Evaluation of Building the Right Support

Phase 3 case study findings report

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Introduction

This report has been produced from phase 3 of the evaluation of Building the Right Support (BRS), which aims to improve quality of life, care and outcomes for people with a learning disability, autism or both. BRS was published in 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

The evaluation is being undertaken by the Strategy Unit, ICF, BILD, and the University of Birmingham. The findings from the study to date, which began in December 2016 and ends in July 2019, can be found here. The evaluation was commissioned by NHS England to focus primarily on the implementation of BRS, examining what works, what does not work and why.

In early 2019 a new Long Term Plan (LTP) for the NHS[1] was published which builds upon the ambitions and achievements of BRS. Findings from the evaluation helped shape these plans.

The evaluation has shifted its focus in phase 3 to gather evidence from the case studies to support local areas to implement and deliver the commitments set out in the LTP, focusing on examples of good practice and local approaches. The evaluation focused on how future practice can be shaped and improved under the following key themes:

- Developing community provision through partnership working;
- Developing the workforce in the community;
- Care and support for children and young people;
- Housing;
- Finance;
- Personalisation;
- Co-production with people and families; and
- Sustainability and the future development of work arising from BRS and Transforming Care.

This report is primarily a learning resource, drawing on the evaluation findings from ten local case studies where the evaluation focused in phases 1 and 2. Findings presented here are drawn solely from fieldwork in the case study areas, which included interviews with Senior Responsible Officers (SROs), programme staff, local stakeholders and practitioners, provider organisations, and meetings with local self-advocacy groups, people and families, in 2017-18 (phase 1) and 2018-19 (phase 2).

Main findings by theme

For phase 3 of the evaluation, the findings are organised by the key themes above. Readers looking for greater detail on local learning, and examples of how TCPs

[1] NHS England (2018), The NHS Long Term Plan: https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

responded to the challenges identified under each of the key evaluation themes, are referred to the main body of this report.

The case study research and examples of promising practice in this report show that TCPs have made significant progress, and invested in a range of approaches to improving care and support for people, their carers and families. Since the national programme began, TCPs have learnt about how to implement system-wide approaches to improving care and support and taking a more preventative approach; as well as identifying the key challenges to meeting the needs of the whole population with a learning disability, autism or both. They are now focusing on how to build on these foundations as new local systems form to deliver the LTP.

Developing community provision through partnership working

The case study TCPs have responded in various ways to the challenge of improving local provision. Solutions included developing local provider markets; establishing better communication and engagement with providers, and developing provision for early intervention / prevention; and, investing in crisis or short breaks provision to avoid admissions in the event of a crisis.

As a result, professionals in case study TCPs said that these approaches were helping to reduce admissions, improve the quality of discharge support, and reducing expensive spot purchases. Case study TCPs also learned more about enabling people to co-design care and support.

The promising practice examples cover: the introduction of a specialist support team at TCP level (Greater Manchester, p7); a description of a new provider framework (Dorset, p8); and an example of a more asset-based approach to commissioning that has been co-produced with people and families (Devon, p9).

Developing the workforce in the community

Case study TCPs encountered challenges in recruiting, retaining and training staff – from specialist health professionals to support workers. They have developed pragmatic approaches to solving workforce shortages, as well as ensuring that professionals have the skills, values and culture to work effectively in more person-centred ways.

We found that case study TCPs had learned about how to use Positive Behaviour Support (PBS) as a framework for improvement; and had deployed specialist expertise to build bridges between different professional teams or undertake new tasks in line with the goals of BRS (such as implementing Care and Treatment Reviews (CTRs)).

Our promising practice examples cover the implementation of PBS training in a cascade model (Outer North East London, p11); a self-managed network of providers with an interest in PBS (Surrey, p12); and the development of shared strategy for the workforce (Greater Manchester, p13).

Care and support for children and young people

At the outset of BRS, many TCPs chose to take an initial focus on the needs of adults with a learning disability, autism or both; we also found in our evaluation that both local and national stakeholders thought that more needed to be done to bring adults' and children's services together locally, to ensure that there are early

intervention and prevention services in place to prevent crises and so that families are supported earlier.

This learning has spurred case study TCPs to make improvements and implement a range of approaches to make sure that children and young people with a learning disability, autism, or both have equal access to mainstream services, and that investments and forward planning focus on transitions.

At the time of the phase 3 research, some TCPs were also starting to address the gaps in care and support for children with autism (and identifying children who need health and social care). Others were exploring ways to integrate services or commissioning in order to make sure that local SEND offers join-up with the Transforming Care agenda and wider activities. Joining-up adults' and children's services is now a key focus for case study TCPs.

Our promising practice examples cover the approaches taken by an Accelerator site (Greater Manchester, p16); and an example of a group that has been involved in co-design (Dorset, p17).

Housing

Earlier reports from the evaluation showed that many TCPs found housing to be a particular challenge. In particular, stakeholders said that it was challenging to: join up various capital funding sources with differing requirements; meet Care Quality Commission (CQC) requirements; and, work with providers to develop housing that is both affordable and sufficiently personalised. NHS commissioners also had to learn new skills.

Case study TCPs have since been supported by the national programme's regional housing advisers to implement the guidance in *Building the right home* (NHS England / LGA / ADASS 2016) and develop their local housing plans. TCPs have recently been working to: better understand people's needs for housing; identify opportunities for refurbishing old properties or developing new ones; and, become more able to identify and use sources of capital funding.

Many TCPs continue to find it challenging to develop the skills needed to create personalised housing options that can be delivered on time, while at the same time doing so in a way that makes the most effective use of limited resources (money and workforce). Professionals contributing to the evaluation highlighted how working closely and sharing risk across health and social care, is essential for success.

Our promising practice examples illustrate how integrated commissioning and provider engagement can help to manage local capital funds (Hertfordshire, p19), and how to develop a long-term housing strategy based on a detailed assessment of current and future needs (Outer North East London, p20).

Finance

Ensuring that money can follow people as they move from inpatient care to living in the community remains a challenge for TCPs, including reaching agreement between health and social care commissioners as to how the costs of care and support in the community are met.

Nevertheless, case study TCPs have been making progress in addressing the financial challenges identified by this evaluation during the first years of their operation, such as the higher costs faced by some commissioners when people are

discharged from hospital to home. In some cases, local commissioners were able to build on a history of joint commissioning or pooling budgets, an illustration of which is given in our promising practice example in Hertfordshire (p22). However, other TCPs have made slow progress with establishing pooled budgets and more formal joint commissioning arrangements.

Co-production with people and families

The case study TCPs had adopted a wide range of approaches to co-production, ensuring that people and families are enabled to shape decisions about care and support at a strategic level.

Co-production has influenced both the setting of priorities at TCP level, and the development of solutions, services and pathways that better meet the needs of people and families.

Our examples of promising practice include the establishment of a 'confirm and challenge' group and the strategic role of coproduction (Greater Manchester, p24); employing experts by experience within local commissioning teams (Hertfordshire and Lincolnshire, p25); and he role of experts by experience in improving CTRs in Hertfordshire (p26).

Personalisation

We found evidence that over time, both commissioners and providers had started to focus on personalising services and improving the planning of care and support to meet individuals' needs.

However, most case study TCPs did not yet appear to have a systematic approach to promoting and using tools such as personal health budgets or personalised care and support planning.

