GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Learning Disability Provider Event

Tuesday 30th October 2018
09:00 – 13:30

Delegate Pack

Exchange Rooms 8-10, Manchester Central Convention Complex, Windmill Street, Manchester, M2 3GX

Taking charge in Greater Manchester

Greater Manchester Health and Social Care Partnership

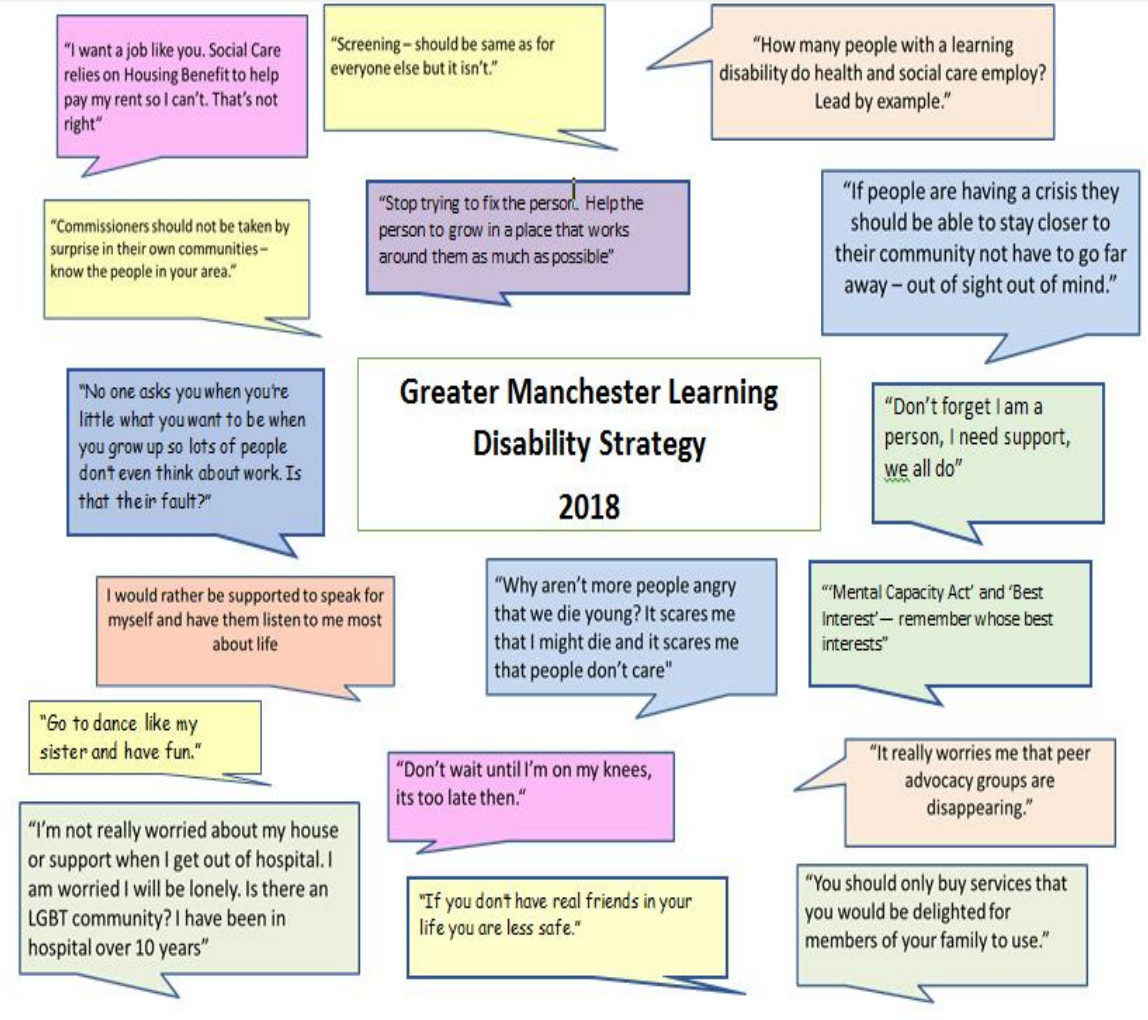
Contents

Greater Manchester Learning Disability Provider Event

Event programme

Item		Lead
09:00	Arrival, registration and networking	
09:45	Welcome and housekeeping Structure for the day	David Williams GM Workforce Lead
10:00	GM Learning Disability Programme: update on work to date	Mark Warren Managing Director, Health and Adult Social Care Community Services, Oldham Council / PCFT NHS Foundation Trust Lead Director Adult Social Care for Learning Disability in GM
10:30	Flexible Purchasing System	Tim Bryant Senior Commissioner, GM Commissioning Hub GM Chair of Heads of Commissioning (Adult Social Care)
10:50	Round Table Discussions – Option *1*	See overleaf
11:20	Break	
11:40	Round Table Discussions – Option *2*	See overleaf
12:10	Development of a GM Learning Disability Provider Forum	Joanne Chilton Programme Director – Adult Social Care Transformation
12:25	Round Table Discussions – Option *3*	See overleaf
12:55	Workforce and Joint Training Partnership	David Williams, GM Workforce Lead Janice Wycherley, North West Training and Development Partnership
13:25 13:30	Summary and next steps Close	Mark Warren Managing Director, Health and Adult Social Care Community Services, Oldham Council / PCFT NHS Foundation Trust Lead Director Adult Social Care for Learning Disability in GM

The Greater Manchester Learning Disability Strategy



- **Why:**

- To make sure people with learning disabilities are valued as equals in Greater Manchester.
- We know people with learning disabilities face inequality in all areas of their lives, including health, housing, employment, education, support, justice and relationships. The plan is about stopping these inequalities happening in our communities.

- **What does it include:**

- 10 priorities identified by self-advocates.
- What they want to change, how we are going to change it and what we are going to do first.

- **Who can support us to make these changes:**

- To be successful, everyone must be involved whatever area they work in. We need a culture change so that all people with a learning disability feel welcome and included in their community and able to access the services and opportunities available there.

Where you can find the full strategy:

www.gmhsc.org.uk under 'our plans: people and services' **Click here**

Round table discussion topics

There will be 3 opportunities throughout the day for delegates to select and join one of the following round table discussions. The topics are in line with the key priorities of the strategy:

