

Lancashire County Council

Education Scrutiny Committee

Tuesday, 29th October, 2019 at 10.30 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item
-----	------

1.	Apologies
----	------------------

2.	Disclosure of Pecuniary and Non-Pecuniary Interests
----	--

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes of the meeting held on 22 July 2019	(Pages 1 - 6)
----	--	---------------

4.	Lancashire Special Educational Needs and Disabilities (SEND) Partnership - Ofsted Revisit Preparation	(Pages 7 - 52)
----	--	----------------

5.	Supporting Pupils at Special School with Medical Conditions: Task Group Update	(Pages 53 - 86)
----	---	-----------------

6.	Education Scrutiny Committee Work Programme 2019/20	(Pages 87 - 94)
----	--	-----------------

7.	Urgent Business
----	------------------------

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

8. Date of the Next Meeting

The next scheduled meeting of the Committee is due to be held at 10.30am on the 3 March 2020 in Cabinet Room 'C' at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Education Scrutiny Committee

Minutes of the Meeting held on Monday, 22nd July, 2019 at 10.30 am in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Christian Wakeford (Chair)

County Councillors

M Dad	J Mein
A Cheetham	E Nash
S Clarke	J Potter
B Dawson	D T Smith
J Eaton	D Stansfield
A Gardiner	P Steen
A Kay	C Towneley

Co-opted members

Stephen Whittaker, Representing CE Schools

1. Apologies

Apologies were received from County Councillor Jenny Molineux, Mr Ian Beck, Mr Ken Wales, Mr John Withington, Mrs Janet Hamid and Dr Sam Johnson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Peter Steen declared a non-pecuniary interest on items, 5, 6 and 7 on the agenda, as he is a governor at Bacup Primary School and a governor at Whitworth High School.

3. Constitution: Membership; Chair and Deputy Chair; and Terms of Reference

The report presented sets out the constitution: membership, chair and deputy chair and terms of reference of the Education Scrutiny Committee for the municipal year 2019/20.

Resolved: That;

- i. The appointment of County Councillors Christian Wakeford and Munsif Dad as Chair and Deputy Chair of the Committee for the remainder of the 2019/20 municipal year be noted;
- ii. The new membership of the Committee following the county council's Annual Meeting on 23 May 2019 be noted; and
- iii. The terms of reference of the Committee be noted.

4. Minutes of the meeting held on 26 March 2019

Resolved: The minutes from the meeting held on 26 March 2019 be confirmed and as an accurate record and signed by the Chair.

5. Early Years Education

The Chair welcomed Paul Duckworth, Acting Head of Service for Education, Quality and Performance; Mel Foster, Operational Delivery Lead (Business & Early Years); Kate Dewhurst, Childcare Sufficiency Team Leader and Andrew Good, Head of Service Financial Management (Development and Schools) to the meeting.

The report presented provided information about Lancashire's providers of funded early education for 2, 3 and 4 year old children, including an update on the take up and the quality of provision.

Following the presentation of the report to the Committee, the following had been noted:

The take up of funded Early Year Education in Lancashire was above the national average and the take up remains high among 3 and 4 year old's.

It was reported that all Local Authorities have been advised of the Department for Education's (DfE) goal to halve the percentage of children leaving reception year without the communication, language and literacy skills they would need to thrive by 2028.

The Committee was informed of the next steps in providing Early Funded Education, as detailed in the report.

The Chair invited members' of the Committee to raise any questions on the information provided and the following had been clarified.

It was reported that due to the decline in number of children leaving reception year with a lower Good Level of Development (GLD) than the national average, the council had put several strategies in place to address the decline, both internal to the council and nationally.

In terms of the strategies internal to the council, this included:

- Working more closely with the council's Early Education Consultant's team.
- More focused work in priority areas.
- The 1000 days Morecambe project, which works with families before birth and until the child is 2 years old.
- The Healthier Fleetwood project, which works to ensure a child is school ready.

In term of the national projects, the council had accessed various projects such as:

- The PACT (Parents and Children Together) project.
- Working with the EasyPeasy App, which allows parents to promote learning while at home.
- The Hanen programme, which is a language speech therapist and communication specialist.

Following a concern raised regarding the take up of the funding entitlement for eligible children the Committee was informed that the following work had been carried out:

- A targeted social media campaign to encourage take up of places; and
- Writing out to the families eligible for a place but who hadn't taken up a place, to make sure they were fully informed of the benefits the places could offer.

In relation to sufficiency of places, it was acknowledged that parental choice is a significant factor. However, the sharing of good practice to assist schools with capacity is currently being considered. The Committee requested more information on the sufficiency of places in the districts to be provided to all councillors to help to support and encourage parents to consider schools where there is capacity.

Further to this, it was suggested that taster sessions could be considered through the libraries and open days at nurseries with places to raise awareness and promote schools with capacity.

At this point in the meeting, County Councillor Munsif Dad declared a non-pecuniary interest that he is a Trustee on Adventure Hyndburn.

Resolved: That;

- i. The information contained in the report be noted.
- ii. The next steps be outlined be noted.
- iii. All county councillors be provided with details on the local offer of early year's places for all districts including service planning areas to support the service and parents in the consideration of early year's providers where there is capacity.

6. Maintained Nursery Provision

The report presented provided an update on the financial position of Lancashire's maintained nursery schools.

Following the presentation of the report to the Committee, the following had been noted:

Lancashire's Maintained Nursery Schools had been asked to plan for a future without any sustainable funding due to the continuing funding pressures.

The current position of Lancashire's Maintained Nursery Schools, as well as the next steps for the council were provided to the Committee during the presentation. A copy of the presentation is set out in the minutes.

The Chair invited members' of the Committee to raise any questions on the information provided and the following had been clarified:

It was clarified that the Cabinet Member for Children and Young People, the School's Forum and the Executive Director of Education and Children's Services had all separately written to the Minister to seek additional funding for Lancashire. It was the councils understanding that the Government would be carrying out a country wide review on the baseline funding available.

The number of children across the 24 Maintained Nursery Schools in Lancashire were provided to the Committee and it were noted that:

- There were 458 out of 3584 children in Lancashire who were 2 years old; and
- There were 2064 out of 21,926 children in Lancashire who were either 3 or 4 years old

Resolved: That;

- i. The information contained in the report be noted; and
- ii. The financial position of maintained nursery schools and the support offered be noted.

7. School Finance update

Andrew Good, Head of Service Financial Management (Development and Schools) presented a report that provided an update on Lancashire school finances and the support being provided for schools in financial difficulty.

Following the presentation of the report to the Committee, the following had been noted:

The total number of schools in deficit had fallen from 47 to 39 schools by the end of the 2018/19 financial year.

The number of Schools in Financial Deficit (SIFD) for both 2017/18 and 2018/19 was provided to the Committee, as detailed in the report. It was reported that the results were compared and showed a slight stabilisation with schools reducing their deficit.

In relation to the high needs block overspend, members were advised that discussions were underway with health authorities to support ongoing pressures through potential additional funding or enhanced provision.

Resolved: That, the report and the information provided be noted.

8. Urgent Business

There were no items of Urgent Business.

9. Date of the Next Meeting

Resolved: That the next meeting of the Education Scrutiny Committee would be held on 29 October 2019 at 10.30am in Cabinet Room C at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Education Scrutiny Committee

Meeting to be held on Tuesday, 29 October 2019

Electoral Division affected: (All Divisions);
--

Lancashire Special Educational Needs and Disabilities (SEND) Partnership - Ofsted Revisit Preparation

(Appendices 'A' to 'C' refer)

Contact for further information:

Sarah Callaghan, Tel: 01772 538840, Director of Education and Skills,

Sally Richardson, Tel: 01772 538692, Head of Inclusion Service, Lancashire County Council

Executive Summary

Lancashire local area Special Educational Needs and Disabilities (SEND) services were inspected by Ofsted and the Care Quality Commission (CQC) in November 2017 to judge how effectively the special educational needs and disability (SEND) reforms had been implemented, as set out in the Children and Families Act 2014. The inspection identified two fundamental failings and twelve areas of significant concern.

This report sets out the preparation for the forthcoming Ofsted and CQC re-visit due to take place by the end of October 2019, including the production of a self-assessment.

Recommendation

The Education Scrutiny Committee is asked to:

- i. Consider the information presented on the preparation for the forthcoming re-visit by Ofsted and the CQC;
- ii. Discuss and agree any feedback on the self-assessment attached at Appendix 'B'.

Background and Advice

1.1 The Lancashire SEND Partnership Board is responsible for ensuring the delivery of the Written Statement of Action and the updated version known as the SEND Partnership Improvement Plan.

1.2 Progress on these plans has been reported bi-monthly to the Lancashire Health and Wellbeing Board and the SEND Partnership Board using a Red, Amber, Green rating.

1.3 Where there is a need to increase the pace of improvement, more detailed plans to accelerate progress have been developed; these were agreed by the SEND Partnership Board on 16 September 2019 for five areas of activity i.e. Quality of Education Health and Care Plan's; Education Outcomes; Transition arrangements; Information about the Local Offer; Implementing Neuro-development Pathway.

1.4 Preparation for the forthcoming re-visit by Ofsted and CQC to the Lancashire local area has been taking place; the visit will assess the progress made in addressing the twelve areas of concern detailed in the original report.

2. Re- Inspection of the local area

2.1 The local area is expecting the re-visit to take place before the end of October 2019, in line with the guidance set out in the [Handbook](#) for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities - part 3. A presentation to outline the process will be shared with members of the Education Scrutiny Committee.

2.2 A briefing document which sets out the expectations during the re-visit has been prepared to support the Inspection process. This is attached at Appendix 'A' for information.

2.3 A self-assessment to summarise progress against the initial Ofsted findings and recommendations has been prepared by the local area SEND Partnership. This was shared with the Department for Education (DfE) and NHS England at the last review meeting on 19 August and approved by the SEND Partnership Board on 16 September. The self-assessment is attached as Appendix 'B'; it is updated weekly.

2.4 In addition to the detailed self-assessment, a two-page summary of progress has been prepared (attached at Appendix 'C'). All the documents have been shared with partners who work with children and young people with SEND and/or their parent carers.

Consultations

All partners have contributed to the development of the self-assessment. This was approved by the SEND Partnership Board on the 16 September 2019 and shared with the Health and Wellbeing Board on the 10 September 2019.

Implications:

This item has the following implications, as indicated:

If a Local Area is making insufficient progress in any of the serious weaknesses identified it is for the DfE and NHS England to determine the next steps. This may include the Secretary of State using their power of intervention. Ofsted and CQC will not carry out any further revisits unless instructed to do so by the Secretary of State.

Risk management

The SEND partnership's governance arrangements, which include monitoring the implementation of the Written Statement of Action and Improvement Plan, have recently been subject to an Internal Audit Review. The review focused on governance structures, decision making and monitoring processes. The review provided "substantial assurance" about the arrangements in place.

Legal

Local Area inspections of responsibilities for children with special educational needs and/or disabilities are carried out under Section 20 of the Children Act 2004. This section enables Ofsted and CQC to undertake joint inspections of each local area in accordance with a timetable approved by the Secretary of State for Education.

Local Government (Access to Information) Act 1985

List of Background Papers

NA



LANCASHIRE AREA SEND REVISIT

The Office for Standards in Education (Ofsted) and the Care Quality Commission (CQC) are due to revisit Lancashire to find out if the local area has made sufficient progress to improve the twelve areas of significant concern in SEND support and services identified in 2017.

This guide helps colleagues from the Lancashire SEND Partnership to prepare for the revisit.

PURPOSE

- The Lancashire local area has twelve areas of significant concern in the effectiveness of services for SEND identified by Ofsted and the CQC which require improvement.
- An action plan, called the written statement of action (WSOA), setting out the improvements to be made was required.
- The revisit will assess if the local area has made sufficient progress and importantly started to have an impact on children, young people with SEND and their families.

TIMING

- The revisit will take place over 4 days and is expected by the end of October 2019.
- We will receive ten working days' notice of Her Majesty's Inspectors (HMI) visit.
- The inspection team will be led by and involve the same team of inspectors.

PREPARATION

- A SEND Partnership inspection support team has been set up and a local area nominated officer (LANO) appointed – you can contact them at: SENDPartnershipInspection@Lancashire.gov.uk
- Colleagues from across the SEND Partnership, including parent carers, have written a self-assessment document which is required ahead of the visit.
- This self-assessment provides information and evidence to give an honest and balanced view of our progress so far and the work we still have to do.

OUR VISION AND PRIORITIES

The SEND Partnership has an agreed vision for SEND services and provision; we know there is a great deal of work to be done and we know we are not there yet, we have high aspirations and share a commitment to achieve change. It is our vision to be able to describe our services and our partnership in this way:

We are passionate about planning for and meeting the needs of children and young people with special educational needs and disabilities;
We work together, as equal partners, who understand and listen to each other;
Our highly regarded services are child centred, accessible and responsive;
Our children and young people are supported to achieve their potential and ambitions, as valued members of the community.

The SEND Partnership Board has agreed four priorities for our work across the local area and these are driving the SEND Improvement Plan (updated written statement of action)

1

Plan for and meet the needs of children and young people

2

Become equal partners who understand and listen to each other

3

Develop services that are child centred, accessible and responsive

4

Ensure children and young people achieve their potential, aspirations and ambitions

REVISIT READINESS

What's happened since the full inspection in 2017?

- We have formed the Lancashire SEND Partnership which brings together everyone who uses and provides SEND services in Lancashire.
- Our 12-month written statement of action has been updated with a two-year improvement plan from April 2019.
- The Department for Education and NHS England have and continue to monitor our progress.

What happens before the inspectors arrive?

- **Information shared** – we will have had ten working days' notice before the inspection when we will be expected to share our self-assessment and Improvement Plan (WSoA).
- **Timetable agreed** - a plan for the visit will allow the Inspectors time to meet with colleagues and visit education settings, health centres and other services.
- **Meetings planned** - you or members of your team may be requested to meet with the Inspectors; the inspection support team will contact you directly to make sure you know when and where you need to be.
- **Online survey shared** – the survey will be distributed for parent carers to share their views which will help inform the Inspectors judgements.
- **Open meeting arranged** - an open meeting will be arranged for the Inspectors to meet parent carers. Children and young people will take part in school-based meetings throughout the week.

What happens when the inspectors arrive?

Every inspection team operates slightly differently; we can expect the week to be as follows or very similar:

Monday

Inspectors will meet senior leaders from Lancashire County Council and Clinical Commissioning Groups who have overall responsibility for SEND services. An open meeting will be held with parent carers.

Tuesday

Off-site visits begin at schools and health centres. Inspectors will meet children and education colleagues plus partners from health and the Council.

Wednesday

More off-site visits will take place at various settings across Lancashire.

Thursday

Inspectors will hold a meeting with senior leaders to present their observations and feedback and share their provisional judgement.

What happens after the Inspectors leave?

- We will receive a letter from Ofsted within 28 days from the end of the revisit outlining their findings and judgement about our progress.
- Any new areas of concern will also be highlighted in the letter.
- If Ofsted continue to have significant concerns, they have the option of raising this with the Secretary of State who may intervene.
- If Ofsted judge that we are making sufficient progress further monitoring visits from the DfE and NHS England will not be needed.

OUR CONTINUING PRIORITIES

We are committed to and clear about:

- Improving the experiences of children, young people and their families using our services.
- Developing our service practice to meet need.
- Demonstrating that we have made a difference.
- Sustaining our pace to ensure we improve quality.

LEADERSHIP FOR CHANGE

- **Commitment** – to improvement.
- **Coherence** – in our approach.
- **Clarity** – about what needs to be done.
- **Challenge** – of ourselves and each other.
- **Courage** – in partnership, to do the right thing.

INSPECTION SUPPORT

If you need information, advice or support please email the Inspection Team using this mailbox

SENDPartnershipInspection@lancashire.gov.uk

Local Area Nominated Officer - Sian Rees

Council Lead – David Middleton

Health Lead - Diane Booth

SUPPORTING DOCUMENTS

Ofsted Inspection Letter (2017)

Written Statement of Action (2018)

SEND Partnership Strategy (2018)

SEND Partnership Improvement Plan 2019-2020, (updated WSoA)
Self-Assessment (2019)

WORKING DRAFT – October 2019¹

Lancashire SEND Partnership – Self Assessment

Overview

A SEND Inspection took place in Lancashire during November 2017. As a whole system inspection, the Local Authority was the lead agency, with all Clinical Commissioning Groups (CCG's) and providers involved. The report was received in January 2018 setting out twelve significant concerns about the effectiveness of the local area; the Written Statement of Action was approved in May 2018.

The inspection in 2017 presented an accurate assessment of the SEND services in Lancashire and over the period since then the local area has worked together to begin to improve relationships and services. From May 2018 to March 2019 the Written Statement of Action, as agreed by Ofsted, has been implemented by Lancashire partners. There has been a significant focus on developing governance, accountability, strategic direction, establishing key posts and engaging partners, including parents and supporting the new, independent PCF to engage as an equal, strategic partner.

