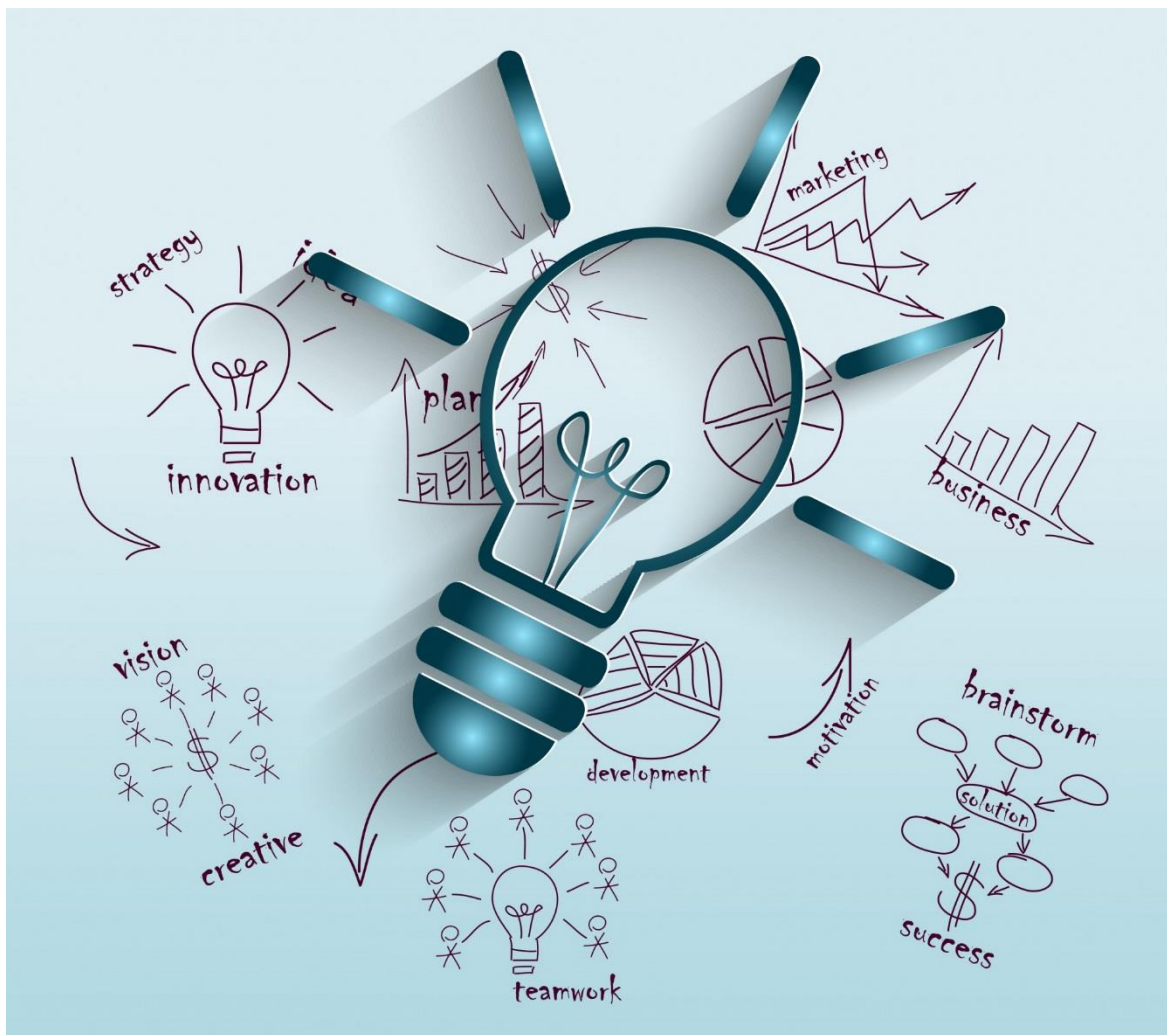


Knowledge book



Health and Social Care – Cambridge Technicals

Unit 6 – Personalisation and a person-centred approach to care

The table below shows all the topics you will cover.

