



HM Government

Building the Right Support for People with a Learning Disability and Autistic People Action Plan



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Action Plan

July 2022

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Foreword from the Minister of State for Care and Mental Health

In my first week as Minister of State for Care and Mental Health, I responded to a debate on Cawston Park hospital. I heard about the tragic deaths of Ben, Joanna, and John who died in a place that should have been there to care for them and support them at their time of need.

Since then, I have had the opportunity to meet with the families of some of the people who were at Cawston Park and to hear first-hand their awful experiences. Sadly, as many of you reading this know, this is not the only time an instance of poor care has happened to people with a learning disability and autistic people in mental health hospitals. Like me, I am sure you will never forget the appalling instances of poor care and abuse uncovered at Winterbourne View and then later at Whorlton Hall. Though these extreme cases do not – thankfully – reflect the experiences of many people in mental health hospitals, they are completely unacceptable, and I am determined that we must do everything we can to stop this from happening again. It is true that the words ‘never again’ have been spoken many times before, and I understand the concerns of those of you who fear that this will be just another report that says all the right things but makes little difference.

I recognise the wealth of knowledge and experience that many of you reading this will already have in this area, whether that is through your own life, through the work that you do, or because this is an issue that affects someone you love. I appreciate that many of you will have been pushing for the changes that are so desperately needed for far longer than I have been in post, and I can only imagine how concerned some of you must feel.

While it is important to acknowledge that the issues we grapple with are complex and progress may not be as fast as we would all like, I am optimistic that we now have a real opportunity to bring about changes across systems.

So, what is different this time? Well, for a start, we now have a Delivery Board – which I Chair – focused solely on driving progress on Building the Right Support. The organisations which have the levers to make change happen, across the areas that are important to people’s experience in the community and high quality inpatient mental health care, are represented on this Board. These partners are committed to working together to implement the actions that are laid out in this action plan. As you will see in the Partnership Statement that follows, this is a joint endeavour. No one organisation or system can make this happen on their own; but I believe that together, we can – and will – achieve our aims. Through the Board, I will have oversight of progress but also any challenges and blockers that need to be overcome.

Another important difference is that our understanding of the challenges we face is much greater now than it was in 2015, when Building the Right Support was first introduced. For example, there is a much greater awareness of autism and of the picture for children and young people. This action plan builds on the insights gained from years of professional and personal experience and a wealth of research, reports, and recommendations, and I have no doubt that this amassed knowledge will be invaluable as we continue to work together to drive further progress.

As well as the changes we can and must make in the short to medium term, I know that there are calls for more fundamental changes to the system. That is why we are also delivering policy improvements across government and wider changes related to health and social care as a whole. These align with the ambitions of this action plan and build the foundations for tangible, lasting change across systems. From the reforms to the Mental Health Act 1983 and Adult Social Care Reforms white paper, the move to Integrated Care Systems, and the Special Educational Needs and Disabilities (SEND) and alternative provision Green Paper, each change brings us a step closer to the goal that we are all aiming for. We are already meeting some of these goals. For example, we have met our commitment to see one million more disabled people in employment by 2027 and continue to work with people to ensure they have the right support to get and keep a job.

Our ultimate goal is that across England, people with a learning disability and autistic people are equal citizens able to fulfil their potential. They are supported to live full lives in their community, in their home, with access to the care that is right for them, when and where they need it. Just like everyone else.

This action plan sets out the actions we will take to achieve this. Each action has a timescale, one or more designated owners, and a clear, measurable outcome. I won't pretend that it will be easy: if bringing about change in this incredibly complex area were easy, it would almost certainly have happened by now. However, I can promise that we will use all the levers in our power to see this through.

Signed: Minister of State for Care and Mental Health

Partnership Statement from the Building the Right Support Delivery Board

The Building the Right Support Delivery Board brings together representatives from different government departments, local government, the wider health and care sector, the children's sector, and experts by experience from the Building the Right Support advisory group to accelerate progress and provide oversight for delivery of this action plan. It is chaired by the Minister of State for Care and Mental Health.

As Board members, our shared objective is to ensure people with a learning disability and autistic people of all ages are equal citizens in their communities, in their own home, with the right health and social care support to meet their needs, and, for children and young people, access to education. We want everyone to have access to what they need in order to fulfil their potential.

The key areas of focus set out in this action plan are:

- ensuring that people with a learning disability and autistic people of all ages experience high quality, timely support that respects individual needs and wishes and upholds human rights
- understanding that every citizen has the right to live an ordinary, self-directed life in their community
- keeping each person at the centre of our ambitions and ensuring that we consider a person's whole life journey
- collaborating across systems to put in place the support that prevents crisis and avoids admission
- ensuring that, when someone would benefit from admission to a mental health hospital, they receive therapeutic, high quality care, and remain in hospital for the shortest time possible
- making sure that the people with a learning disability and autistic people who are in mental health hospitals right now are safe and that they are receiving the care and treatment that is right for them
- working together to ensure that any barriers to an individual leaving a mental health hospital when they are ready to do so are removed

To do this, we are committed to using all the levers in our power to drive progress and make this action plan a reality. This includes:

- working together and recognising the importance of a whole system approach – no one organisation can achieve this on their own
- ensuring people with personal experience are meaningfully involved, listened to and an integral part of our workstreams
- monitoring progress on commitments and providing constructive challenge to ensure the principles and values of this plan are upheld in its delivery
- taking action to resolve any blockers to progress and identify solutions

If we own an action in this action plan, this also means

- delivering on time, to the milestones and timelines we have committed to
- sharing our progress to maintain momentum including being transparent about any blockers to progress that we have identified
- working with people, their families, and our partners across systems to ensure effective implementation

We know that there are historic barriers to progress, and heightened challenges following the Coronavirus (COVID-19) pandemic, but we are determined to work together, both within our current systems and within reformed systems, to bring about the changes set out in this action plan and to achieve the objectives outlined in this statement.

This statement has been endorsed by the members of the Building the Right Support Delivery Board. Organisations and groups represented on the Board with responsibility for the delivery of specific commitments in this action plan are:

- Department for Health and Social Care (DHSC)
- Department for Education (DfE)
- Department for Levelling Up, Housing and Communities (DLUHC)
- Department for Work and Pensions (DWP)
- Ministry of Justice (MoJ)
- Association of Directors of Adult Social Services (ADASS)
- Children and Young People's Steering Group
- Health Education England (HEE)
- Local Government Association (LGA)
- NHS England (NHSE)
- Skills for Care (SfC)

We thank the following members of the Board for their ongoing role in providing expertise, advice and challenge which has shaped the development of this action plan, and for their assistance in supporting its implementation:

- Association of Director of Children's Social Services
- Association for Real Change, Care England, Learning Disability England, and the Voluntary Organisations Disability Group, as representatives of the provider sector
- Building the Right Support Advisory Group who are leading work to identify 'what good looks like' and the conditions that enable good practice to happen.
- Care Quality Commission (CQC) and Ofsted, in their roles as regulators
- Chair of the Independent Care (Education) Treatment Reviews Oversight Panel
- Children's Commissioner's Office
- Health and Wellbeing Alliance, as representatives of the voluntary sector

About this plan

What we want to achieve

As set out in the 'Partnership Statement', adults, children, and young people with a learning disability and autistic adults, children, and young people should be equal citizens in their communities. People with a learning disability and autistic people should live in their own home and have the right support in place to live an ordinary life. This includes access to education, employment, and other opportunities which help people to fulfil their aspirations. Building the Right Support seeks to make this a reality through strengthening community support and thereby reducing the overall reliance on specialist inpatient care in mental health hospitals.

This action plan brings together, in one place, the commitments that have been made by different organisations to realise this aim.

We want this action plan to complement and support achievement of the [NHS Long Term Plan](#) target that by March 2024 mental health inpatient provision for people with a learning disability and autistic people will reduce to less than half of 2015 levels (on a like for like basis and taking into account population growth). This means that for every 1 million adults, no more than 30 people with a learning disability and autistic people will be cared for in an inpatient unit. For children and young people, no more than 12 to 15 autistic children and young people and children and young people with a learning disability per 1 million children, will be cared for in an inpatient unit. We recognise that we are not yet at this point. As Chart G in the infographic later in this action plan shows, we have made progress in reducing the number of people with a learning disability in inpatient care but it is clear that we still have work to do to bring about a similar reduction in the number of autistic people in inpatient care.

Our objectives recognise that there may be certain times when admission to a mental health hospital would be appropriate and offer a therapeutic benefit. We plan to retain some inpatient capacity to meet the needs of people with co-occurring, treatable, mental health conditions.

When it is necessary, we want the right care to be available to support people before, during and after their time in hospital. Inpatient care and treatment should be high quality, the least restrictive and for the shortest time possible. The hospital should also be close to home to ensure a connection can be maintained and strengthened with family, friends, their local community, and circles of support. From the point at which admission is decided, discharge planning should be put in place, and plans formulated to ensure the right community support will be available to reduce the likelihood of readmission.

We also plan to retain some capacity for forensic inpatient care so that people with a learning disability or autistic people who come into contact with the criminal justice system

have a safe and appropriate alternative to prison. As shown in Chart A in the infographic later in this action plan, just over a third of people with a learning disability or autistic people who are inpatients presently are detained under [Part III of the Mental Health Act](#) and around a quarter are detained with MoJ restrictions. While this action plan proposes to reduce these numbers, we do expect to continue to require some capacity for restricted patients in the future.

Our proposed reforms to the Mental Health Act will support this by ensuring people with a learning disability and autistic people can only be detained where there is a clear mental health need.

This action plan acknowledges the range of legislation that governs how care and support is provided to people with a learning disability and autistic people. Relevant legislation includes: Human Rights Act 1998, Mental Health Act 1983, Mental Capacity Act 2005, Autism Act 2009, Equality Act 2010, Children and Families Act 2014, and Care Act 2014. Actions have been developed with these in mind, and in conjunction with all the relevant government departments. Where appropriate, we have indicated where reform or changes to legislation are relevant to this action plan and support its overall objectives.

