



UNIVERSITY OF  
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# Evaluation of Building the Right Support

## Summary of findings to date and recommendations arising

October 2018

## Introduction

NHS England, the Local Government Association and the Association of Directors of Adult Social Services have a shared goal to transform care and support for people with a learning disability, autism or both. In October 2015, they published '[Building the Right Support](#)'. This set out a plan for investing in high-quality, community-based support.

The aims of Building the Right Support were to: improve quality of life; increase care and support in the community; and reduce reliance on outmoded inpatient models of care. To achieve this, 48 'Transforming Care Partnerships' were set up across England, bringing together health and social care services alongside related local partners.

In December 2016, NHS England and its partners commissioned a three-year evaluation to look at what is working well, what is not, and how therefore practice might be improved. The evaluation will end in July 2019 and is being undertaken by the [Strategy Unit](#), [ICF](#), the British Institute of Learning Disabilities ([BILD](#)), and the Health Services Management Centre at the [University of Birmingham](#).

The evaluation team has gathered evidence from: a national survey of Transforming Care Partnerships; ten detailed case studies of Transforming Care Partnerships; and two rounds of interviews with national and regional stakeholders. The team has also worked with people, families and other experts to guide the approach and interpretation of findings.

This short report presents **high-level findings and recommendations** from the evaluation to date; final findings will follow in summer 2019. An accessible version and the reports it summarises can be found [here](#).

## Main findings

- The vision, values and aims of Building the Right Support are widely thought to be right. The plan clearly identifies a set of challenges and presents a model that is supported by policy makers and organisations working in this area, including self-advocacy groups representing people and families.
- Important progress has been made towards realising the vision set by Building the Right Support. There are examples of marked and positive change to care and support. The detailed evaluation reports highlight examples of some Transforming Care Partnerships that have proved to be effective models for developing cross-sectoral partnership working, in addition to bringing focused efforts to improve care and support in local communities. Much has also been learned in terms of the true nature and scale of the challenges facing the health and care system.
- The evaluation found examples of good local practice in integrating care across different organisations. This includes the development of multidisciplinary intensive support teams, collaborative working between community providers, pooling budgets between health and social care, and involving people in co-producing decisions about their care and support.
- Implementation is on-going and progress can be built upon – including through the social care green paper and (forthcoming) NHS 'long-term plan'. More needs to be done because the experiences of children, adults and their families are varied and not yet consistently good, as our reports and other studies (e.g. [LeDeR](#)) have shown.

## Recommendations

As well as identifying areas of progress, the evaluation has shown where further focus is needed to achieve the ambitions of Building the Right Support. These are that:

- 1. Efforts to implement Building the Right Support for all people with a learning disability, autism or both must remain a priority for the NHS and social care.** As the NHS develops its long-term plan, it is important that the work of local Transforming Care Partnerships is taken forward within local systems. Clarity is needed as to how they fit within new arrangements, such as Integrated Care Systems.
- 2. There is a need to re-emphasise the broader aims of Building the Right Support.** The focus of Transforming Care Partnerships has been more on closing beds than on making sure that health services, care and support is available in the community. There needs to be more preventive support for families. Within this, there is a specific case for focusing on children and young people, people with autism and those with mental health conditions; they seem to experience the biggest gaps in preventative care and support.
- 3. There should be an increased commitment to co-producing solutions with individuals and families at local and national level.** Many local areas are not confident in involving people with behaviour that challenges and their families in strategic processes. This may require training in how to adapt existing approaches. Co-production should also include the opportunity for people and family members to be paid as engagement leads or experts by experience, as well as commissioning self-advocacy groups.
- 4. Commissioning must be improved.** Commissioning capability and capacity has been a major limiting factor in implementing Building the Right Support; few commissioners have experience of developing individualised support for people with a learning disability and in working across different organisations (and sectors) to do so. Guidance for commissioners has been produced; this needs to be built upon with a focused development programme.
- 5. Commissioner-provider collaboration must be encouraged.** At local level there is not enough meaningful dialogue between commissioners and providers of care and support to enable the development of specialist support in the community. Local systems need to develop population-based, strategic, long-term and asset-based approaches to commissioning. At national level, partners should also work with providers to develop the market, so that there are more personalised approaches to care and support (e.g. via the use of life planning, personal health budgets and Positive Behaviour Support).
- 6. More should be made of information from Care and Treatment Reviews.** The introduction of Care and Treatment Reviews is an important achievement. Yet information generated by these Reviews is not typically aggregated and acted upon (e.g. in commissioning). NHS England should address this. This may also show whether people and their families are seeing improvements in quality of life, which is both an aim of Building the Right Support and a significant gap in current information.
- 7. There must be better policy alignment.** Children's services (including education) and wider government must take more responsibility for the implementation of Building the Right Support. Locally, there is little evidence of joint work between health and adult social care on the one hand, and children's services and education on the other. Priorities should include: engaging schools and families to support children with behaviour that challenges to reduce exclusions, restraint and placements a long way from home; adopting a life planning approach; ensuring that children's workers are involved in discharges from Assessment and Treatment Units; and commissioning preventative activities in the community.