We are clear that many of our services still require improvement; the WSoA has been revised and supported by an Improvement Plan for 2019-2020; of the 47 actions; 33 had been completed and 14 were carried forward into the Improvement Plan with all clearly referenced. The plan, agreed in April 2019, sets out the action partners will continue to take together as part of the improvement journey.

A SEND Partnership Board, reporting to the Lancashire Health and Wellbeing Board, was established in April 2018. There have been changes in senior leadership and there is a clear commitment from all partners in ensuring coherence and a confidence that progress will be secured and accelerated. The SEND Partnership priorities for the next two years have been captured in a new vision and strategy agreed in November 2018, building on the Written Statement of Action and setting out the actions and key performance indicators to 2020. Partnership action is focussed on four key priorities to deliver the partnership vision– planning for and meeting need; working together as equal partners (particularly with parents); ensuring services are accessible and improving outcomes for children and young people.

Context

The local area covers a large geographical footprint, with clusters of significant deprivation resulting in different patterns of need and ways of delivering services. There is one council area, six co-terminus CCG's and two pan-Lancashire CCG's and eight health provider services, including one children's community provider. There are 173 GP practices and four hospitals. This results in a level of complexity and challenge, as we strive to secure improvement and consistency, whilst maintaining the pace of change.

The accuracy of some of our data has been poor and often not shared more widely. A Joint Strategic Needs Analysis (JSNA) and data dashboard have been developed; this will continue to be improved so that data informs future service provision, commissioning priorities and spend.

¹ 01/10/19

At the time of our inspection we did not have a Designated Clinical Officer (DCO) provision. We have since commissioned and implemented a DCO function which provides both a County Wide Strategic focus and also support young people and parent carers at a local level.

There are 7,300 children and young people with an Education Health and Care Plan (EHCP) in Lancashire; 3.1% of the total population of young people under the age of 25, which is consistent with the national figure. Around 80% of children and young people with an EHCP have one of the following primary needs; Autistic Spectrum Disorder (ASD), Moderate Learning Difficulties (MLD), Social Emotional Mental Health (SEMH), Speech Language Communication Needs (SLCN) and Severe Learning Difficulties (SLD). The percentage of children and young people, with an EHCP, by primary need is detailed in the following table:

2018/19 - EHCP Cohort					
SEND category	ASD	MLD	SEMH	SLCN	SLD
Lancashire	28.8%	12.6%	15.9%	12.3%	9.9%
National	29.0%	11.5%	13.3%	15.0%	11.9%

There are approximately 18,318 children and young people in Lancashire who have SEN support, 10.0% of the population, compared to 11.9% nationally. The main categories of need for children and young people at SEN support have some differences to those for those with EHC plans. The main categories are shown below:

2018/19 - SEN Support Cohort					
SEND category	ASD	MLD	SEMH	SLCN	SPLD
Lancashire	5.9%	26.5%	17.3%	18.9%	14.6%
National	6.2%	22.9%	18.10%	23.40%	14.9%

When children and young people in Lancashire with SEN support are considered separately, the main differences are:

- a higher proportion being identified with MLD, and
- a lower proportion being identified with SLCN.

Registered patients

In July 2019 1,699, patients in Lancashire aged 25 and under were on the Learning Disabilities (LD) register and 843 patients aged 25 and under were registered on the Mental Health (MH) register. Males were more likely than females to be registered on each of the two registers: 65% for LD and 59% for MH.

There was a total of 7,920 outpatient hospital attendances by patients aged 25 and under who were on the LD register in 2017/19. There was a total of 2,928 outpatient attendances by patients aged 25 and under who were on the MH register in 2017/19.

Community health services

The majority of referrals to, and activity with community health services for patients aged up to 18 across Lancashire were for speech and language therapy services. There was a total of 6,083 new referrals to speech and language therapy services across Lancashire in 2018/19.

Education Outcomes

Early Years Foundation Stage

Outcomes for children and young people in the Early Years Foundation Stage have improved in 2019. The gap between children in Lancashire with SEND and the national figure (in relation to GLD - good level of development) has reduced, and the gap for children with an Education Health and Care Plan has reduced significantly.

EYFSP 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER							
		SEN_E				SEN_K			
School District IMD		Number Of Pupils	GLD %	Average Score	Prime 2+%	Number Of Pupils	GLD %	Average Score	Prime 2+%
England			4.50	19.50	5.20		28.50	26.60	34.30
Lancashire		245	3.67	18.60	3.67	864	24.07	25.74	28.82

EYFSP 2017/18									
		SEN_E				SEN_K			
School District IMD		Number Of Pupils	GLD %	Average Score	Prime 2+%	Number Of Pupils	GLD %	Average Score	Prime 2+%
England			5	19.6	5.6		28	26.6	33.8
Lancashire		239	2.51	18.80	3.77	792	22.10	25.15	25.25

Key Stage 1

In KS1 standards of attainment for all SEND children improved in 2019; 15.85% of children with SEN support reached the expected standard in reading, writing and mathematics compared with 14.74% in 2018. There was a significant improvement for children with an Education Health and Care Plan, with 6% achieving this measure compared with 3% the previous year.

KS1 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER									
		SEN_E					SEN_K				
School District IMD		Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %	Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %
England			12.74	8.57	13.99	7.39		32.76	23.98	36.02	20.60
Lancashire		311	10.61	7.72	10.61	6.11	1577	26.06	18.33	29.99	15.85

KS1 2017/18											
		SEN_E					SEN_K				
School District IMD		Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %	Number Of Pupils	Reading Exp+ %	Writing Exp+ %	Maths Exp+ %	RWM EXP+ %
England			13	9	13	0		33	25	36	0
Lancashire		285	7.02	4.56	8.07	3.16	1506	26.56	17.86	28.55	14.74

Key Stage 2

In KS2 standards of attainment for all children with SEND children fell by 1% overall and the gap between Lancashire and the national average increased. The biggest drop was in reading (5%) and although there was a slight increase in mathematics and writing, the gap between Lancashire and national widened in reading and mathematics. Standards for children with an Education Health and Care Plan also fell by 1% overall with a drop of 3% in reading and writing.

KS2 2018/19		* England 2018/19 figures provisionally based off data uploaded to NCER									
		SEN_E					SEN_K				
School District	IMD	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %
England			16.30	16.90	13.70	9.20		40.40	45.80	38.30	24.90
Lancashire		356	14.65	15.21	11.65	8.81	1887	34.17	40.81	32.73	19.51

KS2 2017/18											
		SEN_E					SEN_K				
School District	IMD	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %	Number Of Pupils	Reading AS+ %	Maths AS+ %	Writing Exp+ %	RWM EXP+ %
England			16.41	15.26	13.14	8.60		43.12	41.84	37.58	24.04
Lancashire		368	18.21	14.40	15.26	9.81	1806	39.81	38.59	31.52	20.44

NB 2019 data is not yet available for KS4

The percentage of young people with SEND attaining a Grade 4 in English and maths combined rose from 22.8 to 25.5% in 2018. The rate of improvement was greater than for all young people in Lancashire and achievement overall improved at or above the rate for all young people in Lancashire.

The 2016/17 permanent exclusion rate from school for children and young people with an Education Health and Care Plan was above the national average at 0.25% compared with 0.16%, increasing from 0.20% in 2015/16. Reducing the number of exclusions, particularly permanent exclusions has been and remains a high priority; as a result, exclusion of children and young people with an EHCP was reduced to four in 2018/19.

Post 16

The Lancashire Statement of Priorities for 16-19 Education and Training (April 2019) sets out the following key priorities relating to the educational outcomes for young people with SEND, including to:

- Increase Level 2 and Level 3 attainment at 19
- Ensure young people have the information needed to prepare them for adulthood
- Increase the proportion securing a positive destination

The table below sets out the NEET and not known performance for young people with SEND in 2018/19; this is based on the three month average for December 2018, January 2019 and February 2019 compared with the position for all 16 and 17 year olds living in Lancashire:

	Number of NEET	NEET (%)	Number of Not Known	Not Known (%)	NEET and Not Known Combined (%)
Young people with SEND in Lancashire	39	4.2%	90	9.9%	14.1%
All 16 and 17 year olds in Lancashire	519	2.1%	2017	8.0%	10.0%

Provision

The national Special Educational Needs data for 2019 shows that there are 11.8% fewer children and young people educated in mainstream settings in Lancashire (including units/resourced provision) than is the case nationally, which equates to 824 places.

Of those children and young people attending special schools, 42.1% attend state-funded special schools in Lancashire compared with 33.6% in England and 6.3% attend non-maintained and independent non-maintained special schools (INMSS) compared with 5% in England. Overall this is 9.8% higher than nationally, equating to 690 places.

The percentage of young people with an EHCP attending college, sixth form and other FE/HE provision post-16 in Lancashire is 18.2%; almost 4% higher than nationally. The proportion of young people attending specialist post-16 institutions is 1.4% compared with 0.7% nationally. Overall there are more young people in post-16 provision than is reported nationally.

Future Planning

The overall birth rate in Lancashire is declining, although in some areas housing developments and inward migration counter this. Consequently, the primary school population is expected to decline, or at least remain unchanged, except in areas of significant housing development such as Preston. This will be considered in planning future provision and the assessment of need will include the proportion of affordable housing planned within each development.

However, the rise in births between 2007 and 2011 will result in a significant rise in pupil population in secondary schools, with an estimated additional 9,000 pupils over the next five years to 2023/24. This is likely to increase the number of young people with SEND by approximately 270, with an associated demand for at least 108 additional special school places based on the national average.

Parental Voice

Lancashire Parent Carer Forum (PCF) Steering Group reformed in September 2018 with the election of a new Chair and Vice Chair. The Chair is a Partnership Board member and leads the Equal Partners thematic group within the Improvement Plan. The PCF meet monthly and are also part of the SEND Partnership Team meetings. The Partnership Board includes three independent parent, carer representatives.

A co-production strategy - Working Together - has been developed in partnership and agreed by the SEND Partnership Board; this is now being implemented to ensure consistent practice across services. Based upon parent carer feedback, Local Area Partnerships (LAPs) were implemented in January 2019 to provide a way for professionals and practitioners to work with parents locally. Regular LAP meetings are held in each of the three localities and are chaired by the local Designated Clinical Officer (DCO) providing opportunity for local issues to be discussed between and directly with key professionals.

A regular SEND Partnership Newsletter is available online, with 11,500 views to date; it is printed and circulated to 3,500 parents and carers through the FIND newsletter and viewed by 3,000 followers on Facebook. Films have been produced to share parent, carers and young people's experiences; these have been considered by the Partnership Board, used in staff training and in development work.

A programme of ongoing events commenced in summer 2018 for parent, carers to share their views and to access professional advice. Recent events include a neuro-development pathway workshop, 'Coffee, Cake and Conversation' sessions and a free training course on participation.

An on-line evaluation survey called Personal Outcomes Evaluation Tool (POET) ensures feedback on provision and services is captured continuously from parents, carers, young people and practitioners. The survey was extended in January 2019 to include feedback about children and young people with SEN support, as well as those with an EHCP. By the end of July 2019, the POET survey had received over 2,900 responses, with 1,714 of these from parent carers. Feedback from the survey is generally better than the national picture.

Concern 1	<i>The lack of strategic leadership and vision</i>
------------------	--

Leaders from across the partnership are working together strategically to deliver a shared vision.

Key changes achieved

A SEND Partnership has been established involving all key partners, parents, carers and young people. The Partnership governance structure includes a Board, established in March 2018, which leads and oversees improvement; the Board meet regularly, with attendance consistently above 90%.

The Board has a vision and strategy, which was developed in partnership and agreed in November 2018. There is also an agreed co-production strategy – Working Together - developed with parents, carers and young people. The Partnership has a shared and recognisable brand which represents our collective commitment and work together. The Board is supported by an Operational Group of senior leaders with the responsibility to implement the strategy, coordinate activity and secure improvement.

There are named officers for the local authority and clinical commissioning groups who are accountable to the Health and Wellbeing Board; Council's Cabinet, Scrutiny and Corporate Management Team and the Joint Committee of CCG's. Two new leadership posts have been created and appointed; a Director of Education and a single joint commissioned health post for Lancashire, both have responsibility for SEND.

There is regular discussion, through the governance structure, at the Board and in focused action groups as leaders work together to implement the reforms, address the issues of concern raised during the inspection and to improve performance/practice more broadly. This has resulted in a more realistic and robust understanding about the strengths and weaknesses across the local area.

The Board has recently updated the Written Statement of Action with an Improvement Plan, to ensure that progress made to date continues to take place. There is regular reporting on progress through the governance structure, using a RAG system, with exception reporting on those actions which are delayed or have not yet commenced. The thematic leads provide updates to every Board meeting and are required to account for lack of progress. The Board is proactive in addressing action delay and/or limited progress; agreeing five Accelerated Progress Plans where it is felt insufficient progress has been made to improve outcomes for children, young people and families or where pace has been slow to implement agreed action.

The Council's Scrutiny Committee requested thematic leads attend a meeting to discuss those actions which have been delayed or are not yet started.

A Designated Clinical Officer function has been jointly commissioned across all the CCGs. The service has three DCOs working across the local area as part of the Partnership arrangements; one is represented on the Partnership Board. The service has an administrative function which is supporting the EHCP and health advice process, including increased consistency. The DCO's are working with parents, carers, children and young people, education, care and other health professionals. The post holders are managed through a collaborative arrangement with Lancashire Care Foundation Trust and Blackpool Teaching Hospitals. They report to commissioners at the CYP Commissioning Network, health provider line managers and colleagues within the SEND Partnership. Quarterly monitoring reports are produced which identify the provision of health advice and provide insight into work locally with young people, parents and carers.

The CCGs have completed contact variations for each health provider, to identify their responsibilities relating to SEND. Commissioners are asked to ensure that SEND is part of the contract monitoring meetings, and the Access to Services group is receiving regular data to compare health providers' performance, which enables follow up by commissioners.

A SEND Auditor has been appointed to support the ongoing improvement of Education Health and Care Plans, with a particular focus on multi-agency training and auditing; regular reports are presented to the Board.

Evidence of impact, including on service users

1.1 Vision and Strategy document

1.2 Leadership appointments: DCO; jointly commissioned SEND health lead; Director of Education; SEND Auditor – job descriptions

1.3 Partnership Board exemplar minutes, TOR, Operational Group Papers

1.4 Joint governance - Health and Wellbeing Board minutes

1.5 Local Authority governance – CMT; ESC/EMT; Scrutiny Committee minutes

1.6 Health governance - JCCG minutes, Collaborative Commissioning Board minutes, ICS Children's Strategic Group minutes

1.7 Improvement Plan 2019-2020 (updated WSoA) and exception reports

1.8 Accelerated Progress Plans

Key next steps

1. Review of SEND Board Membership in April 2020 (as Board Terms of Reference)
2. Implementation of Accelerated Progress Plans in five areas of delay

Concern 2

Leaders' inaccurate understanding of the local area

There is an increasing understanding amongst leaders about the needs of each local area, which is being used to inform decision making. There is a more realistic and robust understanding about the strengths and weaknesses in performance and service delivery across the local area.

Key changes achieved

A SEND Joint Strategic Needs Analysis (JSNA) has been developed in partnership; this was published in May 2019 to support a more accurate understanding of the strengths and weaknesses of the local area by partnership leaders. The JSNA will continue to be developed and updated annually through a joint business intelligence working group, with identified leads. The lead member for Children's Services is the sponsor for the JSNA and maintains oversight of implementation of the recommendations.

The JSNA information has highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16 and 17 year old commissioned services is higher proportionally than other in other areas. Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.

As part of the SEND JSNA, a data dashboard has been created to visualise SEND school population and educational attainment statistics. Increasingly health and social care information is being added to the dashboard so that a more holistic view can be taken about each locality. This is available online at www.lancashire.gov.uk/lancashire-insight/education/send-dashboard/ There were 1,186 views on the dashboard between the launch in July 2018 and July 2019. By the end of September 2019 this had increased to 1,392.

In November 2017, an on-line evaluation tool developed with Lancaster University and hosted by the charity In Control was launched; the Personal Outcomes Evaluation Tool (POET) ensures that feedback on provision and services is provided continuously from parents, carers, young people and practitioners. Initially this received 564 responses. Since the initial implementation, in recognition of the issues raised by families, locally and nationally, POET was extended to include those receiving SEN support. A parent carer who is a member of the SEND Partnership Board represented the local area at the development meetings to extend and improve this tool. By the end of July 2019, this innovation had resulted in receipt of over 2,900 responses from 1,714 parent carers, 334 practitioners and 843 children and young people. The information is collated and shared each quarter with the SEND Partnership Board to ensure feedback increases understanding and informs decision making.

