

Easy
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Transforming Care

Next Steps

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Introduction

About Transforming Care



Transforming Care means changing things from the bottom to the top to make health and social care better.

The Government and organisations across health and social care are making plans to **transform care** for people with learning disabilities, autism, mental health issues or behaviour that challenges.

After the Winterbourne View scandal, the Government signed an agreement on Transforming Care.

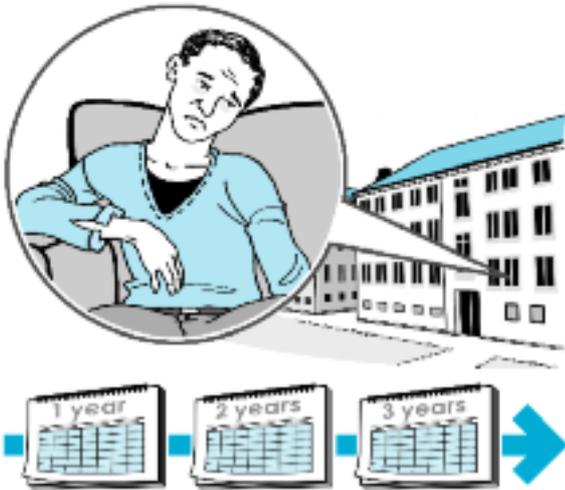


The agreement promised to make health and social care better and to move all people with learning disabilities and/or autism who should not have been placed in hospital into community care.

We have made some progress so far. You can find out about what we have done so far in our report **'Two Years On'**.

But people are angry and frustrated because we have not done enough.

Too many people with learning disabilities go into hospital when there should be a better option for them.



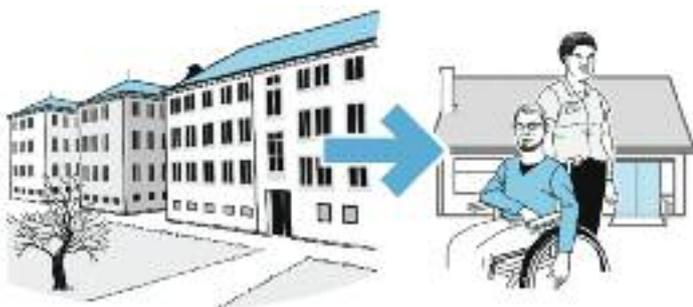
When people do need to go to hospital, they often stay in the hospital for too long.



Too often the living conditions and care in hospitals are poor.



Sir Stephen Bubb wrote a report for NHS England on how to make things better, faster.



The report was about the plan to move more people with learning disabilities and/or autism out of hospitals and into the community with support.



You can read Sir Stephen Bubb's report to find out more about what he recommended to do.

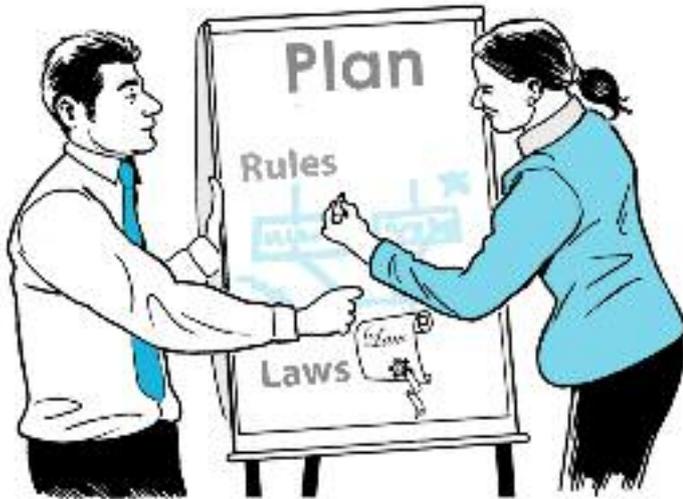
<http://www.england.nhs.uk/2014/11/26/learning-disabilities-action/>