We engaged with a range of individuals and organisations in the development of this action plan. This included people with a learning disability and autistic people, their families, and partners in the voluntary and provider sector. We are grateful to them for sharing their valuable insights and feedback, which influenced the development of this action plan and helped strengthen the vision and ambition for what we want to achieve.

What we have learned and what we are doing differently

This action plan builds on a broad range of existing evidence and best practice. This includes the lessons we have learned from the Transforming Care programme, the [evaluation of Building the Right Support](#) (published November 2021), and the many reports that have recommended ways to improve the lives of people with a learning disability and autistic people in society.

It seeks both to disseminate the very best practice and to learn from and prevent the appalling cases of abuse and poor care that have continued to come to light since Winterbourne View, including Whorlton Hall and Cawston Park. 'Chapter 1: Keeping people safe and ensuring high quality health and social care' outlines practical actions to make sure that people are kept safe from harm.

We have improved how we use data. The [Assuring Transformation](#) (AT) dataset, first introduced in 2015, allows us to monitor the number of people with a learning disability and autistic people in mental health hospitals, providing vital information on who they are, how long they have been in inpatient care, how they came to be there and the quality of care they are receiving. The Assuring Transformation data set has undergone recent review and development with a new version launched in April 2021. The new version of AT includes new data and an increased level of detail to build our understanding. For example, as well as allowing us to see how many people are leaving hospital each month, new data now includes date of most recent oversight visit so that we can monitor whether patients are receiving visits with the frequency required, whether patients are on a dynamic support

register prior to admission, whether young people have a key worker, and reason for admission to hospital.

Using this Assuring Transformation data, we know there is variation in progress across England which affects the overall national picture. We know that 6 out of 42 Integrated Care Systems (ICSs) have already met the 2023 to 2024 Long Term Plan target. An additional 10 out of 42 ICSs have achieved the 37 per million target, as at the end of February 2022. Whilst there is regional variability, this tells us change is possible and that there are examples of good practice. However, this must be the case consistently.

The data also tells us more about children and young people, who were under-reported in the early stages of the Building the Right Support programme. For instance, as shown in Chart I in the infographic later in this action plan, we know that as at January 2022 16% of inpatients under the age of 18 had a learning disability (compared to 90% of inpatients aged 65 and over). Putting the right support in place as soon as possible for a child or young person can help avoid inappropriate admissions and disrupt pathways that might otherwise lead to inpatient care. As at February 2022, the number of children in inpatient settings had reduced by 23% since March 2017. (Figures before 2017 under-reported numbers of children.) To continue to support the reduction of children in inpatient settings, in this plan we have created a chapter specifically focused on actions for children and young people.

We recognised that we needed better support for autistic people. As shown in Chart G in the infographic later in this action plan, we have made significant progress in reducing the number of people with a learning disability in mental health hospitals (the number of inpatients with a learning disability only has decreased by 39% from March 2017 to January 2022) but we haven't achieved the same for autistic people. In fact, the number of inpatients who have a diagnosis of autism (and no learning disability) has increased by nearly 20% from March 2017 to January 2022. As shown in Chart H, this increase has been largely driven by an increasing number of female autistic inpatients, and we know that female autistic children and young people make up the majority of those inpatients who are under 18. Awareness of autism has increased since the Building the Right Support national plan was published, and it may be that more autistic people are now being diagnosed after admission. However, this highlights the need for improved access to timely diagnoses, especially for girls and women for whom autism has tended to be under-diagnosed.

Recognising that a different, holistic approach to supporting autistic people was needed, we published our national autism strategy in July 2021. The [strategy](#) has been backed by over £74 million in the first year alone. We invested funding in 2021 to 2022 as part of the wider £31 million from the [COVID-19 mental health and wellbeing recovery action plan](#), to help prevent avoidable admissions and drive improvements to inpatient care provision for autistic people through autism training for staff and funding to adapt environments. We will also build on the actions we have set out in the implementation plan for 2022 to 2024 which we will publish following the end of the first year of the strategy (which runs until July 2022).

We have proposed reforms to the Mental Health Act which will limit the scope to detain autistic people or people with a learning disability for treatment under section 3 of the Act without a clear mental health need. This is because learning disability and autism are not mental health conditions, although some autistic people and people with a learning disability may require treatment for co-occurring mental illness. Our reforms are part of a suite of [proposed reforms to the Mental Health Act](#) which will improve the experiences of people with a learning disability and autistic people. For example, we are proposing to

introduce new duties on commissioners to ensure adequate support provision and to hold a dynamic support register, including an ‘at risk of admission’ component, that would ensure that they (and local authorities) understand and monitor the risk of crisis at an individual level for children, young people and adults with a learning disability or autistic children, young people and adults in their local population.

These wider proposals are outlined in ‘Chapter 5: Working with changes to the system’, alongside other system reforms that will support us to achieve long-term change.

We have consolidated our understanding of funding flows and how they help or hinder the implementation of Building the Right Support. In September 2021, DHSC commissioned an independent specialist consultancy firm (RedQuadrant) to conduct [a rapid review of the financial barriers and disincentives to discharge, and financial incentives to admit people to inpatient care](#). This rapid review concluded in March 2022 and a report has been published.

We have a clearer understanding of the use of long-term segregation and we are taking action to reduce its use. As a result of the increasing concerns about the use of restraint, seclusion, and segregation for people with a learning disability and autistic people in inpatient settings, in 2018 the Secretary of State for Health and Social Care commissioned CQC to undertake a review of this issue. CQC published an interim report in May 2019 and a final report ‘[Out of sight – who cares?: Restraint, segregation and seclusion review](#)’ in October 2020. The findings were deeply concerning and uncovered evidence of poor care and excessive use of restrictive practices. The reports made a number of recommendations, including that there should be an individual, independent review for everyone in long-term segregation. In total, 77 case reviews were completed in 2019 to 2020. Baroness Hollins, as independent chair, established an Oversight Panel in June 2020 to review the findings from this work. Their recommendations and the Government response were published in July 2021. We continue to undertake independent case reviews, enabling us to understand the issues faced in relation to long term segregation and support action to be taken. More detail on the actions we have taken in response to Baroness Hollins and the Oversight Panel report is set out in ‘Chapter 1: Keeping people safe and ensuring high quality health and social care’.

The regulatory environment has changed. Following the identification of abusive practices at Whorlton Hall in 2019, CQC has changed its approach to regulation to increase scrutiny and oversight of providers that support people with a learning disability and autistic people. This includes addressing services which may be at risk of developing a ‘closed culture’. In practice, this means that we have seen an increase in the number of units identified as requiring improvement or being placed into special measures or in some cases closed.

We know that we must strike the right balance between cross-health and care system, cross-Government working and clear accountability and ownership for delivery. In recognition of the need for effective partnership working to drive better and faster progress, we established the Building the Right Support Delivery Board. The Board brings together representatives from government departments and organisations across systems. These departments and organisations have been identified as members as they have the levers to make change happen. Board membership includes co-chairs of the personal experience Advisory Group and representatives from across the wider system. Bringing the right expertise together in this way ensures that lessons learned can be shared and collective solutions identified when needed. We also know that while bringing multiple partners together is important, this can dilute or distract from clear ownership of actions. That is why

the Board is chaired by the Minister of State for Care and Mental Health, providing a single point of ministerial oversight. Action owners are clearly set out in this action plan and commitment tables, and the Board will oversee progress in delivering this action plan. ‘Chapter 6: National and local accountability to deliver’ sets out further detail about the Board and outlines how its members will drive progress on this Action Plan.

Where we are now

Since the [national plan](#) was published, we have made progress on reducing the number of people in mental health hospitals and have supported more people to live in the community. The inpatient total at the end of May 2022 was 2,010: this is a 30.7% net reduction since March 2015, when there were 2,900 people with a learning disability and autistic people in mental health hospitals. As set out above, we know that there is regional variation within this, with some ICSs having met the Long Term Plan target and others with much to do.

The following charts set out data about people of all ages with a learning disability and autistic people, who are in a mental health hospital. This is the population referred to as ‘people’ in the charts. Most data presented in the charts is from the NHS Digital [Assuring Transformation \(AT\) dataset, January 2022](#), and is England-level data. Chart F, Chart H and Chart J contain data provided by NHSE. To note, figures may not sum to 100% due to rounding. Further information about the data and language used in these charts can be found in the section ‘Where we are now: glossary of terms used’.

Chart A: Overview of inpatient population

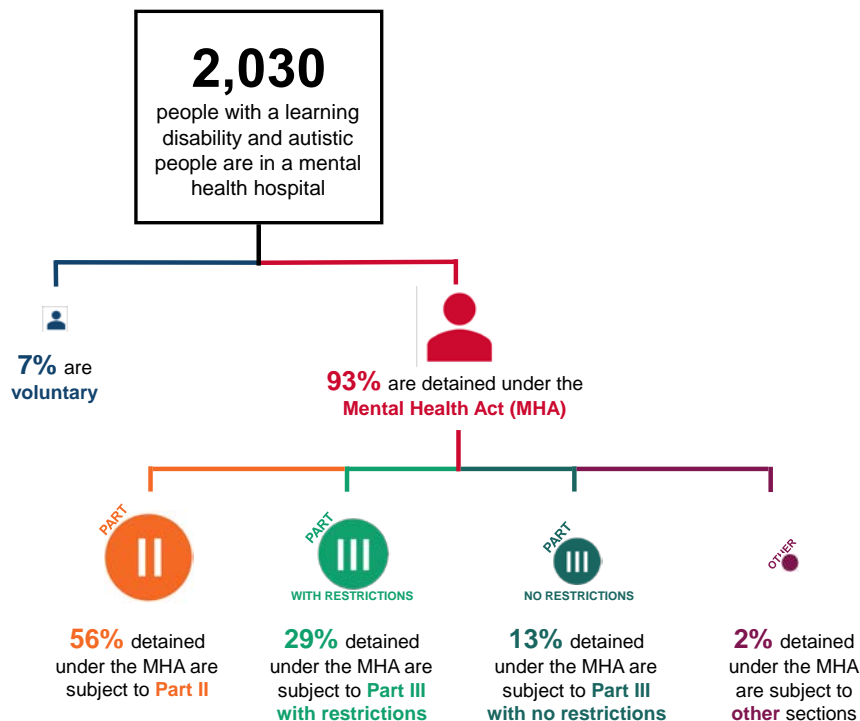
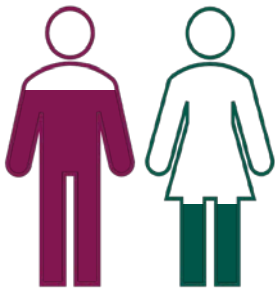


