
Meeting	Health and Well-Being Board
Date	12 th June 2014
Subject	Disabled Children's Charter for Health and Well-Being Boards – progress report
Report of	Strategic Director for Communities
Summary of item and decision being sought	This report updates the Health and Well-Being Board on progress being made to meet the Disabled Children's Charter commitments. The Board is asked to identify priority actions that need to be delivered in the next five months to ensure that Barnet meets the commitments of the Charter.

Officer Contributors	Claire Mundle, Commissioning and Policy Advisor- Public Health/ Health and Well-Being
Reason for Report	This report updates the Board on work that has taken place over the past six months to meet the commitments of the Disabled Children's Charter. It seeks advice from the Board about which activities should be prioritised over the coming five months to ensure that the Board can demonstrate successful delivery of each of the Charter's commitments.
Partnership flexibility being exercised	N/A
Wards Affected	All
Status (public or exempt)	Public
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Appendices	None

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board reviews the recommendations contained in the report and agrees upon a set of priority improvement actions that it would like to see delivered by November 2014, that will ensure the commitments of the Disabled Children's Charter for Health and Well-Being Boards are fully met.**
- 1.2 That the Health and Well-Being Board recommends additional evidence Board Members are aware of to support compilation of a final set of evidence by November 2014.**
- 1.3 That the Health and Well-Being Board identifies responsible leads from each partner organisation to ensure there is robust oversight of the delivery of the Charter's commitments over the coming months.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board, 21st November 2013- the Board agreed to sign up to the Disabled Children's Charter for Health and Well-Being Boards.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Council's Corporate Plan prioritises creating better life chances for children and young people, in particular those with special educational needs or disabilities.
- 3.2 Barnet's Children and Young People's plan contains a commitment to enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential. The plan recognises the need for targeted, personalised support for those most at risk of not achieving their potential, helping to reduce inequalities.
- 3.3 Barnet's Health and Well-Being Strategy includes commitments to support children to have the best start in life, and contains particular commitments to support children who are not in education, employment or training; and to effectively plan for transition from children's services to adult services.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Disabled Children's Charter aims to ensure support for some of the most vulnerable in society. Barnet's Joint Strategic Needs Assessment (2011-15) outlines that 'some groups of children and young people in Barnet are more vulnerable than others: The Department for Education estimates that around 7% of children have a disability as defined by the Disability Discrimination Act (DDA), now section 6 of the Equality Act 2010. In Barnet, this would equate to around 4,400 – 6,100 children and young people between the ages of 0 and 19'. The JSNA also highlights that there are a rising number of children born with disabilities in the Borough, though the reasons are not clear.
- 4.2 Barnet currently has nearly 1800 children with a Statement of Special Educational Need.
- 4.3 The Equality Act 2010 contains specific duties not to directly or indirectly discriminate against a person with a protected characteristic. It also contains additional duties in relation to disability, including preventing the unjustifiable unfavourable treatment of a person with a disability, requiring reasonable adjustments to take account of a disability,

preventing discrimination based on a perceived disability and discrimination of a person who is associated to someone with a disability. Public bodies are also subject to the public sector equality duty which requires an authority to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity between people with a protected characteristic and people who do not have that protected characteristic and fostering good relations between people with protected characteristics and those who do not have that protected characteristic.

- 4.3 By signing up to the Charter in November 2013, the Board has taken positive steps to ensure that the needs of children with a disability and carers of those children are fully understood by local partners and that services are in place to meet those needs. The Charter requires that the Board has detailed and accurate information and understands the needs of its disabled children and that it engages with both the children and their carers to identify those needs. The Charter also requires a commitment to early intervention and transition from children's to adults' services, together with joint working amongst relevant public bodies. By ensuring delivery of these commitments, Barnet's Health and Well-Being Board will be able to be confident that disabled children and their families and carers are being supported fairly and inclusively by Barnet's local services.

