Appendix A

Supporting Pupils at Special Schools with Medical Conditions

Overview and Scrutiny Review – May 2018

For further information regarding this report, please contact

Gary Halsall

Senior Democratic Services Officer (Overview and Scrutiny)

01772 536989

gary.halsall@lancashire.gov.uk

www.lancashire.gov.uk

Lancashire County Council

Contents

	Page No
Executive Summary	4
Background and scope of the review	6
Membership of the task and finish group	6
Methodology	7
Findings	10
• Context	10
❖ Special school provision in Lancashire	10
❖ Guidance	11
❖ Commissioning arrangements, providers and demand	13
• Roles and responsibilities	14
• Basic care and clinical interventions	16
• Training and competency	18
• Communication, information sharing and data	20
• Funding	21
• Transition	22
• Premises, equipment and ICT	23
• EHC Plans and Individual Healthcare Plans	23
• Transport Healthcare Plans and School Transport	24
• Reasonable adjustments and risk assessments	25
• Do not resuscitate (DNR)	25
• Complaints	25
• Ofsted	26
• Supply teachers and agency staff	26
Conclusions	27

Recommendations 28

Acknowledgements 30

Appendices

- A - Glossary of terms and abbreviations 31
- B - Lancashire maintained special schools provision 36

Executive summary

The review identified how over time roles and responsibilities of Education and Health professionals in the support of pupils who attended special schools had become unclear. There was no line in the sand on what should be deemed a basic care intervention and a clinical intervention. Concerns were expressed by special schools on who the responsibility and accountability for clinical interventions should fall on.

Statutory guidance was felt to be unclear when applied to special school settings. In addition the county council's guidance to support schools was outdated and subsequently removed.

Clinical commissioning groups (CCGs) across Lancashire are responsible for commissioning school nursing and clinical support within special schools. Following the creation of the clinical commissioning groups in Lancashire, long term contracts were awarded to the two current providers. However, an increase in demand had not been reflected in the commissioned resource. Funding for support from Health was not ring fenced and service specifications had not been updated. Services delivered by the providers also differed.

In considering these points the task and finish group determined that school nursing and clinical support within special schools were both inequitable and unsustainable.

The review also highlighted issues relating to transition, communication, premises, equipment and school transport.

How are we supporting children and young people with medical conditions in special school settings across Lancashire?

Background and scope of the review

On 6 September 2017, the Children's Services Scrutiny Committee received a report on school nursing provision across Lancashire. From the discussion, it was agreed that a task and finish group be established to review the equality of service provision.

The request to establish a task and finish group was approved by the Internal Scrutiny Committee at its meeting held on 22 September 2017.

At the start of the review, the task and finish group determined that the focus should be on school nursing provision within special school settings only with a view to extending any recommendations made for consideration with mainstream provision as well. Shortly after the first meeting, the task and finish group learned that the county council had awarded the Healthy Child Programme contract to a private sector organisation to deliver services such as health visitors and school nursing from April 2018. The original providers subsequently lodged an appeal against this decision. It was noted that the same providers were also commissioned by all six of the Clinical Commissioning Groups (CCGs) operating within the council's administrative boundary to provide school nursing and clinical support within special schools across Lancashire. In view of the circumstances the task and finish group corresponded with the providers in writing.

The review therefore sought to:

- Gain a further understanding on the implementation of the Department for Education's statutory guidance on supporting pupils at school with medical conditions in the context of special school settings;
- Further understand the range of school nursing provision and commissioning arrangements from a cross section of special schools within Lancashire; and
- Formulate recommendations on supporting pupils at special schools with medical conditions.

Membership of the Task and Finish Group

The task and finish group was made up of the following County Councillors drawn from both the membership of the Children's Services and Education Scrutiny Committees:

- Ian Brown (chair)
- Anne Cheetham
- Sobia Malik
- John Potter

- Jayne Rear
- Peter Steen
- Cosima Towneley

The following co-opted member was appointed to the task and finish group:

- Janet Hamid (Representing Parent Governors (Secondary) on the Education Scrutiny Committee).

Methodology

The task and finish group considered documentary evidence from a variety of sources both through internal services and external sources. Key lines of enquiry were developed in advance of members meeting and liaising with head teachers.

Meetings were held with senior officers from the county council, CCGs, head teachers and parents of children who attended special schools. In addition the task and finish group heard from a representative of the School and Public Health Nurses Association (SAPHNA) and one of the founding members of the Health Conditions in School Alliance.

Key lines of enquiry were also issued to the current providers who provided written submissions to the review.

A separate meeting was held on 9 May 2018, whereby all parties had the opportunity to help inform and shape the task group's draft recommendations.

This report reflects the views and recommendations of Overview and Scrutiny. It does not necessarily reflect the views of the county council. In many cases, suggestions are made for further consideration to be given to issues, and this would need to include a full assessment of the legal and financial risks and implications.

Officers

The following people were either consulted with or attended meetings of the task and finish group:

Lancashire County Council

- David Graham, Head of SEND;
- Stephen Martin, Senior Manager SEND;
- Dave Carr, Head of Service: Policy, Information and Commissioning (Start Well);

- Karen Gosling, Senior Public Health Practitioner; and
- Lee Girvan, Public Health Specialist.

Special school head teachers and Chairs of Governors

- Russ Bridge, head teacher at The Rose School, Burnley and Chair of LSSHTA (Lancashire Special Schools Head Teachers' Association);
- County Councillor Tony Martin, Chair of Governors at The Rose School;
- Gail Beaton, head teacher at Acorns Primary School, Preston;
- Mandy Howarth, Chair of Governors at Acorns Primary School;
- Fran Clayton, head teacher at Pendle View Primary School;
- Ian Carden, head teacher at Ridgewood Community High School, Burnley;
- Karen Alty, head teacher at Holly Grove School, Burnley;
- Sarah Seddon, head teacher at The Coppice School, Bamber Bridge;
- Dave Mullen, assistant head teacher at West Lancs Community High School, Skelmersdale;
- Kairen Dexter, head teacher at Bleasdale School, Lancaster;
- Lesley Sullivan, head teacher at Kirkham Pear Tree School, Kirkham;
- Bev Hennefer, head teacher at Royal Cross Primary School, Preston

Parents

- Christine Anderson;
- Miranda Hyman; and
- Donna McGovern

School and Public Health Nurses Association (SAPHNA)

- Sharon White OBE, Professional Officer, SAPHNA

NHS

- Lesley Tiffen, Fylde and Wyre CCG;
- Vicky Webster and Carl Ashworth, Midlands and Lancashire CSU (Commissioning Support Unit);
- Steve Winterson, Lancashire Care Foundation Trust (LCFT);

- Sarah Derbyshire and Carol McCabrey, West Lancashire CCG;
- Kirsty Hamer, East Lancashire CCG;
- Diane Booth and Val Baxter, Blackpool Teaching Hospitals NHS Foundation Trust; and
- Hilary Fordham, Morecambe Bay CCG.