Our example of promising practice focuses on the person-centred approach to commissioning and providing care and support in Devon (p28).

Key learning points for local systems

In this section, we focus on the cross-cutting learning points for local health and social care systems and others in implementing the commitments in the LTP.

- Meaningful co-production and co-design at all levels has been essential to TCPs' progress and should remain central to improving the quality of care and support. By investing in self-advocacy groups and enabling people and families to not only be part of oversight, but also delivery, successful TCPs can identify and deliver the priorities that are important to them. Focusing on this area will ensure that reasonable adjustments across health and social care are prioritised and implemented more effectively so the national commitments of the LTP can be delivered.
- Although we found evidence that both commissioners and providers had focused on personalising care and support, most case study TCPs did not yet appear to have a systematic approach to promoting and using tools such as personal health budgets or personalised care and support planning. It is important that personalisation is re-emphasised as a core principle throughout local plans.

- Building on existing foundations such as joint commissioning teams or an existing Learning Disability or Autism Partnership Board (LDPB) has been a valuable part of many TCPs' achievements. It is therefore important that ICSs seek to add value where existing partnerships are delivering, rather than starting afresh, to address the LTP commitments.
- Senior level support (the buy-in of chief executives and political leaders such as mayors where they exist) can ensure that local systems prioritise the inequalities faced by people with a learning disability, autism, or both, and that there is improved system-wide understanding, as highlighted for action in the LTP. They can bring the wider group of stakeholders necessary to achieve the LTP commitments.
- Working together with, and linking up community teams such as Community Learning Disability Teams (CLDTs) and frontline Child and Adolescent Mental Health Services (CAMHS) with specialist support is important so that they build up their skills. This report highlights examples of successful communities of practice that bring different professionals together. In particular, enabling commissioners to work across boundaries and take part in sharing their learning, has improved their skills and ability to develop the preventative, personalised and community based services the LTP demands.
- Developing an approach to PBS that is system-wide and can be sustained is critical for effective services – and will most likely require continued investment. Ensuring that providers have access to training, and are willing to take ownership to share their skills, is central to achieving the more mature provider market that is required by the LTP.
- Short-notice spot purchases can be reduced by effectively establishing and using frameworks to bring together specialist providers. This report provides examples of how the provider market can be managed to ensure needs are met and investments in provision meet the strategic vision set out in the LTP.
- Investing in intensive support, together with short break provision and the effective use of pre-admission C(E)TRs, has helped many people to avoid hospitalisation. When coupled with an ongoing, systematic review of admissions, discharges and C(E)TRs, providers and commissioners can use intelligence about what has worked well and the issues that need to be addressed. Working in this way will help to achieve the LTP goal of reducing inpatient admissions.
- The most effective housing plans have addressed the wider needs of all people with a learning disability, autism, or both, taking account of the future needs of children and young people. Providing appropriate housing is challenge for all areas but is a bedrock of an approach that delivers the person-centred, community-based support at the centre of the LTP vision.

1 Introduction to this report

This report has been produced from phase 3 of the evaluation of Building the Right Support (BRS). BRS aims to improve quality of life, care and outcomes for people with a learning disability, autism or both who display behaviour that challenges services – and ensuring that support and care is closer to home. BRS is part of the wider Transforming Care agenda. It was published in 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

The evaluation is being undertaken by the Strategy Unit, ICF, BILD, and the University of Birmingham. The evaluation was commissioned by NHS England. The specification for the study set out a requirement for an evaluation focused primarily on the implementation of BRS: to examine what is / not working and why. The evaluation aims to take findings and support the process of translating them into improving practice. The findings from the study to date, which began in December 2016 and ends in July 2019, can be found here.

Following the earlier phases of the evaluation, a thematic framework was developed to structure the evidence gathering and analysis. The key themes we have covered in phase 3 are:

- Developing community provision through partnership working;
- Developing the workforce in the community;
- Care and support for children and young people;
- Housing;
- Finance;
- Personalisation;
- Co-production with people and families; and
- Sustainability and the future development of work arising from BRS and Transforming Care.

The main approaches used by the evaluation to gather evidence have included:

- Case studies of ten Transforming Care Partnerships (TCPs) who are responsible for leading the implementation of BRS locally – including interviews and focus groups with professionals, people and families[2];
- An electronic survey of frontline professionals, people and families about their views of their TCPs;
- Engagement with national groups to support co-production of the evaluation; and

[2] The case study areas were selected from the original 48 TCPs to represent places with different characteristics, including TCPs that had received investment earlier on than others, those with large proportions of inpatients relative to their population and those without; and those that had to focus on developing inpatient provision closer to home alongside those that hardly used any out-of-area provision.

- Interviews with national and regional stakeholders to BRS.

In early 2019 a new Long Term Plan (LTP) for the NHS was published which builds upon the ambitions and achievements of BRS. Findings from the evaluation helped shape these plans. The intention is clear: to reduce the need for care and support in specialist hospitals and to build alternative support in the community that is preventative and personalised. There is a focus on meeting the needs of children and young people and the growing number of autistic people, as well as reducing the severe inequalities in health outcomes and quality of life that many people and families face. It is expected that local plans and strategies to deliver the LTP will be put in place by both new and established Integrated Care Systems (ICSs), intended to lead local collaboration between the NHS and local authorities.

The evaluation has shifted its focus in phase 3 to gather evidence from the case studies to support local areas to implement and deliver the commitments set out in the LTP, focusing on examples of good practice and local approaches.

In 2018 and 2019 this has meant:

- Continued work in the local TCP case study areas, with the aim of identifying promising practice that could support local implementation of the LTP elsewhere; and
- Focusing within those case studies on the experiences of people and families, and what they think has made a difference, as well as what they think still needs to change.

This report is primarily a learning resource, drawing on the evaluation findings from the ten local case studies where the evaluation focused in phases 1 and 2. It is the first of several final outputs from the evaluation, which will include:

- A report about what has been achieved from BRS, with a focus on actions that local areas can learn from in order to improve; and
- A report about how to seek the views of people and families that are sometimes less listened to in policy making – including the views of experts by experience who have taken part in Care and Treatment Reviews (CTRs).

We will also produce accessible outputs to share these findings.

1.1 About the case studies

This report summarises findings from the ten case studies. It looks at promising practices and 'stories of change' and summarises the most important learning for the implementation of the LTP. **Findings presented here are drawn solely from interviews and documentary analysis undertaken during the case study fieldwork**.

The case study areas were chosen in 2017 to provide insights from: both 'fast-track' and other TCPs; areas with different challenges such as a high use of Assessment and Treatment Unit (ATU) beds or hospitals far from home; differing performance as defined by NHS England's ratings; different

organisational boundaries and structures (e.g. TCPs coterminous with a single local authority area or CCG to those with multiple commissioner organisations); and 'soft intelligence' from national stakeholders across the Transforming Care programme.

The case study areas were:

- Devon;
- Dorset;
- Greater Manchester;
- Hertfordshire;
- Lincolnshire;
- Nottinghamshire;
- Outer North East London;
- South Yorkshire and North East Lincolnshire;
- Suffolk; and
- Surrey.

Case study research included interviews with Senior Responsible Officers (SROs), programme staff, local stakeholders and practitioners, provider organisations, and meetings with local self-advocacy groups. Visits to case study areas took place between December 2017 and April 2018 (phase 2), and from November 2018 to April 2019 (phase 3).

