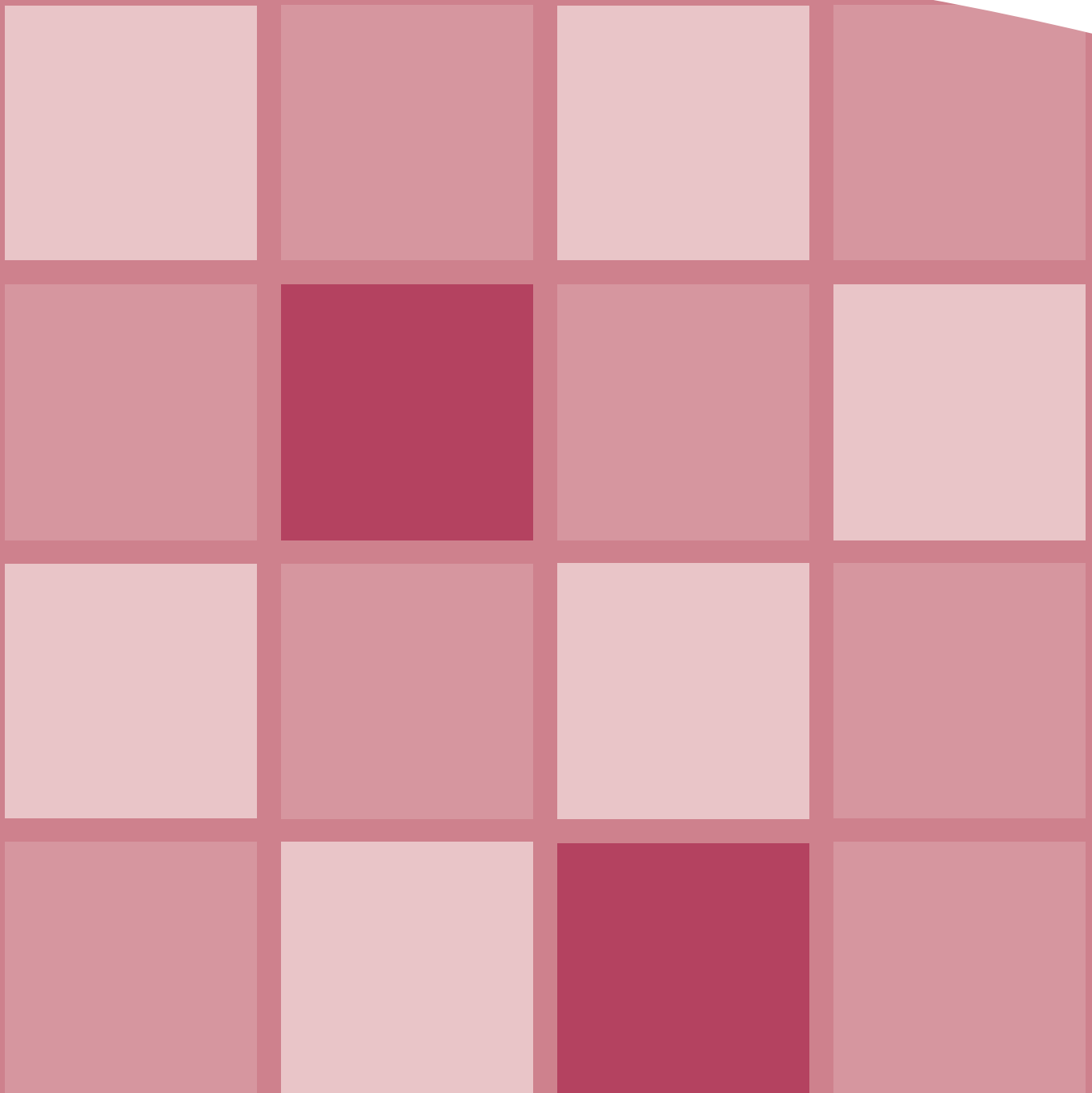


Person Centred Planning

Advice for Professionals



DH INFORMATION

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership working
Document	Action
Gateway ref:	13845
Title	Clean, Safe Care – reducing infections and saving lives
Author	Department of Health
Publication date	31 March 2010
Target audience	Service users, carers and health and social care practitioners
Circulation list	Voluntary Organisations/NDPBs
Description	This document draws together recent initiatives to tackle healthcare associated infections and improve cleanliness and details new areas where the NHS should consider investing to ensure that patients receive clean and safe treatment whenever and wherever they are treated by the NHS.
Cross reference	Winning Ways - working together to reduce healthcare associated infection in England Towards cleaner hospitals and lower rates of infection – a summary of action
Superseded documents	N/A
Action required	N/A
Timing	N/A
Contact details	HCAI Briefing and Management Unit Department of Health Richmond House 79 Whitehall London SW1A 2NL
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Advice for professionals