Chart B: Sex of people and reasons people had a delayed transfer of care¹

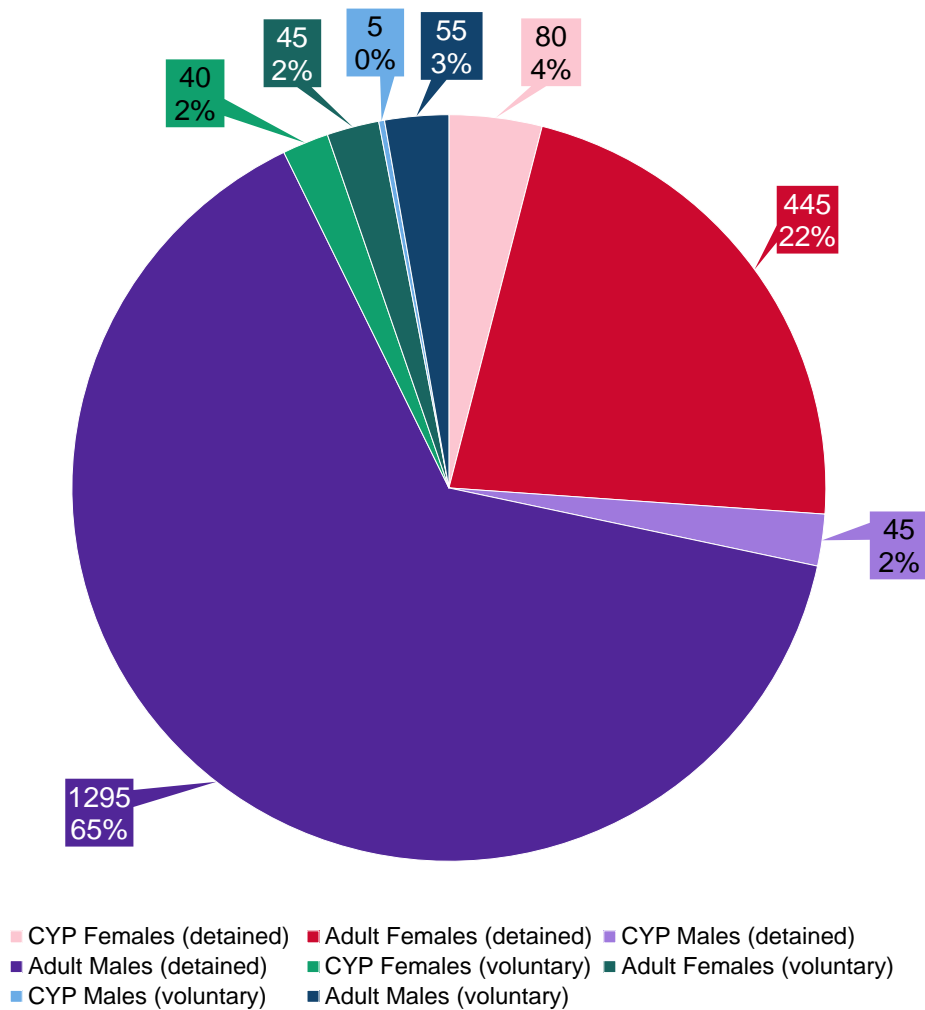


69% of people are **male**, 30% are **female**, and 1% are **not specified**



48% of people whose care plan detailed a 'delayed transfer of care' had a **lack of suitable housing provision** as a reason for their delayed discharge.

Chart C: People by Mental Health Act status and sex



¹ 'Not specified' is the terminology used by NHS Digital in the Assuring Transformation dataset.