In phase 3, the interviews focused on the:

- Main achievements of the TCP and progress to date, including challenges encountered and key success factors, and the important role of co-producing both plans and solutions;
- Implementation and progress in relation to the key themes of the evaluation in phase 3, including relevant learning and examples of promising practice and their results to date; and
- Sustainability of changes achieved and what still needs to happen both locally and nationally to ensure that the vision of the LTP is realised, including ownership of the agenda among local partner organisations, and people and families.

We also worked closely to gather the views of people and families by working with local groups in eight of the case study areas, where relevant local groups could be identified and were willing to take part. This part of the evaluation team's work was led by BILD and included interviews, focus groups and meetings with people and families to examine:

- Their experiences of engaging in decision making about their own lives, housing and support;
- Their experiences of engaging in making decisions about local priorities and shaping services, care and support;

- The perceived impact of BRS and local action on their quality of life, and their care and support; and
- Key learning about what still needs to change in future.

2 Findings and promising practice from the case studies

This section presents examples of promising practice from the case study TCPs. It includes a brief description of the typical activities that TCPs had undertaken and is organised by the key themes for phase 3 of the evaluation, which can be used to support areas going forward with the implementation of the commitments set out in the LTP. Where the list of typical activities undertaken by TCPs is illustrated by a practice example that follows (in coloured boxes), a page number is given to signpost the reader to that example in this report.

The case study research and examples of promising practice in this report show that TCPs have made significant progress towards the aims of BRS; and invested in a range of approaches to improving care and support for people, their carers and families. Since the national programme began, TCPs have learnt about how to implement system-wide approaches to improving care and support and take a more preventative approach; as well as identifying the key challenges to meeting the needs of the whole population with a learning disability, autism or both. They are now focusing on how to build on these foundations as new local systems form to deliver the LTP.

2.1 Developing community provision through partnership working

The case study TCPs have responded in various ways to the challenge of improving local provision. Solutions included developing their local provider markets, establishing better communication and engagement with providers and developing provision for early intervention / prevention, as well as investing in crisis or short breaks provision to avoid admissions in the event of a crisis.

As a result, professionals in case study TCPs said that these approaches were helping to reduce admissions, improve the quality of discharge support, and reduce expensive spot purchases. Case study TCPs also learned more about enabling people to co-design care and support (see section 2.6 for further detail).

Examples of activities and investments undertaken included:

- Commissioning specialist support and therapeutic interventions for people and families at risk, aligned to the goals of BRS and usually linked to the principles of Positive Behaviour Support (PBS) (p7);
- Commissioning enhanced or intensive support teams to intervene in a crisis, to give access to alternative pathways to an admission;
- Commissioning specialist support teams for offending / risky behaviour (p7);
- Holding regular multi-disciplinary team (MDT) meetings (involving specialist or community learning disability services, or both, as well as

other local TCP partners) to review admissions and the support for people with high needs, for instance, according to the risk register;

- Assigning designated case managers for individuals and families at high risk;
- Developing procurement frameworks as a basis for developing a local market in specialist provision and enabling people with lived experience to co-design service specifications (p8 and 9);
- Developing joint assessment processes and personalised care planning to give commissioners and providers a more holistic, shared view of an individual's needs and wishes; and
- Developing quality standards or quality charters that express what people with a learning disability, autism, or both should expect from care and support, together with frameworks for monitoring care and support in the community – usually co-designed with self-advocacy groups with experience in quality checking.

Our promising practice examples cover: the introduction of a specialist support team at TCP level (Greater Manchester); and two examples of how new provider frameworks can be co-produced with people and families and improve the quality of local provision (Dorset and Devon).

The examples show how important it is for TCPs to focus on early intervention as well as preventing admissions; to co-produce the development and monitoring of community services; and, to ensure that collaborative links are made across NHS specialist services, NHS providers of community support, and providers of social care, support and housing.

Establishing a Specialist Support Team alongside stronger local Community Learning Disability Teams

In the early stages of the programme, Greater Manchester TCP identified a need for greater specialist expertise at the regional level to support community teams in each borough and develop better pathways to avoid admissions. In common with many areas, Greater Manchester TCP have developed a new Specialist Support Team (SST) team to provide a service to adults who present a risk of offending, have a history of criminal conviction or who have complex challenging behaviour. The SST will operate 24 hours a day delivering forensic support and crisis services across Greater Manchester, working closely with the regional provider of four specialist acute assessment and treatment beds.

Although there were initial doubts about the need for the service, since becoming operational it has become a valued addition, bringing focused expertise and central resource to the intensive support options that local commissioners can employ in each of the Greater Manchester boroughs. They are able to arrange short-term crisis support to avoid admissions to hospital, and work in a tailored way with each Community Learning Disability Team (CLDT). The timing of implementation also helped, in that work to build the skills and capacity of CLDTs preceded the SST, enabling some design work on pathways and local support options to take place first.

In addition, the TCP established mechanisms for CLDTs to share their learning and expertise. Frequent, organised opportunities for CLDTs to exchange learning, enabling common challenges and good practice to be shared, have laid strong foundations for future working. These stronger relationships have been supported by risk-sharing arrangements across Greater Manchester that lessen some of the previous friction about the sources of funding for people's care and support. The next challenge will be to facilitate better joint working between CLDTs and local mental health teams, so that there is greater clarity about how people with mental health needs and autism or a learning disability can be supported, when they often fall between different local services.

A new framework for supported living for people with a learning disability and complex needs

In Dorset, local commissioners saw a need for improving the quality and sustainability of local providers, and enabling the purchase of care and support in the community for people with more complex needs – by raising the pay rates for workers who support people in a crisis. Both Dorset County Council and the unitary authorities in Bournemouth, Poole and Christchurch, have set up new framework contracts that cover supported living, and care and support for people in their own homes for people with a learning disability, autism, or both. In Bournemouth, Poole and Christchurch the new framework will support all young people and adults aged 16 and over. It will be used to manage c.£21m per annum of funding for approximately 300 clients, including those in receipt of both CCG and social care-funded care and support.

There are five Lots on the new framework, for people who need: 1) general support (care and support for individuals, with the focus on maintaining independence); 2) help for complex health needs (people with acute, stable or fluctuating physical and mental health conditions); 3) support with behaviours that challenge (services to help people avoid admission or enable discharge from acute services and those with complex Care Programme Approaches or CPAs); 4) support for risky behaviour, forensic needs, and those with an offending history (whether high, medium or low risk); and 5) supported living schemes (i.e. housing). Services for those people with the highest needs, provided under lots 2, 3, or 4, that support people with acute needs or who are at high risk will be subject to a negotiated, time-limited, outcomes-based contract so there are clear goals around enablement – together with a higher rate of pay that will cover a settling period. Services that support other people with complex needs will be able to receive a higher hourly rate (~£16) while general care and support under lot 1 is paid a standard rate (~£15). In this way, the commissioners hope to be able to sustain and incentivise services that can better retain their staff and provide better care for people with complex needs.

The framework is intended to encourage specialisation and reduce the number of providers. Those people who receive care and support from providers that are not selected can either transition to a new service, or keep their provider by commissioning their own services using a direct payment. The framework will be dynamic (periodically allowing for new entrants) and allow for commissioners to negotiate economies of scale, if providers are able to take on multiple contracts.

The framework has been co-produced with involvement from the Learning Disability Partnership Board (LDPB). Self-advocacy groups co-designed the specification and self-advocates will be questioning providers that are selected for the second stage of bid evaluation.

