

Transforming Care and Building the Right Support: Where are we now and what next?

A briefing by Mark Brown of Rightfullives on the delivery and implementation of Building the Right Support in support of an invitation to give evidence to a meeting of the All Party Parliamentary Group on Complex Needs in February 2019

Easy Summary and Key Findings

The government policy Building the Right Support was launched in 2015 as part of Transforming Care. Transforming Care is the policy agenda set up to get people out of inpatient hospitals after the scandal at Winterbourne View.

This short report looks at Building the Right Support and gives an overview of what we think has worked and what hasn't.

It takes information from Transforming Care Implementation Plans, Freedom of Information requests, Assuring Transformation data about the numbers of people in in-patient hospitals and information from evaluations commissioned by NHS England.

We found that many of the Transforming Care Partnerships put a lot of work into developing their implementation plans although some didn't.

In total the Transforming Care Partnerships asked the government for over £85 million so that they could change the way they are doing things and get people out of hospital.

Most of them didn't get the money that they asked for. We think that this had a negative effect on their ability to implement Building the Right Support.

The government and NHS England have said that the number of people in in-patient hospitals had gone down by almost 20%. We think that is wrong and in this report we show why we think that the number of people in in-patient hospitals has gone down by 14%.

In the evaluations commissioned by NHS England people said that Building the Right Support is a good policy with lots of positive parts to it but that there had been some difficulties in making it work.

People also said that Care and Treatment Reviews and Care, Education and Treatment Reviews made a difference and that the changes that had been made to them in 2017 were an improvement.

At the end of this report we state that we agree with other people that Building the Right Support is a good policy but that it has failed to achieve the objectives that it set.

We believe that the government and NHS England underestimated the amount of work that needed to be done and didn't provide the Transforming Care Partnerships with the money and resources they needed to do the work. We also argue that cuts to social care funding have made things more difficult for Local Authorities.

At the end of the report we point out that Transforming Care and Building the Right Support are not mentioned in the NHS Long Term Plan, which is a shame because the struggle to get people out of inpatient hospital still goes on.

Introduction

In 2015 the government launched Building the Right Support, its most recent strategic policy initiative under what had come to be known as the “Transforming Care Agenda”. The term Transforming Care was first used in the Department of Health’s 2012 report “[Transforming Care: a national response to Winterbourne View Hospital](#)” and since then it has become a shorthand for the work that this and the previous government have done to reduce the number of autistic people and people with learning disabilities in inpatient hospitals.

This report provides a short overview of Building the Right Support and its objectives. It reviews the progress that has been achieved and considers the question of what happens next, in particular in the light of the priorities set out in the NHS Long Term Plan. It draws on publicly available data and research and information obtained by Freedom of Information requests made to NHS England by the author.

Transforming Care Building the Right Support

As a strategy Building the Right Support was made up of a number of key elements.

A National Service Model

The National Service Model for Building the Right Support is made up of nine components or principles and that services should offer:

1. a good and meaningful everyday life
2. person-centred, planned, proactive and coordinated care
3. choice and control
4. support from and for their families/carers as well as paid support and care staff
5. housing
6. mainstream NHS services
7. specialist health and social care support in the community
8. support to stay out of trouble
9. treatment in a hospital setting for no longer than they need it.

The idea is that with the right services in place people wouldn’t need to go into inpatient hospitals.

A New Financial Framework

It was intended that the development of a national service model would be helped with the introduction of a new financial framework that would help to resolve disagreements about who was responsible for funding a person’s support.

Care and Treatment Reviews

It was intended that Care and Treatment Reviews would be a key tool in delivering the National Service Model for people who are at risk of going into inpatient hospital and it was also intended that they should play a central role in helping to get people out of inpatient hospitals. After criticism of the implementation of CTRs by the Public Accounts Committee in 2016, a number of changes were made to the CTR Policy and Guidance including the creation of Care, Education and Treatment Reviews for children and young people.

