

Winterbourne View Joint Improvement Programme draft v1.2

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the [LGA website](#)

May 2013

APPENDIX

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>Yes. We have a Winterbourne View steering group that meets monthly including membership from the Clinical Commissioning Group (CCG), Local Authority, community health provider (Guy's and St.Thomas's Hospital) and the local mental health trust (South London and Maudesley NHS Foundation Trust). The steering group , chaired by the Director of Adult Social Care, has agreed an action plan and meets monthly to monitor progress. The plan has also been presented to the Adult Safeguarding Board, Children and Adult Services Senior Management Team, and CCG Safeguarding Executive.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>Yes. The CCG commissioner for continuing healthcare, CCG commissioner for mental health, and the Local Authority Commissioner for Learning Disability are all on the Steering Group.</p> <p>We are in the process of establishing a project board to oversee the redesign of the special educational needs and disabilities (SEND) pathway for 0-25year olds, and the intention is to make challenging needs including learning disability and autistic spectrum disorder one of the workstreams, with the aim of ensuring we identify and support current children and young people who are at risk of ending up in an inappropriate hospital or Assessment and Treatment setting and developing capable and compassionate support in the community. We are currently identifying young adults already in specialist placements funded by education and social care in</p>		

order to trace back their experience of the system to understand what went wrong and what needs to change.

There are strong links between commissioners and colleagues from housing and regeneration services. Regular meetings take place to identify and develop accommodation options for people with LD/autism/challenging needs to deliver our accommodation strategy.

NHS specialist commissioning are working with us to support the delivery of the plan, and have been providing information on people with learning disabilities they fund for inclusion in the programme.

The Co-Production Project Manager (adult social care) contributes to the steering group leading on the work to engage with users and families. We are doing preparatory work to hold focus groups with family carers and service users. We have approached Respond and the Challenging Behaviour Foundation and our local advocacy provider, Cambridge House, with a view to them facilitating and supporting these conversations.

We are actively engaged with providers and an engagement event with providers is planned for September to discuss how they can work together with Southwark to deliver quality services for people with challenging needs and to attract new providers and stimulate innovation.

The steering group presented progress report to the Safeguarding Adults Partnership Board, which was very supportive of the action plan.

Yes. We have a support planning system for those who have been reviewed, the information from which will feed into the commissioning requirements. The

1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.

local authority are leading on the support planning and move on plans, making sure this is a person centred process that makes full use of relationships and the circle of support for the person. We are also working with professionals from the CCG, the community health services provider and the local mental health trust and commissioners to develop these support plans.

Commissioners are using demographic data from our JSNA and intelligence from reviews and transition planning to inform future housing and support for this group. Our accommodation strategy for people with learning disabilities is being refreshed and regeneration colleagues are actively engaged in our planning.

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.

Yes. The Learning Disability Partnership Board is active and well engaged in the process, including user and provider representatives. A briefing on the Winterbourne View Action Plan was provided to the Board and is a regular item. A copy of the presentation to the board in September 2012 is attached. The board received a further update on 26 June 2013.

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

The Health and Wellbeing Board will be asked to consider the action plan and the outcome of this stocktake at its first formal meeting at the end of July.

1.6 Does the partnership have arrangements in place to resolve differences should they arise.

Yes. Differences would be resolved initially through discussion at the Steering Group, or at the Partnership Board, or individually between the local authority and the professional or organisation concerned. If necessary issues can be escalated, for example to joint meetings of the LA and CCG.

There is a joint CCG and Children and Adult Services



Winterbourne
View.ppt

<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.</p>	<p>SMT meeting at which complex issues can be resolved.</p> <p>Yes. Accountability arrangements with the Health and Wellbeing Board will be subject to discussion when the Board is fully established, and the action plan and stocktake will be discussed at the first meeting. The steering group work is agreed by the CCG Safeguarding Executive which reports to the CCG board. The Adult Safeguarding Board will continue to be updated on progress.</p>
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>No. Few people from other local authorities are placed in the borough. There is a small number from Lambeth placed in Southwark residential care homes that are due to deregister but this is balanced with a similar number of Southwark service users living in homes in Lambeth also due to deregister. Therefore the risk is low.</p> <p>Southwark does not have specialist homes or hospitals within the borough.</p> <p>Children's and adults' social care commissioning are in the process of being integrated, and this is already facilitating joint consideration of the need to redesign child to adult service pathways for people with disability and challenging needs.</p> <p>However, we would like to create joint commissioning arrangements between health and social care for learning disability, autism and challenging needs, and integrate the provision of health and social care for these same groups. We see integration for people with disabilities and challenging needs from childhood to adults and lifelong being a key issue and opportunity for discussion with the HWB Board.</p>
<p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>External support from the Joint Improvement Programme may also be helpful for developing joint commissioning arrangements across the South East London sector (or other cross-borough initiatives)</p>

