



Haringey Council

Agenda item:

5

**SCRUTINY REVIEW OF TRANSITION FROM CHILDREN'S SERVICES TO ADULT SERVICES**

Report Title. Scrutiny Review: Transition from Children's Services to Adult Services  
Response to Supplementary Questions

Report of Lisa Redfern, Assistant Director, Adult Services and Commissioning

*LISA REDFERN*

Signed :

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Wards(s) affected: **All**

Report for: **Non-Key Decision**

1. Purpose of the report (That is, the decision required)

1.1. To respond to supplementary questions from Scrutiny Panel on Transition

2. Draft Introduction by Cabinet Member (if necessary)

2.1. I welcome the review into Transition planning for younger people through to adulthood and look forward to its findings and any suggested recommendations.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

The review links with the Sustainable Community Strategy Outcome:

healthier people with a better quality of life

The review links with the Council Plan priorities of:

- **A Thriving Haringey** encouraging lifetime well-being at home, work, play and learning

- **A Caring Haringey** promoting independent living while supporting adults and children when needed.

**4. Recommendations**

4.1. Not applicable

**5. Reason for recommendation(s)**

5.1. Not applicable

**6. Other options considered**

6.1. Not applicable

**7. Summary**

7.1. The financial comments below and the appendix attached contain the written responses requested by the Scrutiny Transition Panel

**8. Chief Financial Officer Comments**

**Financial Information**

**Budget Provision**

The budget available for care packages for people with a learning disability is £10.421 million and covers all LD clients up to age 64 and all services that they may receive from external providers. As previously reported this budget has increased over the past 2 years to allow for the additional costs to the LD service of transition clients moving from the children's service to adults. £2.1 million was added over the two years 2008/09 and 2009/10 and a further £2.013 million is to be added for the three years commencing 2010/11. With no other budgetary increases this will bring the total care purchasing budget to £12.434 million by 2012/13.

The investment of £2.1 million in 2008/09 and 2009/10 has funded 65 transition clients at a cost of £2.3 million.

Within Children's Services spending on children with learning disabilities covers a range of budgets all primarily funded from within the Dedicated Schools Budget (DSB). Those children with Learning Disabilities might be placed within mainstream schools, particularly special schools. For those with higher levels of need that cannot be accommodated within the authority's schools they may be placed in out borough settings, some of which are residential.

In 2009-10 the gross budget for out borough residential, day and special school provision amounted to £5.1m. A £0.4m contribution is received outside of the DSG from the Learning and Skills Council (LSC) in respect of 'post 16 pupils'. At £149 per pupil our spending is slightly above the 2008-09 comparator authority S52

benchmarking information. For the group of 11 comparator authorities the range of spending in this area goes from £81 to £253 per pupil with an average of £127. However the pupil number divisor used in this calculation is the total 5-15 year old population and does not attempt to identify the number of children actually receiving these services.

### Value for Money

There are no comparisons available purely for transition clients, however the table below shows Department of Health financial statistics for Learning Disabilities for 2006/07 and 2007/08. The 2008/09 data is not yet published.

<b>2007/08</b>	<b>Residential &amp; Nursing Care (£ per client)</b>	<b>Home Care (£ per client)</b>
LB Haringey	1,298	286
<b>Inner London</b>		
Average	1,279	168
Mid point	1,307	143
<b>Outer London</b>		
Average	1,127	289
Mid point	1,175	256

<b>2006/07</b>	<b>Residential &amp; Nursing Care * (£ per client)</b>	<b>Home Care (£ per client)</b>
LB Haringey	1,223	426
<b>Inner London</b>		
Average	1,181	175
Mid point	1,203	162
<b>Outer London</b>		
Average	1,100	231
Mid point	1,096	200

In 2009/10 extensive work has been undertaken, through a partnership with OLM, to reduce the current cost of residential care packages, recognising the fact that the unit costs are very high, when compared across London, and due to overall budgetary pressures. OLM were commissioned to examine the costs of the top 50 value packages with external providers, to review the break down of charges made to the Council and to achieve a reduction in fees being charged, with no impact on the service being received by the client.

To date this review has been concluded for 25 clients and the full year effect of savings achieved with this contract for Adult Services is £197k (09/10 part year was £177k). Once this initial exercise is completed it will be extended to other client groups and high cost packages.

