Winterbourne View Local Stocktake June 2013: Essex County Council			
Context: Essex County Council (ECC) is working in partnership with 5 CCGs across Essex. The work divides into North Essex (3 CCGs) and South Essex (2 CCGs). In South Essex, ECC is also working in partnership with Southend Borough Council, Southend CCG, Thurrock Council and Thurrock CCG.			
1. Models of partnership 1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Assessment of current position evidence of work and issues arising 1.1 ECC has instigated an Essex wide project entitled "Services for people with behaviours that challenge" with the involvement of the two partner local authorities (Southend & Thurrock), the Essex CSU and Essex CCGs. The project will deliver the requirements of the Winterbourne Action Plan and remodel health and social care service for people with behaviours that challenge. In addition local arrangements are in place between ECC and the CCGs. The Council views the Winterbourne View action plan as part of its overall strategy to review the use of institutional models of care for adults with learning disabilities. Although there are 36 Essex citizens directly affected by the Winterbourne programme, we estimate that there are an additional 250 Essex citizens with challenging behaviours receiving social care services, and 1069 living in registered care. **South Essex:** A South Essex Winterbourne Strategy Group (SEWSG) has been meeting since December 2012 with membership of ECC, Southend & Thurrock local authorities; 4 CCGs (Basildon & Billericay; Castle Point & Rochford, Southend & Thurrock); and	Good practice example (please tick and attach) The Project Initiation Document for the project is embedded.	Support required

	the south Essex Commissioning Support Unit. **North Essex:** Similar arrangements are established in north Essex between ECC and the north Essex Commissioning Support Unit to drive the programme forward. The programme is being overseen by an executive board with representation from North Essex CCGs.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	1.2 The Challenging Behaviour Project also includes representation from Children's commissioners (both ECC and the CCGs via Essex CSU); accommodation commissioners; the 2 specialist LD health provider trusts; Carers; Service Users and Advocacy organisations. Social care providers will be involved at a later date to help co-produce services to respond to the needs identified from the reviews and for others with complex needs. Engagement with the east of England SCG to achieve effective joint commissioning has been problematic. Information on the reviews undertaken by the SCG was received in May simply stating whether the person should stay in a long stay unit rather than providing information on how and why that conclusion had been reached. ECC and the other partners are concerned at the difficulty of having an ongoing, fruitful partnership with the SCG.		
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.	1.3 The Challenging Behaviour project includes detailed plans to develop a requirements document, service specifications, and a procurement approach to support the development of services to meet the needs of people with behaviours that challenge in		

	Essex.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	1.4 This document has been signed off by the Learning Disability Partnership Board and progress will be reported to the Board throughout the year.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	1.5 A presentation will be made to the H&W Board on the 16th July updating them with progress. The board will receive further progress updates throughout the year.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	**1.6 South Essex:** Disputes will be resolved primarily through the SWESG. This group has access to joint senior management fora for escalation of issues which cannot be resolved. **North Essex:** Joint commissioning arrangements are being established between the North Essex CCGs and ECC for learning disability services. An Executive Board is in place to oversee these arrangements and any differences arising from the Winterbourne programme will be escalated to this board.		
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.	1.7 Accountabilities and governance procedures are currently being mapped. These are complex in the context of the Essex-wide partnerships, due to the involvement of 3 local authorities and 7 CCGs.		

1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	1.8 In Essex there are 145 Independent Hospital Beds of which only 17 are being used by Essex citizens. There could be significant financial risk regarding Ordinary Residence if people from other local authorities move from these hospitals to supported living within Essex. We have already experienced ordinary residence "type" issues when other local authorities place people within Essex and the placement breaks down resulting in admittance to the local assessment and treatment units. On discharge other authorities have successfully claimed that local CCGs and the Council have funding responsibility under s117, placing additional pressures on local health and social care economies.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	1.9 We have engaged the National Development Team for Inclusion to assist us with this work. In October 2012 they undertook an audit of Challenging Behaviour services and we will be using them to help implement the recommendations from the audit and the Winterbourne View action plan as part of the Challenging Behaviour project. A further area of support that would be useful is around the relationship with the SCG. We need to understand much more about the care and support requirements and the risks associated with the people they have reviewed before we can begin planning any moves to community settings and will need assurance that funding will follow the person to enable this to happen at a time of unprecedented		