Transforming Care Partnerships

In order to support the delivery of Building the Right at a local level 48 Transforming Care Partnerships were set up. Their objective was to bring together commissioners and providers from across different agencies, at a scale that would help to prevent duplication and support the development of the infrastructure required to improve support in the community. Once they were established, they were required to draw up implementation plans outlining how they were going to deliver the objectives set out in Building the Right Support.

The Transforming Care implementation plans outlined how the 48 Transforming Care Partnerships would implement Building the Right Support. Each Partnership had to consult widely in drawing up its plan and show how it intended to implement the National Service Plan in its local area, adapting it to the needs of the local community and making full use of existing systems and services.

Objectives

Building the Right Support sets a number of objectives for NHS England and the Transforming Care Partnerships. The first is that each Transforming Care Partnership should have the National Service Model in place by the end of March 2019; this quite specific objective is accompanied by the slightly vaguer expectation that partnerships would “*make progress on three outcomes*”:

- *Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)*
- *Improved quality of life for people in inpatient and community settings*
- *Improved quality of care for people in inpatient and community settings*

(BRS, p36)

However, ultimately the success or failure of Transforming Care/ Building the Right Support would be measured by the policy’s ability to reduce the number of people detained for assessment and treatment in inpatient hospitals. It set the following targets:

at a minimum, 45 – 65% of CCG commissioned inpatient capacity will be closed, and 25 – 40% of NHS England-commissioned capacity will close, with the bulk of change in secure care expected to occur in low-secure provision. Overall, 35% - 50% of inpatient provision will be closing nationally with alternative care provided in the community. The change will be even more significant in those areas of the country currently more reliant on inpatient care. In three years we would expect to need hospital care for only 1,300-1,700 people where now we cater for 2,600. This will free up money which can then be reinvested into community services, following upfront investment

Has Transforming Care Building the Right Support achieved its objectives?

The Transforming Care Partnerships

Once established the Transforming Care Partnerships developed implementation plans most of which were published in the Spring or Summer of 2016. They were of varying quality; although a good many showed evidence of a significant amount of work, careful planning and of wide consultation within local communities. One example of such a partnership is the Humber Transforming Care Partnership which held a number of events in the first half of 2016 as it attempted to mobilise its community behind the aspirations set out in Building the Right Support:

On the 25th of January 2016 the group held a small event at Townend Court Assessment and Treatment unit aimed at self-advocates and inpatients who are currently receiving services there and supported them to participate in an awareness session on 'Building The Right Support' and models of care

The East Riding Learning Disability Partnership Board, consisting of people with a learning disability and their carers, service providers and commissioners, met on 28th of January and the Board was updated on current progress towards the development of the plan.

A joint meeting was arranged between the East Riding and Hull Learning Disability Partnership Boards for Monday 1st February 2016 to consult with service providers, self-advocates and carers on the Transforming Care Programme. The event sought views on the nine principles of the national plan and the output of the event is included at www.hullccg.nhs.uk as will reports of future events.