Yes

<p>where it makes sense to do so.</p> <p>The interface between mental health and learning disability services also requires re-examination and a more integrated approach, in particular with regards to enhanced crisis intervention services.</p>		
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>Individual partners know the cost of the existing services they fund, although this information has not been formally consolidated into one overarching analysis.</p> <p>There is a consensus that current costs do not reflect value for money and that there is scope for savings across system.</p> <p>Yes. Funding streams are clear based on responsible commissioner guidance and restructure of commissioning arrangements within the NHS. There are clear funding streams for clients meeting the criteria for NHS Fully Funded Care and mechanisms in place for clients transitioning into and out of continuing health care. Specialist Commissioning fund all high and medium secure placements for people with learning disability, and all inpatient services for the children on the Winterbourne Register. Mental Health funding is in place via the block contracts for primary and secondary care and some specialist care for example neuro-development or psychosexual care.</p> <p>No. We are currently exploring options for new S75 arrangements. Previous S75 arrangements ceased following the DH directive on transfers of funding to local authorities from PCTs.</p>	<p>Yes</p>
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p>	<p>No. We are exploring options for developing lead commissioning arrangements and pooled budgets to obtain benefits from further integration of services</p>	<p>Yes</p>

<p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>for people with challenging needs.</p> <p>n/a</p> <p>n/a</p> <p>There is a consensus between partners that the current system for people with challenging needs does not deliver good outcomes, quality or value for money and that there is potential for savings by jointly investing in integrated pathways, support planning and the market of support and accommodation.</p> <p>We have not yet discussed any potential arrangements between the LA and CCG about flow of money with patients leaving assessment and treatment or CHC (continuing health care) funded placements with challenging needs back to the community. We would appreciate a London wide approach to this being negotiated.</p> <p>We have decided in adult social care to pilot fund an enhanced crisis intervention service (Psychology and Behavioural Support – provided by the Maudesley mental health trust) to test and evaluate its benefits in terms of helping people remain at home and avoiding assessment and treatment with a view to informing specialist commissioning plans.</p>	<p>Yes</p>
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p>	<p>There is no single or joint management of the Social Care and Health teams and they are not co-located. However there is some good joint working, for example there are regular joint meetings of the MDT. There is a regular multi-disciplinary complex cases meeting which covers high risk cases such as those on the Winterbourne View register. Better integrated working arrangements are an area for development.</p>	

<p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>Yes</p> <p>Yes, and currently meeting targets</p> <p>Yes. The local authority is leading the review programme with allocated social workers being closely supervised and monitored to ensure the quality of their work and making sure that other professionals who are involved are consulted.</p> <p>Yes.</p>
<p>4. Current Review Programme</p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>Yes.</p> <p>Yes. Arrangements for review of people funded through specialist commissioning are clear. Specialist commissioning is part of NHS England and not Southwark CCG. Responsibility for commissioning and reviewing of people whose care is commissioned through specialist commissioning sits with NHS England. However NHS Southwark CCG will work in partnership with NHS England to ensure appropriate commissioning and reviews are in place for these people.</p>
<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>Yes. Social Workers make sure that there is access to independent advocacy to ensure the service user's voice is heard. If the advocacy offered is from the provider, we will engage independent advocacy. We have arranged with our local advocacy provider in Southwark that they will take referrals for people in hospitals/placements out of Borough if there is no suitable advocacy available to the person through the local community organisations or the provider is offering advocacy that may not be giving the best independent advice and support.</p> <p>Carers are involved in the reviews and developing</p>

4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.

support plans and move on plans.

The Local Healthwatch are represented on the Health and Wellbeing Board where any input required will be discussed. Healthwatch are co-located with our local advocacy organisation and have strong links.


We have agreed the Winterbourne View register for people in hospitals or in assessment and treatment. In addition we have created a CCG CHC register of people with challenging needs or who need to be moved to a less restrictive and more suitable environment. We are in the process of reviewing a social care register of people with ASD/Learning Disability/challenging needs across children and adults, so that we can apply the same principles to people living in the community with challenging needs but currently below the threshold of the Winterbourne View register.

4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual

The Register of people in the Winterbourne View cohort is a joint Health and Social care register and is reviewed at the Southwark Winterbourne View Steering Group which has representation from Health, Mental Health and Social Care. The responsibility for maintaining the register sits with the CCG and there is a nominated lead for this in place, but updates are made jointly with the local authority lead. The register identifies the lead and first point of contact for each individual on the register.

Adult social care will maintain the register of social care service users with challenging needs. The mental health trust's Psychology and Behavioural Support team are also maintaining their register of people with challenging needs, being people living at home and in supported living or residential care, and this is informing our thinking about the prevention agenda.