The framework is led by the local authority with NHS input and is for use by the local authority when it commissions social care on behalf of all people with a learning disability who need social care, no matter about their individual funding arrangements. Personal budgets are included and can be accommodated within the framework if that is the individual's choice.

Bringing choice and control into a new framework for supported living

Devon TCP has sought to improve the commissioning process through both individualised and structural approaches (see p28 for more detail on the former), having recognised for a long time that people and families have more successful outcomes when they can ensure that their support not only meets their health and care needs, but wider goals in life as well.

The structural approaches relate to the development of a new supported living framework in the Torbay area, which is led by the local authority. Previously, such specifications were based around tasks and hours, with packages remaining at a similar level despite the abilities and circumstances of the individuals changing over time. The new framework was developed with the involvement of people with lived experience and providers. It is based on asset based principles and combines generic indicators of quality with outcomes that are bespoke to the individual.

There are two specifications – one for the shared hours that would support a group of people within tenancies in a shared (or connected) property, and another for individual support hours. Individuals can choose to use the same or a different provider for the 1-1 support which enables them choice over who supports them for this time. Contract monitoring draws on regular data to support discussion between commissioner and provider. The framework has attracted new support organisations to the area and been a motivator for existing providers to improve their service to the necessary standard.

2.2 Developing the workforce in the community

Case study TCPs encountered challenges in recruiting, retaining and training staff – from specialist health professionals to support workers. They have developed pragmatic approaches to solving workforce shortages, as well as ensuring that professionals have the skills, values and culture to work effectively in more person-centred ways.

We found that case study TCPs had learned how to use Positive Behaviour Support (PBS) as a framework for improvement, and had deployed specialist expertise to build bridges between different professional teams or undertake new tasks in line with the goals of BRS (such as implementing CTRs).

Examples of workforce development initiatives undertaken by case study TCPs included:

- Setting up various models of PBS training programmes to upskill a wide range of professionals (p11 and 12);
- Training for carers, self-advocates and self-advocacy groups so that they can be experts by experience in CTRs, become more expert in self-management or PBS, and have greater awareness of mental health conditions and the mental health 'system' (p13);
- Employing dedicated commissioners or local programme managers to assist the TCP with the implementation of local plans, and monitor progress;
- Employing specialists (e.g. with an understanding of working with people with autism) to work with Mental Health Teams, CAMHS and others to ensure that reasonable adjustments were made and bring about more equal access to health services;
- Reviewing commissioning capacity and skills across the TCP;
- Setting up professional or clinical senates to bring different interests and specialisms together and solve problems;
- Setting up broader, thematic communities of practice or networks to encourage connections between different professional groups and to bring different services working with the same groups of people together (p12); and
- Pursuing innovative schemes to improve recruitment and retention, such as apprenticeship schemes for nurses or support workers, or 'retire and return' schemes.

Our promising practice examples cover the implementation of PBS training in a cascade model (Outer North East London); a self-managed network of providers with an interest in PBS (Surrey); and the development of shared strategy for the workforce (Greater Manchester).

The examples show how important it is for TCPs to listen to their local providers, people and families in shaping their workforce strategy; to encourage all partners to work together creatively; and provide resources to improve commissioning at both the strategic and individual level.

Implementing Positive Behaviour Support (PBS) using a cascade model

Outer North East London TCP identified a challenge to improve and spread PBS skills, while taking account of the high staff turnover among support workers – which makes it difficult to sustain the benefits of training programmes. The TCP has used funding from the national programme to commission PBS training from a specialist provider. A working group with representation from clinical and social work leads in each of the TCP's three boroughs has been steering delivery to ensure that staff across the whole workforce have benefited – including community providers, CLDTs, CAMHS and other children's services. PBS has improved the quality of community-based support, allowing people who were living in hospital for a long time to be discharged.

Training has been delivered using a 'train the trainer' model, so that providers will be able to train any new staff they recruit themselves and sustain the benefits of PBS training in a workforce where there is a high staff turnover. Programmes of training have been delivered at Level 1 (Foundation/Practitioner level) and Level 2 (Lead Practitioner/Coach). It is expected that providers and staff will continue to meet each other, share their learning and keep up with developments in the field of PBS.

Local stakeholders said that CLDTs are now implementing the PBS framework, and several individual functional assessments have also been commissioned. The local model for PBS training has enabled specialist support to be made available to CLDTs so they can work with people with high levels of need over an extended period. Plans are in place to build on this by introducing clinics for people whose behaviour challenges services within local CLDTs, to prevent crises occurring when people are placed on long waiting lists for an initial psychological assessment.

Providers working together to use Positive Behaviour Support (PBS) to drive collaboration and culture change

At our first evaluation visit, Surrey TCP had found that designing care and support for people with complex needs was seen by providers as high risk, making them reluctant to develop and deliver these services. Therefore local commissioners and providers have worked together to establish a local PBS network, where providers work with each other, and people and families, to build their competence in PBS and offer more resilient care and support. Commissioners used the opportunity provided by their coming together as a TCP to begin a selection process to identify the strongest local providers – those who had the potential to develop or specialise, and thus offer more services to people with complex needs returning to the county from out-of-county hospitals. Seven providers of varying sizes were identified for the initiative. Each were required to commit to engaging in a quality and skills training programme; and to working together to share skills and knowledge. The seven providers and TCP commissioners now meet regularly, so that providers are aware of future care and support needs, and so providers and commissioners can collaborate.

For example, providers have shared their assessment processes and worked to establish common approaches and quality standards. For their part, commissioners have encouraged this cultural shift by being open to providers' suggestions and enabling them to pool their skills to offer more tailored support – which is important when no one provider may have the skills to support individuals with complex needs. Providers have also become increasingly used to 'borrowing' staff from each other to fill in short gaps in people's support that might otherwise lead to a breakdown. In addition, they worked with commissioners to share learning and opportunities across a wider network. A 'PBS Festival' event was held in 2017, to bring together support workers from across all local providers supporting people and families. As a result, there is now regular communication between them relating to local PBS related activities, support and training, via a Facebook group.

Because the very high costs of housing in Surrey make it difficult to sustain a tenancy for adults with specific social needs using income from benefits alone, getting access to capital funding to develop suitable accommodation was important for making new community services financially viable. The PBS network contributed to a bid to secure capital funding from the national programme to refurbish local properties.

This in-depth partnership working, based on trust and openness, has contributed to greater provider confidence that the cost of the packages of care and support will be sustainable – and thus in making investments to put the right care in place. As all the providers are working together, they can also speak with one voice to local commissioners – identifying where there are gaps in health support for people and working with NHS and social care partners to address them. The overall impact of these efforts is more resilient and skilled providers, and the local workforce have benefited from the sharing of expertise and knowledge. The vision of Building the Right Support was also helpful in motivating providers and commissioners to work together: "*we feel that we are all on the same side*".

Developing a shared vision for the care and support workforce

The workforce strategy is a key component of Greater Manchester's vision for improving care and support for people with a learning disability, autism, or both, within the context of their devolved responsibilities and associated structures. Greater Manchester are experiencing many of the national issues related to retaining and upskilling support workers when their pay is limited, the ageing nature of the specialist health care workforce and competing demands for experienced staff. As a result, it has been challenging to find the right staff when new teams have been established as part of Transforming Care.

