

## Winterbourne View Joint Improvement Programme

### Stocktake of Progress

**Local analysis:** Sefton

Attached is your stocktake return with analysis  
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

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Key Strengths	Areas for Development / Potential Development
<b>1 Models of partnership</b>	
A database has been developed across health and social care to identify individuals on registers and review their care plans.	Leadership and governance arrangements around the programme are unclear, although there is a working group that reports to the HWB. No evidence of developing a local plan to address WV issues. Issues being dealt with in BAU ways.
<b>2 Understanding the money</b>	
Money appears to be understood, although not evident how this is then used in practice. 50/50 funding agreement in place.	

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Transition/Moving On strategy in place.	
<b>3 Case management for individuals</b>	
	More information would be useful around the role of CLDT and how they are approaching the WV issues.
	Reviews are taking place within the area. Difficult from stocktake to get a good picture of how inclusive, thorough, and person centred they are.
<b>4 Current Review Programme</b>	
Thorough reviews appear in place for people in in-patient units.	Relationship with Specialist Commissioning unclear
Clear registers appear to be in place.	Not clear whether the reviews carried out are with a view to identifying a personalised service for the person reviewed and who is leading on the work for each individual.
Evidence of strong advocacy available.	
<b>5 Safeguarding</b>	
There appears to be a good level of information sharing around safeguarding issues.	
<b>6 Commissioning arrangements</b>	
Advocacy in place.	Difficult to get an accurate picture of how effective commissioning is from the stocktake response. There is clearly a long history of working together for complex people, but little though evidence of how effective it is at planning and achieving its strategic intentions not entirely clear.
<b>7 Developing local teams and services</b>	
Quality addressed through contractual arrangements.	
There are various specialist LD services available to reduce the need for hospital admission	
<b>8 Prevention and crisis response capacity</b>	
	Not clear if the service in place to prevent hospital admission is LD specific service or a more general re-ablement type service.
<b>9 Understanding the population who need/receive services</b>	
Long tradition of collating transition info. Info also within the JSNA.	
<b>10 Children and adults – transition planning</b>	
Established multi agency transition process.	
<b>11 Current and future market capacity</b>	
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<b>Other</b>	
<b>Dimensions of the stocktake about which you have requested support</b>	

	Winterbourne View Local Stocktake:			16 Sefton
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existng arrangement local 2 - Included in	3	1.1,1.2,1.4,1.5, 1.7, 1.8 1. A working group has been established( with membership from CCG's, Local Authority, other NHS services, people with learning disabilities and family carers) under the auspices of the Learning Disabilities Partnership Board( Quality sub-group), to oversee the implementation of the action plan. This working group reports to the Health & Wellbeing Board. 2 There is an NHS England Area Team action plan re: Winterbourne View actions, which outlines organisational responsibilities across health and social care services within Merseyside.
2	1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other Council Depts 5 - CCG(s) 6 -Specialist Commissioner s 7- Other providers	7	3 Local registers have been completed in line with "Transforming Care: A national response to Winterbourne View Hospital" guidance, and a database has been developed across health and social care to identify those individuals on registers and to review plans of care. 4 A Clinical Lead for Learning Disabilities has been agreed within the CCG's. 5 Benchmark of services for people with learning disabilities across health and social care against the Learning Disabilities Self-Assessment will continue. 6 A Health Needs Assessment for Learning Disabilities is being undertaken by Liverpool Public Health Observatory; which will be used to inform the JSNA around Learning Disabilities and to support the annual Self-Assessment process. 7 1.2: The LD Provider Forum - all providers attend 6 weekly meetings. Helen Neale (Contract and Compliance officer) from the local authority leads this forum. 8 1.4 -Yes the LDPB meeting on 19/7/13, Winterbourne View is on the agenda and Dave Williams will also be attending. 9 1.8 – agreements are in place. 1.3, 1.6: A Joint Funding Process between NHS Sefton and Sefton Local Authority has been in operation since 1997; and is a means of commissioning an integrated package of care for those individuals with learning disabilities and complex challenging behaviour. Its aim is to enable those individuals to remain living within their local community as opposed to having to access out of area specialist care. There is also a joint funded post to co-ordinate and monitor individual's packages of care; and the clinical management of people with challenging behaviour is delivered by specialist learning disability services provided by Mersey care NHS Trust. The Joint Funding Process is in-line with good practice as outlined within the 1993 Mansell report and the updated revised report of 2007. Advocacy services (People First/Sefton
3	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.	0 - No 1 - Yes 2 - Not clear 3 - In development	1	