What we are doing now

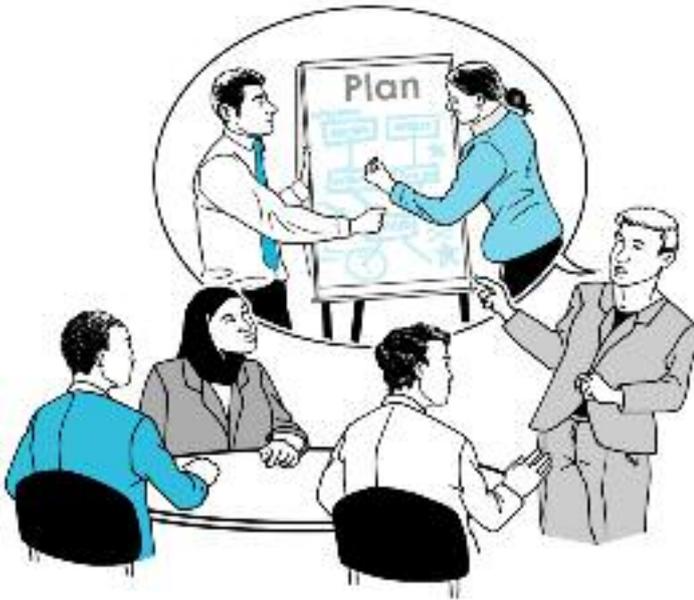


NHS England, the Department of Health, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC) and Health Education England are working together.

We know that there is a lot of change that needs to happen, and we are going to work together to make sure we succeed.



We made a plan that shows how the Transforming Care team are going to work together and who is responsible for what. They each have different rules and laws to follow.



We have made a **delivery board** that includes the people who are most responsible for making change happen from each of the organisations. NHS England will chair the delivery board and ADASS will be the deputy chair.



We want all of our work to be co-designed and co-produced in partnership with people with learning disabilities and/or autism, their families, carers, doctors, commissioners and other organisations in the health and social care system.

Transforming Care Assurance Board

Job: Hold delivery programme to account
Co-Chairs: Minister & Gavin Harding MBE

Transforming Care Delivery Board

Job: Decision-making body
Members: Senior Responsible Officer (SRO) from each organisation

Stakeholder Engagement

Getting the Right Care in the Right Place

Lead Organisations:
NHS England, LGA, ADASS

Data & Information

Lead Organisation:
Department of Health

Workforce

Lead Organisation:
Health Education England

Regulation & Inspection

Lead Organisation:
Care Quality Commission

Empowering people & families

Lead Organisation:
Department of Health

Delivery Programme Management

Our next steps

Empowering people and families

Listening to what people told us



Sir Stephen Bubb's report said:

“People with learning disabilities and/or autism and their families have an array of rights in law or Government policy ... [but] the lived experience of people with learning disabilities and/or autism and their families is too often very different. Too often they feel powerless, their rights unclear, misunderstood or ignored.”

The Department of Health wants to put ‘individual wellbeing’ at the heart of decisions made by health and social care organisations.



They want to make sure that people are fully included in choosing the options that are right for them.



They want to do this by looking at how services and systems join up around people and empower them.



Some examples of this are personal health budgets and treatment and support in the community.



The Department of Health also wants to look at how the Mental Health Act works for people with learning disabilities and/or autism.

Care and Treatment Reviews



Sir Stephen Bubb said that people should have the right to challenge the care and treatment they are getting.

NHS England will offer **Care and Treatment Reviews (CTR)** for people in hospital or families of someone in a hospital if they ask for one.

CTRs will support patients and their families to have a voice, and will support everyone to work together and plan for the person to come out of hospital and into community.

The CTR will be done by a team of experts, which will include a doctor and an expert by experience. The expert by experience could be a family carer or a person with learning disabilities.



The experts will work with the person and their family to ask whether the person needs to be in hospital and why their care and treatment needs can't be supported in the community.