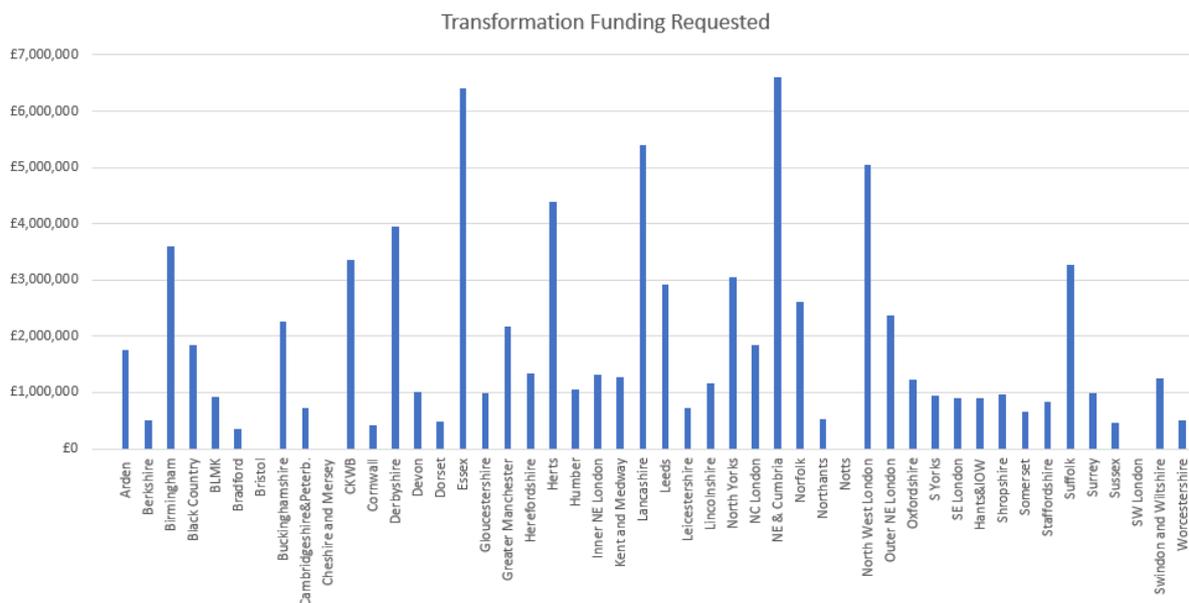
On the 11th May Hull City Council and Hull CCG hosted, on behalf of the partnership, a Transforming Care Plan Programme event at the Freedom Centre in Hull. This event included presentations from national and local leads and was very well received.

Humber Transforming Care Partnership Implementation Plan, p17

The Humber TCP would continue to maintain its high level of commitment of engaging with the community throughout the course of Building the Right Support. Details of this engagement can be found on their TCP website <https://www.hullccg.nhs.uk/humbertcp/>

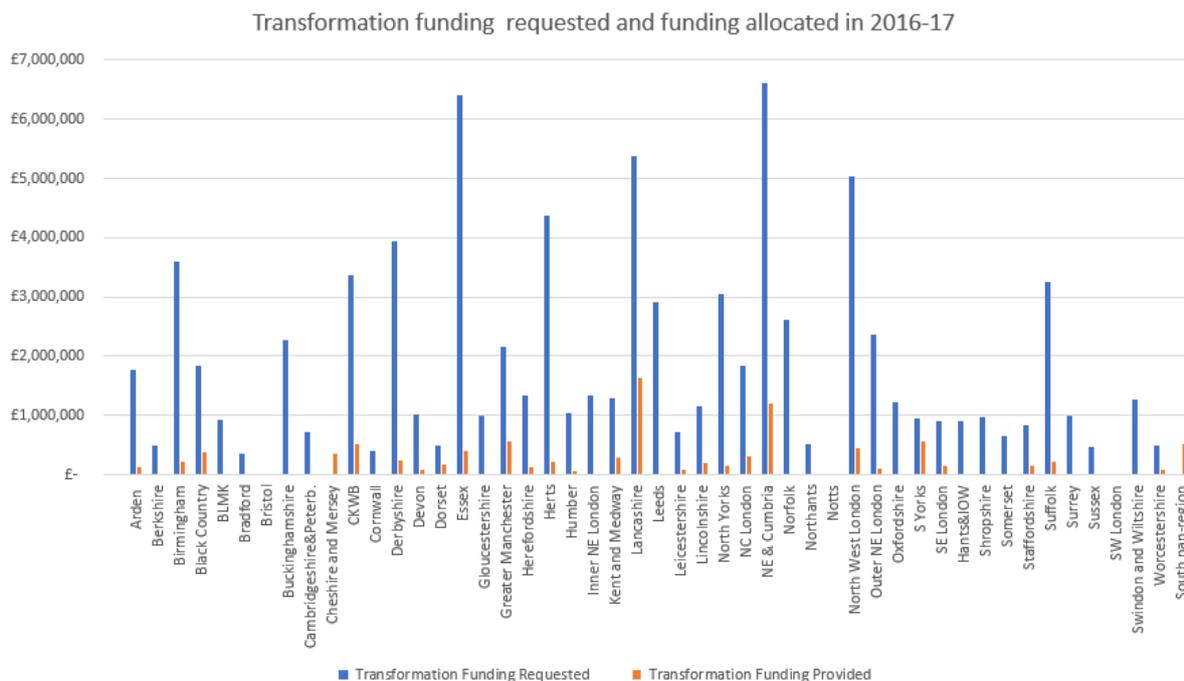
In addition to their Transforming Care Implementation Plans each partnership was required to submit a financial appendix outlining details of its current and proposed spending on inpatient beds and details of the transformation funding that they would need in order to deliver the changes needed.

