

Winterbourne View Joint Improvement Programme

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

Winterbourne View Local Stocktake June 2013 – Croydon Council and Clinical Commissioning Group (CCG)

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. The Head of Joint Commissioning for Learning Disability is responsible on behalf of the Council and CCG for compliance with the recommendations of the Winterbourne View report.</p> <p>The action plan following Winterbourne is being monitored by the Best Practice subgroup of the Croydon Adult Safeguarding Board which is multiagency, Learning Disability Partnership and Adult Social Services Review Panel (members). The plan is regularly reviewed. Meetings have been convened with the CCG, Croydon Health Services (including Acute Hospital Trust) , South London and Maudsley Health Trust and police to develop and monitor the action plan</p>		No
<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 Head of Joint Commissioning for Learning Disability Service, Head of Professional Standards, Head of Assessment and Care Management worked together and involve as wide a range of organisations as possible. Croydon has brought focus to whole system</p>		No

	<p>partnerships to influence service practice and support local provision.</p> <p>Further clarification is needed regarding the role of NHS England in specialist commissioning.</p> <p>Work is underway with: Children and Families services; Local Mental Health Services; Croydon Hospital Trust; Croydon Care Solutions; Department of Adult Services, Health and Housing (DASHH), Supporting People, Provider organisations; Community Mental Health Services; CAMHS; Early Years; Joint Community Learning Disability Teams; local Education services; Service users, carers and voluntary organisations e.g. Croydon Mencap, VoiceAbility, Parents in Partnership & Croydon People First.</p>		
<p>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.</p>	<p>Yes. For adults, the Head of Joint Commissioning has developed networks that involve the Transition Team; Joint Community Learning Disability Team; Learning Disability Commissioning; Community Psychiatry and Provider organisations and Professional Standards including MCA/DOLS. .</p> <p>For those under the age of 19 there is involvement of Early Years; Youth Services; Transition; SEN Team; Children with Disability Team and Commissioners.</p> <p>Meetings are held 6 weekly to ensure multi agency contribution to the commissioning of effective outcome based community and inpatient services</p>	<p>Terms of reference attached</p>	<p>No</p>
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>Yes. The Head of Joint Commissioning is maintaining awareness of The Learning Disability Partnership on</p>		<p>No</p>

	<p>compliance with recommendations and developments.</p> <p>A new group of people with learning disability led by the commissioning team – Making a Difference Group are being trained to visit a variety of services in Croydon such as residential and day services and community based services to check on the standards and quality of services being provided.</p>	
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>Yes. The Health and Wellbeing Board (HWBB) is engaged with local delivery and is ensuring that progress on compliance is maintained. A date has been set for the Health Well Being Board to oversee the ongoing Concordat commitments or actions. The Head of Joint Commissioning and Croydon People First presented Learning Disability 'Focus on Outcomes' to the HWBB on 24 April 2013 and a follow up date has been set for October 2013.</p>	<p>No</p>
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>Yes. There are regular Strategic Commissioning meetings involving Director level managers of both the Council and CCG at which any areas of difference could be discussed. The independent chair of the Croydon adult safeguarding board also ensures cooperation and partnership working across agencies.</p>	<p>No</p>
<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 for a, clinical partnerships & Safeguarding Boards.</p>	<p>Yes. The- Head of Joint Commissioning has access to regional and national bodies and is a member of the Safeguarding Board and CCG Commissioning/Clinical groups. The Joint Head of Commissioning works closely with the Head of Professional Standards with regard to action planning and quality assurance.</p>	<p>No</p>

<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</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>Croydon has been a net importer of placements for adults with a Learning Disability, as such there may be financial risk resulting from Ordinary Residence applications. At this point in time despite intelligence gathering, no specific instances have been identified.</p> <p>The council has developed good practice guidance and training for Care Managers to ensure applications are responded to in a timely manner and also to ensure that all applications are appropriate.</p> <p>The Head of Joint Commissioning is aware of support available and will make use of additional expertise as and when needed.</p> <p>There are regular Regional and London wide network meetings, in addition to this, there is regular interface with the Head of Professional Standards.</p>	<p>No</p>
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p>	<p>Yes.</p> <p>For adults the Head of Joint Commissioning is fully apprised of current cost relating to both the Council and CCG.</p> <p>For Children and Young People the development of integrated approaches across adult and children has raised awareness of and focus on the current costs for educational and social care support.</p> <p>To ensure overview of the total spend for this group across both Children and Adult Services a range of development networks have been established.</p> <p>A panel system has been set up to review placements</p>	<p>No</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>at risk of breakdown to consider innovative responses to issues of difficulty.</p> <p>Learning from case analysis is used to create a gap analysis of interventions and support so that proactive service design can be undertaken.</p> <p>Yes in respect of the local NHS (CCG) and social care Funding.</p> <p>The Head of Service holds responsibility for the Council and CCG that includes responsibility for Continuing Health Care resources. The role and relationship with the specialist commissioning bodies In its infancy and working arrangements are currently being developed.</p> <p>The Head of Joint Commissioning has not been sighted on developments within specialist commissioning.</p>	<p>No</p> <p>Possibly to be clarified</p>
<p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>There is an existing section 75 however the Council and the CCG are in the process of finalising structures and governance for an integrated commissioning unit that will be underpinned initially by a Memorandum of Understanding (MOU). The Existing section 75s including for Learning Disability will be updated as part of this process</p>	<p>No</p>
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p>	<p>There is not currently a pooled budget or risk share but LA and CCG budgets are regularly reviewed jointly at the Learning Disability Commissioning Executive.</p>	<p>No</p>
<p>2.5 Have you agreed individual contributions to any pool.</p>	<p>No.</p> <p>Budgets are not pooled but are fully aligned with the organisational contributions monitored within the Strategic Commissioning meeting.</p>	<p>No</p>

