



At a glance 30

# Personalisation briefing



October 2010

## Implications for NHS staff

### Key messages

Personalisation for NHS staff means:

- ensuring strong partnerships with local authority commissioners experienced in implementing personalisation
- putting clear procedures and systems in place to facilitate integration across health and social care
- ensuring capacity is taken into account – don't underestimate the demands of implementing personalisation on the existing workforce
- having processes to manage the expectations of service users and carers once new services are set up and running smoothly
- working with community and voluntary sector organisations to provide support and develop local resources.

This At a glance briefing examines the implications of the personalisation agenda for NHS staff.

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of NHS and other publicly provided services so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives in all health and social care settings and is far wider than simply giving personal budgets. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as health, social care, transport, leisure and education, housing, and opportunities for employment, regardless of age or disability.

### The starting point: supporting service users to take control

Personalisation is moving from being a policy aspiration within healthcare to being a reality. Personalised care planning, personal health budgets and a person-centred approach are all phrases used within the overarching theme of personalisation. Although traditionally it is colleagues in social care that have been more familiar with this terminology, healthcare is now moving towards embedding personalisation within its services too. To ensure a common understanding of what is meant when services and policy



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makers talk about 'personalisation' there needs to be a clear understanding by the NHS of what 'personalisation' means (Skills for Health, 2009).

Personalisation will mean looking at health services in an entirely different way. Staff will need to understand and embrace the idea of personalisation and shift from an attitude of 'doing to' the service user towards one more about 'doing with'.

### The policy drive for public and user engagement

Personalisation is a key strand in current and emerging health and social care policy. The Department of Health's 2010 White Paper *Equity and Excellence: Liberating the NHS* continues to advocate person-centredness as a key priority. Shared decision making, access to more information, choice of provider and greater collective patient voice are all committed to as routes to achieving this.

Personalisation provides an opportunity for NHS staff to think about what it is like for service users to access and navigate the healthcare system. It offers a framework for commissioners and providers of health services to ensure a joined-up approach and access to high quality, flexible and responsive health care.

Demographic trends will increase the number of people who could benefit from personalisation within health care.

### Personal health budgets

‘A personal health budget makes it clear to someone getting support and the people who support them how much money is available for their care and lets them agree the best way to spend it.’

(DH, 2009b, p4)

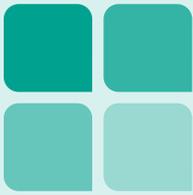
Evidence from health systems in countries that have introduced personal budgets suggests they can be a powerful tool in improving service user satisfaction and help increase the treatment choices available. (NHS Confederation, 2009a, Alakeson V, 2007).

Following positive initial outcomes for personal budgets in social care in England, the NHS is now exploring how they could be used in health for people with long-term conditions.

Personal health budgets are just one component of personalisation. It is vital that they are developed in tandem with the other elements of a personalised NHS. As the NHS Confederation warned in 2009, 'if employed in isolation from other aspects of personalisation, personal health budgets are likely to have minimal impact on the health system' (NHS Confederation, 2009b p2).

### Personalised care planning in health

Personalised care planning provides an opportunity to tailor care for those with long-term conditions. To be successful it should



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support service users to be actively engaged in the process rather than passive recipients.

Personalised care planning should start with a discussion between the professional and service user to identify goals to support their health and wellbeing. This may include returning to work, stopping smoking, improving diet or living independently. The discussion should also focus on supporting the individual to self care, and finding out what affects their health and wellbeing, such as poor housing and emotional and psychological needs. The result of this discussion should be a care plan recording the outcome of the discussion and listing any agreed actions. The individual owns the plan, can receive a printed copy, and chooses who has access to it. The level of detail depends on the complexity involved in their long-term condition.

### Achieving joined-up working

#### Between health and social care

In order to ensure personalised services are responsive to service user needs and promote self care, health and social care will need to think more about integrated working. Without close coordination between these two sectors, as well as other local public services such as housing leisure and benefits, personalised services will not be successful. More local, place-based approaches to service design and commissioning offer opportunities for aligning public services to work more closely with their communities.

There are various tools and resources available to help those involved in developing personalised services think about the issues around joint working. Some of these can be found at: [www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

### Case study:

#### NHS Bedfordshire's Staying in Control

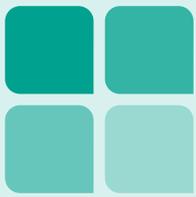
NHS Bedfordshire's service redesign pilot aimed to explore how the personalisation models used in social care could be adapted for use in the NHS. The aims were to commission services based on individual need and to improve service user and staff satisfaction.

The pilot's participants were 11 stroke survivors reaching the end of their 'formal' rehabilitation. They were asked to identify positive health and wellbeing outcomes that could be achieved with a personal health budget. These included increased physical activity, social interaction, improved balance, better function and a return to voluntary or paid work.

Awareness raising sessions for health and social care staff were arranged and a Risk and Innovation Group set up to provide a multi-disciplinary/multi-agency forum to formally authorise personal health budgets. Individual notional budgets were held by NHS Bedfordshire.

The challenges identified included the extent of cultural change required by staff and service users, the increased clinical time needed to complete the personal health plans and their brokerage, decisions around when to offer a personal health budget and the financial processes involved (including the need to gain Legal Aid).

Positive outcomes included the ability to give participants long-term goals that went beyond the rehabilitation period, improved joint working of health and social care at multiple levels, enthusiastic feedback from participants and strong commitment and engagement from participating staff.