A new process to analyse tribunal data is in place. This analysis has identified trends which are being addressed through training and are aimed at reducing the need for families to seek redress via SENDIST. Health colleagues are also sharing trends in tribunal data with commissioners to inform practice and decision making. Similarly, the feedback and information that can be gained from both compliments and complaints has been analysed to identify trends and determine action.

Consideration of and discussion about local information by the SEND Partnership Board has included achievement outcomes; the quality of Education Health and Care Plans; the views of parent carers, young people and practitioners and the management of resources in the context of financial pressure on funding for SEND. Through its tracking process the Board has directly ensured improvements to service delivery; in April 2019 issues were raised by parent, carer representatives about the type and quality of social care assessments being undertaken as part of statutory processes to assess eligibility for short breaks. This was followed up by the Acting Director of Social Care to ensure inappropriate social care assessments are not undertaken.

The Local Authority Inclusion Service has developed a service score card to identify performance outliers, trends and action. A map of specialist provision has been developed to inform decision making in an open transparent way; solutions to current challenges are being developed in partnership with schools. A paper outlining the current position and potential future demand was considered by the Council's Cabinet in August 2019. This includes specific recommendations and a series of principles to develop the operational approach and provision for SEND in Lancashire which be shared with Board members at their next meeting. Work with good and outstanding special schools is supporting the development of increased inclusion in mainstream schools.

During the summer term 2019 a series of Head, SENCO and Early Years SEND briefings were held across the County, attended by over 420 professionals. These included sharing good practice guidance, an overview of the Lancashire context and challenges and a 'toolkit' to support all those working in an education setting to develop skills, systems and structures to help meet the needs of children and young people with SEND. This was well received and 97% of SENCO's found the Toolkit helpful or very helpful.

Specific training for school Governors is provided to ensure their support for children and young people with SEN. Inclusion (and exclusion) was discussed at the Chairs' Forum during the Autumn Term 2018, Spring Term 2019 and Summer term 2019, attended by approximately 360 Chairs of Governors. A termly newsletter is targeted at 8,000 Governors, with the Spring 2019 edition featuring an article on Behaviour and the development of a more inclusive system.

Evidence of impact, including on service users

2.1 JSNA

2.2 Data dashboard: 1,186 views between the launch in July 2018 and July 2019

2.3 Inclusion service data scorecard

2.4 Inclusion Service Provision Map

2.5 Inclusion service - review of complaints compliments and tribunals

2.6 Board awareness of key issues – Board planner

2.7 Local Provider Forum and Health commissioners' meetings – planner

2.8 Developing SEND Provision (a framework for change) – 8 August Cabinet Report

Key next steps

1. Continue to develop the breadth of data and information in the JSNA and Data dashboard
2. Implement the SEND Strategic Framework

Concern 3	<i>Weak joint commissioning arrangements that are not well developed or evaluated</i>
------------------	---

Joint commissioning arrangements have been reviewed and informed by the JSNA priorities agreed. Service redesign and commissioning has commenced.

Key changes achieved

The county had, prior to the inspection, jointly commissioned an area wide (pan-Lancashire) community equipment service; this has now been in place for 4 years, enabling a consistent provision of service across the area.

Following the Inspection, a review of arrangements to commission services was undertaken to understand where services are being jointly commissioned and where joint service re-design work is underway. The report to the SEND Partnership Board highlighted:

- The Joint Commissioning Framework for 2017-2020 which was in place and had previously been agreed by Local Authority and Clinical Commissioning Group Partners in October 2017;
- Feedback from young people, parents and carers who wanted high quality support for children not meeting EHCP threshold, to be part of a world where diversity is accepted, to have clarity and transparency and a consistent approach;
- The range of services that are provided to support children and young people with SEND, highlighting areas where we needed to strengthen arrangements.

Following the presentation to the SEND Partnership Board it was agreed that:

- Joint commissioning work be developed for Speech and Language Therapy Services and Occupational Therapy Services
- Work with special schools be progressed to strengthen the support offered to children and young people in these settings
- The development of ASD pathways would continue as a priority
- The delivery of the pan-Lancashire Emotional Wellbeing and Mental Health Transformation Plan would continue to be a priority.

Work has also been informed by a review of JSNA, which shows variability in need across the district council areas and therefore services will and should reflect that difference.

Joint commissioning

The JSNA information has highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16 and 17 year old commissioned services is higher proportionally than other in other areas. Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.

Based upon the JSNA a joint service specification has been developed for Speech and Language Therapy services. This has been implemented in the north of the county initially, prior to roll out across the county. Monitoring of access times is now undertaken via the Access to Services Group and differences in access times highlighted, shared with commissioners and discussed during contract meetings.

Joint work with special schools has been undertaken to consider the variation of provision across the county to support special schools.

Joint Re-design Commissioning

Work to jointly re-design services is underway in a number of areas:

- CAMHS re-design programme – jointly commissioned work across Lancashire and South Cumbria to re-design the emotional health and well-being service
- Improving the number of children and young people accessing treatment in NHS funded community mental health services – in 2018/19 access times in Lancashire of 46% against the NHS England target of 32% were achieved, placing Lancashire 6th in the country. CAMHS data monitoring is undertaken via the multi-agency CAMHS Transformation Board.
- Eleven Primary Mental Health workers are in place across Lancashire, with positive impact for children, young people and their families as evidenced in feedback from schools e.g. *'Referrals have been made to CAMHS and to the CWPs for our pupils, supported by the PMHW, which has led to improved, joined up working and improved outcomes'* **Primary School Deputy Headteacher**
- Agreement has been reached to address 0-19 funding in this service and a mobilisation plan with health providers commenced for a CAMHS 0-19 service.
- An all age eating disorder service has been developed and implemented across Lancashire.
- A CAMHS service mandate has been jointly agreed between health and LA commissioners; service providers are designing a comprehensive model based on THRIVE. This will be evaluated by commissioners for implementation in line with the phased funding model.
 - A Mental Health Anti-stigma Campaign -'Time to Change' - has been mobilised pan Lancashire
 - Interim community services have been secured to support children with behaviours that challenge ahead of the CAMHS redesign
 - A specialist inpatient Mother and Baby unit opened in October 2018
 - A local offer of service provision for CYP with emotional wellbeing and mental health needs has been defined for 0-25 years and a co-produced online portal known locally as 'Digital THRIVE' is being tested prior to launch
 - A service to support the school workforce with children and young people who experience emotional wellbeing and mental health issues, and in building resilience, is in place; the offer was expanded in 2018 to include support for primary schools with transition
 - Investment in early help services for children and young people experiencing low to moderate mental health issues has been increased, to help prevent escalation of needs.
- Neuro-developmental pathway – this diagnostic pathway for ASD/ADHD and complex needs has been re-designed jointly to increase the number of children and young people who have a plan of care alongside a diagnosis. Implementation is being rolled out across Lancashire.
- Learning Disability provision – two all age service specifications have been developed. The specialist support service has been implemented across Lancashire post 16 and work is progressing to implement the 0-16 service supported by Moorhouses Team from NHS England.
- Children and Young People's Advocate Service – re-tendered during 2018/19 and is in place with the National Youth Advocacy Service, including for service users with ASD.

Jointly agreed contract variations have been placed in all NHS provider contracts to reflect the importance of SEND provision and the expectations on all providers to address the requirements of the SEND code of conduct. All providers have a SEND Champion to drive forward reforms in their organisation, including awareness raising, improvements in provision of health advice and in the transition processes.

Alongside transformation work, the Integrated Care System (ICS) has been using its commissioning framework to review commissioning at different levels – ICS, ICP, Neighbourhood. This work has been undertaken jointly with the local authorities for children and young people and will lead to greater consistency in outcomes across the ICS area.

Evidence of impact, including on service users

- 3.1 Partnership Board September 2018- Commissioning Presentation
- 3.2 Service specifications
- 3.3 CAMHS Dashboard extract
- 3.4 CAMHS transformation programme mandate
- 3.5 All age LD specifications
- 3.6 Waiting time data
- 3.7 Primary health workers - school feedback, case workers, presentation

Key next steps

- 1. Continue to review provision so that it is more consistent (IP 3.5)
- 2. Recommission speech and language and occupational therapy services (IP 3.6)

Concern 4	<i>The failure to engage effectively with parents and carers</i>
------------------	--

Parents and carers are part of the strategic governance and leadership arrangements. A variety of communication mediums have been established and are being embedded. The Parent Carer Forum members are active members of the partnership.

Key changes achieved

A co-production strategy - Working Together - has been developed in partnership and agreed by the SEND Partnership Board; this is now being implemented to ensure consistent practice across services. The Working Together Strategy outlines the SEND Partnership plans for communication and participation with children, young people and their families. It explains how this will be achieved between organisations that provide services, help and support. This strategy recognises that following the SEND inspection in November 2017, the Partnership is on a journey to improve SEND services and build relationships with children and young people and their families.

In the summer of 2018 events were held for parents and carers to meet representatives of the newly formed SEND Partnership; 190 parents and carers shared their concerns and dissatisfaction in particular about access to senior leaders and available advice and support. This was fed back to the Partnership Board and in January 2019 Local Area Partnerships (LAP) were implemented to provide a way for professionals and practitioners to work with parents locally. Bringing cross sector services together, has led to more understanding and knowledge of particular services and how to improve access to services for parents. LAP representatives are able to share information with their teams and parent carers about how to access support in a more efficient and appropriate way.

Local Area Partnership meetings take place in all three areas of the county, North, South and East, chaired by a DCO. The local partnerships include SENCO's, Head teachers, Parent Carer Forum, SEND Inclusion, Social Care and Early Help and Wellbeing Service representatives. Discussion has included access to early help for children and young people with emotional needs and as a result Primary Mental Health Workers will be available at planned parent carer engagement events. Following feedback from parent carers, meetings are being arranged in different areas and in schools to enable easier access.

DCO's regularly meet individual parent, carers to resolve specific concerns or issues, receiving 30 individual referrals between April 2019 and July 2019. DCO's understand local needs, can pass on concerns and issues directly to staff teams and provide answers to issues raised in a timely manner.

Due to the low numbers of multi-agency auditors the number of audits that have taken place to date are small, however in this context the May audits indicated the need to improve advice from partners. There is emerging evidence to suggest this aspect of EHC plans improved in July as a result of the work undertaken in the council and through the DCO's. The current focus is on the inclusion of the views of children and young people, their interests and aspirations. Workshops are taking place between 3rd and 17th of October 2019 in partnership with the Parent Carer Forum to develop a shared understanding and person centred approach to the process of annual reviews. These four events for education practitioners include colleagues from health and social care; to date 127 colleagues are attending.

Lancashire Parent Carer Forum (PCF) Steering Group reformed in September 2018 with the election of a new Chair and Vice Chair and an agreed constitution. The Parent Carer

Forum has expanded the membership to include Steering Group Members from all areas of the county with a lead in the north-east and south. The Chair is a member of the SEND Partnership Board and leads the Equal Partners thematic group to deliver this aspect of the Improvement Plan. The PCF meet monthly and invite SEND Partnership colleagues to meetings as required. The PCF also has members on the Communications and Engagement action group, Information Advice and Support, POWAR and Project Search. The Chair and Membership Secretary are part of the SEND Partnership Team, attending bi-weekly meetings.

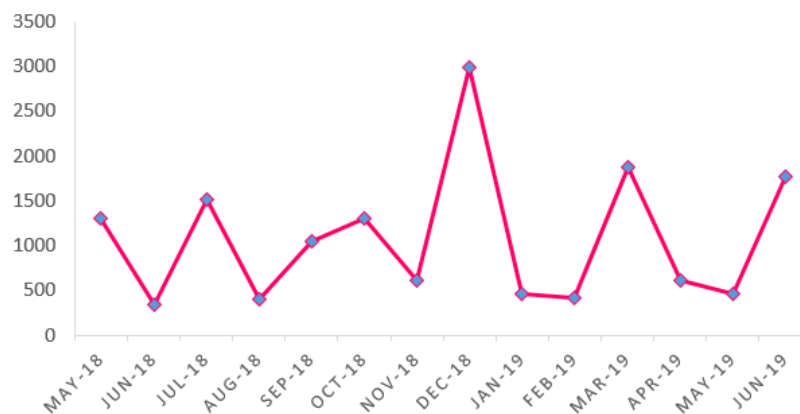
Communication and Engagement Officers were appointed to support communication and engagement across the Partnership and more widely; the Chair of the PCF was part of the appointment process. These officers have supported the PCF, through action groups and in developing an independent website, launched on 1 October 2019, to provide information for parents. Promotion will be supported by the range of communication channels established by the Partnership; the site will include a facility to enable parent carers to sign up online. Existing community groups are able to join the PCF as affiliated members.

Parents and Carers from across Lancashire have taken part in a free training course to provide them with tools to understand and navigate the SEND system. They were joined by representatives from the SEND Partnership including health, the inclusion service and the IAS team. The five-week course, hosted by the Council, was arranged and funded by the Lancashire Parent Carer Forum. This was successful in supporting parents who wish to know more about the help available for their families.

In November 2017, an on-line evaluation tool developed with Lancaster University and hosted by the charity In Control was launched; the Personal Outcomes Evaluation Tool (POET) ensures that feedback on provision and services is provided continuously from parents, carers, young people and practitioners. Initially this received 564 responses. Since the initial implementation, in recognition of the issues raised by families, locally and nationally, POET was extended to include those receiving SEN support. A parent carer who is a member of the SEND Partnership Board represented the local area at the development meetings to extend and improve this tool. By the end of July 2019, this innovation had resulted in receipt of over 2,900 responses from 1,714 parent carers, 334 practitioners and 843 children and young people. The information is collated and shared each quarter with the SEND Partnership Board to ensure feedback increases understanding and informs decision making.

Several ways of communicating with parents and carers have been established, including through a SEND Partnership Newsletter which has received 11,500 views between 2018 and 2019 (see graph below). This is circulated to 3,500 parent carers through the FIND newsletter and 3,000 followers through Facebook. Films have been produced to share parent carer and young people's experiences in their own words; these have been considered by the Partnership Board and are used in staff training and development work.

Lancashire SEND Partnership newsletter views



Parent carers have also received information directly from the PCF about training events and news articles and the Lancashire Evening Post published a story about the PCF in early 2019 to support an increase in parental involvement. Since January 2019 regular 'Coffee, Cake and Conversation' events have been taking place; hosted by local professionals. These provide an opportunity for parent carers to meet with professionals in an informal setting to discuss support/services and raise any concerns. Over 140 parent carers attended the first phase of events from January to July 2019. During the summer 2019 engagement events with education colleagues, 45 schools volunteered to host future 'Coffee Cake and Conversation' sessions as a way of connecting with more parents locally. Planning is underway to deliver these through schools' clusters, themed to meet parental need.

The PCF is arranging regional events to engage with local communities and raise awareness of the PCFs work. All events will be promoted widely via the Local Offer, schools and social media.

Engagement of parent carers about specific issues has included the neuro-developmental pathway; in 2018 412 parent/carers responded to a survey about ASD diagnosis and 16 parent/carer representatives attended the neuro-development pathway events. A parent carer follow up workshop was delivered on 18th July 2019, 10 participants attended, 8 parent carers and 2 staff members from ADHD Northwest. The workshop provided an opportunity to present the co-produced high-level pathway and the support tools being developed. The themes from the parent carer survey responses were shared; parents agreed that issues raised through the survey would be addressed by the integrated neuro-developmental pathway. Their views will be shared with commissioners, to ensure parent carers continue to influence the development and design of the pathway at every stage. Parent carer involvement has ensured a focus on families' views, in particular that they can comment on their child's behaviour, the importance of early support and access to support.

A draft strategy to involve more children and young people in the development of services has been agreed by the council; priorities for 2019 include involving children and young people with SEND in the review of EHCP process, short breaks provision and inspection of special schools through the young Inspectors Programme. Over 100 opportunities were available for children and young people with SEND to engage, including research, SEND improvement, service re-design and as youth councillors, April 2018 to date. Members of the youth parliament have attended regional and national participation events and represented young people with SEND at the international euro child conference in Croatia.

Evidence of impact, including on service users

- 4.1 Working Together Strategy
- 4.2 POET reports to the Board
- 4.3 SEND Partnership news page
- 4.4 Video testimonials – young people and parents, carers
- 4.5 Your Child Your Voice - feedback leaflet
- 4.6 Joint participation course - feedback
- 4.7 LAP webpage
- 4.8 Engagement activity programme and flyers
- 4.9 Summary report on ND Pathway Parent Carer Survey
- 4.10 PCF engagement and participation

Key next steps

1. Work with POWAR, school and college councils to involve more children and young people in the development of services (IP 2.6)
2. Implement Accelerated Plan re Local Offer

Concern 5	<i>The confusing, complicated and arbitrary systems and processes of identification</i>
------------------	---

The systems and processes of identification have been reviewed, to improve clarity and transparency. Service recommissioning of Public Health nursing will improve early identification and school readiness.