Within the first year of their TCP plan, Greater Manchester developed a workforce strategy ('It's Everyone's Job') considering both health and social care, including support workers. It was developed via consultation with providers and community teams through surveys and engagement events; and overseen by the 'confirm and challenge' approach to engaging people and families as experts by experience. The involvement of Skills for Care, Health Education England and wider workforce stakeholders belonging to the Greater Manchester Partnership has meant that links can be readily made to other relevant policy areas – such as apprenticeships. It has also ensured that the learning disability and autism workforce is included within more general developments led by the Partnership.

There have been a number of key developments from the strategy. Skills for Care have developed two registered manager networks for learning disability services, which facilitate the sharing of good practice across the various providers. A PBS community of practice is being developed, to provide continuous professional development for those who have undergone PBS training. Furthermore, a professional senate has been developed for health and social work professions involved in working with people with a learning disability, which is also being opened out to general professionals such as those working in mental health. As well as enabling networking between stakeholders, the senate provides an independent voice similar to that of the Confirm and Challenge Group for people and families. These initiatives have helped to achieve the aim of having a more skilled, flexible and responsive workforce and good quality providers with a strong values base. Greater Manchester is now developing similar plans to join-up support and skills development to better meet the needs of people with autism and their families.

2.3 Care and support for children and young people

At the outset of BRS, many TCPs chose to take an initial focus on the needs of adults with a learning disability, autism or both; we also found in our first evaluation fieldwork that both local and national stakeholders thought that more needed to be done to bring adults' and children's services together locally, to ensure that there are early intervention and prevention services in place to prevent crises and so that families are supported earlier.

This learning has spurred case study TCPs to make improvements and implement a range of approaches to make sure that children and young people with a learning disability, autism, or both have equal access to mainstream services; and that investments and forward planning focus on transitions.

At the time of the phase 3 research, some TCPs were also starting to address the gaps in care and support for children with autism (and identifying children who need health and social care). Others were exploring ways to integrate services or commissioning in order to make sure that local SEND offers join-up with the Transforming Care agenda and wider activities. Joining-up adults' and children's services and improving Care and Education Treatment Reviews (CETRs) are increasingly important for case study TCPs.

Examples of work undertaken to address the care and support needs of children and young people included:

- Developing strategies for children and young people's wellbeing that are inclusive of the needs of those with a learning disability, autism, or both (p16);
- Using PBS to support parents, carers and their families (p12);
- Investing in co-production, so that children and young people are engaged in shaping those supports and outcomes that matter most to them (p17);
- Investment in early identification of autism and providing support for families that are struggling to cope;
- Commissioning short breaks services, with interventions for the whole family (p16);
- Engaging with national programmes, such as the NHS Accelerator programme (p16) or SEND pathfinders;
- Bringing together multiagency panels to discuss vulnerable children whose support is at risk of breaking down, using risk registers and Care, Education and Treatment Reviews (CETRs) to direct additional specialist support to those with greatest need; and
- Moving to 'all age' commissioning approaches.

Our promising practice examples cover the approaches taken by an Accelerator site (Greater Manchester); and an example of a group that has been involved in co-design (Dorset).

The examples show how important it is for TCPs to prioritise early intervention, improve the quality of CETRs and transitions, and invest in personalised support for families.

Building community capacity by becoming an Accelerator site for children and young people

In 2018, Greater Manchester TCP successfully bid for £300,000 of funding to become an Accelerator site for Transforming Care: a focused programme of work to enable and speed up improvements in the way that children and young people experience care and support – shifting resources towards early intervention and prevention across multiple organisations. The Greater Manchester bid is centred around building the capacity of commissioners and services to respond, and enabling the different local authorities to learn from each other: using the activities funded by the Accelerator programme to enable 'community connecting' and break down the cultural boundaries that stop commissioners from working together.

For children and young people with a learning disability, autism, or both, population health and care dynamic support registers will be set-up, and CETR arrangements will be in place across all GM localities using the THRIVE methodology at the centre of Greater Manchester's comprehensive Children's Health and Wellbeing Strategy. An intensive support service for children will be piloted, including therapeutic and short breaks services in line with best practice (the Ealing Intensive Therapeutic and Short Break Service model); while some of the local authorities will also work on bringing together assessment processes and pathways around children and families – part of a wider effort in Greater Manchester to develop a consistent Integrated Crisis Care Pathway for children at greatest risk. There will also be a children and young people's learning disability forum linked to the Youth Parliament, and greater support provided to self-advocates for coproduction, and to staff and families to increase use of personal budgets. To begin this process, the North West Training and Development Team (NWTDT) were commissioned to facilitate two workshops for young people to explore self-advocacy skills as well as two workshops for families to provide information about THRIVE and the Mental Health Act. Lastly, a cost-benefit analysis is being commissioned, to make the case for further investment.

In the longer term, by supporting families to be more effective self-advocates and by ensuring that wider supportive services (such as Looked After Children, Special Educational Needs and Disability, Child and Adolescent Mental Health Services, and Youth Offending Teams) are able to work better together, the bid is expected to contribute to preventing children from having to be placed in 52/38 week residential schools. The work also links to the wider Children's Health and Wellbeing Strategy for Greater Manchester, which makes the most of the freedoms afforded by devolution to support 'quick wins' across the whole city region – such as council tax exemptions, free transport, priority housing and access to CAMHS for all care leavers until 25 years of age.

Young people co-designing care and support

The first evaluation fieldwork in Dorset highlighted how the central role of co-production in commissioning local services – and in the Transforming Care agenda – was recognised early on, because of the key role played by the local Learning Disability Partnership Boards (LDPBs). A key challenge has been enabling children and young people to have their voices listened to and acted on.

Dorset County Council, together with the Big Lottery Community Fund, support Chatterboxes, a YMCA youth action project run by young people with disabilities aged 11 – 25 years old. They are represented on the local LDPB and have been running for the past eight years. Their central aim is to "raise awareness of disabilities and create a community which is equal for all whilst being surrounded by friendship and laughter", empowering young people to make a difference, and supporting them to build the skills they need in the future. Activities at Chatterboxes groups include cookery, film making, arts and crafts, and magazine design – gaining qualifications and taking part in a peer mentoring scheme are also part of their work. Six Chatterbox members worked together to design the peer mentoring package for young people with disabilities which can be used in schools and youth settings.

The Chatterboxes are often asked to act as experts, delivering training, or providing feedback on the services they use, and the appropriateness/accessibility of environments for young people with disabilities. For example, they were invited by Dorset CCG to share their views with the Integrated Community Children's Health Service at a series of co-design events, focusing on young people's views on access and barriers to health services, and developing ideas for closing the gaps in access. The Chatterboxes have also: helped to design the SEND reforms/local offer website for young people; redesigned the SEND documents and paperwork to ensure that they are easy to read, accessible and friendly; and provided information for young people aged 11-25 with disabilities about local youth services and projects at a conference about the SEND local offer.

The young people who contributed to the evaluation considered the strength of their project to be that it is run *by* young people with disabilities *for* young people with disabilities. By concentrating on providing the right support and activities for each individual member, the project has created a safe place for fun and sharing; while peer mentoring develops young leaders.

2.4 Housing

Earlier reports from the evaluation showed that many TCPs found housing to be a particular challenge. In particular, stakeholders said that it was challenging to: join-up various capital funding sources with differing requirements; meet Care Quality Commission (CQC) requirements;, and work with providers to develop housing that is both affordable and sufficiently personalised. NHS commissioners also had to learn new skills in developing housing as a key part of personalised care and support.

