



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Community Care and Management of Longer-term Conditions

Personalised care

Semester 1

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Learning outcomes

Upon successful completion of this module, student should be able to:

- Critically evaluate the physical, psychological, and social impact on individuals and families living with a long-term condition(s) and its treatment.
- Critically assess the key areas of local and national political, health and social care agendas and initiatives relating to long term conditions.
- Critically evaluate the skills, values and behaviours required to provide co-productive and traditional models of care as appropriate.
- Critically analyse the contribution of empirical evidence and local, national, and international guidelines to informing the delivery of 'whole person' care and self-management support for individuals with long term conditions.

Module Summary

- The module aims overall to develop student understanding of the theories, values and policies in managing patients with longer term conditions in different healthcare settings.
- To gain an understanding of healthcare work across traditional primary/secondary/social care boundaries and collaborate with patients/carers and other professionals within the NHS, social and private/voluntary sector to continuously improve the information, support, care, and person-centred approaches to treatment of people living with long term conditions.



Aims of the Session

To understand

- The term Personalised care
- Importance of personalised care
- Comprehensive personalised care model



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What is personalised care?

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Personalised care

- Personalised care (PC) means “people have **choice** and **control** over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths and needs”.
- It happens when “we make the most of the expertise, capacity and potential of people, families and communities”.
- Personalised care represents a **new relationship** between **people, professionals** and the **system**.
- It “provides a positive **shift in power** and **decision making** that enables people to have a voice, to be heard and be connected to each other and their communities”.

(NHS, 2022)

Personalised care

- Personalised care takes a “***whole-system approach***, integrating services around the person including health, social care, public health and wider services.
- It provides an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health and recognises the role and voice of carers.
- It recognises the contribution of communities and the voluntary and community sector to support people and build resilience”.

(NHS, 2022)



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What is the importance of personalised care?

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Importance of Personalised care

Personalised care

- Improves people's health and wellbeing, joins up care in local communities, reduces pressure on stretched NHS services and helps the health and care system to be more efficient.
- Helps people with multiple physical and mental health conditions make decisions about managing their health, so they can live the life they want to live, based on what matters to them, as well as the evidence-based, good quality information from the health and care professionals who support them
- Recognises that, for many people, their needs arise from circumstances beyond the purely medical, and will support them to connect to the care and support options available in their communities.

(NHS, 2022)

The key features of personalised care

According to the NHS (2021), every person should:

- “Be seen as a whole person within the context of their whole life, valuing their skills, strengths and experience and important relationships.
- Experience hope and feel confident that the care and support they receive will deliver what matters most to them.
- Be able to access information and advice that is clear, timely and meets their individual information needs and preferences.

The key features of personalised care

- Be listened to and understood in a way that builds trusting and effective relationships with people.
- Be valued as an active participant in conversations and decisions about their health and well-being.
- Be supported to understand their care, treatment and support options and, where relevant, to set and achieve their goals.
- Have access to a range of support options including peer support and community-based resources to help build knowledge, skills and confidence to manage their health and wellbeing.
- Experience a coordinated approach that is transparent and empowering”.

Personalised care

- Personalised care is “one of the five major, practical changes to the NHS that will take place over the next five years, as set out in the recently published [Long Term Plan](#)”.

Activity

Working independently using the below link
explore the NHS Long Term Plan

<https://www.longtermplan.nhs.uk/>

Feedback what you have learnt to the whole class
15mins

Activity

Watch the video below

<https://www.youtube.com/watch?v=oSZ0IzIm7bl>

- <https://www.youtube.com/watch?v=WtS2VRcHZkc>

Feedback what you have learnt to the whole class





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What is Comprehensive model of personalised care?

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Comprehensive model of personalised care

- The Comprehensive Model of Personalised Care demonstrates “how a more personalised care approach can bring benefits to people’s health and well-being as well as to deliver important system efficiencies and savings”.

(NHS, 2022)

Comprehensive model of personalised care

This model creates

- “Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes
- A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health condition
- An intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive”.

(NHS, 2022)

Comprehensive model of personalised care

- People access personalised care through ***six key evidence-based*** components or programmes and
- This model demonstrates how these come together to deliver an all age, whole population approach to personalised care.

(NHS, 2022)



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What are the components of the Comprehensive model of personalised care?



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Components of the Comprehensive Model of Personalised Care

- Shared decision making
- Personalised care and support planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Patient activation and supported self-management
- Personal health budgets and integrated personal budgets (NHS, 2022)

Shared decision making

- Shared decision making ensures that “individuals are supported to make decisions that are right for them”.
- It is a “collaborative process through which a clinician supports a patient to reach a decision about their treatment”.