Key changes achieved

More than 100 partners including parent carers were involved in developing the graduated response through locally held events. The pathway for 0-25, providing information on the graduated response and EHCP processes, has been reviewed and co-produced. Five fact sheets for parent carers have been produced and these will be available on the Local Offer website. Information from these events has also been included in the SEND Inclusion Toolkit, to support workforce development. This was shared with professionals at education engagement events during summer 2019 and will be implemented in the autumn term 2019. Feedback was overwhelmingly positive with 97% of SENCo's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit.

A workforce development programme has been co-produced and is being rolled out in partnership with schools; 30 SEND reviewers have been trained, with reviews taking place to inform SEND practice. A SEND Toolkit has been developed and 'road tested' with Heads, SENCO's and Early Years providers at the summer term SEND Education events; feedback was overwhelmingly positive with 97% of SENCo's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit. The Toolkit will form part of the new local offer to be launched in the autumn 2019.

A person-centered planning meeting is now held at the beginning of the assessment process, this has been jointly developed between the local authority, the PCF, health and social care colleagues. It ensures EHCPs are informed by children and young people's aspirations and interests.

The Lancashire Special School Head Teacher Association is represented at county moderating and preparing for adulthood panels. Head Teacher Association representatives from mainstream schools are attending EHC needs assessment panels in all areas. FE colleges have recently been invited to join the local panels to ensure transparency and develop a shared understanding.

In response to feedback from schools and parent carers, adjustments have been made to the way in which Special Educational Needs and Disability Officers (SENDO's) work with schools to ensure a more consistent approach. Training for SENDO's has taken place and this new way of working is being implemented across the county.

Eleven Primary Mental Health Workers (PMHW) have been commissioned across Lancashire to deliver Youth Mental Health First Aid (YMHFA) training. To date this has involved 357 professionals, including 26 schools, with the aim of improving professional knowledge and skills in identifying and providing support for young people with emotional health and wellbeing needs.

Following a procurement process, the public health nursing service contract was awarded to Virgin Care from the 1st April 2019. To support early identification of needs a Health Visitor will offer a universal service to all local families. This includes five core visits - an ante-natal visit, new-birth contact, 6-8 week assessment, 12 month review and 21/2 year assessment, following the national framework. These contacts are holistic and will include assessments to ensure all children are meeting expected developmental milestones. In

doing so this will support the earlier identification of children with SEND for whom onward referral or additional contacts will be arranged.

The Ages and Stages (ASQ) questionnaire, including the social-emotional component (ASQ-SE), will be used at the 1-year and 2-21/2-year reviews. These tools help to identify whether children are meeting expected milestones in the domains of communication, fine motor, gross motor, problem solving and personal-social development.

The Health Visitor will follow pathways to ensure and promote a swift response for children with identified need e.g. referring to speech and language, audiology, physiotherapy, a paediatrician or GP when appropriate. They may also initiate a CAF, with parental consent, so that the child's needs are met, and support coordinated. Each nursery and GP practice has a named Health Visitor to facilitate an early response to identified concerns. In October 2019 a group of 20 Health Visitors will receive training in speech and language provided by the institute of Health Visiting. This is part of the programme of work between the Department of Education and Public Health England which will be extended to the wider workforce.

From 1 April 2019 Virgin Care also provide the public health 0-19 school nursing service; the new service aims to improve communication with parent carers and support transition to school for children and young people with identified need. As part of the universal service, school nurses offer a contact for all reception aged children completing a brief health questionnaire. Following recent mobilisation of this large contract, screening is being completed in the autumn term to identify need early and in doing so support school readiness. In addition, each school has a named school nurse.

A DCO function is in place across Lancashire, including Blackburn with Darwen, and Blackpool; there is a single point of access for families and professionals who may have concerns about the health needs of children with SEND.

Evidence of impact, including on service users

5.1 Co-produced Graduated Response

5.2 Co-produced Pathway Process including for EHC Plans

5.3 Health Visiting Metrics - Virgin Care reporting data quarterly with coverage of the national HV metrics. These are available
<https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>.

Key next steps

1. Review and share policies and procedures (IP 1.4)

Concern 6	<i>The endemic weaknesses in the quality of EHC plans</i>
------------------	---

Improvements in the quality of plans are taking place; a quality framework has been agreed and individual service quality assurance, training, and audit is supported by multi-agency audits. A plan to accelerate the pace of change has been agreed.

Key changes achieved

A Quality Framework has been agreed by SEND Partnership Board; quality assurance work is taking place within individual services and multi-agency auditors have been identified and trained.

In the local authority, training and development is improving the quality of advice and development of EHCPs including with parent carers; workshops for plan writers have taken place and a workforce development programme implemented. Updated training will be provided each term for SENCOs in various locations across Lancashire; this training has been co-developed by the Parent Carer Forum, social care, DCOs and local authority officers within Inclusion and will be co-delivered by the same group of partners.

The Inclusion Service has developed systems and monitoring processes to support improvements to EHCPs. Weekly reports are produced on EHCPs which include data on numbers, quality and social care and health advice contributions. Monitoring of these reports is undertaken at weekly feedback meetings in each locality to identify areas for development and to action report findings. This information is reported to the Inclusion Senior Management Team. Inclusion managers meet regularly with health and social care colleagues and this has included reviewing quality of advice. EHCPs have been shared with the DfE SEND advisor and feedback received has been acted upon. SEND data is a regular item in fortnightly Education SMT meetings.

In the summer of 2018 joint SENDO/SENCO events were attended by 241 SENCOs representing 218 schools. Of the 164 (68%) responses, 89% had a better understanding of partnership work and 64% a better understanding of the EHCP Quality Standards.

Intensive training for SENDOs was delivered during summer 2019 focusing on the quality of outcomes within EHCPs and supporting children young people and their families to access provision. The new person-centered approach ensures children views aspirations and interests are captured at the start of the process, to enable the plan to be properly informed by these views. In addition, training for specialist teachers, children with disabilities social workers, educational psychologists and practice managers has taken place.

The work in the local authority Inclusion Service is alongside the action to improve advice from health and social care. The DCO service is ensuring that health advice contains appropriate information and clear outcomes through a health QA system. The new Early Help Module has been embedded into the Education Health and Care Plan process for health professionals.

The DCO service has led a training offer for health professionals on 'what quality advice looks like'. The first phase in early 2019 was for Paediatricians and Allied Health Professionals. Following feedback, guidance with examples of good practice has been developed and is available for all partners across the area. During July and August 2019, 105 health professionals received training on writing good advice. Social Care developments include a CWD Social Worker attending the EHC Assessment Panel,

exemplars of good social care advice created, and training included within social work induction programme.

A SEND Auditor has been appointed and the Audit Programme is being implemented, with 42 multi-agency auditors trained. A pilot multi-agency audit was undertaken and reported to the Partnership Board in April 2019, with further reports in June and September 2019. From March 2019 to date 33 EHC Plans were audited through the multi-agency process using the Quality Framework. These audits identified:

- 45% of EHC Plans the child/ young person's voice and their parents/ carers' voice are not recorded clearly throughout the EHC Plan
- 52% of Plans are clear and accessible with SMART outcomes
- 49% of Plans have contribution from all agencies involved and are holistic
- 61% of Plans are focussed on individual Special Educational Needs, child/ young person's strengths and need for support rather than diagnosis
- 44% of Plans specify the provision required and how education, health and care services will work together to meet child/ young person's needs, support the achievement of agreed outcomes including transition planning.

New auditors requested a group audit be organised and this took place on 26th September, 75% of auditors felt they had a good or very good understanding after the training.

The findings from the audit work are informing the workforce development programmes referred to above e.g. developing SMART outcomes and ensuring the child's voice. In August 2019 training took place with FE college SEND leads using the quality standards framework and feedback from the multi agency audits. All delegates would recommend the course to others and 80% felt their knowledge and confidence after the course was good or better.

Feedback from practitioners indicates that improvement is starting to take place as a result of individual and multi-agency work. Recently a parent wrote to the Director of Children's Services to say that Inclusion Service staff supporting the EHCP process "*have been fantastic, they have listened to me as a parent and my concerns and have both helped me to sort out what needed sorting*" they "*delivered what they said and when, they couldn't have been more efficient*".

Temporary external auditors have been appointed to undertake 30 diagnostic casefile transition reviews during September and October 2019. Feedback will be provided to practitioners and a report on common findings and trends will be submitted to the SEND Partnership Board. The SEND Partnership audit tool will be improved if required. An early analysis of this work has taken place to support the development of a separate piece of work on transition planning.

The SEND Auditor is also working with young people through POWAR, SENCOs, parents, carers to improve the way their views are captured.

By July 2019, of the 1,700 parents who responded to the online survey (POET), 89% felt their own views and the views of their family were included in the plan. In addition, 83% of practitioners felt the EHCP had helped them work in partnership with parents. Parents views about the support for their child being good or very good was more positive than in other parts of the country.

Evidence of impact, including on service users

6.1 POET report to the SEND Partnership Board April 2019

6.2 SEND Service - compliance checklist

6.3 One-page profile

6.4 Auditor training and handbook

6.5 Audit reports to Board April, June and September 2019

6.6 DCO Service Quarterly Report

6.7 6 Good plans

6.8 Feedback from parent

Key next steps

1. Implement Accelerated Plan for improving quality of EHCP's

Concern 7	<i>The absence of effective diagnostic pathways for ASD across the local area and no diagnostic pathway in the north of the area</i>
------------------	--

The diagnostic pathway for ASD has been re-established in the North of the county. A high level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway has been co-produced.

Key changes achieved

- Two organisations commissioned to deliver a diagnostic ASD service in Lancaster whilst the Neuro-developmental pathway is being developed and implemented across the area.
- A total of 438 parent/carers have been involved in the development of the pathway through surveys, workshops and meetings.
- Engagement events held with POWAR in July 2018 involving a total of 12 young people.
- More than 200 partners, including Acute, Community, Mental Health, Third Sector, Primary Care, Education, Schools and Social Care colleagues have been involved in the development of the pathway through workshops and meetings.
- High level pathway developed, which was discussed and agreed at SEND Partnership Board November 2018, SEND provider Forum and CYP Commissioning Network meetings.
- There are 5 integrated care partners (ICPs) across Lancashire and South Cumbria, meetings have been held or are arranged in each ICP to start implementation, develop a gap analysis and action plans for implementation.

At the time of the last SEND inspection there was no ASD diagnostic pathway in the north of the county. The diagnostic pathway has been re-established along with sleep, sensory and behavioural workshops to support parent carers. The waiting list has been addressed by commissioning Healios to provide an online diagnostic service and a local health provider for face to face diagnostic service.

The development of a high-level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway for the ICS area has been a priority. The rationale for this development is in response to feedback from families that children and young people often enter an ASD pathway, some will receive a diagnosis whilst others may leave without a diagnosis or support, despite the needs they have remaining. Continued engagement work with parents indicated that an integrated neuro-developmental pathway to address need rather than diagnosis, with a support plan for children and young people, is an appropriate way forward.

The high-level pathway has been developed and agreed through several workshops which included colleagues from health, education, social care, parents and carers, with up to 45 participants at each workshop. A Parent/Carer survey was launched in July 2018; shared via Local Offer, FIND database, Communications leads and by contacting related support groups. In total 412 parents/carers provided feedback on-line about current pathways and the issues they were experiencing. This information has contributed to shaping the new pathway. A further parent/carers workshop took place on 18th July 2019, 10 participants attended, 8 parent/carers and 2 staff members from ADHD Northwest. The workshop provided an opportunity to present the co-produced high-level pathway and the tools (referral form and assessment tools) against the themes that emerged from the survey responses. Parent carers agreed with the rationale for an integrated neuro-developmental pathway and emphasised the importance of parent carers contribution to the assessment and diagnosis process along with the need for early support. Comments from the

workshop have been shared with commissioners to ensure parent/carers continue to influence the development and design of the pathway.

Work with POWAR (Participate, Opportunity, Win, Achieve and Respect) – the young people’s participation group took place on 17 July 2018 to obtain their views about ‘What good communication looks and feels like’ and ‘the assessment pathway for ASD, ADHD and other conditions that impact on education’.

Further workshops and meetings have also been undertaken with partners, GPs and the local area partners to progress the work.

Gap Analysis Workshops

The current ASD pathways have been mapped against NICE compliance in each ICP. Workshops have been taking place at ICP level with commissioners, providers and relevant partner organisations considering gaps in current processes to enable the delivery of the new pathway. Action plans have been developed by each ICP to support the implementation of the new pathway and ensure commissioning arrangements/service provision is in line with the proposed pathway. Colleagues from multi-disciplines have been attending the sessions.

Links with other ICS Work Programmes

Links with other ICS work programmes have continued to be established, as it is recognised that there are interdependencies with both ‘Children and Young People’s Emotional Wellbeing and Mental Health’ and ‘Learning Disabilities and Autism’ programmes. A 7-minute briefing has been produced for health colleagues to provide an update and opportunities for further improvements. Whilst the Neurodevelopmental Pathway is out of scope, clinical colleagues across the ICS support children and young people who maybe on multiple pathways, hence, the need to ensure that there are no gaps or duplication of effort and that children, young people and parent carers receive a seamless service.

Governance arrangements are being established in accordance with NICE guidelines and an accelerated plan has recently been agreed to ensure implementation is driven forward.

Evidence of impact, including on service users

- 7.1 Neurodevelopmental High-Level Pathway
- 7.2 Neurodevelopmental update report
- 7.3 Morecambe Bay ASD Pathway; all 135 families on waiting list in North Lancashire have been seen as part of the ASD assessments process.
- 7.4 Summary report on ND Pathway Parent/Carer Survey
- 7.5 Gap Analysis Workshop attendees
- 7.6 ASD Pathway KPI
- 7.7 Feedback from GPs
- 7.8 Waiting list data

Key next steps

1. Implement the neurodevelopmental diagnostic pathway (IP 3.4)
2. Implement the Neurodevelopmental Pathway Accelerated Plan

Concern 8 *No effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities*

A Partnership Strategy is in place with one of four priorities being for children and young people to achieve success; a strategic framework to drive the approach to support and development of provision in education has been agreed. A plan to accelerate the pace of improvement is in place and being monitored.

Key changes achieved

The post of Director of Education has been established and appointed; a key priority for the Director is to ensure improvement in SEND services and outcomes for children and young people.

Currently children and young people do not achieve as well as in other parts of the country and a full analysis of data for 2019 is underway to agree clear targets for improvement in 2019/20 identified and agreed. Our target is to narrow the gap between the attainment of Lancashire pupils with SEND compared with national outcomes.

Current gaps (2019 data):

EYFSP (GLD) 4.4%
 KS1 (RWM combined EXS+) 4.75%
 KS2 (RWM combined EXS+) 5.39%
 KS4 data not yet available

There is in-county variation between districts and sub-districts; targeted actions will take place in identified districts (and sub-districts identified in SPA analysis) with schools, school advisers, inclusion service and child and family wellbeing colleagues to impact on provision and outcomes in areas where these are lower. Good practice models will be shared across the county from areas such as Skelmersdale, where there are similar levels of deprivation, but higher outcomes for pupils with SEN.

Our target is to narrow the gap in the following areas:

EYFSP Pendle (17%), Preston (19%), Rossendale (15%), South Ribble (21%)
 KS1 Burnley (11%), South Ribble (13%)
 KS2 Burnley (11%), Pendle (15%), South Ribble (15%), Wyre (14%)
 KS4 data not yet available

Data is used to inform significantly higher levels of challenge by advisers in schools and this is also shared with SENCOs to draw out practical actions required at school level to raise attainment. Autumn Term 2019 visits by advisers in all phases will focus on the achievement of pupils with SEN. Governors will be made fully aware of the challenge being set and provided with support to carry out their role in holding senior leaders to account for pupil progress. Scrutiny and challenge will ensure targets are suitably challenging and supported by practical actions to affect change in schools

During 2018/19 Educational Psychologists undertook work in underperforming areas with school on early years and key stage 2 improvement. There has been some improvement in outcomes in Hyndburn and Lancaster in comparison with 2018.

A new public health nursing service contract was awarded to Virgin Care from the 1st April 2019 which includes the 0-19 school nursing service; children with identified need will be supported through transition to school and through the screening programme in the first term of school readiness will be assessed.

Current

The attainment of young people with SEN at 19 at level 2 and level 3 is too low. In 2018 attainment was 50.5%, compared with 54.5% nationally and 82.4% for all young people in Lancashire. Level 3 attainment at 19 for young people with SEN was 26.5%, compared with 26.6% nationally and 59.5% for all young people in Lancashire.

