Summary
This report updates the Health and Well-Being Board on progress that has been made to meet the Disabled Children’s Charter commitments over the past 12 months. The Board is asked to approve the contents of the report, which will form the basis of evidence submitted to Every Disabled Child Matters to demonstrate that Barnet has met the Commitments of the Charter. The Board is asked to consider how they will continue to monitor implementation of the Charter’s Commitments in future years.

Recommendations
1. That the Health and Well-Being Board agrees that the contents of this report provides sufficient evidence that Barnet has met the commitments of the Disabled Children’s Charter
2. That the Health and Well-Being Board considers how they will continue to monitor implementation of the Charter’s Commitments in future years.
1. WHY THIS REPORT IS NEEDED

1.1 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 available online at: http://www.edcm.org.uk/campaigns-and-policy/health/health-andwellbeing-board

1.2 To date, 40 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.

1.3 This report summarises the evidence of work completed in Barnet to meet the Commitments of the Charter over the last 12 months, which will form the basis of the evidence submission to Every Disabled Child Matters (EDCM). The commitments of the Charter are set out in turn below, alongside a summary of the local action in Barnet taken to meet each of these commitments.

1.4 **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

1.5 **Evidence of commitment in Barnet:**

1.6 Barnet has worked hard to ensure it now has robust data on disabled children to inform the update of the JSNA/ Health and Well-Being Strategy in 2015. The main pieces of work taking place are set out below.

1.7 **Preparing to meet future needs – comprehensive needs analysis**
A detailed piece of work has been completed 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 has undertaken 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:
• 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
• 4-19: Up to ten years of historical data indicating the number of children and young people with statements of SEN by DfE category
• The number of children and young people with statements of SEN for the past ten years and a comparison with statistical neighbours
• A comparison of data in 2. above with statistical neighbours
• Projected demand for post-16 placements in FE and independent specialist providers
• Projected demand for educational provision for young people aged 19 - 25 years

The project has produced an initial report which has identified an outline option for the development of specialist places to meet future needs and the capital implications were reported to Barnet Council’s Children, Education, Libraries and Safeguarding Committee on 15th September 2014. The outline revenue implications were reported to the Schools Forum on 9th October and a fuller report will be submitted to the Schools Forum in December 2014.

1.8 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.

This needs assessment has informed a commissioning strategy that was agreed at LBB’s Children, Education, Libraries and Safeguarding Committee in July 2014.

Following approval of the Strategy, a tender exercise on short breaks has been initiated (currently live – October 2014), which is seeking to find and mobilise new providers by April 2015, who will be best placed to meet the needs of disabled children and young people in Barnet. The needs assessment formed the foundations of the case for re-tendering the short breaks offer so as to increase the range of providers and services offered, thereby improving the provision available in the borough.

1.9 Specialist research
The Council commissioned a research project to review local and national demographic and likely future challenges for service provision to children & young people with disabilities and their families. This included in depth work with a group of eight families to provide insights into the service user experience and support the design of new ways of working. The work is informing the development of a 0-25 model for children with special educational needs and disabilities and their families (see Section 1.33).

1.10 Children and Maternal Health Intelligence Network reports
The public health team have produced reports using data from the Children and Maternal Health Intelligence Network, including the JSNA update on
Children and Young People in early 2014. The network organises its research and analysis into various strands and a disability hub brings together a range of resources relating to the commissioning and delivery of services for children and young people with disabilities and their families.

1.11 Joint Strategic Needs Assessment (JSNA) update
The sets of data mentioned above will be reviewed by the JSNA Programme Board, on which the Director of Children’s Services, Healthwatch and the CCG will sit, to support the JSNA update in 2015.

1.12 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

1.13 Evidence of commitment in Barnet:

1.14 Children’s Trust Board Summits
The Children’s Trust Board will begin to meet for one or two half day conference sessions per year to review progress on the Children and Young People’s Plan and to update priorities and targets for subsequent years. These will be attended by senior officers from all statutory organisations together with representatives from Youth Board; CommUNITY Barnet and parent representatives. These will include sessions involving children and young people, and provide an opportunity to mirror the successful Partnership Summits held for adult care groups in Barnet.

1.15 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 in the 2013/14 financial year:

- 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)
- 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.
- The most recent consultation that was discussed with young people is the Family Services Consultation and in November young people including
those with disabilities will be involved in the Community Safety Strategy Consultation.

