

13<sup>th</sup> December 2019

Chair of Education Committee

House of Commons, London SW1A 0AA

Dear Sir or Madam,

**Issues in the provision of medical and health care services in specialist education settings**

- Poorly understood national and regional demographic factors such as: long term lifestyle changes across the population, advances in medical technology, consanguineous marriage, inward migration and other explanations are often cited, but irrespective of causality the emerging picture in the second decade of the 21<sup>st</sup> Century is indisputably that many more children, some with multiple NHS care plans, are able to access education and live a fulfilling life, but are reliant on well-coordinated inter-agency delivery of services – planning for which has not kept pace with developments at national level.
- Many roles traditionally carried out by trained nurses in hospitals can be taught to family members and others in the community, to enable children to live less restrictive lives and access services local to them in their own community. This process has been supported over decades by the developing infrastructure of the SEND Code of Practice, which is a thoroughly positive development and welcomed by the vast majority of headteachers and governing bodies.
- The convergence of services traditionally separated under the partition of education and health at the highest level in government, has been strongly encouraged by successive administrations, and is formalised in the Children and Families Act 2014 by the introduction of EHCPs, but specific national guidance is required to enable the most vulnerable children to consistently receive the medical and other health services they rely on to stay safe and well in schools. Most urgently the Department of Health and Department for Education should commission the National Institute for Health and Care Excellence to review the pattern of specialist school nursing services across the country and publish guidance for school governors, local authorities and Clinical Commissioning Groups, so that minimum standards are established and best practice identified in the provision of health and therapy services in educational settings. This is a distinct and different issue to the generic public health School Nurse service, with which it is often confused.
- A specialist nursing service is required in schools with large populations of children with EHCPs that identify medical needs and vulnerability, to keep children safe and healthy every day. This is because there are new medical techniques and treatments always being developed; some of these can only be carried out by qualified medical staff, many more can be taught to non-medical staff, but only if they are trained, supervised and quality assured by medical staff.
- The interplay of issues of professional competence to deliver these services (which are very clearly defined through RCN, NMC and other medical lead agencies) and financial liability for the provision of these services, often underlies the divergent local commissioning arrangements that currently exist. The current picture is not held centrally due to the delegation of commissioning to local areas, but special school headteachers report a pattern that ranges from localities with outstanding practice to areas where the headteacher partnerships and Multi Academy Trusts consider that children's lives may have been put at risk. This could be colloquially described as a 'postcode lottery'.
- There is resistance to the proposal of published standards, both from national agencies of government and also from some local CCGs, which is holding back the development of high quality services across the whole country and creating unnecessary risk for children with complex care

needs. No national metric exists to highlight the problem to ministers, but anecdotal evidence from headteachers of specialist settings across England – shared with Special School Voice – shows that critical incidents, and even deaths, have occurred in schools that may have been avoidable if clear guidelines had existed and been followed. Further evidence of specific cases that exemplify this statement could be provided if required.

- In the collective view of headteachers in the Yorkshire and Humber Special Leaders Network, who held a single item agenda meeting about the issue on 21<sup>st</sup> November 2019 that the introduction of EHCPs since 2014 has not had any positive impact on this developing problem, and may have accelerated it, because the focus of resource decision-making has shifted away from service design to individual pathways.
- Existing departmental guidance such as the ‘SEND Code of Practice’ (DfE 2015) and ‘Supporting Children at School with Medical Conditions’ (DfE 2015) is flimsy in response to this area of concern, being primarily designed to enable children with SEND to access mainstream services without unreasonable hindrance.
- Guidance published in 2018 by the Royal College of Nursing to its registrants ‘Meeting Health Needs in Educational and other Community Settings’, has illuminated the lack of coherence in the national picture. It replaced advice previously withdrawn in 2016 as the RCN’s members became increasingly concerned about the work they were being asked to do in specialist educational settings, outside the clinical supervision hierarchy traditionally associated with the role of registered nurses. The new guidance is comprehensive in the direction it gives to nurses in their clinical practice, but it identifies the critical role of “support workers”, who are neither qualified medical professionals, nor family members of the identified child. The RCN document emphasises the need for suitable arrangements to be in place for the employment, training, insurance, quality assurance and professional conduct governance of these “support workers” – who are typically employed by schools – in order for the work of their registrants to be professionally secure; but it is outside the competence of the RCN to produce a framework for this to happen. In its absence considerable risk is being managed without any coherent framework and lots of ‘innovative’ but potentially risky practice, by individual headteachers and governing bodies who have no recourse to defined standards or expectations.
- Accountability frameworks operated by Ofsted, the Teaching Regulation Agency and Care Quality Commission do not appear to maintain a clear and consistent approach, which constitutes a serious risk both to children, and the professionals who seek to keep them safe and well at school. This appears to be due to the absence of a clear national framework for interagency provision of medical services in educational settings.

We would request that the House of Commons Education Committee give immediate consideration to these concerns, once the new parliament is returned, so that government departments are impelled to develop an inter-departmental dialogue that leads to clear national guidance being issued for providers and commissioners to follow.

Yours sincerely,

Headteacher

Chair of Governors