Learning outcomes	What you must know
1.Understand personalisation in health and social care	<p>Definition of personalisation – people receiving support, either statutory or self-funded, have choice and control over that support in all care settings</p> <p>Key features of personalisation</p> <ul style="list-style-type: none"> ✓ Personal budgets <ul style="list-style-type: none"> • Direct payments • Managed accounts ✓ Coproduction – citizenship model ✓ Choice and control – where and how care is provided, employing personal assistants ✓ Self-assessment of needs ✓ Changing role of professionals – the individual knows what is best for themselves, not the professional <p>Benefits of personalisation to an individual – individuals gain and maintain control, able to remain in own home whilst receiving care, inclusion within the community, improved information and guidance</p> <p>Impacts of personalisation</p> <ul style="list-style-type: none"> ✓ Positive – direct payment for care allowing rapid access to services, inclusion within communities, preventing isolation, remaining in own home where familiarity and sense of belonging add to quality of life, access to information and guidance allowing better choices, new opportunities

	<ul style="list-style-type: none"> ✓ Challenges – care limited to the prescribed budget, availability and access to some services may be restricted in some areas <p>Legislation underpinning personalisation</p> <ul style="list-style-type: none"> ✓ Health and Social Care Act 2012 ✓ Local Authority Circular (DH) 2008–Personalisation guidance ✓ The Care Act 2014 ✓ Children and Families Act 2014 <p>Role of local authority</p> <ul style="list-style-type: none"> ✓ Assessment <ul style="list-style-type: none"> • Education, Health and Care Plan (EHP) • Fair Access to Care • Budgets – individual, direct payments ✓ Housing – choice of residence, housing adaptations, meeting housing needs ✓ The Care Act – removal of geographical barriers ✓ Decentralisation and commissioning – outsourcing services, promoting greater range of choice
2. Understand what is meant by a person-centred approach to care	<p>Person-centred approach</p> <ul style="list-style-type: none"> ✓ A balance between what is important to and what is important for a person ✓ Enhancing voice, choice and control ✓ Clarification of roles and responsibilities <p>Principles of a person-centred approach and how they support person-centred care</p>

	<ul style="list-style-type: none"> ✓ Independence and rights – to live life the way they want to, to be employed, to form meaningful relationships ✓ Co–production, choice and control – to be treated as an equal partner in decision making about their care, to be able to make decisions about their life/care, to have more of what is important to them ✓ Inclusive and competent communities – to be able to participate in community activities, to volunteer, to feel they belong <p>Current context of the person–centred approach</p> <ul style="list-style-type: none"> ✓ The policy landscape <ul style="list-style-type: none"> • Personalisation • Personal budgets ✓ Role of a person–centred approach in achieving good practice in the delivery of care services <p>Holistic overview</p> <ul style="list-style-type: none"> ✓ Institutional history of public services ✓ Disability rights movement and links to person–centred approach <p>Challenges to adopting a person–centred approach</p> <ul style="list-style-type: none"> ✓ Resistance to change ✓ Institutional history of public services ✓ Institutions promoting a medical model of disability ✓ Lack of staff training
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	<ul style="list-style-type: none"> ✓ Communication barriers ✓ Respecting choice when alternatives may promote better health or wellbeing ✓ Focusing on deficits rather than capacities ✓ Lack of clarity over roles and responsibilities <p>Methods for overcoming challenges</p> <ul style="list-style-type: none"> ✓ Values-based recruitment ✓ Staff training ✓ Regular review of support provided ✓ Recognising when provision is not person-centred and taking action to rectify ✓ Modelling behaviour
3. Understand methods used to implement a person-centred approach	<p>Tools to find out what is important to/for a person</p> <ul style="list-style-type: none"> ✓ Good days/bad days – describe a typical day, what would it take to have more good days and fewer bad days? ✓ Routines – daily, weekly, celebrations ✓ Top tips – two minutes to share what you know about an individual and the best way to support them ✓ Relationship circles – who they know, how they know them, who knows who, how networks can support ✓ One page profiles – positive qualities, strengths and talents an individual has, what is important to the individual, important people in their life, hobbies, routines

	<p>Tools that enhance voice, choice and control</p> <ul style="list-style-type: none"> ✓ Communication charts ✓ Decision-making charts ✓ Building of effective relationships with individuals who require care or support <p>Tools to clarify roles and responsibilities in the care relationship</p> <ul style="list-style-type: none"> ✓ Doughnut chart <p>How to develop person-centred plans and records</p> <ul style="list-style-type: none"> ✓ Understand how the individual communicates their wishes and needs ✓ Focus on the individual's capabilities and how they can best be supported to make decisions ✓ Find out what is important to a person to have a good quality of life ✓ Find out who is important in a person's life – clarify the roles and responsibilities of the network of people who are involved in the day-to-day life of the individual requiring care and support
4. Know how to plan and conduct review meetings using a person-centred approach	<p>Review meetings</p> <ul style="list-style-type: none"> ✓ The importance of reviews in health and social care – putting the individual at the centre of the meeting, builds and shares information collaboratively, generates actions