	cost pressure on the Council's adult social care budget.		
2. Understanding the money 2.1 Are the costs of current services understood across the partnership. 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. 2.3 Do you currently use S75 arrangements that are sufficient & robust. 2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	 2.1 The costs of current in-patients and health funded people in the community are understood across the partnership (£14.5m including costs of A&T Beds). Work is being completed to identify the cost of current ECC funded services for Essex people with a learning disability and/or autism who have challenging behaviours and/or mental health conditions. 2.2 There is clarity about which organisation is funding existing placements. We are clear about which people are funded by each CCG, which people are currently funded by the SCG, and which people are funded by ECC. There is less clarity about the movement of funds for placements currently funded by the SCG, which is highly pertinent for securing step-down pathways into less restrictive detained services and social care community support. 2.3 There is a S75 agreement in place until August 2013 which was previously agreed with the Essex PCTs. A proposal is under consideration to extended this to March 2014, during which time a new agreement will be developed. 2.4 Currently there are no formal arrangements in place to share financial risk. Joint funding		Representations are being made by Essex County Council and the north & south Essex CCGs on the impact funding not following patients who step down from secure hospitals commissioned by the SCG. Support to consider and draw up effective S75 agreements to meet the requirements of the complex range of partners would be welcomed.

	arrangements are being actively considered and discussed to then form part of a new S75 agreement.		
2.5 Have you agreed individual contributions to any pool.	2.5 This will be included in the work in 2.4		
2.6 Does it include potential costs of young people in transition and of children's services.	2.6 This will be included in the work in 2.4		
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.	2.7 This will be included in the work in 2.4		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	3.1 Currently, ECC and health community learning disability teams operate separately, but with close working relationships established. Part of the Challenging Behaviour project is to redesign pathways so that health and social care resources are complimentary and duplication is avoided. This reconfiguration will be included in the future S75 agreement. The Council is also undergoing significant transformation to align it's commissioning arrangements with the CCGs and this will include the appointment of 5 Integrated Commissioner posts (to work with each of the 5 CCGs).		
3.2 Is there clarity about the role and function of the local community team.	3.2 The current roles and functions of the ECC learning disability community teams and the specialist health community team are generally, but not always,		

	clear. Work will be done (as in 3.1) to identify and agree redesigned pathways to achieve this clarity.		
3.3 Does it have capacity to deliver the review and re-provision programme.	3.3 The ECC community teams are currently being strengthened to ensure there is effective care management for the in-patient review and reprovision programme. Two independent support planners have supported the teams with the resettlement planning for 3 south Essex people who have been in-patients for over a year.		
3.4 Is there clarity about overall professional leadership of the review programme.	3.4 **South Essex:** Leadership of the review programme rests with the SEWSG which consists of both health and social care commissioners. **North Essex:** Leadership of the review programme sits with health and social care commissioners reporting into a Joint Executive Board. Reviews are being undertaken jointly by ECC care managers and a senior LD community nurse.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	3.5 **South Essex**: All south Essex in-patients have a care manager and a named worker and/or advocate. The independent support planners have specifically ensured that the views of the person and their family are listened to and heard when designing resettlement plans. **North Essex:** All north Essex in-patients have a named care manager and a named worker and / or advocate. The views of the person and their family have been actively sought as part of the review process.		

4. Current Review Programme			
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.	4.1 **South Essex:** There is agreement about the number of south Essex people affected by the programme (3 people in South Essex). CPA processes are being reviewed with providers as a result of the independent resettlement planning (3.5) to ensure that there are effective arrangements in place to support people and their families. **North Essex:** There is agreement about the numbers of people affected by the programme (8 people in north Essex), and the approach that will be taken over the next year to support them and their families through the process.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	4.2 Arrangements for the 25 people funded through the SCG are not clear. There is currently 1 south Essex person and 7 north Essex person who the SCG have reported are ready to move on to community based settings and 3 north Essex people who the SCG have reported could step down from low secure to locked rehabilitation services. The SCG do not plan to be involved in resettlement planning for these people although commissioning responsibility for the current placements rests with them. It is unclear therefore how any difficulties in achieving changes by providers to CPA plans will be resolved when the current SCG commissioner is not engaged in the work. The SCG have had very limited involvement with social care staff as part of the review process which is a further area of concern about the joint working arrangements with the SCG.		