The percentage of 16 and 17 year olds with SEND participating in education and training is too low. In March 2019, the percentage of 16 and 17 year olds with SEND participating in education and training was 85.4%, compared with 88.6% nationally and 90.0% overall for Lancashire. Linked to this, the number of 16 and 17 year olds with SEND who are NEET or whose participation status is not known is too high.

The number of young people included in post-16 provision locally is 4% higher than the national average; the priority is to increase level 2 and level 3 attainment at 19 and provide greater choice which will lead to more young people progressing into employment.

Targets

The targets are to increase the percentage of 16 and 17 year olds with SEND in education and training to 86.4% by March 2020 and reduce the percentage of 16 and 17 year olds who are NEET or not known to 13.5%, based on the December to February 2020 three month average.

The Lancashire Statement of Priorities for further education was published in April 2019; the needs and outcomes for young people with SEND is now explicit throughout this strategic document to inform conversations with individual colleges. Meetings with colleges in the local area are taking place during the Autumn term 2019 to consider improvements in attainment. The target to close the attainment gap between young people with SEN and those without will be set using published data for 2019, available in Spring 2020.

A new way of working with secondary schools was introduced in May 2019; over 60 secondary schools have provided the intended destinations of Year 11 pupils which enables targeted conversations about destinations of young people with SEND. Data is currently being analysed and destinations shared with schools; discussion with providers where there are fewer positive destinations for young people with SEND are taking place. Working closely with schools and colleges, we will determine the current destination for young people who are recorded as not known and provide information, advice and guidance (IAG) to support a positive destination.

The SEND Partnership Board has considered education outcomes in some detail; as a result, outcomes for children and young people with SEND are now analysed and targets discussed through Head Teacher Associations and directly with individual schools. School Advisors routinely discuss outcomes for children and young people with SEND as part of their termly visits.

A Behaviour Strategy has been agreed by the Children and Young People's Partnership. The strategy includes improving outcomes for and reducing of exclusion of children and young people. Working in partnership with primary heads the concept of 'Inclusion Hubs' has been developed and implemented; bringing groups of local heads together to increase support and develop solutions which meet need in mainstream schools and local areas. These are supported by the School Improvement Service with an agreed SLA for each area; key aims are to reduce exclusion, improve attendance for pupils at risk of exclusion, ensure that pupils' needs are better met by a 'local offer', provide high quality training for staff in schools, share good practice and sign-post schools to expertise locally.

Alongside this a review of SEMH/Alternative provision has been undertaken across the secondary sector by an external organisation. The recommendations make clear the need to re-design the approach to support and provision in partnership with secondary schools across the county. Implementation has begun in the Preston area, but to date pace has been slow and this will be accelerated during the autumn term 2019 following the appointment of a senior lead for Alternative Learning Provision and a separation of this role from the role of Head of the Virtual School.

All short stay schools have a named Educational Psychologist to support transition through a more structured model of entry and exit with clear outcomes.

Consultation to close an inadequate primary short stay school provision, which has an academy order, is underway. The secondary short stay provision which requires improvement is being led by the Headteacher of another local provision. Agreement with the Regional Schools Commissioner has been reached about an inadequate SEMH provision in the north of the county; discussion with private specialist providers through a formal process is underway to secure improved teaching and learning experiences for these young people.

A workforce development programme has been co-produced and is being rolled out in partnership with schools; 30 SEND reviewers have been trained, with reviews taking place to inform SEND practice. A SEND Toolkit has been developed and 'road tested' with Heads, SENCO's and Early Years providers at the summer term SEND Education events; feedback was overwhelmingly positive with 97% of SENCO's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit. The Toolkit will form part of the new local offer to be launched in the autumn 2019.

SENCO cluster meetings which take place termly are well attended; these provide an opportunity to develop and share practice to improve the inclusion of and outcomes for children and young people with SEND. In the autumn term there will be an increasing focus on achievement as part of the Accelerated Plan.

Governor conferences with a focus on SEND were held throughout November 2018 and SEND articles are now a regular feature in Governors Newsletters; the Spring 2019 edition included an article entitled 'Behaviour (and Exclusions) Update', highlighting the exclusion performance in Lancashire and considering the issues and questions for governors. This included how schools make reasonable adjustments for children and young people and provided information about relevant training courses. In addition to the training available for governors, inclusion/exclusion has been discussed at the Chairs' Forums taking place in the 2018 Autumn term, 2019 Spring term and 2019 Summer term. Total attendance at these Forums was 360; along with the focus in newsletters, there is now greater awareness by governors about their role in meeting need in mainstream schools. There is training available to support governing bodies discharge their duties, including holding executive leaders to account.

Through Project Search three supported internship programmes have been implemented with partners involving twelve young people. A graduation event for took place to celebrate the success of young people completing the Project Search programme with parent, carers and senior leaders in the council. The Leader of the Council and Chief Executive have championed this programme and made clear the expectation to increase employability opportunities for young people with SEND.

A 'Housing with Care and Support Strategy' was agreed in 2018 with aim of modernising and developing housing services.

A Preparing for Adulthood Steering Group has been established, chaired by the Director of Education and Skills and the Director of Adult Social Care manage the interdependencies of improvement across three areas of transition i.e. health, education and social care. The group will also ensure the work across the three action groups is connected and coherent and will report on to the SEND Partnership Board. The externally commissioned work on transition audits and preparation for adulthood will be overseen by this group.

Evidence of impact, including on service users

- 8.1 Board presentations – education outcomes and SEND analysis
- 8.2 Strategic Framework for developing SEND – Cabinet Report 8 August
- 8.3 SEND Review process and SEND Toolkit
- 8.4 Inclusion Hub overview and exemplar area agreement
- 8.5 SEND4Change Review of ALP/SEMH
- 8.6 ALP - Cabinet reports for Hendon Brook and Wennington Hall School
- 8.7 CE expectations re Project Search/employment

Key next steps

1. Implement Education Outcomes Accelerated Plan

Concern 9	<i>Poor transition arrangements in 0-25 healthcare services</i>
------------------	---

A number of services have been re-designed/commissioned to improve the arrangements for transition in healthcare services.

Key changes achieved

Changes include:

- CAMHS – a transformation programme is in place with the aim of re-designing emotional health and wellbeing services for 0 – 19 years across the Lancashire and South Cumbria Integrated Care System (ICS). In May 2019 the proposals received financial support to increase services to 19 years of age, removing the gap between children and adult services. The project team is agreeing a mobilisation plan with each of the provider services to increase CAMHS services to 19 years. In 2018/19 Lancashire achieved 46% for access time, in comparison with the NHS England target of 32%, placing Lancashire 6th in the country.
- A CAMHS hospital passport has been developed with young people and is currently being trialled in the North.
- A service to support the school workforce in their work with children and young people who experience emotional wellbeing and mental health needs, and in building resilience, is in place; the offer was expanded in 2018 to include support for primary schools during transition.
- An all-age eating disorder service, commissioned across Lancashire and South Cumbria is now operational. The percentage of children and young people seen by the service (non-urgent) within 4 weeks has increased from 68% in 2016/17, to 85% in 2017/18 and 76% in 2018/19. The percentage of children and young people seen by the service (urgent) within 1 week has increased from 45% in 2016/17, to 51% in 2017/18 and 55% in 2018/19.
- Two all-age learning disabilities and autism service specifications across Lancashire and South Cumbria have been developed; the all age service for specialist support is operational across the county post 16 providing enhanced and intensive support for young people and adults. Work is progressing to implement the 0-16 service supported by Moorhouses Team from NHS England. Further work is progressing an all age community, LD and autism service. A learning disability hospital passport is in place across Lancashire. A project manager has been appointed to connect the improvement work of the SEND Partnership and Transforming Care agenda across the area.
- A new contract for the public health nursing service was awarded to Virgin Care from the 1st April 2019 which includes the 0-19 school nursing service; children with identified need will be assessed via the screening programme for school readiness and supported through transition to school. Following recent mobilisation of this large contract screening is being completed in the autumn term, to identify need early and support school readiness. This is in addition to each school having a named school nurse.
- The following action has been taken to secure the views of parent carers, young people and partners to inform changes required to improve transition:
 - Three workshops in Autumn 2018, attended by 103 partners, including parent/carers, feedback used to inform transition planning.
 - Discussions with children and young people about their experiences of transition, including the development of short films so that this can be shared more widely.
 - Survey monkey questionnaire for parent/ carers about their experiences and views of transition.
 - Integrated Care System (ICS) professionals' event to develop a Transitions Strategy on 6th June 2019, follow up meeting planned for 11th October 2019.

- Professionals training events to promote safe transition and share good practice on 30th, 31st July and 1st August 2019 attend by therapy staff (30); CAMHS, LD and EHWP staff (30) and nursing, HV, SN, safeguarding and hearing services staff (45).
- Meeting held with complex care nurses 10th June 2019 across Lancashire and South Cumbria to improve transition processes for medically complex young people.
- SEND Transition working group formed.
- Integrated Care Partnership (ICP) meetings arranged across the ICS August/September 2019.

Evidence of impact, including on service users

9.1 Learning Disabilities all age service specification

9.2 Neurodevelopmental pathway

9.3 CAMHS Programme Mandate

9.4 ICS wide transition strategy (all) with LA workshop 6th June

Key next steps

1. Develop arrangements to improve transition across our provision and services (IP 3.9)

Concern 10	<i>The disconcerting proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school</i>
-------------------	--

The number of young people with an EHCP permanently excluded from school has reduced and processes are now in place to monitor the exclusion of children and young people with SEND.

Key changes achieved

Permanent exclusion of children and young people with an EHCP has reduced significantly from 11 in 2016/17 and 10 in 2017/18 down to four exclusions in 2018/19, with a number of exclusions rescinded, and further potential exclusions avoided through discussion and challenge by the local authority.

A system has been implemented to monitor all children with an EHCP at risk of permanent exclusion. Support has been provided for those children previously permanently excluded in KS1 and KS2. All Short Stay Schools have a named Educational Psychologists and models have been developed that are responsive to the local area, including a more structured model for entry and exit with clear outcomes identified to focus intervention. A pilot transition intervention was developed in one district for pupils in year 6 transitioning into year 7 at risk of or have been permanently excluded. Educational Psychologists are also working with feeder primary schools to support secondary school transition.

A workforce development programme has been co-produced and rolled out in partnership with schools; 30 SEND reviewers have been trained, with reviews taking place to inform SEND practice. A SEND Toolkit has been developed and 'road tested' with Heads, SENCO's and Early Years providers at the summer term SEND Education events. Feedback was overwhelmingly positive with 97% of SENCO's finding the sessions helpful/very helpful and citing the usefulness of the Toolkit. The Toolkit forms part of the n Local Offer with a new site to be launched in September 2019.

Working in partnership with primary heads the concept of 'Inclusion Hubs' has been developed and implemented; bringing groups of local heads together to increase support and develop solutions which meet need in mainstream schools and local areas. These are supported by the School Improvement Service – there is an SLA agreed for each area with key aims being to reduce exclusions, improve attendance for pupils at risk of exclusion, ensure that pupils' needs are better met by a 'local offer', provide high quality training for staff in schools, share good practice and sign-post schools to expertise locally.

Alongside this a review of SEMH/Alternative provision has been undertaken in the secondary sector by an external organisation. The recommendations make clear the need to re-design the approach to support and provision in partnership with secondary schools across the county. Implementation has begun in the Preston area, but to date pace has been slow and this will be accelerated during the autumn term 2019 following the appointment of a senior lead for Alternative Learning Provision and a separation of this role from the role of Head of the Virtual School.

Governor conferences with a focus on SEND were held throughout November 2018 and SEND articles are now a regular feature in Governors Newsletters; the Spring 2019 edition included an article entitled 'Behaviour (and Exclusions) Update', highlighting the exclusion performance in Lancashire and considering the issues and questions for governors. This included how schools make reasonable adjustments for children and young people and provided information about relevant training courses.

In addition to the training available for governors, inclusion/exclusion has been discussed at the Chairs' Forums taking place in the 2018 Autumn term, 2019 Spring term and 2019 Summer term. Total attendance at these Forums was 360; along with the focus in

newsletters, there is now greater awareness by governors about their role in meeting need in mainstream schools. There is training available to support governing bodies discharge their duties, including holding executive leaders to account. There is some evidence of heightened awareness amongst governors; outcomes will be analysed to assess impact.

To build on the progress to date we are analysing more detailed information about children and young people with a draft EHCPs who do not have a school place and those who are missing education (CME), parents electing to home educate (EHE) or 'off rolled,'.

Evidence of impact, including on service users

10.1 Exclusion data

Key next steps

1. Implement a partnership model with schools for Alternative Provision (IP 4.2)
2. Consider a coherent model to deliver support (IP 4.3)

Concern 11	<i>The inequalities of provision based on location</i>
-------------------	--

The use of data and information including the JSNA is increasingly ensuring that the development of provision, services and new commissioning arrangements are based on local need.

Key changes achieved

There is a jointly commissioned area wide community equipment service operating consistently across the area.

The Designated Clinical Officer function has been commissioned and is providing a supporting structure to increase consistency in provision across the county and where required across council boundaries. DCO's are able to signpost parent carers to local provision and when parents have concerns facilitate discussion locally through the Local Area Partnerships structure.

Health Visiting and School Nursing Services have been re-commissioned across the county and are now delivered by a single provider; Virgin Healthcare. This aims to ensure services are more consistent.

A Joint Strategic Needs Assessment (JSNA) has been produced and used to identify local needs. The JSNA information highlighted differing need across the county; this will enable future provision to respond to need rather than a 'one size fits all approach' or the continuation of historical commissioning arrangements. For example, the data shows a higher incidence of Mental Health need in the Lancaster district; as a result, funding for 16/17 year old commissioned services is higher proportionally than other in other areas. Similarly, the re-commissioning of speech and language therapy takes into account the higher need for these services in the east of the county. Linked to these findings the local authority and health colleagues have worked to develop approaches for intervention that will promote the development of children's language and communication skills in target areas.

As part of the initial review of joint commissioning by the SEND Partnership, the following priorities for joint commissioning were agreed in the context of inequity in provision:

- Child and Adolescent Mental Health Services (see section on joint commissioning for detail)
- Primary Mental Health Workers
- Neurodevelopment Pathway
- Speech and Language Therapy
- Occupational Therapy

SEND Champions have been identified in each provider organisation to undertake a range of functions; one of these has enabled the providers to share good practice and work together to improve services. The Champions and Provider Forum meet monthly.

Work is underway, following the Special School Nursing Review, to address the issues identified in the inequity of nursing provision for special schools. A map of provision has been developed and discussions are taking place with providers and schools to agree the offer across the county.

Work has been completed to understand the differences in process for Children Looked After health assessments across the county and agreement reached to address this inconsistency, enabling a single process to be put in place.

A joint service specification has been developed for Speech and Language Therapy 0-19 services, this takes into account the higher need for these services in the east of the county and has been implemented in the north of the county initially, prior to roll out across the county. The first round of contract monitoring meetings will commence in September 2019 for these services; service delivery in the east is designed to meet the higher percentage of complex and very complex cases.

Monitoring of access times is now undertaken via the Access to Services Group and differences in access times highlighted, shared with commissioners and discussed during contract meetings.

The re-designed occupational therapy service specification is at different stages of implementation across Lancashire, covering ages from 0 – 19 years. Work with health providers is taking place to align services with new contract as far as possible. Contract monitoring meetings will monitor implementation and performance.

An education provision map has been developed and shared with special schools, as part of a developing strategy to ensure provision is both sufficient and located in areas of need. Discussions are taking place to develop options in line with the report to the council's Cabinet on 8 August 2019.

An extensive consultation on the non-statutory Lancashire Break Time service with parents and providers informed the decision to review and co-design the overall offer for Short Breaks across the county. The re-design has commenced, with research into good practice ahead of the parent carer user survey on 24 September 2019. A full implementation plan is in place, with the aim of ensuring the offer is more consistent and meets parent carer needs.

Evidence of impact, including on service users

- 11.1 DCO Report, quarter 1: 2019
- 11.2 JSNA and SEND data dashboard
- 11.3 Eating disorder service % seen with 1 or 4 weeks
- 11.4 CAMHS % accessing service
- 11.5 Service Specifications- SALT and OT
- 11.6 Education Provision Map
- 11.7 LBT consultation outcomes/Cabinet Report
- 11.8 Short Breaks re-design plan

Key next steps

1. Target support available from specialist services more effectively (IP 3.1)
2. Continue to review service provision so that it is more consistent (IP 3.5)
3. Develop a commissioning plan which is informed by the JSNA (IP 3.7)

Concern 12	<i>The lack of accessibility and quality of information on the local offer</i>
-------------------	--

The website which provides information about the Local Offer has been reviewed and redesigned. The revised information will be launched through a new site in the Autumn 2019. A plan to accelerate implementation is in place.