The Council is working closing with OLM in order to better understand the cost breakdown of placements and to apply a cost calculator for future placements to ensure the council is maximising the value for money being achieved through residential placements.

**9. Head of Legal Services Comments**

9.1. Not applicable

**10. Head of Procurement Comments – [ Required for Procurement Committee]**

10.1. Not applicable

**11. Equalities &Community Cohesion Comments**

**12. Consultation**

12.1. Not applicable

**13. Service Financial Comments**

13.1. See Section 8

**14. Use of appendices /Tables and photographs**

14.1. **Appendix 1- Written responses to Scrutiny Panel on Transition Questions**

**15. Local Government (Access to Information) Act 1985**

## APPENDIX 1

### Scrutiny review Transition from Children's Services to Adult Services

#### Questions - Children & Young People Services

1.0 The overview and scrutiny committee commissioned a task and finish review into the transition of young people from children services to adult services.

1.1 There is increasing national emphasis that children, as well as their carers and families, having appropriate support to enable them to make the transition from children to adult services.

#### 1.2 Terms of Reference

1.3 "To assess the current transition services available to young people moving between children's and adult services specifically to provide an objective view of these services and whether they provide value for money"

1.4 This will include reviewing:

- How children with special needs, disabilities and mental health issues are transferred from services delivered by children's services to adult services. This will cover planning, consultation and the handover of responsibility.
- What is done for those children who do not meet the eligibility for adult services but who need some kind of lower-level support?
- To consider how the implementation of the National Guidance on transition support programme is ensured in Haringey.

#### 1.5 Membership of the panel

1.6 The review panel consists of the following Members: Cllr Martin Newton (chair), Cllr Charles Adje, Cllr Emma Jones and Cllr Allison.

1.7 In order to assist the panel with their inquiry we have produced the following list of questions and would be grateful for written responses.

#### 2.0 Strategic Issues – Children and Adult Services

- **Transition from Children's Services to Adult Services - What are the Council's objectives and key mission?**

To enable young people aged between 14 and 25 years, with additional needs (to include young people with learning, physical or sensory difficulties, mental health difficulties and who are vulnerable), to move successfully into the adult world through strategic planning and inter-agency cooperation.

To ensure that robust Transition arrangements are in place across the Local Authority (LA) and deliver consistent outcomes and to ensure that operational procedure mesh with adult budget planning cycles.

- **How do you get to know about people in transition moving into the borough? Is there a system in place to pick this up if it is not provided by SENCO?**

If a young person with a statement of SEN moves into the borough the SEN department is informed either by the previous LA or, if new to the country, by School Admissions. If the family become known to health services or another service first, eg GP, they will also ensure the SEN department is aware of the family. If a young person acquires a disability eg after an accident or sudden onset of medical condition, again the SEN department is made aware. If the young person is 14yrs+ they are automatically referred to the 14+ Transition Panel.

- **How many young people are placed out of borough and how is transition managed for this group?**

There are 138 young people aged 14 -19 years with a statement of SEN placed out of borough. The table below shows the range of those placements.

The school which the young person attends is under the same duty to prove a transition plan from aged 14 yrs and send to SEN Department in Haringey. A representative from Connexions in the LA in which the young person resides also attends. Once the Annual Review and the Transition Plan is received it is recorded within the SEN department and circulated to all relevant agencies in Haringey including Connexions, Adults Services and Social Care.

**Total No of Year 9 plus students with Statements attending out of borough schools: 138**  
(includes CIC to Haringey whose support/school placements we fund)

	<b>Year 9</b>	<b>Year 10</b>	<b>Year 11</b>	<b>Year 12</b>	<b>Year 13</b>	<b>Year 14</b>	
<b>Maintained Mainstream</b>	16	13	10	1	1		41
<b>Maintained Special</b>	4	6	9	6	3	3	31
<b>Independent Mainstream (Day)</b>	3	2	2	1		1	9
<b>Independent Special (Day)</b>	5	8	4	2	1	2	22
<b>Independent Special (Residential)</b>	2	4	5	5	6	3	25
<b>Academy</b>	2	2	2	1			7
<b>Pupil Referral Unit</b>	1						1
<b>Other</b>		1	1				2
	33	36	33	16	11	9	
						138	138

- **What are the key drivers for change identified [both internally and externally?]**

### **Nationally:**

[Aiming High for Disabled Children: better support for families](#) (2007) The government review found that more work was needed to improve co-ordination and effectiveness of local services for disabled young people in transition to adult life.