Round Tables		
1 **Advocacy** *Facilitators:* *Kim Doolan, Pathways Associates* *Gareth Welford, Pathways Associates*	**2** **Bespoke Commissioning** *Facilitators:* *Tim Bryant, Senior Commissioner, GM Commissioning Hub /GM Chair of Heads of Commissioning (ASC)* *Zoe Porter, Delivery Lead, Person and Community Centred Approaches, GMHCSP* *Mike O'Keeffe, Individual Service Funds*	**3** **Good Health** *Facilitators:* *Tracey Hart, Quality Lead Nursing Team, GMHSCP* *Janice Wycherley, North West Training and Development Partnership*
4 **Belonging** *Facilitators:* *Kath Bromfield, Pathways Associates* *Maz Tweddy, Pathways Associates*	**5** **Homes for people** *Facilitators:* Helen Simpson, Strategic Relationship Manager (Housing), GMHSCP Jane Bellwood, Housing Lead North West, NHSE *Emma Clarke, Assistant Director of Health and Development (England), Shared Lives Plus*	**6** **Employment** *Facilitators:* *Anna Twelves, Principle Manager-Employment, GMCA* *Louise Parrot-Bates, Chief Executive Officer, Pure Innovations*
7 **Early support solutions and CYP** *Facilitators:* *Martin Routledge, Community Circles* *Zoe Porter, Delivery Lead, Person and Community Centred Approaches, GMHSCP*	**8** **Justice system** *Facilitators:* *Bethan Dearden, Programme Manager - Police Custody Triage, GMCA* *Chris Martin, GM Integrated Health in Custody and Wider Liaison and Diversion Service*	**9** **Autism** *Facilitator:* *Mari Saeki, Project Lead, National Autistic Society*

1: Advocacy (reducing inequalities in being heard)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"I can speak up for myself so why don't people listen?"	Support more children, young people and adults with a learning disability to have the confidence and skills to speak up for themselves and their peers and evidence why that is important in Greater Manchester	Pathways Associates and other voluntary sector organisations and groups will work to support people with learning disabilities and their families to develop advocacy skills, supported by GM. We will support awareness-raising about different the types of advocacy and their benefits. We will support independent citizen advocacy for those that are unable to self-advocate
"I feel like I am on my own and let myself get intimidated, then I get annoyed with myself"	Support more families and friends of children and adults with a learning disability to have the confidence and skills to speak up for themselves and their peers and evidence why that is important in Greater Manchester	
"We need clear definitions of roles-formal/informal/family/community"	Self-Advocates, families, friends, providers and those working in Public Services will have clear understanding of all types of advocacy and be clear how they differ from each other	
"Stronger together not competing for the same scraps"	Advocacy groups working together	

Reflections on our journey so far:

Greater Manchester Health and Social Care Partnership are supporting the Children and Young People Accelerator programme. The programme will enable the NWTDT to facilitate two workshops for young people to explore self-advocacy skills, one workshop for families using the THRIVE Model of support and one workshop for families to provide information about the Mental Capacity Act. In addition to this, Greater Manchester have supported the NWTDT to facilitate one workshop for adults with learning disabilities to explore and build self-advocacy skills.

What we are proposing to do over the next 12 months:

In February the NWTDT will be facilitating a national/regional three day conference about advocacy. On the third day of the conference Greater Manchester self-advocates will come together to discuss advocacy with GM commissioners.

The NWTDT are working on a proposal to support a network of self-advocacy groups across the North West.

Round table discussion questions:

Q1: What are we doing to ensure that the person has an advocate when one is needed?

Q2: What are we doing to understand the types of advocacy and how it fits with what we do?

Q3: What are we doing to inform people of their rights and how does this fit with advocacy?

2: Bespoke commissioning (reducing inequalities in control): support designed with me and for me

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"Let's get personal – one person one plan"	Bespoke support and commissioning – support designed with and for me	We will invest support and bring in expertise to test and embed new person-centred planning approaches into the support planning and commissioning process. We are calling this an 'Innovation project'. We will work with 2-4 localities now, and then help other localities take and use what they have built and learnt. We will review our commissioning and contracting processes for people with high support needs and develop best practice standards to ensure people get high quality care and support that meets their individual needs, close to home.
"It's not me that's complex it's your systems they are much easier to change than me."	Make sure that Greater Manchester gets high quality, value for money support for people.	
"Let's prevent the crisis not wait for it. Don't wait till we are on our knees."	Always expect and plan for the unexpected so there are fewer crisis situations All areas should know their population.	

Reflections on our journey so far:

4 areas are part of the 'Learning Disability Innovation' programme and have been working closely with people and families to listen to what is important to them, and learning together with them about how to make changes happen. Some of them are using what people and families are telling them they will need in the future to inform market intelligence, and some are using it as an opportunity to develop new approaches to great person centred approaches, such as individual service design and Individual Service Fund models.

What we are proposing to do over the next 12 months:

One of the 'innovations' we are about to work on as part of the programme is a new look at Individual Service Fund models, so that we are genuinely working together with commissioners, providers, people and families to determine outcomes that we can all work towards, to develop ISF models that support providers to get better outcomes for the people they support, and to have strong arrangements in place to get additional support when things get tough. We know that working together to do things differently requires trust, and a different relationship from a traditional commissioner/provider one.

Round table discussion questions:

Q1: What is critical to establishing the relationships and conditions that can enable commissioners and providers to work with people and families to design and deliver really good person centred support?

Q2: As providers, what helps you to deliver support to people, and for that to stay in place through crises, so that placements don't break down?

Q3: What would help providers collaborate with each other to support people with complex needs?

3: Good health (reducing health inequalities)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"One person went to have an annual health check with their GP. They found a serious health problem that hadn't been identified before. They were able to have an operation and make a full recovery. How wonderful are annual health checks!"	Annual Health Checks for People with Learning Disabilities.	We will review the GP learning disability registers and set targets for more people to access a good quality annual health check. We will review and work to embed the learning from the mortality review across GM. We will embed STOMP into the GM medicines management strategy and increase awareness of people's right for a medication reviews. Work with the GM Cancer Leads to improve Cancer screening rates for people with a learning disability.
"Why aren't more people angry that we die young? It scares me that I might die and it scares me that people don't care"	LeDeR – Learning from the Learning Disability Mortality Review to improve care and prevent premature or avoidable deaths occurring.	
"This is about death by indifference and health inequalities for us all too"	Improve access to mainstream health services, , including mental health services, developing reasonably adjusted health and social care pathways and services	
"I didn't know I could ask for a review of my medication"	STOMP - reduce the use of anti-psychotropic medication	
"Screening – should be the same for everyone but it isn't"	Improve cancer services and experiences for people with Learning Disabilities and improve the uptake of the national cancer screening programmes.	

Reflections on our journey so far:

The GM LeDeR steering group has completed 30 individual reviews of deaths and will be sharing learning and specific action arising from an analysis of the themes. Several learning and good practice events have taken place across GM to raise awareness of STOMP and of the importance of AHC's. Every CCG has set targets to increase the number of people who have had annual health checks and have been working on ways to improve take up. The GM Joint Training Partnership has been delivering training modules to raise awareness of good physical health and associated topics such as MCA. A GM health facilitators forum has been established to share work and good practice. Some self-advocacy groups have focused on good health this year.

What we are proposing to do over the next 12 months:

Strengthen the strategic approach to reducing health inequalities for people with Learning Disabilities, ensuring that key people and organisations are involved and that mainstream services, strategies and plans embed LD within them. Continue to learn and share information about practice that has had positive impact. Strengthen governance, monitor progress on targets across the system. Ensure that health and social are staff have access to good quality training about health care and health inequalities.

Round table discussion questions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf
https://www.vodg.org.uk/wp-content/uploads/Charter-for-Social-Care-Assessment-Tool-final-revised.pdf

Q1: All providers on the FPS are required to sign up to the Health Charter for Social Care Providers and to deliver good quality support to keep people healthy and well. What support or help do you need to help you to implement the guidance in the Charter?