Documents

1. Supporting pupils at school with medical conditions (Department for Education Statutory guidance, December 2015)
2. Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five (Department for Education, 3 March 2017)
3. Joint local area SEND inspection in Lancashire (Ofsted and Care Quality Commission, 8 January 2018)

It was noted that the statutory guidance, 'Supporting pupils at school with medical conditions' from the DfE was due for review in autumn 2017. It was confirmed that this had not been undertaken.

Websites

Besides researching special school websites, the following useful websites were also visited:

1. Lancashire County Council: Special educational needs and disabilities – local offer and Medicine safety pages
2. Gov.uk: Children with special educational needs and disabilities (SEND)
3. Health conditions in school alliance
4. School and public health nurses association (SAPHNA)
5. Health careers
6. NHS Jobs

A glossary of terms and abbreviations is set out at **appendix 'A'**.

Findings

Context

❖ Special school provision in Lancashire

Within its administrative boundary Lancashire County Council maintains thirty special schools which are just for children and young people with Education, Health and Care Plans (EHC Plan). Children with medical needs also have Individual Healthcare Plans. There are a range of specialisms that special schools in Lancashire provide for including:

- SEMH - Social, Emotional and Mental Health
- Generic SEND - Special educational needs and disabilities
- GLD - Generic Learning Difficulties
- HI - Hearing Impairment
- MLD - Moderate learning difficulties
- MSI - multi-sensory impairments
- PD - Physical difficulties
- PMLD - Profound and multiple learning difficulties
- SLCN - Speech language and communication needs
- SLD - Severe learning difficulties
- SpLD - Specific learning difficulties
- VI - Visual impairment

Some children and young people who attend special schools have complex life limiting or life threatening conditions. Their health needs can be unstable or unpredictable and may require support every day throughout the day. For instance, at one secondary generic learning difficulties school, they were required to support;

- 28 children with medical related individual healthcare plans – 25 were for epilepsy and 22 were specific protocols for pupils on rescue medication which required a member of staff to be aware of signs and symptoms, follow protocols set out by health professionals and administer controlled drugs and monitor for any side effects;
- 22 asthma related individual healthcare plans;
- 1 insulin dependent diabetic;
- 1 emergency tracheostomy change protocol;

- 4 oral suction protocols;
- 8 gastrostomy plans; and
- Manage occupational therapy (OT), physiotherapy and speech and language therapy (SaLT) programmes for 44 children. On a daily basis pupils are moved into specialist equipment, changing beds for intimate care routines, and other therapy programmes.

  On average each pupil is moved up to 6 times each day, with 2 staff carrying out the moves. These procedures support the health care of these pupils, in the long term reducing the onset or development of contractures, respiratory conditions, and digestive problems.

It was noted in one school on one particular occasion that it took staff 1 ½ hours to administer all medicines.

Feeding regimes usually entailed two members of education staff to carry out and often took between 40 and 45 minutes to carry out. The concern from head teachers was that other children then missed out on education.

In the 2017/18 academic year there were a total of 2838 places available for both pre and post 16 provision. Details of place numbers and movement for all special schools is set out at **appendix 'B'**. The appendix also sets out which special schools share a site with mainstream provision. It was noted that some parents and carers chose a specific special school for their child to attend on the basis of its close proximity to a hospital.

The task and finish group was informed that 92% of special schools in Lancashire were rated as either good or outstanding by Ofsted.

❖ **Guidance**

In 2009, the County Council issued a document titled "Medicine Safety and other health related topics - A Guidance Document for Services Working with Children and Young People".
The Guidance document was produced by the council in consultation with partners from the then Primary Care Trusts (PCTs), schools and support services and was published via the council's Schools' Portal.

The guidance was designed to assist schools and other settings in:

- Reviewing policies and procedures which involved children and young people with medical needs to ensure that everyone, including parents and carers, were clear about their respective roles;
- Putting in place effective management systems to help support individual children and young people with medical needs;
- Making sure that medicines were handled responsibly; and

- Ensuring that all staff were clear about what to do in the event of a medical emergency.

The council's guidance document was produced with reference to national guidance that existed at the time including; Managing Medicines in Schools and Early Years Settings (DoH - Department of Health 2005), the National Service Framework for Children, Young People and Maternity Services, Standard 10 (DoH, 2004) and Including Me, Managing Complex Health Needs in School and Early Years Settings (DfES – Department for Education and Skills 2005).

In May 2017, a query was raised by Morecambe Bay Clinical Commissioning Group (CCG) who stated they had come across a number of schools insisting that all medication on school premises for use by pupils should be labelled by a pharmacy. The clinical commissioning group asserted that whilst this was the case for prescribed medication (i.e. medication being taken at the request of a general practitioner (GP) or other prescriber), it did not apply to medicines that parents bought over the counter (OTC) for their children. A similar query and observation was also made by East Lancashire Clinical Commissioning Group.

Following this notification, the council undertook a brief review of its 2009 guidance and identified that the content had not been refreshed since its issue and did not reflect the more recent, Statutory Guidance - Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England as issued by the Department for Education (DfE) in 2014 (revised December 2015).

On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance was intended to help governing bodies meet their legal responsibilities and set out the arrangements they would be expected to make, based on good practice. The aim was to ensure that all children with medical conditions, in terms of both physical and mental health, were properly supported in school so that they could play a full and active role in school life, remain healthy and achieve their academic potential.

This statutory guidance set out what schools and others must do to comply with the law and as a consequence, the Head of Service took the decision to remove the outdated guidance from the schools' portal and the council's website. The decision was arrived at from discussion with officers from across the council.

A communication was then issued to schools through the schools' portal on the 20 November 2017, requesting that they should follow current national statutory guidance issued by the Department for Education. A bulletin on medicines management issued by East Lancashire Clinical Commissioning Group was also

included in the communication. The communication has since expired on the schools' portal. However, both the schools' portal and County Council's website now direct schools to the Department for Education statutory guidance.

It was noted that all schools are required to have a medical conditions policy and for this to be reviewed on a regular basis and be readily accessible to parents and school staff. However, it is not a statutory requirement for schools to publish their medical conditions policy on their website.

- **Commissioning arrangements, providers and demand**

In Lancashire, school nursing and clinical support within special school settings is commissioned by the six CCGs operating within the council's administrative boundary. Between the CCGs, two separate providers had been awarded contracts to provide this service. One provider covered those schools situated in the Morecambe Bay and Fylde and Wyre CCG areas, whilst the other provider covered the rest of the county.

On the whole the task and finish group was informed that CCGs monitored contracts on either a monthly or quarterly basis and reviewed contracts on an annual basis. Contract variations were quite common, however written notification of any in-year modifications would need to be issued to the provider. If CCGs were required to decommission a service, they would need to give a year's notice and withdraw funding.

The task and finish group was informed by one of the providers that services had been commissioned historically and had not been reviewed for a number of years. The service had also not been re-commissioned since the disestablishment of the PCTs and the creation of the CCGs, but that contracts were signed by the existing providers which retained the status quo. It was reported that the majority of these contracts were awarded on a long term basis.