Case study TCPs have since been supported by the national programme's regional housing advisers to implement the guidance in *Building the right home* (NHS England / LGA / ADASS 2016) and develop their local housing plans. TCPs have recently been working to: better understand people's needs for housing; identify opportunities for refurbishing old properties or developing new ones; and become more able to identify and use sources of capital funding.

Many TCPs continue to find it challenging to develop the skills needed to create personalised housing options that can be delivered on time, while at the same time doing so in a way that makes the most effective use of limited resources (money and workforce). Professionals contributing to the evaluation highlighted how working closely and sharing risk across health and social care, is essential for success.

Examples of actions taken by TCPs to develop housing include:

- Working closely with local social housing providers to develop new homes (p19);
- Making registers of voids (empty properties out of use) and local properties belonging to local authorities and the NHS which could be redeveloped (p20);
- Ensuring that homes can be made more easily suitable for other residents when they need to be; and
- Co-producing housing plans (p19), so that everyone involved knows how to meet the needs of different people and in a more person-centred way (for example, so that disabled young people have the same social opportunities as any other young people).

Our promising practice examples illustrate how integrated commissioning and provider engagement can help to manage local capital funds (Hertfordshire), and how to develop a long-term housing strategy based on a detailed assessment of current and future needs (Outer North East London).

The examples show how important it is for TCPs to ensure that they have a comprehensive view of future housing needs, develop skills in commissioning personalised housing, and invest resource in managing capital bids effectively.

Managing a local capital fund through integrated commissioning and provider engagement

Hertfordshire TCP identified a shortage of relevant housing and faced a financial challenge in meeting the high costs of existing care and support within supported living. This was within the wider context of challenges affecting social housing: shortages of homes, long waiting lists and increasing homelessness across the county.

To address these challenges, the Integrated Accommodation Commissioning Team (IACT) was created, and developed a 10-year accommodation plan for Transforming Care, which emphasises joint working arrangements with the district councils and housing associations to deliver more, and better, supported living by 2025.

IACT also manage their own capital funding programme, drawn from a pooled budget, to fund the TCP's property purchases and housing adaptations; and, aiming to secure three units of general needs housing per district, per year, for people who are ready to move from supported living arrangements to independent living. An additional four flats were being ring-fenced for the next few years.

Through IACT, Hertfordshire TCP also engaged providers in activities to improve communication and manage the market. This includes: conferences to encourage providers to work within the area; developing an accommodation prospectus (to be published in 2019); co-designing with providers a more efficient process to release properties and for new tenants to settle in; and consideration of an incentive scheme for providers to apply for grants (between £500-1000) to support adaptations to accommodation.

Developing a long-term housing strategy

A challenge for Outer North East London TCP was to develop an approach to commissioning that could forecast housing need and demand across three London boroughs in a more consistent manner. By the time of the second fieldwork phase, the TCP had developed a housing strategy for each of its three boroughs (Barking and Dagenham, Havering, and Redbridge). Although the first priority was to identify housing options for people already in hospital, the TCP then projected housing needs over the next five years for people on their risk register and young people about to make the transition to adult services to create a long-term strategy.

For the first priority, inpatients completed an individual housing needs assessment with the support of their care managers. The assessments were highly detailed and included where they wanted to live and with whom, and what sort of adaptations and support would be needed – not only covering housing, but also community support, offending behaviours, and wider health and social needs. This has enabled the TCP to build a profile of needs and preferences. In many cases, people were in hospital out of borough and did not want to return, so therefore local commissioners bought or rented housing where they wanted to live. In cases where housing benefit entitlements did not meet true cost of housing, commissioners negotiated with NHS England to release funds and agree responsibilities for meeting these shortfalls.

To develop the long-term strategy, an external consultant was commissioned to: review the existing housing strategies for the three local authorities; explore local building and housing opportunities; analyse risk registers; and consult the transitions team working with young people to build a picture of projected need. Local budgets for meeting those housing needs were then drawn up by the borough-level housing teams, taking account of NHS England and other sources of capital funding. Among the challenges identified was the lack of providers who were willing to provide housing separately to a support package, and more generally, the specialist support that some people need – especially people with autism. To help with this, the TCP is exploring a joint brokerage approach, working with each of the local authorities, which may have potential to manage the market across a wider footprint, leading to more sustainable relationships with providers. Measures to improve market management and responsiveness are also being considered – including participation in neighbouring boroughs' preferred provider lists.

2.5 Finance

Ensuring that money can follow people as they move from inpatient care to living in the community remains a challenge for TCPs, including reaching agreement between health and social care commissioners as to how the costs of care and support in the community are met.

Nevertheless, case study TCPs have been making progress in addressing the financial challenges identified by this evaluation during the first years of their operation, such as the higher costs faced by some commissioners when people are discharged from hospital to home. In some cases, local commissioners were able to build on a history of joint commissioning or pooling budgets (p22). However, other TCPs have made slow progress with establishing pooled budgets and more formal joint commissioning arrangements.

Examples of work that TCPs have undertaken to enable more effective financing of care and support include:

- Enabling single assessments so that people are not assessed in different ways in relation to the same needs;
- Developing new ways of distributing funding between health and social care (in Greater Manchester, this was in the context of the Devolution Agreement, where decisions about how to spend the c£6bn total are taken at the regional level);
- Investing in prevention and early intervention, with the expectation that both health and social care will make savings; and
- Shared risk agreements or 'virtual pools' between health and social care commissioners.

Our promising practice example illustrates the use of joint commissioning with a pooled budget (Hertfordshire). The example shows how important it is for TCPs to make progress with integration – reducing complexity for people, families and care and support providers – and ensuring that funding and risks are shared across commissioners.

Joint commissioning teams with a pooled budget

Hertfordshire has had a joint commissioning arrangement between health and social care, with a pooled budget (a Section 75 agreement), spanning mental health and learning disabilities services for over 15 years. The TCP is coterminous with the county boundaries. The agreed pooled budget in 2018/19 for Learning Disabilities and Autism Services was predominantly funded from social care: £150 million from the County Council; £20 million from the CCGs (for individual packages of care); together with a smaller amount transferred from NHS England Specialised Commissioning as a result of closing nationally commissioned inpatient beds.

Local stakeholders reported that the existing pooled budget was insufficient to cope with the increase in demand and the necessity to invest in care and support. The resilience of the long-standing local relationships was key to finding solutions to mitigate the impact: "*It's the history of working together and everyone accepts it's a sensible way of working. Once you've got it going, it's difficult to unpick*". In spite of the wider context of austerity (reductions in the County Council's overall budget; financial pressures in the local CCGs), and having to implement an efficiency savings programme for the local learning disabilities budget, the County Council agreed to contribute an additional £4-5 million each year and the CCGs a further £1 million, to allow investment in social care to continue.

Coming together as a TCP also helped support the local infrastructure. The 'fast-track' funding for the TCP (c£1 million) had allowed for dedicated programme management and investment in pilot services. Additionally, the TCP provided the impetus for a renewed focus on improving learning disabilities services. A dedicated TCP commissioning team was established, to work directly with operational teams to manage the day-to-day commissioning and relationships with providers. Where investments from the national programme had enabled community services and local providers to develop, it was viewed to be "*significant and generous*". Building on existing collaboration, the TCP also empowered frontline staff by agreeing that providers could improve person-centred care through access to a small budget of £500 for each individual. This could be independently and imaginatively used, for example to buy small pieces of equipment.

