

Appendix 1 - The Commitments of the Disabled Children's Charter for Health and Well-Being Boards

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

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*

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

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*

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

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)*

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

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.*

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

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*

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

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*

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

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.*