5. RISK MANAGEMENT

- 5.1 Barnet has already been undertaking a number of activities that fulfil the criteria of the Disabled Children's Charter for Health and Well-Being Boards. However, the Board has signed up to the Charter to make it clear to partners that it is committed to ensuring there are high quality services and support in place for children with disabilities and their families and carers.
- 5.2 There was a risk that the Health and Well-Being Board would fail to adequately address the needs of disabled children unless this population group were given sufficient and continued attention through the Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy. Commitment to the Disabled Children's Charter for Health and Well-Being Boards is helping to mitigate this risk by ensuring that high quality data and analysis of disabled children and their families and carers is collated and published in Barnet to inform local service planning.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 On 4th February 2013 the Government introduced the Children and Families Bill to Parliament – proposing widespread reforms to the child protection system and services for children and families, including clauses which reform the system of support for children with special educational needs. The Bill was given royal assent in March 2014, becoming the Children and Families Act.
- 6.2 The Act replaces Part IV of the Education Act 1996 concerned with children with special educational needs (SEN). The Disabled Children's Charter is aligned with current SEN legislation changes.
- 6.3 The reforms to arrangements that support children and young people with special educational needs (SEN) and disabilities will be implemented from September 2014. The main changes set out in the legislation are as follows:
- Introduction of a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. The EHC plan will replace statements of special educational needs.

- Requirement for health services and local authorities to jointly commission and plan services for children, young people and families.
- Clauses that give children, young people and families the right to a personal budget for the support they receive.
- Requirement for local authorities to publish a clear, easy-to-read 'local offer' of services available to children and families.
- Requirement for local authorities to involve families and children in discussions and decisions relating to their care and education; and requirement for local authorities to provide impartial advice, support and mediation services.

6.4 These new duties on local authorities and the NHS have a bearing on the functions of the Health and Well-Being Board to encourage integrated working, promote close working and undertake a Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-Being Strategy (JHWS). This is particularly important as Clinical Commissioning Groups will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN and Disabilities. This means that if health services do not arrange these services then parents or young people can challenge them in court. This amendment creates parity across the education and health parts of Education, Health and Care plans.

6.5 The Charter, in requiring JSNAs and JHWS's to account adequately for the needs of disabled children and their carers, also provides a focus in relation to the local authority's duty around short breaks for carers of disabled children (The Breaks for Carers of Disabled Children Regulations 2011) and allocation of the non-ring fenced Early Intervention Grant (EIG).

6.6 The revised partnership agreement under section 75 of the NHS Act (2006) strengthens the governance and leadership arrangements across the disabled children's agenda.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Children's Services commissioning in Barnet seeks to anticipate changes to population and health and social care policy, and target resources accordingly. It also seeks to develop a sustainable and fair system for children in need now, and in the future. The focus of services such as short breaks for disabled children will increasingly be on the prevention of family breakdown and the prevention of the escalation of health and social care costs. Furthermore, using resources in a focused and joined up way can impact positively on social inclusion and the future commissioning and strategic priorities of children's disability services will reflect this. With a growing population, limited resources, changes planned in response to the Children and Families' Act, and the reforms in the National Health Service, there are a number of challenges facing Barnet and its disabled population. Commissioners have recognised these complexities and are responding by ensuring that they are meeting all the challenges ahead and are targeting services at those with the highest and most complex needs.

7.2 Any future service developments requiring funding of health services will need to be discussed, planned and agreed with the Clinical Commissioning Group.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Charter requires the Health and Well-Being Board to ensure that disabled children and their families are adequately represented in future consultations on the JSNA and JHWS. To develop the current JHWS, Barnet conducted focus groups with the Barnet

Youth Board, 1 Primary School (Holly Park), and 1 Secondary School (Friern Barnet County). The Board also received responses from Barnet Mencap (who support approximately 500 children and adults with learning disabilities, as well as family carers), and Disability in Action (who support around 600 people in Barnet each year). The Board will conduct similar engagement exercises as it refreshes the JSNA and JHWS in 2015.