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Introduction

This information is designed to help professionals introduce person-centred planning approaches into their practice so the people they work with can have more control over their health and support.

Valuing People and *Valuing People Now* set out specific requirements to develop health action plans to focus on the health needs of people with learning disabilities. However, health action plans and one-page health profiles are equally important for people with long-term conditions or continuing care needs. They can show how to provide the best support for someone, by setting out the actions required to keep them healthy and well.

A number of reports and inquiries during the past three years have highlighted the continuing inequalities faced by many people with learning disabilities and the devastating effect this has had in some cases, including *Death by Indifference* (Mencap, 2006), *Healthcare for All* (Department of Health 2008) and the Joint Ombudsman report *Six Lives* (The Stationery Office, 2009). In light of recommendations from these reports, it is particularly important that professionals ensure that they fully utilise the tools and support systems available through Health Action Planning (as part of person-centred planning) to recognise individuals' needs for 'reasonable adjustments' to enable vulnerable people to access healthcare and to get the care and treatment they need.

CHAPTER 1

What are person-centred services? What is expected of you?

*'Professionals need to prioritise
person-centred plans.'*
Angela

Health professionals and care managers have an important role to play in developing person-centred practices across organisations. Practitioners can support people and family carers to use one-page profiles or person-centred plans to take more control over their health and their lives. Professionals can ensure that the reviews they do are person-centred, outcome-focused, change what is not working for people and contribute to their person-centred plans. When it comes to personal budgets, professionals play an important role in ensuring that everyone has the information they need about support planning. Finally, care managers and health professionals can use person-centred thinking tools in their day-to-day and team-based work to enhance effectiveness and ensure that services are person-centred.

CHAPTER 2

Person-centred thinking, planning and health

'I'm an independent, single parent, self-employed woman. It is important to me to stay independent, be a good parent and to work with my health condition. I need to understand what good support is for me, and where I can get it (school runs, someone to help with admin when my hands don't work) and [have] flexibility in the services I can use.'

Poppy

Professionals can use person-centred thinking tools to support people with long-term conditions, continuing healthcare needs and people with learning disabilities. Some professionals have started to use person-centred thinking in health issues by using a one-page profile focused on someone's health. Others have supported people to create their own one-page profile or take more control of their health by becoming part of 'expert patient' programmes.

'If I have my own person-centred plan, I can share it with who I need to rather than "the professional" being relied on to share relevant information. Then I choose what is important to share, and don't have to keep repeating "my story".'

Wendy

Julie has a recurrent problem with kidney stones. She developed a one-page health plan to record what she has learned about managing her health. It also reminds her of what she is doing to prevent further problems.

Julie's health plan

What is important to me about my health	How I am looking after my health
Health ● Looking good and feeling good ● My children – staying healthy in order to live a long life and be here for them ● Taking as few medications as possible Food ● Balanced meals – vegetables, protein, starch/carbohydrate, dairy products at each meal or during the day ● Comfort food – crisps, pasta, nachos ● Snacking every day ● Coffee every day ● Lots of liquids – always something in my cup or glass ● Going to restaurants ● Salty foods and salt in general – I am addicted to it, even though I know this is not good for me... I did not know the impact of sodium on kidney stone formation before my summer 2009 bout with stones	Kidney stones I am trying to reduce my sodium intake: ● Limit adding salt in cooking and at the table. ● Avoid using salt substitutes. ● Limit: salt-preserved foods, smoked, pickled, canned or seasoned meat/fish/poultry, highly salted foods, canned or processed foods, bouillon cubes and soup mixes, salted snack food, sauces (soy, steak, chilli), ketchup, dill pickles, olives. High salt intake produces urinary conditions that promote kidney stones by increasing calcium excretion in the urine. I am trying to increase fluids: ● 2.5–3 litres of fluids per day – at least 50% as plain water. ● A glass of water at each meal and one between meals and before sleep. Calcium: ● No more and no less than two servings of calcium-rich foods per day (milk, canned fish with bones, milk puddings, yogurt, broccoli, ice cream, almonds, cheese, cream soup). ● Avoid calcium and vitamin D supplements. Decrease oxalate: ● No more than 500mg vitamin C supplements per day. ● Avoid fruits: berries and berry juice, red grapes. ● Avoid vegetables: beans, carrots, celery, chives, courgettes, tomatoes. ● Avoid starches: popcorn, crackers, wholewheat flour. ● Avoid fats: nuts, peanut butter, seeds. ● Avoid beverages: tea, draught beer, coffee. ● Avoid: chocolate/cocoa, cinnamon, fruit peel, soy products.