4.3 Are the necessary joint arrangements (including people with learning disability, Carers, advocacy organisations, Local Healthwatch) agreed and in place.	4.3 Joint working arrangements (including people with learning disabilities, carers and advocacy organisations) are in place for the Challenging Behaviour project. The Local Healthwatch will be kept informed of progress against the Winterbourne Action plan throughout this year (with this stocktake providing an initial overview for the Board.)		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	4.4 Local registers of Essex people with behaviour which challenges who are funded by the Essex CCGs are in place. These are being used to scope and plan future commissioning plans.		
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	4.5 **South Essex:** Ownership and monitoring of local registers rests with the Executive Nurse in each CCG and reported into the appropriate CCG forum. Maintenance of registers rests with the south Essex Commissioning Support Unit (CSU). The CSU is reconfiguring its placement team and, as part of this, will be identifying a commissioning case manager for each person. Alongside this will be consideration and agreement of the respective roles of the commissioning case manager and the community based care/case manager so that there is a single, clear first point of contact for each individual and their family. It is expected that this will be completed in the next 3 months. **North Essex:** Maintenance of registers rests with the Essex Commissioning Support Unit (CSU). Named commissioners will need to be agreed as some placements are the responsibility of LD leads and some sit with MH leads within the CSU.		

4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	4.6 Advocacy is available to people who need support from a formal advocate. Those people in in-patient services will all have access to formal advocacy to support them during the assessment, care planning and review process.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	4.7 **South Essex:** The reviews have been undertaken by independent support planners and presented to panel of commissioners, including Executive Nurses from the CCGs to ensure the quality of the reviews. The people in in-patient services all have ECC care managers and are subject to CPA: • Concerns have been raised through the independent resettlement planning work about the quality of CPA processes across NHS and independent providers. These are being actively addressed with providers. • Independent support planners have ensured high quality reviews and resettlement plans for the people who have been an in-patient for over a year. People in the community receiving only health funding have a commissioning case manager through the CSU, although these arrangements are being reviewed as described in 4.5. The SEWSG has recognised that ensuring that reviews and support planning are of a high quality is		

	key to the transformation of services and of people's and is including this in the work on a joint commissioning plan. **North Essex:** The reviews have been undertaken jointly with ECC care managers and a community nurse. The reviews are scheduled to be presented to a panel of commissioners – this will include the quality lead for the CCG's. **Essex Wide:** ECC care management reviews are quality checked through professional supervision and through the confirmation and validation process. Good practice is being developed through the Challenging Behaviour project. This will include developing capacity to promote person centred approaches to reviews and support plans. Additional care management capacity is also being developed to ensure good practice can be maintained and developed. It is difficult to comment on the quality of the SCG reviews as documentation has not been shared nor have local commissioners been engaged in the process.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	4.8 The reviews are giving an indication of the quality of behaviour support that is being provided in each setting. Early indications suggest that the quality is variable and further work is required by commissioners to ensure that people are receiving appropriate support for their individual needs.		

4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	4.9 The required reviews (i.e. of in-patients) have all been completed.		
5. Safeguarding 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. 5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	5.1 Essex is fully engaged with local safeguarding arrangements for individuals placed out of area with some positive examples of joint working. Our safeguarding team, care managers and commercial team are fully aware of the ADASS protocol. We also have a dedicated Out of County team for adults with learning disabilities to ensure the quality of out of area placements. 5.2 Our commercial team has account management arrangements with providers to share information. This is supported by our Quality Improvement Team who work with providers to both share good practice and identify areas for development. We have fortnightly Provider Concerns meetings where care managers, our commercial team, and our safeguarding team meet to triangulate evidence about potential risks with providers, and actions plans with providers are developed as a result. The Essex Market Position Statement 2012 is the vehicle we use to share information about current and future need with providers, as well as providing an overview of our strategic direction as a council. We have also engaged with housing providers about the future accommodation need of adults with disabilities as part of a £6 million capital investment programme in supported housing.		

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.	5.3 Yes. We have a robust relationship with CQC and are fully informed when concerns are identified. A Pan Essex group (including Southend, Thurrock and NHS colleagues) meet regularly with CQC to share information about concerns with providers. Action plans are then developed in partnership with all stakeholders. Health and social care commissioners do have concerns about the numbers of people placed in registered care homes and independent hospitals in north Essex by other authorities. There is a cohort of service users/patients who do not originate from Essex and are not known to local commissioners, so we have little knowledge of the suitability of these placements to meet their health and social care needs.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	5.4 The Essex Safeguarding Adult Board (ESAB) has an action plan around Winterbourne and reports regularly on progress. This has included Safeguarding Essex working proactively with the Independent Hospitals in Essex to ensure they have robust safeguarding processes in place, and hosting a conference so providers could share best practice. The Adult's and Children's Safeguarding Board have been working with commissioners on Safe Commissioning Practices – work that was instigated following Winterbourne and child sexual exploitation in Rochdale. Commissioners are working to take forward recommendations from the report.		
5.5 Have they agreed a clear role to ensure that all	5.5 This activity is undertaken through a number of		