<p>2.6 Does it include potential costs of young people in transition and of children’s services.</p>	<p>Yes. The budget does include young people in transition.</p>		<p>No</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>Yes. It would be correct to say that between partners a strategy is emerging that will respond to current and future need for local service provision across both young people and adults.</p> <p>Demand Management across Children Families and Learning and DASHH is focusing on transitions. The intention is to create a cultural change and behaviour for both staff and parents of young people with learning disabilities. This will enable greater resilience, promoting young people in community and reduced reliance on institutional care.</p>	<p>Development of a whole life support service for children, young people and adults who present with behaviour that challenges. Is an example of Croydon intention of building Capacity, Confidence and Capability within local services and the workforce.</p>	<p>No</p>
<p>3. Case management for individuals</p>			
<p>3.1 Do you have a joint, integrated community team.</p>	<p>Yes.</p>		<p>No</p>
<p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>Yes There has been extensive work with the Joint Community Learning Disability Team; in-patient</p>	<p>The production</p>	<p>No</p>

	<p>Psychiatric service and Community Psychiatry.</p> <p>Areas of responsibility have been defined with a range of Community Support pathways produced to ensure clarity of role and responsibility.</p> <p>In addition there are agreed meetings at which individual's care and treatment, admission and discharge is tracked.</p>	<p>of support pathways for those accessing the Joint Community Learning Disability Team (JCLDT)</p>	
3.3 Does it have capacity to deliver the review and re-provision programme.	<p>Yes The recent Social Care Change Programme demonstrated the capacity for change and re-provision to meet needs</p>		No
3.4 Is there clarity about overall professional leadership of the review programme.	<p>Yes Senior Managers within Community Psychiatry Commissioning Care Management JCLDT Community Health Team JCLDT are reviewing the delivery programme which is chaired by the Head of Joint Commissioning</p>		No
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	<p>Yes Case managers work closely with family members when they are involved and all clients have regular case reviews. Other clients have advocates. Clients under detention under the MHA have regular tribunal reviews. Clients not falling under the MHA are considered with regards to MCA/ best interest and DOLS. Some clients fall under the care programme approach.</p>		No
4. Current Review Programme			

<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>Yes</p> <p>We have a comprehensive list of all clients in hospital / assessment and treatment provision. These clients are actively reviewed with a view to discharge arrangements. At the start of the programme within the known client group, there were 15. Currently there are 13 and there are plans for a further 4 to be moved into an appropriate setting over the next six months. In the past year, 5 have moved from assessment and treatment to community provision. The remaining individuals are subject to regular reviews and placement scrutiny to ensure a timely move to a community setting as soon as is practicable.</p> <p>The process for accessing local community provision will be enhanced by the use of the facility proposed within the Mansell Project. The use of this facility will facilitate a smoother transition and skill transference to community settings and staff</p>	<p>No</p>
<p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>None funded at the current time. The Head of Joint Commissioning is engaging with specialist commissioning to understand and agree the new operating arrangements.</p> <p>The Head of Joint Commissioning is engaging with specialist commissioning to understand and agree working arrangements.</p>	<p>Yes</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>Arrangements are in place with people with a Learning Disability and carers. Meetings with Healthwatch regarding Learning Disability have been happening.</p> <p>Specific attention to the Winterbourne Review is to be scheduled.</p>	<p>No</p>