**8. Support the social care workforce.** The supply of this workforce threatens the viability of the community infrastructure that is needed. The social care workforce supporting people who display behaviour that challenges - and people with a learning disability or autism more generally - need qualifications, career pathways and pay progression in line with their counterparts in health and education. There could be social care apprenticeships for support workers who specialise in support for this group of people, as well as further incentives for professional development and the uptake of Positive Behaviour Support. Family carers also need to be considered an essential part of the workforce, enabling prevention and supporting independence to be greater priorities.

**9. The supply of accessible housing must be increased.** We found that local systems typically lack the expertise and funds to address housing needs. Recently, NHS England and the Local Government Association provided regional housing advisers to offer expertise in the development of plans and progress should continue to be built upon. Homes England should also be brought into policy making to encourage social landlords to invest in housing for people with a learning disability or autism.

**10. The financial model underpinning Building the Right Support needs to be clarified.** The plan was founded on an assumption of cost-neutrality: that as financial responsibility for supporting people moves from national to local health and social care provision, the overall costs of care and support in the community would be no more than inpatient care. Yet uncertainty remains, leading to friction between many health and social care commissioners. More detailed analysis is needed to reduce this uncertainty.

**11. More work is needed to pool or align budgets across health and social care.** This could include making a share of national funding contingent on local systems moving towards financial integration. This could be considered within the social care green paper.

**12. Communication must improve.** In its early days, the programme to implement Building the Right Support was perceived by external stakeholders as being inward-looking and too NHS-focused. Learning was not always shared and stakeholders – including local systems and the public - found it difficult to track progress. National partners should therefore consider the best ways of maintaining open and on-going communication.

**13. Implementation has centred on performance management and assurance; a more rounded approach is required.** NHS England's assurance and performance management function has been used to drive implementation. The combination of ambitious timescales and detailed measures led to focused and target-driven efforts. However, without a sufficient understanding of local conditions and local problems that the data might point to, there were limitations in how far such an approach could realise the full vision of Building the Right Support. Instead, a 'national-down' dynamic was set up, with an associated demand for rapid and joined up national decision making which was not always met.

Building the Right Support stated that no-one should spend time in hospital due to a lack of appropriate community provision. It argued that the NHS and social care must ensure that integrated care and support is available in every community to prevent over-use of outmoded inpatient care: and that a change in culture among professionals and wider society is needed so that people and families have greater power in the system. These ambitions remain right; evidence shows progress; yet the vision remains unfulfilled. The above recommendations should provide policy-makers with a guide for future efforts.

**Note:** To complement the findings a short 'You said, we did' document shows how the evaluation has informed a national response from NHS England and its key stakeholders. It can be found [here](#). An accessible version will also be available shortly.