

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

Proposals to implement a new medical model

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھیے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Children and Young Peoples Services
Lead Officer and contact details	Carol-Ann Howe (x4738)
Names and roles of other people involved in carrying out the EIA	Jane Le Sage Carol Ann Howe Julie Broome
How will you pay due regard? e.g. working group, individual officer	Project Board Working Group Individual Officers
When did the due regard process start?	January 2019

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

As part of the Strategic Plan for Special Educational Needs & Disability Education provision 2018 – 2023 we propose to implement a new medical model - for delivering education tuition to children and young people who cannot attend mainstream school due to medical needs through:

- in-reach provision (school based, small group work currently commissioned through existing Enhanced Mainstream Schools and Pupil Referral Services)
- Out-reach provision (delivered in the child's home by a tutor/teacher).

If approval is given to proceed, the proposed medical model will be subject to external public consultation. Following consultation, should approval of the model be received, through the Council's Executive, the service will review and restructure NYCC staffing posts to deliver the new service model.

The project will also include identifying and implementing the new commissioning arrangements for in-reach and out-reach provision.

The proposal would require consultation to commence with children and their families in September 2019.

The service aims to implement the new model and staffing arrangements at the same time from September 2020.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The review of medical tuition arrangements are required due to:

- NYCC offer a low amount of tuition per week (5 hours other some other authorities offer up to 12 hours).
- Current in-reach provision may not necessarily be the most suitable approach for this population of children and young people.
- There is no in-reach provision for primary aged children.
- Current system is not meeting needs of 192 children who have cited medical as their reason to electively home educate instead.
- There are suspected low rates of young people receiving in-reach / outreach provision being reintegrated back into mainstream schools.
- The local authority has limited oversight of this population and cannot view progress of children and young people receiving support.
- Current high costs of provision which do not represent value for money.
- There is currently no traded model which should be explored to identify opportunities generate income.

The proposed change to Medical Education Service ('MES') provision is expected to achieve the following:

- Young people with medical needs will receive increased quantity of education provision.
- Improved range, scope and curriculum offer for young people requiring medical tuition;
- Increased support for families by increasing the number of tuition hours for their young people.
- Increased accountability for the LA and schools in relation to ensuring pupils needs are being met in the right provision;
- Improved monitoring and ability to report to Ofsted in relation to medical pupils;

In addition the proposal seeks to achieve the following benefits:

- Improvements in outcomes for young people receiving medical tuition
- Reduction in time children take to re-integrate back into school at a level that is appropriate for their individual needs.

Section 3. What will change? What will be different for customers and/or staff?

The proposal seeks to increase the amount of education a pupil is provided with whilst absent from school and provide a wider range of educational options. Through working closer with health, the aim is to ensure the provision is provided with pupils' best interests and does not inhibit their re-integration back into school.

An increased range of options for medical tuition, including digital solutions, personal home tuition and group education (currently only available to pupils in the secondary phase of education) will enable the delivery of a bespoke package for each child. Regular review meetings with pupils, their families, health professionals and their schools would ensure a flexible, pupil and family-centred joined-up approach, that reflects the pupil's needs by delivering the right amount of education, at the right time and through the right choice of educational provision.

The new model proposes a greater involvement of the pupil's home school, this will enable relationships to be maintained and ensure the school has greater accountability for their own pupils. There will be earlier professional intervention through multi-disciplinary meeting, greater health and school involvement and a more bespoke range of options dependent on the need of the child or Young Person. This will be via a better joined up collaborative approach for families through utilisation of services of the Team around the Family and Early Help and the successful delivery of strengthened pathways. It is anticipated that this joined up bespoke provision will facilitate an earlier return to school for many pupils.

The new proposed service provision would also encompass pupils with SEND needs that attend special school provision, the post 16 cohort and young people in education with Education, Health & Care Plan (EHCP) plans up to the age of 25 and so would be legally compliant. With an education officer leading the service, it is anticipated a greater accountability and oversight to ensure all North Yorkshire pupils' needs are equitably met would be achieved.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

If approval is given to go ahead, a consultation with children, young people and their families is scheduled to take place in September 2019 on the proposed model. This will give families the opportunity to provide feedback on the proposed changes and submit views and alternative options that they feel may be a better option to meet the needs of children with medical educational requirement, the consultation is scheduled for 30 day period with time allocated post consultation to review and consider feedback received and where necessary make the appropriate changes.