Although the TCP had to scale back its original ambitions to keep pace with demand for care and support, its longer-term goals of increasing the use of integrated personal commissioning and personal budgets were still being pursued through seeking ways to free-up budgets within the pool to develop the underpinning systems and processes. Although this has yet to be seen through, commissioners believe that investing in the right package of care will ultimately be cost effective, with the high early costs of community support packages decreasing over time, as needs and complexity are appropriately addressed: for example, by reducing staff numbers when people are able to live more independently.

2.6 Co-production with people and families

The case study TCPs had adopted a wide range of approaches to co-production, ensuring that people and families are enabled to shape decisions about care and support at a strategic level.

Co-production has influenced both the setting of priorities at TCP level, and the development of solutions, services and pathways that better meet the needs of people and families. In this way, when co-production is made an integral part of the work of the TCP, and given the time and resources necessary, care and support is more likely to be developed as set out in Building the right support. .

TCPs showed a range of approaches to enabling more input from people and families, for example via enabling their participation in Learning Disability Partnership Boards (LDPBs), or participation in the design of local services.

Examples of work that TCPs have undertaken to enable a more co-produced approach include:

- Providing dedicated resources to fund co-production and self-advocacy groups, empowering people with lived experience to take part in the design and delivery of care and support (p17, 22);
- Involvement of people and families in the design, procurement and delivery of new services to meet gaps that they have identified e.g. a hub of expertise in autism for training professionals;
- Employing experts by experience to undertake a range of tasks, from participating in CTRs to training other staff (p25);
- Setting up 'confirm and challenge' groups (p24), or using Learning Disability Partnership Boards (LDPBs) (p17), to oversee the development of care and support and take decisions about the agenda and priorities for future work; and
- Setting up working groups under the TCP or LDPB umbrella to lead on different sections of the TCP plan, where self-advocates are a key part of a decision-making team (for example, thematic groups such as 'Being Healthy' or 'Staying Safe').

Our examples of promising practice include further detail on the establishment of a 'confirm and challenge' group and the strategic role of coproduction (Greater Manchester); employing experts by experience within local commissioning teams (Hertfordshire and Lincolnshire); and the role of experts by experience in Care and Treatment Reviews in Hertfordshire.

The examples show how important it is for TCPs to prioritise co-production and resource it adequately.

Confirm and challenge groups drive strategic change

The principle of co-production underpins the approach in Greater Manchester, building on the longstanding investment in collaborative working across the region facilitated by the North West Training and Development Team (NWTDT) and Pathways Associates CIC for the past 30 years. The model is an integral part of the partnership structures for health and social care across the Greater Manchester local authorities, and has received high profile support from the Mayor and the whole Greater Manchester Combined Authority.

A 'confirm and challenge' model has been used in Greater Manchester since the TCP area was designated a 'fast track' in 2015, to enable people and families to shape, describe, clarify, improve and challenge proposals and outcomes. The membership of the Confirm and Challenge Group consists mainly of families and self-advocates who share, learn and work together to respond and work out answers. Interviewees reported that holding focused quarterly meetings have proven to be a more effective way of delivering co-production than having places at board meetings when people are expected to work in ways that are preferred by professionals. The work and support of Pathways Associates to support people with learning disabilities, autism and their families to understand these meetings was particularly praised. A number of people talked about receiving support to take part in meetings such as being emailed information in easy read and one person received support at home that helps her to read and understand it before the meeting.

Under the oversight of the Confirm and Challenge Group, there have been several notable developments in relation to co-creation of strategic change. The NWTDT/Pathways Associates CIC facilitated an engagement process to inform the ten leading priorities within the Greater Manchester Learning Disability Strategy. This included a large-scale engagement event in December 2017 bringing together self-advocates, families and carers, professionals, providers and commissioners. Self-advocates also presented these priorities for adoption at the Greater Manchester Health and Care Board in 2018, which oversees the devolved health and social care system in Manchester. This was followed by a 100 day challenge in which localities and Greater Manchester worked towards a range of commitments identified by people and families, including: a Meet and Match service to support people with a learning disability to socialise and meet new people; the reinvigoration of local Learning Disability Partnership Boards (LDPBs); action to reduce health inequalities; working with people in transition into adult services or people returning home from out of area; additional investment to support people into employment; additional investment in Shared Lives schemes; supporting people and families with safe relationships; strategies to improve people's experiences of bus travel; and developing greater support for victims of crime and offenders to rehabilitate back into the community. Each locality was asked to take the lead on a number of priority areas identified as important to people with a learning disability.

Employing experts by experience

Hertfordshire TCP has employed four people with learning disabilities and/or autism as experts by experience. These experts focus on ensuring the person-centred focus for the delivery of the TCP plan is maintained, and they provide challenge to their colleagues. The experts have been supported by supervision and personal development so that they can make the most of their individual skills, knowledge and experience.

Their objectives include: ensuring that the needs of people with autism are taken into account; taking part in the commissioning of integrated community support; championing access to health and better outcomes for people with complex support needs. They have been training staff across Hertfordshire in reasonable adjustments, personalising support, making care plans, and safeguarding; participating in interview panels for the recruitment of managers and frontline staff; and addressing day-to-day issues raised by people with learning disabilities or family carers. In addition, the Experts have been working with service providers focusing on accessible information, making care plans and routines in ways that give individuals choice and control.

They have also played an important role in improving CTRs to make them more personalised (see p26).

In Lincolnshire, three experts by experience were appointed to part-time, paid posts for two days each week as part of the TCP delivery team. The other stakeholders contributing to the evaluation thought that they had strengthened the person-centred approach in Lincolnshire. The three experts were chosen so their different experiences, skills and knowledge complement each other, and they are able to provide mutual support to each other. They each focus on specific topics such as autism research and awareness raising; or health inequalities and health checks.

Like their counterparts in Hertfordshire, the experts by experience are involved in a wide range of activities such as providing independent advice and support in CTRs; reviewing the quality of services through examining individual experiences and outcomes; staff recruitment; and participating in the TCP's working groups. Specifically, they have provided training in GP surgeries about what it is like to have a learning disability, so that practice staff can communicate better with people with learning disabilities and make changes and reasonable adjustments; and contributed to the development of an all-age Autism Strategy. The experts have been instrumental in ensuring that all information being provided by the local Partnership Boards or about Transforming Care is accessible and in easy read. A social enterprise, Voiceability, is also commissioned to provide wider support to self-advocates in Lincolnshire as part of the local TCP's commitment to co-production.

Improving Care and Treatment Reviews with experts by experience

Hertfordshire's Care and Treatment Reviews (CTRs) were cited as empowering people to make key decisions about their care, offering a 'safe place' for challenging conversations and facilitating discussions around aspirations and long-term wishes.

The input of experts by experience within this review process was described as greatly facilitating the involvement of individuals and their families at the heart of the planning process and to feel listened to. The experts have developed a number of tools to do this including:

- An individualised CTR document for each person, with photos of everyone who will be present at the review and their role.
- Each person also completes a tool called "*Things you must know about me*" – to share with others at the review. This focuses on identifying who they are as a person and their likes, dislikes and the ways they want to be supported in the future.