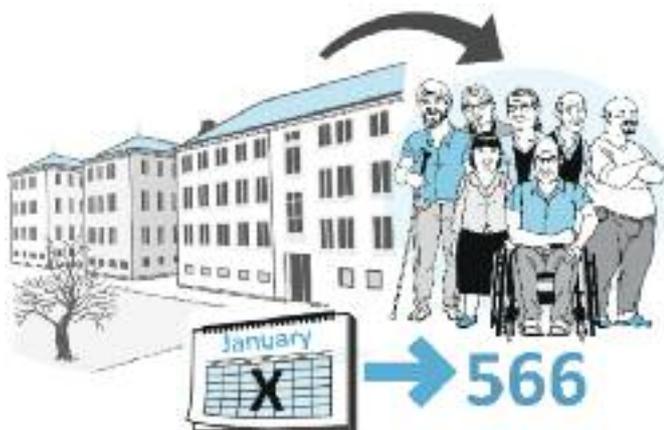
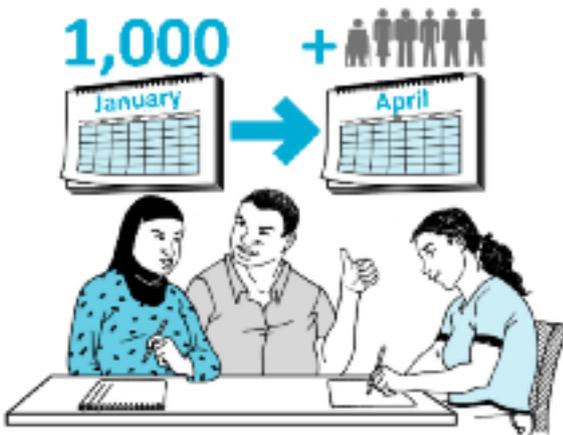
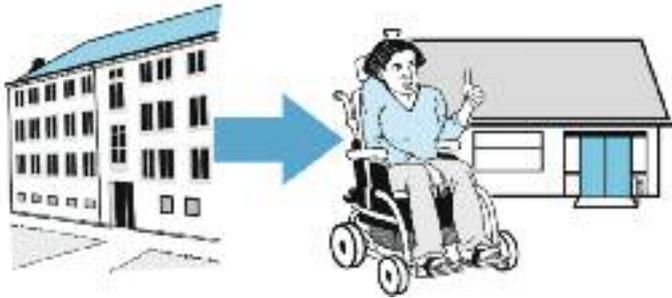


CTRs will be options for everyone, including for patients who in the past had doctors say there was a reason they should not leave hospital.



CTRs will be able to make recommendations on how to get the right help and support in the community or at home and make a plan for patients to leave hospital.

Getting the right care in the right place

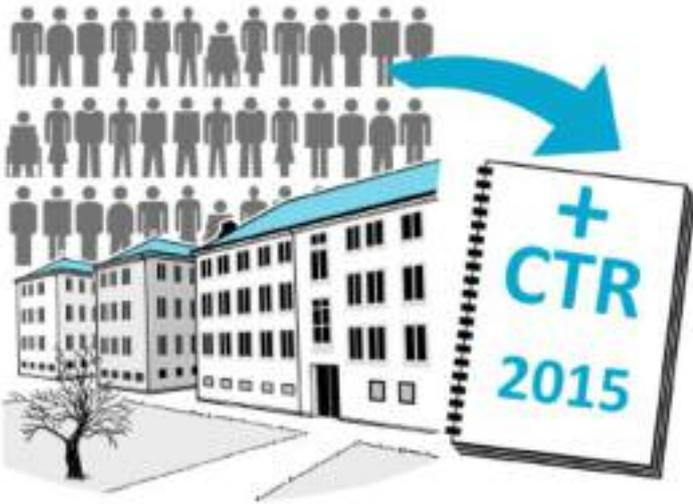


We want to make sure that all people with learning disabilities and/or autism that are in hospital but do not need to be in hospital can move into community care.

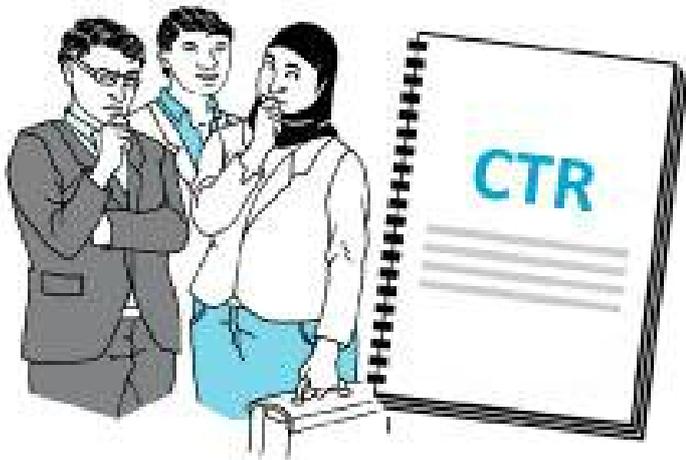
Recently NHS England has started a programme of CTRs for people who have been in hospitals the longest and who don't have a plan for leaving hospital.

By mid-January we had done over 1,000 reviews and we expect to do many more before April.

566 of the people who had CTRs were able to leave hospital by the middle of January.



More CTRs will be happening in 2015, and this should mean more people with a plan to leave hospital soon.



We are going to review the way we have done these CTRs to make sure that we learn lessons and make them better in the future.

Stopping people going into hospital when they don't need to



The NHS is making something called an **admissions gateway** to stop people going into hospital when there are better alternatives in the community.