- 8.2 Representatives from the Health and Well-Being Board will need to discuss this progress report with the Children's Trust Board so that the Children's Trust Board can support delivery of the commitments of the Charter over the coming months. The Health and Well-Being Board and Children's Trust Board will also need to agree a longer-term approach to leadership and oversight of this agenda once the commitments of the Charter have been met.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 None at this stage.

10. DETAILS

- 10.1 In April 2013, Every Disabled Child Matters (EDCM) replaced the Local Authority Disabled Children's Charter with the Disabled Children's Charter for Health and Well-Being Boards. This Charter seeks to support Health and Well-Being Boards to meet the needs of all children and young people who have disabilities, special educational needs (SEN) or other health conditions, along with their families and carers. Full details of the Charter are included in the Appendices that accompany this report and are also available online at: <http://www.edcm.org.uk/campaigns-and-policy/health/health-andwellbeing-board>
- 10.2 To date, 36 Health and Well-Being Boards across the Country have signed up to the Charter. Barnet Health and Well-Being Board signed up to the Charter on the 21st November 2013. The other London Boroughs that have signed up so far are Sutton, Merton, Lewisham, Tower Hamlets, and Greenwich.
- 10.3 Health and Well-Being Boards who sign the Charter will agree to meet its 7 commitments focusing on improving health outcomes for disabled children, young people and their families, and to provide evidence after 1 year on how they have met each one. Barnet Health and Well-Being Board will need to provide this evidence in November 2014. The commitments of the Charter are set out in turn below, alongside a progress summary of local action in Barnet to meet each of these commitments.
- 10.4 **Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs**
- 10.4.1 Health and Well-Being Boards will need to evidence:
- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
 - That the quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
 - The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families

- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the Health and Well-Being Board will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

10.4.2 Updated evidence of commitment in Barnet for the Board to consider:

A great deal of work has been taking place to ensure that Barnet has detailed and accurate information on disabled children. This should ensure that there is robust data on disabled children to inform the refresh of the JSNA in 2015. The main pieces of work taking place are set out below.

Preparing to meet future needs

A detailed piece of work is underway to ensure that Barnet is able to meet the rising severe and complex needs in young people in Barnet, particularly on the autism spectrum (ASD), behavioural, emotional and social difficulties (BESD) and speech language and communication difficulties (SLCN). This is called “*Preparing to meet Future Needs*”, and the overall aim of the project is to produce a business case which sets out the options for meeting expected demand and addressing gaps in provision. The project is undertaking a comprehensive needs analysis for those requiring SEN provision up to the age of 25, which is being used to inform a review of current service provision, and forecast gaps in provision relating to data on current and future need.

The project has developed a data repository populated with the following statistics / information:

- a. Pre-school: Up to five years (minimum of three years) of historical data indicating the needs of children referred to ‘Intake’ meetings because of actual or likely special educational needs and/or disabilities
- b. 4-19: Up to ten years of historical data indicating the number of children and young people with statements of SEN by DfE category
- c. The number of children and young people with statements of SEN for the past ten years and a comparison with statistical neighbours
- d. A comparison of data in 2. above with statistical neighbours
- e. Projected demand for post-16 placements in FE and independent specialist providers
- f. Projected demand for educational provision for young people aged 19 -25 years

One area that this piece of work will help Barnet plan for is how to support the children who are currently placed within residential schools outside of the Borough to move back into more locally-based provision (either in the Borough or in other neighbouring London Boroughs).

Short breaks needs assessment

Children’s Services have also completed a detailed Short Breaks Needs Assessment, which has provided updated and comprehensive data on children with autism and learning disabilities, and also those children with the most complex health needs.

A short breaks commissioning strategy will be taken to the July meeting of the new Childrens, Education, Libraries and Safeguarding Committee.

Children and Maternal Health Intelligence Network reports

The public health team also generate reports from the Children and Maternal Health Intelligence Network that provide data to complement that collated by Children's Services.