Key changes achieved

The Local Offer website and information was reviewed with parents, young people and partners; this informed the specification for a re-build, which includes a facility for users to provide feedback and a directory to search for information. The aim is to ensure the information is accessible and the site provides the information parents need about the Local Offer.

The 'Your Child Your Voice' workshops during summer 2018 provided additional feedback which supported the findings shared during the inspection. This informed a series of surveys which asked parent carers and young people to provide more detailed information about the style, name and content for the new local offer. During 2019 over 250 parent carers responded to the surveys, with thirty attending workshops in Lancaster. In addition, workshops with partners have informed site development.

The feedback from users make it clear that the content must be free from jargon, easily understood and provide information relevant to each need and location. Workshops were held with parent carers and young people to inform the structure of the site and identify common searches to find information. This has informed the new site and second phase development. Research was undertaken to consider best practice in relation to the information about the local offer and the website format tested using the Mott Macdonald checklist. This checklist assessed the Local Offer information from twenty-three local areas, with specific focus on guidance relating to SEND support in the early years, schools, and further education settings. The information to describe the Local Offer in Lancashire scored well, with high compliance in seven of the twelve areas. Feedback on the remaining areas has been used to further develop the information about the Local Offer.

Design workshops with forty-five young people in three schools informed the use of colour and imagery; this will be bright and welcoming to all users. The design will be in keeping with the SEND Partnership brand and include a narrative about our work together as partners.

Implementation of the newly designed information and site has been significantly delayed following the termination of a contract in March 2019 with an externally commissioned provider due to lack of progress. The site content and build is now being led by a council project team with Open Objects commissioned to develop the directory facility.

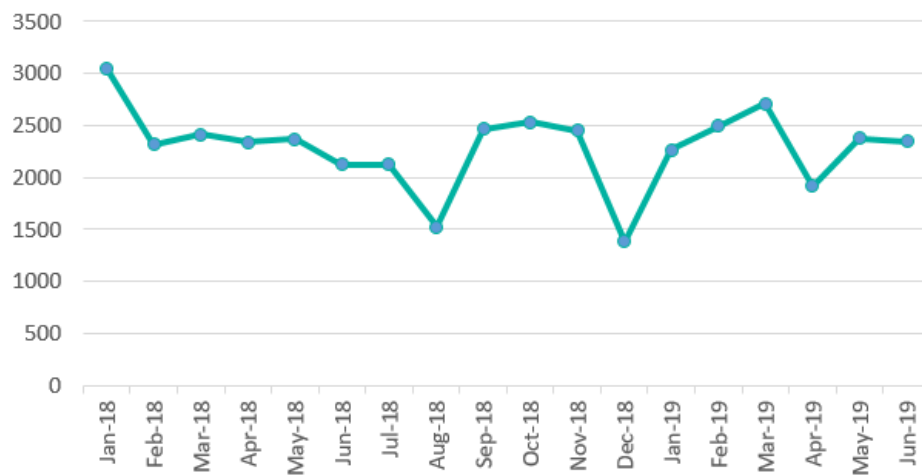
Programme Office support in place to drive pace and identify risks; this will ensure that post launch work takes place to plan for phase two developments, site maintenance and ongoing improvement.

The SEND partnership site is scheduled for user testing in early October 2019, with a first phase launch in mid-October 2019. This is supported by a plan for promotion to raise awareness of the new site with all potential users. A feedback survey facility is part of the site to ensure feedback from the users continues to improve the site.

The Local Offer website was recording a declining number of visits until September 2018 when work to increase access took place. This increased visits slightly above the previous

average, which has been maintained or exceeded through ongoing engagement with parents and other partners.

Lancashire Local Offer Website views



The newly formed Lancashire Parent Carer Forum website was co-produced to share key information and provide helpful signposting for parent carers. Links to the new Local Offer site and Local Offer Facebook page are part of the website build – these have a combined reach of over 4,000 parent carers. Key information from the Local Offer site will also be held on the PCF website as an alternative way of sharing knowledge with parent carers.

Evidence of impact, including on service users

- 12.1** Evidence from events/workshops
- 12.2** Outcomes from the review
- 12.3** Mott Macdonald Review outcomes
- 12.4** Build specification
- 12.5** Project Implementation Plan and Accelerated Plan

Key next steps

1. Implement the Accelerated Plan to deliver the local offer website

Written Statement of Action (WSOA)

Summary of our progress

Update October 2019



In November 2017, Ofsted and CQC inspected the Lancashire local area and identified twelve areas of concern. This summary provides an update on progress achieved.¹

- 1. Leaders from across the partnership are working together strategically to deliver a shared vision**
 - Lancashire SEND Partnership was established in March 2018 and a new vision and strategy agreed.
 - The SEND Partnership Board has representatives from all partners, including young people and parent carers.
 - The Action Plan (WSOA) aims to secure improvement and ultimately realise the Partnership vision.
 - The Board monitors progress on the plan and considers all aspects improvement.
 - Accountable officers lead the Partnership and report progress to the Health and Wellbeing Board.
 - An Operational Group drives progress and reports to the Partnership Board.
 - New posts have been created including a Director of Education and Skills and Designated Clinical Officers.

- 2. There is increasing understanding about the needs of the local area and the strengths and weaknesses in performance**
 - A joint strategic need assessment (JSNA) has been published, alongside a data dashboard that provides information relating to education, health and care.
 - The dashboard is updated regularly and will help inform decision making.
 - Data and information is shared with and considered by the SEND Partnership Board.
 - Performance data is being analysed to improve understanding and drive improvement.
 - Providers are sharing good practice and contributing to improvement.

- 3. Joint commissioning arrangements have been reviewed and, informed by the JSNA, priorities agreed. Service redesign/commissioning has begun.**
 - A joint strategy for commissioning is in place.
 - Speech and Language Therapy (SALT) and Occupational Therapy (OT) services are being re-commissioned.
 - A re-design of the emotional health and well-being service is taking place; this includes CAMHS to age 19 to support transition into adult services.
 - All age services for learning disability and eating disorders are being commissioned.
 - Special School Nursing service is being recommissioned jointly following a review.

- 4. Parent carers are part of the strategic governance and leadership arrangements. Parent Carer Forum members are active members of the partnership.**
 - Co-production is taking place, with active participation by parent carers in improvement.
 - The Parent Carer Forum (PCF) is established with the Chair representing families on the Partnership Board.
 - The PCF is part of the Partnership leadership and operational arrangements.
 - Local Area Partnership meetings take place, along with informal 'coffee and cake' events for parent carers.
 - The POET survey informs the Board and commissioning managers about the views of almost 3,000 parent carers, young people and practitioners.
 - A range of ways to communicate with parent carers has been developed.

- 5. Systems and processes of identification reviewed, to improve clarity and transparency. Service recommissioning will improve early identification and school readiness.**
 - Over 100 partners have been involved in developing a graduated response document.
 - A SEND toolkit has been developed and both will be available as part of the Local Offer.
 - The neurodevelopmental pathway has been co-produced and is being implemented across Lancashire.
 - Content for the Local offer has been developed with partners; this will be launched in October.
 - Three Designated Clinical Officers provide as single point of access to health services.
 - Primary Mental Health Workers deliver Youth Mental Health First Aid training.
 - A new contract for Health Visiting will ensure needs are identified earlier.

¹ 1/10/19

- 6. Improvements in the quality of plans is taking place and a quality framework agreed. There is a programme of individual service and multi-agency quality assurance, audit and training.**
- A quality framework was agreed by the SEND Partnership Board to improve the quality of all existing plans.
 - The most vulnerable groups have been prioritised; followed by any child or young person making a transition.
 - EHC plan writers and contributors have a workforce development programme in place.
 - Health and social care advice for all new plans is being received.
 - A SEND Auditor was appointed in March 2019 to lead the multi-agency approach to auditing.
 - Health provider champions have been identified as a requirement of every contract and training on the quality of plans provided.
- 7. The diagnostic pathway for ASD re-established in the North. A high level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway has been co-produced.**
- A pathway is in place in the north and the 135 families on the waiting list seen by a professional.
 - High-level pan-Lancashire Neurodevelopmental Assessment and Diagnostic pathway has been designed and agreed with contributions from more than 100 professionals and 400 parent carers.
 - More than 90 professionals have been involved in reviewing the pathway to identify gaps for action prior to implementation.
- 8. Achieving success is one of four priorities in the Partnership Strategy; action to re-shape support and provision is taking place.**
- A SEND Partnership Strategy is in place with a priority for children and young people to achieve success.
 - A new post of Director of Education commenced in August to drive this improvement.
 - Thirty SEND reviewers have been trained and a workforce development programme developed with schools.
 - Primary inclusion hubs are in place across all districts and recommendations from a review of alternative provision in the secondary sector are being implemented.
 - A strategic framework to progress the development of SEND support and provision was agreed in August 2019.
- 9. A number of services have been re-designed and commissioned to improve arrangements for transition in healthcare services.**
- All age eating disorder service recommissioned and two all age service specifications developed for Learning Disabilities and Autism
 - Funding approved to extend CAMHS services to age of 19 ensuring continuity
 - Public health nursing contract has been recommissioned across Lancashire and includes school readiness.
 - Mental Health and Learning Disability Passports introduced and being rolled out.
 - A Preparing for Adulthood Strategy has been co-produced.
- 10. The number of young people permanently excluded from school has reduced. Processes in place to monitor the exclusion of children and young people with SEND.**
- Schools and the local authority have reduced the number of permanent exclusions for pupils with EHC plans.
 - Prevention work with primary schools is taking place through the development of inclusion hubs
 - The recommendations following the external review of secondary support and provision are being implemented.
 - All short stay schools have a named Education Psychologist.
 - Governor conferences and briefings have focused on responsibilities for pupils with additional needs.
- 11. The use of data and information, including the JSNA, is increasingly ensuring the development of provision and services is based on local need.**
- All related health care services in Lancashire have been reviewed and redefined for quality and consistency.
 - SEND Champions have been appointed and primary mental health workers are in place.
 - A dedicated data analyst for SEND is appointed within the clinical commissioning unit.
 - A range of services are being commissioned in the context of the Joint Strategic Needs Assessment.
- 12. The Local Offer website has been reviewed and redesigned and is supported by a range of communication methods.**
- Engagement with families identified the need for an improved design with clearer content.
 - External partner will host a directory of services to ensure Local Offer is easier to navigate.
 - Schools support the promotion of the website with parents when it launches in the autumn term.
 - A Parent Carer Website has been developed to provide parents with key information and a clear link to the Local Offer.

Education Scrutiny Committee

Meeting to be held on Tuesday, 29 October 2019

Electoral Division affected:
(All Divisions);

Supporting Pupils at Special School with Medical Conditions: Task Group Update

(Appendices 'A' and 'B' refer)

Contact for further information:

Ellen Smith, Policy, Information and Commissioning Manager, Lancashire County

Council Tel: 01772 538 489 ellen.smith@lancashire.gov.uk

Lesley Tiffen, Senior Commissioning Manager, Fylde Coast Clinical Commissioning

Group Tel: 07917 414 092 lesley.tiffen@nhs.net

Executive Summary

This report provides an update on the progress made by the multi-agency Special Schools Nursing Task and Finish Group against the recommendations made by the Children's Scrutiny Committee in respect of special school nursing provision in Lancashire.

Recommendation

The Education Scrutiny Committee is recommended to:

- i. Note the progress made to date against the recommendations and the proposed ongoing activity against the project plan; and
- ii. Discuss and agree any feedback on the draft policy.

Background and Advice

In September 2017, the Children's Services Scrutiny Committee received a report on special school nursing which identified inconsistent provision across Lancashire. A task and finish group was established to review existing provision and findings were shared with the [Children's Services Scrutiny Committee in December 2018](#).

The main focus of the report was on:

1. The requirements of the Department for Education's statutory guidance "Supporting pupils at school with medical conditions" (2015, updated 2017) and the roles and responsibilities of education and health staff in supporting pupils to have their medical needs met;

2. The school nursing provision available in special schools, commissioned by Clinical Commissioning Groups (CCGs) and the universal Public Health-commissioned school nursing service through the 0-19 Healthy Child Programme.

The findings of the report were considered by the Committee and a series of recommendations for the county council, CCGs and the Integrated Care System (ICS) were made. The responses from the Cabinet Members for Children, Young People and Schools and Health and Wellbeing, along with the relevant NHS bodies, were considered by the Committee in February 2019.

A multi-agency Special Schools Nursing Task and Finish Group led by a Health Commissioner from Fylde Coast CCG was established with the remit of addressing the recommendations of the report. Governance is through the SEND Thematic Group 3: Access to Services.

This report provides an update on progress against all recommendations, with a particular focus on the two key areas identified above and outlines plans and timescales for ongoing activity.

Key themes

The task and finish group meets bi-monthly and works to a project plan which addresses all recommendations. The review identified 12 recommendations for the county council, 9 for CCGs and 2 for the ICS. Below, a detailed update is provided on the main recommendations:

Department for Education's statutory guidance and development of local policy and guidance

The main focus has been to develop:

- a) A draft county-wide policy for special schools to consistently implement the Department for Education's statutory guidance, collaborating with special schools both through the task and finish group and through the Lancashire Special School Headteachers' Association (LSSHTA);
- b) A draft multi-agency protocol to clarify the roles, responsibilities and accountabilities of education and health professionals and parents/carers in supporting pupils at school with medical conditions, through defining what is deemed to be a basic care intervention and a medical/clinical intervention.

Following a review of the statutory guidance and best practice policies from other authorities, a working draft policy and guidance has been produced, including sample process flowcharts and a proposed suite of templates to support implementation of the policy. A key element of the work is agreeing the levels of interventions to be delivered by education and health staff, informed by national guidance such as from the Royal College of Nursing (RCN).

The draft policy and guidance (as at Appendix 'A') have been shared with all Lancashire special school heads and county council, and Health Commissioners facilitated a workshop with representatives from LSSHTA and current providers on 9

October to address initial feedback on the draft policy and guidance, which will further inform its ongoing development. (Please note: the working draft of the policy and guidance is still being reviewed and drafted through stakeholder engagement; sign-off of this draft is therefore not requested at this stage).

A key output was the agreement in principle to define medical tasks/interventions in three tiers/levels in the policy:

1. Routine and easily acquired skills;
2. Tasks requiring training from health professionals which can be delegated to non-clinical staff;
3. More complex clinical procedures (to only be carried out by trained health professionals, as these carry a higher degree of risk).

A second collaborative provider and headteacher workshop and subsequent stakeholder workshops with school staff and with parents/carers will take place in the autumn, with the aim of having an agreed draft policy by early 2020. The policy will then require legal sign off.

Commissioned School Nursing Provision

A significant data gathering exercise was undertaken by the task and finish group via a questionnaire that went to all 39 special schools within the ICS; 33 of the schools responded.

The aim of the questionnaire was to baseline the following to identify commissioning requirements:

- Number of pupils within the school in need of medical support;
- Current provision/arrangements and frequency, e.g. school nurse, specialist clinics;
- Training level needs analysis;
- On-site facilities for delivering medical support.

This intelligence was then further enhanced through questionnaires to health providers and commissioners followed by a workshop in May 2019 to sense check the information collated, address gaps in data and identify key areas for future development.

Findings have highlighted that service specifications require updating, levels of commissioned provision (in terms of both frequency and availability) are based on historic data and not reflective of current demographics (i.e. pupil numbers per school) or the level of need within settings. Funding levels have broadly remained static and within the Lancashire geography, an unwarranted variation was identified in terms of funding and provision for one specific area; this has now been addressed, with investment secured.

Subsequent workshops with health providers, a representative group of head teachers, health commissioners and the local authority, have enabled a good shared

understanding of current issues, a shared vision of what needs to be addressed and a commitment to working jointly across the system to develop provision with the aim being to achieve more equitable support to schools which is underpinned by need.

Review activity is now informing the ongoing development of a consistent service specification across the ICS footprint; the service specification and the policy are interdependent and the agreed policy will inform the requirements of the service specification. The specification will be co-produced with stakeholders and is expected that the first draft will be completed by January 2020; this will then be required to go through due process.

The review has also identified the need for consistent training programmes for health staff and education staff delivering support to pupils, which will support the successful delivery of the policy. This will be incorporated within the specification. Public Health are currently working with their provider of the 0-19 Healthy Child Programme contract to look at how universal nursing services can provide a needs based public health offer within special schools. Equally, the review of special school nursing provision is looking to include support from specialist provision to mainstream schools, where children with medical needs requiring specialist support are in attendance.

Progress update against all recommendations

The Special School Nursing Task and Finish project plan (as at Appendix 'B') outlines progress/outputs to date against all recommendations, the lead organisation, next steps, anticipated timescales and a RAG rating.

Consultations

There has not been a requirement for any formal consultation in the work undertaken to date, however, there has been stakeholder engagement.

Implications:

This item has the following implications, as indicated:

Risk management

Financial

No revenue or capital implications for the county council.