The review highlighted that some special schools received either targeted support via special school nursing service or from universal public health school nursing services via the Healthy Child Programme as commissioned by the council. In addition, not all special schools had access to public health universal services. The task and finish group was informed that there was no commissioned special needs school nursing service in the West Lancashire area which resulted in children with complex health needs attending special schools in the Chorley and South Ribble areas.

It was noted that nurses came from a variety of backgrounds and disciplines. It was also noted that in some areas health professionals had been removed by one provider from schools, whereas in other areas a decision had been taken by the other provider to not only retain provision but to adjust and skill-up the provision in-

line with the needs of schools through the introduction of assistant practitioners supported by staff nurses.

On demand for the service, one provider stated that "due to improvements in medical technology and in the care of children with complex medical conditions, the number of children on roll at the special schools had increased significantly. Since 2014 a 12% increase in the number of children at such schools has been noted... as well as an increase in the numbers of children, the medical conditions children are dealing with have become more complex which has led to an increase in the health needs of these children e.g. children attend school that require ventilation".

In essence the profile of children and young people has changed but arrangements to support them in school hasn't.

Details of the current offer from the two providers is also set out at appendix 'B'.

The task and finish group also noted that as part of the system change for health and social care throughout Lancashire and South Cumbria via the Integrated Care System (formerly Sustainability and Transformation Partnerships) there was a dedicated work stream on reviewing commissioning arrangements across the footprint.

Roles and responsibilities

A common theme from special schools was that the statutory guidance, whilst it made reference to SEN and common conditions such as asthma, diabetes and epilepsy, did not cover the complexities of needs required in specialist provision. Head teachers therefore felt that the statutory guidance was written primarily with mainstream schools in mind.

For instance, within the statutory guidance there was non-statutory advice in respect of CCGs commissioning arrangements which fell outside of local authority commissioned school nurses on matters such as gastrostomy, tracheostomy care and postural support to provide "ongoing support essential to the safety of these vulnerable children whilst in school". Head teachers from the east and central parts of Lancashire reported concerns that roles and responsibilities of health professionals were being pushed down onto education support staff who were not medically trained beyond basic training courses. Head teachers reported their staff were being expected to make medical judgements about complex pupils on a daily basis.

According to NHS Health Careers website, "school nurses are qualified and registered nurses or midwives many of whom have chosen to gain additional experience, training and qualifications to become specialist community public health nurses (SCPHN - SN). Their additional training in public health helps them to support children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life.

School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. They work with families and young people from five to nineteen and are usually linked to a school or group of schools. The school nurse's day-to-day role varies greatly from area to area, and depending on the type of school. Typically, it includes:

- carrying out health assessments
- home visits to families in need
- providing health education, advice, and signposting to other sources of information
- providing immunisation clinics
- advising and supporting schools with their public health agendas for example healthy eating advice, stop smoking programmes
- safeguarding and service coordination."

In reviewing current school nursing provision the task and finish group was informed that a number of school nurses worked term time only and did not work full time, with some being responsible for more than one school. On one occasion a school nurse was due to go on planned long term leave with no like for like replacement being provided for the school other than sharing a nurse with another school for a small number of hours per week. It was confirmed that one provider employed two full time nurses and 16 part time nurses of which eight were term-time only. Comparisons were also made in respect of pay between school nurses and teaching assistants with school nurses receiving considerably more pay.

In addition and during the course of this review head teachers stated that they did not have the security of a Designated Medical Officer/Designated Clinical Officer to seek advice from.

The task and finish group was informed by the CCGs that the implementation of a Designated Medical Officer/Designated Clinical Officer was their commissioning responsibility. CCGs in Lancashire initially felt that this role could be achieved differently through a provider forum. However, it was recognised that this concept did not work. Subsequently, funding in the region of £242k was agreed to recruit three Designated Clinical Officers to work as a group across the county.

Nevertheless, it was felt there was no clear line in the sand or definition of what should be expected from Health and what should be expected of Education in the care of these children and young people. Furthermore, the review highlighted a need for consideration on what should be deemed a basic care intervention and a clinical intervention.

The review also highlighted the need for increased support for emotional health and the wider social needs of not only children and young people but their parents and carers as well. The task and finish group was told of incidents where parents and carers had failed to medicate children before school, provided medication with an outdated prescription label or did not follow a child's care plan which presented health and safety risks for school staff. Head teachers reported delays in accessing relevant services such as CAMHS (child and adolescent mental health services). The task and finish group noted these points.

Basic care and clinical interventions

This matter formed a key line of enquiry with all parties who contributed to the review. It was clear from the outset of this review that in some areas of the county there was no clear line of separation on who the responsibility should sit with on clinical interventions. Whilst schools had a duty of care towards the needs of children and young people in their care, there was no requirement placed upon school staff to carry out clinical interventions. It was reported that over in the east of the county some tasks were being written into job descriptions for teaching assistants to close this gap.

Head teachers are reliant on the goodwill of their staff to sign up, receive training at the cost of the school's budget and deliver the required support in accordance with each child's individual healthcare plan. Experience had shown that some school staff were not comfortable with invasive medical procedures and often "resigned" from their goodwill on the grounds that they were unable to carry out clinical interventions due to the stress caused. Head teachers were then left to seek the goodwill of another member of staff to be trained up and deliver the support. In some cases head teachers were reporting that retention of school staff in particular teaching assistants was being affected. From conducting exit interviews it was confirmed that the reasons included the stress of responsibility, whilst others had chosen to change career and enter the NHS to train as a nurse. Head teachers were reporting that they were having to manage stress more in their schools. In one case, it was reported that the school had employed an extra member of staff who chose to take on more responsibility, received appropriate training was then promoted but resigned due to the demands of the role.

One head teacher stated that;

> "school staff are required to administer a very wide range of medications including controlled drugs; administer rescue medications such as Buccal Midazolam (epilepsy), Epipen (anaphylaxis) etc; provide feeds via gastrostomy / jejunostomy ports and also medications through these tubes; suctioning; provide oxygen and change levels according to a pupils SATS…

> We could be asked to do anything. I will not allow my staff to replace… anything that I feel is invasive".

Clarity was also required on personal and health boundaries.

From the parent's perspective, it was felt that responsibility of clinical interventions should rest with the school nurse who can liaise with their team or manager or specialist/children's hospital (tertiary care) if necessary. Anyone could receive basic training, but to think outside the box or change tact would require the skill, training and experience over a number of years of a health professional and not an education professional who attended a one-off or short series of training courses. One particular procedure – changing buttons for gastrostomy fed children if not carried out within five minutes could result in that child having to undergo unnecessary surgery.

Parents and carers are required to learn high level skills to support their children at home. However, they have access to specialists and consultant teams at children's hospitals and grow in knowledge and experience with their child and know the point at which they can call on for support.

