

SPECIAL SCHOOLS PROPOSALS (22 May 2019)

APPENDIX 10:

MEDICAL RESPONSES TO CONSULTATION

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10.1 Virgin Care response

From: Alison Burge (Wiltshire) [<mailto:Alison.Burge@virgincare.co.uk>]
Sent: 07 March 2019 08:35
To: Westcott, Judith <Judith.Westcott@wiltshire.gov.uk>
Cc: Val Scrase (Wiltshire) <Val.Scrase@virgincare.co.uk>
Subject: VSCL Response to SS Proposal.

Dear Judith.

I have read the proposals with interest and have the following comments to make:

The proposals would provide an exciting opportunity for co service delivery of VSCL clinicians from across Specialist Services into the SS and further integrate our care pathways for children and YP with additional needs. We would very much envisage a one stop shop approach. The current model spread across a number of schools and resource bases makes this challenging and whilst we have had some success this has been limited to 1/2 schools and is inconsistent and inequitable.

For example our Children's Community nursing team allocate children and young people with life limiting needs according to geographical location. this means the child/young person may access any one of the Schools in the area meaning the team spend a significant amount of time travelling to the setting and liaising with a large number of educational providers. The new model would enable VSCL to allocate a CCN to each school. Training staff to undertake clinical skills is a large part of this role and currently is a significant commitment for both schools and the nursing team. Having a nurse allocated to the school would ensure training was tailored to the needs of the child's care plan and update training could be provided in a timely way should needs change. currently there is sometimes a delay for the child/young person returning to schools whilst the care plan is updated and staff re assessed and trained as competent.

There would also be consistency in terms of therapy and medical support for the schools which would provide an improved child centred approach.

I would envisage all VSCL clinicians being very visible within the schools and a significant number of clinics ensuring children/young people do not need to leave school to see a paediatrician or therapist.

VSCL like many NHS providers are experiencing significant challenges recruiting to some therapy posts. Paediatric clinicians enjoy working as part of a multi professional team and it is hoped that this model will attract high skilled practitioners to Wiltshire.

We would be able to centralise equipment and resources at the schools and children and YP would be treated in purpose built child friendly therapy rooms and clinic spaces.

Specialist Service clinicians would also like to offer increased groups/drop in clinics for parents to access for support to manage challenging behaviour, continence, sleep. The current model means we have not been able to provide equity for this in every school.

Having read the proposals, the team have no concerns regarding clinical support required to transport children and young people to school. VSCL already work closely with passenger transport to manage risk and provide training. In the last 5 years VSCL are not aware of any child having an adverse clinical event requiring hospitalisation whilst travelling to and from school.

I have also attached very rough estimations from nursing and therapy but obviously there is also a significant amount of time taken liaising with schools, updating care plans etc.

Hope this is useful

Best wishes

Alison Burge

Head of Specialist Services

BANES and Wiltshire Children's Community Services

Virgin Care Services Limited

[SPA 0300 247 0090](tel:03002470090)

10.2 Clinical Commissioning Group (CCG) response



11 March 2019

Sent via email

Judith.Westcott@wiltshire.gov.uk

Dear Judith,

Thank you for inviting Wiltshire Clinical Commissioning Group to provide some input into the Special Schools Consultation currently being undertaken by Wiltshire Council. We would be very keen to review the feedback provided by Wiltshire citizens and the implications that this may have on how we commission health services for children and young people with Special Educational Needs and/or Disabilities.

With regards to the CCG position on the provision of special school places in Wiltshire we already have some examples of clinics and therapies provided within the school setting, thereby reducing children's time out of education but also enabling them to be seen within a familiar environment and so maximising the potential from the child's interactions with the health professional. Clearly, the potential to offer more a more integrated health provision within our special schools is greater if fewer physical settings are operational, thereby reducing the number of sites that the services need to work across. From a purely health perspective this would need to be balanced against any increased travel requirements that may be put upon children and young people with particularly complex health needs, where one has to consider the management of clinical risk during transportation for example due to limited access to equipment and resource implications as a result of needing 2:1 supervision on longer journeys.

