

DEVO MANC: HEALTH AND SOCIAL CARE 'TAKING CHARGE' STRATEGY
MAKING IT WORK FOR PEOPLE LIVING WITH AUTISM

HOW IT WORKS

- In each locality, CCGs and the Local Authority will have a single commissioning plan, pooled budgets and integrated decision making. In real terms, significant savings have to be made
- There will be integrated neighbourhood teams that provide most care and support for people
- There will be a focus on *reablement, rehabilitation, discharge* and *'referral management'*
- Localities will share and build on best and evidence based practice
- Health services to move outside their traditional remit to look at e.g. housing, employment, troubled families and community development

GREATER MANCHESTER-WIDE AGREED PLANS (SO FAR)

- Mental health https://www.greatermanchester-ca.gov.uk/downloads/download/55/greater_manchester_mental_health_strategy Key themes are Prevention; access; integration; sustainability
- Learning disabilities (via Transforming Care fast track plan) <http://www.gmhsc.org.uk/assets/15-09-07-GM-LD-bid-final-version-2.pdf>
- Information sharing: GM Connect

KEY THEMES OF THE 'TAKING CHARGE' STRATEGY

- Upgrading prevention and self-care
- *Start well, live well, age well*
- New community based local care organisations for most people
- Skilling up and supporting people to look after themselves, and each other, better
- Statutory and non-statutory services need to work together to boost independence, improve health and reduce long term demand on services

‘More people managing: helping ourselves and each other’

- In order to achieve this, GM needs to
- Increase the range and profile of self-care support programmes and train our workforce to deliver them’

‘More people managing’ and autism

- Need investment in timely post diagnostic information and support for children, young people and adults regarding what the diagnosis means; support to identify and work with their individual strengths and weaknesses; access to evidence based therapies and strategies to recognise and manage common co morbid conditions such as anxiety and depression
- Skill up all community and voluntary services to better include and support people with autism
- Work with schools and colleges to ensure young people with autism are receiving a curriculum that prepares them for adult life and maximum independence

‘More people managing’ – autism family carers

- Timely post diagnostic information and support including information about the diagnosis; communication and behaviour strategies; recognising and managing anxiety and other mental health difficulties; how and when to access further support, information regarding rights
- Resilience building/staying well courses, groups and activities specifically for autism carers (uniquely high stress levels)
- Swift, creative and family centred responses to crisis to avoid family breakdown and residential placements OOA

‘More people managing’: workforce skills

- ‘Work with Health Education England to upskill the workforce in self-management education, shared decision making, health coaching and patient activation’
- For autism:
- Training for all community service based staff in autism
- Ensuring all health and wellbeing activities, therapies, training and groups can be modified for people with autism
- Provide information and support in flexible ways – one to one if necessary; use IT and online meeting and learning places
- Be explicit and literal about the reasons and motivation for applying health and lifestyle changes

'Increasing early intervention at scale' (health)

- Via 'proactively reaching out to people registered on a GP list who don't attend GP practices'
- For people with autism: increase remit of LD health checks to include all with an autism diagnosis; autism awareness and reasonable adjustments training for all staff in GP and community health settings (including receptionists); explicitly teach young people with autism about how and when to access medical support
- For family carers: red flag scheme for carers notes to raise awareness of likely high stress levels, and their responsibility for a vulnerable person should they need in patient treatment

Increasing early intervention at scale (2)

- 'focus on a good level of development rate for under 5s, particularly in underperforming areas'
- 'early identification of risks and developmental delay (including antenatal support)'
- 'better childcare'

For autism:

- Diagnosis to be followed by intervention as recommended by NICE
- Higher levels of monitoring and support for families with a child with autism
- Wholescale training investment needed re red flags and basic strategies

'Starting well'- addressing the health and social inequalities of the 0 – 5 population and their families

- Via training for more parents to work
- Via health visiting, children's centres, early education providers
- Via integrated commissioning to support at risk families
- Via effective use of the early years pupil premium
- GM is also a trailblazer for reformed children's services delivery

‘Starting well’- addressing the health and social inequalities of the 0 – 5 population and their families and autism

- For parent carers to work, suitable and flexible childcare for children and young people with autism needs to be available and affordable
- Invest in supporting families with a child with autism in the early years (early diagnosis correlated with higher level needs)
- Training for all early years staff in autism and necessary adjustments
- Resilience building and health and wellbeing support for autism family carers

‘Living well – good work, good health’