The conversation brings together:

- The clinician’s expertise, such as treatment options, evidence, risks and benefits
- What the patient knows best: their preferences, personal circumstances, goals, values and beliefs.
- Shared decision making is a key component of universal personalised care.

(NHS, 2022)

Choice

- Choice is “one of the six components of the Comprehensive Model of Personalised Care”.
- The NHS in England has “offered patients choices on where they receive healthcare services since it was established, and these choices have been extended over time in legislation”.
- Choice is also “highlighted as a key consideration in other priorities for the NHS, including in the NHS Long Term Plan and as part of elective care recovery”.

(NHS, 2022)

Supported self-management

- Supported self-management is part of the [NHS Long Term Plan's](#) commitment to make personalised care the norm.
- According to NHS (2022), the term “‘supported self-management’ mean the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves”.

Supported self-management

SSM is expected to be achieved through

- **Health coaching**
- **Care coordinators**
- **Peer support**
- **Measurement and evaluation of supported self management**
- **Self management education**



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Components of supported self management

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Health and wellbeing coaches

- Health and wellbeing coaches (HWBCs) will “predominately use health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals”.
- They may also provide access to self-management education, peer support and social prescribing.

(NHS, 2022)

Health and wellbeing coaches

- Health coaches will support people to self-identify existing issues and encourage proactive prevention of new and existing illnesses.
- This approach is based on using **strong communication and negotiation skills** and supports personal choice and positive risk taking.
- They will work alongside people to coach and motivate them through multiple sessions, supporting them to identify their needs, set goals, and help them to implement their personalised health and care plan.

(NHS, 2022)

Care coordinators

- Care coordinators provide “extra time, capacity, and expertise to support patients in preparing for clinical conversations or in following up discussions with primary care professionals”.
- Care coordinators work closely with the general practitioners (GPs) and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers (if appropriate), and ensuring that their changing needs are addressed.
- They focus on the delivery of personalised care to reflect local PCN priorities, health inequalities or at risk groups of patients.
- They can also support PCNs in the delivery of Enhanced Health in Care Homes.

(NHS, 2022)

Peer support

- Peer support is a “range of approaches through which people with similar long-term conditions or health experiences support each other to better understand the conditions and aid recovery or self-management”.

Peer support may be **formal or informal**

- It can be delivered by trained peer support staff and volunteers, or
- Through more informal, ad-hoc support among peers with lived experience.

(NHS, 2022)

Measurement and evaluation in supported self-management

- Measurement can be “**part of an intervention** to support self-management for an individual or population group”,

For example:

- To facilitate shared agenda setting and person-led goal setting
- To assess the self-management support needs, knowledge and confidence of people with long-term conditions and their carers

(NHS, 2022)

Measurement and evaluation in supported self-management

Measurement can also “help **evaluate interventions** to support self-management,

For example:

- To identify whether self-management activities are improving outcomes
- To test different approaches to see which have the greatest impact and should be prioritised/expanded, and which should perhaps be decommissioned/withdrawn”.

(NHS, 2022)

Reflection

- Reflecting on the SEPH module mention all the different ways a health intervention programme can be evaluated.

Feedback your findings to the whole class

Measurement and evaluation in supported self-management

- Measuring is not about collecting information for the sake of reporting.
- It is about tracking progress or using information to inform decisions.
- It may help you determine how best to help an individual through tailoring support based on their needs and goals, or to identify how self-management initiatives or services can be improved to meet more people's needs.

(NHS, 2022)

Self-management education

- People have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions.
- Self-management is “a term used to include all the actions taken by people to recognise, treat and manage their own health”.
- This can be done “independently or in partnership with the healthcare system”.
- Self-management education is “any form of formal education or training for people with long-term conditions focused on helping them to develop the knowledge, skills and confidence they need to manage their own health care effectively”.

(NHS, 2022)



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The components of the Comprehensive model of personalised care contd.

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Social Prescribing

- Social prescribing is a key component of Universal Personalised Care.
- It is an approach that connects people to ***activities, groups, and services*** in their ***community*** to meet the ***practical, social and emotional*** needs that affect their health and wellbeing.

Social prescribing

- Social prescribing is a way that local agencies e.g., ***local charities, social care and health services*** refer people to a ***link worker***.
- **Link workers** give people time, focusing on 'what matters to them' and taking a holistic approach to people's health and wellbeing.
- They connect people to community groups and statutory services for practical and emotional support.
- Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

(NHS, 2022)

Social Prescribing

Social prescribing works for a wide range of people, including people:

- With one or more long-term conditions
- Who need support with their mental health
- Who are lonely or isolated
- Who have complex social needs which affect their wellbeing.