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### Across professional boundaries

In order to achieve successful personalised services, staff will need to work seamlessly across professional boundaries. To an extent this is already happening. Community matrons, for example, work closely with colleagues in social services and secondary healthcare. They act as case managers in a role that requires a combination of clinical and care management skills, enabling them to plan, manage and coordinate the care of people with complex long-term conditions who live in their own homes.

Traditionally within health, staff have worked in professional silos, with each professional responsible for individual aspects of care and the service user moving between one service and another. With personalised care, the service user is at the centre and the staff work with them in order to meet their needs.

### Among strategic commissioners in multiple sectors

Commissioning will be an important mechanism to enable the raising of standards within healthcare. Core competencies and common language should help to drive improvements in commissioning to deliver better health and wellbeing for all. Relationships between commissioners, providers and service users will need to change if the NHS is to improve at offering the right information and services at the right time.

One of the biggest challenges for commissioners and the future GP led commissioning consortia (White paper, *Equity and Excellence: Liberating the NHS 2010*) will be innovation in stimulating new and different providers, including micro-providers. Without a wider range of options of what health services are available, the choice offered to newly empowered service users will be limited.

Challenges for the provider market include:

- delivering a choice of truly personalised services
- delivering value for money
- planning for how more service user choice can translate into improved outcomes
- ensuring staff are fully equipped to deliver services
- working in partnership with other organisations.

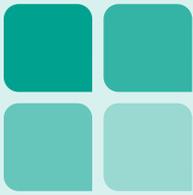
### Culture change

#### Leadership challenges

Personalisation will require significant cultural change at all levels. To work effectively it will need high quality leadership and champions at board level. The most important actions to guide staff through the changes are:

- ensuring personalisation is embedded within the commissioning agenda
- ensuring providers can meet the challenge of delivering truly personalised services
- overcoming the complexities of offering personal health budgets
- developing robust and effective partnerships with stakeholders from social care
- ensuring staff and service users are involved in the commissioning and development of personalised services
- commissioning and delivering personalised services during the economic downturn.

Each NHS organisation should nominate at least one champion or sponsor, who will be given responsibility for driving the move towards personalisation. This should be someone who has the authority, seniority, enthusiasm and time to lead changes. This may not necessarily involve day-to-day management but they should support and monitor progress.



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### Staff implications

Evidence shows that the more engaged staff are in what they do, the better their performance and the better the outcome for service users. Open and honest dialogue between leaders and staff is vital, especially where there may be concerns about changes to working practices and employment issues.

NHS organisations need to ensure they provide clear and robust guidance and advice on employment issues including pensions, role changes and risk management.

Staff at all levels will need to be involved and become 'change champions'. Staff who are working on the frontline, who believe that personalisation is beneficial to both service users and the organisation, are invaluable. The role of change champions is to act as an intermediary between staff and managers, speak positively about the change, show that it can be done and support colleagues at an informal level.

NHS organisations will need to be proactive in supporting staff to make cultural changes, and this will impact on how staff work. In addition to having the right training in place from undergraduate to post-qualifying levels, organisations will need to work continuously with their staff to help them develop the particular skills and competencies needed to support service users in a personalised way.

Staff development for personalisation should include training on the processes for budget setting and effective care planning. There are existing tools and resources available for this, such as the East of England SHA guide to *Personal health planning: A workforce guide to support people with long-term conditions*. The guide contains a suite of learning materials which can be used as part of individual or team development. [www.eoe.nhs.uk](http://www.eoe.nhs.uk)

### Case study: Personalised Care Planning e-learning tool

The Personalised Care Planning (PCP) e-learning tool has been used as part of the induction for a new multi-disciplinary team of NHS healthcare professionals – the North Staffordshire Fit for Work Service.

This new service is one of the ten national pilots selected by the Department of Health, providing early intervention through multi-disciplinary support, to help individuals return to work earlier following sickness absence. This includes helping people to understand and self-manage their condition and increasing their confidence in how work can be therapeutic and can aid the recovery process.

The objectives of the e-learning module within the induction plan were to raise awareness of PCP in developing a Return to Work Plan, to improve skills and competencies and to facilitate the planning, guidance and support for clients referred to the service.

The team had been recruited from a range of disciplines, and had different levels of experience in assessing and delivering a bio-psychosocial model of care. The e-learning tool was seen as a useful way to support the team to develop their skills and competencies required to support clients to develop a Return to Work Plan. In particular, the tool has helped to identify different stages within the assessment process and ensure that discussions are led by the service user rather than the professional.

### Risk enablement and accountability

Getting the balance right between creativity, personal control, aspiration and positive risk enablement is a key challenge for personalised services. Risk is something that everyone lives with every day and is an important part of opportunity and change, but in health services this sometimes results in over-restrictive practices. However,



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significant risk needs to be acknowledged and worked with in a responsible way.

Professional and clinical accountability of staff will need to be maintained and this will also require buy-in from professional bodies and trade unions.

Staff will need to ensure that equality and diversity issues are taken into account and that individuals have equal access to public services. This includes addressing needs related to disability, race, gender, age, sexual orientation and religion or belief (Government Equalities Office 2010).

### Further information

Social Care Institute for Excellence:  
[www.scie.org.uk](http://www.scie.org.uk)

Putting People First: Transforming adult social care website: [www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

Social Partnership Forum:  
[www.socialpartnershipforum.org](http://www.socialpartnershipforum.org)

NHS Employers: [www.nhsemployers.org](http://www.nhsemployers.org)

Skills for Health: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Department of Health: [www.dh.gov.uk/en/Healthcare/Highqualitycareforall](http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall)

The personal health budgets learning community:  
[www.personalhealthbudgets.org](http://www.personalhealthbudgets.org)

### Acknowledgements

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