	Decrease animal protein: ● <i>Limit meat, fish, poultry and eggs to 4–6 ounces per day – too much animal protein may cause an increase in uric acid, calcium and oxalate in the urine.</i> Heart care ● <i>History of high-end normal levels for cholesterol – blood tests every 6–12 months.</i> ● <i>Family history of high blood pressure and heart disease – need to reduce sodium levels to reduce risk of high blood pressure.</i> ● <i>Need to start cardio exercise.</i>
What else do I need to find out about? I need to find out more about kidney stones and how to prevent them or slow down their formation: I need to ask the urologist who is treating my kidney stones about a referral to the Kidney Stone Prevention Clinic. This clinic takes a team approach and includes nephrologists, urologists, nurses and dieticians. The clinic takes tests, and develops a treatment/prevention plan that can include diet and medication.	

Valuing People Now states that 'The 2001 *Valuing People* targets and objectives in relation to health action planning were not achieved'. Where health action plans were formed, many were developed in isolation from person-centred plans. Health action plans should be integrated within person-centred plans and health professionals have a responsibility to ensure this integration.

Valuing People Now also states that all transition plans and Year 9 reviews, where appropriate, should contain a section on health needs and start the development of a health action plan. Health needs would be identified as part of the person-centred transition-planning process.

Below are some of the person-centred thinking tools that are useful when thinking about health for people with learning disabilities, people with long-term conditions and those with continuing care needs.

Person-centred thinking tool	How this tool can help in relation to health
'Important to' (what is important to the person) and 'best support' (how the person is best supported)	● A way of separating what is important to the person and what support they might need to help keep them healthy and safe. ● Helps support staff to know exactly how they need to assist an individual. ● As a one-page health profile, it can lead to a health action plan.
The doughnut	● Clarifies the roles of the different health professionals and agencies that might be involved in meeting a person's health needs. ● Helps professionals know where they can be creative. ● Helps promote independence by identifying responsibilities and avoiding the tendency to wrap people with health needs in 'cotton wool'.
Relationship circle	● Helps show who is important to a person and therefore who they might want included in discussions about health needs. ● Identifies all the different professionals in a person's life, particularly those who might be involved in helping meet a person's health needs. ● Identifies all the people who might need to know about particular aspects of a person's health, including friends, unpaid staff or volunteers.
Communication charts	● Provides a way to understand how people who are not able to communicate well with words may tell others that they are feeling unwell. ● Shows professionals what they need to do when people are feeling well or unwell. ● Identifies that there may be differences between what people say or do and what they actually mean. ● Helps all the different health professionals who might be involved in a person's life to be aware of how an individual communicates their needs and wishes.

Person-centred thinking tool	How this tool can help in relation to health
Learning log	● Provides a way of sharing important information about a person's health. ● Provides adaptable information that can be used in a variety of settings, e.g. around the home, when going to a health appointment, when doing an activity. ● Contributes to health notes or records to focus more clearly on critical information about a person. ● Provides important details about how to effectively help people meet their health needs.
What's working/ what's not working	● Provides information from different people's perspectives about what's working and what's not working. ● Shows professionals what they need to do more of and what needs to stay the same. ● Provides a useful way of thinking about medication. ● Can act as a catalyst for seeking assistance from various health professionals. ● Can guide the second stage in forming a health action plan after the person's one-page health profile. ● Identifies issues that are 'not working' to inform actions for a person's health action plan.
4 plus 1 questions	● Clarifies what to build on, maintain or change. ● Guides thinking about health issues. ● Guides individuals and their families, staff members or multidisciplinary teams who are looking at a person's health. ● Helps review actions from plans and formulate further actions.
Decision-making agreement	● Guides thinking about how much control and power people have in their lives. ● Clarifies how decisions about health matters are made, e.g. taking medication, calling out the doctor, having surgery. ● Increases the choice and control people have in their lives. ● Guides how to think about how decisions are made in advance of a crisis situation.

