

This report

Requires a decision		Seeks views	
Provides a briefing	/	Reports on performance	
Is presented in advance of an Executive Member decision			

The following implications are associated with this report:

Financial Resources		Staff/HR	
Performance		Community	
Legal			

1.0 PURPOSE OF REPORT

1.1 To provide a briefing on the progress of the MES

2.0 BACKGROUND

In December 2019 Executive approval was given to implement a revised model for the Medical Education Service (MES). The local authority has a 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 needs.

The new MES proposed to continue an appropriate level 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.

It was proposed that an increased range of options for medical tuition, including digital solutions, personal home tuition and group education would enable the delivery of a bespoke package for each child. Regular review meetings led by the School would be held with the local Medical Education Service (MES) co-ordinator as well as the pupils, their families and health professionals to ensure a flexible, pupil and family-centred joined-up approach that reflects pupils' needs by delivering the right amount of education, at the right time and through the right choice of educational provision.

The new model proposed a greater involvement of the pupil's home school, which would enable relationships to continue and ensure the school maintains accountability for their pupils. There will be earlier professional intervention through multi-disciplinary meetings, greater Health and school involvement and a more bespoke range of options dependent on the need of the child or young person. It was proposed that this will be achieved with an improved holistic collaborative approach to meeting the needs of individual children involving key professionals as appropriate. The new model seeks to minimise duplication of meetings, assessments and reviews. It was anticipated that this joined up, bespoke provision would facilitate an earlier return to school for many pupils.