Following family consultation there will be the need to engage with staff currently working within the EMS service who provide this provision. With potential job opportunities the EMS medical staff would be given the first opportunity to apply for any new roles prior to jobs being advertised wider. The staffing structure will be further defined following consultation with families to ensure the final delivery model is staffed appropriately. The EIA will be updated through various stages in the process to reflect the position of the work.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

The proposal does not aim to achieve any cashable benefits from the proposed changes. There is however potential for the proposed new model to be more cost efficient due to the range of options available and the introduction of technology options. Any impact to budget will not be fully understood until September 2021, ensuring the model is flexible and meet the needs of the children is critical. The model would be monitored for a 1 year period, therefore flexibility within the budget for the first year of implementation is needed to ensure all statutory duties are met and the best service possible is delivered.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x	X	<p>Service Users - The service is provided to children and Young people in primary through to Post 16. The current service is viewed by professionals as not meeting the needs of the children, the proposal sees an increase in options available for Medical Tuition and an increase in hours children and Young people will receive.</p> <p>It is anticipated that there will be greater positive impacts if this proposed change to MES goes ahead, however, it is recognised that the children and young people in this cohort have complex medical needs and therefore any change may adversely affect them. During the consultation any impacts for individuals will be identified and mitigations will be explored for each student.</p>
Disability		x	X	<p>Service Users - The service is provided to children and Young people in primary through to Post 16 with various disabilities (long and short term). The new model will look to ensure those receiving medical tuition are receiving the most appropriate provision and are placed in the correct service, and where this is not the case ensuing the required educational provision is available. With an increase in delivery options this will ensure despite the disability children and young people have a way of being educated whilst off school.</p> <p>It is anticipated that there will be greater positive impacts if this proposed change to MES goes ahead, however, it is recognised that the children and young people in this cohort have complex medical needs and therefore any change may adversely affect them. During the consultation any impacts for</p>

				individuals will be identified and mitigations will be explored for each student.
Sex	x			Minimal impact is anticipated and the service is delivered to all eligible children and young people regardless of sex.
Race	x			No impact anticipated.
Gender reassignment	x			No impact anticipated.
Sexual orientation	x			No impact anticipated.
Religion or belief	x			No impact anticipated.
Pregnancy or maternity	x			No impact anticipated
Marriage or civil partnership	x			No impact anticipated

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		The proposal sees an increase in options available for Medical Tuition and an increase in hour's children and young people will receive. This is proposed to be delivered through a range of available options including group tuition, individual tuition, virtual learning and interactive virtual learning.
...have a low income?	x			
...are carers (unpaid family or friend)?	x			

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	x
Craven district	

Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

The proposed change is likely to see a positive impact specifically for children and young people in education and with a long or short term disability.

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	x
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
<p>Whilst we anticipate positive benefits to children and young people we have acknowledged there is a possibility of adverse impact for some individual children and young people, particularly those that require additional support in terms of change and transition. The service will offer a personalised programme of learning for children and young people with appropriate levels of support for children and young people to manage change. The Local Authority will always ensure the statutory duty in respect of the education of children with medical needs is met.</p>	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The new model will be rigorously monitored by the named officer within the Local Authority with responsibility for this area of work. The children, young people and their parents and carers, will be actively involved in regular reviews of their educational programme and will be invited to express their views on the delivery of the new model as part of this process.

There will be a post implementation review of the new model which will involve all stakeholders.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Consultation with Families	Carol Ann Howe	October 2019	Not Started	Weekly feedback review meetings
Overall review of feedback and any required changes made to model	Carol Ann Howe	November 2019	Not Started	Feedback review session (half day session)
EIA update	Julie Broome/ Carole Ann Howe	November 2019	Not Started	EIA Representative Project Board CYPLT
Sign off of final model by CYPLT	Carol Ann Howe	December 2019	Not Started	CYPLT Meeting
Further actions to be developed following consultation				

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

Whilst there may be some adverse impacts associated with Age and Disability, the proposal sees a significant positive impact or no impact on children and young people with protected characteristics and aims to improve the current service offer. The EIA will be reviewed regularly throughout the consultation and decision making process and where required updated to reflect any changes.

The ability to consult with children and young people and their families will help us to further understand the impacts the change will have and make any required adjustments to ensure the needs of the children are met and the best possible provision of service is offered.

Actions detailed above will be monitored and updated and any changes to the EIA will be published on the County Council website.

Section 14. Sign off section

This full EIA was completed by:

Name: Jane Le Sage

Job title: Assistant Director, Inclusion

Directorate: Inclusion, CYPS

Signature: J Le Sage

Completion date: 28.08.19

Authorised by relevant Assistant Director (signature): J Le Sage

Date: 28.08.19