Whilst not all the partnerships appeared to have submitted details of the transformation funding that they would need most did, as illustrated in the graph below.



In total the 48 Transforming Care Partnerships would put in requests for £85,241,288 in transformation funding. We have been unable to establish exactly where all of the £30 million in Transformation Funding has been spent. What we do know is that £10 million was allocated to the

5/6 Fast Track Partnerships and for the other Transforming Care Partnerships the major allocation of funding with which they were meant to implement their transformation plans took place in 2016/17. The graph below illustrates the amounts of funding allocated (in orange) next to the level of funding requested (excluding the fast track funding). The difference between the total amount of transformation funding requested by Transforming Care Partnerships and the overall level of grant allocated was £75,725,803. If we also deduct the £10,000,000 allocated to the Fast Track Partnerships that still leaves a shortfall of £65 million.



Whilst the Transforming Care Partnerships will not have expected to receive all of the funding that they requested, the gap between the funds that were bid for, and the funds received will have had a significant effect on their ability to deliver the changes needed. It will also have had a significantly demotivating effect on many of the partnerships that received little or no funding. Despite this the Transforming Care Partnerships appear to have made progress in some important areas.

According to an evaluation of Building the Right Support commissioned by NHS England* there has been

- Widespread support for the vision and values of Building the Right Support
- Examples of positive changes to care and support
- Effective models of partnership working and collaboration
- An acknowledgement that more needs to be done.

The summary of findings produced by the evaluation also makes a series of recommendations:

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*
2. *There is a need to re-emphasise the broader aims of Building the Right Support*
3. *There should be an increased commitment to co-producing solutions with individuals and families at local and national level*
4. *Commissioning must be improved*

5. *Commissioner-provider collaboration must be encouraged*
6. *More should be made of information from Care and Treatment Reviews*
7. *There must be better policy alignment*
8. *Support the social care workforce*
9. *The supply of accessible housing must be increased*
10. *The financial model underpinning Building the Right Support needs to be clarified*
11. *More work is needed to pool or align budgets across health and social care*
12. *Communication must improve*
13. *Implementation has centred on performance management and assurance; a more rounded approach is required*

Unfortunately, the summary of findings provides no assessment of the extent to which the original objectives of Building the Right Support have been achieved. So, we do not know how many Transforming Care Partnerships are on track to implement the National Service Model or if they have been able to reduce their reliance on inpatient services and improve the quality of life and care for people in in-patient hospitals and in the community. It also says nothing with regard to Building the Right Supports progress in reducing inpatient numbers.

[Inpatient numbers](#)

Measuring the progress achieved by Transforming Care/Building the Right Support in reducing inpatient numbers is surprisingly tricky for a number of seemingly minor methodological reasons. But these reasons matter because without an accurate understanding of the progress that has been made on inpatient numbers, policy makers cannot make informed decisions about a policy that is integral to the rights of thousands of people and that involves expenditure of hundreds of millions of pounds.