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| | <ul style="list-style-type: none">✓ The purpose of review meetings – meeting changing needs, reviewing budget, ensuring care relationships are effective, to renew the person-centred description |
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Planning and preparing for review meetings

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| | <ul style="list-style-type: none">✓ Understanding the role of the facilitator – supports the person whose review it is, considers how the person wants to be at the centre of the meeting✓ How the individual can be made to feel as comfortable as possible during the meeting<ul style="list-style-type: none">• Giving the individual choice over people present at the meeting – within statutory requirements• The timing of the meeting• The location of meeting |
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Conducting review meetings

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| | <ul style="list-style-type: none">✓ Person-centred tools used during the meeting✓ Ask appropriate questions – what is important to you now? What will be important in your future? What do you need to stay healthy, safe and well supported? What is working and not working from different perspectives✓ Review budget✓ Generate actions✓ Consider solutions✓ Update records |
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Key terms

Statutory service	A service provided by local authority as laid down by legislation/law
Aspiration	A strong desire to achieve something
Proactive	When a person creates or controls a situation by causing something to happen rather than responding to it after it has happened
Personal budget	The amount of money an individual is awarded by the local authority to spend on the help they need to achieve what is important to them
Support plan	The document where day-to-day requirements and preferences for care and support are detailed to enable an individual to live with dignity and respect in the community. It may be known by other names e.g. care plan, or an individual plan
Social care outcomes	The results of receiving social care that is desired by the individual, e.g. living independently, finding employment
Means-tested payments	Payments based on an individual's financial circumstances to determine whether an individual is eligible or has the right to claim assistance
Local authority	The governing body of a county or district officially responsible for all public services and facilities in that area
Authorised or nominated person	Someone who acts on behalf of an individual to allocate their direct payment, with local authority agreement
Eligible	Fit the criteria for, be suitable for or be entitled to something

Mental capacity	Being able to make a reasoned decision by understanding information, remembering it for long enough to make a decision and communicating this to others
Empower	To give someone the authority or control to do something; the way a health, social care or early years worker encourages an individual to make decisions and to take control of their own life
Autonomy	Self-rule, independence or freedom to do as an individual wishes
Preventative measures	Using methods to stop or prevent something, e.g. providing a jar-opening device for an individual to allow them to open jars safely and prevent injury
Home adaptations	Changes to the home to make it safer for the individual to live independently, e.g. a stair-lift to enable an individual to go upstairs in their home, making it accessible
Needs assessment	The overall process for identifying and recording the health and social care risks and needs of an individual and evaluating their impact on daily living and quality of life so that appropriate action can be planned
Universal services	Services that are available to everyone, such as transport and housing
Service led	A service-led provision is where an individual has to fit into existing traditional services such as day centres
Centre for Independent Living	Centres that promote the principles of independent living and provide services for individuals who use direct payments

Self-esteem	The value an individual gives themselves
Degenerative condition	Medical problems that worsen over time
Monitor	The sector regulator for health services in England. Monitor's job is to make the health sector work better for patients
Clinical Commissioning Groups (CCGs)	Most of the NHS commissioning budget is now managed by 209 CCGs. These are groups of general practices that come together in each area to commission the best services for their patients and population
Healthwatch England	The national consumer champion in health and social care, with statutory powers to ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services
Care Quality Commission (CQC)	An independent regulator of health and social care in England. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety
Segregated	To be set apart from others
Screening	Process of identifying health people who may be at risk of disease; for example, the breast screening programme

Learning outcome 1: Understand personalisation in health and social care

What is personalisation – ‘every person who receives support, whether by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings’. It is recognising that the person has individual strengths, preferences, wishes and aspirations. It means putting them at the centre of the process by identifying their needs and supporting them to make choices about the services they want so they can live the way they want to.

The key features of personalisation

Personal budgets – see key terms table

Direct payments – payments made directly to the individual, or if they lack mental capacity ‘authorised or nominated person’. They are given responsibility for making decisions and can spend the money as they please as long as it relates to their support plan

Managed accounts – the account is managed by the local authority in line with the person’s wishes.

Co-production – is about collaboration or working together. It is a partnership between citizens and public services to achieve valuable outcomes.

