

**REPORT TO:** Health and Wellbeing Board

**DATE:** 12 November 2014

**REPORTING OFFICER:** Strategic Director, Children & Enterprise

**PORTFOLIO:** Children, Young People and Families

**SUBJECT:** Disabled Children's Charter

**WARDS:** All

### **1.0 PURPOSE OF THE REPORT**

Consider the request from Every Disabled Child Matters and the Children's Trust, Tadworth to support the Disabled Children's Charter.

### **2.0 RECOMMENDATION: That**

- 1) the Board accepts the Charter; and**
- 2) the Charter is reviewed annually.**

### **3.0 SUPPORTING INFORMATION**

#### **Appendix 1: The Charter Commitments**

- 1.** We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.

One of the primary tools Health and Wellbeing Boards have to drive strategic

Commissioning in their area is the Joint Strategic Needs Assessment (JSNA). The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. However, data on disabled children is notoriously poor and improving the quality and scope of information on disabled children and young people should be a priority.

*In April 2014 Joint Strategic Board published an audit of children with complex needs and disabilities in Halton from all sources of data available and compared the results with the National data and predictions of need. This document is helping Halton to plan services strategically to meet current and predicted need.*

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 should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. The benefits of embedding participation of disabled children and young people are huge and well evidenced. All disabled children and young people communicate and have a right to have their views heard.

*In October 2013 Halton appointed a Project Officer to lead on the SEN reforms. A participation group of young people called 'Involve' have been asked to contribute actively to the five Task and Finish groups. To increase awareness a Fun Event called 'all about us' was organised by this group about changes from Statements to ECH Plans. The young people are involving Primary age pupils in the morning and Secondary in the afternoon.*

*Person-centred planning has been embraced by agencies and trialled in plans. Halton Family Voice is an organisation, engaged to gather pupil-voice as an independent body.*

3. We engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. The benefits of effective parent participation are well established and Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level.

*Parents in Halton have been actively involved in the Task and Finish groups to support the SEN reforms. Halton Parents and Carer Centre organise our Parents forum called 'Impart' who are invited to share views on all issues regarding SEND.*

*Parent Partnership has now a designated officer for Halton rather than a shared post with a neighbouring authority. The officer is implementing the changes into SENDIAS and is offering impartial advice to Parents and Carers.*

*Advocacy and Mediation for Parents, families and young people is to be commissioned with regional partners.*

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

The Joint Health and Wellbeing Strategy (JHWS) should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

*The Strategic Report published in April 2014 has worked to identify strengths and gaps in our provision. Joint commissioning arrangements are in place to respond to need. One example of this is additional resources have been put into the ASC pathway to meet an increasing demand for diagnosis.*

*As a Local Authority, CCG and Health Care Providers we have been part of the Project group to ensure duty to respond to the SEND Reforms are on target for 1<sup>st</sup> September 2014.*

5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people. The importance of early intervention and transitions to life-long outcomes has been repeatedly emphasised. This is particularly significant for disabled children, young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services.

*A process has been put into place to ensure we can provide Joint Assessment for Children and Young People to ensure early and meaningful intervention to produce good outcomes.*

*Assessment Co-ordinators are being recruited to direct families to universal services and, if necessary arrange a statutory joint assessment.*

*Transition arrangements are a point of strength in Halton. A photo voice project is established which gathers pupil voice at transition points. An Early Years framework advises on best practice and where it is required, bespoke packages of support are offered through review at key transition points.*

6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners. Disabled children and young people frequently access services across multiple agencies and the failure to effectively coordinate services around them often leads to considerable distress and poor health outcomes. Health and

Wellbeing Boards must work with partners, including education providers, to meet the needs of disabled children and young people and ensure seamless integration between the services they access.

*Joint commissioning arrangements are being discussed and developed where appropriate to help provide a seamless service to families.*

*As part of the new Education and Health Care plan processes we are looking to provide Assessment Co-ordinators who will work to ensure families and young people only have to tell their stories once.*

7. We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners. The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even competing for resources. Health and Wellbeing Boards must also prepare for its new responsibilities which will be introduced by the Children and Families Bill.

*The Joint Commissioning Partnership is well established in Halton. Stakeholders and Partner agencies have been involved since October 2013 with the project plan to introduce the new SEND reforms which are on track to be implemented on September 1<sup>st</sup> 2014.*

*Training events and conferences have been held attracting stakeholders and multi-agency attendees.*

#### **4.0 POLICY IMPLICATIONS**

The Charter seeks to raise the profile and encourage a more joined up approach to the commissioning of services for disabled children and young people

#### **5.0 OTHER IMPLICATIONS**

**N/A**

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children & Young People in Halton**

The Charter helps to raise standards for this vulnerable section endeavouring a focussed strategic approach to meeting need and respecting rights

### **6.2 Employment, Learning and Skills in Halton**

The Charter sets high standards for meeting need which will help an ambitious approach and high expectations for outcomes

### **6.3 A Healthy Halton**

The Charter seeks to encourage a more integrated approach to meeting the needs of Disabled Children.

### **6.4 A Safer Halton**

The Charter encourages the voice of the disabled child/young person to be heard. This will enhance the safeguarding of vulnerable people.

### **6.5 Halton's Urban Renewal**

N/A

## **7.0 RISK ANALYSIS**

**7.1** By signing the Charter the Health and Wellbeing Board are agreeing to meet the seven commitments within 12 months. Work is already being undertaken in the Borough to meet the requirements of the Children and Families Act April 2014 it is therefore suggested that these two areas of work continue to be combined.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

The aim of the Charter is to improve provision for Disabled Children.

## **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.