- The Council will also be planning for young people with disabilities to be involved in the annual council wide consultations for residents – dates will be January and February 2015.
- The Children’s Health Commissioner informed the Voice of the Child strategy group that there will be upcoming health/CAMHS consultations with children and young people, and young people will be invited to participate once the timescales are confirmed.

1.16 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:

- Barnet SENDias
- Parent/carer forum
- Parent reference 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 SEND reforms of the Children and Families Act 2014. 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.

1.17 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 has recently been 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.

The new Voice of the Child Strategy Action Plan now includes the recommendations set out below about improving engagement between the Health and Well-Being Board and disabled children and young people, and the
Voice of the Child Co-ordinator will plan how these will be taken forward (including timelines) and involve relevant partners. The Action Plan will be published shortly but will remain a live document on the Barnet website which will be updated as things progress, so that all partners can keep abreast of developments.

1.18 **Recommendations from the Voice of the Child Strategy Action Plan**

The Health & Well Being Board will ensure that 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: young people will be asked to present at the Children’s Trust Board summit meetings described above 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
- Participating 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.

1.19 **Healthwatch**

Healthwatch Barnet is currently establishing a youth health group that will link appropriately and avoid any duplication with YouthShield and the Youth Board. All these fora are inclusive and have disabled young people as participants. Healthwatch Barnet, its youth health group and Community Barnet Children and Young People are fully supportive of the Charter and would welcome any approach by statutory services, to undertake and/support further engagement work with disabled young people.

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

1.21 **Evidence of commitment in Barnet:**
1.22 Parent and carer advisory groups
Barnet is planning for there to be 2 parent and carer advisory groups in the borough. One is Barnet SENDias, involving 4 local parents, professionals and the voluntary sector, who come together to respond to the information, advice and support needs of local parents. The other is a parent and carer reference group that will work with Barnet Council to communicate and consult with parents and carers of children with special educational needs and disabilities. Barnet Council has asked Contact a Family to support the establishment of a new reference group for the Borough, trying to build on the successes of and the membership of the previous reference group, pp4Dan. Contact a Family will also try to bring the members of the Children and Families Act reference group who helped to co-design Barnet’s response to the reforms, into this new group, since the reforms reference group was time limited.

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

1.24 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

1.25 Evidence of commitment in Barnet:

1.26 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 now overseen by the Children’s Trust Board, the Health and Wellbeing Board, and the Safer Communities Board collectively. The Health and Well-being Board has agreed to oversee a number of targets from the plan, which are both inclusive of disabled children and young people, and specifically focused on supporting them, as shown below:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early years</td>
<td>1. Engage families early to ensure children have happy lives at home.</td>
</tr>
<tr>
<td></td>
<td>2. Provide high quality health services for mothers and young children.</td>
</tr>
<tr>
<td></td>
<td>3. Ensure children in need of support are identified early and appropriately supported in their early years.</td>
</tr>
<tr>
<td>Primary</td>
<td>2. Work with schools and families to join up education, health and safety services</td>
</tr>
<tr>
<td></td>
<td>3. Ensure children in need of support are identified early and appropriately supported in their early years.</td>
</tr>
<tr>
<td>Secondary</td>
<td>1. Offer opportunities for engagement and support, recognising the needs of the individual and supporting</td>
</tr>
</tbody>
</table>
them to achieve

| Preparation for adulthood | 1. Enable young people to foster ambitious and realistic aspirations.  
  2. Ensure services are integrated to support young people as they transition to adulthood |
|---------------------------|------------------------------------------------------------------------------------------------------------------|
| Early intervention and prevention | 1. Take a whole family approach to improving outcomes for children and young people.  
  2. Strengthen early identification and intervene early to improve life chances for those living in the most difficult situations. |
| Targeting resources to narrow the gap | 1. Ensure that the families of children and young people at risk of underachievement support their learning at home.  
  2. Continue to support children and young people’s mental health and emotional wellbeing.  
  3. Enable those with Special Educational Needs, Learning Difficulties and Disabilities and complex needs to achieve their potential. |

1.27 An annual report setting out achievements in improving outcomes for children as set out in the Children and Young People’s Plan will be produced and published by the Council. The Children’s Trust Board will no longer have a programme of work to transact but may make recommendations for action to partner organisations or other partnership boards.

1.28 Joint Health and Well-Being Strategy (JHWS)
The JHWS will be updated in 2015, following on from the update 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 update 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. The update of the Strategy will also need to include the indicators from the Children and Young People’s Plan set out above.