Q2: How can we support and learn from each other to help reduce health inequalities?

Q3: What communication structures would need to be in place to share best practice about physical health care?

4: Belonging not isolation (reducing inequalities in my right to have a great life)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"It's having no friends that makes us vulnerable not learning disability or autism"	No one in Greater Manchester should be alone if they wish to belong	We will grow and develop the small sparks initiative so people with learning disabilities can make friends and are able to spend time doing the activities they enjoy.
Please take 2 minutes to read this blog https://changepeoplephilipa.wordpress.com/2017/05/17/lees-story-my-fiancee/	Why be Shy?	

Reflections on our journey so far:

This is the 'main' issue raised by self-advocates in GM and has been for many years. It is time to address it.
We have produced a GM LD Strategy that includes the values that enable belonging within every strand.
We have developed 'Small Sparks' a project to create a change in the way people, can not only belong and connect to their communities, but shape the things that are out there to do and be together.

What we are proposing to do over the next 12 months:

Within the next 12 months we will have embedded and established a small sparks website that can be used by everyone within our GM community.
We will have an established Meet n Match presence enabling and encouraging healthy relationships.
People with LD with GM will have more activities that fit with what they want to do and therefore can meet like minded people to feel a real sense of belonging in GM.

Round table discussion questions:

Q1: How can providers be part of the solution?

Q2: How can commissioning help you to enable belonging?

Q3: How can our Small Sparks Ambassador's help?

5: Homes for people (reducing inequalities in getting a good home)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"Living independently doesn't have to mean living on your own. It's about having choice, freedom and control over your own life. It means that you decide where to live, who you live with and how to live your life. It means you get all the support you need."	Everyone gains confidence and understanding about what housing options are available, what we need in GM and our plan for the future.	We will expand the Shared Lives provision and the Home Ownership for people with Long-term Disabilities (HOLD) mortgage offer in GM so that more options are available for people with learning disabilities to choose the best living arrangement for them. We are developing a housing plan for people with learning disabilities and autism.
"We need lots of options like everyone else."	Widen the definition and type of services offered by Shared Lives	
"My house, my home should be my rules" Please take 2.08 minutes to watch this clip https://www.youtube.com/watch?v=lrXmOHadkU4	Housing Support for people leaving assessment and treatment units – a place I can call home.	

Reflections on our journey so far:

Under the GM Supported Housing programme we have been working to get a much better knowledge of our current supported housing provision. We now understand the full scale and scope of our housing, who it's for and how it's provided. We have undertaken research to identify what housing we will need in future and are working with local commissioners to establish how we can provide it. We recognise that to have the right supported housing we need to collaborate with a range of partners so have been working with colleagues across social care, housing, planning and estates to ensure we have the same aims.

We have reviewed the Shared Lives provision in place in GM to understand the quality and costs benefits and the opportunities to expand.

What we are proposing to do over the next 12 months:

Learn more about great models of supported housing that work elsewhere in the country and share in GM. Review our housing with care to make sure it is fit for the future. Ensure any new housing provision enables people to live as independently as possible. Develop a housing plan for people with learning disabilities and autism.

We want to double the number of people in Shared Lives arrangements over the next 5 years and will be working with providers to support this through joining up operational processes across GM including carer training.

Round table discussion questions:

Q1: What are the critical factors that would help providers and commissioners work better together to develop new models of housing and care?

Q2: What can we put in place to share information about people with complex needs and plan ahead to prevent crisis moves?

Q3: What are the elements that make excellent housing with care that encourages living independently?

6: Employment (reducing inequalities in getting a job)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"The right to a job I want not what someone else forces me to do"	Supporting Individuals including support for travel.	We will set targets for localities in GM to increase the number of people with a learning disability and autism in employment, traineeship or apprenticeship. We are developing good practice standards for practitioners, commissioners, employers and supported employment providers. We will work with employers to increase the number of opportunities for work available to people. We will work with schools and colleges to ensure employment, apprenticeships, internships and traineeships are considered for all young people.
"Employers need to know what's possible."	Support for Employers.	
"No one asks you when you're little what you want to be when you grow up so lots of people don't even think about work. Is that their fault?"	Transitions, Supporting Young People into the world of work	

Reflections on our journey so far:

A Greater Manchester target to increase the employment rate of people with a learning disability* to at least 7% in all localities in GM has been agreed.
Good practice standards for supported employment for people with a learning disability have been developed for commissioners, practitioners and providers to encourage and support development of best practice across GM.
A mapping exercise of the available supported employment services for people with a learning disability in GM has been completed.
Funding is in the process of being secured to commission a GM supported employment service for people with learning disabilities alongside people with severe mental illness and autistic people to top up existing service provision.

*Those people with a learning disability known to local authorities.

What we are proposing to do over the next 12 months:

On securing funding, Greater Manchester Combined Authority with Greater Manchester Health and Social Care Partnership to commission a new GM Supported Employment Service. This will include support for people with a learning disability.
We know the public sector can contribute more to this agenda and we want these organisations to lead by example. We will be working with HR directors and others to promote and support development of supported employment opportunities across public sector organisations in GM.

Round table discussion questions:

Q1: What do you think about what you've heard about this area of work of the GM Learning Disability strategy? Any surprises? Any concerns?

Q2: What sorts of things do we need to consider in commissioning a GM supported employment service to increase existing service provision?

7: Early support solutions (reducing inequalities for childrens and young people)

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"Assessment and diagnosis are inextricably linked to funding. This perpetuates the medical model and the focus on 'fixing' people."	Early referral, assessment and post diagnostic support	We will bring services for children and young people together to improve and streamline the assessment processes. We will strengthen joint working between SEND, CAMHS and children's social care leads to improve services for children and young people and their families. This will include embedding arrangements for Care, Education and Treatment Reviews to prevent children and young people being placed away from home.
"Decisions about services and support are made too late, particularly at points of transition."	Getting the right help as early as possible	
"The solutions that services offer us can at times be as bad as or worse than the problem we asked for help with"	When working with children and young people a whole family approach is essential whenever possible.	
"We - families - are expected to cope, even if services can't"	Invest in more intensive support	
"Courses to help families and the teams develop strategies together (not called parenting courses)"	Maximise the opportunities that joint working across GM will bring to supporting Children, Young People and families	

Reflections on our journey so far:

Salford's pathfinder work has enabled children and families to come together with professionals to have conversations that agree good support, avoiding what feel like more formal and bureaucratic panels. These have improved children and families experience – with complaints reducing drastically.

Salford is one of 4 'Learning Disability Innovation' areas demonstrating how person and community centred approaches can help build quality resilient support that helps people to live good lives. All 4 projects have a strong emphasis on 'transition' and trying to crack getting this right for families and young people.

What we are proposing to do over the next 12 months:

We will learn and share successful approaches so they can be taken and adopted elsewhere – including Salford's work.

Round table discussion questions:

Q1: Do you have any examples of good practice in developing personalised support for children, young people and their families?