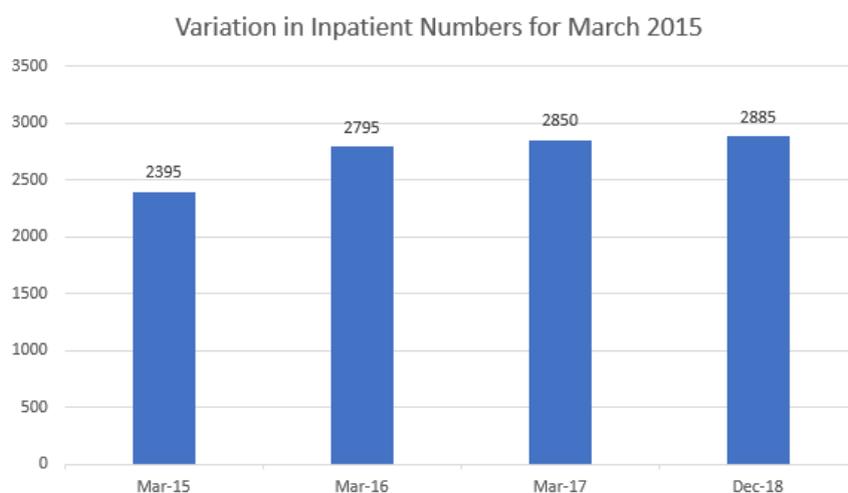
The principal reason that measuring the progress of Transforming Care is problematic is illustrated in Annex Three of the Main Report for the Assuring Transformation Return for December 2018. This annex considers the provisional nature of the data and the way in which the recorded number of inpatients for any given month increases as the data is updated; as the following table illustrates.

Table 1: Number of inpatients at the end of each monthly reporting period.

Month End	Month data was collected														
	Mar 15	Mar 16	Mar 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Mar 15	2,395	2,795	2,850	2,870	2,875	2,875	2,875	2,875	2,875	2,880	2,880	2,880	2,885	2,885	2,885
Mar 16	-	2,615	2,745	2,785	2,785	2,785	2,790	2,785	2,790	2,790	2,795	2,795	2,795	2,800	2,800
Mar 17	-	-	2,490	2,650	2,650	2,655	2,665	2,660	2,665	2,665	2,665	2,670	2,675	2,675	2,675
Jan 18	-	-	-	2,465	2,480	2,480	2,495	2,510	2,525	2,530	2,545	2,545	2,550	2,555	2,560
Feb 18	-	-	-	-	2,415	2,425	2,440	2,460	2,480	2,485	2,500	2,505	2,510	2,515	2,515
Mar 18	-	-	-	-	-	2,365	2,395	2,425	2,450	2,455	2,475	2,480	2,485	2,490	2,495
Apr 18	-	-	-	-	-	-	2,370	2,415	2,450	2,460	2,480	2,485	2,490	2,495	2,500
May 18	-	-	-	-	-	-	-	2,400	2,445	2,465	2,485	2,485	2,495	2,500	2,510
Jun 18	-	-	-	-	-	-	-	-	2,405	2,435	2,455	2,460	2,470	2,475	2,485
Jul 18	-	-	-	-	-	-	-	-	-	2,380	2,400	2,410	2,430	2,435	2,450
Aug 18	-	-	-	-	-	-	-	-	-	-	2,375	2,385	2,425	2,435	2,450
Sep 18	-	-	-	-	-	-	-	-	-	-	-	2,315	2,375	2,390	2,405
Oct 18	-	-	-	-	-	-	-	-	-	-	-	-	2,350	2,385	2,400
Nov 18	-	-	-	-	-	-	-	-	-	-	-	-	-	2,325	2,365
Dec 18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,325