From one of the provider's perspective it was felt that establishing clear lines of separation on basic and clinical interventions would be difficult to reach in some circumstances as each child is individually assessed for their needs. School nurses would normally discuss the needs of children with school staff to determine if they can safely meet the needs. Should any school feel that they could not meet the needs of a child with a complex condition, a health needs assessment might be requested to assess if additional support would be required.

During the review process, the task and finish group was provided with a copy of a Protocol for managing children with complex health care needs in community settings (including schools, children's centres and other settings) – a multi-agency guidance document published by Milton Keynes Council. Within this protocol, the various partners involved in its production had come to an agreement and established a framework for a consistent response to the needs of children and young people in their area. The framework had identified and allocated procedures that broadly fell into three levels of skill and risk. Level 1 was routine and easily acquired skills; level 2 was tasks requiring training from health personnel (usually qualified nurses); and level 3 which was for more complex clinical procedures. In considering this framework, the task and finish group felt that procedures allocated to level 2 could present a difficult task for Health and Education to reach an agreement on. Indeed, head teachers had stated in their response to this key line of enquiry that there should be two clear definitions. Nevertheless, the task and finish group felt this framework could represent a sufficient start to begin this task.

During the review, it was reported that across the county there was no consistent approach with existing assessment tools for nursing/clinical needs. The task and finish group was provided with a copy of Sussex Community NHS Foundation Trust's Nursing Needs Assessment tool/risk management matrix and their caseload complexity scoring and monitoring tools. It was felt by the task and finish group that these tools could be used to assist all parties in Lancashire to finalise a consistent approach.

During the review, the task and finish group was also provided with a copy of a recent service specification produced by the six CCGs located within Staffordshire County Council's administrative boundary. Within the specification there was an acknowledgement and desire to commission a service to deliver integrated clinical services for children educated in Staffordshire Special Schools. Furthermore on recruitment and workforce development it was stated that the "provider will… ensure that the skill mix within the workforce reflects the needs of the service including any administrative staff". Overall, the task and finish group felt this specification represented an excellent model. Indeed comments from parents included; "during a school day, children need a strong team around them with care carried out discreetly and efficiently with minimum withdrawal from the class."

Northumbria Healthcare NHS Foundation Trust has recently piloted a scheme to implement the National Child Measurement Programme (NCMP) in a special school setting with positive outcomes. It was concluded that the small pilot:

- Demonstrated how the National Child Measurement Programme and bespoke follow up support can be adapted for children with learning disabilities attending special schools;
- Provided structured intervention which had helped 50% of families who accepted the support; and
- Had resulted in the provision of a comprehensive toolkit for special school nurses to roll out across other schools, which was also appropriate for use in mainstream schools.

It was noted that Public Health England had not made the National Child Measurement Programme a statutory requirement for special schools.

Training and competency

Training of special school staff is delivered by the providers unless highly specialised training is required (usually for specialist equipment). Training courses provided on an annual basis include asthma and epilepsy. Child specific competency based

training, with annual updates for named school staff is also delivered on matters such as:

- Administration of rescue medication;
- Oxygen;
- Suction;
- Tracheostomy;
- Ventilation;
- Nebuliser;
- Enteral feeding (Naso gastric/gastrostomy/jejunostomy); and
- Diabetes.

Head teachers reported that most if not all staff were first-aid trained and in some cases a number of senior staff had gained enhanced first-aid qualifications. Other courses provided to special schools included safe eating and drinking, Manual handling, Mental Health First Aid and Suicide prevention training. The type of courses attended also differed depending on the specialism of the school.

Head teachers also reported that one of the challenges for them was allocating time during training/inset days to cover all the required in-year training alongside other essential training as well as training on education and the curriculum. In one case, a school had to commission additional training as a result of a change in provider for medical nutrition. It was reported that in such instances a child's needs change or they have an adverse reaction, in other instances it might be because products discontinue or companies change their consumables.

As part of the review, the task and finish group requested head teachers to carry out an audit of training detailing the number of school staff involved, hours used and the cost to the school budget.

From the responses received, the number of school staff involved ranged from one person attending to the entire staff on the payroll (70+ for a school with 76 pupils on roll). Depending on the type of course, the length of time taken up in a given school year ranged from one hour for oral suction training and signing off to five or six days on manual handling. The costs of courses ranged from £30 for two hours on stoma care to as much as £4,800 p.a. on epilepsy/asthma/diabetes/medicines awareness.

In one school it was noted that their budget paid for a Health Support Worker (HSW) at a cost of £15,600 p.a. However, in another school it was noted that they had received funding from the clinical commissioning group to pilot the AMBIT (Adolescent Mentalization-based integrative treatment) approach which funded two mental health support workers at a combined cost of £40,827 p.a.

Total training costs ranged from £1390p.a. at a hearing impairment special school with 26 pupils on roll to £43,624p.a. at a Social, emotional and mental health special school with 60 pupils on roll.

In addition to training costs, schools also provided a schedule of procedural costs which demonstrated the equivalent cost per year to the school for their staff to carry out all the necessary procedures. Whilst the equivalent cost would be intrinsic to each school and the pupils on roll, time spent per day on procedures ranged from approx. 28 minutes on stoma care to 11 hours on pump/bolus feeds. Over the course of the school year these figures equated to approx. £732 to £31,350 (equivalent to two teaching assistants at level 2b salary) respectively.

Total cost of school staff time carrying out procedures ranged from £1982p.a. at a Social, emotional and mental health school with 60 pupils on roll to £126,138p.a. at an all age Profound and multiple learning difficulties and Severe learning difficulties school with 76 pupils on roll.

On competency, head teachers reported that this was monitored by the school nurse who also maintained such records on an NHS database. However, the task and finish group was informed that during training, the number of competency assessments carried out for school staff was considerably less by comparison with school nurses.

It was felt by some head teachers that competency should be measured and maintained through theory, practical work and observations by qualified staff and that this process was not always as thorough as it should be. The task and finish group heard that in one particular children's hospital they had established a health passport system to show the competencies gained by parents and carers to support their child.

Communication, information sharing and data

The review highlighted a clear need for improved communication and information sharing between the NHS, special schools and parents. Head teachers reported that they didn't always receive clinical letters and when they did it wasn't in a timely manner which meant that children's care plans were not current. Parents reported that they were under the assumption schools received copies of clinical letters. For those schools where school nurse support was not on a full time basis, this caused an element of uncertainty around the care of a number of children as staff were unsure of what to do especially in the circumstances of children whose conditions and medication had changed or had returned to school after surgery. Head teachers also reported that they didn't want letters written with NHS jargon and having to interpret meaning.

The providers also reported that there can be time delays in school nurses receiving up to date information following hospital appointments which could be up to eight weeks from local hospitals. In some cases nurses were chasing up information which was not an effective use of clinical time. One provider stated that tertiary level services did not always provide them with clinical letter, but would send them to the GP. Nevertheless, it was reported that some community paediatricians held paediatric clinics within special schools which allowed for information to be shared in a timely and effective manner.