JSNA refresh

These sets of data will be reviewed by the JSNA Programme Board, on which Children's services and the CCG sit, as they refresh the Joint Strategic Needs Assessment in 2015. Decision has still to be taken about the process for refreshing the JSNA, and the product/ set of products that will be produced, so the precise format in which this data will be presented cannot yet be confirmed.

Recommendations to Health and Well-Being Board

The Health and Well-Being Board should consider reviewing the Preparing to meet future needs business case as part of its forward work programme.

The Health and Well-Being Board will be asked to comment to the proposed approach to refreshing the JSNA in January 2015. At this time, the Board should consider recommendations to the JSNA Programme Board about data sets relating to disabled children that it would like to see included in the refreshed document.

Healthwatch should be asked to consider its role to feed into the JSNA refresh, including how it might collect feedback from disabled children, their families and carers to support the refresh.

10.5 Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

10.5.1 Health and Well-Being Boards will need to evidence:

- The way in which the Health and Well-Being Board or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- The way in which the Health and Well-Being Board or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Well-Being Strategy (JHWS), and next steps for JHWS engagement
- Partnership working with any local groups of disabled children and young people

10.5.2 Updated evidence of commitment in Barnet for the Board to consider:

Specific consultation with disabled children

There is significant evidence of engagement with disabled young people on specific issues. Young people with disabilities have participated in the following consultations or processes (2013/14):

- Consultation on the Local Offer for Children and Young People with Special Educational Needs

- Consultation on CAMHS needs assessment and re-commissioning
- Consultation on the Short Breaks offer (this included parent/carer engagement)
- Interviews for the Barnet Children's/Adult Safeguarding Board Joint Chair
- Consultation on the School Nurse and Health visiting Review
- Consultation on Psychological Therapies for young people (CYP IAPT programme)
- Young people (although not disabled young people) were involved in the recruitment of two Children's Health Commissioners – this was based on availability of young people
- Two Barnet Youth Board members (not disabled) are represented in the Schools Wellbeing Board (Public Health) to ensure the views of young people are included in planning and decision making
- Fair Play Barnet Youth Group were consulted by Healthwatch in order to produce their children and young people's report for the Health and Well-Being Board in June 2014

Youth Parliament members have also recently been invited to join the CCG Patient Reference Group – which they have accepted and aim to represent the views and needs of all young people in Barnet at those meeting.

On-going consultation with disabled children

The “Preparing to Meet Future Needs” programme is ensuring that children and young people and parent / carers' views are integral to the planning of new SEN provision, and is also committed to ensuring that key stakeholders can inform the options for meeting future need in Barnet. The following service users are being engaged as part of this programme of work:

- Parent Partnership
- PP4Dan Youth Group
- Fair Play Barnet Youth Group
- Engagement through schools
- LBB Youth Voice Forums (Barnet Youth Parliament, Barnet Young Leaders, Role Model Army, Barnet Youth Board, Youth Shield (junior safeguarding board supported by Community Barnet))

A programme of engagement with both disabled young people and their families and carers has also been developed, which is central to the successful planning ahead of implementing the changes of the Children and Families Act. The theme of co-production with services users is at the heart of the reforms, and teams have been completed engagement work throughout the planning process, including working with the parent reference group, holding conferences and focus groups, producing information leaflets and putting information on the website to help disabled children and their parents understand the changes that are coming into effect.

Voice of the Child & Participation Strategy

More generally, involving young people with disabilities in meaningful decision making and participation continues to be an area of improvement as identified in the Council's Voice of the Child & Participation Strategy – which is currently being updated. One of the developments in the strategy includes enhancing engagement for young people with disabilities by gaining access through participation and inclusive programmes for disabled young people at Finchley Youth Theatre – led by the Youth & Community team.

Once activities are over, young people can be invited to participate in relevant consultation activities (consent would be sought in advance). This means young people can engage in familiar spaces and within an environment they trust.

