
Meeting	Health and Well-Being Board
Date	21 st November 2013
Subject	Disabled Children's Charter for Health and Well-Being Boards
Report of	Cabinet Member for Education, Children and Families
Summary of item and decision being sought	This report summarises the objectives of the Disabled Children's Charter and recommends that the Health and Well-Being Board sign up to it.

Officer Contributors	Claire Mundle, Commissioning and Policy Advisor- Public Health/ Health and Well-Being
Reason for Report	This report outlines the objectives and expectations of the Disabled Children's Charter for Health and Well-Being Boards and sets out the anticipated benefits to be gained from signing up to the Charter.
Partnership flexibility being exercised	N/A
Wards Affected	All
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Appendices	<p>Appendix A: Why sign the Disabled Children's Charter for Health and Well-Being Boards</p> <p>Appendix B: The Disabled Children's Charter for Health and Well-Being Boards</p>

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board agrees in principle to sign-up to the Health and Well-Being Board Disabled Children's Charter. If the Health and Well-Being Board agrees in principle to sign-up to the Charter, the following two recommendations also apply:**
- 1.2 That the Health and Well-Being Board identifies responsible leads from each partner to identify the actions required in order to comply with the Charter and then collate evidence to demonstrate that the commitments of the Charter have been met.**
- 1.3 That the Health and Well-Being Board agrees to receive a progress report on delivery against the Charter's commitments by May 2014.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Not applicable.

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

- 3.1 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.
- 3.2 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). 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 The Equality Act 2010 contains specific duties not to directly or indirectly discriminate against a person due to 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 The impact of signing up to this Charter should be positive to children with a disability and carers of those children. The Charter requires firstly 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. This will help ensure that the strategic direction and outcomes set meet the needs of this population. 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 signing up to the Charter, the Board will be taking an important positive step to meet the requirements of the equality duties in relation to disabled children and their carers.

5. RISK MANAGEMENT

- 5.1 The main risk identified if the Health and Well-Being Board does not sign up the Disabled Children's Charter for Health and Well-Being Board's is reputational. Currently, this risk is perceived to be low, as Barnet is already undertaking a number of activities that fulfil the criteria of the Charter, without having formally signed up to it. The reputational risk might grow if an increasing number of Borough's sign up to the Charter.
- 5.2 There is a risk that the Health and Well-Being Board will fail to adequately address the needs of disabled children unless this population group are given sufficient and continued attention through the Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy. The Charter could support this risk being mitigated; if the Charter is not signed up to the Board should be confident that there are adequate mechanisms in place to identify the needs of disabled children in the Borough, and ensure there is adequate service provision in place to support them.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 On 4th February 2013 the Government introduced the Children and Families Bill to Parliament including clauses which reform the system of support for children with special educational needs. The Bill 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.
- 6.2 Key elements of the Children and Families Bill are:
- Replacing Special Educational Needs (SEN) statements and Learning Disability Assessments (for 16-25 year olds) with a single, simpler 0-25 assessment process and Education, Health and Care Plan (EHC) from 2014;
 - Providing statutory protections comparable to those currently associated with a statement of SEN to up to 25 in further education;
 - Requiring that local authorities and health services jointly plan and commission services that children, young people and their families need;
 - Developing a 'local offer' to provide clear information to children and young people, and parents and carers about the services available (by 2014); and
 - Giving parents or young people the right to a personal budget for their support.
- 6.3 These new duties on local authorities 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 (Clause 42(4) of the Bill). 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.

6.4 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).

6.5 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 A number of the Charter commitments align with the SEN aspects of the Children and Families Bill (see detail below). The work involved in the implementation of the Children and Families Bill may have financial implications as it progresses. There are no immediate financial implications of signing the Charter for the Health and Well-Being Board, but an audit of the work required to comply with the Charter may identify the need for further investment from partners.

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 None at this stage, but if the Charter is signed the Health and Well-Being Board will need to engage with the Children's Trust Board in order to determine how to work together to deliver the commitments in the Charter.