current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint. 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. 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. 5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	routes. For social care placements the Provider Concern Meetings described in 5.2 will identify concerns about current placements. Our Behaviour Advisor Team are involved in reviews of people with Challenging Behaviours and will support care managers to monitor the use of restraint. For health placements the use of restraint is monitored through the regular quality monitoring meetings held with health commissioners. The Essex Adult Safeguarding Board provide strategic leadership to ensure that providers and commissioners understand the requirements of DoLS. 5.6 ESAB run multi-agency training programmes to ensure all staff understand their responsibilities regarding Safeguarding which includes sharing information. This includes staff working in hospital settings. 5.7 Not at present. However the Community Safety Partnerships are engaged in our Be Safe programme which is working with communities to ensure people with learning disabilities feel safe. 5.8 A representative from CQC sits on the Adult Safeguarding Board. The working links between CQC, our Commercial Team, and Care managers happens at the Pan Essex Information Sharing meetings described in 5.3. Concerns can be escalated to ESAB who provide oversight to make sure that these arrangements are working.		
6. Commissioning arrangements 6.1 Are you completing an initial assessment of	6.1 This is a key deliverable for the Challenging		The pump priming from the DoH as part of

commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 6.2 Are these being jointly reviewed, developed and delivered. 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. 6.4 Do commissioning intentions reflect both the need to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Behaviour project. Planning days have taken place in both north and south Essex to assimilate the information from the reviews and develop the service requirements to enable people to move on from in-patient settings where appropriate. There has been early identification of the need for emergency response services to support people in crisis as part of their discharge plan and as part of the redesign of services to prevent admissions. 6.2 Commissioning requirements are being developed as part of the Challenging Behaviour project which is a joint initiative involving health and social care commissioners from Essex, Southend, and Thurrock 6.3 This information has been developed and shared across the partnership. 6.4 This is the shared intention of the partners. The Challenging Behaviour project is considering both current and future need, and the service models that will be required to meet this need in the most appropriate and least restrictive environments possible. There is recognition that a substantial reduction in hospital placements and therefore the available beds is likely to require a joint commissioning approach across the whole of Essex (i.e. the 5 CCGs and ECC) and with Southend and Thurrock and their respective CCGs.		the original long stay hospital re-provision programme was invaluable to the resettlement process. Further pump priming to fund the development of alternative community based services will enable the decommissioning of existing in-patient services and free up resources to move people on from block contracted health provision, and to prevent further admissions into A&T beds. In Essex up to 3 people are in block funded health placements that could move to community

6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	6.5 Please see 1.2 and 4.2 responses regarding difficulties in joint working and planning. A major concern for ECC and the Essex CCGs is the current position that SCG funding will not follow the person. This does not meet commitments made in the Transforming Care document regarding local authorities not being disadvantaged by people's transfer of care. The current arrangement will only increase budget pressures on LAs (in ECC this is in the region of £336k p/a for south Essex and £1.3m p/a for north Essex.). There is also potential additional cost pressures to CCGs if people step down from low secure services to locked rehabilitation currently estimated to be in the region of £550k for north Essex CCGs. The failure to transfer funding also disconnects the decommissioning of current SCG placements from the need for reinvestment in local services to replace them. This potentially will cause real tensions in the partnership and, of course, put significant obstacles in the way of offering different placements and lives for people in SCG funded placements.		based services. However without initial pump priming from the DoH it will be extremely difficult to release the money from the system in a timely way to enable this to happen. In Essex we estimate the amount of pump priming needed to be in the region of £600k. This would increase if the funding for SCG placements does not transfer to the LA.
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	6.6 Initial costs have been estimated from the reviews of those people who are in CCG funded placements but these will need further refinement as the support plans are developed and the market is tested. **South Essex:** A budget strategy is starting to be outlined to enable the transfer of funding for community based services to be achieved. This will require some significant work across the local		Support is needed from the DoH to address the structural issues within the NHS that may prevent a fair and transparent

