

A black and white photograph of two people in an office setting. On the left, a man with glasses is smiling and looking towards the right. On the right, a woman with braided hair is smiling broadly, looking towards the man. They appear to be in a collaborative work environment. A sign on the wall in the background reads 'We're run by disabled people. To disabled people.'

# Supporting and developing the workforce for personalised care

July 2020

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## Introduction

This guide is for people who are responsible for undertaking the required changes to embed personalised care in the health and social care sector. It may also be of interest to others with the values, passion and commitment to drive forward personalised care in their local environment.

### About personalised care

The '[NHS Long Term Plan](#)' states that personalised care will become 'business as usual' across the health and care system, and '[Universal Personalised Care: Implementing the Comprehensive Model](#)' sets out how this will be achieved. This change is necessary to improve the quality, appropriateness and efficiency of the care and support offered to people using the NHS – but, it can be challenging for the people working in it.

The introduction of personalised care means that the workforce needs to work differently and, therefore, supervision and support systems need to be redesigned to facilitate this and performance measures need to align with personalised care expectations.

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Personalised care is not just a change in approach for frontline staff. It has implications for the leadership of organisations and of systems, as well as people working in business support functions, such as finance, digital, human resources and communications, and people working in partner organisations that are part of the wider health and care system.



## About this guide

This guide highlights the key areas that you need to consider when introducing personalised care in your workforce, and gives practical tips and prompts to support the implementation of the required workforce changes to ensure that staff feel confident, skilled and supported to work in personalised ways.

It also makes suggestions about the role of workforce development in strategic aspects of introducing personalised care.

It draws on learning from current literature and online tools, the Leadership for Empowered Communities and Personalised Care programme, and the [national personalised care demonstrator sites](#), including workshops with sites in West Yorkshire and Harrogate, Hertfordshire and West Essex and Greater Manchester.

We've kept this guide short but have included links to further reading and online resources if you want to find out more.

You can use this guide alongside the '[Core skills education and training framework for person centered approaches](#)', which describes the behaviours, knowledge and skills needed to put a person-centred approach in practice. You can learn more about the NHS model of personalised care on the [NHS website](#) or by watching [this video](#).





## Making personalised care a reality: the role of workforce development

The introduction of personalised care requires significant workforce development and strong leadership aligned with the values underpinning personalised care. This guide outlines some of the key areas of workforce change needed to implement and sustain personalised care.

Personalised care requires joined up approaches where people work across boundaries, integrate resources from different places and share information appropriately, to ensure that people who use the NHS receive a seamless experience.

### What does this mean for organisations?

For **organisations**, this starts with creating a workplace culture that reflects a commitment to these changes, and working in partnership with other agencies to adopt a flexible, whole systems approach that works across traditional boundaries.

This might involve creating and nurturing new networks that include resources not traditionally associated with health care needs, such as with housing or leisure providers.

These partnerships could be drawn from the Voluntary Community and Social Enterprise (VCSE) and private sectors, as well as the statutory sector.





## What does this mean for individual practitioners?

For **individual practitioners**, this means taking a person-centred, collaborative approach with people who use the NHS and colleagues, developing new networks, and finding out about the different community resources that can be drawn on to support people.

Learning and development opportunities can support staff to change their approach to work in a personalised way.

Effective change is only sustainable when staff feel safe and valued in their workplace and are supported and enabled by systems, policies and processes that correspond with the required ways of working.





## What does this mean for managers?

For **managers**, leadership for personalised care needs to model the kind of equal relationships and asset-based approaches that embody good personalised care.

Personalised care can be seen as a response to a key challenge raised by people that were involved in the independent living movement - that individuals need to be involved in codesigning their care and support, alongside professionals, in order for it to be effective. This same principle applies to the challenge of how personalised care needs to be implemented in the workforce.

If personalised care is implemented well, the workforce should benefit from having their values better aligned with their work – they're supported to enable people to live better lives, with care and support that's personalised to who they are and what matters to them, as well as their medical and care needs. This can help staff to feel more motivated and valued in their role. This is the opportunity and challenge which personalised care offers us.