8.2 The Charter will also require 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 Park). 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).

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage.

10. DETAILS

10.1 The Local Authority Disabled Children's Charter is a set of commitments that local authorities can sign-up to to show that they are committed to disabled children and their families. Every Disabled Child Matters (EDCM) launched its original Local Authority Disabled Children's Charter in 2008 and released a new version in spring 2011. The current version contains updated commitments reflecting new duties on local authorities. EDCM has asked all Local Authorities to renew their commitment to local disabled children. 37 local authorities signed up the refreshed Charter. The London Boroughs that

signed up are Haringey, Enfield, Islington, Westminster City, Tower Hamlets, Lambeth and Merton. Barnet did not sign up to the original or refreshed Charter.

10.2 In April 2013, EDCM replaced this Charter with the Disabled Children's Charter for Health and Well-Being Boards to support them 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. 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>

10.3 28 Health and Well-Being Boards across the Country have signed up to the Charter so far. The London Boroughs that have signed up so far are Sutton, Merton and Lewisham.

10.4 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. These commitments are explored in turn below, and a summary of evidence of local action in Barnet against these commitments is also included.

10.5 **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**

10.5.1 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

10.5.2 Current evidence of commitment in Barnet includes:

- Barnet's Joint Strategic Needs Assessment does contain information on disabled children and young people living in the Borough. However, recent internally-commissioned analysis has identified the need to update the children's section of the JSNA to redefine priorities around children's safeguarding and social care in context of austerity / the growing population.
- The Joint Health and Well-Being Strategy (2012-15) recognises that children and adult social care services need to work effectively together to support young people with complex disabilities to live as independently as possible through effective transition, and includes a target for the Children's Trusts to 'effectively plan for transition from children's services to adult services'.

- Commissioning plans that are presented to the Health and Well-Being Board are explicitly required to account for consideration of equalities, and assessment of local need.

10.6 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

10.6.1 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 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

10.6.2 Current evidence of commitment in Barnet includes:

- The public health team consulted on the thematic reports of the JSNA and on barriers to physical activity in early November 2013, and have engaged with the Children's Trust to make sure that the views of children and young people (including disabled children and young people) are represented in this consultation.
- As mentioned in Section 8.2, the Health and Well-Being Board consulted with both young people and charities who advocate for children and adults with disabilities when deciding upon the priorities for the Strategy.

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

10.7.1 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)

10.7.2 Current evidence of commitment in Barnet includes:

- The Health and Well-Being Board in Barnet currently has less evidence of how it has engaged with this particular group of residents. The Board has engaged with the Carer's Strategy Group on the development of the JSNA and Joint Health and Well-Being Strategy, but the carers represented by this group tend to care for working age or older adults.

10.8 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

10.8.1 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.

10.8.2 Current evidence of commitment in Barnet includes:

- The first annual performance report for the Joint Health and Well-Being Strategy recognises the need for the Children's Trust to implement the changes required in the Children and Families Bill in relation to transitions, and notes that this will be a priority action for the service in 2014.
- The public health team public outcome data based on the indicators of the Public Health Outcomes Framework, as part of the data compiled for the JSNA.

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

10.9.1 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

10.9.2 Current evidence of commitment in Barnet includes:

- The Health and Well-Being Strategy in Barnet focuses very clearly on early intervention and prevention as a principle that should run through all local services
- As above, the Children's Trust (as an accountable organisation in the Health and Well-Being Strategy) will be reporting on its implementation of the changes required in the Children and Families Bill in relation to transitions to the Health and Well-Being Board on an annual basis, and notes that this will be a priority action for the service in 2014.