Hertfordshire employs four people with a learning disability, autism or both as experts: they have been supported by supervision and personal development so that they can make the most of their individual skills, knowledge and experience. Their objectives include: ensuring that the needs of people with autism are taken into account; taking part in the commissioning of integrated community support; and championing access to health and better outcomes for people with complex support needs.

2.7 Personalisation

We found evidence that over time, both commissioners and providers had started to focus on personalising services and improving the planning of care and support to meet individuals' needs.

However, most case study TCPs did not yet appear to have a systematic approach to promoting and using tools such as personal health budgets or personalised care and support planning. Addressing this gap will make more personalised care possible for people and families.

The example of promising practice focuses on the person-centred approach to commissioning care and support in Devon. The example shows how important it is for TCPs to think about ensuring that people with a learning disability, autism or both have the same rights to have a good life as anyone else, including the use of personal health budgets, personal budgets, individual service funds and other personalised approaches where appropriate.

Making commissioning more personalised

Devon TCP has sought to improve the commissioning process through both individualised and structural approaches (see p9 for more detail on the latter), having recognised for a long time that people and families have more successful outcomes when they can ensure that their support not only meets their health and care needs, but wider goals in life as well.

The individualised approach builds on people and families being empowered through having a collaborative relationship with provider organisations, who have demonstrated the ability to support people with complex needs and to be trustworthy and open in relation to their expected fees. Even prior to the establishment of Transforming Care as a national programme, local commissioners in Devon decided to work closely with a specialist provider, Beyond Limits – which had a track record of success elsewhere, and sought to enable twenty people to return to their local area. Commissioners were willing to fund this provider to meet with the person and their family well in advance of their planned discharge date, to develop an individual life plan. This enabled a relationship to be developed, and for the provider to then recruit a staff team that reflected the interests and preferences of the individual and their family.

This approach is underpinned by:

- People having genuine choice over who they live with;
- Bespoke training provided for the support team that reflects the needs of the individual;
- People having individual budgets; and
- The creation of a family charter which sets out the core principles of how the provider will engage with them.

Such individualised commissioning approaches have continued in relation to those with most complex needs, leading to providers feeling trusted and willing to invest in new housing and support opportunities.

The individuals reported considerable improvements in their quality of life. This related to the opportunity to participate in everyday activities, to have more say over their lives, and an improvement in their health and wellbeing. Similarly, families felt more included in decisions through regular communication and meetings with the support team and the individual. The philosophy of ‘never give up’ was seen to be genuinely demonstrated by the support workers and the organisation as a whole.

3 Key learning from the case studies

The case study research presented in this report shows that TCPs have made improvements to care and support over time, and provides promising practice examples that local systems can use in order to shape and improve their future plans.

In this section, we focus on the key learning points for ICSs and others in implementing the commitments in the LTP on personalisation, reasonable adjustments, reducing waiting times, preventing avoidable deaths and improving the quality of care of support. Several are cross-cutting, to address inequalities and provide community services that support a reduction in inpatient treatment.

- **Meaningful co-production and co-design at all levels** has been essential to TCPs' progress and should remain central to improving the quality of care and support. By investing in self-advocacy groups and enabling people and families to not only to be part of oversight, but also delivery, successful TCPs can identify and deliver the priorities that are important to them. There are several examples in the case studies of people and families, working together, who have been able to advocate for their needs to be met. Focusing on this area will ensure that reasonable adjustments across health and social care are prioritised and implemented more effectively. In particular, many case study TCPs realised there was a need to do more with people with autism, as the national programme enabled local commissioners to identify that many of them were falling through the gaps between mental health, social care, education and health services. Co-production is key to effective local approaches that deliver the national commitments of the LTP.
- **Tools such as personal health budgets and personal care and support planning** are necessary to deliver the aspirations set out in Building the Right Support. Although both commissioners and providers had increasingly focused on personalising services and improving the planning of care and support to meet individuals' needs, there is still more that local areas should do. Most case study TCPs did not yet appear to have a systematic approach to promoting tools such as personal health budgets that are required to achieve the ambitions in the LTP to make care and support more personalised. Therefore it is important that personalisation is re-emphasised as a core principle throughout local plans.
- **Building on existing foundations** has been a valuable part of many TCPs' achievements. In localities where there was already a supportive infrastructure such as joint commissioning teams or an existing Learning Disability or Autism Partnership Board (LDPB) to hold commissioners to account, together with a habit of close working and strong relationships among commissioners, TCPs seem to have been better placed to navigate the challenges around moving people from inpatient settings back to the community, and investing in earlier intervention. It is therefore important that ICSs seek to add value where existing partnerships are delivering, rather than starting afresh, to address the LTP commitments.

- **Senior level support** (the buy-in of chief executives and political leaders such as mayors where they exist) can ensure that local systems prioritise the inequalities faced by people with a learning disability, autism, or both, and that there is improved system-wide understanding, as highlighted for action in the LTP. They can bring the wider group of stakeholders necessary to achieve the LTP commitments. For instance, to address some of the day-to-day issues faced by care leavers with a learning disability (e.g. affordable transport); or help to develop solutions to the challenges around the workforce (e.g. by developing apprenticeship programmes).
- **Working together with, and involving community teams** such as CLDTs and frontline CAMHS is important so that they build up their skills. Linking them up with specialists that can provide support in a crisis, or with experts (whether professionals and/or by experience) who can provide topic expertise e.g. on the needs of people with autism, helps to make wider services more resilient and responsive so they can identify children at risk and intervene earlier. This report has highlighted examples of successful communities of practice that bring different professionals together. In particular, enabling commissioners to work across boundaries and take part in sharing their learning, has improved their skills and ability to develop the preventative, personalised and community based services the LTP demands.
- **Developing an approach to PBS that is system-wide** and can be sustained is critical for effective services – and will most likely require continued investment. Ensuring that providers have access to training, and are willing to take ownership to share their skills, is central to achieving the more mature provider market that is required by the LTP to deliver effective care and support for people with multiple needs. Training should also be made available to families and carers; the case studies show that where they are better able to advocate for their needs and be at the centre of a person's support network, crises and breakdowns can be avoided or better managed.
- Short-notice spot purchases can be reduced by effectively **establishing and using frameworks** to bring together specialist providers. Where this is accompanied by an ongoing dialogue between commissioners and providers as to the future needs of people and families in the community, as well as provider involvement in discussions about where future investments should be made, such frameworks can bring about improvement. These examples provide another demonstration of how the provider market can be managed to ensure needs are met and investments in provision meet the strategic vision set out in the LTP.
- **Investing in intensive support, together with short break provision** and the effective use of pre-admission C(E)TRs, has helped many people to avoid hospitalisation (or long hospital stays where discharge planning becomes steadily more complex as time goes on). The examples from the case studies also show that this should be coupled with an ongoing, systematic review of admissions, discharges and C(E)TRs, so that providers and commissioners can use intelligence about what has worked

well and the issues that need to be addressed. Working in this way will help to achieve the LTP goal of reducing inpatient admissions.

- The most **effective housing plans have addressed the wider needs of all people with a learning disability, autism, or both**, taking account of the future needs of children and young people for supported living, and looking at the wider investment case for homes, including all the potential sources of capital funding for different kinds of developments. Providing appropriate housing is challenge for all areas but is a bedrock of an approach that delivers the person-centred, community-based support at the centre of the LTP vision.