Choice and control – enabling the individual to make their own decisions about where and how care is provided and the support they need to live a full and independent life.

Self-assessment of needs – involves the individual working with professionals to look at the circumstances, situation and needs of the individual, carers, family members and other who provide informal support.

Changing role of professionals – the control has moved from the professional to the person.

Benefits of personalisation to an individual – more opportunities to socialise, gain and maintain control, can remain in own home, inclusion in community, improved information and guidance, improved quality of life and improved self-esteem

Impacts of personalisation

Positive – direct payments for care allows rapid access to services and means the individual can have support as and when they need it. Inclusion within communities means individuals do not have to go into a residential home. Remaining in own home where there is familiarity and a sense of belonging adds to quality of life. Access to information and guidance allows for better choices. New opportunities, such as employment, further and higher education, are open to individuals who need services.

Challenges – care is limited to the prescribed budget. Availability and access to some services may be restricted, particularly if the individual lives in a rural area and travel is difficult because of poor public transport. Worry about spending the budget as all the money has to be accounted for.

Legislation underpinning personalisation

Health and Social Care Act 2012 – the Act reinforced personalisation in social care and empowers patients to make choices. It enables patients to choose services that best meet their needs, including from charity or independent sector providers as long as they meet NHS costs.

Local Authority Circular (DH) 2008 – Personalisation Guidance – it seeks to reassure individuals that, whatever

their circumstances, they will have a voice and a choice in their care, enabling them and their supporters to maintain or improve well-being and independence rather than relying on intervention at the point of emergency or crisis.

The Care Act 2014 – the Act combined existing pieces of legislation but aimed to give greater control to those in need of support.

Children and Families Act 2014 – the Act focuses on putting children and young people at the heart of planning and decision making through co-production and person-centred practice.

Role of local authority

Assessment – it is the role of the local authority to carry out an assessment for an Education, Health and Care Plan (EHCP). Fair Access to Care Services (FACS) guidelines were introduced by the government in 2003 to provide local authorities with a common framework for determining individuals' eligibility for social care services and to address inconsistencies in outcomes across the country. If the goal is independent living, then the individual will need to be assessed by the local authority for an individual budget. This is the money that individuals use to buy the support and services they need to meet the outcomes they have identified in their support plans.

Housing – for local authorities, personalisation means offering individuals choice over where and how they live. Housing adaptations could be to the individuals own home or be in an already adapted house. If the individual wants to stay in their own home, social services will do their best to help them stay there by using special equipment and adaptations.

The Care Act's removal of geographical barriers – it did this as it wanted continuity of care so that, when an adult who is receiving care and support in one area of England moves home, they will continue to receive care in the new area.

Decentralisation and commissioning – decentralisation is the process of redistributing or shifting functions from a central authority or location. In its simplest form commissioning is the process of planning. When applied to personalisation, outsourcing means that services will not necessarily come from the local authority but may be brought from other organisations. Promoting greater range of choice means that services can now be sourced from many different organisations, so the individual can choose the service that best meets their needs.

Learning outcome 2: Understand what is meant by a person-centred approach to care

What is a person-centred approach – is to see the person as an individual, focusing on their personal needs, wants, goals and aspirations. A balance between what is important to the person and what is important for a person. Enhancing voice, choice and control, a balance has to be achieved between levels of protection and levels of choice and control. Clarification of roles and responsibilities between the carer/personal assistant, the individual and the practitioner.

Principles of a person-centred approach and how they support person-centred care

Independence and rights – to live the way they want to. To be employed. To form meaningful relationships.

Co-production, choice and control – to be treated as an equal partner in decision making about their care. To be

able to make decisions about their life/care. Have more of what is important to them.

Inclusive and competent communities – individuals should have the opportunity to participate in community activities, to volunteer in their community and, ultimately, to feel they belong.

Current context of the person-centred approach

The policy landscape – all the Acts confirm the government's commitment to personalisation

Role of a person-centred approach in achieving good practice in the delivery of care services – an individual who is involved in their own treatment and be happy with the outcome.

Historic overview

Institutional history of public services – anyone with a disability was moved from their homes and communities into asylums and workhouses. Institutions often regarded their disabled residents as second-class citizens and showed them little respect

Disability rights movement and links to person-centred approach – the person-centred approach originated from individuals with disabilities who wanted independent living, participation, choice, control and empowerment.

Challenges to adopting a person-centred approach

Resistance to change – resistance to change is an emotional reaction based on fear of loss

Institutional history of public services – traditionally, it was common practice for individual's to accept professionals' decisions as they knew best.

