

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 14 October 2015

Subject: Disabled Children's Charter for Health and Wellbeing Boards

Responsible Officer: Chris Spencer
Corporate Director of Children and Families

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

Reason for report

This report outlines the objectives and expectations of the Disabled Children's Charter for Health and Wellbeing Boards and sets out the anticipated benefits to be gained from signing up to the Charter.

Recommendations:

The Board is requested to:

Agree to sign up to the Health and Wellbeing Board Disabled Children's Charter.

If there is an agreement to sign-up to the Charter, the following two recommendations also apply:

To identify responsible leads from each partner agency to identify the actions

required in order to comply with the Charter and to then collate evidence to demonstrate that the commitments of the Charter have been met.

To receive a progress report on the delivery against the Charter's commitments by October 2016.

Section 2 – Report

Harrow Council's Our Plan: Children and Families ,2013-2018 www.harrow.gov.uk/children 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.

Harrow's Health and Well-Being Strategy (2012-2015) 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 to adult services.

Harrow Clinical Commissioning Group commissioning intentions 2015-2016 <http://www.harrowccg.nhs.uk/publications> includes commitments to deliver high quality and safe children's services, to identify and target children and families early on, to deliver low cost and high impact services and to support effective transition from children's to adult services in all areas.

The proposal to sign up to the Charter will also complement the work that is being undertaken as part of implementing the Special Educational Needs and Disability (SEND) reforms, forming part of Children and Families Act 2014, with regard to the SEND Code of Practice 0-25 years (January 2015). One of the key areas has been the development of Harrow's Local Offer and signing up to the Charter will support this work. See Harrow's Local Offer at www.harrow.gov.uk/localoffer

The Disabled Children's Charter aims to ensure support for some of the most vulnerable in society. Harrow's Joint Strategic Needs Assessment (JSNA , 2015-18, outlines that 'some groups of children and young people in Harrow are more vulnerable than others: The Department for Education estimates that around 7% of children have a disability as defined by the Equality Act 2010. In Harrow, this would equate to around 869 children and young people between the ages of 0 and 19 years. The JSNA also highlights that there are a rising number of children born with disabilities in Harrow, though the reasons for this are not clear.

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.

The impact of signing up to this Charter should be positive for 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 adult 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 Act duties in relation to disabled children and their carers.

Signing up to the Disabled Children's Charter will go towards demonstrating a commitment to disabled children and their families. Every Disabled Child Matters (EDCM) launched its original Disabled Children's Charter in 2008 and released a new version in spring 2011.

In April 2013, EDCM replaced the Charter with the Disabled Children's Charter for Health and Wellbeing 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.

Health and Wellbeing Boards who sign the Charter will agree to meet its seven commitments, focusing on improving health outcomes for disabled children, young people and their families, and to provide evidence after one year on how they have met each one. These commitments are explored below with a summary of evidence of local action in Harrow against these commitments included.

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 Wellbeing 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 Joint Strategic Needs Assessment (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 Wellbeing Board will support partners to commission appropriately to meet the needs of local disabled children, young people and their families.

Current evidence of commitment in Harrow includes:

- Harrow's JSNA has recently been updated and it has been highlighted that there is some key information missing on the numbers and needs of disabled children and young people living in the Borough. There will need to be some updating of this section and a review of if, and how, we collect the relevant data; in particular, data regarding the numbers of disabled children in Harrow and their level and type of need.
- Data information collection systems across education, health and social care will be reviewed to ensure that the right information is collected on disabled children's health needs. This information needs to be readily accessible. It is proposed that a data information sharing task and finish group will be established between Harrow Council, in particular the Children with Disabilities Service (CWDS), Public Health and Harrow CCG, to ensure this work takes place.

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 Wellbeing Boards will need to evidence:

- The way in which the Health and Wellbeing 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 Wellbeing 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;

Current evidence of commitment in Harrow includes:

- The Council recognises that it needs to improve the engagement of children and young people with regard to the JSNA. Young people at one of the special schools in Harrow were consulted on the

development of the Harrow SEND Local Offer, and we need to build on these partnerships further;

- Unsuccessful attempts were made to identify a Disabled Young People's Champion within Harrow to act as a representative 'voice of disabled children and young people' and be involved in service planning and development. Harrow Council, CWDS, Public Health and Harrow CCG need to work together to identify a champion who is a representative on forums such as the Youth Council;
- Harrow Council, CWDS, Public Health and Harrow CCG will work closely together to plan a programme of engagement with disabled young people and their families and carers. This will support the on going work to implement the SEND reforms of the Children and Families Act 2014, the work on the JSNA and any future consultation activity. This will support the theme of co-production with service users which is at the heart of the reforms.