Q2: As providers, what helps you to deliver support to CYP and families, and for that to stay in place through crises, so that placements don't break down?

8: Justice system

As part of the Learning Disability Strategy, people in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years. Around this priority:

PEOPLE WITH A LEARNING DISABILITY AND THEIR FAMILIES HAVE SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
"Don't send me back to the place and people where I got into trouble"	Offenders are being represented and treated fairly to help them not to reoffend.	Work with people, families, GM Police and others to develop plans to ensure people ate treated fairly when they come into contact with the justice system.
"Many of us live alone and feel isolated vulnerable and scared this makes us feel unsafe."	Victims voice.	

Round table discussion questions:

How can you help to inform us to develop an approach at the various stages, what are your experience and understanding - See attached frameworks

Q1: Understanding and developing an approach for victims and at the "problem solving stage"

Q2: Understanding and developing an approach at the point of arrest and through to the courts

Q3: Understanding and developing an approach at the point of sentence and the point of release, (community sentence, prison sentence and resettlement back in to communities)

Reflections on our journey so far:

People with learning disabilities and difficulties are over-represented in the criminal justice system. A literature review has been undertaken by the Prison Reform Trust with the headline conclusion being that between 20-30% of offenders have learning disabilities that interfere with their ability to cope within the criminal justice system.

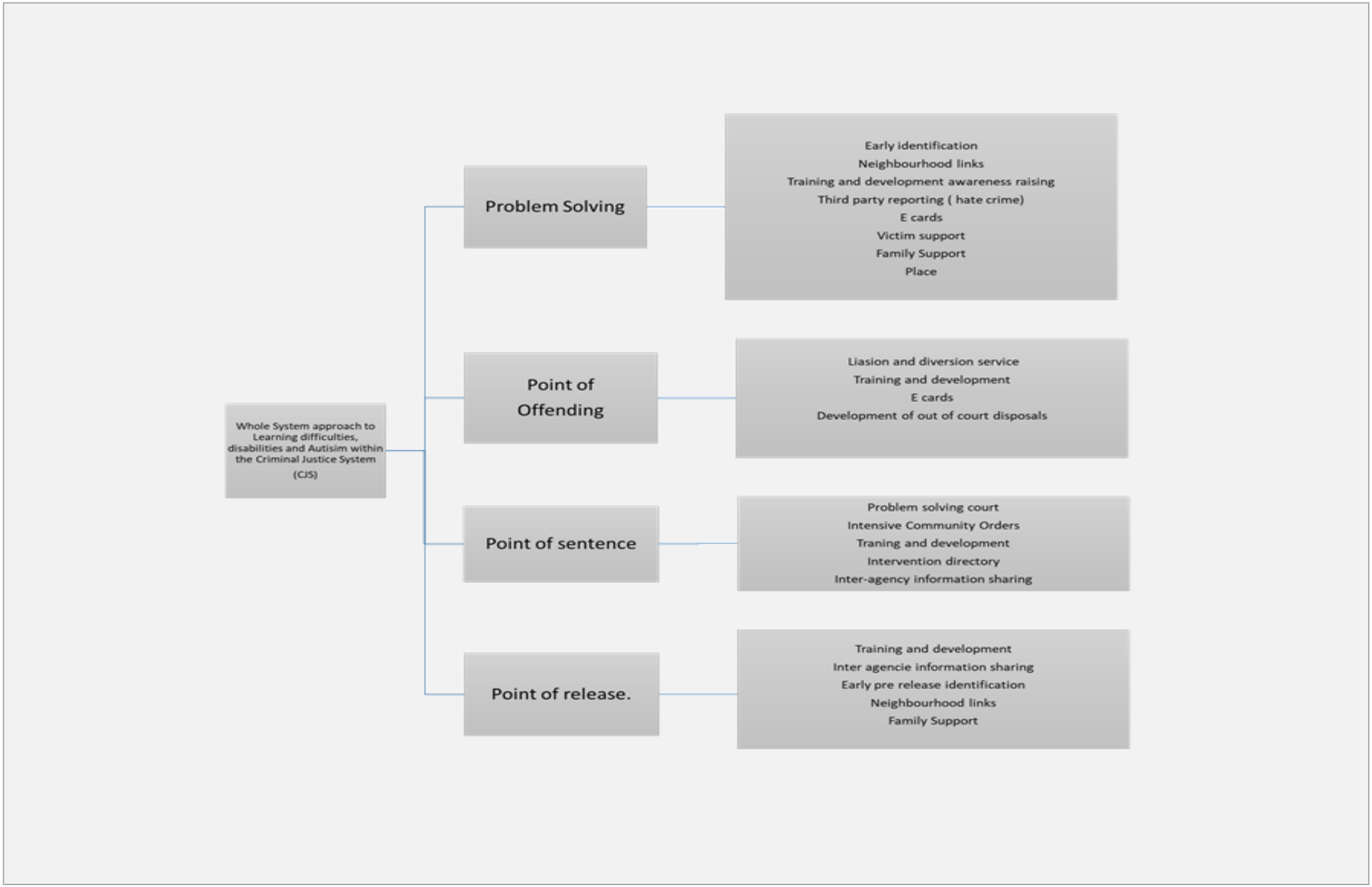
Criminal Justice System inspection reports have highlighted the fundamental importance of screening and identification at the start of an offenders' journey through the CJS recognising that "offender engagement is to have any real meaning it has to start with an understanding of the offender's learning ability and style based on an effective screening of all offenders. For those with a learning disability this is even more important as failure to identify and address their needs denies them their right to access services both inside and outside the criminal justice system." The evidence points towards a resultant risk that persons with a learning disability may then experience injustice, exploitation and intimidation through a failure to recognise and/or support their needs. New approaches are needed to help people who have committed offences to stay out of trouble in future.

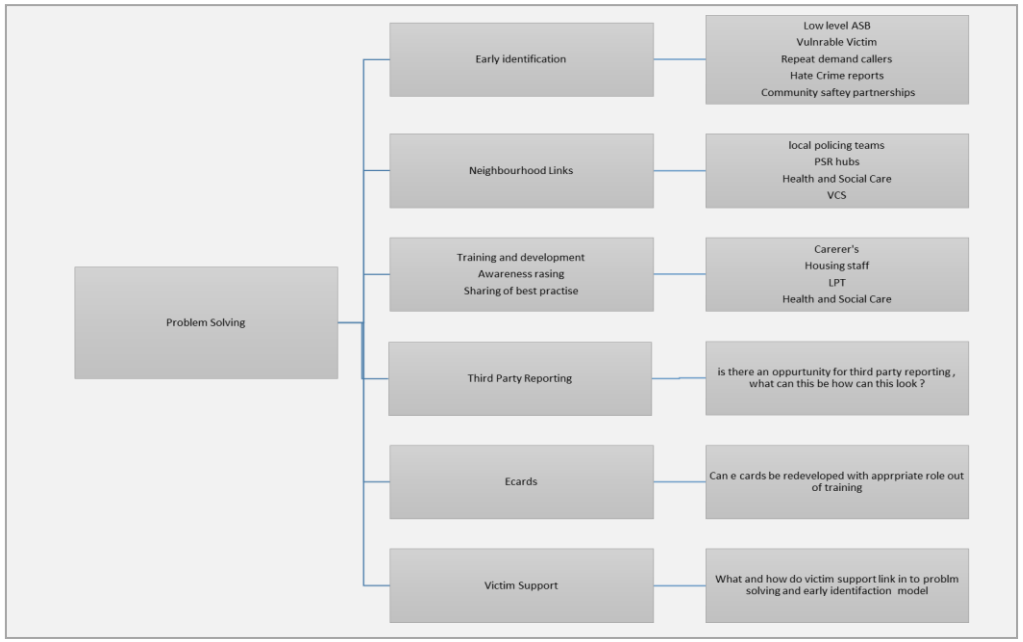
Once in the criminal justice system, people with learning disabilities may often have only a limited understanding of what is going on at the time of arrest, detention, charging and beyond. Research has also found that people with a learning disability are more likely than other people to become victims of crime for a range of reasons, including: limited ability to identify risky situations; lack of understanding of the motivation of others; communication difficulties; poor social understanding; vulnerability to being tricked, deceived or exploited by others; being targeted as 'easy victims' who will not report crimes to the authorities; and being more likely to live in high crime neighbourhoods.