1.29 Requirements in the Children and Families Act 2014
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” which went live this September (publishing information about the services disabled children, parents and their carers can access on a website), there is 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 also have to present their “local offer” of SEN service provision, giving parents and young people more information to help them choose between education providers.

1.30 Health and Well-Being Financial Planning Group
The Health and Well-Being Financial Planning Group, which acts as the senior joint commissioning group for integrated health and social care in Barnet, has formalised its Terms of Reference. These include responsibility to oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems. The Financial Planning Group has twice discussed the implementation of the Children and Families Act and has commissioned a partnership task and finish group to ensure that Barnet has robust plans in place to meet the requirements of the reforms. In early 2015, the Health and Well-Being Board will be provided with an update on the joint commissioning arrangements in place to ensure health and social care services work effectively together to support children with special education needs and disabilities.

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

1.32 Evidence of commitment in Barnet:

1.33 Redesigning the model of care and support for 0-25 year olds with special educational needs and disabilities

There is a continuing drive at Barnet Council to improve the journey for children with disabilities and their families, promoting ambition and the highest possible degree of independence and meaningful activity in the local community. There is a particular drive to improving the experience of transitioning from children’s into adult’s services, improving consistency of service and reducing the perceived ‘cliff-edge’ of provision when young people reach the age of 18.

A fundamental change introduced by the Children and Families Act 2014 is the extension of the SEND support system up to 25 years, facilitating a coordinated and comprehensive plan identifying relevant services from birth through to their transition into adulthood. Since September 2014, several core changes have been implemented to support this vision including the replacement of Statements of SEN with new birth-to-25 combined education, health and care plans (ECHP), a right to a personal budget for some young
people whose needs cannot be met by universal or targeted services and a
published local offer of services available. Information about each of these is
set out below.

A strategic project board with representation from Education, Social Care
(Adult's & Children's), and commissioners from the Council and CCG has
been setup to oversee and direct this work.

The ambition of the work is to design a new model of service delivery that will
have a focus on enabling effective relationships of trust with children &
families, promote close working together between all professionals involved in
their care and support and enable children & young people to achieve their full
potential and remain within their local communities wherever possible.

1.34 Education, Health and Care (EHC) Plans
The 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), is key to ensuring that special educational needs are identified and
supported early. The new EHC Plan process was launched from 1st
September 2014. A transition plan has also been published on the Local Offer
website which details how LB Barnet will convert all statements of SEN to
EHCPs over the next three years.

1.35 EHC plans also require agencies to support young people up until 25,
extending the age from 19 under the previous legislation. Educational
psychologists and the SEN team and staff in schools and other agencies have
been 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.

1.36 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 2014; however the Board
will need to make sure that continuous improvement in the experience of
transition for children with SEN and disabilities remains a local priority.

1.37 Personal Budgets
The Council has published its personal budget statement on its website;
setting out what services can be purchased from these budgets. The Council
is also developing a personal budgets resource allocation system tool to
support the development of a transparent system, standardised for all parents.
This will be implemented in April 2015.
1.38 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.

1.39 Work between the Council, public health and health colleagues to support children with mental health issues
With the reform changes now in place, the challenge to the Council and its partners in Barnet is to embed them in such a way that enables effective relationships of trust with families, improves the way in which agencies work together in partnership with families and helps young people to achieve more. With the transfer of public health responsibilities to the local authority and the developing joint commissioning relationship with the CCG there is now a strong opportunity to improve services in Barnet for children with mental health issues. This should strengthen early intervention and prevention services and ensure that children and young people who need more support can access it in a timely way in a community setting with the minimum disruption to their schooling.

The Council and CCG are working together to develop a new specification for Child and Adolescent Mental Health Services (CAMHS) that will deliver more community based services and improve early intervention and prevention.

1.40 Early Intervention and Prevention Strategy
The Council has recently developed an early intervention and prevention strategy to provide a framework to organise our early help services, to monitor their success, and to drive improvement. The strategy was commissioned by the Children’s Trust Board and has been formulated through consultation with staff and partners. The Health and Well-being Board will play a leadership role, overseeing implementation of this strategy.

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

1.42 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
1.43 Evidence of commitment in Barnet:

1.44 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.