Chart D: People by Mental Health Act status and age

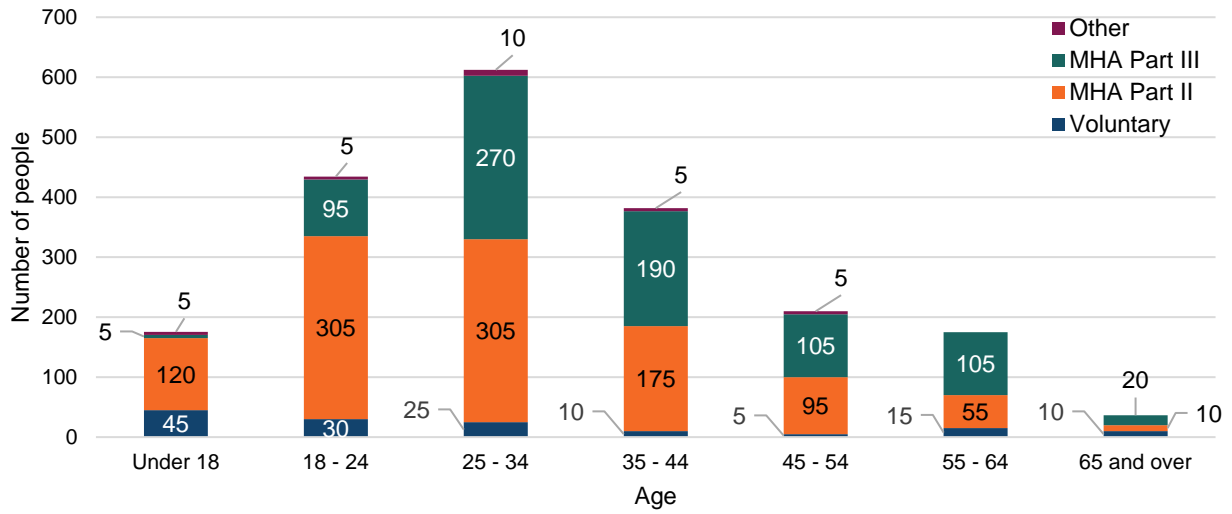


Chart E: Mental Health Act status of people by total length of stay

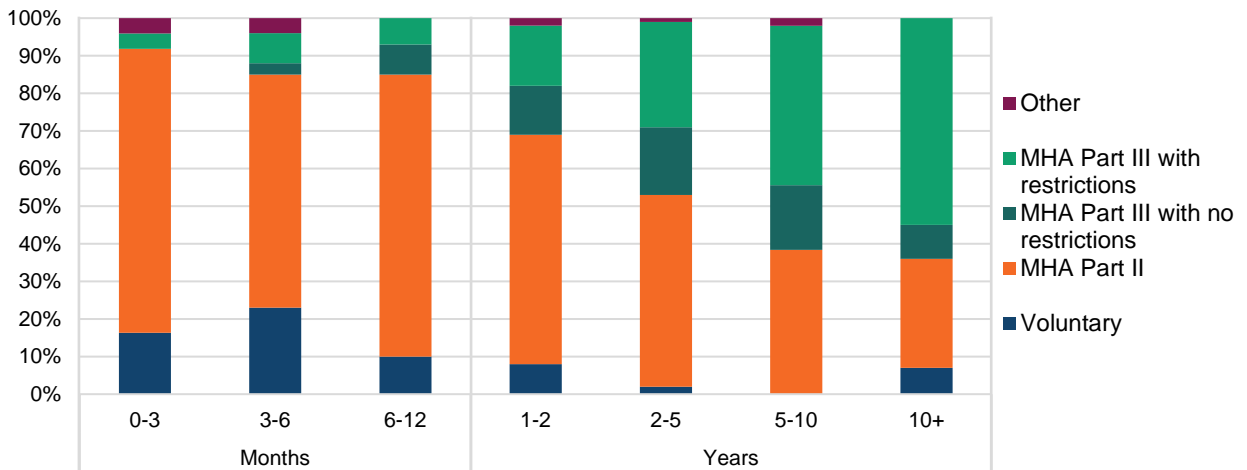


Chart F: Total length of stay by age²

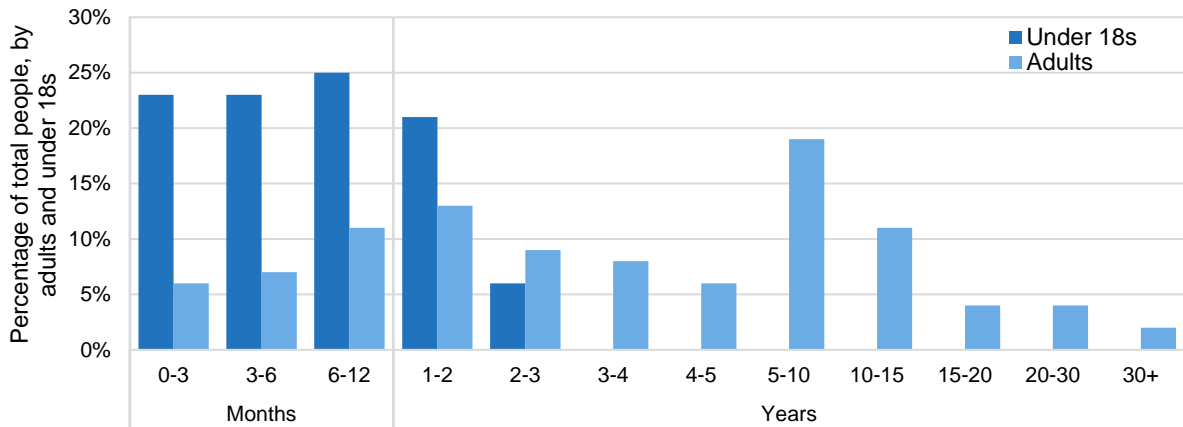
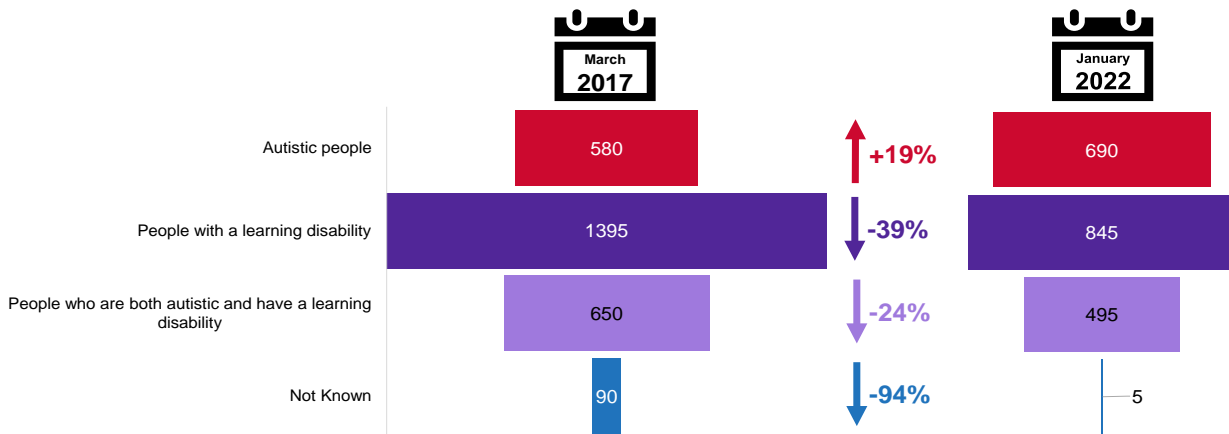
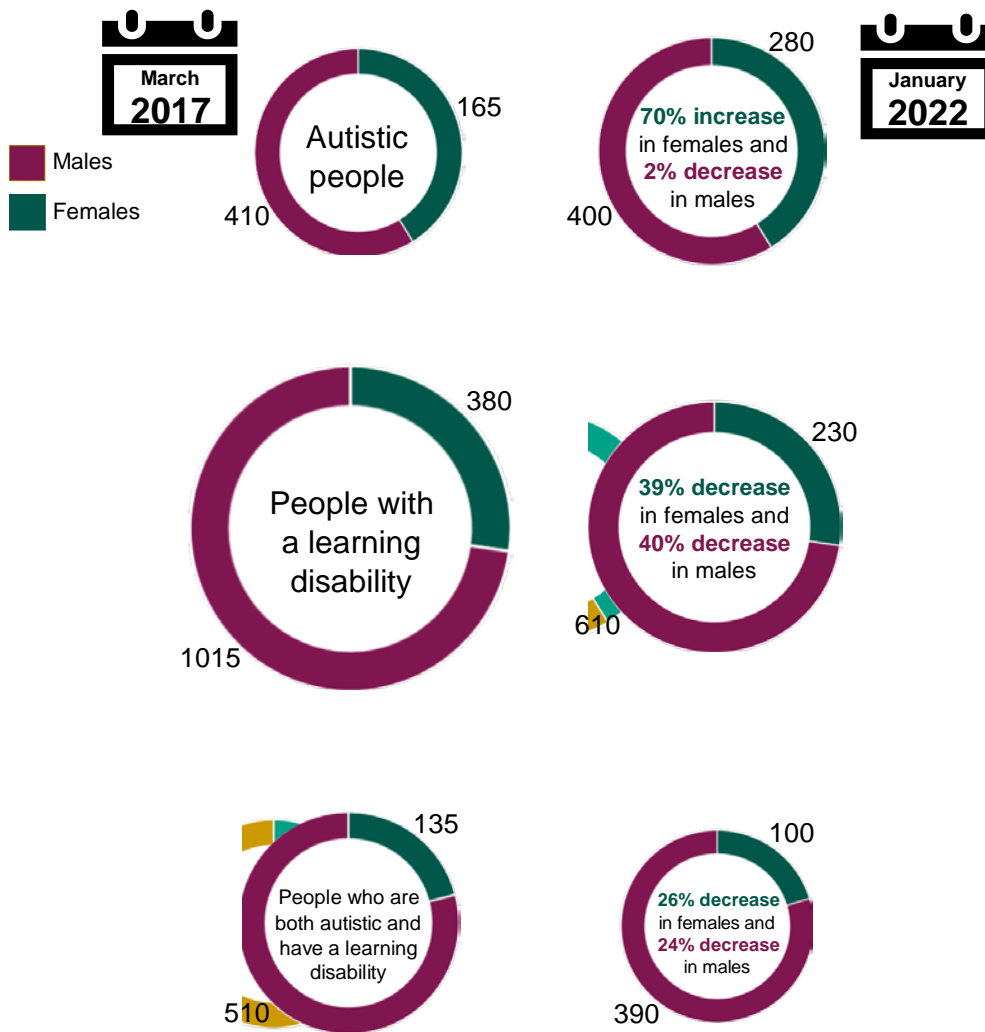


Chart G: People by patient category, March 2017 compared to January 2022



² This chart contains data provided by NHSE.

Chart H: People by patient category and sex, March 2017 compared to January 2022³



³ This chart contains data provided by NHSE.

Chart I: People by patient category and age

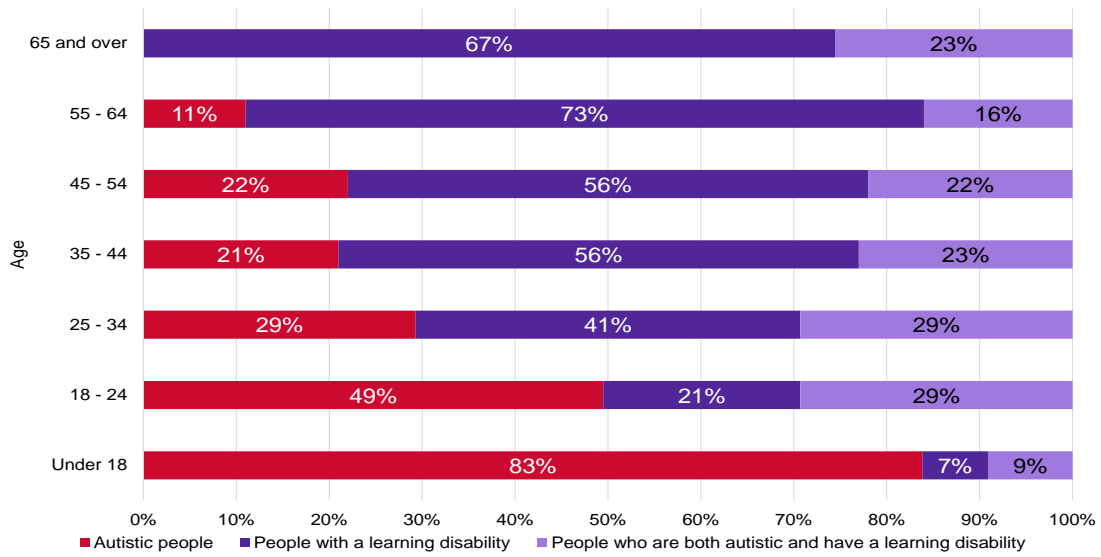
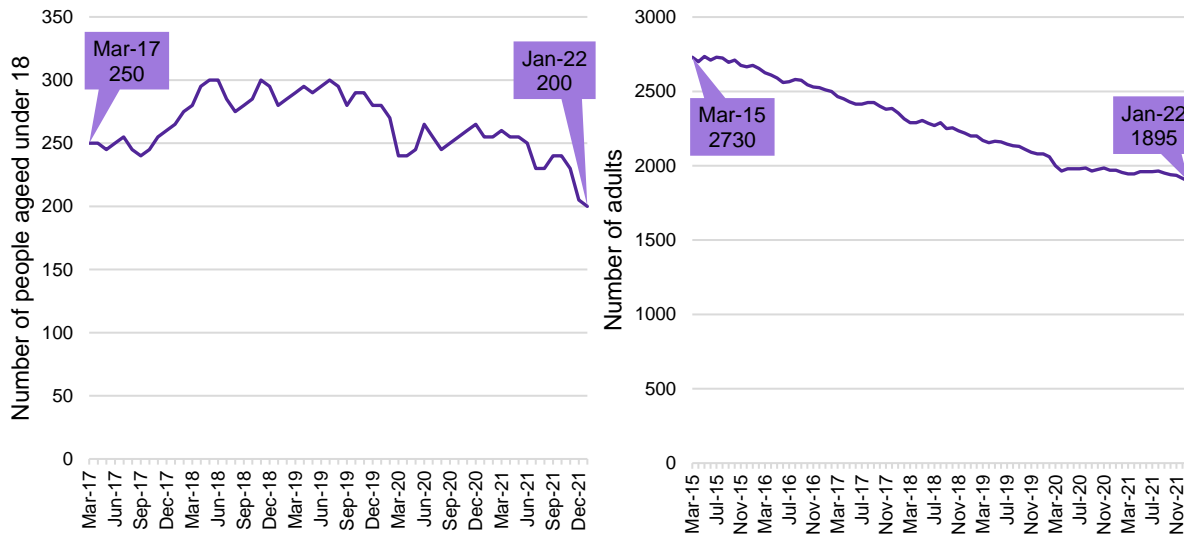


Chart J: The number of people with a learning disability and autistic people in inpatient settings by age over time⁴



⁴ This chart contains data provided by NHSE. Data used here is from [Assuring Transformation March 2022](#), following NHSE advice that inpatient counts are retrospectively updated to take account of late reporting or corrections to the data. Under 18 inpatient counts prior to March 2017 were under-reported and are omitted as the trend would be misleading.

Making it happen

Collaboration and partnership are key to fulfilling the commitments in this Action Plan. As set out in the Partnership Statement, the Building the Right Support Delivery Board is committed to using the levers in its power to implement the Building the Right Support national plan and deliver this action plan in full.