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## Guiding framework

This section highlights the key areas that you need to consider when implementing workforce change to support personalised care.

They've been developed using learning from the NHS personalised care demonstrator sites, current literature and other guidance materials that support transformative change in organisations. We've brought together the most significant aspects of this learning in the framework, to support you and your workforce to introduce personalised care.

We've grouped the learning points into six key areas to create an 'at-a-glance' guide. Click on the buttons below or at the top of this page to visit each section.

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## What does each section tell me?

For each area we outline why it's important, give you a list of questions to help you to review and reflect on what your organisation does now and identify what changes you could make, and give examples of some of the things that you could do.

In reality, there are many overlaps, and when working within any area, there'll be benefits to others.

## Note about the examples

When developing this guide, we got examples of good practice from different organisations across England.

It wasn't possible to include all of the examples in this guide or to make them fit neatly into each of the sections. Therefore, throughout the guide we've used illustrative examples from a fictitious organisation, 'Myshire STP', to showcase some of this learning.

We've also included quotes from interviews and workshops with managers to showcase some of the challenges and successes.





## Key points to remember when implementing workforce change

	Strategies and plans for introducing personalised care can only succeed if the needs of the workforce are integral to all decisions about how it'll be done. Workforce requirements must be a significant consideration from the outset.
	Never just impose change - you must take people with you.
	The importance of effective communication cannot be underestimated - keep everyone well informed about what's happening and why (using everyday language that everyone understands), listen to what they have to say, and act on it. Listening demonstrates that you value people's ideas and experiences, and their feedback ensures that practices can be constantly refined and improved.
	There should be no hierarchies in organisational change and learning. Everyone in the system has an important role to play, and everyone's experiences and ideas can make a valuable contribution to the introduction of personalised care.
	You cannot change one part of the system without there being implications for other parts - everyone needs to be involved and to have opportunities to share their experiences with others.
	People are all different - some people adapt to change more comfortably than others and people learn in different ways. Make sure that learning and development opportunities accommodate people's different needs.
	People need to see a genuine commitment to personalised care in the behaviour of their leaders and managers, and in the policies and processes that they're required to follow.
	Introducing personalised care is a process - it is not a 'one off'. It's a major change in organisational thinking that will take a significant amount of time to become fully embedded.
	Equal relationships and asset-based approaches, that embody good personalised care, should be modelled in everything that you do. Involving people with lived experience is central to co-designing successful approaches.



## Leadership

**Leadership for personalised care requires a relational and empowering approach to developing the right solutions that work for local people, communities and staff. Just as personalised care itself requires solutions to be grown through honest, transparent and asset-based interactions, so does its leadership.**

NHS leaders need to be able to work with people across boundaries at a neighbourhood level, with humility and a focus on building shared purpose.

Local programmes to build personalised care need to enable people to challenge the status quo, shift power and change the culture of organisations in a positive way.

Leadership should be both wide angled and macro in its focus, encompassing a whole system view and a place and community-focused emphasis.

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**“Although we think that we engage a lot of the time, we don’t engage in the way that we should. We need to make sure that our managers are engaging with our staff. We need to have meaningful conversations with staff, understanding what’s important to them so that you get true connection and rapport. Why would (staff) engage when they’re just told what to do?”**



## Leadership checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- How, and how well, do system leaders create an environment which values asset-based approaches in the way that everyone works and in the way that care and support is delivered?
- How do leaders promote co-productive ways of working as safe, fun and a powerful tool in how you build a personalised care system?
- How do leaders promote an 'us and us' culture rather than an 'us and them' culture, and continually reinforce this message?
- How do leaders explore different ways to build people's skills and confidence to work in co-productive ways, including making sure that people who need care and support feel valued for the input that they contribute?





## Leadership examples

Here are some of the ways that you can implement the required leadership changes to support personalised care.