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p>	<p>Yes (see also 4.3, 6.7 and 7.2)</p> <p>A quality assurance sub-group is meeting including the review social workers and their supervisors, the Learning Disability service manager and head of service to discuss the reviews in depth. This is to make sure that each has been person centred, involved the family, understood the person's wishes, aspirations and experience, identified accommodation and support needs, matched these to local opportunities, ensured they are getting good behavioural support, healthcare etc, considered the move on plans in each person's best interest. Each review will be quality assured and signed off.</p> <p>We are investing in two Experts by Experience who will be people with learning disabilities recruited to work with us to review the quality of placements and supported living. This will be part of the work to strengthen review and monitoring of services in the future, including out of borough commissioned placements. We are looking to have the Experts by Experience managed by an independent organisation.</p>
<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>This is one of the key points checked when doing the Quality Assurance of reviews</p>
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All the required reviews have been completed.</p>
<p>5. Safeguarding</p> <p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>	<p>Where people are placed out of area we require services to be signed up to the local safeguarding arrangements and expect to be involved in the safeguarding process through attendance at meetings receipt of reports and review of our service users.</p>

<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p>	<p>Southwark's standard care and support contracts require providers to comply with Southwark's safeguarding procedures. Local Providers report incidents and generally cooperate well on any remedial actions that may be required. Further work is required to provide assurance that the same level of compliance and collaboration is consistently achieved with out of borough providers.</p>	
<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>We have a risk assessment for Social Workers to use in safeguarding cases and also a safeguarding information sharing protocol.</p> <p>We are made aware of inspection by CQC and requirements they have made of providers that need to be met. Note: there are no Assessment and Treatment Units in the borough.</p>	
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>The Adults Safeguarding Board receives regular reports from the Director of Adult Care and the Head of Disability Services who are leading the Winterbourne Review programme.</p> <p>A report on the action plan will be taken to the Children's Safeguarding Board in September.</p>	
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DOLS and the monitoring of restraint.</p>	<p>There is a clear requirement from the Board that all placements respond to improve their practice in all areas of concern and complaint. All providers are expected to be compliant with MCA/DOLS requirements including guidance regarding restraint. The Learning Disability Quality and Safety Group meets regularly with representatives from the partner organisations (most of whom are also on the Winterbourne View Steering Group) and has a role in addressing these issues.</p>	<p> TOR for LD Quality and Safeguarding Box</p>

5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.

A multi-agency safeguarding programme is in place and we will be building on this to ensure staff are fully supported in an appropriate way on issues of challenging behaviour.

The Learning Disability Quality and Safety Group will be looking at the contracts with providers, training and development for the workforce, and quality assurance to make sure that everyone knows what good practice looks like and is competent to address any poor practice or risks. We will engage with specialist commissioners as required.

Community Health Learning Disabilities Team provide programmes to staff in the management of challenging behaviour.

As a further example of multi-agency training, police cadets have also received learning disability awareness training from our local Speaking Up self advocacy group, as mentioned in 5.7.

5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.

Southwark's multi agency Hate Crime Network is responding to hate crime issues faced by people with learning disabilities in the community. There has been publicity about how to report hate crime and work is underway to produce a DVD about staying safe in the community. Police cadets have also received learning disability awareness training from our local Speaking Up self advocacy group.

5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.

The local CQC Compliance manager, the Head of Commissioning, and the Director of Adult Social Care are all Safeguarding Board members and act as the working links between their organisations/departments and the Board. The Learning Disability Quality and Safety Group brings together information from across the system and concerns are raised at the Safeguarding Adults

<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>Partnership Board.</p> <p>The Winterbourne Action Plan reflects our initial assessment of commissioning requirements to achieve this objective. A more holistic joint commissioning plan is being developed that will address prevention of hospital admission in addition to making the necessary commissioning arrangements for resettling people returning from assessment & treatment/in-patient settings.</p> <p>Workstreams will include:</p> <p>User & Family Engagement – Representation on Steering Group, focus/engagement groups, access to independent advocacy for people placed out of borough</p> <p>Planning – JSNA refresh, market position statement, transition planning, tracking people in NHS specialist commissioned services</p> <p>Increasing local housing & support capacity – commissioning local supported living schemes with specialist housing and support providers with personalised support, improving respite options for people who challenge,</p> <p>Crisis Intervention - Commission Crisis Intervention service from SLAM</p> <p>Improving Quality – Specify on capable environments, support planning, record keeping, partnership working and info sharing, positive behavioural approaches, restraint, MCA/Dols</p> <p>Developing the Workforce – Review and provide</p>
---	--

sector wide training on above

6.2 Are these being jointly reviewed, developed and delivered.

The Winterbourne View steering group will monitor the development and delivery of more detailed commissioning plans.