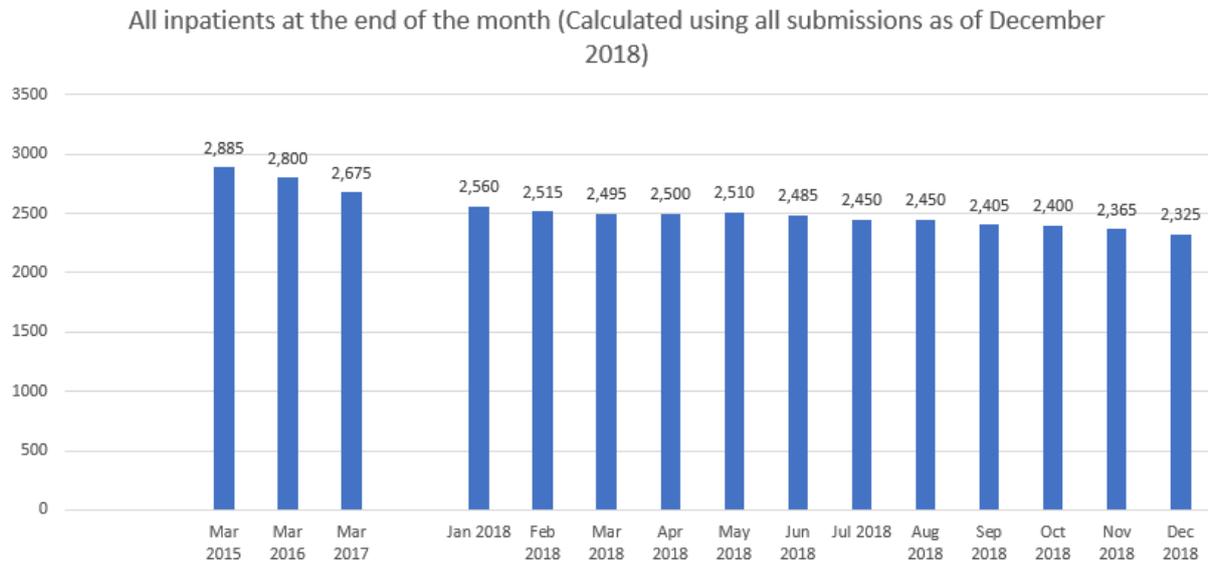
Source: NHS Digital Assuring Transformation Collection

We can see the how this poses a challenge for anybody trying to assess how successful Building the Right Support has been. For example reading along the top row of the table in March 2015 the Assuring Transformation figure for the number of people in an inpatient hospital was 2395, by March 2016 the figure for March 2015 had risen to 2795 and by March 2017 the figure for March 2015 had risen to 2850, in fact the figure would continue to be adjusted in 2018 and now stands at 2885. If we presume that the figure of 2885 now represents the “final” figure for March 2015, for the number of people in inpatient hospital using the Assuring Transformation dataset we can see that the final figure of 2885 represents a 20.46% increase on the original.

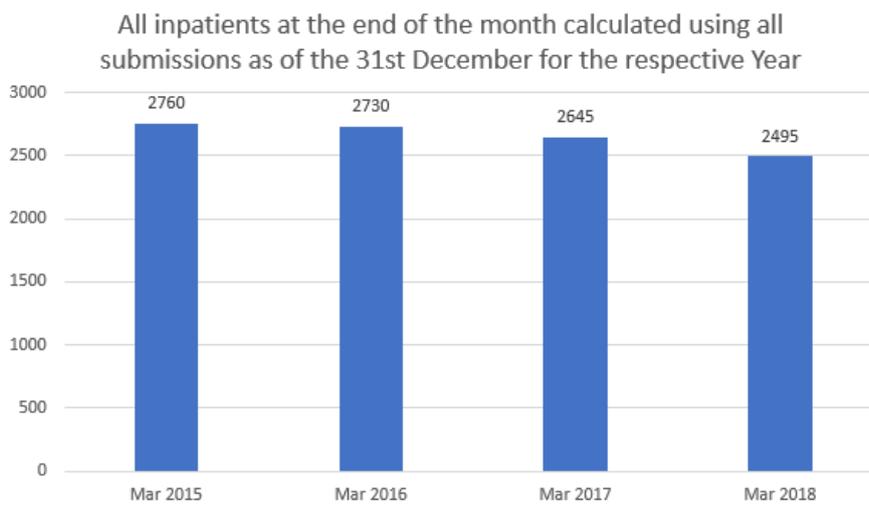


We can also see that it took a very long time to come to a “final” figure. So, when trying to work out how much progress Transforming Care has made which figure should we choose? The first instinct