The Building the Right Support Delivery Board will formally review progress on the commitments in this action plan regularly and ongoing monitoring will take place alongside this. This will make sure that we can identify any risks or issues to successful delivery. The Board will review which commitments have been delivered, which are on track to be delivered to agreed timescales, and where a commitment is not on track, work to understand the reasons why and support one another to get back on track.

Commitment owners will be expected to monitor progress of delivery and provide updates to the Delivery Board as part of formal reviews of this action plan. If appropriate, where barriers to delivery are identified, the Delivery Board will agree a plan with the commitment owner to implement a solution.

Task and finish groups are being established that will also help to drive progress outside of Board meetings. The task and finish groups will focus on delivering specific, tangible activity in areas that will benefit from collaboration between particular Board members. This will include considering actions on funding flows as identified by [RedQuadrant's independent report](#). These groups will report to the Board and Minister for Care and Mental Health.

As part of monitoring this action plan, the Delivery Board may request updates on wider policy developments to improve outcomes for people with a learning disability and autistic people, noting any risks, and issues across systems which may impact the delivery of this action plan.

Further detail on making this plan happen is set out in 'Chapter 6: National and local accountability to deliver'.

Who is this action plan for?

We want this action plan to make a positive difference to the lives of people with a learning disability and autistic people of all ages. To achieve this, we want it to be actively used by and inform the health, social care, education, housing, and criminal justice workforce with the levers in their local areas to make positive change happen.

This includes people working in:

- healthcare, social care, education, housing, and criminal justice services
- leaders in local authorities and Integrated Care Boards
- providers of health, social care, and education services
- commissioners of health, social care, and education services
- the voluntary and community sector

We have structured this action plan in chapters to help readers navigate the content, especially those with responsibility for delivering change and implementing this action plan

in practice. However, we are mindful of the importance of taking a holistic, whole-life approach. We know that this means we must not view care and support as being divided into distinct ‘boxes’. Support must be joined up and adapt to each individual’s life. For this reason, the issues explored within individual chapters of this action plan will undoubtedly overlap and to some extent be dependent on one another. Where there are particular connections or links, we have drawn this out as best as possible. Fundamentally, we recognise that every person has a unique set of needs and aspirations and we know that this action plan will not reflect or capture every single circumstance.

Our guiding principles

There are a number of overarching principles that are essential to ensuring that people with a learning disability and autistic people of all ages experience high-quality care and support to live ordinary lives in the community. These principles underpin the objectives of Building the Right Support and inform the contents of this action plan.

These principles have been developed in line with the feedback we received through our stakeholder engagement process. Through this process, we heard about the importance of keeping the person at the heart of decisions and building the right leadership, culture, and environment to drive change. We also heard about the challenges faced by people, their families, carers, and advocates when trying to navigate the health and care system. These principles act as a guide and seek to create a common vision across all commitments outlined in this action plan.

Keeping people safe

People must be kept safe from harm, abuse, and neglect. There should be an honest and open culture across systems so that people feel safe to challenge services if poor practice is experienced or identified. This includes the need for services that support people to improve transparency and reporting, take appropriate actions to tackle poor practice, and continuously improve quality through learning lessons.

Personalised care and support

No one person’s aspirations and care and support needs are the same. Care and support should always be personalised. It should be built on the person’s strengths – what they can do, not what they can’t – and what really matters to them. It should uphold their dignity, human rights, and quality of life at all times. This should be a key consideration in how services are commissioned. By adopting the [Universal Personalised Care model](#) more fully, we expect to see more integrated personal budgets being used. This will increase the choice and control people have over their care and support.

Working together towards improvement and integration of care and support

In order to achieve long-term improvement to the way people access and experience services, cross-system reform and join-up is crucial. Systems must work together to ensure a person’s needs and life journey are considered holistically from the outset so that they receive the care and support they need at the right time and in the right way. Practice should continuously improve through pro-active provision of support upon diagnosis,

learning lessons, disseminating good practice, and adapting to changes in policy and legislation.

Holding ourselves and others accountable

People should feel able to trust services to provide them with the care and support they need and to address any concerns that arise. It is important to have the right leadership and culture which is prepared to justify which decisions are made and why. The right leadership provides an environment that is transparent and responsible for actions taken forward, and which encourages continuous improvement of processes and practice, including providing staff with the opportunity to develop their knowledge and skills.

Inclusive decision-making

People, their families, loved ones, advocates and carers should be treated with respect at every stage of a person's care and support. The person should be central to all decision making and kept informed as much as possible. Families and people experiencing care and support should have greater choice and control over the services they need and receive.

'What Good Looks Like' project

To realise our ambitions to improve community support, we hope to build on our understanding through a 'What Good Looks Like' project. ADASS and the LGA have been working with the Building the Right Support Advisory Group to identify 'What Good Looks Like' when it comes to community-based support. This work will identify best practice examples, with an emphasis on initiatives that support citizenship and human rights. The project gives us an aspirational view of what positive experiences of support should look and feel like for people with a learning disability and autistic people.

The changes that we want to see as a result of this action plan should be driven by a clear understanding of the type of outcomes desired by people with a learning disability and autistic people. The 'What Good Looks Like' project will help us to consolidate our understanding of the necessary conditions and 'must haves' when it comes to achieving good sustainable outcomes. More information on this project is set out in 'Chapter 3: Living an ordinary life in the community'.

Executive summary

Building the Right Support focuses on the care and support needed to make sure people with a learning disability and autistic people of all ages can lead ordinary lives on ordinary streets through developing community services and reducing reliance on specialist inpatient care in mental health hospitals.

We know that there have been many recommendations in many reports. Rather than duplicate those reports and replicate every single action individually, we intend that this action plan brings the key elements from these reports, recommendations, and announcements into one place to provide a clear view as to what must be delivered.

We know that some people will be familiar with actions included in this action plan. Our intention is not to suggest that all of these commitments are new, far from it. Instead, we want to bring them together in this way, to demonstrate a cross-system, cross-government focus on delivery and implementation on the things we have said we will - and must - do now and in the future.

This action plan is divided into six chapters. Each chapter focuses on a particular area we know to be crucial in supporting people to live ordinary lives in their communities and clearly sets out the commitments to make positive change happen.

The objectives, timescales, and milestones of commitments in this action plan have been set out in [Annex A: Table of Commitments](#). The lead organisation for each action has been stated, and will be responsible for delivery, working together with relevant partners. Where a commitment appears in the action plan, the corresponding commitment number will appear alongside in brackets.

Unless specified otherwise, references to 'people' in this document mean children, young people, and adults with a learning disability, autistic children, young people, and adults, or both.

An overview of each chapter is set out below.

Chapter 1: Keeping people safe and ensuring high quality health and social care

People with a learning disability and autistic people, of all ages, should receive high quality health and social care support. This means making sure that people are treated with dignity

both reviews and will publish a children's social care implementation strategy by the end of the year.

In recognition of the fact that there are sufficiency challenges in the placement market for all looked after children in England, the government is supporting local authorities through providing £259 million of capital funding to maintain capacity and expand provision in both secure and open residential children's homes. This will provide high quality, safe homes for some of our most vulnerable children and young people, including autistic children, children with a learning disability and those with mental health needs.

In terms of promoting high quality experiences for those children who are looked after, or who are placed in residential educational settings, Ofsted has recently published refreshed guidance on '[Positive environments where children can flourish](#)', which is a guide for inspectors about physical intervention and restrictions of liberty in social care settings and education.

The [2015 Guide to the Children's Homes Regulations](#) addresses the use of restrictive practice in those settings. The requirements and expectations of schools recognise that behaviours can be a manifestation of a special educational need or disability, that schools have duties to put appropriate support in place to help prevent inappropriate behaviour, and that the school's use of sanctions may need to take account of any SEND a child may have.

Preparing for adulthood

Points of change and transition, such as education, housing, employment and from children's health and care services to adult services, can cause young people to be anxious and upset. Planning and preparation for these transition points should be proactive and sufficiently in advance to prevent the escalation of needs. When supporting young people with a learning disability and autistic young people to prepare for adulthood, it is important to use a 'strengths based' approach so that they are supported to live full, independent lives within the communities they choose.

As stated earlier in this chapter, a timely autism diagnosis can be important. Upon diagnosis, practical support must be put in place for a child or young person.

Planning for transition to adult services should begin when a child is in Year 9 at school (13 or 14 years old) at the latest. Transition should be an ongoing process rather than a single event and be tailored to the needs of the child. The assessment should provide advice and information about what can be done to meet or reduce the individual's needs, as well as what they can do to stay well and prevent or delay the development of needs. The local authority has a duty to carry out this assessment and the child will continue to receive children's services during the assessment process, either until the adult care and support is in place to take over, or until it's clear after the assessment that adult care and support doesn't need to be provided. Transition assessments could also become part of a young person's Education Health and Care Plan. It is important that everyone involved understands the process and feels supported and prepared to try to ensure that the transition is as smooth as possible.

In addition, as children get older and start to become more independent, parents, families, schools, and other people around them can all help to convey messages about healthy lifestyles. We want to encourage good habits, to give everyone the best start to life, so that by the time a child or young person reaches the age of 14 and is ready for their first annual health check, this is as ordinary as going to school.

As we mention in ‘Chapter 3: Living an ordinary life in the community’, Supported Internships for young people aged 14 to 16 with SEND, who have an Education Health and Care Plan can play an important role in helping these young people as they move to adulthood by providing the opportunity to achieve sustained, paid employment by equipping them with the skills they need for work, through learning in the workplace.

Supported interns are enrolled and supported by a learning provider, for example, a school or college, but spend most of their learning time in a workplace. Supported interns are in full-time education and their supported internship work placements are part of their course.

Building the skills and knowledge of the education workforce

Education settings can be important places for people to be provided with early and appropriate information and advice, so it is vital that the workforce has a strong understanding of the needs of children and young people with a learning disability and autistic children and young people to ensure they are better able to meet these needs.