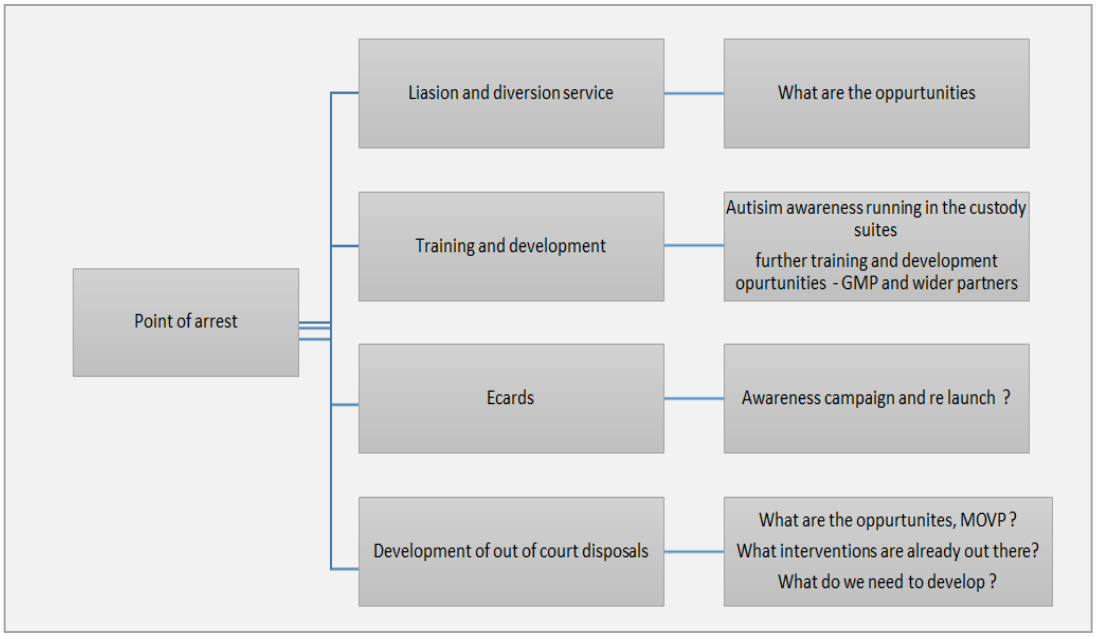
What we are proposing to do over the next 12 months:

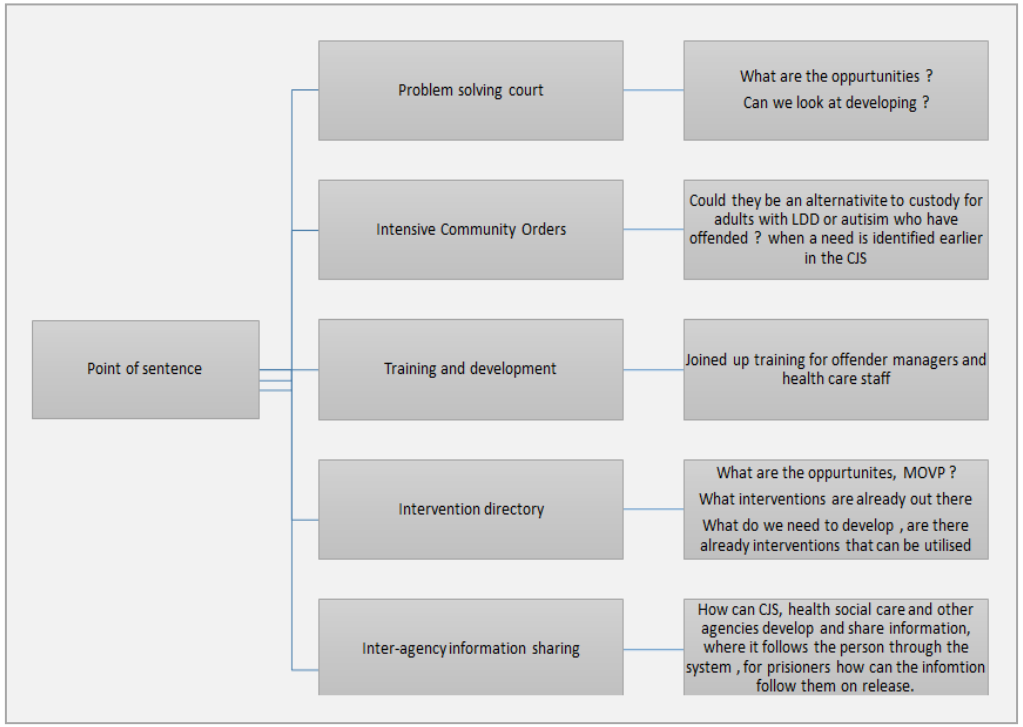
We want to work with partners to develop early design principles with regards to developing a whole system approach to for people at risk of or in the criminal justice system, who have a LD, this may include:

