

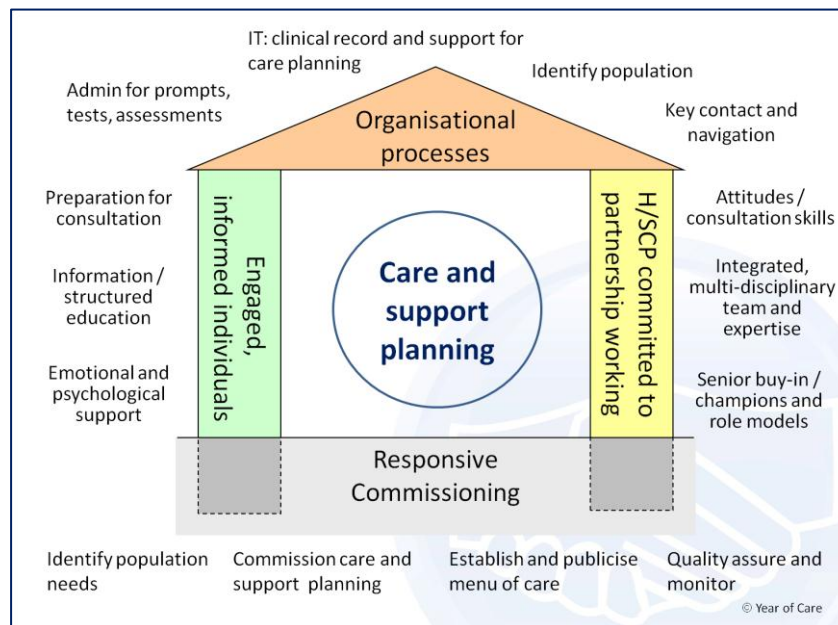
## Year of Care programme: House of Care

### Supporting the introduction of care and support planning



Describing the principles and components of care and support planning (CSP) is not enough for it to be enacted. It is a new way of working that depends on changes in attitudes, skills and practice / clinic / team organisation being introduced together.

The Year of Care (YOC) programme developed the House of Care (HOC) to show what needed to be in place to enable local teams to introduce CSP.



YOC pilot sites assigned all the issues they identified to four groups which became the walls, roof and foundations of the 'House of Care'. This emphasises that effective CSP consultations rely on these elements working together in the local healthcare system: an engaged, empowered person working with health care professionals (HCPs) committed to a partnership approach (the walls), supported by appropriate/robust organisational systems (the roof) and underpinned by responsive whole system commissioning.

#### The House of Care

- acts as a **check list** for what needs to be in place
- is a **metaphor** for the interdependence of each part, if one is weak or missing the structure is not fit for purpose
- provides a **flexible framework** to enable communities to get started and design the sort of house that suits their population

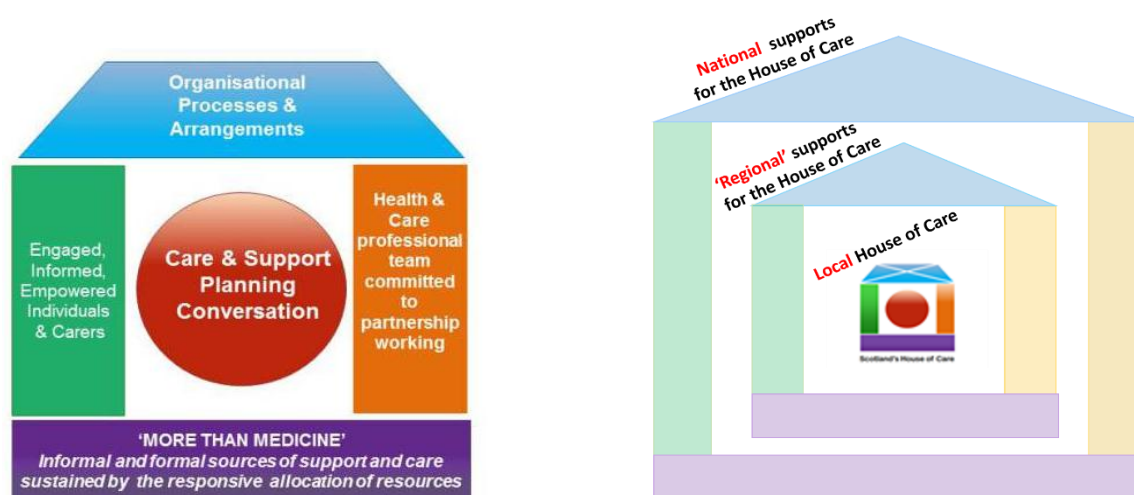
The YOC team have used the HOC to introduce CSP in a variety of settings including general practice, multidisciplinary community settings including personal health budget teams and specialist outpatients.

Further information: <http://www.yearofcare.co.uk> : [enquiries@yearofcare.co.uk](mailto:enquiries@yearofcare.co.uk)

## Whole system support for care and support planning

### The House of Care (HOC) in Scotland: Russian dolls

The HOC has been introduced in Scotland<sup>1</sup> to support the introduction of care and support planning (CSP) and ensure that this is linked with wider initiatives to support people living with long term conditions (LTCs) and address health inequalities and health literacy.



The foundation reflects the differing approach to resource allocation and planning in Scotland and emphasises the links that the CSP conversation can make with wider activities in a supportive community (*'more than medicine'*).

They have used the concept of Russian dolls<sup>2</sup> to emphasise that making CSP normal practice for everyone living with LTCs requires changes not only in the conversation itself but in the local / regional / national arrangements to support it. Activities at each level are important to support all the elements of the house (walls, floor and foundation), illustrating the interdependence of a whole system approach.

### Using the HOC as an organisational framework for steering / planning group

The HOC is increasingly being used as a local planning tool for steering groups working to support local practices / teams to introduce CSP as routine for people living with one of more LTCs. Structuring meeting and learning communities' agendas around the components of the house including the specific steps of CSP at the centre, means that all the elements are addressed, even though one or more may be the focus at any one time.

Building the HOC recognises that introducing such a complex intervention takes time and involves specific activities. Support is available from [enquiries@yearofcare.co.uk](mailto:enquiries@yearofcare.co.uk).

<sup>1</sup> <http://www.alliance-scotland.org.uk/what-we-do/our-work/primary-care/scotlands-house-of-care/>

<sup>2</sup> Graham Kramer: National Clinical Lead for Self-Management and Health Literacy Person Centred Team The Quality Unit, Planning & Quality Division, Health & Social Care Directorates, Scottish Government