There are a lot of things we want to do to make this happen:

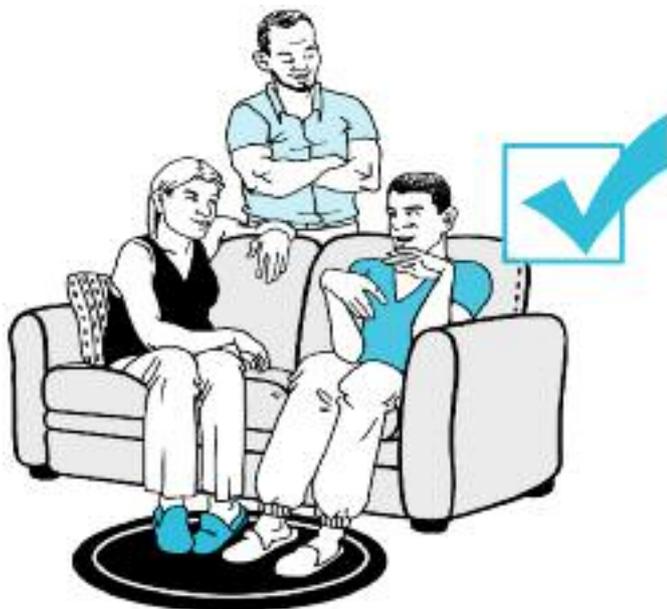
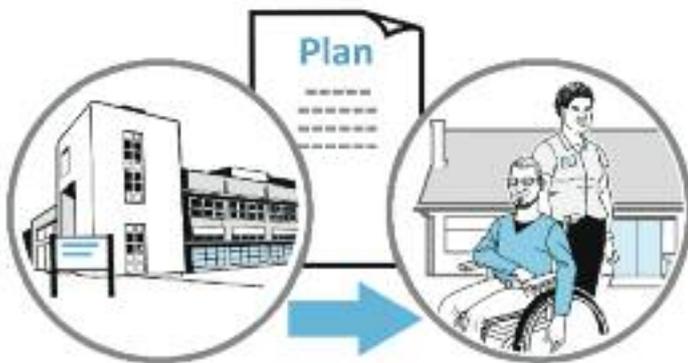
- Make sure we know about everybody who is at risk of going into a hospital so we can check up on how they are doing.



- Work out the reasons for each person at risk and make sure we have a plan to avoid them going into hospital.



- Have a process for challenging every decision for someone to go into hospital to check that there is no better option for that person.



- Make sure that every person who goes into hospital will have a plan, from the very beginning, for coming out of hospital into support in the community or to return home.

- Make sure that plans for people to come out of hospital go into action and are regularly checked.

We want to work with people with learning disabilities and/or autism and their families to test how the admissions gateway is working and to put it into action this Spring.

Changing the shape of services

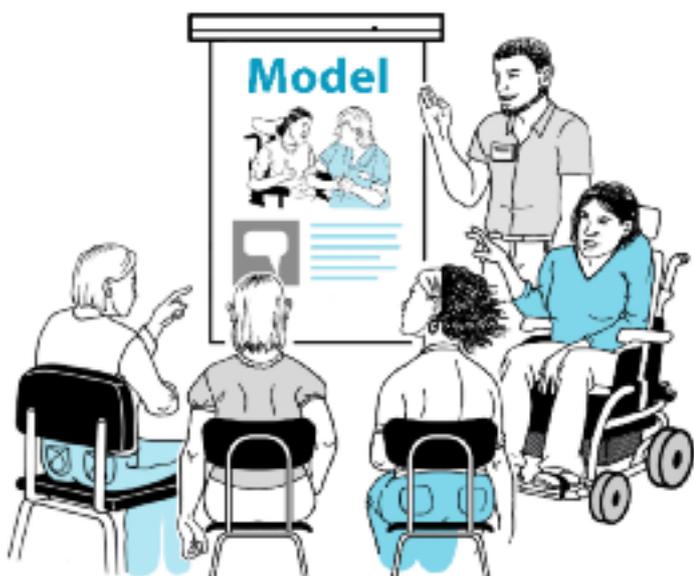


The NHS also wants services to be changed in a bigger way, from the bottom up, and they want these changes to last.

We want to develop good, local, personalised services.

Some commissioners don't have a very clear idea of what kinds of services they should commission, and what kinds they shouldn't.

So they will use what people have found out in their research to help them make decisions about services.



NHS England, the LGA and ADASS are going to work with people with learning disabilities and/or autism, their families, carers, doctors and other experts to make a new model for specialised health and social care services for children and adults.