- Run a ‘what would make a good life for you?’ exercise. By thinking about our own lives and experience we can relate to the difference that personalised care could make to people and their families.
  - Take an ‘Appreciative Inquiry’ approach to organisational change, which focuses on strengths rather than weaknesses. This could start by asking questions such as:
    - think of a time when you experienced really great, joined-up personalised care
    - what were the key ingredients
    - what does ‘good’ look like for our service and the people we support
    - what steps can we take to change what we do.
  - By focusing on the strong and not the wrong, and personalising our own feelings about care, we can build motivation to change.
  - Set a ‘community mapping’ challenge where local people gather information and discover existing local networks within a community. Use this information to build aspects of personalised care, such as social prescribing and support for self-management.
- Offer coaching and support from ‘peer’ leaders in a regional network that are all implementing personal budgets, and share and help each other to problem-solve.
  - Bring the whole community together in a series of conversations about what is great about the area and what more can be done to work together for the common good.

### Scenario

‘Myshire STP’ leaders are actively encouraging the workforce to innovate in how they support people in their community. They encourage staff to listen to the people they are working with and to ‘think outside of the box’. Staff feel confident that they will be supported by managers in taking considered risks where there is a potential benefit to a person that’s likely to outweigh any harm.

Leaders are working hard to establish a culture of trust where the approach is to learn rather than blame when things work out differently from what’s hoped for.



## Systems change

**Introducing personalised care is a whole system change involving people, processes, procedures and priorities. It involves creating partnerships with other organisations, as well as building new internal relationships. Implementing personalised care can only succeed by working across the whole system.**

Changing practice without changing and integrating the systems, policies and processes that enable those changes, will create conflict and difficulties, and could make staff feel unsupported, confused and disempowered.

Organisations must work together to achieve the whole system change needed for personalised care. If people understand each other well, and services and resources are integrated, this will improve the experience for people using the NHS.

### In this section:

[Systems change checklist](#)[Systems change examples](#)

**“[Staff] go off on training - they then go back into the system, routine takes over, - they think it was a good idea, but I’ve got forms to fill in how am I supposed to do anything different?”**

**“It [personalised care] needs to include all staff at every level [including] CEOs, senior managers, frontline staff and elected members.”**



## Systems change checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- How well do your organisations systems, policies and processes support personalised ways of working and where do you need to make changes? How do you identify and measure this?
- What changes will be needed for people working in business support functions, such as finance, HR, communications and IT, and how are you supporting these staff to understand personalised care and be involved in its development?
- Where and how will you prioritise personalised care development in your organisation or the wider system?
- Are there opportunities for people from different parts of the organisation, from different organisations, and people with lived experience to meet and find out about each other's experiences of personalised care, so that each person understands it from different points of view?
- Have you reviewed your pathways to identify where existing roles need developing, or where new roles are needed, to support personalised care?

**“What’s really good is that they [staff] are learning and gaining competence from each other. It’s bringing a much better understanding of...the pressures in different people’s worlds.”**



## Systems change examples

Here are some of the ways that you can implement the required system changes to support personalised care.

- Create learning and development opportunities for people from different parts of the organisation, and from other organisations, to come together and learn about, and from, each other.
- Facilitate problem-solving workshops so that people from different parts of the system can explore, together, how well systems, policies and processes support personalised care and identify changes.
- Set up a working group with staff who have workforce development responsibilities in other organisations to develop and align changes.
- Have practical follow up sessions to explore with staff how well systems, policies and processes are aligned with their recent learning and development and what changes are needed.

## Scenario

‘Myshire STP’ has developed wider leadership teams around a neighbourhood that are called **Social Delivery Footprints** (SDFs). This helps to shift the focus of their services to people who use them and the communities in which they live, rather than on the organisations that provide them. Staff from different organisations work closely together in each place to support people to live the lives they want to, and to support communities to help each other. There are a **wide range of partners** involved, including in primary care, acute trust, community link workers, mental health trust and local authority.

‘Myshire STP’ is also working to ensure that all neighbourhoods are **co-located** and have developed **local branding**, a **shared newsletter** and **shared training**.