	authority and CCG partners to achieve the decommissioning and recommissioning of services that is required. **North Essex:** Discussions are at early stages as part of the establishment of joint commissioning arrangements to align CCG and ECC budgets for learning disability services. This will be a key enabler for people to transfer from health funded to social care services.		transfer of funding between the SCG and local health and social care economies.
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	6.7 Advocacy services in Essex are currently being re-commissioned and this will ensure that formal advocacy is available for all those that require it.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	6.8 The local delivery plan will be implemented via the Challenging Behaviour project. The Project initiation Document and Deliverables have agreed by all partners, and resources have been identified to deliver the project. There is a considerable amount of work to reconfigure existing services and pathways, and to develop the market so appropriate local provision is available.		
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).	6.9 ECC and health commissioners are confident, based on progress on the project so far, that those people identified in the reviews as able to move on from their existing placements will have done so by the 1st June 2014. We are committed to ensuring that all move on plans are person centred, and if the detailed support plans indicate that people need a longer period to transition from an in-patient services to a community setting then we would support this.		
6.10 If no, what are the obstacles, to delivery (e.g.	6.10 There are two south Essex people where much		

organisational, financial, legal).	more focussed assessments of their mental health and learning disability are needed. The person centred reviews and the clinicians views indicate that these people still require clinical input within an in-patient setting, and any work to support discharge will be over a longer period of time. For those people funded by the SCG, the issue of funding will impact on whether people can be moved from in-patient services to community based settings because of the reasons highlighted in 6.5		
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	7.1 The work to develop local teams and services is moving forward as part of the Challenging Behaviour project, which is looking at current and future pathways and the services that are required locally. The resettlement plans for current in-patients has highlighted some key service requirements, whilst a market position statement is being developed across Southend, Essex and Thurrock. 7.2 Advocacy services are monitored on an on-going basis to ensure quality and effectiveness. We are currently in the process of re-commissioning advocacy services so they are targeted at people who need formal advocacy which will include people detained within in-patient services. As part of this we will also be looking to stimulate citizen, peer and self-advocacy within Essex. 7.3. In Essex there is a dedicated team of Best Interest Assessors to support assessment and support planning.		

8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	8.1 The need for crisis response services has already been identified and is being built into commissioning requirements. Assessing the capacity needed will be undertaken across Southend, Essex and Thurrock, as part of the Challenging Behaviour project. 8.2 We envisage that an effective emergency response services will be key to avoiding unnecessary admission to in-patient services, and we will be working with health commissioners as part of the Challenging Behaviour project to develop effective community based response services. 8.3 The Commissioning Intentions being developed as part of the Challenging Behaviour project recognise that a workforce with the right skills and value base (both for care managers and providers) is essential in meeting the needs for this group of people. We will be using the NDTi to facilitate sessions with our specialist care management team that has been set up to support people with behaviours that challenge. Our procurement approach with the market will include requirements about skill levels and training. Our Behaviour Team are also Tizard trained and actively support providers through delivering training to staff.		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market	9.1 Our Market Position Statement signals our		

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.	requirements to the market to develop local services for people with complex needs and behaviours that challenge. These messages will be refined as part of the market engagement strategy within the Challenging Behaviour project, and as part of the latest iteration of the Market Position statement that will focus on the need of people with learning disabilities. 9.2 Ethnicity, age and gender are always considered as part of the assessment process and when planning and developing services.		
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.	10.1 The challenging behaviour project includes both children and adult services. Initially the pathways developed will focus on those aged 14+, however we recognise the need to develop these pathways much earlier in people's lives, and plan to look at services for those below the age of 14 at a later stage of the project. 10.2 As part of the Council's transformation programme commissioning for adults and children is coming together under "People Commissioning". We are also reviewing our Children with Disabilities operational teams, and will extend the age of transition to up to 25 when a person has finished education and is settled. Our Behaviour Advisor Team works with both adults and children. All of these will ensure that both commissioners and operational staff have a clear idea of future demand.		

	Young people with challenging behaviours who are coming through transition and are funded by the south Essex CCGs have been identified. Work has not yet started to collate their future service needs.		
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. 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.	11.1 Yes. Essex, Southend and Thurrock are working together to develop a specific learning disability Market Position Statement (MPS) as part of the national Developing Care Markets for Quality and Choice Programme. The MPS will specifically include an assessment of local market capacity. 11.2 The MPS will include an updated gap analysis to signal to the market the type, level, and location of services that will be needed in the future. 11.3 Local and national examples of innovative practice are being collected for sharing across Southend, Essex and Thurrock as part of the Challenging Behaviour project.		

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

This document has been completed by

Name……

Organisation……..

Contact……

Signed by:

Chair HWB ……

LA Chief Executive ……..

CCG rep……..