DfE committed to continue support for autism awareness training for education staff in early years, schools, and further education settings ([commitment 4j](#)). Since 2011, this training has reached more than 305,000 people and has developed good autism practice guidance and practice frameworks aimed at supporting and improving practice within education settings.

DfE continues to include preparation for adulthood in its programme of school and college workforce training and development on SEND. This will ensure that the education workforce has the right skills and knowledge to support children and young people who may be autistic and or have a learning disability through their education journey and their entry to higher education or employment. In February 2022, DfE announced funding of more than £45 million over the next three financial years ([commitment 4k](#)) to:

- target support to improve monitoring, support and intervention for local authorities and local health and care partners’ delivery of statutory SEND services, with a focus on underperforming areas and sharing best practice
- improve participation and access for parents and young people for high quality advice and support
- directly support schools and colleges to work with pupils with SEND, for example through training on specific needs like autism

As part of the first year of the [national autism strategy](#), the government is taking a number of steps to improve understanding of autism among educational professionals. In addition, DfE will embed autism as a priority for educational leadership as this is important in developing autism-inclusive cultures and will share good autism practice within education settings, focusing on mainstream schools. This will encourage the provision of early support

for autistic children and young people, setting out the benefits of this in preventing escalation of needs, sustaining school placements, and ensuring more autistic children and young people can achieve their potential.

DfE continues to include preparation for adulthood in its programme of school and college workforce training and development on Special Educational Needs and Disability (SEND). This will ensure that the education workforce has the right skills and knowledge to support children and young people who may be autistic and or have a learning disability through their education journey and their entry to higher education or employment.

Children and young people's experiences of accessing support for SEND can be variable. Ofsted and CQC carry out joint area inspections of SEND services to provide assurance and drive improvement. These inspections cover local authority education and care, and health commissioning bodies. Working in partnership with DHSC, the Department for Education has commissioned Ofsted and CQC to develop and transition to a new joint Ofsted / CQC Area SEND Inspection framework which will provide a much clearer picture of improvement needs and will focus more on the experiences of children, young people and their families ([commitment 4I](#)). This will support ongoing improvement activity across all parts of the SEND system.

The power of the keyworker programme: Luke's story⁶

The [NHS Long Term Plan](#) included a commitment that 'by 2023 to 2024, children and young people with a learning disability and/or who are autistic with the most complex needs will have a designated Keyworker'.

Heywood, Middleton and Rochdale Keyworking service began as one of 13 areas across the country to be chosen to pilot a service in their area. In this area, two keyworkers are currently working with nine families. A third keyworker began work in December 2021 with a plan to have three keyworkers supporting up to 30 families by mid-2022.

One young person who is benefitting from the service is Luke* who is 15 years old and autistic. Living at home with his parents and a younger sibling, Luke was struggling to manage his increasingly aggressive behaviour at home. A variety of medication had been tried and Luke had spent some time living at his grandparent's house to provide his family with some respite. Luke was engaging well in school but struggling with impulse control. He was in a class with a very supportive teacher who communicated regularly with Luke's mental health worker who had known Luke for several years.

Speech and language therapy support had been offered and Luke had been referred to children's social care. However, the family were reaching crisis and wanted support so that Luke could remain with them in the family home. Luke was referred to the DSR, with a red level of risk, and was allocated a Keyworker.

⁶ Name changed to protect identity

The keyworker said: “Having the opportunity to have an overarching view of the support being offered and to explore the impact of this on the young person enables a different level of understanding regarding what is working, could be improved upon or is missing”.

The allocation of a Keyworker ensured that Luke’s feelings were captured and supported. Luke responded positively to the support and was able to continue living at home.

Chapter 5: Working with changes to the system

‘I’ statements

We want people to be able to say:

The services that support me understand my needs, value what I have to say, and support me to realise my aspirations and wishes.

I am confident I will receive the health, social care, and education support I need to lead a good, ordinary life

I am confident that the health, social care, and education systems work for me in a joined up way and protect my rights.

Reforming the Mental Health Act

We are taking action to ensure that people living with mental health conditions who may require treatment under the Mental Health Act have greater control over their treatment and are treated with dignity and respect.

The [Independent Review of the Mental Health Act](#), chaired by Professor Sir Simon Wessely, which reported in December 2018, concluded that the Act does not always work as well as it should for patients, nor for their families and carers. It proposed recommendations for change.

In response to the Independent Review, the government published a White Paper in January 2021, which accepted the vast majority of the review’s recommendations and sought views on the impact of these recommendations and how best to implement them in practice. We published our [response to this consultation](#) in July 2021.

The proposed reforms to the Mental Health Act support the objectives of Building the Right Support and the aims of the NHS Long Term Plan so that more people with a learning disability and autistic people are supported in the community and fewer in mental health hospitals. The [draft Mental Health Bill](#) was published on 27 June 2022 and will go through pre-legislative scrutiny ahead of being introduced when parliamentary time allows.

We know that the majority of people with a learning disability and autistic people who are in mental health hospitals are detained under the Mental Health Act. The Assuring Transformation data set shows that in March 2022, 92% of people with a learning disability and autistic people were detained under the Mental Health Act (52% under Part 2 civil sections, 27% under Part 3 forensic sections with restrictions, 12% under Part 3 without restrictions, and 2% under other parts of the Act). For some people, being detained under the Mental Health Act can lead to prolonged detention which may worsen their condition, particularly if the inpatient environment fails to meet their sensory or communication needs. This means our proposed changes to the Act should play a meaningful role in delivering Building the Right Support.

We propose to reform the Mental Health Act so that neither a learning disability nor autism can be considered to be conditions for which a person can be subject to compulsory treatment under section 3 of the Act ([commitment 5a](#)). This will limit the scope to detain people with a learning disability or autistic people under the Mental Health Act. This is because learning disabilities and autism are conditions which cannot be removed through treatment, although some autistic people and people with learning disabilities may, at times, require treatment for a co-occurring mental illness. When this is the case, they may require admission, but this should always have a clear therapeutic benefit and be for the shortest time possible. 'Chapter 1: Keeping people safe and ensuring high quality health and social care' sets out the quality of care we expect of inpatient settings, and 'Chapter 2: Making it easier to leave hospital' sets out how people should be supported to be discharged when ready.

Under the proposals, people with a learning disability and autistic people could be detained for assessment under section 2 of the Act when their behaviour is so distressed that there is a substantial risk of significant harm to self or others (as for all detentions). The maximum time somebody can be detained under section 2 is 28 days. They will only be able to be detained for treatment under section 3 of the Act if a mental health condition which would benefit from hospital treatment is identified. If no mental health condition is identified, then detention will end.

It is important that, in such circumstances, someone is only detained in hospital under the Mental Health Act after all community alternatives have been considered. A C(E)TR should take place before a decision to admit someone to a mental health hospital and form part of decision-making. Although C(E)TRs should already be taking place, we know that the way they are carried out and how far their recommendations are implemented in practice can vary. To improve this, where patients are detained, we set out in 'Chapter 1: Keeping people safe and ensuring high quality health and social care' that we are proposing that recommendations from C(E)TRs, which are carried out within a set period of time after admission, are placed on a statutory footing ([commitment 1c](#)). This will mean that Responsible Clinicians must have regard to recommendations and include them in those patients' Care and Treatment Plan, unless there are good reasons not to do so. There will also be duties on the relevant ICB to have regard to recommendations that relate to services that may be available on discharge, unless there are good reasons not to do so. In 'Chapter 2: Making it easier to leave hospital', we set out how this will make it easier for people to leave hospital and ensure that discharge is considered from the outset of planning care and treatment.

The patient's new statutory Care and Treatment Plan should be developed in direct collaboration with the patient and those close to them, to ensure that it reflects their wishes,

preferences, beliefs and values and their individual needs, including how they will be met. As well as setting out how the patient will be progressed to a timely discharge, the patient's Care and Treatment Plan should provide a record of why detention under the MHA is considered necessary, as well as the rationale behind any restrictive elements to the patient's care, where applicable. This is to ensure greater transparency around clinical decision making and to enable independent scrutiny by the First Tier Tribunal (Mental Health).

Under the proposed reforms, patients will have enhanced rights to challenge their detention at the Tribunal and, where detention to administer treatment under the MHA is considered appropriate and therapeutically beneficial, patients will have enhanced rights to shape what their care and treatment looks like. Patients will also receive increased support to enable them to access these rights through independent mental health advocacy and the new 'Nominated Person' model, which will replace the outmoded Nearest Relative system.

We recognise the importance of ensuring the right services are available for people to have their needs met in a timely way in their community, and we know that more must be done. Providing the right support in the community will prevent admission to mental health hospitals, and support people who are currently inpatients to be discharged at the right time and with the right support in place. We are proposing to create new duties on commissioners to ensure that there are adequate community-based services in their local area to support people with a learning disability and autistic people ([commitment 3k](#)). In addition, we are proposing a related duty for commissioners to hold a local 'at risk' register which allows them to work with local authorities to understand, monitor and respond to the risk of crisis at an individual level for people with a learning disability and autistic people in their population ([commitment 3l](#)).

Reforming adult social care

The government is reforming adult social care through £5.4 billion over three years to accelerate a comprehensive reform programme, building on the measures in the Health and Care Bill. This includes £3.6 billion to reform the social care charging system and enable all local authorities to move towards paying providers a fair cost of care; and a further £1.7 billion to begin major improvements across the social care system in England. Our white paper, [People at the Heart of Care](#), sets out an ambitious 10-year vision for reforming adult social care and our priorities for investment.

Our 10-year vision for adult social care applies to everyone who draws on care and support including autistic people and people with a learning disability. The vision puts personalised care and support at the heart of adult social care. We want to ensure that people have the choice, control, and support they need to live independent lives, that they can access outstanding quality care and tailored support, and that they find adult social care fair and accessible so they can get the support they need. This is an ambitious vision, but we are already taking steps towards it.