(NHS, 2022)

Social Prescribing

If social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including

- general practice,
- pharmacies,
- multi-disciplinary teams,
- hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations.
- Self-referral is also encouraged.

Social Prescribing

- A standard model of social prescribing was “developed in partnership with stakeholders, which shows the key elements that need to be in place for effective social prescribing”;

(NHS, 2022)

Social Prescribing model



Activity

Working independently using the below link explore the social prescribing webpage

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Feedback what you have learnt to the whole class

Activity

Watch the video

- <https://www.youtube.com/watch?v=O9azfXNcqD8>
- <https://www.youtube.com/watch?v=RmgkN-FNPEg>

Feedback what you have learnt to the whole class

Personalised care and support planning

- Personalised care and support planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.
- Personalised care and support planning is key for people receiving health and social care services.

Personalised care and support planning

- It is an essential tool to integrate the person's experience of all the services they access so they have one joined-up plan that covers their health and wellbeing needs.
- The process recognises the person's skills and strengths, as well as their experiences and the things that matter the most to them. It addresses the things that are not working in the person's life and identifies outcomes or goals and actions to resolve these.

Activity

Watch the video

- <https://www.youtube.com/watch?v=OLJGOjWv9s4>

Feedback what you have learnt to the whole class

Personal health budget

- A personal health budget is an amount of money to support someone's health and wellbeing needs, which is planned and agreed between the individual or their representative, and the local clinical commissioning group (CCG).
- It is not new money, but a different way of spending health funding to meet the needs of an individual.
- Personal health budgets are a way of personalising care, based around what matters to people and their individual strengths and needs.

Personal health budget

- They give disabled people and people with long term conditions more choice, control and flexibility over their healthcare.
- A personal health budget may be used for a range of things to meet agreed health and wellbeing outcomes. This can include therapies, personal care and equipment.
- But, there are some restrictions in how the budget can be spent.

Activity

Working independently using the below link explore the Personal health budget

<https://www.england.nhs.uk/personal-health-budgets/what-are-personal-health-budgets-phbs/>

Feedback what you have learnt to the whole class

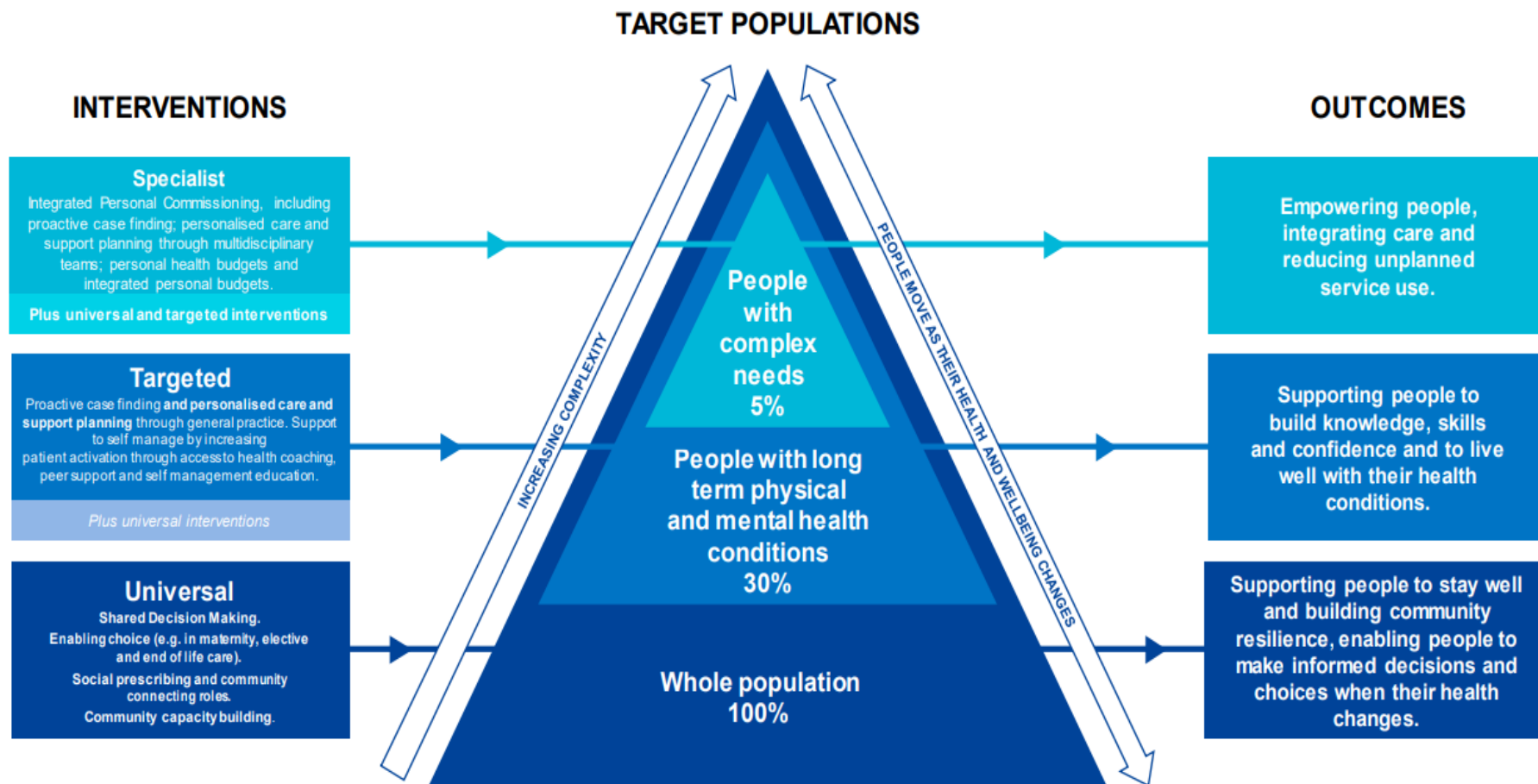
Comprehensive model of personalised care