### **Other National Policy Drivers**

#### [Transforming adult social care \(2008\)](#)

This is also known as the Personalisation agenda. By April 2011 Councils with Adult Social Services responsibilities must ensure that “services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”.

#### [Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own \(2008\)](#)

This is the 10 year national strategy for carers, which was developed after extensive consultation with carers. Its outcome for young carers is that:

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters*<sup>1</sup> outcomes.

Children should not have to take on inappropriate types and levels of caring, which can affect school attendance, emotional and physical wellbeing and longer-term life opportunities.

The national Carers Strategy also recognises that the transition of young people from children’s services is often a difficult time for carers as well as the young people concerned.

#### [Valuing People Now \(2009\)](#)

The Government’s new three-year strategy for people with learning disabilities sets out a range of commitments to improve health and healthcare for people with learning disabilities. *Valuing People Now* is based on the four key principles of:

- rights
- independent living
- control
- inclusion

Six key priorities have been set for 2009-10 for the Valuing People Now work programme:

- to raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors , and within wider society;

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<sup>1</sup> <http://www.everychildmatters.gov.uk/>

- to have an effective Learning Disability Partnership Board operating in every Local Authority;
- to secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work;
- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses;
- to ensure that the personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning; and
- to increase employment opportunities for people with learning disabilities.

**Review of transition in Haringey** has identified the need to:

- ensure key stakeholders including young people and their parents/carers are involved in strategic planning process for Transition arrangements.
- review all current strategies and protocols to identify what is already effective and to develop protocols for changing needs and gaps in the service.
- identify all key legislation and guidance on transition, particularly the responsibilities of all agencies;
- ensure that appropriate data is shared and held by all partners.
- monitor and review the necessary actions and outcomes for young people through Person Centred Planning
- ensure systems and procedures are in place to share information about young people from year 9 (14 years), and to track young people through the Transitions process to their twenty fifth birthday;
- provide information in regard to service changes and developments that will impact on young people's transitions.
- **How is the Council performing against national and regional PIs and how does it compare within its family group e.g.**

The C&YPS has a target for all young people in transition to have a completed Transition Plan.

We achieve this each year by monitoring the receipt of plans, following up delayed returns and also monitoring the quality of plans and follow up action as appropriate. Good plans give a clear profile of the young person, their aspiration and goals, their current and predicted attainment levels and the steps needs to achieve transition.



### **Partnership working:**

- **Does the service have a strategy to determine how information is shared between partners? Please explain these strategies.**

The Information Sharing protocol which outlines how information is shared between Children and Young People's Service and Adults will be further developed as part of the Procedures and Protocols work stream agreed by **My Service at 18** Strategic Steering Group. The newly formed **My Service at 18** strategic steering group comprises wide representation from partner agencies.

- **Which partners do you work with and what strategies exist to ensure effective partnership working –**

**Please include strategies for identifying barriers and challenges to effective local partnership working.**

Roles and responsibilities for all partner agencies are being reviewed as part of the **My Service at 18** strategic plan.

#### **Partners include:**

Schools in and out of borough  
Social Workers  
Connexions  
SEN Department  
NHS Haringey  
GOSH Haringey.PCT  
CAMHS  
Adults LD Service  
Adults Sensory and Physical Difficulties Service  
Adults Mental Health  
Housing  
Haringey Sixth Form Centre  
SHENEL  
Area 51  
14-19 Strategy  
LSC  
Markfield  
Contract and Commissioning  
Participation team  
LD Partnership Board  
ASC Steering Group

The strategy for identifying barriers and challenges to effective local partnership working is part of the on going work of the **My Service at 18** steering group through the work plan. .

- **Can you identify any partners or agencies that are not fully engaged with the Services – please explain how they are encouraged to become fully engaged.**

**My Service at 18** strategic steering group held a very successful away day in November with over 50 representatives attending. There was a strong commitment from all agencies to move forward on the four work streams and to meet again in six months to review progress. The subsequent steering group is now working on capturing the work of the away day in an implementation plan with clear action, responsibilities and timescales.