4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	1	Advocacy/Merseyside Partners in Policymaking/IMCA) are commissioned to ensure that people are safe and to resolve any other differences. A planning function developed is Person Centred Planning with Health Action Planning, there are currently 650 people with LD who have a PCP/HAP and this includes those individuals with complex needs
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	
6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/ discussion	0	
7	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.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	2	
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	2	
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	0	
<b>2. Understanding the money</b>				
10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	2.1: Yes

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11	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.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	2.2: Yes. The funds for patients who require low/medium/high secure services is held by the Northwest Specialist Commissioning Team, hosted by the Cheshire, Wirral and Warrington Area Team.
12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	4	2.3: No. There is a Joint Funding Process in place (an agreed arrangement of 50/50 funding provided by the NHS and Local Authority) to commission an integrated package of care for those individuals with learning disabilities and complex challenging behaviour.
13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	2.4: Joint Funding arrangement is in place – see good practice example.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	1	2.5: There is an agreed arrangement of 50/50 shared funding between Health and Social care to support individuals with learning disabilities and complex challenging behavior.

15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A	1	2.6: Young people in transition are identified on an annual basis to determine if they meet criteria for the joint funding process. Transition strategy and Moving On meetings are in place to identify individuals in Transition.
16	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.	0 - No 1 - Yes 2 - Not clear 3 - in process/development	2	2.7: There is a Joint Funding Process in place, where there is an agreed process of joint working between the commissioner and clinicians re: prevention and re-admission agenda. Future investment could include the identification of people with learning disabilities and complex challenging behavior at transition
<b>3. Case management for individuals</b>				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	3	3.1: No –but CLDT (Health staff) and Care management team are co-located.
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.2 Yes
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.3 Yes
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20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	3.4 Yes
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	3.5: There is a joint funding process in place. A treatment/care plan is developed which includes a person centred plan. People with LD and family carers are involved in the review process. Monthly updates are provided to the care-coordinator, care manager and commissioners to ensure that people with challenging behavior are supported appropriately. Advocacy services (People First, Sefton Advocacy, IMCA and Merseyside Partners in Policymaking) are commissioned to ensure that people are safe.
<b>4. Current Review Programme</b>				
22	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.	0 - No 1 - Yes 2 - Not clear 3 - in part	2	4.1: For those individuals sectioned under the Mental health Act ( Section3,37/41,47/49) liaison with Specialised Commissioning and the Home Office is undertaken to determine future services and where these individuals are placed. Local protocols in situation dictate that Sefton Clinical Commissioning Groups with Local Authority colleagues link into all reviews.
23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Futher discussion / in process 4 Not applicable (i.e.none funded by specialist commissioning )	2	4.2: Low/Medium Secure patients are reviewed on a monthly basis by a case manager. Each patient is reviewed with regards to their treatment, clarity of where they are on the care pathway, identification of any issues regarding safeguarding, egress from secure services. Alongside the review the team also undertake unannounced half day reviews, which includes an in depth review of an individual patient.

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24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	4.3 – all arrangements are in place.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	1	4.4 – Local registers have been collated and developed of people with behavior that challenges for both children/young people and adults.
26	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	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1	4.5 Yes – There is clarity about ownership and maintenance of registers; there is also a Joint Funding Process in place and the Joint Commissioner (Integrated Commissioning Team) will monitor and co-ordinate individuals packages of care.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1	4.6: Local advocacy i.e. sefton advocacy/People First/Merseyside Partners in Policymaking , and specialist advocacy e.g. IMCA service are both commissioned and available to support assessment, care planning and the review process. The three secure services in the northwest have independent advocacy contracts which provide a self-advocacy model and also provide the statutory IMHA service.