We are pleased to have the opportunity to share some of the practical considerations which we feel need to be considered in the development of future plans on behalf of some of our children with complex health needs and welcome the opportunity to engage in joint commissioning as appropriate.

Sincerely,

A handwritten signature in blue ink, appearing to be 'L. Prosser'.

Linda Prosser
Interim Deputy Chief Executive (Wiltshire)
BANES, Swindon and Wiltshire

10.4 Oxford Heath CAMHS feedback

Child & Adolescent Mental Health Services (CAMHS) work with young people with mental health problems. These young people may also have special educational needs including ASD and learning disabilities. LD CAMHS sits within CAMHS and works specifically with those children with mental health problems and moderate to severe LD. It is the service within CAMHS most involved with those young people who attend a special school.

As you aware children attending special schools often experience additional neurodevelopmental disabilities (ADHD), specific learning difficulties, complex communication difficulties and an array of physical disabilities and physical health problems. At the same time their support needs are greater, placing additional stresses on families, whilst for some they also live within families who come with their own complex histories. Research tells us that children with learning disabilities are 6 times likely to experience mental health difficulties when compared to peers. They are an especially vulnerable group.

The success of our work in CAMHS and LD CAMHS in supporting young people with mental health difficulties – from proactive early help through to managing crisis and risk – is dependent on working alongside families and with our colleagues in both education and social care. It is often the case that we need to work through and with those who know a young person well (both to aid assessment and intervention) and need to come to where a young person spends most of their time for our involvement to make sense to the child or adolescent and for our work to be effective. When assessing difficulties or planning interventions we need to take into consideration all additional needs. This requires close liaison with other professionals including teachers. This allows our work to be carefully tailored so that intervention is more likely to be successful and doesn't elevate risk.

Supporting the mental health and wellbeing of young people is everyone's business and more recently schools have been identified as having a far greater role. Support for mental health and wellbeing should be no different for children with special educational needs and particularly those in special schools. The re-design/ re-conceptualisation of special schools in Wiltshire presents an opportunity to build on good work already in place and further embed good mental health policy and practice.

We would encourage consideration to be given to the following and would welcome the opportunity to contribute further to thinking in these areas:

- A CAMHS In reach model has been developed in Wiltshire College and 11 mainstream schools and 1 EBD School across Wiltshire. A CAMHS practitioner (with specific knowledge / skills / training in MH needs of YP with LD) within this new school would be hugely helpful.
- In relation to managing challenging behaviour in YP with LD and / or ASD, best practice policy and guidelines there are numerous good practice guidelines (eg NICE, the challenging behaviour foundation, BILD etc) which emphasises the use of Positive Behaviour Support across all settings. The NICE guidelines on service delivery for those with learning disabilities and behaviours which challenge (2018) and The Challenging Behaviour Foundation's recent report 'Reducing Restrictive Intervention of Children and Young People' (2019) are all relevant to the support of children with LD, ASD and / or mental health needs in schools. We would ask that this be thought about when designing new buildings (e.g. how calming spaces can be built in, how safety can be considered in the last restrictive ways and time out / restraint rooms minimised), training of (new) staff and the ethos of approach to managing children with complex needs.