might be to choose the most up to date figures for each available month and this appears to have been what NHS England have done when discussing the issue in the NHS Long Term Plan. In which they make the following claim “Since 2015, the number of people in inpatient care has reduced by almost a fifth”. It would appear, that they have come to this estimation of Building the Right Support’s progress by taking the “final” figure for March 2015 and the current “provisional” figure for December 2018. By doing that, they are able to identify a reduction in the number of inpatients of 560, a reduction of 19.41% - “almost a fifth”.



The problem with this approach is that it is likely to significantly overestimate the rate of progress that has been achieved. As was shown above the variation in the value of the March 2015 figure was 20.46 %, so the probability is, that the current “provisional” figure for December 2018 will change over the coming months and the evidence from previous months is that this figure will increase rather than decrease. One way of overcoming this difficulty might be to compare like with like. So rather than comparing the “final” figure for March 2015 with the “provisional” figure for December 2018 – we could compare the March for each year using the December value as shown in the graph below.



Using this approach, we identify a 9.6% reduction in the numbers of inpatients between March 2015 and March 2018 of 265. So, about half the progress claimed by NHS England. The problem with doing this is the sheer amount of variation in the 2015 figures.

We can see this by looking at historical rates of increase between the opening or earliest value and the most recent value, where the difference between the opening value for March 2015 and the

	A	B	C	D	E	F	G
	Month						Difference between opening value and most recent value
1	End	Mar-15	Mar-16	Mar-17	Mar-18	Dec-18	
2	Mar-15	2395	2795	2850	2875	2885	490
3	Mar-16		2615	2745	2785	2800	185
4	Mar-17			2490	2655	2675	185
5	Mar-18				2365	2495	130
6	Dec-18					2325	
7							

final value provided in December 18 is 490. This is probably representative of the experimental nature of the early data collection methods. However, for 2016 and 2017 the difference between the opening value and the final value stabilises at 185. From the 2018 figures we can see that the December value for March 2018 is 130 greater than the opening value which by March 2019 would give us a projected change in value for March 2018 of 173. So if we add this increase to the opening value for December 2018 the average rate of progress in reducing inpatient numbers is closer to 13.4% rather than the 20% claimed by NHS England. And even if we allow for improvements in accuracy and in the speed at which inpatient numbers are adjusted, and project a difference of 130 between the December 2018 opening value and the final value for the month, that would still give a rate of progress of under 15%. We therefore estimate the rate of progress in the reduction of inpatient numbers to be 14% rather than the 20% claimed by NHS England.

Care and Treatment Reviews and Care Education and Treatment Reviews

According to an evaluation of CTRs and CETRs commissioned by NHS England and carried out by Pathways Associates in the North East of England, the “refreshed” CTRs and CETRs are more effective than earlier versions and that a number of the changes that had been introduced such as the introduction of “Key Lines of Enquiry” and the additional resources and booklets provided are a helpful addition. 89% of the respondents to their survey said that they felt that Care and Treatment Reviews are making a difference to the number of discharges. Another positive finding was that 95% of people felt that the CTR was helping to make their current care and support better.

Overall, the evaluation indicates that CTRs and CETRs are seen as a positive policy development and that the changes made to them in March 2017 had gone some way to improving their effectiveness. The evaluation makes a number of recommendations as to how they could be improved further. Most of these recommendations relate to their administration and raising awareness of them with key stakeholders.