28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	4.7: The Joint Commissioner (Integrated Commissioning Team) will monitor and co-ordinate an individual's package of care through the Joint Funding Process, will attend all reviews within the specified timeframe (and jointly with a clinician) to ensure that all paperwork is up to date and that the commissioned service is meeting the individual's needs. The Contracts and Compliance Team (local authority) and CQC will be used to monitor any concerns re: quality of care and review process. Person centred planning will also be in place for individuals. From the Northwest Specialised Commissioning Team – the secure case managers meet weekly for clinical supervision and all findings are discussed within the team. Issues are highlighted to supplier managers to ensure they addressed appropriately if they require a contractual response
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances		4.8: Secure services – during the in-depth reviews, care plans are reviewed in line with national guidelines; staffs are also interviewed and there is a detailed review of findings. Within the Joint Funding Process the completed reviews do give a good understanding of the behavioural support being offered in individual situations, and the mechanisms/strategies developed to support individuals.
30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	3	Children with learning disabilities - all reviews have been completed. Adults with Learning Disabilities: Four reviews completed and one review outstanding. The outstanding review this has been scheduled with the specialized commissioning team. The team are planning six monthly reviews for the independent sector and the individual will be reviewed in August 2013
<b>5. Safeguarding</b>				
31	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.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	Sefton advises and informs the funding authority immediately an alert is received and liaise closely with the appropriate staff throughout the safeguarding process. See evidence – protocol for the notification of NHS out of area placements.

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32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	4	5.2: Care providers work closely with investigating officers throughout the safeguarding process and are equal partners in the development of protection plans which are regularly monitored and adjusted in accordance with need.
33	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.	0 - No 1 - Yes 2 - Not clear 3 - N/A	2	5.3: Individual CQC inspectors seek intelligence held on units prior to inspection and advise of concerns/issues following inspection. Location/service provider specific meetings are convened as deemed appropriate by either agency.
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	5.4: Sefton's Adult Safeguarding Board has received a formal presentation from the nominated officer responsible for responding to the Winterbourne View review.
35	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	2	5.5: All current placements are regularly reviewed and descriptive care plans are designed for all individuals.

36	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.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/ Being developed 4 Yes, regional only	1	5.6: Sefton Adult Safeguarding Board has established an agreed protocol with the high secure hospital within Sefton's boundary. Sefton Adult Safeguarding Board participates in regular meetings with nominated officers from hospital settings to share development opportunities for staff and determine good practice. Staff from hospital settings participate in multi-agency sub-groups to ensure dissemination of information and standardized approach.
37	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.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	2	5.7: Not known
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	2	5.8: Sefton Safeguarding Adults Executive Board representative attends CQC staff meetings and is accessible to individual inspectors. Safeguarding concerns are monitored via links with individual Commissioning Officers and trends identified and responded to promptly due to the effective data collection methods established within the Department.
<b>6. Commissioning arrangements</b>				
39	6.1 Are you completing an initial assessment of commissioning requirements to support people's move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	2	Local registers have been completed in line with "Transforming Care: A national response to Winterbourne View Hospital" guidance, and a database has been developed across health and social care to identify those individuals on registers and to review plans of care. There is also a Joint Funding Process in place between the NHS and Local Authority with an agreed arrangement of 50/50 shared funding to support those individuals with learning disabilities and complex challenging behavior to remain living within their local community as opposed to having to access out of area specialist care. For those individuals sectioned under the Mental