Personalised and flexible care, delivered innovatively, can be adapted to address specific unmet needs, and can often be combined with care in their own community, to better support people with a learning disability and autistic people and promote their wellbeing. By introducing more models of care that support people in their own homes and in their local communities, local places will be able to deliver greater personalisation and better meet

complex care and support needs. To help us achieve this, we will maximise our use of the latest innovations and best practice in the commissioning, planning, and delivery of care, as well as in provider business models. In our white paper, we announced we will provide up to £30 million to build the capacity, capability and ambition of local places to scale and embed innovative models of care into practice. This will better support a changing population and provide more options that suit people's needs and circumstances.

We are also taking steps to build the capability of the social care workforce. Our [white paper](#) set out our commitment to invest at least £500 million in learning and development for the adult social care workforce. Our programmes will include a Knowledge and Skills Framework, careers pathways and linked investment in learning and development for care workers. New continuous professional development budgets will be introduced for registered nurses, nursing associates, occupational therapists, and other allied health professionals to support them in their development, to meet re-validation requirements and to specialise. These reforms will ensure that the adult social care workforce have the right skills and knowledge to provide the best possible care and support for the needs of the people for whom they care, many of whom are people with a learning disability and autistic people.

We know that people with a learning disability and autistic people can face barriers when trying to access the labour market. In 'Chapter 3: Living an ordinary life in the community', we set out some of the ways that we are supporting people to find the right job and maximise independence. In our adult social care reform white paper, DWP committed to funding Local Supported Employment with 20 local authorities to identify effective ways local authorities can support autistic people and people with a learning disability into employment. The initiative will support approximately 1,200 participants with a learning disability or autistic people who use local authority social services.

'People at the Heart of Care' also sets out that we are investing up to £25 million to work with the sector to drive change in the services provided to support unpaid carers, so that unpaid carers, including those of autistic people and people with a learning disability, are adequately supported. This is in addition to providing dedicated funding worth at least £5 million for local organisations to pilot and evaluate new ways to provide personalised advice to help people navigate local adult social care systems.

Also amongst our package of reforms is new investment in housing and a strategy for the adult social care workforce. In 'Chapter 3: Living an ordinary life in the community', we set out the reforms which will enable more people to live independently and lead the lives they want to lead through improved housing. In 'Chapter 1: Keeping people safe and ensuring high quality health and social care', we set out how we will support the adult social care workforce to deliver consistent, person-centred care.

Integrating health and social care

On 9 February 2022, we published [the health and social care integration white paper](#). This white paper outlines the government's vision for health and care integration. It sets out policies to improve the delivery of joined up and seamless services to support people including those with learning disabilities and autistic people to live healthy, independent, and dignified lives and which improve outcomes for the population as a whole.

Specifically, the government has committed to:

- consult stakeholders and set out a framework with a concise number of national priorities and approach for developing additional local shared outcomes, by spring 2023
- set an expectation that by spring 2023, all places should adopt a model of accountability and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area
- review section 75 of the 2006 National Health Service Act which underpins pooled budgets, to simplify and update the regulations and publish guidance on the scope of pooled budgets spring 2023
- develop a national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships, subject to the outcomes of the upcoming leadership review
- ensure all professionals have access to a functionally single health and adult social care record for each citizen (by 2024) with work underway to put these in the hands of citizens to view and contribute to
- develop a national delegation framework of appropriate clinical interventions to be used in care settings
- increase the number of clinical practice placements in social care during training for other health professionals

By introducing shared outcomes, which a single person will be responsible for delivering locally, the white paper commits to better integration across primary care, community health, adult social care, acute, mental health, public health, and housing services which relate to health and social care.

By building on the Health and Care Act 2022, which focuses on system-level changes, the commitments in the Integration white paper will enable more integrated place-based working, by ensuring that local authorities and the NHS have the tools to increase their cooperation to address their population health and care needs at the most appropriate level.

The white paper is also aligned with our progress on adult social care reform, having published the People at the Heart of Care white paper which sets out a 10-year vision for personalised care and support for everyone who draws on adult social care. We want people including those with learning disabilities and autistic people to have the choice, control and support they need to live independent lives; to be able to access outstanding quality and tailored care and support; and to find adult social care fair and accessible.

Making money work for people

We recognise that the way that funding flows through and across the health and social care system can impact on the provision of support and people's overall experiences of care. We are taking steps as part of wider reforms to improve how this happens.

To support this, we commissioned an independent consultancy organisation (RedQuadrant) to undertake a [rapid review of funding flows](#). This rapid review sought to identify and understand any financial barriers and (dis)incentives to discharge and admission to

inpatient care ([commitment 5b](#)). This review concluded in March 2022 and its report has been published.

The report's primary recommendation focused on the need for comprehensive financial monitoring both in terms of costs relating to people admitted to inpatient care and costs of post-discharge care over time, and investment levels in preventative and crisis services. Both should capture the share of funding between NHS and councils.

Amongst other aspects, RedQuadrant also considered the use of pooled budgets and factors relevant to ensuring the success of joint funding arrangements, and local policies and practices around personal budgets, personal health budgets and core support costs. We say more about existing wider activity on these below.

We will consider RedQuadrant's primary recommendation, alongside other findings from the report, through the Building the Right Support Delivery Board and a related, focused task and finish group. The task and finish group will report to the Delivery Board which is chaired by the Minister of State for Care and Mental Health.

Pooled budgets

Pooled or aligned budgets can be an effective way to plan for a person's care and support throughout their lives, aiding good decision making with funding. Section 75 of the NHS Act 2006 is the existing mechanism and enabling tool for pooling budgets. It enables an NHS body and a local authority to enter a partnership arrangement. This may be for the purposes of jointly exercising the functions of the NHS body or the health-related functions of the local authority if the arrangements lead to an improvement in the way in which those functions are exercised.

As set out in the February 2022 [white paper on health and social care integration](#), we want to build on progress in recent years to go further and faster in pooling and aligning funding to enable delivery at place level. Our expectation is that aligned financial arrangements and pooled budgets will become more widespread and grow to support more integrated models of service delivery, eventually covering much of funding for health and social care services at place level. These should be supported by robust frameworks to manage risk and deliver value for money. We will not at this point mandate how this is achieved, but our expectation is that funding should be aligned and pooled around pathways where the case for joined up care is most pressing.

To support this, we are reviewing section 75 of the NHS Act 2006 (which allows partners such as NHS bodies and councils to pool and align budgets) to simplify and update the underlying regulations. Post review, in Spring 2023 DHSC will publish revised guidance on the use of pooled budgets ([commitment 5c](#)).

Personal budgets

We are reaffirming our commitment to personal health budgets, personal budgets, and integrated personal budgets as a means for supporting integration around individual patients and people who draw on care services. As set out in the [white paper on health and social care integration](#), we want to build on the roll-out of personal budgets and personal health budgets across health and social care.

Direct payments and personal budgets are a vital way in which people can have more choice and control over their care and wellbeing. A personal budget is the total amount of money a person receives for their care and support, which is allocated to them following an assessment of their needs. A person can choose to take their personal budget as a direct payment, which means that they can personally buy services that will meet their agreed care and support needs. This offers people greater flexibility and independence. In line with the [Care and Support \(Direct Payments\) Regulations 2014](#), we want to ensure that local authorities offer people direct payments, including advice and support in using their direct payments. We know that some people may not wish to have a direct payment, though they should be informed of the choices available to them in relation to personal budgets.

Therefore, as part of our 10-year vision for adult social care, set out in the '[People at the Heart of Care](#)' white paper, we will work with the sector, including Think Local Act Personal (TLAP), to explore how we can encourage greater use of direct payments and consider what changes could be made. Also, as part of our reforms to the adult social care charging system, we will explore how direct payments could be used as a mechanism for making payments once the cap on care costs has been reached. If we get this right, we can make the most of the expertise, capacity and potential of people, families, and communities to deliver better health and wellbeing outcomes and experiences for everyone who interacts with the care and support system.

In order to successfully implement Building the Right Support in the long term, Integrated Care Boards (ICBs) should commission in a more effective way for people with a learning disability and autistic people. This includes moving money from some services, such as high-cost inpatient care, into others, such as community health services. New Pathway Fund [guidance](#) provides a framework for local systems to work in partnership with NHS-led provider collaboratives to ensure that money released from specialist hospital provision can be reinvested in alternatives to hospital care.

Having choice and flexibility through personal budgets: Katy and Jackie's story

Katy, aged 24, lives in Dorset with her parents. She has profound learning disabilities with complex health needs. She needs support 24 hours per day for seven days a week. Katy's personal health budget was used to prevent her moving into permanent residential care, and to pay for person-centred care at home. Katy's health, including psychological wellbeing, weight, and vulnerability to infections, has improved dramatically, says Katy's mother, Jackie.

Before Katy was offered the option of a personal health budget, she attended a day centre five days per week. Agency carers would also visit one hour in the evening Monday to Fridays to help bathe Katy who uses a wheelchair and put her to bed. However, Katy did not like the day centre as staff there had neither the knowledge nor resources to provide the 24-hour support she needs. Jackie felt that Katy's healthcare needs were not being met, but with her profound disabilities there was nowhere else for her to go. When Katy was not at the day centre, Jackie and her husband would provide the care she required at home. This included giving Katy all her medical treatment.

Through Katy's social worker, Katy and her family were informed about personal health budgets and carried out an assessment of Katy's needs. They were granted a personal health budget for two carers to provide eight hours care per day, Monday to Friday, and one hour evening and morning care seven days per week. For three days a week, they decided the carers should be with Katy at home, and the other two days at the day centre, so she can keep in contact with other people. The day centre is also where Katy can have sessions with a physiotherapist, hydrotherapist, and dietician.

Jackie immediately found it positive that she and Katy could choose and employ Katy's carers. In Jackie's own words – 'A personal health budget has given us control over who cares for Katy, how and when.'

Jackie reflected that the personal health budget was 'the best thing to have happened for Katy for many years. Katy is now calm and happy. We've now got our Katy back'. It also proved a positive step for Katy's family as they were able to go on holiday for the first time in 10 years, were able to have more respite and sleep, and overall found themselves 'better carers'.