Person-centred thinking tool	How this tool can help in relation to health
Stay well plan	● Provides clear information about what the person wishes to happen when they are unwell. ● Keeps the person fully involved. ● Creates an action plan to help the person stay well.
Person-centred review	● Ensures that an individual's voice, and the voices of those important to them, is heard at a meeting focused on a person's health need(s). ● Provides everybody with the opportunity to contribute. ● Generates actions that will help the person stay healthy and well.

CHAPTER 3

Professionals and reviews

A significant role for care managers and health professionals is to review the services provided to an individual with their family/carers and staff. Over the last few years a new 'person-centred review' process has been implemented in many areas. These reviews were initially developed to transform the Year 9 transition review in schools. As the Department of Health's (DH's) Valuing People Support Team rolled out their national training programme, people quickly realised that this person-centred approach could be equally powerful in adult services. The Valuing People Support Team and the Putting People First team funded programmes to use person-centred reviews in day services, supported living and with older people and people with physical impairments, and to use information from person-centred reviews to inform commissioning (see *Working together for change* (DH, 2009) and *Person centred reviews in adult services* (Valuing People Support Team, 2009)).

The outcomes from this work indicate that person-centred reviews can:

- lead to changes for individuals and services, and meet statutory requirements;
- replace existing statutory reviews as they generally take the same amount of time and involve the same people;
- provide information to contribute to strategic commissioning; and
- provide a way of working that people who use services preferred to traditional reviews.

A person-centred review is a specific process that takes between 75 and 90 minutes. It requires a trained facilitator who facilitates the meeting using the following headings:

- What do we appreciate about the person? (This may be called 'like and admire'.)
- What is important to the person now?
- What is important to the person in the future?
- What is 'best support' to enable the person to stay healthy and well?
- What questions to answer/issues to resolve are there?
- What is working and not working from the person's perspective?
- What is working and not working from the family/carer's perspective?
- What is working and not working from the staff and manager's perspective?
- What is working and not working from the others' perspective (e.g. health professionals, care managers)?

The review involves the person, key people who have to be there to meet statutory requirements, and other people that the person wants to invite. The meeting generates person-centred information to deliver a one-page profile to begin a person-centred plan. Most importantly, it identifies actions that will positively change the person's life and deliver a more person-centred service.

The headings are important, as commissioners use them to inform strategic commissioning (see later information on *Working together for change*) and providers can use them to inform business planning.

*In **Wiltshire County Council**, the Community Team is now only using person-centred reviews. They are also working with their IT supplier so they are able to input information from person-centred reviews directly onto their system. Social worker Mark Tucker describes how person-centred reviews are the mainstay of what the team does:*

'The person-centred review captures all the key performance indicators we need as a local authority. We get a really good action plan with the appropriate checks and measures that deliver the outcomes people want. It's getting us to go back to actually changing people's lives.'

*The **London Borough of Enfield** is training all professionals to use a new review pro-forma they produced to integrate the headings from person-centred reviews with their statutory requirements.*

*Professionals in **Suffolk** have been using the process called 'working and not working' in a Care Programme Approach review to gather information from the perspective of the person, the family and staff members.*

Using person-centred reviews where people have a personal budget is called an 'outcome-focused review'. The only difference between this and a person-centred review is that an outcome-focused review includes information about how money is spent. Disabled people, carers and council staff co-produced the outcome-focused review process.

***Social worker Paul Butler** was involved in using person-centred reviews in Halton Borough Council. After facilitating his first two person-centred reviews, he said:*

'They were the two most successful reviews that I have ever completed, and now, several months later, they still have their effect. Brilliant.'