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40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	2	Health Act ( Section 3,37/41,47/49) liaison with Specialised Commissioning and the Home Office is undertaken to determine future services and where these individuals are placed. Local protocols in situation dictate that Sefton Clinical Commissioning Groups with Local Authority colleagues link into all reviews. Regular updates are provided to the Care Co-ordinator and Commissioner to identify that appropriate plans are in place to prevent delayed discharges and to identify if individuals will require input/clinical management from local LD services on discharge if appropriate. There is a 10 year history in Sefton of jointly commissioning services between the Local Authority and the NHS for adults with learning disabilities who exhibit severe challenging behavior and complex needs; and work has been done with the best providers to support these individuals. There is an understanding of the potential costs and sources of funding for future commissioning.
41	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress	0	
42	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	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	0	
43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	0	
44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	
45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1	6.7: Local advocacy i.e. sefton advocacy/People First/Merseyside Partners in Policymaking, and specialist advocacy e.g. IMCA service are both commissioned and available to support assessment, care planning and the review process. The three secure services in the northwest have independent advocacy contracts which provide a self-advocacy model and also provide the statutory IMHA service

46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	NR	
47	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).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	NR	
48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	NR	
<b>7. Developing local teams and services</b>				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	0	7.1 As part of the Discharge Planning process both Care Co-ordinators and Commissioners work closely to ensure that appropriate provision is available to meet the support needs of those assessed as requiring short/long term services. Also see Point 9.

50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	7.2 Yes, the Department has an established Learning Disability Partnership Board and the effectiveness of advocacy arrangements are addressed within the Quality Sub Group. Also, each of the commissioned advocacy services has to comply with the standards specified within their contractual agreement
51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	0	Specialist Learning Disability services are commissioned and in place through Mersey Care NHS Trust on behalf of Sefton Clinical Commissioning Groups, to support mainstream health services deliver good quality healthcare services. There are also comprehensive local Assessment & treatment services commissioned to support people with learning disabilities in the community thus avoiding unnecessary admission/re-admission to hospital. There is also 'In-reach' psychiatry and input from criminal justice services. The local LD team within Mersey Care also offers support and clinical management to offenders with learning disabilities. There is a plan in place between Mersey Care NHS Trust and the Criminal Justice Services to make sure that people with learning disabilities get the right treatment. (See "LDPB Action Plan 2009-2012").
<b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b>				
52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2	8.1 See Point 9.
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2	8.2 Health in partnership with Local Authority has commissioned a low level re-ablement support service that enables timely discharge from hospital and also prevents re-admission back into the acute sector. This is utilized as a step-up/step-down service and all referrals are acted upon within 24 hours. The Rapid Response Team provides support to people during a crisis or an exacerbation of a long term condition. This service is utilized as an alternative to re admission during a crisis and enables people to be assessed for ongoing care needs seamlessly at the end of the 72 hour intervention.

54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	3	8.3 The development of the Departments Market Position Statement will include a full assessment of Sefton’s workforce and skills and this will be completed in conjunction with our own Workforce Development Unit and our Economic and Regeneration Department
<b>9 Understanding the population who need/receive services</b>				
55	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.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	2	The Local Authority already has a substantial bank of evidence of need of its service users gathered through long standing transition data from Children’s Services, ongoing needs assessments, user feedback, meetings with service user and carer groups etc. This has also been collated and analysed as part of the 2012 Sefton Strategic Needs Assessment (JSNA) and used to inform Sefton’s Health and Well Being Strategy which was approved in March 2013. This is being used to develop a Market Position Statement which will seek to strengthen diversity in the market and the range of services available. It will also ensure that there is sufficiency of appropriate and affordable provision to meet needs and deliver effective outcomes for those who use social care services. This will include mapping current services, identifying gaps and stimulating provision.
56	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.	0 - No 1 - Yes 2 - Not clear 3 - In part	0	
<b>10. Children and adults – transition planning</b>				
57	10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	There is a well-established Transitions Strategy Group and multi-agency protocol. Transition Co-coordinators link information between children’s and adult services.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	10.1 & 10.2: Please see end of year transitions report. The needs of children/young people are identified within commissioning arrangements. Trends e.g. for future service and commissioning is undertaken via Transition Strategy and Moving On meetings to ensure that young people are highlighted early to enable services to forward plan.
<b>11. Current and future market requirements and capacity</b>				
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59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	11.1 & 2 Please see Point 9.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	2	
61	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.	0 - No 1 - Yes 2 - Not clear	1	11.3: The provider forum – Sharing good practice with providers. PCP coaching and support with providers.