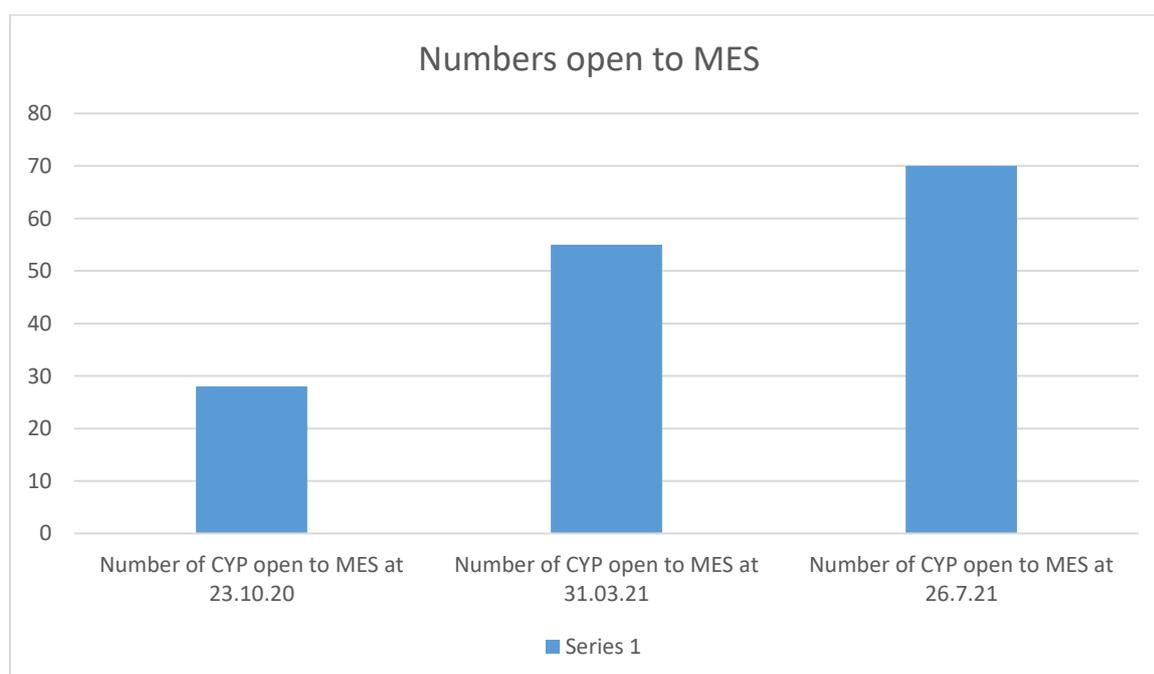
3.0 OBJECTIVES

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

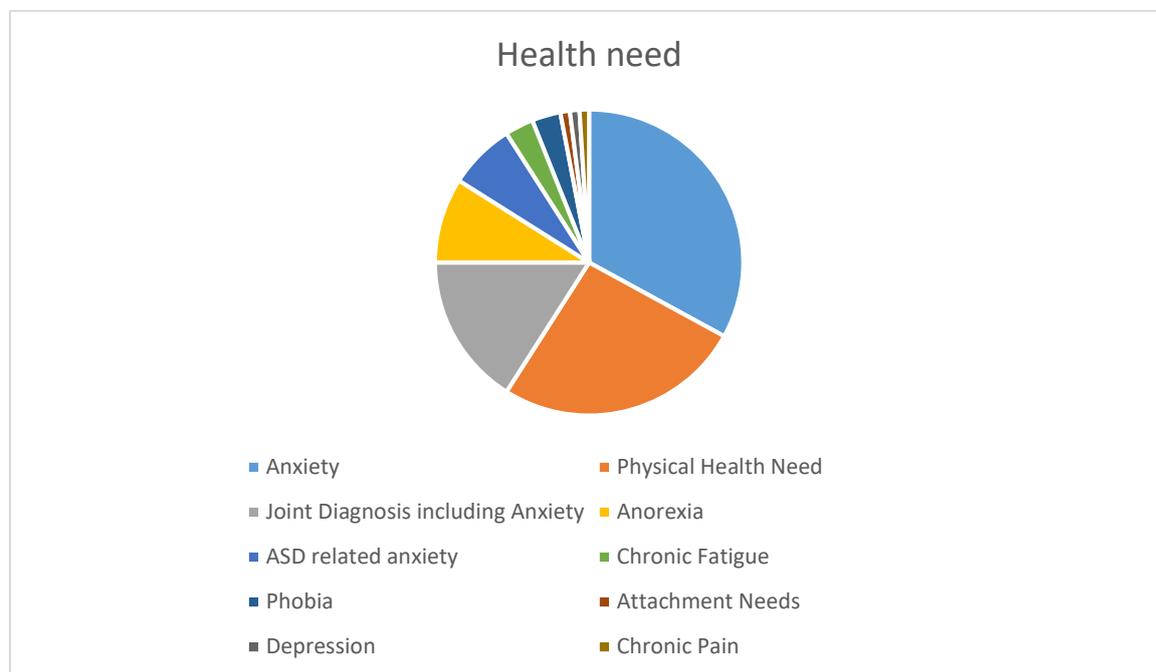
4.0 IMPLEMENTATION

The MES launched as planned in September 2020. Prior to the launch the Lead of the MES presented at each SENCo Network in North Yorkshire to ensure all schools were aware of their statutory duties to support children with medical needs as well as the duties of the Local Authority and when and how to refer to the MES. Communications regarding the MES were circulated to all schools at the point of launch.

By October Half Term 28 Children and Young People (CYP) were open to the MES, this increased to 55 at the end of the Spring term and 70 at the end of the Summer Term. This rise in numbers was expected as the schools re-opened after the second and third national lockdowns.



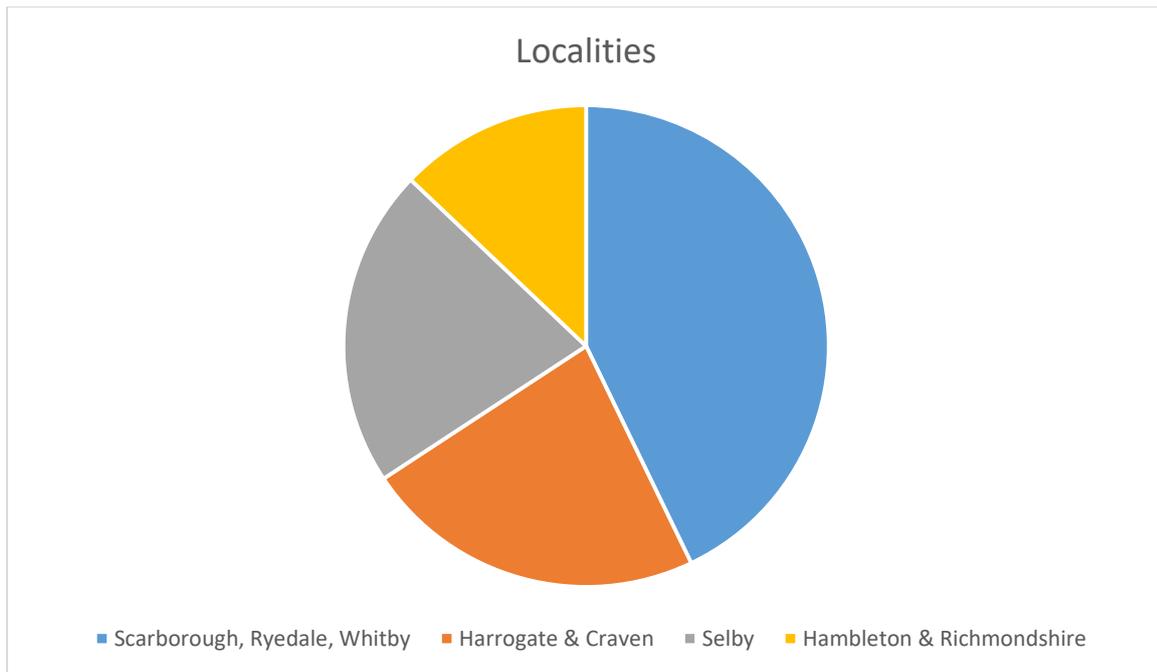
At the end of the Summer Term 33% of CYP open to the MES were referred due to anxiety, 26% due to a physical health need, 16% due to a joint diagnosis which included anxiety, 9% due to anorexia, 7% due to ASD related anxiety, 3% due to chronic fatigue, 3% due to a phobia, 1% due to attachment needs, 1% due to depression and 1% due to chronic pain.