Medical records of children including clinical letters are stored in a locked cupboard on school premises. The nurses retain the keys to these cupboards. On this point, one of the providers reported that the Special Needs Nursing team did not routinely provide schools with the child or young people's clinical letters due to the sensitive nature of the information contained within them, which was not always pertinent for the school to receive. This was due to the child or young person's rights to privacy under the Data Protection Act and professional codes of conduct. It was confirmed that the team reviewed every clinic letter and that nurses would use their professional judgement to determine what information was shared with school staff with parental consent. They would subsequently advise the school staff of changes to the individual child or young person's health and care. It was reported that schools can make requests via the parent/carer to receive copies of the paediatrician/clinical letters which requires written consent from the parent /carer.

The review also highlighted a need for partners to share data on children and young people in order to plan support effectively. The CCGs recognised a need to engage with special schools and to acquire intelligence for their respective areas whilst also recognising the need for strategic oversight or joint commissioning to help address issues relating to where children lived, school attended and transition between schools. It was clear there was a need for a regular refresh of data. However, it was reported that in some parts of the county there was no communication or working relationship between the CCGs and special schools.

Funding

It was noted that CCGs are under pressure to make savings. Whilst certain funding streams are ring fenced, there was scope for flexibility beyond this. However, for the CCGs the problem was finding where flexibility could come from without affecting other aspects and arrangements. With the aid of intelligence and regular dialogue with special schools, CCGs recognised that support in some special schools might not require a dedicated school nurse. It was suggested by one parent that "if we are investing long term we need adequate funding for full time support, training links to tertiary hospitals and instant access to support for school staff."

During the review, the task and finish group heard that personalised health budgets could empower parents and carers by giving them control over what is commissioned and by whom. Parents and carers could even commission a provider jointly. However, the task and finish group whilst recognising the concept, felt that this could be an administrative burden and fragment the system further. One parent even suggested that they wouldn't need or ask for a personalised budget if the system worked effectively in the first place.

The task and finish group also heard that the council had provided funding for a health care assistant to support a pupil with complex medical needs in a primary generic learning difficulties school. Head teachers reported that they do not always know what has been commissioned in local or pan Lancashire area and that they would need to know this in order to utilise resources efficiently and avoid duplication of funding.

Another school reported that occupational therapy (OT) was "no longer commissioned to carry out sling or toileting assessments for pupils with EHC Plans who have physical difficulties.

- This means that schools are managing risk on a daily basis for pupils who need sling assessments and toileting assessments.
- These assessments are still being carried out at home but not in schools and sometimes equipment in the two settings is not the same.
- We have then tried to commission OT directly out of school budget to undertake this role and there is no capacity for them to do this.
- We are left with the option of buying in reps from sling companies to do sling assessments without any knowledge of pupils physical needs, hip displacements, contractures etc.
- We have just this week been able to ask for a ‘spot purchase’ from OT to carry out one sling assessment.
- This situation is not sustainable or safe."

Transition

Head teachers confirmed that there was a comprehensive system during admissions and if relevant paperwork is not in place pupils cannot start school. One head teacher confirmed that the process of transition was carefully co-ordinated with visits to previous settings and a clear transition document completed. Another head teacher also confirmed that schools liaised with previous and potential new schools to ensure that the necessary information and documentation is received or passed on. It was acknowledged that school nurses also liaised prior to transition and that

education staff shared their knowledge and understanding of their most vulnerable and complex children.

However, it was reported by one school that transitioning post 16 presented challenges for providers not being able to meet complex needs. The school confirmed that they were working with partners to improve these issues and had established a transition team.

Head teachers reported that they had positive working relationships with the council around placements but often a place will lack sufficient funding through Weighted Pupil Number/SEN Banding allocated which can cause transition difficulties. Even if the placement offers a significant cost saving to the council through bringing back into Lancashire an out of county/Independent place.

Premises, equipment and ICT

One provider reported that in some schools there was no designated space for the school nurse which can affect service delivery. It was acknowledged that a number of special school buildings had limited space to accommodate school nurse and therapy staff and the resources they would need to carry out their duties.

Providers confirmed that nurses either tended to have access to a computer on site or all staff had access to information and communications technology (ICT) and had a mobile phone. However, for therapy staff access to a computer and mobile phone was more problematic. In addition one provider reported that there were issues with ICT when trying to connect to their network whilst on site at the school and or the firewalls of the school affecting wi-fi connectivity. It is was noted that one provider relied on wi-fi connectivity in most schools. Furthermore, when updates on NHS systems had been rolled out, school nurses would encounter problems in using their systems on special school computers.

The cost of specialist equipment for children and young people attending special schools varied. Initially, the task and finish group felt that to alleviate pressures on school budgets a medical equipment supplies service/directory published on the council's website/schools' portal to enable special schools the opportunity to pass on equipment to other schools who might be in need. However, it was reported that there was an equipment store. Although, it was not clear whether this facility was widely known or publicised.

Education, Health and Care Plans (EHC Plans) and Individual Healthcare Plans

On the production of education, health and care plans head teachers stated that EHC Plans mainly consisted of information from Education and that there was little

input from Health. It was also reported that Health was rarely in attendance at meetings where EHC Plans would be discussed. In one case a parent reported that they had to pay for private assessments in order to get support written into EHC Plans. Another parent referenced their child was 1 in 13 million and that health professionals were not certain of their child's needs. The task and finish group was also informed that on pre-discharge recommendations from hospitals, the views of health professionals in the community either differed or were unable to meet the recommendations.

On the production of individual healthcare plans, one of the providers confirmed that as a minimum they reviewed plans on an annual basis, but the timely review of those plans was often subject to the engagement of the parents. Some schools took part in these reviews and plans were signed by all three parties (school, parent and nursing service) whereas in other schools plans were only signed by parents and the special needs school nursing team. It was suggested by one provider that a more integrated approach would be beneficial for all.

Transport Healthcare Plans and School Transport

Under 'other issues for consideration' the statutory guidance provides non-statutory advice which states the following:

> *"Governing bodies may want the school's policy to refer to:*
>
> - *Home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans... for pupils with life-threatening conditions:"*

From responses received, there was no confirmation that schools had developed transport healthcare plans for those children who were eligible for school transport. However, activity in this respect was found to be happening in the form of risk assessments being completed based on information from children and parents and one school providing their own transport to support young people getting to school and back, thereby negating incidents on taxis and to improve attendance.

One head teacher reported that healthcare needs were shared with transport providers by the council and that transport providers arranged their own training. Concern was expressed in relation to the level of training and competency during the journeys for children with complex/vulnerable needs such as suction, epilepsy and tracheostomy. The task and finish group was alerted to an incident where a child during a journey to school who was on school transport and required suction had stopped breathing. The passenger assistant reported the incident on arrival at school, CPR (Cardiopulmonary Resuscitation) was given until the ambulance/first

responder arrived. It was reported that the head teacher had since released a trained member of staff to replace the passenger assistant, which affected their time in class and attendance at training events. Other head teachers raised concerns in relation to the suitability of trained passenger assistants and felt there needed to be improved liaison between schools and transport providers.