Legal

The Supporting Pupils in School with Medical Conditions policy and guidance will require legal sign off from the county council and will then be implemented in county council maintained special schools. Any impact on the county council's insurances will need to be considered as the policy is developed.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
-------	------	-------------

NA

Reason for inclusion in Part II, if appropriate

NA

Appendix A

"Supporting Pupils at Schools with Medical Conditions" Policy

Includes multi-agency protocols/guidance for ensuring that Special Educational Needs School meet the requirements of the Statutory Guidance

1. Introduction

The over-arching purpose of this policy, the accompanying guidance and protocols, is to ensure that children and young people who have health and/or care needs and who attend Special Education Needs Schools within Lancashire are supported to participate as fully as possible in all aspects of school life through a consistent county-wide approach across educational settings and education-related activities within scope.

This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications, with that intended outcome being should be that pupils are able can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities and remain healthy to help them to achieve their academic potential.

The focus of this policy is to:

- Demonstrate a local multi-agency commitment to positively promoting the inclusion of all children with health and/or care needs and improving efficient multiagency working in partnership with children, young people and families.
- Clarify roles, responsibilities and accountability in enabling children and young people with health and/or care needs to be fully included within Special Education Needs Schools.
- Clarify for parents/carers and children and young people what can be expected.
- Provide a framework within which to manage the risks associated with carrying out clinical and care procedures that relate to the child or young person, the worker and the organisation.

2. Background and Legislation

The policy is based on the Department of Education guidance document, "Supporting Pupils and School with Medical Conditions", which was published in December 2015 and updated in April 2017.

The policy is to support 'appropriate authorities' (as defined in section 100 of the Children and Families Act 2014) to fulfil their statutory duties to make appropriate arrangements to support pupils at school with medical conditions.

Section 100 of the Children and Families Act 2014 places a statutory duty on 'appropriate authorities':

- Governing bodies of maintained schools
- Proprietors of academies
- Management committees of Pupil Referral Units (PRUs)

to make arrangements for supporting pupils at their school with medical conditions.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010; where this is the case, appropriate authorities must comply with their statutory duties under the Act.

Some pupils may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs and their identified

special educational provision. For pupils with SEN, this policy should be read in conjunction with Special Educational Need and Disability (SEND) code of practice.

3. Local Context

To be developed.

4. Roles and responsibilities

Roles and responsibilities should be undertaken as described in the Department of Education guidance document "Supporting pupils at school with medical conditions" December 2015 and the subsequent April 2017 update.

This policy demonstrates a local multi-agency commitment to positively promoting the inclusion of all pupils with medical conditions within their education setting; supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies; this policy will identify collaborative working arrangements to meet need.

This policy clearly identifies the roles and responsibilities of all parties involved in carrying out support arrangements to be undertaken, as described in the Department of Education guidance document, "Supporting Pupils and School with Medical Conditions".

4.1 Governing Bodies, Proprietors and Management Committees

Governing bodies, Proprietors and Management Committees should:

- Ensure that it is clear how the policy will be implemented effectively to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Identify a named person who has overall responsibility for policy implementation and for ensuring that it is reviewed and updated regularly.
- Ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- Ensure that IHCPs are reviewed at least annually or earlier, if evidence is presented that the pupil's needs have changed.

4.2 School Principal/Headteacher

School Principals and Headteachers should:

- Ensure that all staff are aware of the policy and accompanying procedures and understand their role in its implementation; this policy clearly identifies the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions
- Ensure that all staff who need to know are aware of the pupil's medical condition and needs.
- Ensure that sufficient trained numbers of staff are available to implement the policy and to deliver against individual healthcare plans (School Principals and Headteachers have overall responsibility for the development of individual healthcare plans), including in contingency and emergency situations and in the event of staff absence.
- Ensure that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change.

- Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
- Ensure that individual healthcare plans are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- Ensure individual healthcare plans are monitored and are subject to review, at least annually, or sooner if needs change.
- Ensure risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensure risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensure that a complaints procedure is in place and is accessible and is reviewed (propose that it is reviewed annually?).
- Ensure that staff are clear about the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form.
- Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.
- Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate
- Ensure that the appropriate level of insurance is in place to reflect the level of risk and ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the School Nursing Service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion

4.3 School staff responsibilities

Any member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines.
- Should receive sufficient and suitable training (and appropriate refresher training) and demonstrate that they possess the necessary level of competency before they undertake any activity relating to supporting an individual in managing their medical condition.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The roles and responsibilities of staff will be clearly recorded and agreed in the pupil's individual health and care plans.

4.4 Child's/Pupil's Role in managing their own Medical Needs

Pupils with medical conditions should:

- Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- After discussion with parents/carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and medical interventions.
- Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.
- Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- Where it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered.

4.5 Parents, Families and Carers

Parents, Families and Carers should:

- Provide the school with sufficient and up to date information about their child's medical needs.
- Be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.
- Carry out any action that they have agreed to as part of the implementation of the individual healthcare plan (e.g. providing medicines/equipment and ensuring that they or another nominated adult are contactable at all times).

Pupil Information Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A? – is this covered in the templates?):

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

4.6 School Nursing Services/School Nurses

School Nursing Services:

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school; wherever possible, this should be done before the pupil starts at the school.

- Would not usually have an extensive role in ensuring that a school is taking appropriate steps to support pupils with medical conditions, but may support staff in implementing a pupil's individual healthcare plan and provider advice and liaison, e.g. on training.
- Can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

4.7 Other Healthcare Professionals

Other healthcare professionals (including GPs and paediatricians):

- Should notify the school nurse when a pupil has been identified as having a medical condition that will require support at school.
- May provide advice on developing individual healthcare plans.
- Specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g. asthma, diabetes, epilepsy).

4.8 Providers of Health Services

Providers of health services should:

- Cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals (e.g. specialist and children's community nurses) as well as participating in locally developed outreach and training and providing support, information, advice and guidance to schools.
- NB: need to make clear the distinction between the commissioning responsibilities of the LA (including Public Health and the CCGs). Local authorities and CCGs MUST make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

4.9 Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies.

Local Authorities have responsibility for commissioning public health services for school-aged children including school nursing; this does not include clinical support for pupils in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility.

Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners (e.g. governing bodies, CCGs and NHS England) with a view to improving the wellbeing of pupils with regard to their physical and mental health, education, training and recreation.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within the individual healthcare plans can be delivered effectively.

Local authorities should work with schools to support pupils with medical conditions to attend full-time.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

4.10 Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) commission other healthcare professional such as specialist nurses and should ensure that commissioning is responsive the children's needs and that health services are able to cooperate with schools supporting pupils with medical conditions.

CCGs have a duty to cooperate under Section 10 of the Children Act 2004 and MUST make joint commissioning arrangements for education, health a care provision for children and young people with SEN or disabilities.

CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health service in providing support and advice.

CCGs have commissioning responsibility for clinical support for children in schools who have long-term conditions and disabilities. Pupils in special schools may need care which falls outside the remit of local authority commissioned school nurses, e.g. gastrostomy and tracheostomy care or postural support.

CCGs should ensure that their commissioning arrangement are adequate to provider the ongoing support essential to the safety of these vulnerable children whilst in school.

5. Individual Health Care Plans (IHCP) and the procedure to be followed when notification is received that a pupil has a medical condition/ Individual Health Care Plans (IHCP)

Schools should have procedures in place to cover:

- Who is responsible for the development of the IHCPs
- Any transitional arrangements between schools;
- The process to be followed upon reintegration or when a pupil's needs change;
- Arrangements for any staff training or support.

For pupils starting at a new school, arrangements should be in place in time for the start of the relevant school term.

When a pupil receives a new diagnosis or moves to a new school mid-term/year, every effort should be made to ensure that appropriate arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on the available evidence; this would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

ICHPs and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the pupil.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the pupil and pupils should also be involved where appropriate.

ICHPs should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimise disruption.

The format of IHCPs may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.

ICHPs should be easily accessible to all who need to refer to them, which preserving confidentiality.

The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support required; the plan should capture the key information and actions that are required to support the pupil effectively in managing their condition(s) and to overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where a pupil has SEN identified in a statement or EHC plan, the IHCP should be linked to, or become part of that statement or EHC plan.

Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Where a pupil is returning from school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

6. Managing Medicines/Medical Interventions on Schools Premises

6.1 Administration of Medicines/Medical Interventions

Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s).

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s).

Pupils who can take medicines or manage their medical interventions independently may still require a level of adult support e.g. in the event of an emergency. For this situation, agreed procedures will be documented in their Individual Health Care Plan (IHCP).

Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so; where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

No pupil under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

A pupil under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

6.2 Refusing Medication/Medical Intervention

If a pupil refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the pupil's record sheet.

The reason(s) for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the pupil is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

6.3 Storage of Medicines/Medical Intervention Equipment and Resources

All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

All pupils will know where their medicines/medical intervention equipment/resources are at all times and will be readily available as required.

All pupils will know the name and role of any professionals who support them in delivering the required interventions.

Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

6.4 Controlled Drugs

A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

Where controlled drugs are not an individual pupil's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual pupil's responsibility, records will be kept of any doses used and the amount kept on the premises. *recorded on appropriate individual and pupil summary template?*

A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

6.5 Non-controlled Drugs and Medical Resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the pupil's IHCP.

6.6 Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

6.7 Off-site and extended School Activities (Day trips, residential visits and sporting activities)

Governing bodies should ensure that there are clear arrangements in place to ensure that pupils with medical conditions are actively supported in accessing and participating in all off-site and extended school activities on offer, including school trips, sporting activities, clubs and residential/holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully; teachers should have a clear understanding of how a pupil's medical condition will or may potentially impact on their participation.

School will consider what appropriate reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully; staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities.

Schools should make arrangements for the inclusion of pupils in such activities with and required adjustments, unless evidence from a clinician (e.g. GP) states that this is not possible.

School will carry out a thorough risk assessment (*risk assessment template to be included?) to ensure the safety of all pupils and staff and to ensure that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

The risk assessment process will involve consultation with the pupil, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. *NB – include link to Health and Safety Executive (HSE) Guidance on School Trips here?*

In some circumstances, evidence from a clinician (e.g. hospital consultant), may state that participation in some aspects offered is not possible; where this is the case, then school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

7. Record keeping

Governing bodies should ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion, including the following information:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage given
- A note of any side effects/reactions observed

Parents should be informed if their child has been unwell at school.

8. Managing Emergencies and Emergency Procedures

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities, wherever that take place, including on school trips

Where a pupil has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school should know what to do in general terms, e.g. informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child taken to hospital by ambulance.

Schools need to ensure that they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

9. Unacceptable Practice under the Policy

School staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absence are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to effectively manage their medical condition;
- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues;
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

10. Confidentiality and sharing of information (within school)

Schools need to be aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all time.

Schools will disseminate information to key members of staff involved in the pupils's care on a needs-to-know basis, as agreed with parents/carers.

Where the pupil has an IHCP, this will be shared with key staff with regular, scheduled rebriefings.

School will ensure that arrangements are in place to inform new members of staff of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil's medical needs to staff during any transition.

11. Liability and Indemnity

It is important that the policy sets out the details of the individual school's insurance arrangements which cover staff providing support to pupils with medical conditions.

Insurance policies should be accessible to staff providing support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

The level and ambit of cover required must be ascertained directly from the relevant insurers.

Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

12. Complaints Procedure

The individual school should have a complaints policy which sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

13. Staff Training and Support

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed; this should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Suitable training should have been identified during the development or review of IHCPs. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans; they will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Schools need to identify arrangements for whole-school awareness training so that all staff are aware of the policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included.

The family of a pupil will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Governing bodies should consider providing details of continuing professional development opportunities.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

14. Transport

Home to school transport: this is the responsibility of the 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 (this is a separate document to an individual healthcare plan) for pupils with life-threatening conditions.

This policy and accompanying guidance and protocols should be reviewed annually; this is the responsibility of the named person within each educational setting.

To be included as either a section in the policy or an Appendix:

Levels of Need

Pupils may present with a range of needs, some of which will require clinical and care interventions. The skills required to meet these needs may:

- Be routine and easily obtained (Level 1)
- Require training from health professionals (Level 2)
- Only be carried out by trained health professionals, as they are complex clinical procedures (Level 3)

Levels of clinical and care procedures required by children and young people fall broadly into three levels of skill and risk. This list is not exhaustive.

Level 1: Routine and easily-acquired skills

Level 1 tasks are routine and easily acquired skills. Parents and carers will already have an understanding of their child's needs and it is important that settings work with parents and carers to ensure this level of care needs are met.

These skills may already have been acquired as parents and workers with children and young people. Most children and young people at some time will require tasks carried out at this level. Advice and support may be required to reassure staff in carrying out this kind of activity. Ongoing training may be required which should be organised and provided by the setting.

- Intimate personal care - assisting with cleaning and changing soiled clothing, changing nappies and sanitary wear in order to keep the child clean and comfortable.
- Promoting continence – assisting with toileting regimes, ensuring children have access to appropriate toilets, regular drinks etc.
- Assisting a child with eating or drinking – Following a simple plan involving environmental, postural and equipment adaptors to provide independence at meal times
- Dry/wet wrapping for a child with eczema – a prescribed treatment involving dressings for children with severe eczema
- Making up of a routine infant feed – following an instruction as to how much feed and water to mix together.
- Moving and handling – assisting a child who may have mobility problems in accordance with local policy
- Undertaking a child's physiotherapy programme – following a simple written programme from Physiotherapy
- Supporting a child's communication programme – following a written programme from a registered Speech & Language Therapist
- Care of a child with epilepsy not requiring emergency medication –this involves measures to ensure the safety of the child during a seizure.
- Simple dressings – dressing to skin following a care plan, for example; application of a gauze square with tape including transdermal patches.

Level 2: Tasks requiring training from health professionals (usually qualified nurses)

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk:

These are tasks that need to be carried out regularly, require a small amount of time, privacy, some degree of skill and the use of generic equipment. Specific training will be required in accordance with local guidelines. Some of these tasks could be carried out by the child themselves if of an appropriate age and ability.

These tasks have been identified by the Royal College of Nursing as tasks that can be safely delegated. However as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can be delegated.

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube
- Oral suction with a yanker sucker
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin)
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devices once stoma has been well established for more than 6 months and there have been no problems with the stoma
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or Paediatrician Manual Evacuation
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel
- Emergency treatments covered in basic first aid training including airway management Assistance with inhalers, cartridges and nebulisers
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, Paediatrician or paediatric diabetes nurse specialist
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include

consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.

Level 3: More complex clinical procedures

These require more skill and carry a greater degree of risk so can only be carried out by trained health workers.

These tasks have been identified by the Royal College of Nursing as tasks that cannot be safely delegated. However as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can be delegated.

- Re-insertion of nasogastric tube
- Re-insertion of PEGs or other gastrostomy tubes
- Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous, administration
- Programming of syringe drivers
- Filling of oxygen cylinders (other than liquid oxygen as stated above)
- Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable child

NB: the statutory guidance advises that it may be beneficial for the policy to refer to:

- Defibrillators
- Asthma inhalers

Appendix: Glossary of medical terms to be developed.

Appendix: Process map/flowchart to be developed.