1.45 Barnet Local Offer
Barnet’s Local Offer was published on Barnet Council’s website in September 2014. It provides a single point of access to clear and comprehensive information about services and provision that is available for children and young people from birth to 25 years of age who have a special educational need and/or disability.

This Local Offer has been developed through a very productive collaboration between agencies - Education, Health, Social Care, the Voluntary sector and parents and carers in Barnet. The working group responsible for its production have taken the views of as many parents, carers and young people as possible in putting together these pages. The Local Offer is a dynamic and interactive facility to which further services and agencies can be added and allows parents, carers and young people to offer their views on the services offered within it.

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

1.47 Evidence of commitment in Barnet:

1.48 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 schedule agenda items in 2015 to discuss the local work being taken forward under the governance of the Health and Well-Being Financial Planning Group to strengthen joint working between health and social care to support children with special educational needs and disabilities.

The Health and Well-Being Board also established a small set of priorities for the past year, and one of these related to disabled children and young people specifically:
That the Health and Well-Being Board provides on-going strategic multi-agency leadership to... the development of a single, simpler 0-25 assessment process and Education, Health and Care Plans for children with special educational needs and disabilities from 2014.

Setting this commitment has helped to give the Board a remit to support improvements in the provision of services for children with special educational needs and disabilities. The Board will receive a recommendation to maintain this priority area for the coming year at its November 2014 meeting.

1.49 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 Childrens, 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.

1.50 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.

1.51 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. The Chairman of the Children and Adults Safeguarding Boards was invited to become a non-voting member of the Health and Well-Being Board in September 2014, to ensure the links between safeguarding and children and adult’s health and wellbeing issues are strengthened. A joint working protocol between the Safeguarding Boards and Health and Well-Being Board has been established to ensure that the links between safeguarding and health and wellbeing issues for all residents are strengthened even further.

2. REASONS FOR RECOMMENDATIONS

2.1 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.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED
3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The evidence that is submitted to EDCM will be published on their website, to inform parent carers, disabled children and young people, and wider stakeholders (including other Boroughs) about Barnet’s activities.

4.2 The Board is asked to consider how it will ensure on-going commitment to the Charter following the formal evidence submission.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance
5.1.1 The Council’s Corporate Plan prioritises creating better life chances for children and young people, in particular those with special educational needs or disabilities.

5.1.2 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.

5.1.3 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.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 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.

5.2.2 Any future service developments requiring funding of health services will need to be discussed, planned and agreed with the Clinical Commissioning Group.
5.2.3 The Council will use a small budget from the Commissioning Group budget to produce an electronic/paper resource aimed at parent carers of disabled children and young people that will be distributed locally and published on the Council’s website, to demonstrate how the commitments of the Charter have been met.

5.3 Legal and Constitutional References

5.3.1 The Children and Families Act. 2014 has introduced changes to the way in which special educational needs are assessed and met, replacing 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.

5.3.2 The reforms to arrangements that support children and young people with special educational needs (SEN) and disabilities are being 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.

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.

5.3.3 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).

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

5.3.5 The Health and Well-Being Board’s terms of reference include a responsibility
to:

(1) To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

(2) To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

(4) To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

5.4 Risk Management

5.4.1 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.

5.4.2 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.

5.5 Equalities and Diversity

5.5.1 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.

5.5.2 Barnet currently has nearly 1800 children with a Statement of Special Educational Need.

5.5.3 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.

5.5.4 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.

5.6 Consultation and Engagement

5.6.1 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 updates the JSNA and JHWS in 2015.

5.6.2 Representatives from the Health and Well-Being Board will need to discuss this evidence 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.

5.6.3 The update report produced in June 2014 was presented to the Voice of the Child Strategy meeting in October 2014.

6. BACKGROUND PAPERS


6.3 Health and Well-Being Board – 21\textsuperscript{st} November 2013 – the Board signed up to the Disabled Children’s Charter: http://barnet.moderngov.co.uk/documents/s11735/Disabled\%20Childrens\%20Charter\%20for\%20Health\%20and\%20Well-Being\%20Boards.pdf

6.4 Health and Well-Being Board – 12\textsuperscript{th} June 2014 – the Board received a progress report to demonstrate the work that had taken place over the previous 6 months to meet the Charter’s Commitments: http://barnet.moderngov.co.uk/documents/s15384/Disabled\%20Childrens\%20Charter\%20for\%20Health\%20and\%20Well-Being\%20Boards\%20-%20progress\%20report.pdf