## Culture change

**For some, personalised care is a new approach to working with people who use the NHS. As well as changing practice within the workforce, the culture of the whole organisation needs to shift to support and enable this way of working. People need to be supported to think differently, not just do things differently. This may take a little longer but will ensure sustainability.**

Organisational culture must change alongside practical changes, reflecting and reinforcing an organisation-wide commitment to personalised care.

Workplace cultures often change when there's a shift in organisational thinking. Once the change is established, it influences the behaviour of the workforce, who in turn, reinforce the cultural change.

If commitment to personalised care is mirrored in every aspect of the workplace, including through the behaviours and attitudes of senior staff, people will feel supported and enabled to work in this way.

Changing long established patterns of behaviour can be challenging – you're asking people to un-learn one approach and replace it with a new one. To make this change successful, you need to change people's ways of thinking, and not just doing.

### In this section:

[Culture change checklist](#)[Culture change examples](#)

If you help people to change their way of thinking around personalised care, rather than just showing people how 'to do' it, they're less likely to return to the comfort of their earlier approaches. This can take longer, and you might need to overcome resistance, but it'll support a longer term, sustainable cultural change so that you can be confident that personalised care is at the heart of how your organisation works.

**“Culture eats strategy for breakfast. You can have the slickest process but if your people are not in the right headspace...”**



## Culture change checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- Have you worked with people to identify a clear set of values that support personalised care, and do they align with the organisational vision?
  - Do supervision sessions allow time to ensure that people understand the values and can explore how to adopt the associated behaviours in all of their work?
  - Does everyone in your workforce have the opportunity to think about, and discuss, how the introduction of personalised care affects their role?
  - Do senior managers have the opportunity to think about, and discuss, how the introduction of personalised care affects the whole organisation?
  - Do you provide opportunities for people to refresh and/or develop their skills so that they're able to deliver personalised care? How do you support this?
  - Are there safe ways for people to express their concerns and worries about personalised care? How do you mitigate these concerns?
- Is your organisation delivering positive and consistent messages about the introduction of personalised care?
  - Do training and briefing sessions focus on the underlying values that support personalised care, as well as the 'how to'?
  - Are people with lived experience part of everything that you do, including giving workers the opportunity to hear their stories, so that people can see the value of personalised care from their perspective?
  - Are staff encouraged and supported to be innovative and try new things, with the knowledge that they'll be supported by managers?

**“The biggest issue is at the system level and changing the mindset of people at a very senior level. It's been important to spend time with senior leaders.”**



## Culture change examples

Here are some of the ways that you can implement the required culture changes to support personalised care.

- Ensure that the introduction of personalised care, and the learning, development and support needs of the workforce, form part of strategic discussions and planning.
  - Create a charter of behaviours that details the behaviours that align to your identified values and those that don't.
  - Remind people that cultural change can take longer to embed. This will help you to set realistic expectations and prevent people feeling a sense of failure if it doesn't happen quickly. Also, highlight and celebrate all of the achievements and milestones along the way.
  - Work with people with lived experience to ensure that their perspectives form part of any learning and development activities.
  - Review supervision systems to ensure that people are encouraged and supported to raise concerns in a safe and supportive environment.
  - Model the values of personalised care in all of your work, including when working with colleagues.
- Use a values-based approach to recruitment to ensure that you recruit people with values that align to your organisational values, and include this requirement in external provider contracts.

**“For us, it’s been two years and we’re only just seeing the difference and seeing people flourish. (For) most health professionals, some of it will resonate and some of it will seem alien. Trying to get the workforce to understand that we have been working in a health model of care and now we’re going to be looking at things differently, including where people might be able to help themselves. We’re only just hearing conversations now where those approaches are starting to be used.”**



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## Scenario

‘Myshire STP’ is working to ensure that **person-centred attitudes and behaviours** of the workforce are valued as much as technical skills and competencies. They are doing this through embedding the values and associated attitudes and behaviours as an essential part of everything they do. This includes their approach to leadership and management, recruitment, appraisals and performance reviews.

They talk about ‘Myshire STP’ as a place that **models the behaviour and culture** that they would like to see, and all staff are encouraged to ‘**be human**’ in everything they do.