Reasonable adjustments and risk assessments - school trips and sporting activities

Head teachers reported that where possible they include all of their pupils in all aspects of school life, although this can be challenging. On occasion they may need to leave pupils on site if their conditions are unstable or if no qualified staff can go out with them. Head teachers confirmed that they took copies of individual healthcare plans on all school visits. Medicines are always signed in and out with any rescue medication being carried by staff. Site visits and risk assessments are always made ahead of any trip by an educational visit co-ordinator. In one case, staff were encouraged to report anything that could be done to improve school visits. Parents reported that schools need to enable children "to go on school trips, residentials and after school activities with their peers, without being made to feel they're a problem and causing extra work."

Do not resuscitate (DNR)

During the review, one head teacher stated that they wanted an agreed 'do not resuscitate' protocol with which they could follow for those children with a life limiting condition. They mentioned that there was a difference in practice between Education and Health in terms of how do not resuscitate protocols were managed in school settings. Advice from the council was that Education should not follow do not resuscitate protocols in school. However, it was reported that one school carried out CPR until medical help arrived. In discussion with the clinical commissioning groups on this point, it was reported that such protocols should be recorded in a child's plan. It was noted that there were some children with end of life plans that had 'do not resuscitate' protocols, however it was likely that children at this stage would not be in school. Advice on this matter was to ring 999.

Complaints

Whilst no complaints were referenced during the course of the review, head teachers were not clear on how they could lodge a complaint about a service provided. The task and finish group was informed that schools can and should lodge complaints directly with the provider in the first instance. If they were not satisfied with the

outcome then a complaint could be lodged via the schools respective clinical commissioning group.

Ofsted

The only matter brought to the attention of this review in respect of Ofsted was their assessment of pupil attendance in special schools. Head teachers felt they could be questioned about why a specific pupil was absent and the impact this was having on their progress. It was highlighted that for some pupils it would be due to hospital admissions. However, one head teacher stated that for one particular child they didn't feel supported enough by health professionals in providing enough explanation to the changing condition and complexity of the child's condition. This also meant that the child's individual healthcare plan was not accurate in order to ensure their safety wouldn't be compromised in school.

Parents stated that they were having to ask hospitals for cancelled appointments during half-terms/end of term holidays to ensure their children didn't record any absences at school. Time off for hospital appointments were recorded by schools as absences on children's records.

Supply teachers and agency staff

The majority of head teachers who responded to the review's key lines of enquiry stated that they tended not to employ supply teachers or agency staff. Reasons for this included:

- They are not adequately trained and do not know the children well enough;
- The difficult and varied medical conditions of children and young people; and
- Strain on the system.

If such people are utilised to provide cover it was confirmed that they would never be asked to intervene if a medical incident occurred. However, they may be asked to assist a trained member of staff on tasks such as operating a timer or to find additional help.

A point was however raised by one head teacher who did not employ supply teachers or agency staff that this sometimes led to shortages of staff in some classes, or if a specific teaching assistant was unable to attend work who oversaw the medical interventions for a specific child, then that child may not be able to be in school. In this particular instance the head teacher stated that they tried to avoid this from happening by having more than one member of staff trained for their pupils with complex needs.

Nevertheless, one school reported that they provide a detailed induction process for agency staff and a team of highly skilled teaching assistants ensured that health needs were always well managed.

Conclusions

From the review it was concluded that school nursing and clinical provision in large parts of the county had become both inequitable and unsustainable which left children and young people, parents/carers and special schools in a vulnerable position. This occurred at a time when there was an increase in demand which had not been reflected in the commissioned resource.

The council's guidance on medicine safety and other health related topics had been left unchanged since its implementation in 2009. Since then Clinical Commissioning Groups were established following the Health and Social Care Act in 2012, with no ring-fenced funding for special school nursing. New statutory guidance was published by the Department for Education (DfE) in 2014 (updated December 2015), which special schools, CCGs and one provider felt did not cover the complexities of needs required in specialist provision. The council in November 2017, then withdrew its guidance on medicine safety as it had been superseded by the DfE statutory guidance. Due to a lack of funding and commitment from Health, it was felt that roles and responsibilities were being undermined with no clear definition of what should be deemed a basic care intervention by comparison to clinical interventions. Training and competency of school nurses was felt to be superior to that delivered to education professionals. Ownership of funding for support was not defined.

The task and finish group felt the introduction of assistant practitioners by one provider was a welcome addition to support children and young people and alleviate pressures on school staff and release them to focus on children's cognitive/learning needs.

Given the circumstances the task and finish group felt that all partners should take the opportunity and aspire to modify the current service specifications to not only benchmark against other areas, but to establish a proactive and equitable specification that reflects the needs of children and young people in Lancashire.

Recommendations

This report reflects the views and recommendations of Overview and Scrutiny. It does not necessarily reflect the views of the county council. In many cases, suggestions are made for further consideration to be given to issues, and this would need to include a full assessment of the legal and financial risks and implications.

Clinical Commissioning Groups

The task and finish group recommends that Clinical Commissioning Groups (CCGs) give consideration to:

1. Collaboration with all special schools in Lancashire to review the current offer with a view to establishing a single proactive and equitable commissioning service specification reflecting the needs of pupils attending all special schools, taking account of their specialisms.

2. Facilitate needs led discussions by ensuring appropriate representation must attend all special school EHC Plan meetings.

3. Jointly review existing assessment tools for nursing/clinical needs in school with a view to developing a consistent approach.

4. Collaboration with providers to identify where needed and in addition to registered nurses, the option of establishing mixed skilled teams of health professionals (including roles such as assistant practitioners) to deliver integrated clinical services in special schools.

5. Collaboration with providers to review and establish a single equitable and proactive training offer for special schools.

6. Collaboration with providers to ensure that all health professionals/clinical support receive appropriate training for the special school setting(s) in which they work and to explore any opportunity for joint training with educational professionals/support. Consideration should also be given to determine how joint training should be funded.

7. Identify where there are co-situated sites (special schools on the same site as mainstream schools) to ensure and enable all relevant health professionals receive the appropriate training and therefore the relevant competencies to work across both sites and for this to be referenced in those job descriptions.

8. Give all special schools in Lancashire, the county council, Lancashire Parent Carer Forum and POWAR (the county council's participation council group for children and young people with special educational needs and disabilities - Participate, Opportunity, Win, Achieve and Respect) the opportunity to have their say on any new commissioning service specification before it is signed off.

9. Managing expectations of education professionals by informing all special school governing bodies of the provision that is in place, confirming roles and responsibilities (including Designated Clinical Officers), where they can go for information and advice and how they can lodge a complaint. Furthermore, any variation in contract should be reported to all relevant special school governing bodies.