- Mental health problems are a major reason for people being out of work. Need a more flexible approach to work, and for employers to take more responsibility for employee wellbeing
- Long term unemployment is not good for mental health or other wellbeing related outcomes
- More support needed for people with drug and alcohol problems, and preventative approach for those at risk of developing dependency
- Need to invest in promoting physical exercise, particularly for groups not accessing current facilities

‘Living well – good work, good health’ and autism

- Need more employment support for those with autism who could eventually work with minimal support. More autism specific and aware schemes needed
- Need to support family carers to work via suitable childcare, school transport, specialist financial advice, skills training etc
- Employers need training in autism, reasonable adjustments and how to promote wellbeing
- Need greater and easier access to modified psychological therapies
- Early, autism knowledgeable and autism friendly support for family carers, adults and young people with alcohol or drug problems
- Work with community and leisure services to ensure the needs of people with autism are included in health and exercise initiatives

Ageing well

- Significant focus on dementia
- This includes a commitment to reducing social isolation and loneliness. Such schemes may well be appropriate/transferrable for people with autism and their family carers

GMAC AND MEETING THE REQUIREMENTS OF THE TAKING CHARGE STRATEGY FOR PEOPLE LIVING WITH AUTISM

- We already work cross GM and have receive shared governance and funding. This makes it easier for us to work collaboratively and to share effective and innovative practice
- We have a cross GM autism and transition group that is collecting and co-producing autism friendly resources that promote independence and inclusion in preparing for adulthood
- Along with the NAS, we have done a lot of work about effectively supporting people with autism into work, and the benefits they bring to organisations and employers
- We are committed to co producing and co delivering training and related materials with people with autism and family carers, and to paying them for such contributions
- We run workshops for family carers about the autism diagnosis, managing anger and sensory issues
- We advise and sometime work alongside or offer autism awareness training to other agencies who seek guidance around meeting the needs of people with autism (e.g housing organisations; drug and alcohol services; health visitors and midwives)

GMAC and meeting the requirements of the Taking Charge Strategy for people living with autism (2)

In the next year we would like to build on this by:

- Providing more information for individuals and carers online through our website
- By offering training for carers in managing stress, self-efficacy and resilience building
- Co-producing and delivering autism training for (i) advocacy groups and (ii) early years professionals

TRANSFORMING CARE FAST TRACK INITIATIVE AND GM STRATEGY FOR LD

Transforming Care is an NHS England led initiative following the Winterbourne View scandal and consequent reports into the provision of care for those with learning disabilities and autism, challenging behaviour and/or complex needs.

Greater Manchester and parts of Lancashire were successful in bidding for extra funding to be a fast track area, promising to get people out of secure and out of area placements wherever possible, and into less restrictive and more community based settings.

The Transforming Care agenda also seeks to invest in ensuring that, in future, more people will be able to stay in their localities and their communities, and live with or alongside their families and peers.

GMAC are part of the early intervention and prevention workstream, advising about needs of people with autism and family carers. We have also attended the Confirm and Challenge group and we want to support people with autism and their families to be involved in this work and related consultations. We hope to be able to assist with the criminal justice and offending related workstream.

Underlying principles for LD - GM

- Everyone supported in the community where possible
- For those with severe and complex needs to be included in neighbourhoods, work environments and community settings
- For those with severe and complex needs to be supported in homes and natural settings – communal living arrangements to be in line with age appropriate styles
- To be supported to develop relationships
- To have daily activity that constitutes a meaningful life
- To be supported to develop community living skills
- Families and service users to be involved in all aspects of service design, delivery and monitoring

GM approach to LD services – desired outcomes

The benefits of the new GM approach will mirror the draft national service model (July 2015):

1. My care is planned, proactive and co-ordinated
2. I have choice and control over how my health and care needs are met
3. I live in the community with support from and for my family and paid carers
4. I have choice about where I live and who I live with
5. I have a fulfilling and purposeful everyday life
6. I get good care from mainstream NHS services
7. I can access specialist health and social care support in the community
8. I am supported to stay out of trouble
9. If I need assessment and treatment in hospital setting because my health needs can't be met in the community, it is high quality and I don't stay there longer than I need to
10. In addition to this GM has agreed to inclusion of a tenth outcome: "I feel and am safe, and I am supported to manage my risk"

Fast track LD transformation and autism

- Early identification, intervention and support for those who 'red flag' re extreme challenging behaviour; complex mental health issues alongside autism diagnosis, and families vulnerable to breakdown and inability to accommodate the child or young person long term

- Education to have a clear preparing for adulthood focus and remit regarding community living skills and inclusion
- More support for families
- Specialist advice and intervention to be available as, when and where needed
- Specialist autism teams in every area, all age, all levels of IQ

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