Recommendations to Health and Well-Being Board

The Health & Well Being Board can ensure disabled young people and young people generally are informed about the work of the Board and that their participation is embedded via:

- Involving them in commissioning activities around Health (young people already participate in some commissioning activities – including identifying the needs of young people, however a group is being trained to further support commissioning work at the council and can support health activities)
- Commissioning youth friendly bulletins about health issues related to young people – young people can be involved in developing this and ensuring other young people in Barnet can access it
- Commissioning research – the Council’s youth voice forums including Barnet Youth Board, Barnet Youth Parliament, Role Model Army, Youth Shield, Young Carers Group, Homeless Young People Groups who represent the voices of others and can gain insight into what young people think the priorities are to ensure the work of the board reflects and debates such issues
- Receiving thematic presentations: currently young people including those affected by homelessness, young parents and youth representatives (youth parliament members) visit the Children’s Trust Board to present on a specific issue relating to the board agenda or priorities. Presentations are held at the end of the meeting to ensure young people can attend after school, college or training.
- Reviewing its forward work programme and identifying areas for engagement of young people in advance so it’s in the calendar of youth voice forums
- Participate in events like Take Over Day, championed by the Children’s Commissioner for England. On this day young people come to the council and partners for one day to shadow staff, participate in exercises, contribute to decision making and gain insight into the world of work – their participation can be tailored to benefit both the young person/people and the team.

10.6 Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

10.6.1 Health and Well-Being Boards will need to evidence:

- The way in which the Health and Well-Being Board or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- The way in which the Health and Well-Being Board or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Partnership working with local parent groups, including the local Parent Carer Forum(s)

10.6.2 Updated evidence of commitment in Barnet for the Board to consider:

Parent reference group

On top of the on-going engagement with parent carers as part of the Preparing to meet Future Needs work (see above), the Parent Partnership and PP4Dan Youth Group have formed a reference group to support delivery of this programme of work. The current plans are for this reference group to continue once the reforms are implemented in September 2014, to ensure on-going engagement with parents and carers of disabled children.

Children's Joint Commissioning Unit

The Children's Joint Commissioning Unit has been working with pp4Dan to ensure that parents and carers of disabled children are involved in the commissioning of future speech and language therapy services. PP4Dan have been involved in developing the specification for speech and language therapy services, and were also involved in the service selection panel.

Recommendations to Health and Well-Being Board

Healthwatch, as a member of the Health and Well-Being Board, is in a powerful position to represent the voice of disabled children, their families and carers in this forum. Healthwatch could consider working with Community Barnet and the Parents Consortium, pp4Dan and Parent Partnership to bring together a wider cross-section of parents to consider issues as a collective. Healthwatch could consider bringing forward issues arising from this group that relate to disabled children and their families and carers to Board meetings as and when they are identified.

10.7 Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

10.7.1 Health and Well-Being Boards will need to evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the Health and Well-Being Board has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

10.7.2 Updated evidence of commitment in Barnet for the Board to consider:

Children and Young People's Plan

The Children and Young People's Plan Action Plan includes specific targets to improve the provision of care to disabled young people. The delivery of these targets is overseen by the Children's Trust Board.

Joint Health and Well-Being Strategy (JHWS)

The JHWS will be refreshed in 2015, based on the refresh of the JSNA. The current Strategy currently has specific targets about transition from children to adult services, and reducing the number of children who are not in education, employment or training, but the refresh offers the Board an opportunity to set an updated set of objectives and targets in light of the significant changes in legalisation that have come into effect since

the current Strategy was written, and the changing demographics/ population needs that local partners have been analysing.

Requirements in the Children and Families Act

The Children and Families Act will require partners to focus on the outcomes being achieved for disabled children for the first time. Specifically, the single Education, Health and Care plans will set clear outcome measures for children and young people with special educational needs, who will also be given the option to use a personal budget to meet the outcomes in their Education, Health and Care plans.