The work of the **My Service at 18** transition delivery group has enabled the following outcomes. CYPS and ASC now joined one group, which has incorporated the work of the ASC steering group. This has led to the development of four main work streams; personalisation and social inclusion, development of shared agreed protocols and pathways; mapping of needs including specific and complex needs such as ASC and accessible information for carers. Outcomes to date have been the development of protocols which have incorporated seven pathways for inclusion of people in transition. An early result of this has been the inclusion of young people from Leaving Care and Asylum team in our personalisation pilot.

## Equalities and diversity issues.

- **Equalities monitoring – Does the service have any equalities monitoring information which provides a profile of who is using the service; who is not using the service; any under or over-representation issues. (Six equality strands - race, gender, disability, age, sexual orientation religion or belief**

All data on young people in transition includes equalities profiling as shown in table below.

### Statemented Children in Year 10 plus (Haringey children only) by ethnicity & gender: 372

Female	103
Male	269
	<u>372</u>
Asian	20
Black African	60
Black British	23
Black Caribbean	56
Black Other	6
Iranian	1
Jewish	11
Latin American/Guatamalan	1
Lebanese	2
Mixed	20
Not known	2
Not recorded	4
Preferred not to say	7
Turkish	18
Turkish Cypriot	4
Turkish/Kurdish	10
White African	1
White European	31
White Other (Canadian)	1
White UK	61
White UK European	33
	<u>372</u>

This table shows that

- there is a ratio of more than 2:1 male: female that has a disability.
- there is no significance difference in the ethnic profile of young people in transition with statements.

- **How the service addresses any significant disparity between individuals and groups using the service.**
- **Comparative data- does the service have any comparative data regarding its equalities information i.e. against local demographic information, relevant survey information, neighbouring boroughs**

Analysis of data and community engagement at various levels results in strategic planning for individuals and identified group needs, eg autism. The newly appointed Learning Disabilities Commissioning Manager in Adult Services is completing a Joint Strategic Needs Assessment on Learning Disabilities, Mental Health and Autism. This will afford us the opportunity to carry out more detailed analysis of housing, health, education and employment for young people over the next 10 – 15 years

- **Complaints and feedback – any trends information and pictures relating to equality groups.**

#### **Complaints received relating to transition**

##### **2008/09**

One complaint received. Person is female, white/Greek Cypriot.

One Members' Enquiry. Person was female White British.

##### **2009/10**

One complaint received. Person is male and White British.

- **How the service through its strategy and objectives addresses the specific needs of different equalities groups, ie requirements associated with religion and belief; gender**

Service provision is determined in relation to the individual needs, their assessed needs and their preferences. Person centred planning adopted borough wide in Adult social care with the advent of Valuing People 2001 saw the development of a local framework with breadth and depth training target to shape the implementation of person centred approaches to people with learning disabilities. The person centred approach to planning locates the individual at the centre and support is planned according to the holistic needs of individuals. Circles of support including family friend's professional and facilitator is the model for development of these plans. Holistic considerations by definition include consideration of religion, culture, and also includes a consideration of health needs, dreams and aspirations of the individual. Adult social care took the lead in training staff of children's team to share this individual person centred approach to planning with the individual in response to the local implementation of the requirements of VP 2001.

- **How does the service address inequality issues? Does the service have any specific targets or objectives related to the different equality groups or equalities and diversity?**

The service addresses inequality issues through the work of commissioning and strategic needs assessment activity. However this is not just through the statistical gathering of information. In addition a range of consultation as well as individual approach described

above allows for the gathering of data and information which informs service delivery. For example following consultation with parents of people with ASC in transition and a request from Haringey Autism, a parent/carers support group, a steering committee has been established in Adult Services to look at provision for young people with autism, including Asperger's syndrome, identify gaps and develop proposals to address gaps and to develop autism specific provision.

We further ensure staff use services to meet the needs of BME communities in the most effective way by adopting a number of initiatives/ programmes which have been developed through consultation with carers in particular. This includes the following:

- Training ('Carers – working with carers as expert partners') started October 2009 commissioned by Occupational Development and Learning, and will take place bi-monthly; quarterly Information Workshops to be held with care management staff to raise the profile of BME services for carers (and users), to commence February 2010.
- Directories of services across client groups including carers, to be updated and published in 2010/11. (Note: Information to carers is a work stream of the Carers Partnership Board)

The newly Integrated Access Team was launched in November 2009. The new service delivers information, advice, signposting, referral for all of adult social care, and includes a service to users and carers whose needs or entitlements fall outside the Fair Access to Care Services eligibility criteria, building on the success of our self-directed support information and advice service at the Winkfield Centre. An updated adult social care website is now available to those wishing to gain information on line about services. The link is below:

[http://www.haringey.gov.uk/index/social\\_care\\_and\\_health/services-for-all/personalising-support.htm](http://www.haringey.gov.uk/index/social_care_and_health/services-for-all/personalising-support.htm)

Hard copy leaflets are available to be sent out by the team on request.

