Personalised Care and Support Planning Policy (Scotland)

Personalised care and Support planning (PCSP) and the principles that underpin it have become important components of Scottish health policy. In Scotland the Year of Care team worked with Scottish Government and the Health and Social Care ALLIANCE to introduce the Year of Care approach to PCSP under the framework of the "House of Care". The following policy documents reference PCSP and/or House of Care.

General Medical Services contract for GPs (2018)

The General Medical Services contract includes PCSP as a key enabler in supporting people with long term conditions to be in control of the management of their conditions.

Realistic Medicine. CMO Report 2014/2015: (published 2016)

Realistic Medicine highlighted a desire for people (as patients) and professionals to work together to combine their expertise with an emphasis on shared clinical decisions and personalised care approaches that focus on outcomes that matter to individuals. The House of Care was highlighted as a framework to help achieve this.

A Blueprint for Scottish General practice. RCGP Scotland (2015)

The document reads *"There is widespread agreement that PCSP led by teams of professionals working with patients and their carers in the community is effective in helping people to take more control over their health and to stay well. The current ongoing work on the House of Care model is an excellent example of this."*

'***Making it Easy': A Health Literacy Action Plan for Scotland. Scottish Government (2014)***

PCSP is an approach which address issues highlighted in Scotland's Health Literacy action plan. The preparation phase in particular gives time for people to engage with their family, carers and other significant people to help understand what is important to the person. The open and equal nature of the conversation allows exploration of people's understanding of their conditions, and supports them to access both health and community resources.

Many conditions, One life: Living well with Multiple Conditions. Joint Improvement Team (2014)

This document supports the House of Care approach and explains that the House of Care has a strong evidence base and is a simple visual model for the elements needed to position and sustain PCSP. Using the model helps patients, carers, professionals and managers work together and become more aware of the contribution people can make towards managing their own long terms conditions. It highlights the importance of linking people to 'community assets' and using care and support planning conversations as a means of doing this.

The Christie Commission on the Future Delivery of Public Services (2011)

This policy document called for a move towards embracing social rather than medical models of care; including the ambition of designing public services around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience

Healthcare Quality Strategy for NHS Scotland and Scottish Government 2020 vision (2011)

PCSP supports the delivery of goals within this policy document including:

- 'Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity and clear communication and shared decision making.'
- 'Healthcare system where we have integrated health and social care, with a focus on prevention, anticipation and supported self-management.'

'Gaun Yersel!' The Self-management Strategy for Long Term Conditions in Scotland (2008)

This policy document was written by people with long term conditions and pioneered this approach. It spurned the internationally recognised work around health literacy, the ***"Making it Easy" (2014) and "Making it Easier" (2018) National Health Literacy Action plans*** continue to share good practice guidance around this approach to care .