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

10.10.1 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

10.10.2 Current evidence of commitment in Barnet includes:

- The Health and Well-Being Board's current forward plan demonstrates the Board's commitment to spend time considering the links between health, well-being and housing, safeguarding and other wider determinants of health.
- In early 2013, Barnet's Public Health team in partnership with the CCG Children Commissioning Lead were involved in discussions with schools to develop a primary schools wellbeing programme tackling priorities from Barnet Joint Health and Well-Being Strategy. A paper outlining the proposed design and delivery of the multi-agency programme was taken to the Health and Well-Being Board for information and insight
- The Council and the Clinical Commissioning Group have developed integrated commissioning arrangements, including the jointly funded children's health and social care commissioning posts, with an ambition to commission services for children, including disabled children, in a coordinated way. This will include the commissioning of short breaks for families with disabled children.
- The Health and Well-Being Board will also be guided by these joint commissioners, and others in children's health and social care, on the future service model for children (including disabled children) in Barnet designed through the forthcoming Early Years Review.

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

10.11.1 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.

10.11.2 Current evidence of commitment in Barnet includes:

- The Chairman of the Health and Well-Being Board (the Cabinet Member for Public Health), the Director for Children's Services, the Cabinet Member for Education, Children and Families, the Director for Public Health and CCG representative 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.
- The Health and Well-Being Board is receiving a paper on Children's Safeguarding at the November 2013 meeting, and will continue to receive annual reports on this issue.
- The Health and Well-Being Strategy has specific commitments to work with families with complex needs, and to support children to move into adult services. To deliver these objectives, children's services will report on the changes to the provision of SEN services.

10.12 The Children's Trust Tadworth and Every Disabled Child Matters envisage that Health and Well-Being Boards who sign up the Charter will benefit from being able to:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families

- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes for Children and Young People: Our Pledge' for a key group of children and young people

10.13 The Charter is closely aligned to the current SEN legislation changes in the Children and Families Bill, and it is anticipated that a number of the Charter's commitments can be met if the HWBB play a supportive role to those involved in delivering the SEN requirements of the Bill. The draft provisions on SEN and disability in the Children and Families Bill overlap with the expectations of the Disabled Children's Charter in the following areas (Source: *The Children and Families Bill – Draft Provisions on SEN and disability. A briefing from the Every Disabled Child Matters campaign and the Special Educational Consortium, 2013*):

- The draft provisions require named partners to cooperate in relation to meeting the education, health and care needs of children and young people with SEN.
- Draft clause 6 will require local authorities and clinical commissioning groups to make arrangements for joint commissioning. This includes arrangements for considering and agreeing reasonable provision to meet the needs of all children with SEN in the area, and specifically for children with EHC plans. Local authorities and clinical commissioning groups have to have regard to these agreements, and also to the Joint Health and Well-Being Strategy, when undertaking their functions
- Draft clause 7 requires local authorities to keep education and social care provision under review, including whether local provision is "sufficient" to meet local need.
- Draft clause 11 requires local authorities to produce information on the education, health and care services it "expects" to be available locally (the local offer). This will include information on provision available outside its area. The details of what the local offer should include and who should be consulted will be set out in regulations.
- Draft clause 12 will requires local authorities to ensure there is advice and information available locally for parents and young people.

10.14 The Charter, in requiring JSNAs and Joint Health and Well-Being Strategies 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).

10.15 Importantly, the Health and Well-Being Board is in a position, in ensuring the delivery of the Health and Well-Being Strategy, to consider accessibility and inclusivity in mainstream service provision for disabled children, and progress this debate across the partners it works with.

10.16 The Health and Well-Being Board is asked to consider whether to sign up to the Charter based on both the anticipated benefits, the required commitments, and the activities that have been undertaken and will be undertaken by the Health and Well-Being Board and

its partners, as set out above. The Charter requires the Health and Well-Being Board to play a leadership role in relation to data provision, engagement, priority setting and partnership working for disabled children in Barnet. Given the requirements on local areas to deliver the Children and Families Bill, this paper has also demonstrated that signing up to the Charter would formalise an important oversight role for the Health and Well-Being Board in the development of the local offer and provision of EHC plans in 2014. The Charter offers an opportunity to the Health and Well-Being Board to demonstrate its commitment to driving joint working across health, education, and care services to deliver the best outcomes for Barnet's children.

11 BACKGROUND PAPERS

11.1 None.

Legal – SW
CFO – AD