

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 Heathy 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

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

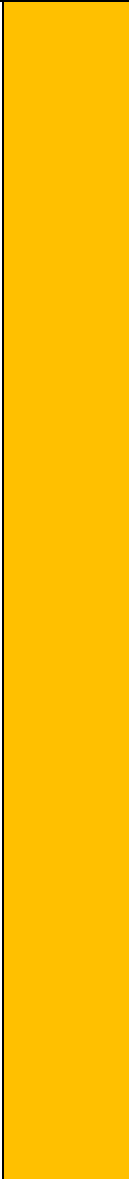
<p>(DfE) to request that the statutory guidance on "Supporting pupils at school with medical conditions" be reviewed and that the grounds for review be determined collectively with all special schools and CCGs.</p>		<p>in a position to share the good practice protocol being developed in Lancashire.</p>			
<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

<p>13. Collaborating with the CCGs, providers, all special schools, parents and carers to review the supplementary guidance on an annual basis.</p>	<p>LCC</p>	<p>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.</p>	<p>Once the policy has received Legal clearance and is in use, a review date will be agreed and leads identified to undertake this.</p>	<p>TBC</p>	<p>Complete</p>
<p>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.</p>	<p>LCC/CCG</p>	<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>	<p>January 2020</p>	<p>On track</p>

		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>	<p>LCC</p>	<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>	<p>TBC</p>	
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		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>	