- Policy and practice which leads to greater collaboration across professional groups and agencies needs to be developed in recognition that children with a learning disability and/ or autism as well as mental health problems which can often be expressed through challenging behaviours are rarely helped by one professional alone. With this shift in provision, the development of policy within this which places greater emphasis on joined up working and develops the frameworks to achieve this would be useful.
- Greater number of placements and combining of staff teams provides an opportunity to revisit staff training in order to improve and enable best practice in relation to mental health in front line staff. From identifying and supporting mental health needs in this group of children early, through to managing risk alongside CAMHS and social care colleagues. That is having a working knowledge and ability to use Positive Behavioural Support, attachment and trauma informed practice.
- Careful thinking about building design which supports mental wellbeing and recognises the additional challenges which come with for example sensory processing difficulties (noise, light, temperature, space). A building design which supports safety and the ability to keep children and young people safe but doesn't facilitate restrictive interventions. As well as the incorporation of appropriate space for multiagency meetings, specialist clinics and individual therapies. It is important for workers to be able to come to children with special needs rather than asking them to travel. This in turn facilitates collaborative working.
- Supporting successful transition from current schools to the new school is going to need a lot of thought. The transition will inevitably increase anxiety in a group of children who are often already anxious.

12/3/19

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10.3 Medical advice regarding Transport

Meeting the needs of students with additional health needs - a report from the SEND Transport coordinator

When the student requires transport, I work collaboratively with the parents, health, school, Social Care, the SEND Leader Worker and PTU to enable the most suitable transport provision is put in place. This collaborative working continues for the whole of the time that the student is accessing transport.

When the school placement has been agreed and it becomes apparent that transport will be required; we begin to gather information to gain an understanding of the students' needs on the vehicle. At this stage if a student has medical needs we are provided with a detailed Medical Health Plan by either the community nursing team or one of the specialist epilepsy nurses, to enable the students' medical needs are met whilst they are travelling on the vehicle. If the health complexities of the student are high, I facilitate a meeting to include all vested parties, to gain a full understanding of the student's needs. This would inform the type of vehicle required, the support needed whilst on the vehicle, what staff training is needed and transition requirements on and off the vehicle. At this time, it may be necessary for the Specialist Safety Officer to visit the student to agree the most suitable seating or wheelchair restraints to enable the safe travel on the vehicle. This may also involve guidance from a member of the Occupational Health Team.

Prior to the commencement of transport, it also may be necessary to facilitate a meet and greet for the Passenger Assistant who will be travelling on the vehicle with the student, family and school staff. This enables the opportunity for the student and family to build trusting relationships to support the safe journey between home and school.

For the students with very high needs Risk Assessments are compiled and shared with all vested parties. These Risk Assessments are subject to regular review through continual monitoring.

Medical Plan for Children/Young Person on School Transport

Currently Virgin care provide medical plans for children who require 1 or more of the following:

- Buccal Midazolam for seizures
- Oxygen Therapy
- Oral Suction

We provide face to face and online training for all Personal Assistants who are signed off for each specific child/young person as per their individual care plan. These are re done annually or more frequently if their medical needs change during this time.

If following a Risk Assessment the medical needs of the child /young person are deemed by Health and Education to require further support than is currently provided by Passenger Assistants individual plans will be supported by Virgin care.

An example case would be George (not his real name). George has extremely complex needs as he has a genetic condition affecting his respiratory muscles meaning he is fully dependant on a ventilator to help him with his breathing. George needs to travel carrying specialist equipment to support his needs and specially trained staff to support him, he is probably our most complex child on transport. Following many multiagency meetings and time with George and his parents, it was agreed that he would require individual transport and two specialist trained staff provided by health to meet his needs on transport. It was agreed that two fully trained staff would reduce risk substantially if one member of staff became incapacitated. Having individual transport enabled the flexibility if his needs should suddenly change on

route, whilst maintaining his dignity if the staff travelling with him should be required to give medical intervention whilst on his journey. We did several versions of the risk assessments, thinking through what would happen in different situations e.g. if we had to turn back, if mum and dad weren't there when we got home and particularly if the ventilator failed. Full consideration has been given to the route travelled to minimise the journey time and the parking arrangements in school to enable his needs can be met fully before travelling. However, George would ideally like the opportunity to travel with one of his peers, so not only is this journey being monitored to ensure that it is meeting his needs but also with the consideration that at some stage in the future a suitable companion may be found to meet his wider needs too.

Heidi Hunter – SEND Transport Coordinator