The model will tell commissioners things like how many hospital beds they need, how many people need community support and what kind of services are needed in the community.



Individual plans for care and support, personal budgets, personal health budgets and quality standards will be important parts of this new model.



The model will set goals for the changes we want to see and standards for the quality of services.



Commissioners will need different support to make changes to how they commission services.

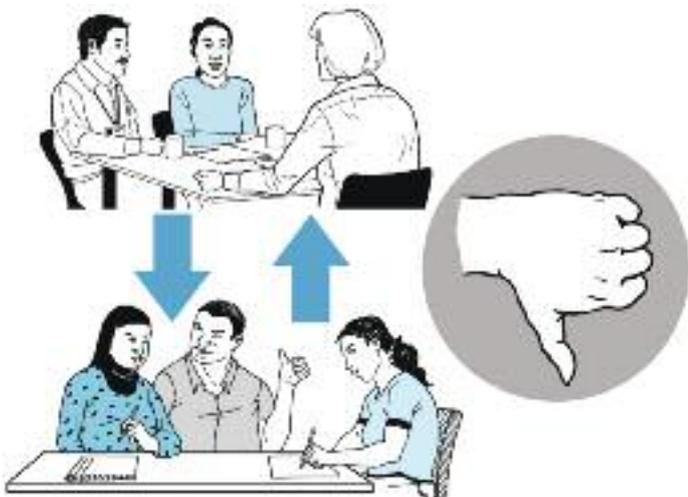


In the North of England, we are going to do some extra work with local leaders to start making changes to services fast.



NHS England will check how well the commissioners are using the new model.

Supporting commissioners to work together to transform care



Sir Stephen Bubb's report said that having work split between different organisations can make it harder to change care.



NHS England, the LGA and ADASS want to support joint working and shared budgets between CCGs and local councils.



From April 2015, CCGs will also be invited to work with NHS England to co-commission specialised services and work together to transform services.

Making quality better with rules and inspections (checking)



In 2015/16 the Care Quality Commission (CQC) will keep working to make their inspections better.



They will keep doing planned and 'surprise' inspections.



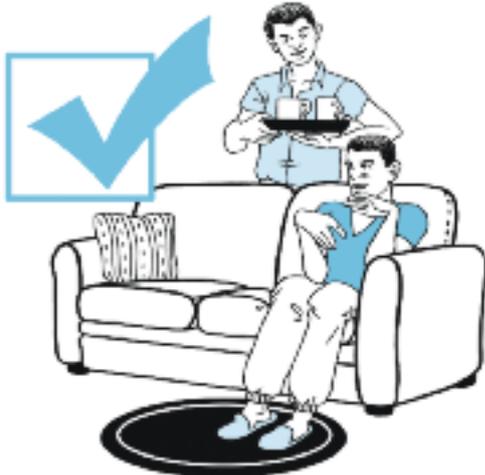
They will make sure that the services that are not good enough will be closed.



They need to work with others to make sure that closing these services like hospitals with poor care does not make a bigger problem for patients who are most in need.



The CQC will be strict on new hospitals and try to make sure that they are supporting the best models of care.



The CQC will make sure community services are giving safe, caring and friendly care for people who have the most needs.



The CQC will change the way they inspect regular hospitals and doctors to make sure they meet the needs of patients with a learning disability.

Building and supporting the workforce



We need to develop the skills and knowledge of the workforce that gives care, such as care assistants, family carers, doctors and nurses.



Care should be shaped around people's individual needs and should be local and accessible.



Skills for Care, Skills for Health and Health Education England (HEE) are going to work with people who need care and support, families, carers and other organisations to make sure the workforce understands the needs of people with learning disabilities.



To do this, they want to:

- Make sure the workforce knows about the physical and social health needs of people with learning disabilities, autism, mental health issues and physical illnesses.
- Make sure the workforce knows how to work well with people to find out their needs so they can help them in the best way.
- Make training programmes and courses for the workforce to learn about these things.
- Making national standards for skills and knowledge in the workforce



- Make sure that the changes in the workforce make things better for the lives of people with learning disabilities.

HEE knows that the criminal justice and social care systems also serve people with learning disabilities and autism, not just the NHS.

HEE is going to make sure that their work reaches the workforce in the criminal justice system and in social care too.

HEE is going to raise awareness in the workforce of the needs of people with learning disabilities, autism and mental health issues.



HEE will teach people in the workforce how to become experts and leaders on the needs of people with learning disabilities, autism and mental health issues.