The MES works closely alongside the schools the CYP are on roll at. The offer of education in place for each CYP open to the MES includes an offer from the school as well as the MES. An average of 5.9 hours of education are delivered by the MES each week to each CYP. The schools offer of education varies from using an AV1 to enable a CYP to watch a live streaming of their lessons from home to 1:1 lessons via Microsoft Teams to setting and marking work for the CYP to complete at home. The MES aims to ensure the CYP continues to feel a part of their home school and is working closely with the schools to ensure their part of the offer is appropriate for the CYPs needs and is supporting reintegration. In Autumn Term 2021 the MES is delivering a webinar for schools regarding the policy they need to have in place, as per their statutory duties, which sets out how they support children with medical needs as well when they should refer to the Local Authority.

The MES also work alongside the health professionals who are working with the CYP. In order to submit a request to the MES the health professional has to complete a section of the request form which asks for their professional opinion on what education the child is medically able to access. On average a health professional takes 9.6 days to complete the form. A Pupil Reintegration Education Plan (PREP) meeting takes place when a request is accepted and is then held at least half-termly whilst the CYP is open to the MES. 32% of the PREP meetings have been attended by a health professional. The Lead of the MES is addressing this low attendance through the CCG at the Social Emotional Mental Health (SEMH) strategic group.

Of the 70 CYP open to the MES, 42.86% are from Scarborough, Ryedale, Whitby, 22.85% from Harrogate and Craven, 21.42% from Selby and 12.86% from Hambleton & Richmondshire. It is anticipated that 42.86% of this cohort will close in September 2021 as the CYP return to school full-time however they remain open to the MES at present and this will be reviewed mid-late September 2021 using the attendance data.



In the Summer Term 48.5% of Key Stage 1,2 & 3 were below Age Related Expectations (ARE), 36.5% were at ARE and 15% were above. 51% of Key Stage 4 were below their predicted grades, 38% were on target and 11% were above.

In the Summer Term 12.86% of the MES cohort have an EHCP and 40% have progressed to statutory assessment whilst open to the MES.

5.0 CASE STUDY

Background and reason for Involvement

- YP is 16 year old female in year 11 in a mainstream secondary school in North Yorkshire. A request for involvement was made to the MES as she had a number of medical issues. She was diagnosed with extreme anxiety, depression and an eating disorder, which required hospitalisation last year.
- She had frequent panic attacks at school and also suffered with migraines brought on by the stress she was under.
- Despite this extreme level of anxiety, she wanted to return to school and has plans to attend college next year.
- Attendance on entry to MES 0%
- Below ARE due to missed learning

Actions, Impact and Outcome

- The Medical Education Service began teaching her both online and face to face. She responded well to the teachers and they were able to establish good relationships with her. She has worked hard in the sessions and has made very good progress. By attending the sessions, she has been able to fill gaps in learning which reduced her anxiety about attending school. Attendance at MES 100%.
- School staff have supported her with a gradual re-integration back to school and she is now able to attend some lessons. School have been able to create a flexible timetable that means she is able to make good academic progress whilst making sure that her anxiety doesn't become too high.
- She has attended CBT and family therapy sessions with mental health services and these have helped her to manage her anxiety, which has meant that she is more able to attend school on a part-time timetable.
- All of these factors mean that she is on track to achieve high grades at GCSE and has accepted a place at her local college for September to study A Levels. She is then hoping to go on to university. In Summer Term YP Above ARE.
- All teachers working with her, both in the MES and school have recognised that she has increased in confidence incredibly well and is now at a point where she is able to contribute to lessons in school. She is also able to manage if she makes a mistake and can correct herself and move on, both at school and during MES sessions.

Feedback and Parent/Carer & YP Voice

- The YP's Mum is extremely proud of her daughter and all she has achieved. She is very grateful to the MES teachers for their approach, professionalism and support and recognises that her daughter would not have achieved so much without their involvement. She is also very appreciative of how the school staff have managed to be flexible in their approach and supportive towards her.
- The YP has said that she enjoys her lessons with the MES teachers and is glad to be back at school more than she was.

Learning for the Service

- What the MES has learned from this case is that a co-ordinated, multi-agency approach works well to bring about positive outcomes for young people.

- This case has been successful is because the MES, the school, the family and the medical professionals have worked together to support this YP to achieve outcomes that she is capable of achieving.
- Moving forward, the MES will ensure that this coordinated approach will be adopted for all caseload. The MES is a new service and it has been challenging to ensure that schools, parents and medical professionals understand the core purpose of the service. However, we have begun to achieve this, through developing professional relationships and establishing good lines of communication, so that there are clear expectations of the role of each service involved with the young people and their families.

6.0 NEXT STEPS

- MES to deliver webinar to schools in Autumn Term to highlight a schools statutory duty to support children with medical needs
- Review MES criteria due to impact of Covid-19 on CYP's heightened anxiety regarding attending school
- Escalate low attendance of health professionals at review meetings via SEMH strategic group

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