CHAPTER 4

Person-centred thinking, planning and personal budgets

The care manager or health professional's role in personal budgets and personal health budgets involves sharing information about support planning and reviewing outcomes. The process for reviewing outcomes using person-centred thinking is called an 'outcome-focused review' and was discussed earlier. The care manager/professional's role around support planning is to make sure those individuals:

- know what their indicative allocation is;
- understand what a support plan is and what needs to be in it for it to be agreed;
- know what they can and cannot spend their money on;
- know where and who they can get help from if they want it (local people and guides); and
- know where people can get information on what things cost (e.g. shop4support).

Sometimes people may want the care manager or health professional to help them to develop their support plan. This should be the option of 'last resort'. If care managers and health professionals are involved in assisting people with support planning, they need to be competent in using a range of person-centred thinking and person-centred planning approaches.

The other key role for care managers or health professionals is in reviewing outcomes. The outcome-focused review described earlier is the process they can use to achieve this. The outcome-focused review process incorporates person-centred thinking tools.

CHAPTER 5

Integrating person-centred thinking and planning into daily practice and teamwork

Person-centred thinking tools can enable care managers and professionals to enhance their effectiveness in delivering person-centred services.

*The **care management team** working with older people in Tameside did this by attending person-centred thinking training and then developing a process map. The map described how people were referred to care managers and then their 'journey' in the system (referred to as the 'customer's journey').*

Then, with other stakeholders, they looked at what was working and not working from the individual's and their family's perspective as well as from those of the care managers and providers. This highlighted areas that needed to change. The group then identified how person-centred thinking tools could be used to make those changes. They agreed to:

- *develop a one-page profile as part of the initial two-hour assessment;*
- *ensure that providers had detailed information about what was important to the person and how best to support them, when a service was commissioned;*

- *introduce a single person-centred review process that involved the care manager and the provider. This was instead of the two separate reviews that both took place within six weeks of a person receiving a new service, therefore saving time, money and the person having to repeat information; and*
- *work with providers to prioritise understanding people's communication and decision-making, using communication charts and decision-making agreements.*

Health professionals are also seeing the benefits of adding person-centred thinking tools to the range of ways in which they work with people.

*Andy is a **pharmacist** and uses 'what is working and not working' when he visits patients with long-term conditions to review their medication. He does this from the individual's and their family's perspective, as well as his own perspective as a pharmacist. He uses all of this information to make his recommendations.*

A **health team** in Derby uses one-page profiles as a way to introduce their team to the people they will be working with. Each team member has a one-page profile with their photograph, what people like and admire about them, what is important to them and how to support them.

Another **health team** in Lancashire developed a person-centred team plan to describe their purpose and how they work together.

A **physiotherapist** used the person-centred thinking tool called '4 plus 1 questions' as part of the review of their dysphagia group. For each individual who attended the group, they explored the following four questions:

- What have we tried?
- What have we learned?
- What are we pleased about?
- What are we concerned about?

They then agreed what they would do next. The physiotherapist said that it helped them focus on how dysphagia affects the person rather than the actual physical problem.

CHAPTER 6

Learning from person-centred thinking, planning and reviews to inform change

Care managers and health professionals can use the *Working together for change* process to learn what is working and not working for people they support and the implications for their role.

*A **person-centred planning coordinator** attends the community team meeting once a quarter. She asks the team what, from their perspective, is working and not working about the way that person-centred planning is being implemented locally. She feeds this important information back to the implementation group, who use this as part of their quality process.*

Summary

Care managers and professionals using person-centred thinking, planning and reviews	
With individuals	- Introduce the idea of one-page profiles and person-centred planning. - Provide information on person-centred planning and support planning. - Introduce person-centred thinking tools into their practices. - Introduce person-centred reviews. - Support people or families to lead their own plans. - Contribute to person-centred reviews and person-centred planning meetings. - Contribute to actions resulting from the action plan. - Support managers to ensure that the plan is implemented. - Support people to take an active role in their own plans.
Within teams	- Introduce person-centred thinking and practices within the team. - Use person-centred tools to build the team. - Integrate tools so they are used by the team, systematically and habitually, not just as 'one-offs'. - Develop a person-centred team plan.

Care managers and professionals using person-centred thinking, planning and reviews	
Within the organisation	Introduce person-centred thinking tools through groups that the professional is involved in. Integrate person-centred thinking skills, tools and approaches habitually in all professional practice, from recruitment through to exit interviews. Contribute to discussions on how to broaden and deepen person-centred approaches. Change paperwork to incorporate person-centred thinking, such as learning logs.