- **Has the service undertaken any equalities impact assessments, evidence on how the service has developed appropriate improvement actions to address any policy and practice issues.**

Every policy development in social care is accompanied with an Equalities Impact Assessment For example the behaviour management policy impact assessment identified inequality issues and strategies to redress inequalities of learning disabled people.

The newly developed Transition Strategic Implementation Plan will include an Equalities Impact Assessment.

- **Review of specialist support provided – ie language support; aids and adaptations.**

The comprehensive assessment carried out by health and social care staff identifies the need for specialist support. Support planning will then ensure that the needs identified are incorporated into care purchasing. For example the need for example of speech and language therapy , occupation therapy assistance for aids and adaptation. With the advent of personalisation the aim is to give the control to the individual including individual budgets to enable individuals if they wish to purchase their own care. Changing needs will

be identified through review and re-assessment processes. Details of young people's needs are included in their Annual Review Person Centred plans, including new needs due to changes in young person's needs or context. These include communication aids, standing frames, wheelchairs, adaptations, sleep aids. These requirements will be central to Personalisation planning process.

## **PRIMARY HEALTH CARE**

Several initiatives have been introduced to reduce inequalities. In primary health care, many of the GP practices have signed up to the introduction of a Direct Enhanced Scheme (DES) for people who have learning disabilities. The scheme includes mandatory training for lead GPs and practice staff, the introduction of a primary care register of people who have learning disabilities, and individual health checks linked to health action plans.

The Haringey Community Learning Disabilities Team provides training, support and guidance on effective communication and the impact of learning disabilities.

- **Review of partners and link agencies – how diverse and representative are they.**

**My Service at 18** steering group has recently reviewed representation and identified key stakeholders including young people and their parents/carers. These include representatives from housing, transport, employment, further education agencies as well as clinicians and other health and social care worker

- **Does the service have any equalities performance management systems and frameworks to assist it to comply with equalities and diversity requirements?**

Initiatives using the Equalities Framework for Local Government to improve performance:

### **'Knowing your communities and equality mapping'**

1. JSNA
2. Borough Profile
3. Needs Assessments
4. Case recording
5. Research governance framework
6. EIAs

### **'Place shaping, leadership, partnership and organisational commitment'**

- led by sustainable community strategy

### **'Community engagement and satisfaction'**

- led by Community engagement framework

1. Access to service days
2. Translation and interpretation services
3. Easy to read communication materials
4. Cultural awareness events
5. Consultations
6. User surveys

## 7. Specific group forums and partnership boards

### ‘Responsive services and customer care’

1. Joined up services
2. Person centred care packages
3. Equalities in procurement
4. Monitoring by ACCS Equalities Board

The new Equalities Framework for Local Government (EFLG) allowed us to align evidence of our current equality practice to a specific level of achievement. We looked at and matched our evidence to the EFLG’s 32 questions of ‘*How was this done and what is the evidence?*’ Most of the evidence was at ***an achieving authority (level 2)***. We arranged our evidence under the five performance areas of the EFLG, which will help us to improve performance to achieve level 3 – ***an excellent authority***.

- Mental health needs assessment to be completed in January 2010.
- EIAs: approach across partnership is being unified. Cultural Strategy, Personalisation, User Payment Policy and Personal and Sexual Relationships EIAs to be finalised in 2009/10.
- Cultural awareness events took place at the Haven Day Centre and Abyssinia Court Drop-in Centre in Autumn 2009.
- Low Vision Services Committee meet quarterly to identify and act upon required service development.
- Scrutiny Review of Day Centre Transport involved and consulted users, carers and staff.
- Carers Partnership Board revitalised – chaired by Dignity in Care Champion and has 19 other carers as members.
- Care packages have been modified to meet the need of individual users.