- Evidence has shown that to “realise the full benefits from personalised care, all the above components and programmes should be delivered together and in full, alongside key enablers which embed the necessary culture change – including strong system leadership, co-production and workforce engagement across the health and care system and in partnership with the voluntary and community sector”.

(NHS, 2022)

Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care



Comprehensive model of personalised care

Watch the video below.

- <https://www.youtube.com/watch?v=RXOd-7rn6so>
- https://www.youtube.com/watch?v=jkzLP1_Y6Mw

Feedback what you have learnt to the whole class

Personalised Care Operating Model

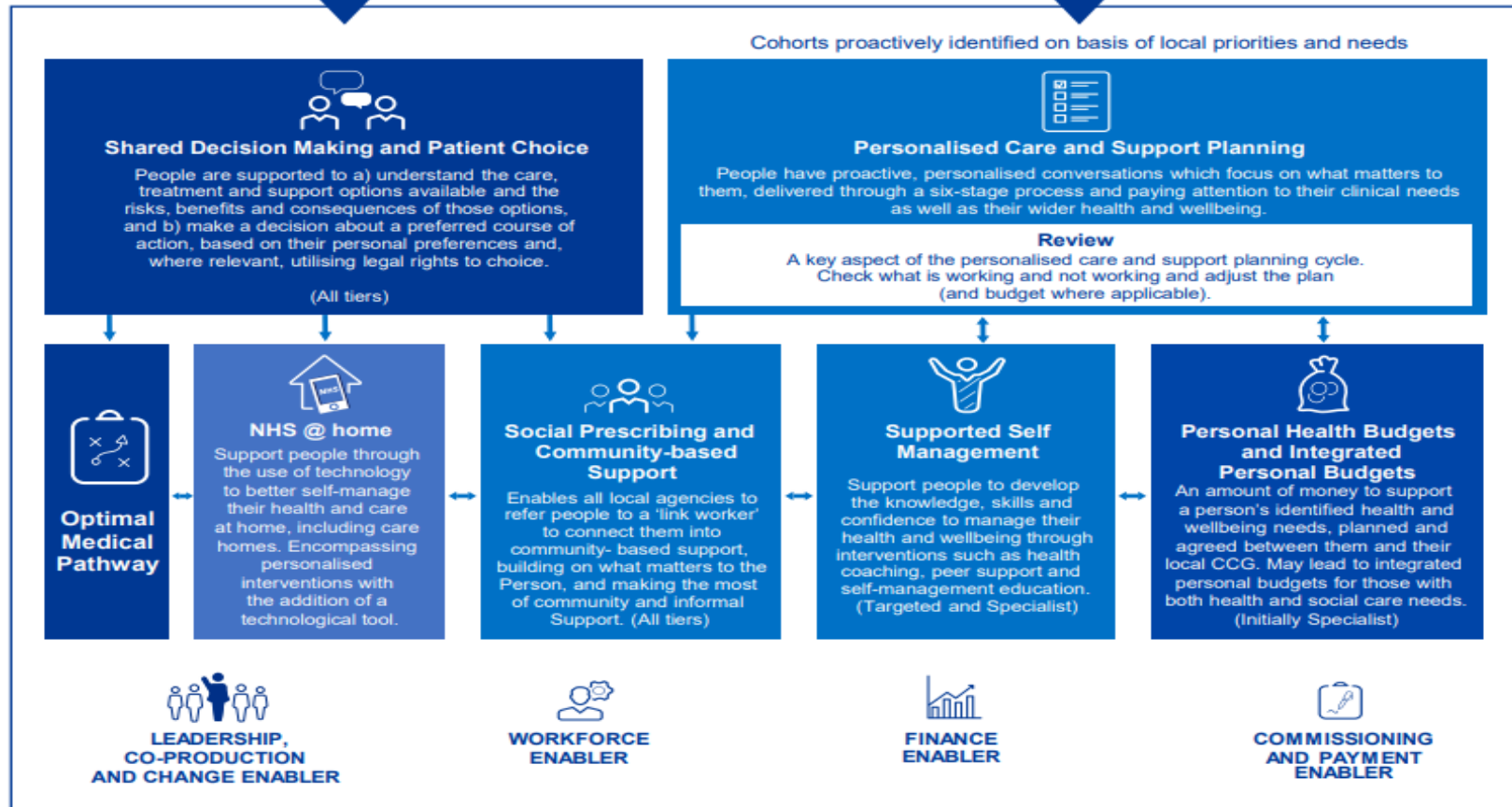
- Personalised Care Operating Model (PCOM) illustrates how all the various components work together to deliver a joined-up approach around the needs of each individual