CHAPTER 7

How will you know if you are being successful?

Perspective	Success means...
Individuals and their families/carers	● Professionals involve me in decisions made about my life. ● Professionals always treat me with dignity and respect, and see me as the expert in my life. ● Professionals support me in putting together a one-page profile about my health, or a person-centred plan. ● My person-centred plan and information from my person-centred review provide the basis of how professionals support me. ● Professionals help me by providing further information about how best to support me, whether that is with advice, assistive technology or other support. ● Professionals contribute their information to my person-centred review. ● Professionals make sure I have all the information I need to make decisions about my life and how I want to spend my personal budget.
Providers	● Professionals contribute information and advice on how to support people well. ● This is clearly recorded and contributes to person-centred plans and person-centred reviews. ● Professionals assist us to problem solve or think about risk using a person-centred approach. ● Professionals model a person-centred approach in their own work, and informally coach staff in person-centred approaches and how to use these in their day-to-day practice.

Perspective	Success means...
Commissioners	● Professionals contribute information through person-centred reviews to inform strategic commissioning (through <i>Working together for change</i> or a similar process). ● Professionals routinely collate information from person-centred support plans and reviews about people's purchasing decisions so that commissioners can learn what works and share this information with the market. ● Professionals empower people through person-centred support planning by directing them to web-based market navigation systems that enhance their influence on the market, e.g. shop4support.

Links to useful resources

Person-centred practice and professionals

Thompson J, Kilbane J, Sanderson H, *Person Centred Practice for Professionals* (2007), Open University Press.

Support planning cards

A menu of tools that can be used individually or in combination to help develop a support plan.

Close L, Harvey J, Sanderson H, Short A, Skelhorn L, *Support Planning – Tools to help you with your support plan* (2009), HSA Press. Available at: www.shop4support.com

Person-centred thinking cards

A set of cards describing the person-centred thinking tools and how they can be used with individuals, teams and organisations.

Bailey G, George A, Sanderson H, Watson D, *Person Centred Thinking* (2005), HSA Press. Available from Inclusion Distribution at: www.inclusiononline.co.uk

Person-centred thinking and health minibook

A brief description of how the person-centred thinking tools can be used in health.

Kennedy S, Broadley J, Helen Sanderson Associates, *Person Centred Thinking and Health* (2008), HSA Press. Free download from: www.helensandersonassociates.co.uk

Person-centred reviews in adult services

Bailey G, Sanderson H, Sweeney C, Heaney B, *Person Centred Reviews in Adult Services* (2009), Valuing People Support Team and HSA Press. The Valuing People Now website is at: www.valuingpeople.gov.uk

Person-centred transition reviews

Wertheimer A, *Person Centred Transition Reviews* (2007), Valuing People Support Team. The Valuing People Now website is at: www.valuingpeople.gov.uk

Person-centred thinking with older people

Bowers H, Bailey G, Sanderson H, Easterbrook L, Macadam A, *Person Centred Thinking with Older People: Practicalities and Possibilities* (2007), HSA Press. Available from Inclusion Distribution at: www.inclusiononline.co.uk

Support planning

Guides and information on support planning can be found at: www.supportplanning.org

Podcasts

These podcasts were commissioned to reflect the messages in this guidance.

Smull M, The History of Essential Lifestyle Planning, www.youtube.com/watch?v=hyL-96g2XY1

Smull M, A Rock in the Pond: Why training is not enough and what managers need to do, www.youtube.com/watch?v=FC7oRX23FK4

Smull M, Definitions: What is meant by person-centred approaches, thinking and planning?, www.youtube.com/watch?v=tvANuym5VXY

Smull M, Making Person-centred Planning Mainstream: How to get started, www.youtube.com/watch?v=meLjQX2wuhM

Smull M, Creating Person-centred Plans that Make a Difference, www.youtube.com/watch?v=Na-176N-ZRk

Outcome-focused reviews

A new way to carry out reviews focusing on the results or outcomes experienced by disabled people, older people and their families.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625

Working together for change

A method for collating and analysing person-centred information for use in strategic commissioning.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802

Contracting for personalised outcomes

This resource draws on learning from six local authorities that have begun to reshape their contracts, processes, budget-holding options and relationships with the provider market.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052

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