<p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>The Making a Difference Group consisting of people with learning disability from Croydon People First peer group, Better Understanding Group and representatives on the Learning Disability Partnership, VoiceAbility, Croydon Mencap and Croydon Adult Social Service User Panel (CASSUP) work with the Learning Disability Commissioning team.</p> <p>Yes. A register has been available pre the Winterbourne View report; this is used to monitor placements and individual circumstances. The Head of Joint Commissioning attends CPAs to ensure awareness of individual's needs and treatment plans importantly to ensure timely and structured discharge planning. All clients have/are actively case managed.</p>	
<p>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</p>	<p>Yes. There is clarity. The Head of Joint Commissioning holds responsibility. In addition there is a GP lead on the CCG Board who has delegated overview of the strategic attention with Primary and Secondary health care for adults with a Learning Disability.</p>	No
<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>Yes There are contracts for both statutory advocacy – IMHA and IMCA as well as informal trained advocacy. The supplier of advocacy is a member of the partnership board and advocacy and self advocacy subgroup.</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>The Head of Joint Commissioning attends CPAs/reviews. The intention is to have interaction with service users and their carers to gauge their views as to the quality and practice within the</p>	No

<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>placement. Regular meetings (6 weekly) are held with key organisations to monitor placement outcomes and treatment benefit for individuals.</p> <p>A key function of this group is identification of community service gaps and areas for concern.</p> <p>Yes. Reviews/CPAs are structured to ensure a full and detailed description of treatment and pathways are used to influence discharge planning and commissioning.</p>		<p>No</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>100% of all required reviews have been completed.</p>		<p>No</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>Yes. Care managers attend safeguarding meetings convened for clients out of area. The specialist Learning Disability safeguarding team leads on safeguarding issues for clients in Croydon including those placed by other local authorities in line with the London multiagency safeguarding procedures. (attached SCIE London multiagency policy and procedures)</p>		<p>No</p>
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p>	<p>Yes. Care providers have been fully involved in the development of information sharing and risk assessments. The annual Self Assessment Framework identified this as an area of compliance and good practice. Professional standards convene regular care forums for all providers based in Croydon. Learning Disability commissioning team works closely with LD providers specifically both in borough and out of borough via</p>		<p>No</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>the Learning Disability provider forums.</p> <p>Yes. Croydon has operating arrangements that ensure notification of all inspection results.</p> <p>The CQC now notifies Croydon of all inspection reports carried out on a fortnightly basis. . These are checked by the safeguarding coordinator and sent to commissioners and relevant team managers with key comments extracted.</p> <p>The intelligence from these reports is shared with the care support team which provides support and training to providers to improve practice.</p> <p>The Making a Difference Group works with providers to help them make the necessary changes and improvements to meet quality standards.</p> <p>The MCA and Safeguarding care forums compliment the work of the Care Support Team in ensuring we provide support to providers who work with vulnerable groups of people with Learning Disability within the borough.</p> <p>The representative from the Professional Standards and Safeguarding Service attends the Learning Disability Provider Forums and there is an identified CQC inspector who also has a standing invitation and who is also a member of the Learning Disability Partnership.</p>		<p>No</p>
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<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>Yes. A Safeguarding Board response to the national recommendations from the Winterbourne scandal has been prepared. The interim report (Action Plan attached) has been presented to the HWBB and there is a further meeting scheduled for Winterbourne in October 2013.</p> <p>Action to present at the Children Safeguarding Board is underway.</p> <p>The Head of Professional Standards led on the production of this action document jointly with the CCG and community health services.</p> <p>Responses are still being collated from the police.</p> <p>The action plan will continue to be monitored through the best practice subgroup to the Adult Safeguarding Board.</p>	<p>Safeguarding Board response.</p>	<p>No</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>Yes. Within local recommendations. Within local recommendations there are clear responsibilities outlined within the action plan for all these and other issues.</p>		<p>No</p>
<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.</p>	<p>Yes. Operating practice specifies the need for sharing of information and good practice.</p>		<p>No</p>
<p>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.</p>	<p>Yes There is an on-going initiative between the safer</p>		<p>No</p>

neighbourhood teams and the council to tackle hate crime and work by trading standards to protect vulnerable people living in the community against organised scams and financial exploitation and to take action against perpetrators of these actions collaboratively with safeguarding teams.

Learning Disability students at CALAT on the Partnership have set up a Respect Safety Voice Project for people with learning disability in the community, who are subject to bullying and abuse. The Learning Disability Commissioning Team in partnership with individuals with a Learning Disability is developing an awareness raising sessions to be presented to schools and colleges. There is joint initiative between Community Safety and the Adults Safeguarding Board to periodically review all anti-social behaviour involving vulnerable people living in the community to ensure avoidance of 'Pilkington' issues.

Work has been undertaken to produce safeguarding information in easy read specific for individuals with a Learning Disability.

The Better Understanding Group (BUG) Group and Croydon People First have produced a Keeping Safe Training Pack and DVD and these are available to providers and users.

The BUG members also provide training to providers. BUG has also produced a 'Top Tips' hand-out about being safe in the community for people with learning disability.