Personalised Care Operating Model



WHOLE POPULATION
when someone's health status changes

30% OF POPULATION
People with long term physical and mental health conditions



Personalised palliative and end of life care

- NHS England seek to “enhance personalised palliative and end of life care by using the Comprehensive Personalised Care Model to view the improvements needed to support increased choice and control at the end of life, and better experience of care”.
- This includes “earlier identification of people who are likely to die within the next 12 months; better conversations for people to identify their needs and preferences, and to share this information with those involved in their care; and integrated services which wrap around people”.

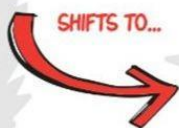
(NHS, 2022)



Being seen only as a **patient** with symptoms or separate conditions that need treating.



Being asked 'What's **the matter** with you?'



Being asked 'What **matters** to you?'



Not having the information and support you need to make informed health and wellbeing choices and decisions.

SHIFTS TO...



Having the information and support you need to make **informed choices and decisions**.

SHIFTS TO...



Being seen as a **whole person** with skills, strengths and attributes as well as needs to be met.

Being **told** what is wrong with you and how your health needs will be met.



Being valued as an **active partner** in conversations and decisions about your health and wellbeing.

Personalised Care: A shift in relationship so everyone works together



Health and care professionals believing **they have all the knowledge**, expertise and responsibility for your health and wellbeing.



Feeling **powerless** against a complex health and care system.



Working in partnership with health and care practitioners and **sharing Power**



A '**One-size-fits-all**' approach to meeting your health and wellbeing needs.

SHIFTS TO...



Having more **choice and control** so your health and wellbeing needs are met effectively in a way that makes sense to you.

SHIFTS TO...



You and your health and care professional **sharing knowledge**, expertise and responsibility for your health and wellbeing.



Having to tell your story **again and again**.



Only needing to tell your story **once**.

Activity:

- What do you think about this LCHS 7003 module and jot this down in the post it note that will be given to you.
- You are encouraged to be honest about your view of this module based on the below
 - ***Stop, Start, Continue***

References

- National Health Service (2022) Personalised palliative and end of life care Available at: <https://www.england.nhs.uk/eolc/personalised-care/> (Accessed date 07th October 2022)
- National Health Service (2022) Social Prescribing Available at: <https://www.england.nhs.uk/personalisedcare/social-prescribing/> (Accessed date 07th October 2022)
- National <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>
- <https://www.instantprint.co.uk/printspiration/print-design-tips/how-to-make-a-good-informational-booklet>
- <https://sls.navitas-professional.edu.au/information-booklet#:~:text=An%20information%20booklet%20delivers%20relevant,the%20design%20layout%20and%20content.>
- <https://www.instantprint.co.uk/printspiration/print-design-tips/how-to-make-a-good-informational-booklet>
- <https://www.youtube.com/watch?v=Zbp41hjF4AY>