Some of the ways that they’ve made this happen is by using **person-centred language** that everyone can understand such as ‘having different conversations’, ‘listening to people’ and asking ‘what matters to you?’.

They’ve set up a **person-centred skills platform** to help all staff to identify and share core and transferable behaviours, knowledge and skills.



## Involvement

**Personalised care is everyone’s responsibility, whatever their role or status. People need to be listened to, and have their experiences and insights acknowledged and valued, for any change to be successful. The more involved that people are, the more likely they are to be committed to implementing it. You could find enthusiastic workers in your workforce to act as innovators or champions, to help you to tap into the natural creative energy in your organisation.**

The greatest resource when introducing transformative workplace change is the workforce.

Personalised care can only become an integral aspect of your workplace culture if it’s adopted across the whole organisation. The best way to ensure this is to involve the whole workforce, including managers, front line staff, people in finance, digital and business support roles, in its development and implementation.

Engaging with people creates an environment where they feel empowered, listened to and valued. This makes people feel more confident and positive about working in new ways, which can help to ensure that changes are introduced in ways that work and are sustainable.

### In this section:

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Involvement requires meaningful, two-way communication and information sharing, which should be a constant theme throughout your organisation.

By actively looking for, and supporting, those individuals and teams in your organisation that are energised and enthused by personalised care, you can channel their energy and ideas into developing the best personalised care.

**“Articulate the drivers – the ‘why?’”**



## Involvement checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- Is there regular and effective communication between managers and the different sectors of the workforce?
  - What mechanisms are in place to enable the workforce to share their experiences, ideas and concerns with senior managers? Are they widely used and effective? Do senior managers act on feedback?
  - Do briefings talk about why things are being introduced as well as what is being introduced?
  - How do you ensure that people feel well informed and up-to-date with the introduction of personalised care? Are these mechanisms effective?
  - How do you work with team managers to ensure that they encourage people's feedback and ideas?
  - Who are the innovative teams and individuals in your organisation? How do you involve them in the change process?
  - Which senior managers are the biggest champions of personalised care? How do you mobilise them to influence others?
- Is the whole workforce, including people working in finance, digital and business support roles, engaged in the introduction of personalised care? How do you engage them and is it effective?
  - What learning and development about personalised care have you provided across the whole organisation (not just for front line staff), and has it been effective?

**“In considering workforce development we initially sought out our ‘super connectors’; those who regardless of their position or organisation, are able to influence others around them. Building relationships has been essential, without this we would not be where we are today. Knowing people is not enough however, nurturing these relationships is so important within a programme such as this. We have therefore invested time in meeting people, sharing the remit of the programme and getting to understand and acknowledge the valuable work that people are doing.”**



## Involvement examples

Here are some of the ways that you can encourage involvement to support personalised care.

- Ensure that there's a feedback loop so that managers understand what's happening in practice as personalised care is introduced.
- Organise regular electronic updates to share good practice and learning around personalised care across all teams.
- Keep in regular contact with teams to identify innovative practice and enthusiasts who want to be involved in practice development.
- Work with team managers to identify and support individuals who want to be involved in practice development.
- Run events for people across the whole system to come together and discuss concerns and ideas. Ensure that the outcomes are fed into strategic discussions about personalised care.
- Organise regular briefings that keep people up-to-date with developments, including the reasons for change, progress and impact on practice.
- Publicise and celebrate when change has had a positive impact on the experiences of people who use the NHS.

## Scenario

'Myshire STP' has developed **collaborative practice** in primary care, working with health champions from the local community to build community skills and wellbeing. This has involved a **range of staff across a number of disciplines** who have said that they now feel 're-invigorated, excited and re-connected'.

'Myshire STP' has also tried a **new approach to involvement**, working in **small teams or 'squads'** which empower staff to make change happen and progress quickly, challenging traditional ways of working.