Institutions promoting a medical model of disability – the medical model of health sees disability as a problem

belonging to the individual; therefore they are limited by their condition and cannot participate in society

Lack of staff training – staff at all levels, should be re-trained as they will need a different set of skills

Communication barriers – barriers can lead to resentment, frustration, misunderstanding and demoralisation for both individuals and professionals

Respecting choice when alternatives may promote better health or well-being – sometimes it can be difficult for a professional to accept an individual's choice, particularly if it could affect their health

Focusing on deficits rather than capacities – in the past professionals assessed individuals in terms of what they could not do; that is, deficits

Lack of clarity over roles and responsibilities – everyone is an equal partner; the individual, the family, carers and professional's

Methods for overcoming challenges

Values-based recruitment – the values-based recruitment model is designed to help and support employers in recruiting staff with social care values. Part of this process involves asking questions at job interviews that enable candidates to give examples of suitable behaviours.

Staff training – this can reduce stress and reduce staff turnover as well as adding job satisfaction.

Regular review of support provided – these are essential as they are as important as the support/care plan.

Recognising when provision is not person-centred and taking action to rectify – this could happen if the professional working with the individual fails to

constantly check that the individual is aware of what is happening and that they are in control of the process.

Modelling behaviour – this is observing good practice, of how other professionals carry out person-centred care, and then imitating and copying it.

Learning outcome 3: Understand methods used to implement a person-centred approach

Tools to find out what is important to/for a person

Good days/bad days – this tool encourages an individual to describe a typical good day so the carer/professional can learn what makes a good day and what support is needed to achieve it. Factors for bad days can also be identified and avoided.

Routines – getting an individual to talk through their daily routines will provide an idea of what is and isn't working for them.

Top tips – the purpose of this is to learn what is most important to, and for, the individual and the critical aspects of support they need.

Relationship circles – help to identify who an individual knows, how they know them, who else in the circle knows them and how these networks can support an individual to live the life they want

One page profiles – this is a summary of what matters to a person produced on a single page of A4

Tools that enhance voice, choice and control

Communication charts – these are an essential tool when individuals do not use words to communicate

Decision-making charts – this helps a carer/professional support an individual to make decisions by breaking them down.

Building of effective relationships with individuals who require care or support – learning to talk to and listen to individuals is the only way to get to know them and build up trust

Tools to clarify roles and responsibilities in the care relationship

Doughnut chart – it helps different professionals and agencies, supporting individuals and their families, to clarify their roles and responsibilities

How to develop person-centred plans and records

Understand how the individual communicates their wishes and needs – for an individual who does not communicate verbally, prepare support for their preferred method before the planning session

Focus on the individual's capabilities and how they can best be supported to make decisions – this is focusing on what an individual is good at and what other people think are their strengths.

Finding out what is important to a person to have a good quality of life – now the emphasis is on what is important to an individual

Finding out who is important in a person's life – discussions on who will be able to support an individual

Learning outcome 4: Know how to plan and conduct review meetings using a person-centred approach

Review meetings

The importance of reviews in health and social care – ensuring that the individual is put at the centre of the meeting. That they build and share information collaboratively. Generates actions to be taken in the future.

The purpose of review meetings – these can be arranged to: meet changing needs/review the budget/ensure care relationships are effective/review the person-centred description

Planning and preparing for review meetings

Understanding the role of the facilitator – the facilitator supports the person whose review it is and considers them to at the centre of the meeting

How the individual can be made to feel as comfortable as possible during the meeting – these include giving them a choice over the people present at the meeting so they can invite whoever they wish.

Conducting review meetings

Person-centred tools during the meeting – MAPS (making action plans) is a planning tool that builds on a shared commitment to support the individual to move towards a more positive future. PATH (planning alternative tomorrows with hope) aims to identify the individual's hopes/dreams/goals and what it would entail to move nearer to these. Essential Lifestyle Planning uses detailed planning to focus on an individual's life now and how it could be changed to promote a more enhanced lifestyle. Personal Futures Planning is a detailed plan developed for an individual with complex support needs.

Asking appropriate questions – the right questions need to be asked in order to find out if the support plan is working.

Review budget – a review of the budget is necessary to keep an individual's support needs under scrutiny in order to ensure that these needs are successfully being met by the agreed budget

Generate actions – any issues picked up at the review meeting will have an action plan with specific deadlines.