Department for Education Templates; these are templates that accompany the statutory guidance and will be included as appendices:

Template A: individual healthcare plan
Template B: Parental agreements for setting to administer medicine
Template C: record of medicine administered to an individual child
Template D: record of medicine delivered to all children
Template E: staff training record – administration of medicines
Template F: contacting emergency services
Template G: model letter inviting parents to contribute to individual healthcare plan development

Recommendation	Lead Organisation/ Partner	Progress to Date	Next Steps	Timescale (where known)	RAG Rating
<p>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.</p>	<p>CCG</p>	<p>Extensive consultation through questionnaires and workshops with special school heads and health services, has been completed to understand the current needs of pupils and the existing provision in place to meet these needs.</p> <p>Findings have been presented to the SEND Partnership working group 3 and the Children and Maternity Commissioners Network, with the latter agreeing support for the work to progress the development of a consistent service specification. Additional funding has also been secured to address the gap identified in one area.</p>	<p>In parallel with the development of supplementary guidance, develop a draft service specification with stakeholders, including CYP, parents and carers.</p> <p>Specification and implications for delivery taken through due process.</p>	<p>January 2020</p> <p>March 2020</p>	<p>On track</p>
<p>2. Facilitate needs led discussions by ensuring appropriate representation must attend all special school EHC Plan meetings.</p>	<p>Designated Clinical Officer (DCO)</p>	<p>Appropriate attendance at meetings has been discussed as part of workshops with head teachers and providers and a draft document for attendance at meetings has been produced.</p>	<p>Draft circulated to provider forum and commissioner network for consideration.</p> <p>Agreed documentation to be included within supplementary guidance documentation.</p>	<p>November 2019</p>	<p>On track</p>

3. Jointly review existing assessment tools for nursing/clinical needs in school with a view to developing a consistent approach.	Designated Clinical Officer (DCO)	The assessment tools have been gathered from across the area, and DCO's have commenced work to review the quality of tools.	Engage with providers to seek views on proposed implementation of generic templates. If supported, agree standardised tool for implementation	December 2019 February 2020	On track
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.	CCG	The three health providers across Lancashire are working closely together as part of the review and this is now being extended to include South Cumbria. Work has commenced to review current models of delivery along with good practice examples, but this will be further developed as the review now focuses on the service specification.	Consider and appraise options for future delivery models. Include proposed model within draft service specification for consideration	December 2019 January 2020	On track
5. Collaboration with providers to review and establish a single equitable and proactive training offer for special schools.	CCG	Understanding the current training offer delivered by providers and the requirements for training from the special schools, has formed part of the workshops with providers and head teachers and was included within the questionnaires. This baseline knowledge along with agreement on the three levels of task/intervention within the policy with inform the design of a proposed consistent training offer to special schools going forward.	In line with development of the policy, develop a proposal for health delivered training.	January 2020	
6. Collaboration with providers to ensure that all health professionals/clinical support receive appropriate training for	CCG		Requirements for training delivery along with key measures to ensure quality are included within draft service specification.	January 2020	

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.	CCG/Public Health	<p>Review activity is underway which will highlight where there are co-situated sites, with both CCG- and Public Health-commissioned nursing provision.</p> <p>There will be pupils within special schools who are entitled to the Healthy Child Programme and this is being addressed by Public Health with the provider.</p> <p>Equally the review will consider how the needs of pupils attending mainstream schools who require input from specialist nursing can be met.</p>	Competencies of staff will need to be identified through developing a joint programme of work with schools.	January 2020	On track
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,	LCC/CCG	<p>The Task and Finish Group is developing an engagement strategy to ensure that children and young people and their families and carers are meaningfully engaged to inform commissioning activity.</p> <p>The intention is to engage stakeholders at an appropriate stage in the commissioning cycle by sharing both the draft Schools Medicine policy and</p>	To facilitate engagement opportunities through existing networks, e.g. POWAR, the three SEND Local Area Partnerships and the Lancashire Parent Carer Forum	<p>Policy: January 2020</p> <p>Service specification: January 2020</p>	On track

Opportunity, Win, Achieve and Respect) the opportunity to have their say on any new commissioning service specification before it is signed off.		the draft Special School Nursing service specification for feedback.	To work with POWAR Group. Headteachers to facilitate engagement opportunities within their schools, e.g. an engagement questionnaire. Where necessary, establish bespoke focus groups.		
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.	Designated Clinical Officer (DCO)	The DCO roles and responsibilities have been communicated via the Schools Portal and are defined in the Local Offer, along with information regarding the complaints procedures. The DCOs have also attended a number of Headteacher forums to provide information about their roles and how to access information and advice.	N/A	Complete	Complete
10. Writing to the Secretary of State for the Department for Education	LCC	The DFE were written to prior to the finalisation of the report. A further letter will be sent when we are			Complete

<p>(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.</p>		<p>in a position to share the good practice protocol being developed in Lancashire.</p>			
<p>11. Collaborating with special schools through Lancashire Special School Headteachers' Association (LSSHTA) to produce supplementary guidance to complement 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.</p>	<p>LCC</p>	<p>The Task and Finish Group agreed that a consistent policy for Lancashire Schools to support implementation of the DfE's statutory guidance would be beneficial to ensure consistency of practice.</p> <p>LCC Commissioning has developed a working draft of a 'Supporting Pupils at School with Medical Conditions' in School Policy in collaboration with representatives of LSSHTA and Heads from other Local Authorities.</p> <p>The draft Policy has been shared with all Lancashire Heads via email.</p> <p>A collaborative workshop took place on 9th October with Heads and Provider reps, facilitated by Health and Social Care Commissioners to capture feedback on the draft policy. Key outputs were:</p> <p>Agreement to define medical tasks/interventions in three tiers/levels in the policy:</p> <ol style="list-style-type: none"> 1. Universal-Routine and easily acquired skills; 	<p>Additional Headteacher and Provider engagement workshops on the policy to be scheduled and facilitated by LCC and Health.</p> <p>Ongoing collation of wider LSSHTA responses via email.</p> <p>Wider provider feedback to be collated via email.</p> <p>Other Local Authorities to decide whether they want to adopt the policy; this will link to the local service specification.</p>	<p>Autumn 2019</p> <p>Autumn 2019</p> <p>Autumn 2019</p> <p>January 2020</p>	<p>On track</p>

		<p>2. Targeted-Tasks requiring training from health professionals which can be delegated to non-clinical staff;</p> <p>3. Specialist- More complex clinical procedures (to only be carried out by trained health professionals, as these carry a higher degree of risk).</p>	<p>Draft policy to receive Legal clearance.</p> <p>Policy to be implemented in Lancashire Special Schools.</p>	<p>February 2020</p> <p>Spring/Summer 2020</p>	
<p>12. 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.</p>	LCC	<p>The multi-agency protocol to clarify roles and responsibilities is currently incorporated within the draft policy document. The roles of all partners, including families and CYP are defined.</p> <p>This information has been shared with Heads and Providers and will form the focus of the second collaborative workshop.</p> <p>There will also need to be engagement with families and CYP.</p>	<p>Additional Headteacher and Provider engagement workshops on the protocol to be scheduled and facilitated by LCC and Health.</p> <p>Engagement with families/CYP.</p>	<p>Autumn 2019</p> <p>January 2020</p>	On track

13. Collaborating with the CCGs, providers, all special schools, parents and carers to review the supplementary guidance on an annual basis.	LCC	A review is proposed one year after publication of the policy and then, more proportionately, on a bi-annual basis unless significant issues are raised through the Inclusion Service Partnership governance arrangements or there is a change in the national Statutory Guidance from the Department for Education.	Once the policy has received Legal clearance and is in use, a review date will be agreed and leads identified to undertake this.	TBC	Complete
14. Enabling the sharing of intelligence and a consistent refresh of data (from Inclusion Service 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.	LCC/CCG	<p>An online data tool supported by the JSNA provides access to school population data for children within Inclusion Service. The Lancashire Insight website displays accurate information via a self-service dashboard; this is managed by LCC's Business Intelligence Service.</p> <p>The SEND analysis tool can be found via: https://www.lancashire.gov.uk/lancashire-insight/education/send-dashboard/</p> <p>The JSNA continues to be refreshed with data now also being added from Health.</p> <p>The process for Health providers requesting intelligence is either via the Public Health Consultants or the relevant locality Public Health Commissioner or the Business Intelligence Service can be approached directly: businessintelligence.insight@lancashire.gov.uk (for general enquiries around the wider determinants of health such as environment, demographics, deprivation, economy etc)</p>	<p>The Task and Finish Group will identify any gaps in current data available and share with Business Intelligence so that the Service can look at how this data could be gathered.</p> <p>CCGs and Education colleagues will also agree the frequency and content of any ongoing reporting requirements to inform planning.</p>	January 2020	On track

		businessintelligence.publichealth@lancashire.gov.uk (for public health/health data) businessintelligence.jsna@lancashire.gov.uk (for anything to do with the joint strategic needs assessment, including publications, projects and data)			
15. Incorporating public health universal services within all special school settings, to meet the holistic health needs of those children and young people.	LCC	The commissioned Public Health Nursing services are required to ensure the school aged population is offered the Healthy Child Programme, a national framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Access to services is not subject to school setting and will include offering the programme to children who do not attend a mainstream school, including in special school settings, children educated at home, and children missing from education; the Task and Finish Group has identified that the Healthy Child Programme is not routinely being delivered in Special Schools and Public Health Commissioners are addressing this with the Provider. The provider has confirmed that all special schools have a named school nurse.	Ongoing work to ensure implementation and monitoring through contract reviews.	Ongoing	On track
16. Addressing the issue of work space to accommodate school nurses and health professionals including therapy staff and their needs in special schools.	CCG	As part of the review, a questionnaire was sent to all Special School Heads to understand the issue of work space within Special Schools to accommodate nurses and other health professionals. 17 schools responded to the questionnaire and 67% of those responses indicated that they have adequate medical, therapy and/or office space for health professionals. 33% of schools indicated that they did	The County Council invites Special Schools to raise issues with them directly on a case by case basis if there are specific accommodation	Complete	Complete

		<p>not have adequate medical, therapy and/or office space for health professionals and that space had to be shared or other appropriate school rooms utilised.</p> <p>The County Council does not have control over the day-to-day utilisation of space within Special Schools, however the importance of facilitating access for health professional staff on school sites is recognised.</p>	needs that need to be addressed.		
17. 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.	LCC	<p>LCC have purchased the Early Help module on Liquid Logic Children's Services (LCS). All EHC templates are within the module and can be accessed by third parties who purchase a licence.</p> <p>The County Council will provide health professionals with access to County Council systems where appropriate. However, the County Council does not have control over ICT connectivity within the school environment. Connectivity for health professional is dependent on school ICT administrators configuring systems and enabling access where appropriate.</p>			Complete
18. Promoting existing equipment stores via the Schools' Portal.	LCC	<p>The County Council continues to promote the existing equipment stores via both the Lancashire Schools Portal and the Lancashire Local Offer.</p> <p>Access to equipment has to go via an OT assessment; the OT refers to the community equipment store; all equipment is prescribed through the retail model.</p>	N/A	Complete	Complete

<p>19. 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 Inclusion Service 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.</p>	LCC	<p>LCC Transport Service has established a Task and Finish Group to address this recommendation, which includes Headteacher representation.</p> <p>The Transport Service is undertaking a review of its policies with a view to producing a revised policy and the Task and Finish Group is involved in this.</p> <p>The Service is reviewing the passenger assistant workforce in terms of a training audit and location to understand any gaps in provision.</p> <p>Linked to the Special Schools Medicine Policy, the County Council will ensure that guidance is produced on the creation and use of healthcare plans for CYP with medical needs and who are provided with transport assistance and ensure emergency contact information is included within these plans; the Transport and Medicines Policies will be consistent and linked to ensure that this is addressed.</p> <p>A review of information sharing between the Inclusion Service and Transport will be undertaken to ensure all relevant information is shared and that drivers and passenger assistants have access to them, as gap have been identified.</p> <p>Commissioning and Transport will work jointly on guidance on the creation and use of healthcare plans for CYP who have medical needs and are provided with transport assistance and ensure emergency contact information is included within</p>	<p>The Transport Task and Finish Group to feed back to the Special School Nursing Task and Finish Group with progress against actions.</p>	TBC	
---	-----	---	--	-----	--

		these plans; this will link to a section of the Supporting Pupils at School with Medical Conditions Policy.			
20. 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.	LCC	Work with health providers, schools, colleges and commissioners to implement the recommendations following the review of the Specialist Nursing Service" included within the refreshed SEND Improvement Plan and progress reported to the Health and Well-being Board.	N/A		Complete
21. 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.	LCC	The Task and Finish Group's priority is to address the recommendations made in respect of access to support within special schools; if there is learning that can be communicated and applied to mainstream settings that will be done, e.g. the Inclusion Service data tool has been identified as being of benefit to mainstream school settings. In mainstream settings, the Healthy Child Programme offer from Public Health School Nursing is being delivered by Virgin Care.	The Schools Medicines Policy and Guidance will be reviewed as to how it can be implemented in mainstream settings.	Ongoing	On track
22. Provide assurance from the children's champion and SEN lead within the Integrated Care System governance structure, that should emergency/secondary support be moved from	CCG (ICS)	The SEND Manager post commissioned to work across the ICS is aware of this recommendation and the requirement is being factored in to project initiation documents for paediatric service redesigns.	N/A	Complete	Complete

<p>their current locations to ensure the location of all special schools in Lancashire will be taken into account.</p>					
<p>23. 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.</p>	<p>CCG (ICS)</p>	<p>The requirement for improved communication and information sharing to provide more person centred and holistic care is recognised by the ICS as important and is a key work programme. It is important to note that data sharing is also governed by strict rules which need to be adhered to and require all organisations to gain the appropriate consent before information can be shared, in this case from parents and/or young people depending on age and capacity.</p> <p>The NHS recognises that Special Schools may not require all personal health information, however good care planning should take place in partnership with the child (if appropriate), parents and the nurse and together they should identify what information is required to be shared in order to support the child in school. Plans should always be written in plain English with any jargon terms defined so that any professional working with the child is able to understand the child's unique needs and how to meet them.</p>	<p>The NHS provider Trusts invite Special Schools to raise issues with them directly if information is not being shared appropriately or in a timely fashion, or if health care plans are unclear and/or contain jargon so that these issues can be addressed.</p>	<p>Complete</p>	

Education Scrutiny Committee

Meeting to be held on Tuesday, 29 October 2019

Electoral Division affected: (All Divisions);
--

Education Scrutiny Committee Work Programme 2019/20

(Appendix 'A' refers)

Contact for further information:

Craig Alker, Tel: 01772 537997, Business Support Officer,

craig.alker@lancashire.gov.uk

Executive Summary

The work programme for the Education Scrutiny Committee is attached at Appendix 'A'.

The topics included were identified at the work planning workshop held on 22 July 2019.

Recommendation

The Education Scrutiny Committee is asked to:

- i. Note and comment on the report and work programme;
- ii. Discuss and confirm the topics scheduled for the next meeting and reasons for scrutiny.

Background and Advice

A statement of the work to be undertaken and considered by the Education Scrutiny Committee for the 2019/20 municipal year is set out at Appendix 'A'. The work programme will be presented to each meeting for consideration.

Members are requested to note and comment on the report and to discuss and confirm the topics scheduled for the next meeting and reasons for scrutiny.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
-------	------	-------------

N/A

Reason for inclusion in Part II, if appropriate

N/A

Education Scrutiny Committee Work Programme 2019/20

The Education Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Councils Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Education Scrutiny Committee will:

- Scrutinise matters relating to education delivered by the authority and other relevant partners
- Fulfil all the statutory functions of an Overview and Scrutiny Committee as they relate to education functions of a Children's Services Authority

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Education Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Topic	Scrutiny Purpose	Lead Officers/ Organisation	Proposed Date(s)	Recommendations	Progress
Schools Finance	To receive an update on the schools financial position	Andrew Good	22 July 2019	Noted	NA
Early Education	Overview of service provision and current challenges	Paul Duckworth Mel Foster Kate Dewhurst	22 July 2019	All county councillors be provided with details on the local offer of early year's places for all districts including service planning areas to support the service and parents in the consideration of early year's providers where there is capacity.	
Maintained Nurseries	Update on financial position and the working group	Andrew Good Paul Foster Mel Foster Kate Dewhurst	22 July 2019	Noted	NA
Task group update	Progress on recommendations from Pupils at Special School with Medical Conditions task group	Head of Policy, Information and Commissioning	29 October 2019		
SEND	Self-assessment ahead of SEND inspection. Focus on inspection preparation	Head of Inclusion	29 October 2019		
Lancashire Schools - attainment data	Attainment outcomes report	Director of Education and Skills	Potential additional date – early Feb 20?		

NEET (not in education, employment or training)	Update on progress to reduce numbers of NEET in Lancashire	Head of Learning Services and Skills	Potential additional date – early Feb 20?		
SEND Provision Development	Progress update on the implementation of principles following August Cabinet report	Head of Inclusion	3 March 2020		
Early Years Strategy	Update on strategy progress with health	Head of Education, Quality and Performance Health representative – TBC	3 March 2020		
SEND Inspection	Outcome of local area inspection	Head of Inclusion Director of Education and Skills	TBC		
Lancashire Breaktime	Proposal for future delivery following review agreed at August Cabinet	Head of Inclusion	TBC		
Outdoor Education Provision	Physical education in schools – grant funding to support PE and sport activities – outcomes and impact	TBC	TBC		

Schools Causing Concern task group	Final draft report	Chair of task group	TBC		
Briefing Notes					
Transitions	Have we got it right? – Work undertaken by steering group? Include children's to adults services and special schools to further education	Transitions steering group - TBC	TBC		
Exclusions*	Progress on the strategies to support reduction	Head of Education, Quality and Performance	TBC		
Elective Home Education guidance*	Policy updates following release of EHE guidance in April 2019	Head of Education, Quality and Performance	TBC		
Schools causing concern	Annual update	Head of Financial Management (Development and Schools)	Nov 19		
Information Sessions (BSBs)					
School admissions	Locality information sessions on school admissions, place planning process, support and standards	TBC	TBC		

Other potential topics:

Schools transport – SEND transport policy, SEND transport arrangements, PRU consultation outcome

SEN equipment in schools – review of 'fit for purpose' equipment in schools

*Exclusions

*EHE guidance – policy updates

Attainment levels update briefing note