## Learning

**Workplaces are rich learning environments. Ensuring that your workplace is a safe, supportive, encouraging and enabling place for people to learn, share and reflect, and that concerns and issues can be openly and constructively discussed, can help you to implement workforce change. Make sure that the different ways that people learn and adapt to change are reflected in the ways in which personalised care is introduced.**

Successful organisations are constantly learning and evolving.

One of the keys to their success is that they listen to, and act upon, the experiences of staff and people who use the NHS.

Innovation happens when people feel safe in taking managed risks and experimenting. Learning organisations are dynamic places where everyone has a recognised voice and can share their experiences and ideas. They are 'safe' places where people are encouraged and supported to share concerns and learn from experience, as well as places where positive experiences are celebrated.

Everyone has the ability to innovate and bring expertise from their own experience. Organisational learning that supports change is non-hierarchical; contributions from any part of the system have a value.

### In this section:

[Learning checklist](#)[Learning examples](#)

Learning can take place in different ways, including through practice experience and reflection, which can support individuals to continually learn and support the ongoing improvement of service delivery.

Those responsible for workforce development have a significant role in creating learning cultures that offer opportunities for people to learn in different ways, including from each other and their own practice.

**“It’s important that people feel they have the authority to work in new ways, for example, permission to spend time with people.”**





## Learning checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- What networks and opportunities does your organisation have that bring people together for shared learning, including:
  - across professional groups
  - across organisational boundaries
  - across the different technical parts of the system?
- How do you enable and support an open dialogue between managers and the workforce, in which:
  - success is celebrated
  - learning is shared and incorporated into the development of personalised care
  - individual contributions are recognised?
- What opportunities do you provide for people to explore what the shift to personalised care means for their practice?
- How are people encouraged to talk about their ideas as well as their concerns?
- How have you identified the learning needs of the workforce to support the introduction of personalised care, and what are they?
- How are you meeting these training needs, for example through individual continuing professional development (CPD) and team/organisational training plans?
- How do you ensure that people implement their learning and development in practice?
- What are the different learning styles of your workforce, and how do you provide learning and development in a range of ways to meet these needs?
- Do learning and development opportunities recognise the sensitivities involved in asking people to change the way that they work?
- How do you measure and evaluate learning and development, and the impact that it has/is having on personalised care?
- How, and how often, do you review training plans to ensure that they are meeting the intended outcomes?

**“It’s just got to be part of the culture of the organisation. The conversation is the oil in the machine that makes it work well. The organisation is only ever as good as the quality of the conversation.”**



## Learning examples

Here are some of the ways that you can build a learning environment to support personalised care.

- Facilitate multi-disciplinary/cross organisation learning sets where people can share knowledge and experiences in a safe environment. Create a process to log this learning and feed it into practice development.
  - Organise multi-disciplinary/cross organisation briefings about personalised care and your progress, including breakout sessions for people from different teams and/or organisations to meet.
  - Maintain ongoing dialogue with team managers to identify innovators and enthusiasts and involve them in the development of personalised care.
  - Do an audit of your workforce learning needs associated with the introduction of personalised care, and organise a range of opportunities to ensure that they're addressed.
  - Review the supervision process to ensure that everyone can reflect on their experiences of personalised care practice in supervisions.
- Use good and best practice from individuals and teams in learning materials and share with the wider workforce.
  - Organise senior management briefings that include feedback to senior managers, as well as from them.

**“If you haven’t got trust within the team, people don’t feel able to challenge and move forward...some of the teams are flying but it’s personality based...now (we are) pausing for a moment and looking at where we are still stuck.**

**Part of that will be conversation around values within teams and how did I get this role? There’s all these things until they can actually (say) “I feel confident”.**

**In order for people to feel safe and feel able to move forward in doing something different we’ve created a cultural framework to help support teams. The team then (produces) a list of “I” statements that they can all sign up to as an integrated team.”**



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## Scenario

'Myshire STP' has set up **integrated workforce development** events and forums and has **expanded training and sharing** across a number of organisations (including the voluntary and community sector). This includes a 'learning exchange' which provides cross sector learning and enables all staff to learn at their own pace.

