	TASK	Description / More info	Notes / Ideas	RISKS	Progress	ACTIONS required
1	Agree composition of Transitions team	Define to FTE of the team (existing staffing or current staffing vacancies only)	modelling so far denotes 1 FTE senior SW, 3 FTE SW, 1 FTE Adult social care worker. Caseload split broadly 50% LD - 37% Adults 13% MH. Area which is a bit unknown is care leavers which creates a great deal of 'noise' - especially for adult care which is potentially not fully accounted for in the Modelling.	Modelling may be inaccurate (especially for the adult care aspect)	Complete - agreed further modelling will not inform the composition of the team at this time - so to proceed on this basis	
2	Agree where budget for team derives	Transfer budget from Existing Teams to the transitions team. New budget code for teams will be required	1 FTE Senior from LD team (current deployment of 2.5 Seniors to 3 posts - so there is a budget shortfall there as 2 FTE will need to remain in LD) 2 FTE SW from LD 0.5 FTE SW Adult Care - 0.5 SW Mental Health; 1 FTE ASCW Adult Care.	Modelling is inaccurate	Disucssed with Mark Jarvis - who is aware and will account fot this in the budget palnning for 19/20. 0.5 Vacancy to be held in the MH services to account for contribution from MH services. Discussed with Kathryn Needham vacancy transfer from adult care.	New team budget code required established and budget transfered
3	Relationship's with MH teams and transfers	How does the transition's team interact and transfer to the AWP/NSC integrated teams and the existing CAMHS /AMHS pathway	Steer is to have it within the new team and remove the work from recovery - but to try to maintain a linkage by some hotdesking to the MH service or a link worker of some sort	Non-engagement of AWP in process - AWP pushing care co-ordination function to social care - loss of direct connection to AWP staff and loss of direct MH knowledge in managing complex cases outside of AWP - CAMHs to AMHS pathway is generally 17.5 years old and doesn't fit with the LA duty precisely - lack of clarity about handover process to MH from transition's function.	Agreed the work will be transferred to the Transitions team from Recovery	This Aspect to be covered in the service specification. Clear conversation with AWP required to inform them about the work of the transitions team taking on the socila care aspect and the transfer back.
4	Agree governance and management structure of team		A 'sub team' which sits under the LD manager but covers all of adult social care; sits as a separate team but line managed by the LD manager. From a governance it would be a 'separate unit' - not part of the LD team as such - but something with its own identity. Limited additional pressure holding the service withing the LD team.	None noted	Agreed structure will be managemt from the CTPLD manager - but as a disticnt sub team	To be covered in service specifcation

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5	Team location / Desk Space	Need to work out where the team will sit	Team base would be Castlewood - but staff could work in TH as required. Base could be in the LA team area on the purple zone in the Town Hall - this could be accommodated within the space reasonably and provides a wider team support.	None noted	Agreed base in CW - appears sufficnet space in A zone second floor with LD team	Discussion with facilities - to agree the arrnagements
6	Service Specification	Defining the role and scope of the team and the inputs and outputs - define the workload and criteria of the team and the handover procedures	team would work with transitions to stability - what defines 'stability' and handover back to main services?. Team would only work with planned transitions anyone who is already 18 at referral point goes in via usual pathway - although team may have a role in an advisory capacity? - what about care leavers? Stability is likely to be when it has been a stable review.	None noted	Agreed this work needs to be carried out and agreed prior to formation of team.	Donna wil produe draft copy by End Feb 2019
7	Create team on LAS	Technical requirement		None	March 25th - LAS go live	will be created on the system - can be a dormant team until needed.
8	HR process	recruiting to the team leadership	Should this post be recruited prior to the teasm staff set up so as to lead is part of the development and recruitment?	Excepted will be post LAS launch	Initial discussion with HR - agreed any consultaion regarding transitions as a distinct excercise - one consultaion for seniors and staff at the same time.	Consulation required across whole SSW group followed by expressions of intrest and 1st / 2nd choices. Consulation to also cover staffing for main transtions team
9	HR process	recruiting to the team members - internal	These should be offered as internal opportunities first to interested staff - after the senior post	Insufficent internal interest	Initial discussion with HR - agreed any consultaion regarding transitions as a distinct excercise - one consultaion for seniors and staff at the same time.	Expressions of intrest process
10	HR process	recruiting to the team - external	If vacancies are transferred to create the team rather than personel then there may be unfilled posts in the service delaying the go live	inability to recruit externally; timescale of external recruitment - external adverts would have to follow after internal processes which may be c. 4 months until staff in post	TBC after	Adverts and JD's - external recruitment processes following internal exercise

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11	Transitions operations group with Children's	Current Operations group in place to discuss cases which is not fully functional.	Role and function of Operations group needs to be refreshed in light of new arrangements and the use of the transitions database. Should this group be used as a transfer to adult care from transitions i.e Part 1 of meeting - children's to transitions	understanding and consensus with Children's on any new process and the role of the transitions team	Role of the group to be covered in service specification	New Terms of reference for group and agreement with group membership / Children's Service leader. Negotiations with Children's over clarity of the role of the team
12	Referral process from Children's to Adults agreed	Current process for all referrals are inward to adult care via Care Connect / SPA	The transitions tea will be a referral driven service - children need to highlight who they think may need adult services and the transitions team look at these and 'accept them' - the operations group therefore is the	understanding and consensus with Children's on any new process and the role of the transitions team	To be covered in service spec - agreed that SPA will remain the route into services.	Ensure practice of referrals embedded into childresn services.
13	Transfer of any existing caseload in process from operational teams to transitions team	What work the team starts with	Identify what cases would transfer to the new team at the point of 'go live' - i.e. transition cases already in progress - what is the criteria for these.	None noted	Not resolved: agree in 4 weeks before launch	Need to establish the business rules and identify cases