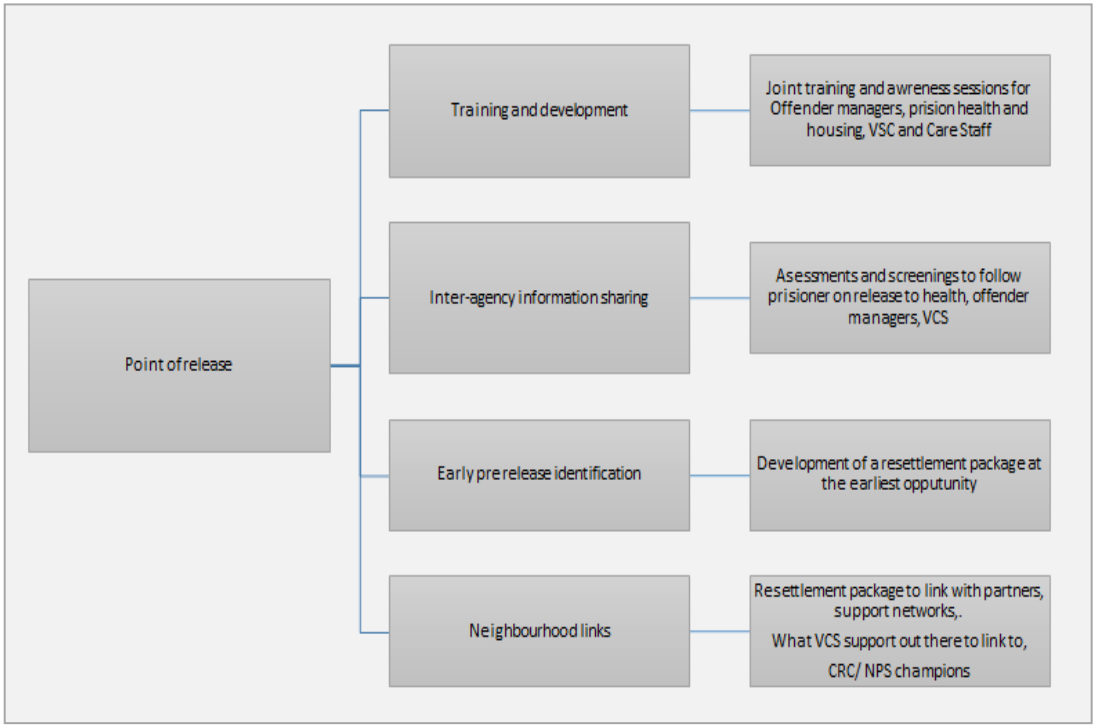
- Early identification and prevention: of children and young people with LD whose behaviour may cause them to break the law, and co-ordinated support to them and their families to change this behaviour (public health, NHS, education and social care in partnership with the youth justice sector).
- Approaches at specific points in the CJS (problem solving, point of arrest, sentence and release): consistent approaches across the youth and criminal justice systems, agreed with local education, health and social care partners, to identifying people who may have learning disabilities, with agreed pathways for people identified.
- Workforce capacity and capability: strengthening awareness and understanding in the youth and criminal justice and community safety sectors about learning disability and its implications for their practice awareness; wider work to build understanding across education, health and social care services.
- Easy read information: routine provision across the youth and criminal justice systems.
- Challenges around thresholds: commitment across NHS, public health, social care and community safety partners to a co-ordinated approach that prevents people with learning disabilities who break the law (or are at risk of doing so) from 'falling between the stools' of eligibility for different services.


Whole System approach to Learning difficulties, disabilities and Autisim within the Criminal Justice System (CJS)
Problem Solving
Early identification
Neighbourhood links
Training and development awareness raising
Third party reporting (hate crime)
E cards
Victim support
Family Support
Place
Point of Offending
Liasion and diversion service
Training and development
E cards
Development of out of court disposals
Point of sentence
Problem solving court
Intensive Community Orders
Traning and development
Intervention directory
Inter-agency information sharing
Point of release.
Training and development
Inter agencie information sharing
Early pre release identification
Neighbourhood links
Family Support


Problem Solving
Early identification
Low level ASB
Vulnrable Victim
Repeat demand callers
Hate Crime reports
Community saftey partnerships
Neighbourhood Links
local policing teams
PSR hubs
Health and Social Care
VCS
Training and development
Awareness rasing
Sharing of best practise
Carerer's
Housing staff
LPT
Health and Social Care
Third Party Reporting
is there an oppurtunity for third party reporting , what can this be how can this look ?
Ecards
Can e cards be redeveloped with apprpriate role out of training
Victim Support
What and how do victim support link in to problm solving and early identifaction model


Point of arrest
Liasion and diversion service
What are the oppurtunities
Training and development
Autisim awareness running in the custody suites
further training and development opurtunities - GMP and wider partners
Ecards
Awareness campaign and re launch ?
Development of out of court disposals
What are the oppurtunites, MOVP ?
What interventions are already out there?
What do we need to develop ?


Point of sentence
Problem solving court
What are the oppurtunities ?
Can we look at developing ?
Intensive Community Orders
Could they be an alternativite to custody for adults with LDD or autisim who have offended ? when a need is identified earlier in the CJS
Training and development
Joined up training for offender managers and health care staff
Intervention directory
What are the oppurtunites, MOVP ?
What interventions are already out there
What do we need to develop , are there already interventions that can be utilised
Inter-agency information sharing
How can CJS, health social care and other agencies develop and share information, where it follows the person through the system , for prisioners how can the infomtion follow them on release.


Point of release
Training and development
Joint training and awreness sessions for Offender managers, prision health and housing, VSC and Care Staff
Inter-agency information sharing
Asessments and screenings to follow prisioner on release to health, offender managers, VCS
Early pre release identification
Development of a resettlement package at the earliest opputunity
Neighbourhood links
Resettlement package to link with partners, support networks,.
What VCS support out there to link to,
CRC/ NPS champions

9: Autism

Greater Manchester Autism Consortium

The Autism Strategy for working towards Making Greater Manchester Autism Friendly is in draft form and about to be progressed through the GM governance for approval. The themes identified below require action to make GM autism friendly:

Access	Public services for autistic people should be accessible and appropriate reasonable adjustments should be made in mainstream settings (i.e. services that are not specialist for people with autism or learning disabilities but aimed at the general population) and staff in these settings trained. This will include housing and general council services. This is also about ensuring public facilities, such as leisure and cultural spaces are welcoming, inclusive and autism friendly.
Community	Autistic people and their families have access to accessible information so that they are able to take part in their communities, be active citizens and access the help to which they are entitled. They are also supported to participate in the local planning of services. This strand also looks at addressing additional barriers faced by certain groups including those in the criminal justice system, older adults, women, ethnic minority communities and LGBTQ+ communities. An autism friendly Greater Manchester has to be inclusive to all in the community.
Health and Support	This includes ensuring access to diagnosis and post-diagnostic support in every area, making sure that health and care have the right information on local need and are planning the right services locally and making sure health and care staff have appropriate levels of training in line with the Autism Act. No area can be autism friendly unless statutory services are providing appropriate care and support
Employment and Transition	Including employment and transition into adulthood for autistic people and family members. Greater Manchester will not be autism friendly unless we tackle the autism employment gap

Reflections on our journey so far:

- GMAC project commissioned by GM autism consortium to write a GM Autism Strategy October 2017.
- Making Greater Manchester Autism Friendly event with Andy Burnham December 2017.
- Started working on it February 2018.
- 4 stakeholder events April- end of May 2018.
- 2 GMAC steering group meetings to discuss in May and August 2018.
- Met with GMAC advisory groups June and September 2018.
- Draft strategy now going through governance and due to launch April 2019.

What we are proposing to do over the next 12 months:

- Ensure that all 10 areas are following the statutory duties in relation to autism.
- Diagnosis and PD service spec.
- GM Training standards.
- Starting Task and finish groups on housing, employment, criminal justice and transition.
- Launching Reasonable Adjustment guides.