<p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>Yes. There are well established links in existence. CQC is represented on the Learning Disability Partnership. There is close working between the safeguarding coordinator in professional standards and the CQC with regard to individual providers. There is also the serious concerns protocol. The Care Support Team provides support to care providers working within residential and domiciliary settings.</p> <p>The Executive Director of Adult Services, Health and Housing has met recently with the CQC area manager.</p>		<p>No</p>
<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>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>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.</p> <p>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.</p>	<p>Yes. Work has been undertaken to complete this.</p> <p>Yes. Yes we have full knowledge of all people within this target group and in addition to details of every out of area placement whether it be local authority, NHS or local authority funded.</p> <p>Yes. The community support needed for the individuals within this target group are known.</p> <p>The development of the whole life approach to supporting those who present with behaviour that challenges will reduce future need. In addition the impending development of a service to offer community based support at time of crisis will reduce impact on in patient placements. (Croydon Mansell Proposal attached) A register is maintained with regular monitoring of</p>	<p>Learning Disability Development Fund – Mansell Project</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>

	individual reviews and CPAs.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Not at this point pending further work to clarify operational interface.		Yes
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	As far as is possible yes.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes. IMCA and IMHA advocacy is jointly commissioned and monitored between the CCG and Croydon Council. Learning Disability commissioning also contracts with an independent-voluntary advocacy provider for specialist Learning Disability non statutory advocacy.		No
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	In development yes.		No
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).	Yes. Both the Council and CCG are confident that this will be achieved for the majority of individuals placed however there is one possible two individuals who may not have gone through a full treatment regime as such appropriate risk stratifications and discharge plan may not- be completed by the date.		No
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal).			
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.	Yes. The Head of Joint Commissioning in partnership with Transition, the JCLDT and Community Psychiatry. A range of care pathways have been developed by the JCLDT to ensure effective interface with community support and inpatient services.		No

<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>Yes. Advocacy support is monitored via contract management processes. There is also attendance of advocacy groups at the local Learning Disability Partnership.</p> <p>Yes. Both the Council and CCG are committed to the availability of and access to Best Interest assessors when needed within the care planning and support process.</p> <p>For every client there is a clear legal framework to ensure that their needs are being lawfully met and that their care arrangements are reviewed and remain appropriate.</p> <p>For clients detained under the MHA, they have automatic access to 6 monthly tribunal hearings supported by a solicitor and IMHA in addition to care management reviews.</p> <p>For clients under DOLS, they have regular reviews of their status by a BIA and have an appointed patient representative in addition to care management involvement.</p> <p>Some clients are placed in hospital provision under either continuing health care, the care programme approach or under best interest and receive regular reviews.</p>	<p>No</p> <p>No</p>	<p>No</p> <p>No</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>Yes. Work has been undertaken to redesign the operation practice of the members of the JCLDT in order to align operational practice with Mental Health providers.</p> <p>The proposal to develop the Behaviour that Challenges approach; Croydon Care Solutions Autism service and the Learning Disability Development Fund - Mansell project have been developed in response to on-going capacity assessments.</p> <p>Opportunities for across area partnerships with adjoining boroughs are being explored.</p>	<p>No</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>Yes. The Community Psychiatry service and the operational pathways of the JCLDT and usage of revenue funding (see proposal for Mansell Project for which we are awaiting agreement) will support the delivery of emergency responses to avoid hospital admission.</p>	<p>No</p>
<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Yes. Knowledge of the support/intervention needs of individuals in transition and specialist placements is shared with local providers to address workforce competency, capacity and confidence requirements.</p> <p>The Behaviour that Challenges approach will add to skills within school, home and community settings for children and young people. The Adult JCLD Team undertakes similar developmental work with those supporting adults.</p>	<p>No</p>
<p>9. Understanding the population who need/receive services</p>		
<p>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</p>	<p>Yes. Extensive work is being done through the</p>	<p>No</p>

<p>challenges.</p> <p>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>development of a market position statement (Department of Health 'The Developing Markets for Quality and Choice Programme' to ensure planning functions are reflective of the needs of those with a Learning Disability and their carers/family member's, including those who present behaviour that challenges.</p> <p>Yes.</p> <p>In addition to the factors identified, Croydon also has cognisance of the need to maintain friendship groups and interests when planning future care services.</p>		<p>No</p>
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<p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local forum to share/learn and develop best practice.</p>	<p>will include a gap analysis.</p> <p>The Head of Joint Commissioning and Head of Professional Standards currently share and learn from good practice and innovative practices locally and nationally</p> <p>There are a range of opportunities where practice and best practice is reviewed and innovation celebrated; Learning Disability Partnership; Provider Training network; Person Centred Planning Training; Induction; Croydon People First; Cross Borough networks; Provider Forum; Carer groups; Development of Easy Read Health Booklets; The Making a Difference Group; Care Support Team advice and intervention training.</p>		
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Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

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Margaret Mead

Signed by: _____

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