Building the Right Support and the NHS Long Term Plan.

The NHS Long Term Plan makes autistic people and people with a learning disability a priority for the next ten years. In doing so it sets the following target in relation to people in inpatient hospitals:

By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth)

This is in effect a re-statement of the higher end of the original 2015 target, with an additional proviso relating to population growth. And just to remind ourselves 50% of 2885 is 1443.

An important component in trying to achieve that target will be the use of a 12 point discharge plan and a strengthening of Care and Treatment Reviews (CTRs) and Care Education and Treatment Reviews (CETRs) for under 25s. The plan also makes a commitment to increase investment in “intensive, crisis and forensic community support”.

In addition to this are commitments to improve the understanding of learning disability and autism across the whole of the NHS, as well as a pledge to expand the STOMP-STAMP initiatives to reduce the reliance on medication.

The NHS Long Term Plan does not mention Transforming Care Partnerships, and nor does it make any reference to the National Service Plan that was a key component and objective of Building the Right Support.

What the plan does incorporate are the newly introduced *Learning disability improvement standards for NHS Trusts*

1. Respecting and Protecting Rights
2. Inclusion and Engagement
3. Workforce
4. Specialist learning disability services

Whilst it has a number of positive initiatives, the NHS Long Term Plan would seem to indicate the end of Building the Right Support and the Transforming Care agenda. It is also clear that the commitment to develop a National Service Model is no longer a priority and that the nine principles set out in Building the Right Support have probably been superseded by the new learning disability improvement standards. This is unfortunate because whilst the implementation of Building the Right Support may not have achieved the results that were hoped for, according to the findings of the NHS commissioned evaluation there was nothing wrong with the policy itself.

[Why hasn't Building the Right Support delivered the outcomes that it promised?](#)

The Transforming Care Partnerships do not seem to have developed the impetus that was hoped for. The early efforts and optimism that is reflected in many of the plans was not sustained, probably because of the limited amounts of transformation funding made available to them and possibly because of the organisational demands of other plans – such as the Sustainability and Transformation Plans. Relatedly a number of participants in the Building the Right Support Evaluation and the Care and Treatment Review evaluations, cited the impact that a lack of community infrastructure and associated pressures on social care funding had on their ability to implement Building the Right Support.

Policies aren't immune to the influence and pressures of other government policies. Whilst a Transformation Fund of £30 million is a significant amount of money, the scale of the changes that the policy was attempting to bring about were enormous, especially when viewed in the context of the funding pressures under which local government and the NHS have been operating over recent years. As a recent [National Audit Office report](#) makes clear, between 2010-11 and 2016-17 there has been a 3% reduction in spending on social care services and almost two thirds of local authorities are having to draw down on their reserves in order to meet their statutory responsibilities.

This matters because reducing the number of people in inpatient hospital isn't just about developing systems that will help to get people out of hospital, it is about having support in people's everyday lives. Some of it would be crisis support, but much of it would simply be support in helping people to live their everyday lives. Support in the community that should be available to them long before they are identified as being at risk of going into an inpatient hospital and it is the lack of this support, the kind of support that is set out in the nine principles of the National Service Model that most likely underpins the reason why Building the Right Support hasn't been able to control the number of people going into in-patient hospital and deliver the outcomes that it promised.

What next?

The lack of any direct reference to Transforming Care and Building the Right Support in the NHS Ten Year Plan is disappointing, but not surprising. They are both very public policy statements against which the actions and efforts of senior civil servants and politicians can be measured. It is clear, that at this moment in time, they and everybody else who is part of this, has not yet delivered. The question is will they walk away from the commitment they have made to transform the lives of autistic people and people with learning disabilities, and re-brand their actions in short paragraphs of vague plans. Or will they take the things they've learnt and publicly recommit to the principles of Transforming Care and Building the Right Support and keep going until the job's done.

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Rightful Lives

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