Chapter 6: National and local accountability to deliver

As outlined in the ‘Partnership Statement’, no one organisation can achieve the objectives of Building the Right Support on their own. In this section, we outline how Building the Right Support Delivery Board members will work with one another to support national and local level implementation and hold themselves and each other accountable.

Promoting accountability within the system

We want to join up care around a person’s needs so that, from their perspective, their experience of care is seamless. It is critical we stop individuals, their families, and unpaid carers from falling through the gaps or being bounced around the system.

The new Health and Care Act 2022 will increase integration between health and social care. Greater integration between health and social care and prevention has the potential to generate significant health benefits for people with a learning disability and autistic people. This includes increased independence, improved quality of care, reduced avoidable admissions into hospitals, and better overall experiences of care due to the removal of barriers to joint-decision making between systems.

The new legislation intends to remove silos that exist within the NHS to join-up healthcare, social care, and public health services. We are doing this by building on the work of existing non-statutory ICSs, establishing new NHS bodies known as ICBs, and requiring the creation of Integrated Care Partnerships (ICPs) in each local system area. An ICB will take on the commissioning functions currently being carried out by a Clinical Commissioning Group and some aspects of NHSE’s commissioning function. This will put more power and autonomy in the hands of local system partners, to plan and deliver seamless health and social care services.

Each ICB and each local authority whose area coincides with or falls within the ICB’s area will be required to establish an ICP. Each ICP will be responsible for preparing the integrated care strategy for their areas, setting out how ICBs and local authorities will address the needs in their local area through the exercise of their functions, bringing together local partners to allow them to do so.

The [NHS Long Term Plan Implementation Framework](#) (2019) sets out the approach ICSs are asked to take to create their strategic system plans. System plans should set out how

ICSs will deliver the Long-Term Plan commitments to improve services and outcomes for people with a learning disability and autistic people, reducing reliance on inpatient provision in mental health hospitals and increasing community capacity. To do this effectively, systems must ensure that they understand their local unmet need and gaps in care, including local health inequalities. It is expected that all ICSs will have a named senior responsible officer to oversee local implementation of NHS Long Term Plan ambitions for people with a learning disability and autistic people, and their families.

During the passage of the Health and Care Act 2022, we committed to go further by expecting all ICBs to have a named lead for learning disability and autism through the issuing of statutory guidance by NHSE. This will ensure that every ICB has an expert with knowledge and understanding of what good health and support looks like for people with a learning disability and autistic people of all ages.

As set out in 'About This Plan', we want this action plan to complement and support achievement of the [NHS Long Term Plan](#) target that by March 2024 mental health inpatient provision for people with a learning disability and autistic people will reduce to less than half of 2015 levels (on a like for like basis and taking into account population growth). Along with other clinical and service delivery areas of the NHS, the NHS Long Term Plan commitments for learning disability and autism were made prior to the COVID-19 pandemic. It is well understood and accepted that the pandemic has disrupted existing services, detracted potential patients from seeking help, and required staff to work flexibly, often across areas of clinical expertise and disciplines, away from their core responsibilities. NHSE is undertaking a review of the NHS Long Term Plan, including plans for learning disabilities and autism, which will take account of the impact of COVID-19 to review existing commitments and set out the next steps on delivery against targets.

Our long-term aim is to support improved outcomes and a better experience of care for people and their families. The Health and Care Act 2022 includes provisions for a new duty for CQC to assess local authorities' delivery of their adult social care functions under Part 1 of the Care Act 2014. Where the Secretary of State for Health is satisfied that a local authority is failing, or has failed, to discharge any of its functions under Part 1 of the Care Act 2014 to an acceptable standard, the Secretary of State will be able to give to the local authority any directions that the Secretary of State considers appropriate for the purpose of addressing the failure.

In the adult social care white paper, we provided further detail on how we will develop an enhanced assurance framework for adult social care. This will allow us to understand where adult social care is working well and where support is needed. This includes looking at how local authorities can work best with partners to improve the care provided for adults with complex needs. This will build on work we are doing to improve the quality, timeliness, and accessibility of adult social care data. To help drive improvement in the system, it will also be important to highlight and share good practice and innovation. CQC and DHSC will work closely with local authorities, people who draw on care and support and other stakeholders to develop this assurance framework, alongside more support tools to enable local authorities to improve performance as needed. Our intention is that the CQC assessment function will roll-out from 2023 to 2024 and we will work with the sector to support a smooth implementation of the new process.

On 7 September 2021, the government announced that we will work further with citizens and other key stakeholders to produce a comprehensive national plan for supporting

integration between health and social care, and for empowering local leaders. This will bring together partners in health and social care, alongside local and voluntary partners, to support people to retain their independence, health, and wellbeing for longer.

Governance

Building the Right Support is overseen by the Minister of State for Care and Mental Health in the Department of Health and Social Care. The governance structure comprises of a Delivery Board, an Advisory Group of people with personal experience, and a stakeholder update forum.

Delivery Board

The Delivery Board is responsible for overseeing the implementation of this action plan. Chaired by the Minister of State for Care and Mental Health, the Building the Right Support Delivery Board consists of government departments and the delivery partners who hold the levers to make change happen and deliver the ambitions of this Action Plan. The Board provides a point of single Ministerial oversight under the Minister of State for Care and Mental Health.

Representatives from expert groups are part of the Delivery Board to ensure necessary links are made and that work is joined up. The Learning Disability and Autism Children and Young People's Steering Group, chaired by Anne Longfield OBE, feeds into the Delivery Board to ensure that the needs of children and young people are regularly brought to the Board's attention and reflected in ongoing workstreams. Baroness Hollins is a member of the Board, as the chair of the Oversight Panel on IC(E)TRs.

Advisory Group

The representatives of the Advisory Group are a key part of the Board's membership, involving people with personal experience and their families. The Advisory Group has been established to improve meaningful engagement of people with personal experience and their families in delivering Building the Right Support. It works with the Board to shape and deliver on its commitments, ensuring that a person-centered focus is maintained throughout the Board's work.

Stakeholder update forum

A stakeholder update forum is held on a quarterly basis which brings together a wider group of stakeholders than the Delivery Board and Advisory Group. The forum ensures that interested parties can be kept updated on the Delivery Board's progress and wider work and policy developments related to Building the Right Support. It provides an additional opportunity for feedback and challenge.

Implementation and assurance

As outlined in 'About this Plan', the Building the Right Support Delivery Board will formally review progress on the commitments in this action plan regularly and ongoing monitoring will take place alongside this.

In addition to the Delivery Board's accountability for the commitments in this action plan, we know that different organisations and systems responsible for delivering aspects of this action plan are already being held to account through their existing governance and reporting mechanisms. As stated in the 'Partnership Statement', the Delivery Board are committed to using the levers in their power to drive progress on Building the Right Support. This includes using the following mechanisms to support national and local level implementation of this action plan:

Organisation	Role in driving implementation of Building the Right Support
<p>Department of Health and Social Care (DHSC)</p>	<p>DHSC will continue to work with partners across systems and across government to drive further and faster progress on Building the Right Support.</p> <p>As set out in this chapter, the Building the Right Support Programme is overseen by the Minister of State for Care and Mental Health in DHSC. DHSC oversee the governance mechanisms of the programme, which include the Delivery Board, the Advisory Group, and the stakeholder update forum.</p> <p>DHSC will deliver on commitments it owns within this action plan, ensuring collaboration with relevant partners as appropriate.</p> <p>DHSC officials will ensure join-up within the department by ensuring that the needs of people with a learning disability and autistic people remain an important focus of relevant policy developments and wider reforms.</p>
<p>Department for Education (DfE)</p>	<p>DfE is responsible for the SEND system and for national policy for children's social care in England. The commitments outlined above in relation to education for autistic children and young people, and those with a learning disability, form part of our ongoing programmes of improvement, which are monitored by the SEND Leadership Board. The SEND and alternative provision green paper which was published on the 29 March 2022 sets out proposals for further reform and improvement and is open to a full public consultation.</p> <p>Our commitments around children's social care, including the capital funding outlined in chapter 4, will support Local Authorities in addressing sufficiency issues with funding targeted to areas of greatest need. The government is considering the recommendations from the Independent Review of Children's Social Care, which published its final report in May 2022.</p> <p>We continue to work closely with DHSC and our partners across government, to improve the lives of autistic children and young people, and those with a learning disability, and their families.</p>

Where we are now: glossary of terms used

This section provides further information on charts A-J as set out in the section ‘Where we are now’ of this action plan.

Please note the following about the language used in the charts:

- when used in this section, ‘people’ refers to people with a learning disability and autistic people who are in a mental health hospital
- CYP refers to children and young people aged under 18
- adults are people aged 18 and over
- MHA refers to the [Mental Health Act, 1983](#). The MHA is the main piece of legislation which determines when people need to go into a mental health hospital for assessment and or treatment.
- ‘MHA status’ refers to the MHA [legal status classification](#) of the person

The MHA status is important to understand when navigating the charts. It states that:

- ‘voluntary’ means a person has voluntarily agreed to come into hospital and so they are not detained under the MHA
- ‘detained’ means a person who is being detained in hospital under a section of the MHA and is therefore not free to leave

Powers for compulsory admission under the MHA (i.e. for those who are detained) are set out in Part II and Part III, as follows:

- Part II of the MHA deals with patients who are detained in hospital and have no criminal proceedings against them. These patients are generally referred to as ‘civil patients’.
- Part III of the MHA is concerned with patients who are involved in criminal proceedings or are under sentence. These patients are referred to as ‘forensic patients’. There are two types of patients who fall under this category – restricted and unrestricted patients – which are defined as:
 - ‘restricted patients’ refers to offenders with severe mental health needs who have been detained in hospital for treatment and are subject to special controls by the Secretary of State for Justice. These special controls exist to protect the public from serious harm whilst at the same time recognising patients’ right to access treatment in an appropriate setting.
 - ‘unrestricted patients’ refers to defendants and offenders who are not subject to these restrictions. The Secretary of State for Justice does not have involvement in these cases, unless the patient falls under their remit in another way, such as multi