It is envisaged at this stage that data comparisons between the attainments of children and young people with special educational needs and their peers will continue to be made. This data set allows local areas to understand how well they are performing at “narrowing the gap” between attainment in children with special educational needs and their peers without such needs.

As part of the “local offer” (publishing information about the services disabled children, parents and their carers can access on a website), there will be provision built in for service users and their carers and families to complain about poor quality or poor performance. Complaints information will be published, strengthening the public voice. Schools will also need to present their “local offer” of SEN service provision, giving parents and young people more information to help them choose between education providers.

Recommendations to Health and Well-Being Board

The Health and Well-Being Board will need to consider the targets it would like to set in relation to disabled children, their carers and families, ahead of the Health and Well-Being Strategy refresh.

The Health and Well-Being Board should consider engaging in discussions with the Children and Families Act Steering Board to ensure that data that is collected as part of this programme is analysed and acted on in an appropriate way.

10.8 Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

10.8.1 Health and Well-Being Boards will need to evidence:

- The way in which the activities of the Health and Well-Being Board help local partners to understand the value of early intervention
- The way in which the activities of the Health and Well-Being Board ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

10.8.2 Updated evidence of commitment in Barnet for the Board to consider:

Education, Health and Care (EHC) Plans

The development of a coordinated 0-25 assessment process and Education, Health and Care (EHC) Plans (including a new duty for joint commissioning which will require local authorities and health bodies to take joint responsibility for providing services), will be key to ensuring that special educational needs are identified and supported early. EHC

plans also require agencies to support young people up until 25, as opposed to 19 years old. In order to prepare for this change, educational psychologists and the SEN team are being trained in skills to be able to work effectively with this older group. Prospects, the organisation that have completed Learning Disability Assessments for disabled children who want to stay on in higher/ further education, will be co-located with the SEN team to ensure that the process of completing EHC plans for this older group is supported by trained individuals with expertise on working with 19-25 year olds already.

Transition pathway

The Health and Well-Being Board oversees the Health and Well-Being Strategy target to ensure that transition plans are in place for all children moving across into adult services. Significant work has been completed locally to design a seamless transition pathway from children services to adult services for children with special educational needs (SEN), in preparation for the requirements of the Children and Families Act. There are a number of actions that could be taken to further improve the experience of transition for children with SEN and other disabilities, including:

- Training for disabled children on using public transport so that they are supported to be independent in youth and into adulthood.
- Development of leaflets about transition, including information and photos about who the transition team are, to support young disabled people and their families and carers prepare for transition.

Work with schools and further education providers

Work has been taking place in Children's Services in partnership with Barnet and Southgate College to establish more local employment and training provision for young people on the autistic spectrum. The team have also been supporting Barnet and Southgate College in its new capital build for young people with learning disabilities and difficulties.

Recommendations to Health and Well-Being Board

Health and Well-Being Board Members should ensure they promote early intervention in all of the public engagement work that they do.

The Health and Well-Being Board should consider holding a workshop session with the Children's Trust Board to discuss early intervention across the life course and ensure priorities are aligned, including priorities relating to supporting children and adults with disabilities.

The Health and Well-Being Board should consider the current target in the Strategy relating to transitions and consider revising this in the Strategy refresh to reflect the policy developments that have taken place since the original Strategy was devised.

10.9 Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

10.9.1 Health and Well-Being Boards will need to evidence:

- Details of the way in which the Health and Well-Being Board is informed by those with expertise in education, and children's health and social care

- Details of the way the Health and Well-Being Board engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

10.9.2 Updated evidence of commitment in Barnet for the Board to consider:

Children's Joint Commissioning Unit

The Children's Joint Commissioning Unit brings together experts in children's health and social care to ensure that services commissioned for children, including disabled children, are as efficient and effective as possible. This programme of work is supported by creation of a Section 75 agreement between the local authority and CCG.

The Joint Commissioning Unit is finalising its work programme at this current time, which is based on an early intervention approach. There is an area of the work programme dedicated to delivering better services for children with SEN and disabilities, which will be overseen by a joint Council and CCG working group.