'Myshire STP' has also set up opportunities for **staff to come together** around specific places, running workshops to identify barriers and support them to lead new ways of working.

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## Sustainability

**Personalised care is a new approach to working with people who use the NHS, and this change needs ongoing reinforcement to sustain it. Not everyone or every part of your organisation will respond to the changes at the same speed, or with the same enthusiasm - it'll take time and support to take everyone with you. It's important to monitor and review the introduction of personalised care over a significant period, and to ensure opportunities for ongoing reflection, refinement and improvement. Once introduced, personalised care approaches need to be included in all relevant staff development activities, including induction programmes.**

Change only becomes integrated into workplace culture and activity when it stops being seen as change and is regarded as 'normal' practice.

This is not always easy to achieve - people are being asked to adopt new approaches that may require different skills, and it requires changes to support systems and processes.

### In this section:

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Introducing personalised care needs to be managed with sensitivity – for some people, personalised care will already be part of their practice and they'll embrace the changes with enthusiasm, but for others, they might see personalised care as a challenge to their professional persona or feel deskilled or nervous about how they'll manage the change.

Reaching a point where everyone is happy working in this way takes time, sensitivity and careful planning. It requires workforce development and support that not only looks at what personalised care is, but also allows people to understand and work through the changes needed on an individual and team level.



## Sustainability checklist

Use these questions to review and reflect on what your organisation does now and identify what changes you could make.

- How do you know that people are experiencing a different more personalised approach from your workforce? What feedback, surveys or measures can you use to find out what's working well and where, and what's not working for people who use the NHS?
  - Are you identifying and evaluating how the introduction of personalised care, and the required changes, impact on staff? Does it impact on staff satisfaction at work, do people feel reassured that they're supported in these changes and what approaches can you use to measure this?
  - How are staff supported to review their current skills set, and identify the skills that they already have and the skills they need to develop, to support the introduction of personalised care?
  - How do supervision styles give staff the opportunity to express any concerns?
  - How is reflective practice understood and used throughout your organisation?
  - How are people's experiences captured and used to inform changes and find practical solutions to potential problems?
- What regular and ongoing communications do you send out across the organisation to inform people about the changes, why you're making them and how they might impact their role? How do you measure that they're effective?
  - How has personalised care (practice and values) been integrated into training and induction programmes?

**“We worked with localities in order of where the energy was in the first instance...different teams were in different places.”**

**“We talk a lot about multi-disciplinary working but I've been trying to get people to think more in terms of inter-disciplinary working. It's not that we're taking away people's professional expertise or boundaries, we're trying to get across that we're not lots of different people working together in our own little units, we're actually working in a much more connected way.”**



## Sustainability examples

Here are some of the ways that you can embed and sustain change to support personalised care.

- Use a peer-to-peer audit process for staff to discuss and review cases.
  - Introduce a self-assessment tool to help people to reflect on how personalised their approach is.
  - Collect information from teams about what training and support their members need, and ensure that you provide appropriate opportunities.
  - Collect examples of good practice from teams where personalised care is being successfully implemented, and work with them to identify the factors that have contributed to that success. Share this learning throughout the organisation.
  - Facilitate workshops to identify any barriers to change and work with people to overcome the barriers.
  - Organise workshops that focus on managing change, as well as personalised care, to support people through the process.
  - Work with managers to explore the ways that change might affect people and identify ways to manage this sensitively.
  - Review and revise training and induction programmes to ensure that they include personalised care.
- Incorporate personalised care values into job descriptions, person specifications and interviews.

**“The other colleagues within the MDT are saying it’s made a huge difference. I always came into every single interaction with a professional agenda, it’s about my agenda what must I achieve today. If you change you get there much quicker. One member of staff had a number of voicemails on her answering machine that she’s kept because she’s never had a number of voicemails like that where people are saying ‘thank you so much’.”**



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## Scenario

‘Myshire STP’ has set up **communities of practice** around personalised care which are ongoing networks for skills sharing, peer support and collaborative developments. They also have a number of **personalisation champions or connectors**, those who, regardless of the position or organisation, are able to influence others around them and model the behaviour that they want to see.