Lancashire County Council

The task and finish group recommends that where applicable the Cabinet Members for 'Children, Young People and Schools'* and 'Health and Wellbeing'** give consideration to:

1. Writing to the Secretary of State for the Department for Education (DfE) to request that the statutory guidance on "Supporting pupils at school with medical conditions" be reviewed and that the grounds for review be determined collectively with all special schools and CCGs. *

2. Collaborating with special schools through Lancashire Special School Headteachers' Association (LSSHTA) to produce supplementary guidance to compliment the DfE's statutory guidance and to assist special school settings in producing their medical conditions policies and for this to be published on the Schools' Portal. In addition for the supplementary guidance to clarify who funds specific aspects of care. Furthermore, to ensure that it receives legal clearance.*

3. Collaborating with the CCGs, providers, all special schools, parents and carers to produce a multi-agency protocol to clarify the roles and responsibilities and accountability of both education and health professionals on what is deemed to be a basic care intervention and a medical/clinical intervention when supporting pupils with medical conditions in special school settings. Taking into account the findings of this review and for the protocol to form a part of the county council's supplementary guidance.*

4. Collaborating with the CCGs, providers, all special schools, parents and carers to review the supplementary guidance on an annual basis.*

5. Enabling the sharing of intelligence and a consistent refresh of data (from SEND and children's social care) to help inform CCGs and providers the needs of children including those who are transitioning across schools, across boundaries, age groups and leaving education, and to also inform training requirements of both health and education professionals.*

6. Incorporating public health universal services within all special school settings, to meet the holistic health needs of those children and young people.**

7. Addressing the issue of work space to accommodate school nurses and health professionals including therapy staff and their needs in special schools.

8. Enabling all health professionals to access a computer with access to relevant systems with sufficient connectivity (firewall/Wi-Fi) to assist them and ensuring that upgrades from the NHS are co-ordinated with the county council.*

9. Promoting existing equipment stores via the Schools' Portal. *

10. The creation of transport healthcare plans and for these to be based on pupils' individual healthcare plans [and EHC Plans] and to include emergency contacts. In addition to ensure that mechanisms are put in place to share intelligence between the SEND team and the county council's transport team. Furthermore, enable passenger assistants and drivers to have the relevant training (CPR), skills, knowledge and access to transport healthcare plans for the relevant journeys to and from school.*

11. The report of the task and finish group be passed to the Lancashire Health and Wellbeing Board to note and consider those recommendations highlighted for the Cabinet Member for Health and Wellbeing to respond.**

12. The possibility of incorporating the task and finish group's recommendations within mainstream school settings once the outcome of the healthy child programme appeal is known.* and **

Lancashire and South Cumbria Sustainability and Transformation Partnership/Integrated Care System

The task and finish group recommends that Healthier Lancashire and South Cumbria could give consideration to:

1. Provide assurance from the children's champion and SEN lead within the Integrated Care System/Sustainability Transformation Partnership governance structure, that should emergency/secondary support be moved from their current locations to ensure the location of all special schools in Lancashire will be taken into account.

2. Review and implement improved methods of sharing clinical information (including tertiary care) in a timely manner with special schools and providers and removing NHS jargon.

The task group is grateful for the support and advice of those who provided information and evidence to support its work.

Appendices

❖ A - Glossary of terms and abbreviations

AMBIT	Adolescent Mentalization-based Integrative Treatment – "AMBIT is a mentalization based team approach for teams working with young people with severe and multiple needs, who do not tend to access mainstream services." – *source Anna Freud National Centre for Children and Families (May 2018)*
AP	Assistant Practitioner
CAMHS	Child and Adolescent Mental Health Service – "help and treatment for children, young people and their families, who are experiencing emotional and behavioural difficulties, including mental health problems or disorders." – *source Lancashire County Council's website (May 2018)*
CCG	Clinical Commissioning Group – CCGs "commission most of the hospital and community NHS services in the local areas for which they are responsible" – *source NHS England website (May 2018)* The six CCGs across Lancashire are: 1. Chorley and South Ribble; 2. East Lancs; 3. Fylde and Wyre; 4. Greater Preston; 5. Morecambe Bay; and 6. West Lancs.
Controlled drug (Medicine)	"Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs." – *source NHS Choices website (May 2018)*
CPR	Cardiopulmonary Resuscitation
CSU	Commissioning Support Unit – "CSUs provide a wide range of commissioning support services that enable clinical commissioners to focus their clinical expertise and leadership in securing the best outcomes for patients and driving up quality of NHS patient

	services." – *source NHS England website (May 2018)*
DCO or DMO	Designated Clinical Officer of Designated Medical Officer – "The Designated Medical Officer or Designated Clinical Officers play a key role in implementing the Children and Families Act reforms and supporting joined up working between health services and local authorities." – *source Council for Disabled Children website (May 2018)*
DNR	Do Not Resuscitate
EHC Plans	Education, Health and Care Plans – "An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs." – s*ource gov.uk website (May 2018)*
Epipen/ EpiPen®	"EpiPen® auto injectors are automatic injection devices containing adrenaline for allergic emergencies." – *source EpiPen® website (May 2018)*
EV	Educational Visits
EVC	Educational Visit Co-ordinator
Gastrostomy	"A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening. This allows your child to be fed directly into their stomach, bypassing the mouth and throat." – *source Great Ormond Street Hospital for Children website (May 2018)*
Generic SEND	Generic special educational needs and disabilities
GLD	Generic Learning Difficulties
GP	General Practitioner
HCW / HCA / HCP	Health Care Worker / Health Care Assistant / Health Care Practitioner
HI	Hearing Impairment
HLTA	Higher Level Teaching Assistant
HT	Head Teacher
ICS	Integrated Care System – "Advanced local partnerships taking shared responsibility to improve the

	health and care system for their local population." – *source NHS England website (May 2018)* *In Lancashire the ICS was previously referred to as the Sustainability and Transformation partnership (STP).*
IHP	Individual Healthcare Plans – "Every child with a medical condition will need an IHP. An IHP is an agreement between parents/ guardians, the school and healthcare professionals about what care a child needs and how it will be carried out. Headteachers, school governors and responsible bodies should make sure each child has an IHP and that it is being carried out." – *source Health Conditions in School Alliance website (May 2018)*
Jejunostomy	"A soft tube which is inserted into your small bowel, jejunum at the beginning of your small intestine just below your stomach." – *source Hull and East Yorkshire Hospitals NHS Foundation Trust website (May 2018)*
LA	Local Authority
LSSHTA	Lancashire Special School Head Teachers' Association
MLD	Moderate learning difficulties
MSI	Multi-sensory impairments
Nasogastric tube	"a tube passed through your nose and down into your stomach" – *source NHS Choices website (May 2018)*
NCMP	National Child Measurement Programme – "Is a nationally mandated public health programme. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework, and is part of the government's approach to tackling child obesity." – *source gov.uk website (May 2018)*
OT	Occupational Therapist
OTC	Over the counter medicines – "can be bought from pharmacies, supermarkets and other retail outlets without the supervision of a pharmacist and without a prescription. OTC medicines include those used to treat minor illnesses that you may feel aren't serious enough to see your GP or pharmacist about." – *source NHS Choices website (May 2018)*