Equalities performance monitored and reported through ACCS Equalities Scorecard. This is provided to the WBPB and subgroups, CEMB, Council Members and ACCS DMT who cascade to service managers

- Further work will be done on the six equality strands - race, gender, disability, age, sexual orientation religion or belief

- **Review whether the service has set any targets for promoting independent living for people with disabilities and impairments, including those with long term health conditions, mental health issues and black and ethnic minority disabled people.**

- Mental Health Services – Review Team established – implementing move-on action plan from residential care to supported or general needs housing.

100% of people in receipt of supported accommodation will be reviewed within the year with a view to moving to the lowest tier of sustainable need and ultimately aiming to return to an independent community based tenancy. The number of step-down flats in sheltered housing increased to 21. This is currently being considered as part of the Strategic Needs Assessment.

Haringey Learning Disabilities Partnership (HLDP) recognises that people who have learning disabilities often do not have their health needs met effectively (See Haringey Scrutiny Review 2007<sup>2</sup>). This is reinforced by national data and evidence (e.g. Michael 2008<sup>3</sup>, Mencap 2007<sup>4</sup> Parliamentary and Health Service Ombudsman 2010<sup>5</sup>). *Valuing People Now* includes health as a priority area for improvement. Haringey's community team will lead on this in line with government policy and the wishes of service-users and families to receive services in their community. The Learning Disabilities community health outreach model of health provision was developed and agreed at HLDP Board for all people, including Black and minority ethnic people, with long term health conditions and mental health needs to be supported in the community so reducing hospital admission.

The development of an intensive, clinically grounded, community-oriented service for people with complex needs has many benefits to the person and the service in general. Not least is the delivery of person-centred care at the core of its function. The following is a list of the benefits of the service to service-users with complex needs.

### **Users**

1. To receive timely assessment of the person's needs in their current environment;
2. To receive a flexible, co-ordinated intervention in their current environment;
3. To reduce unnecessary in-patient admissions;
4. To reduce the potential of transfer to an out-of-borough placement;
5. To maintain contact with families, carers and day services;
6. To reduce risks to the person affecting their health and social circumstances;
7. To maintain and improve the person's health
8. To be involved in their care through Health Action Planning and person-centred CPA;
9. To provide clear lines of responsibility and accountability in the care they receive.

### **Families/ Carers**

1. To provide a flexible, timely and responsive service;
2. To support the family/carer in maintaining the person in the best environment to meet their individual health needs;
3. To assist the family/carer in managing the person's complex health needs;
4. To prevent breakdown of placements.

### **Service Commissioners**

1. To reduce in-patient bed days in services in and out of borough;
2. To utilise in-patient services appropriately when necessary
3. To ensure mental health care is delivered within the CPA framework;
4. To ensure value for money in meeting the needs of people with complex health issues;

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<sup>2</sup> Haringey Council 2007 Healthy and Equal: improving the health of people with profound and multiple learning disabilities. A review by the Overview and Scrutiny Committee

<sup>3</sup> Michael J. 2008 Healthcare for all: the independent inquiry into access to healthcare for people with learning disabilities. 2008.

<sup>4</sup> Mencap 2007. Death by indifference

<sup>5</sup> Healthcare for people with learning disabilities: recommendations of the Parliamentary and Health Service Ombudsman 2010



5. To demonstrate adherence to the principles of Disability Discrimination Act (2006) Valuing People Now (2009), The Human Rights Commission (2008) and the Mansell Report (2007);
6. To assist Commissioners in judging the appropriateness of the person's current placement to meet their needs.

### **Impact of personalisation**

The work of personalisation and a mapping of needs specific outcomes with regard to ASC have enabled the early identification of market area for development, including specific complex needs housing in borough. This has led to the inclusion through person centred approached of 3 people with LD and complex needs into shared ownership pilot project .Also support for market development which has led to commissioning of day opportunities and skills training for young people with complex needs which will lead to employment pathways . A specific example of this is the early identification and commissioning of educational resource which have enabled 10 people from transition to attend a newly commissioned educational resource which will equip and prepare for work opportunities for people with Profound and Multiple Learning Disabilities and complex needs.

The work of the ASC steering group and early learning from the personalisation pilot has supported the workforce developments that will be needed to respond to transformation. Hence our training dept are working closely with parents/ carers of people in transition from the transition group and the National Autistic Society to develop a training programme which will enable us to develop our staff and other stakeholders to respond to the needs of people with ASC.