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

Health and Wellbeing Boards will need to evidence:

- The way in which the Health and Wellbeing 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 Wellbeing 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).

Current evidence of commitment in Harrow includes:

- Harrow Council and Harrow CCG were successful in their engagement with parent/carers in developing the Harrow SEND Local Offer, however, the Council was notified the current parent/carer forum would cease as of July 2015;
- Contact-a-Family will be supporting the establishment of a new parent/carer reference group, trying to build on the success of the previous reference group (Harrow Parents 4 Disabled Children). The Council will work closely with Contact-a-Family to re-establish a parent/carer forum and ensure that there is a representative group that is engaged in planning and strategic development;
- Harrow Council, CWDS, Public Health and Harrow CCG, will work together closely to develop an understanding of each others engagement activities and explore opportunities for joint events/commissioning.

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 Wellbeing 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 Wellbeing 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.

Current evidence of commitment in Harrow includes:

- The Children and Families Act 2014 requires partners to focus on outcomes being achieved for disabled children. The single Education, Health and Care plans set out clear outcome measures for children and young people with special educational needs and disabilities. Data comparisons between the attainments of children and young people with special educational needs and disabilities 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 disabilities and their peers without such need;
- As part of the SEND Local Offer that went live in September 2014 there is provision built in for families to give feedback about the website and complaints information is also published. Schools have also presented their 'local offer' of SEN service provision, giving parents and young people more information to help them choose between education providers. There is ongoing work to continually update and develop the local offer website;
- An information report was presented on 5 March 2015 to the Health and Wellbeing Board, outlining how Harrow Council was implementing the SEND reforms introduced by the Children and Families Act 2014. A further update will be presented in due course. A report is also due to be presented to the Overview and Scrutiny Committee in September.

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

Health and Wellbeing Boards will need to evidence:

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

Current evidence of commitment in Harrow includes:

- The Health and Wellbeing Strategy in Harrow focuses very clearly on early intervention and prevention as a principle that should run through all local services;
- There is a continuing commitment at Harrow 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 transition from children's to adult services, improving consistency of service. The Transition Pathway Protocol (2011) is currently being revised and updated to reflect the requirements of the new legislation;
- A SEND Preparation for Adulthood Group with representation from education, social Care (adult and children's services) and commissioners from the Council and CCG has been set up to oversee and direct the work on developing the Pathway to Adulthood;
- 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 co-ordinated and comprehensive plan identifying relevant services from birth through to young people's transition to adulthood. Since September 2014, several core changes have been implemented to support this vision, including: the replacement of statements of special educational needs with new birth-to-25 combined education, health and care plans (EHC plans), in accordance with the three year transitional arrangements; a right to request a personal budget for the identifiable amount available to secure particular provision specified in the EHC plan, with a view to the child's parent or the young person being involved in securing the provision; a published local offer of education, health and care services available.

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 Wellbeing Boards will need to evidence:

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

Current evidence of commitment in Harrow includes:

- The Council and the Clinical Commissioning Group have developed integrated commissioning arrangements, including the jointly funded children's health and social care commissioning post, with an ambition to commission services for children, including disabled children, in a

- co-ordinated way. This will include the commissioning of short breaks for families with disabled children;
- Joint commissioning arrangements are already in place with the health service and adult social care services for the following services: speech and language therapy services, specialist equipment, children and young people with complex needs requiring health and social care arrangements, and children and young people with complex needs attending special residential schools;
 - Harrow Council recognises there needs to be robust commissioning and monitoring frameworks in place to ensure that in working with providers, they offer quality, value for money services. As the Council moves towards a more 'personalised' way of delivering support to children and young people with disabilities, there will need to be a developed marketplace of care providers;
 - Harrow's Local Offer was published on Harrow 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 productive collaboration between agencies- Education, Health, Social Care, the Voluntary Sector and parents and carers in Harrow. The working group responsible for its production have taken the views of as many parents, carers and young people as possible in its development. 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 within it.

