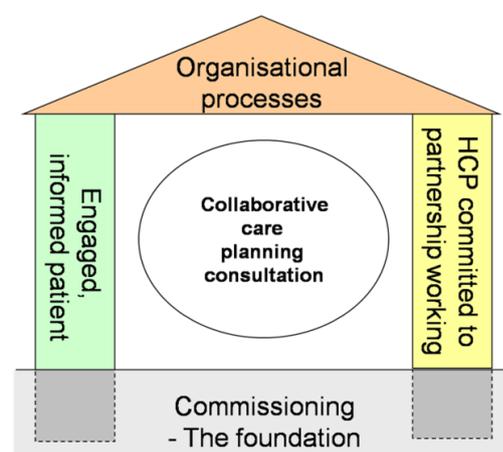


**Using the House of Care as the organising framework to introduce and embed care and support planning linked with supportive activities across a local population: a suggestion.**

Care and support planning (CSP) is a systematic process to ensure that people living with LTCs have ‘better conversations’ with healthcare professionals focussed on what matters to them. It links traditional clinical care with support for self management, brings together physical, mental and social health issues and leads to a single care and support plan however many conditions or issues the person may live with. It may also include signposting to activities within a supportive community (social prescribing, ‘more than medicine’) or coordinating health and social care (or generalist and specialist care) where relevant.

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” to four groups which became the walls, roof and foundations of the ‘House of Care’. This emphasises that effective CSP consultations rely on four 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.



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The HOC act is a check list of what needs to be in place, and is a metaphor for the interdependence of each part, if one is weak or missing the structure is not fit for purpose. It also 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 this approach to introduce CSP in a variety of settings including general practice, multidisciplinary community settings including personal health budget teams and specialist outpatients.

In our work with up to 30 local communities we have noted that there are components of the house that receive less attention than others. These include the left wall, systematic links with community activities and metrics. We hypothesise that if the HOC was used explicitly as the organising and planning framework for local implementation, with meeting agendas and work plans routinely assessed against it, not only would this lead to a service that is more responsive to individual and local population needs, but to more speedy introduction because of the framework the house provides. Although the phrase ‘House of Care’ is now in widespread use it has rarely been used in this systematic way and provides the basis for an innovative approach with wider implication across the NHS.