‘Myshire STP’ has also developed a **‘train the trainer’ approach** which enables new staff to receive training on personalised care when they join an organisation. Training can be set up at short notice, using the network of trainers that is already in place.



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## Further resources to help

### **Universal Personalised Care: Implementing the Comprehensive Model**

(NHS England, 2019)

This guide explains how the NHS will roll out personalised care by 2023/24.

Link: [www.england.nhs.uk/personalisedcare/upc/comprehensive-model/](http://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/)

### **Systems change**

#### **Major approaches and models of change management**

(Cleverism, 2015)

This article shares seven different models of change management.

Link: [www.cleverism.com/major-approaches-models-of-change-management](http://www.cleverism.com/major-approaches-models-of-change-management)

### **A Co-production Model: Five values and seven steps to make this happen in reality.**

This model sets out how to bring about a culture of co-production.

Link: [www.england.nhs.uk/participation/resources/co-production-resources/](http://www.england.nhs.uk/participation/resources/co-production-resources/)

### **Whole System Flow 2017/18 - Learning Report**

(Aqua, 2018)

This report explores the outcomes of three health and social projects that tested the 'Flow – Improving Systems Partnership' model.

Link: [www.aquanw.nhs.uk/resources/whole-system-flow-201718-learning-report/65717](http://www.aquanw.nhs.uk/resources/whole-system-flow-201718-learning-report/65717)

### **Workforce redesign theory and thinking**

(Skills for Care, 2014)

This short guide outlines the seven principles of workforce redesign and suggests models and approaches for implementation.

Link: [www.skillsforcare.org.uk/POWR](http://www.skillsforcare.org.uk/POWR)





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## Culture change

### **Person-centred care made simple: what everyone should know about person-centred care**

(The Health Foundation, 2014)

This guide provides an overview of the history of person-centred care, what it means, and some of models that have been developed to support it.

Link: [www.health.org.uk/publications/person-centred-care-made-simple](http://www.health.org.uk/publications/person-centred-care-made-simple)

### **The Iceberg Model explained**

(London Leadership Academy, 2015)

This leaflet uses the 'Iceberg Model' to explain human behaviour and can be helpful when thinking about introducing change.

Link: [www.londonleadershipacademy.nhs.uk/sites/default/files/uploaded/Introduction%20to%20the%20Iceberg%20model\\_FINAL\\_25%2003%202015.pdf](http://www.londonleadershipacademy.nhs.uk/sites/default/files/uploaded/Introduction%20to%20the%20Iceberg%20model_FINAL_25%2003%202015.pdf)

## Involvement

### **Co-production in mental health**

(Skills for Care and National Development Team for Inclusion (NDTi), 2018)

This guide shares the do's and don'ts of introducing co-production in mental health services (but shares learning that might be useful across other services).

Link: [www.skillsforcare.org.uk/coproductionMH](http://www.skillsforcare.org.uk/coproductionMH)

### **Ideas into action: person-centred care in practice**

(The Health Foundation, 2014)

This guide explains some of the things to consider when implementing shared decision making and self-management support.

Link: [www.health.org.uk/sites/default/files/IdeasIntoActionPersonCentredCareInPractice.pdf](http://www.health.org.uk/sites/default/files/IdeasIntoActionPersonCentredCareInPractice.pdf)

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## Learning

### Action learning sets

(RapidBi, 2017)

This article describes what action learning sets are and how to plan, deliver and participate in them.

Link: [rapidbi.com/action-learning-sets/#anactionlearningsetmeeting](https://rapidbi.com/action-learning-sets/#anactionlearningsetmeeting)

### Person-Centred Approaches Core Skills Education and Training Framework

(Skills for Care, Skills for Health and Health Education England)

This framework outlines the skills and competencies that staff need to support person-centred approaches in health and social care. It can help you to design and deliver training and/or education programmes.

Link: [www.skillsforcare.org.uk/PCAFramework](https://www.skillsforcare.org.uk/PCAFramework)





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