

| Principle | What does it mean? | Using the personalised care roles effectively |
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| <p>Person-centred</p> | <ul style="list-style-type: none"> • Person-centred care strives to see an individual as bio-psycho-social whole, as a person and not a disease or a collection of conditions. • It aims to provide holistic support to address root causes of ill health and work together to create appropriate solutions. • It sees people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. • It is a key component of developing high quality care. • More information about person-centred care: <ul style="list-style-type: none"> • The Health Foundation resources here. • Health Education England framework here. • Person-Centred Care toolkit for GPs here. • Read about how the work of Health Innovation Network-South London is improving positive outcomes for patients and carers using a person-centred approach. • Read more about how a person-centred approaches can be used in personalised care and support planning. | <ul style="list-style-type: none"> • All 3 roles involved in personalised care support and planning conversations, e.g. around dementia, mental health, end of life care. • CCs- support with personal health budgets. • Using the insights of the PC roles in working with patients and communities for developing local strategy. |
| <p>Place-based working</p> | <ul style="list-style-type: none"> • Place-based working is a person-centred bottom-up approach to meet the unique health and wellbeing needs of people in a given location and take a local perspective. • It recognises that a range of complex intersecting local issues that people and communities faces impacts health outcomes and inequalities, aligning with the social determinants approach. • It strives to address them by locating assets, resources and opportunities in the local community driven by a cross-sectoral long term response. <p>Read more:</p> <ul style="list-style-type: none"> • https://www.local.gov.uk/place-based-partnership-working • https://www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems | <ul style="list-style-type: none"> • SPLWs building trusting relationships and partnerships with community organisations, proactive outreach. • CCs coordinating multi-agency MDTs and stakeholder meetings, supporting with synthesis and analysis of data on social determinants and supporting with identifying community assets. |
| <p>Strength-based working</p> | <ul style="list-style-type: none"> • Focus on individual's personal strengths and social and community networks. • It is holistic and multidisciplinary and works with individuals to promote their wellbeing. <p>Read more:</p> <ul style="list-style-type: none"> • NHS England blog • Social Care Institute for Excellence • A citizen-led approach – lessons from Wigan • A summary of different types of approaches • Opportunities to develop strengths-based leadership | <ul style="list-style-type: none"> • SPLWs delivering holistic support and advocacy role. • HWbCs supporting with motivation, goal setting, empowerment and self-supported management to encourage independence, choice and control. |

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| <p>Participatory approaches</p> | <p>Participatory approaches involve stakeholders, in particular patients and communities impacted by interventions and policy to actively co-design and implement interventions.</p> <p>It is driven by principles of dialogue, participation, cultural identity and empowerment.</p> <ul style="list-style-type: none"> • Dudley’s approach underpinned by significant investment in relationship management. <p>Co-production: working with and involving individuals, their family, friends and carers to make sure their care and support is the best it can be, recognising that service users have valuable knowledge and expertise. The coalition for collaborative care and its partners have developed a model for co-production to set out how to bring about a culture of co-production and how to do it.</p> <p>Co-creation: active involvement and increased control and ownership of service users in different phases of the co-production process.</p> <p>Read about findings and lessons from the Co-Creating Health Programme in South West London, St George’s Health NHS Trust and NHS Wandsworth and the positive impact made on people’s lives.</p> <p>Community development: at its core, community development is rooted in the belief that all people should have access to health, wellbeing, wealth, justice, opportunities and based on values of human rights, social justice, equality and respect for diversity. The principles underpinning its practice are self-determination, empowerment, collective action and collaborating to work and learn together.</p> <p>The Leadership Academy: Co-production and community development – a primer.</p> | <ul style="list-style-type: none"> • SPLWs using knowledge of working in communities, experience of community partnerships, trusting relationships with patients and advocating for marginalised cohorts through co-production and community development. • HWbCs- self supported management of long term conditions to increase confidence and control using co-creation. • CCs- coordinating multi-sectoral partners, proactive outreach, support with personal health budgets. |
| <p>Health creation</p> | <p>Building meaningful and constructive contact between people and within communities to increase confidence and control over their lives and the determinants of our health. 6 key features including: listening and responding, truth-telling, strength-focus, self-organising, reciprocity, power-shifting.</p> <p>Read more from the Health Creation Alliance.</p> | <p>SPLWs- role as community connectors, personalised conversations, holistic support. HWbCs- personalised conversations increasing choice, confidence and control. CCs- support with personalised health budgets.</p> |