6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.

There is a shared understanding of how many clients are placed out of area and of these which clients are NHS Fully Funded and those jointly supported by Health and social care. The register reflects the funding status of the clients and identifies whether the client is currently placed out of borough and if so gives an indication of how long the client has been out of borough.

6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.

The action plan of the steering group (section 2: review and move people on from hospital placements/settings) signals these commissioning intentions, although these need to be turned into a more detailed plan.

Exploration and development of commissioning intentions for people with learning disability is through the Winterbourne Steering Group. This group is working to consider through the reviews of all clients what needs to be commissioned in borough to better support the needs of clients and where these commissioning arrangements need to be joint commissioning arrangements across health and social care. These commissioning intentions are being informed by the need to substantially reduce future hospital placements by developing local housing and support that can offer capable environments for people who challenge

It is recognised that some of these commissioning intentions will need to be about supporting the client to remain where they are even if out of borough, but perhaps working toward step down out of borough.

<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>This reflects the fact that some of these clients have established themselves in local communities.</p> <p>De-commissioning considerations to be considered with specialist commissioners and built into next year's plan.</p> <p>Discussions on the business case for future arrangements are at an early stage.</p>	
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Yes. The recently re-commissioned advocacy service allows for appropriate advocacy to be provided as and when required or requested both in borough and nationally. These arrangements are being made available to people in out of borough placements so that these people have access to independent professional advocacy.</p>	
<p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p>	<p>The Winterbourne View Action Plan has been agreed and some additional resources have been allocated to deliver the plan.</p>	
<p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>Yes. We will have robust plans such that everyone who is still in an inpatient setting will be supported in way that is appropriate. Some high level forensic cases may remain in inpatient setting, but will be in a less restrictive environment.</p>	
<p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>Although we are confident the June 2014 target is achievable we cannot guarantee that there will not be obstacles to overcome as we seek to negotiate financial agreements where the money flows with the patient as they move to community based settings. We have one individual case where it is possible the existing responsible commissioner guidance maybe an obstacle to moving the person on.</p>	<p>Yes</p>
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>See above re commissioning plans</p>	

<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>Contract and performance management gather a number of quantitative and qualitative measures to understand the performance of the advocacy services which are augmented by reviews of complaints or quality alerts and regular meetings with the provider. By analysing these information sources, we get a rounded view of the service and its quality and effectiveness.</p> <p>Yes. Best Interest assessors are currently involved where appropriate on a timely basis. We will shortly be reviewing MCA and DOLS arrangements and as part of this will be reviewing requirements for numbers of Best Interest assessors and means of ensuring adequate supply to meet likely demand, including the option of payment of honoraria for staff taking on this role.</p>	
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p>	<p>Adult social care are funding a pilot of an enhanced crisis intervention service from SLaM psychology and behavioural support team for adults living at home with family carers and those in supported living and residential care in Southwark to prevent breakdown and admission to hospital/A&T/out of borough placements. Pilot will be evaluated to inform commissioning long term.</p> <p>See 6.1 for more on commissioning intentions</p> <p>The Clinical Psychologist from SLaM on the Steering Group is due to hold focus groups with family carers to find out about their experience of the Psychology and Behavioural Support Service in Southwark which supports people living at home and their family carers and support staff. This is to find out how this service can be improved, and we are proposing to ask this same group of people what they think needs to change overall to offer better community support and</p>	

<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>crisis intervention. Action Plan includes workforce development actions.</p>	
<p>9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges. 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Market Position Statement is in development. JSNA refresh included as action point in Action Plan. Yes, all characteristics considered on an individual basis in reviews, and this information will be used in updating our JSNA.</p>	

<p>10. Children and adults – transition planning 10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes. Plans are in place that highlight the transition cohorts. The accommodation strategy maps out transition cohorts to set out housing needs and inform housing developments. Transition works well within the Children's and Adults' Department, but greater integration with health and SEN is an objective. Innovation funds have been used to stimulate the market for new services.</p>	
<p>11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis.</p>	<p>Southwark has been pursuing an accommodation strategy for people with learning disabilities based on shifting from reliance on residential care to creating more ordinary living options for people, with support provided via personal budgets. This strategy is being refreshed, and will be strengthened to better include the needs of people who challenge. The Market Position Statement, due to be completed in the Autumn, will also reflect this. Market Position Statement will include a gap analysis relating to the needs of people with learning disabilities who challenge.</p>	

11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.

The autism and employment project funded through Southwark Council's Innovation Fund is considered to be an example of good practice.

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name..... Adrian Ward

Organisation..... Southwark Council

Contact..... adrian.ward@southwark.gov.uk

Signed by: 

Chair HWB

LA Chief Executive 

CCG rep..... 