Children and Families Act

Multi agency working groups (involving education, social care and health professionals; the voluntary sector; and the parent carer forum) have been established to plan in the round for the implementation of the Children and Families Act in September 2014. This has been essential to ensuring that partnership working is strengthened and that expertise is shared widely.

The provision in the Act for the development of Education, Health and Care Plans makes much clearer the expectations on health and social care to support the needs of disabled children.

Health and Well-Being Board meetings

The Health and Well-Being Board plans a programme of work that spans a broad range of issues. The Board will invite outside experts along to Board meetings to advise the Board on how to engage with a number of issues moving forward. However the Board has not to date engaged in dialogue with these stakeholders specifically to discuss the needs of disabled children.

Recommendations to Health and Well-Being Board

There are clear governance arrangements in place to plan for and implement the changes coming through the Children and Families Act. The Health and Well-Being Board should consider what on-going multi-agency arrangements might need to be in place post September 2014, to ensure there is sufficient governance across organisations to ensure implementation of the reforms is successful.

Having signed up to the Disabled Children's Charter for Health and Well-Being Boards, the Board should review the forward work programme and ensure that there is adequate time given on agenda to engage with those with expertise in education, and children's health and social care to discuss the needs of disabled children and the services in place to support them. The Board should be mindful when doing so that it does not duplicate the efforts of the Children's Trust Board or the Childrens, Education, Libraries and

Safeguarding Committee, ensuring that the Board adds values to the debates taking place elsewhere.

The health component of the Education, Health and Care Plans will often involve the provision of therapies, such as speech and language therapy, occupational therapy or physiotherapy. The Health and Well-Being Board should consider its on-going role in ensuring that there is an appropriate level of therapies provided for disabled children and young people, and that health professionals work closely with education and social care colleagues to deliver therapies in the most effective way and in the most appropriate settings.

10.10 Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

10.10.1 Health and Well-Being Boards will need to evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- How the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

10.10.2 Updated evidence of commitment in Barnet for the Board to consider:

Health and Well-Being Board members

The Chairman of the Health and Well-Being Board, the Director for Children's Services, the Chair of the Children, Education, Libraries and Safeguarding Committee, the Director for Public Health and a CCG Board member sit on both the Health and Well-Being Board and Children's Trust Board, to help ensure that there are links between the strategic plans of these partnerships.

Children's Trust Board

The Children's Trust Board clearly has a significant role to play in overseeing this agenda. The Board spent an entire meeting in February 2014 considering implementation of the Children and Families Act, and issues for those aged 0-25 years with learning disabilities. This meeting provided space for strategic leaders across health, education and social care to share their views about how to plan for the Children and Families Act.

Children's Safeguarding Board

There is a disabled children's representative on the Children's Safeguarding Board to ensure views from disabled children are considered when children's safeguarding issues are discussed.

Recommendations to Health and Well-Being Board

The process of refreshing the JSNA and JHWS should involve engagement with those responsible for reviewing and commissioning of SEN services, safeguarding

arrangements and developing child poverty strategies to ensure that there are explicit linkages made between these key strategic documents.

- 10.11 The Health and Well-Being Board is asked to review the progress towards meeting the Charter's commitments evidenced above, and agree a set of priority activities that local partners should take forward over the next five months to ensure successful delivery against each of the Charter's Commitments.

11 BACKGROUND PAPERS

- 11.1 *Why sign the Disabled Children's Charter for Health and Well-Being Boards:*
<http://www.edcm.org.uk/media/140961/why-sign-the-disabled-childrens-charter-for-health-and-wellbeing-boards.pdf>
- 11.2 *The Disabled Children's Charter for Health and Well-Being Boards:*
<http://www.edcm.org.uk/campaigns-and-policy/health/disabled-childrens-charter-for-health-and-wellbeing-boards>

Legal – LC
CFO – JH