Round table discussion questions:

Q1: Part of the work of GMAC will be to collate good practice. Do you have any to share?

Q2: What support do you need to help make your organisation autism friendly?

Q3: Do you have a particular area of expertise in any of the areas we are running task groups in and if so would you be interested in joining these groups?

For Information: About the Greater Manchester Specialist Support Team (SST)

Provides assessment and intervention for a time limited period with the aim of preventing admissions to hospital settings and to facilitate discharge from hospital to a community setting. This model of care is based on collaborative and joint work with existing primary and secondary health and social care services and Criminal Justice Agencies. The SST provides additional intensive support when a need is identified to enable a person to live as independently as possible in a community setting. Working as part of the multi-disciplinary team, the support from SST will be transferred to the existing community LD team/specialist autism service as the level of risk or need reduces.

Enquiries

- By telephone will be handled by the Duty Coordinator.
- Via a local area Assuring Transformation Meeting or the SST Locality Link Role.
- A recommendation as to whether to make a referral to the SST will be offered.

Referrals

- Referrers will complete a form for all people who require intensive support to prevent an admission to hospital or to facilitate discharge from hospital.
- When a referral is received the Duty Coordinator will check the content to ensure the necessary information is available to inform a decision that the referral is appropriate.
- Appropriate referrals will be assigned for an Intake assessment.

Eligibility Criteria

- People referred to the SST should be known to the CCG and Assuring Transformation Group for that locality.
- Expected that the person would be identified on the Dynamic Support Register.
- Needs should be assessed as 'red' or 'amber' using the CWP DSR Rating tool.
- Where a person is not known to a local area (i.e. is not named on the DSR) but there is sufficient information to suggest they would be eligible and in need of intensive support from SST (i.e. risk of offending, evidence of extreme challenging behaviour, risk of placement breakdown) the referral would be accepted for an intake assessment. This will include the completion of the CWP DSR Rating tool. If appropriate, after the intake assessment has been completed, information will be shared with the Assuring Transformation Group and referrals made to the relevant local services (Adult Social Care / CLDT / ASD Service).

- The SST has been commissioned to work with people who:

  - Have a learning disability and/or autism who offend or at risk of offending.
  - Have a learning disability and / or autism and complex needs associated with challenging behaviour that is extreme in nature.
  - Are aged 16 or above.

Intake Assessment

The assigned Clinician will make contact with the referrer to schedule an intake assessment with the relevant parties involved. A routine intake assessment will be completed within 4 weeks of referral date. Where there is greater urgency, the intake assessment will be completed within 24 hours. The assessment could take place using teleconference in these circumstances. The clinician completing the intake assessment will present the assessment at the SST Team Meeting, providing a summary of findings, an initial formulation with recommendations for further assessment / intervention. Where there is no further role for SST involvement, the case will be declined.

Lead Clinician Role

The SST Lead Clinician will be allocated according to the primary need identified during the intake assessment. This role will coordinate SST involvement; assessments, risk management plans, capacity, interventions, care planning, monitoring, review and evaluation and and provide the named lisaison / link with the external MDT. The lead clinician will also lead on the discharge from the SST and transfer of care to the local team. A care coordinator from the Community Adult LD Health and Social Care service will be identified and will maintain involvement throughout.

Prevention of Admission

SST will offer representation to any Local Area Emergency Planning meeting (Blue Light CTR, Emergency CTR or other local emergency planning arrangements). In some instances this might be via a teleconference dependent on availability of team members. SST will be represented at each local area Assuring Transformation Meeting (Dynamic Support Register Review Meeting) ensuring a shared awareness of those people who are currently considered to present a risk of admission or any person who is placed in hospital and therefore working towards discharge. The Head of Community Services will attend the Admission Panel / Single Point of Access meeting for the North West Region. When a person is referred for assessment for a Low Secure or Medium Secure service the SST may be asked to assess in the first instance. This decision would be made by the Admissions Panel based on the information presented in the referral. Factors that inform this decision would include a person's current placement, the risks identified and where it is unclear whether alternative options or models of care have been explored. In Greater Manchester the SST will Gate Keep admissions for Assessment and Treatment at Greenways Hospital. There is a separate procedure for this process in place.

Facilitating Discharge from a Hospital Setting

The role of the SST in facilitating discharge from hospital to a community setting is to oversee the discharge process, sharing expertise and direction to ensure planning is timely, focussed and person centred. The role of the lead clinician is:

- To follow up any actions from 117 discharge planning meetings.
- To support the MDT to identify an appropriate placement.
- To share information with members of the MDT and ensure everyone involved is kept up to date with progress.
- To identify gaps in local service provision
- By having a county wide perspective on prospective discharges from Hospital, the SST will work with commissioners and the independent sector to identify potential gaps in the market and the current provision.
- To provide a focus on discharge from the point of admission
- Present a professional challenge to MDTs in terms of the delivery of interventions, positive risk taking, steps or targets set towards discharge.
- Timely completion of key documents and sharing them with the relevant organisations
- Providing skilled and focussed discharge coordination
- To write crisis contingency plan for post discharge.
- Ensure MAPPA requirements are fulfilled in relation to discharge planning
- Ensure requirements around SOR are fulfilled post discharge
- To identify barrier or delays to discharge
- To work collaboratively with local services to Identify an appropriate placement
- Support the MDT to overcome barriers by leading on action plans to resolve the issues
- Where appropriate the SST will facilitate transition activity
- Provide training to the agency providing social care.
- Complete 7 day follow up post discharge
- To provide post discharge follow up for up to 2 years post discharge.

Therapeutic Interventions

There is an expectation that local services will have skills to deliver most therapeutic interventions independently and that they will train their staff in interventions pertinent to working with people with challenging behaviour and histories of offending. Where individuals have particularly complex presentations with forensic or challenging behaviour components, the SST will offer advice, consultation, and assistance with formulation including risk formulation. The provisions of Adapted Sex Offender Treatments and Dialectical Behavioural Therapy have been identified as gaps in local services, and the SST will train and support more intensively with these approaches. Individual therapy will be offered by SST staff only in exceptional circumstances where local services cannot provide this due to complexity and a lack of specialist skills.

Intensive Support

The SST will hold a Cause for Concern list to identify any person whose circumstances or situation has escalated to the point of:

- Crisis.
- Imminent placement breakdown.
- Escalation in episodic severity.
- Contact with the criminal justice agencies following an offence.
- Imminent risk of offending.

This will indicate a need for an enhanced level of support.

When a person is named on the Cause for Concern list, the lead clinician will attend a Case Consultation Meeting to review the core documents including the crisis contingency plan. Consideration will be given to what enhanced support can be offered by SST (either planned or crisis on call).

Following the Case Consultation Meeting the Lead Clinician will formulate a Safety Recovery Plan This will include a written statement setting out:

- The events leading to the Case Consultation meeting
- Summary of immediate risk
- What planned support will be provided?
- What crisis out of hours support will be provided?
- How the team can be contacted
- Views of the family and / or carers

The safety recovery plan and any changes to the care plan will be shared with the MDT supporting the person.

