



Haringey Council

Report for:	Health and Well Being Board	Item Number:	
Title:	Disabled Children’s Charter for Health and Wellbeing Boards		
Report Authorised by:	Libby Blake Director of Children’s Services		
Lead Officer:	Phil Di Leo Head of additional Needs and Disabilities Service Haringey Council Sarah Parker Head of Children’s Commissioning Haringey Commissioning Group		
Ward(s) affected: All	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

Every Disabled Child Matters, the campaign group for rights and justice for disabled children and their families and The Tadworth Children’s Trust, for children with acquired brain injury, multiple disabilities and complex health needs have created a Disabled Children’s Charter for Health and Wellbeing Boards. They have written to invite the Chair of the Haringey Health and Wellbeing Board to sign up to this Charter on behalf of the Board. A copy of the Charter is attached at Appendix 1

The Charter sets out a commitment:

‘to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they



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receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

The authors of the Charter have identified the following benefits of signing the Charter and meeting its commitments as follows:

- 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.

The Charter has seven key areas which need to be addressed to deliver the commitments. By becoming a signatory to the Charter it will provide focus for partners to address the health inequalities experienced by disabled children and their families.

Appendix 2 provides a summary of the current position and identifies the further areas to be developed for each element.

The Lead Commissioners will provide a progress report to the Board in six months.

2. Recommendations

- That the Board sign the Disabled Children's Charter for Health and Wellbeing Boards
- Agree that the Lead Commissioners carry out the further work as identified in Appendix 2.



3. Alternative options considered:

There are no benefits to be achieved from not signing the Charter. Failure to sign the Charter may be misinterpreted by disabled children and their families as a lack of commitment to improving outcomes.

4. Background information

Haringey Council and Haringey Primary Care Trust were signatories of the previous Every Disabled Child Matters Charter for their respective Services.

5. Policy Implication

The Charter supports the Board's Health and Wellbeing Strategy outcomes:

- Outcome 1 Every child has the best start in life;
- Outcome 2 A reduced gap in life expectancy;
- Outcome 3 Improve mental health and wellbeing

6. Reasons for Decision

This provides the opportunity for partners to share the aspirations for disabled children as set out in the Charter and to work collaboratively with children, young people, their families and wider professional network.

7. Use of Appendices

Appendix 1 The Disabled Children's Charter for Health and Wellbeing Boards

Appendix 2 Meeting the requirements of the Charter.. This sets out the further actions required by the Board.

8. Local Government (Access to Information) Act 1985

The following national policy documents provide Board members with further background information on ways of improving outcomes for disabled children and support for their families.

Health and Social Care Act 2012

Children Act 2004

Children and Families Bill 2012-13 (currently in Parliament)



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Together for disabled children (2009), Facilitating integrated practice between children's services and health

Council for Disabled Children (2006), Pathways to success: Good practice guide for children's services in the development of services for disabled children -evidence from the pathfinder children's trusts

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families



Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

- 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
- 2.** We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
- 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
- 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
- 5.** We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
- 6.** We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
- 7.** We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: Chair of Health and Wellbeing Board.



Appendix 2

Charter	Current position	Further development	Resources
<p>1 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</p>	<p>Additional Needs and Disabilities (AND) Service has information on notifications from health re children with disabilities; We have incremental information as children receive diagnosis; access services; statements and placement.</p>	<p>JSNA demonstrated that there are still difficulties agreeing data between C&YPS and health services. Further work is underway to improve information for JSNA Duplication on some information on FWI, RIO and SEN database. Systems not aligned; Need to strengthen commissioning strategy.</p>	<p>IT solution JSNA</p>
<p>2 Engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board</p>	<p>Young people with disabilities are always involved in the recruitment of staff in AND service; systems in place to consult young people in special schools on targeted areas- most recently on threshold descriptors in level four of continuum of needs.</p>	<p>Planning to develop Young Inspectors approach to monitoring Short Break Services. Special Schools are looking at how stronger links can be developed between School Councils and with Youth Council. Work is required to increase awareness across members of the health and Wellbeing Board. The Board has regular development seminars. This could be an area for them to explore</p>	<p>Build on existing work in the AND service and Special Schools to develop group to contribute to work of the H&WBB; Need to demonstrate direct involvement of young people in JSNA process</p>



		with contribution from the Council for Disabled Children.	
<p>3. 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</p>	<p>Haringey Involve Parent Carer Forum is well established; Parents/carers involved in recruitment process in AND service; Parental representation on key steering groups and meetings in place; minimum of termly meetings with parents – starting school, secondary transfer; transition 14+; Opportunities Fair; meet the providers and met the professionals. All events have between 60 – 100 attendees.</p>	<p>Maintain level of involvement; Identify and train parents to contribute to the work of the H&WB</p>	<p>May need to consider providing some costs for parents who regularly attend meetings. This has not been an issue to date as we always have willing volunteers to take part in meetings.</p>
<p>4. 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</p>	<p>Strategic outcomes for disabled children and young people are shared across partner services and commissioners and include plans to meet needs as close to home as possible and in most effective way. Eg Short break programme has</p>	<p>Need to agree joint outcomes and identify ways of joint tracking, monitoring and review.</p>	<p>System to be established as part of JSNA process.</p>



	reduced the number of children with disabilities in residential placements. Outcomes for individual children and young people tracked to ensure they are making progress across Education and Care targets.		
5. Promote early intervention and support for smooth transitions between children and adult services for disabled children and young people	Multi agency planning involved in Early Support programme and incorporates TAC and key working approaches, transition into EYs settings and school, secondary transfer, transition to adult services; Haringey 54000 early help strategy; Effective Multi Disciplinary Teams in place in all four special schools.	Preparation underway for development of Education. Health and Care Plans; setting out Local offer and responsibility for education provision for young people with disabilities up to 25 years	Within current resources
6. Strengthen integration between health, social care and education services, and with services provided by wider partners	All decision making panels are multi agency; Borough lead for Whittington Health Trust joins AND management mtgs; 16 new Short Break providers from the Voluntary Sector are on a framework	Work is underway to revisit the proposal to integrate Social Care, Health and Education services working with children with disabilities. Co-location also being discussed either under current management arrangements or as part of move	Outcome of integration; Reduction in management costs; streamlined admin process; more efficient management of information and data sharing; improved service delivery to families including joint assessments



	<p>agreement and first meeting has been held and will be continued on a quarterly basis. Safeguarding Disabled Children Policy and Review group is now a sub group of LSCB after two years work on lines of enquiry to protect disabled children. Group comprises Health, Social Care, Education services, schools, legal services, voluntary services and Police.</p>	<p>to integrated service.</p>	<p>and delivery of services.</p>
<p>7 Cohesive governance and leadership across the disabled children and young people’s agenda by linking effectively with key partners</p>	<p>The joint commissioning working group is one way in which we take forward the disabled children and young people’s agenda. Schools Forum has set up a High Needs Funding Steering Group</p>	<p>We need to re-establish the Disabilities Forum to oversee the implementation of the SEND reforms and the Children and Families Bill and identify clear Governance arrangements. There is also a need for clear alignment within existing groups- LSCB; Adults LD etc.</p>	<p>Within existing resources</p>



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Appendix 2