PA	Passenger Assistant
PD	Physical difficulties
PMLD	Profound and multiple learning difficulties
POWAR	Participate, Opportunity, Win, Achieve and Respect - the county council's participation council group for children and young people with special educational needs and disabilities.
Primary/Secondary/Tertiary Care	"The NHS is divided into primary care, secondary care, and tertiary care. Primary care is often the first point of contact for people in need of healthcare, and may be provided by professionals such as GPs, dentists and pharmacists. Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture. Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services." – *source NHS Providers website (May 2018)*
SaLT	Speech and Language Therapy
SAPHNA	School and Public Health Nurses Association
SATS [see page 16 of this report for use]	Refers to the monitoring of blood oxygen saturation levels.
Schools' Portal	An information service provided to schools, giving a whole host of information for head teachers, clerical staff, teaching staff, non-teaching staff and governors.
SCPHN	Specialist Community Public Health Nurse – Further registration and qualification codes are available from the Nursing & Midwifery Council website.
SEMH	Social, Emotional and Mental Health
SEN banding	Assessment criteria used by SEND Officers to determine EHC Plan and level of SEN support against the Code of Practice's four areas of need being: cognition and learning; communication and interaction; physical and sensory; and social, emotional and mental health.

SEND	Lancashire Special Educational Needs and Disabilities service provides support for children with identified additional educational needs.
SLCN	Speech language and communication needs
SLD	Severe learning difficulties
SPLD	Specific learning difficulties
TA	Teaching Assistant
Tracheostomy	"An opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe." – *source NHS Choices website (May 2018)*
VI	Visual impairment
WPN	Weighted Pupil Number – threshold values within SEN banding document which determine the amount of SEN provision a child or young person receives.

❖ B - Lancashire maintained special schools provision

Lancashire Maintained Special Schools Pre 16 Provision

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
Acorns Primary School **(Primary GLD)**	70	74	4	6%	GP	No	LCFT	SNSNS
Bleasdale School **(All Age PMLD)**	29	40	11	38%	MB	No	BTHFT	SSN
Broadfield Specialist School For Sen (Cognition And Learning) **(Secondary GLD)**	101	110	9	9%	EL	No	LCFT	SNSNS
Brookfield School. Poulton-Le-Fylde **(Secondary SEMH)**	39	52	13	33%	FW	No	BTHFT	US
Chorley Astley Park School **(All Age MLD)**	165	176	11	7%	CSR	No	LCFT	UTS
Elm Tree Community Primary School **(Primary SMEH)**	78	84	6	8%	WL	No	LCFT	UTS
Great Arley School **(All Age GLD)**	99	99	0		FW	No	BTHFT	US
Hillside Specialist School and College **(All Age ASD)**	75	75	0		GP	No	LCFT	UTS
Holly Grove School **(Primary GLD)**	92	113	21	23%	EL	Yes	LCFT	SNSNS
Hope High School **(Secondary SEMH)**	56	64	8	14%	WL	No	LCFT	UTS
Kingsbury Primary School **(Primary GLD)**	74	80	6	6%	WL	No	LCFT	UTS
Kirkham Pear Tree School **(All Age PMLD & SLD)**	76	76	0		FW	No	BTHFT	SSN

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
Mayfield Specialist School **(All Age PMLD & SLD)**	74	91	17	23%	CSR	No	LCFT	SNSNS
Moor Hey School - A Specialist Mathematics And Computing College **(All Age MLD)**	100	120	20	20%	CSR	No	LCFT	UTS
Moorbrook School **(Secondary SEMH)**	40	45	5	11%	GP	No	LCFT	UTS
Morecambe And Heysham Morecambe Road School **(All Age GLD)**	150	150	0		MB	No	BTHFT	US
Oswaldtwistle White Ash School **(Primary GLD)**	94	97	3	3%	EL	No	LCFT	SNSNS
Pendle Community High School And College **(Secondary GLD)**	105	105	0		EL	Yes	LCFT	SNSNS
Pendle View Primary School **(Primary GLD)**	105	105	0		EL	No	LCFT	SNSNS
Rawtenstall Cribden House Community Special School **(Primary SEMH)**	50	55	5	10%	EL	No	LCFT	TCO
Ridgewood Community High School **(Secondary GLD)**	95	95	0		EL	Yes	LCFT	SNSNS
Royal Cross Primary School **(Primary HI)**	26	35	9	35%	GP	No	LCFT	UTS
Sir Tom Finney Community High School **(Secondary GLD)**	100	105	5	5%	GP	No	LCFT	SNSNS
The Coppice School **(All Age PMLD & SLD)**	55	57	2	4%	CSR	No	LCFT	SNSNS

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
The Loyne Specialist School **(All Age SLD)**	76	76	0		MB	No	BTHFT	SSN
The Rose School **(Secondary SEMH)**	60	63	3	5%	EL	No	LCFT	HCP
Thornton Cleveleys Red Marsh School **(All Age SLD)**	62	62	0		FW	No	BTHFT	SSN
Tor View Community Special School **(All Age GLD)**	126	129	3	2%	EL	No	LCFT	SNSNS
Wennington Hall School **(Secondary SEMH)**	80	80	0		MB	No	BTHFT	US
West Lancashire Community High School **(Secondary GLD)**	96	96	0		WL	No	LCFT	UTS
Total Maintained Special Schools Pre 16 Place Numbers:	**2,448**	**2,609**	**161**	**7%**				

Key:

CSR - Chorley and South Ribble CCG
EL - East Lancs CCG
FW - Fylde and Wyre CCG
GP - Greater Preston CCG
MB - Morecambe Bay CGG
WL - West Lancs CCG

BTHFT – Blackpool Teaching Hospitals NHS Foundation Trust
LCFT – Lancashire Care Foundation Trust

HCP – Health Care Practitioner
SNSNS – Special Needs School Nursing Service
SSN – Targeted support via Special School Nurses
TCO – Target Contact Only
UTS – Universal Targeted Service
US – Universal Support (via school nursing to children who live in the area)

Lancashire Maintained Post 16 Special School Provision

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change
Bleasdale School **(PMLD)**	5	5	0	
Hillside Specialist School and College **(ASD)**	23	23	0	
The Loyne Specialist School **(SLD)**	38	43	5	14%
Thornton Cleveleys Red Marsh School **(SLD)**	21	21	0	
Kirkham Pear Tree School (**PMLD and SLD)**	20	20	0	
Sir Tom Finney Community High School **(GLD)**	50	55	5	11%
The Coppice School **(GLD)**	18	18	0	
West Lancashire Community High School **(GLD)**	36	36	0	
Mayfield Specialist School **(GLD)**	25	25		
Broadfield Specialist School For Sen (Cognition And Learning) **(GLD)**	35	35	0	
Ridgewood Community High School **(GLD)**	40	40	0	
Pendle Community High School And College **(GLD)**	43	43	0	
Tor View Community Special School **(GLD)**	36	36	0	
Total:	**390**	**400**	**10**	**3%**