As a minimum every person identified on the Cause for Concern Table will be reviewed on a monthly basis.

The core operational hours of the Specialist Support Team are 9am to 5pm Monday to Friday.

Planned intensive support will be provided outside of those hours when a need has been identified.

An on-call service will offer unplanned intensive support 17:00 – 09:00 Monday to Friday and 24 hours Saturday and Sunday (**this service is planned to commence in the near future)**

Planned Intensive Support

The SST provides planned intensive support 24 hours a day and 7 days a week when needed for the purposes of:

- Community home assessment
- Direct Support
- Positive risk taking
- Community home treatment
- Training / role modelling with families and carers

Planned intensive support might be required when:

- Family or carer requires additional support to implement a strategy or intervention.
- A person's presentation changes (behavioural escalation or increase in risk of offending).
- evening/weekends present the best opportunity to complete assessments or intervention.
- Additional support is needed to prevent further escalation.
- It is anticipated that a person might experience heightened distress due to known triggers.

Unplanned Intensive Support (on-call) (this service is planned to commence in the near future)

The SST on call system will operate outside core working hours including bank holidays. This service is only available to people currently registered on the SST community caseload who have been identified as requiring an on-call provision as part of their crisis contingency plan. The service is not currently resourced for support to other service users who are known to the CLDT or ASD services or who were previously known to the SST. The on call service aims to provide advice to service users and/or support providers when a crisis occurs to promote safety and seek resolution to prevent further escalation. The on call service also aims to provide additional direct support for people when a crisis occurs. There is a protocol in place which describes in detail the delivery of the on-call service. A nurse will be the phone holder who will receive all of the calls. There is also a support worker who is on-call. When necessary the phone holder will contact the support worker when a direct response is indicated. Within the care plan there will be contact details of the local police station, the local area Emergency Duty Team, out of hours contact details for the SST on-call as well as details of local Accident and Emergency departments.

When a person is identified as requiring an On-Call response from SST/Lead Clinician will:

- Provide key information about the person and their home circumstances
- Ensure the crisis contingency plan is up to date and provides all the required information to the phone holder
- Arrange an urgent Case Consultation Meeting.
- All information will be shared with the Duty Coordinator.
- Any information from on-call to Duty Coordinator will be shared through the morning and afternoon safety huddle.

Training and consultation

Where appropriate the SST will offer advice and consultation to the current MDT who is working with a person who has complex needs.

This model will be introduced where a second opinion is sought, where there is not an identified role for the SST or where there is disagreement within the MDT about a person's care pathway.

The SST will provide generic staff training to the health and social care community. A prospectus is available describing packages of training that are available.

Where a relevant training need is identified, the SST will develop and deliver a suitable package to meet the requirements of the audience.

The SST will provide bespoke training to families and carers around an individual's specific needs and presentation.

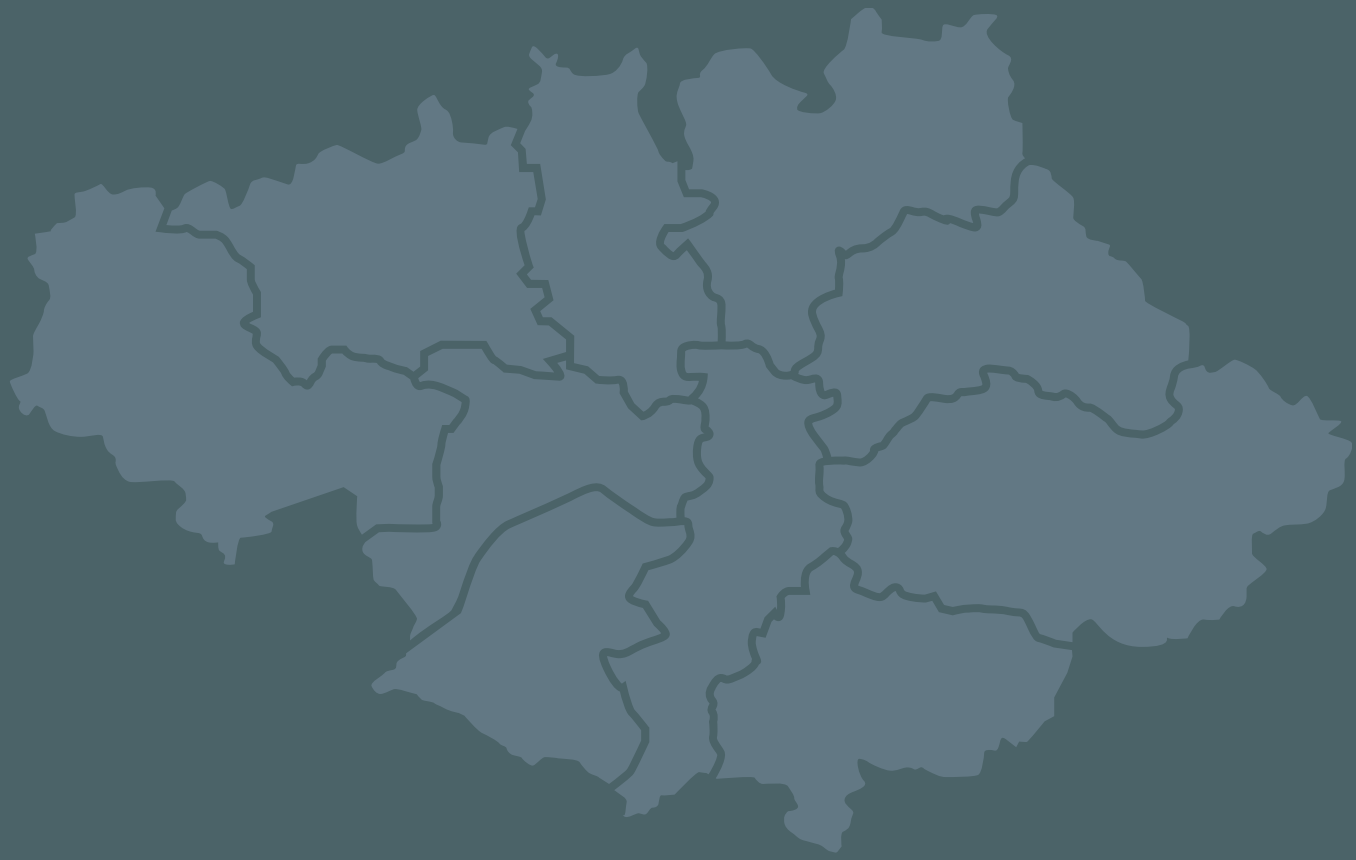
Referrals can be made requesting training.

Training provided by the SST will be monitored using surveys of satisfaction and via contract monitoring.

Roles and specialists within the SST include the following:

- Clinical Consultant Psychologist
- Clinical Psychologist
- Assistant Psychologist
- Highly Specialist Occupational Therapist
- Highly Specialist Nurse Practitioner
- Senior Nurse Practitioner
- Highly Specialist Speech and Language Therapist
- SALT
- Social Worker
- Support Worker
- Consultant Psychiatrist

Thank you for your participation



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