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 Wellbeing Boards will need to evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, eg the local safeguarding board, the learning disability partnership board, the schools 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 of the Dedicated Schools Grant; safeguarding arrangements; child poverty strategies, etc.

Current evidence of commitment in Harrow includes:

- The Chairperson of the Health and Wellbeing Board (the Cabinet Member for Public Health), the Director of Children's Services, the Cabinet Member for Education, Children and Families, the Director for Public Health and CCG representative sit on the Health and Well-Being Board, to help ensure that there are links between the strategic plans of these partnerships;
- The Health and Wellbeing 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.

The Children's Trust Tadworth and Every Disabled Child Matters envisage that Health and Wellbeing 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.

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

The Health and Wellbeing 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 Wellbeing 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 Harrow. Given the requirements on local areas to deliver the Children and Families Act 2014, this paper has also demonstrated that signing up to the Charter would formalise an important oversight role for the Health and Wellbeing Board in the development of the local offer and provision of EHC plans. The Charter offers an opportunity to the Health and Wellbeing Board to demonstrate its commitment to driving joint working across health, education, and social care services to deliver the best outcomes for Harrow's children.

Financial Implications/Comments

A number of the Charter commitments align with the SEND aspects of the Children and Families Act 2014. The work involved in the continued development and implementation of the Act is supported through the SEND reform grant funding. There are no immediate financial implications of signing

the Charter for the Health and Wellbeing Board but an audit of the work required to comply with the Charter may identify the need for further investment from partners.

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

Legal Implications/Comments

On 1 September 2014 the provisions of the Children and Families Act concerning reform to the system of support for children with special educational needs and disabilities came into effect.

The Disabled Children's Charter is aligned with current SEND legislation changes.

Key elements of the Children and Families Act 2014 are:

- Special Educational Needs (SEN) statements and Learning Disability Assessments (for 16-25 year olds) have been replaced by a comprehensive 0-25 assessment process to produce an Education, Health and Care Plan (EHC);
- Providing statutory protections comparable to those currently associated with a statement of SEN for those young people aged up to 25 years in further education;
- local authorities and health services plan jointly and commission jointly services that children, young people and their families need;
- A Harrow 'local offer' has been established to provide clear information to children and young people, and parents and carers about the services available; and
- Giving parents or young people the right to request a personal budget for the identifiable amount available to secure particular provision that is specified, or proposed to be specified, in the EHC plan, with a view to the child's parent or the young person being involved in securing the provision (s49, Children and Families Act 2014).

These new duties on local authorities have a bearing on the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). This is particularly important as the responsible Clinical Commissioning Group is under a new duty to arrange the health care provision specified in the plan, the local authority being responsible for maintaining the EHC plan and for securing the specified special educational provision (s42, Children and Families Act 2014).

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 to provide a range of services which is sufficient to assist carers of disabled children to continue to provide care or to do so more effectively (The Breaks for Carers of Disabled Children Regulations 2011) and allocation of the non-ring fenced Early Intervention Grant.)

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

Risk Management Implications

The main risk identified if the Health and Wellbeing Board does not sign up to the Disabled Children's Charter is reputational. Currently, this risk is perceived to be low, as Harrow is already undertaking a number of activities that fulfil the criteria of the Charter, without having formally signed up to it.

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 is given sufficient and continued attention through the Joint Strategic Needs Assessment and Joint Health and Wellbeing 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 Harrow and ensure there is adequate service provision in place to support them.

Equalities Implications

Was an Equality Impact Assessment carried out? No

An EqIA was not carried out owing to the broad intentions of the Board signing up of the Charter clearly being to benefit those with disabilities.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for families

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Jo Frost

on behalf of the
Chief Financial Officer

Date: 20.8.15

Name: Helen Ottino

Y

on behalf of the
Monitoring Officer

Date: 26.8.15

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact: Mary Moss
Service Manager, Children with Disabilities Service
020 8966 6321
Email mary.moss@harrow.gov.uk

Background Papers: List only **public** documents (ie not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (eg previous reports). Where possible also include a web link to the documents.