How to ensure care and support planning becomes part of everyday practice

Care and support planning (CSP) is a complex intervention. Successfully embedding it into everyday practice depends on 'work' by the delivery teams. Paying attention to **how it is introduced and embedded** is just as important as the nuts and bolts of CSP itself.

Year of Care Partnerships are using the theoretical principles and tools of Normalisation Process Theory[1] linked to their extensive practical experience and resources[2] to support steering groups and practices /teams to **assess progress, diagnose issues** and come up with **tailored solutions** throughout the whole implementation process.

Making sense of the work
'Coherence'

Does each individual and team have a common understanding of the purpose and value of CSP, how it differs from previous ways of working and what it will involve for them?

Really engaging in it
'Cognitive participation'

Is everyone committed to make CSP part of their own and the practice/ team's routine work and signed up to the changes in working practice this will involve?

Doing it and making it work in practice
'Collective action'

Are team members actively involved in CSP; learning what works, solving emerging problems, building confidence in the process and in team skills and effort?

Feedback and reflection
'Reflexive monitoring'

Are individuals and teams involved in systematic feedback and reflection? What is the impact of CSP on local people living with long term conditions and do individuals and teams agree it is worthwhile?

Examples from the Year of Care Programme →

[1] http://www.normalizationprocess.org/
[2] http://www.yearofcare.co.uk/

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Common implementation issues for care and support planning (CSP)

The core **Year of Care programme** addresses the philosophy, skills and infrastructure that underpin the systematic steps in CSP and provides the resources to get going. Whether the approach becomes embedded as everyday practice ('normalised') in any given community will also depend on the **actions and 'work' of local teams** and their response to the questions posed by the NPT (Normalisation Process Theory) framework (see previous page).

Making sense of it 'Coherence'

Common issues: Confusion over the distinction between care and support planning (the verb) and care and support plans … the piece of paper /template. Lack of clarity over core 'purpose' and its value. Confusion with wider policy initiatives such as 'integrated care', 'patient centred care'; or local incentive schemes e.g. 'closer to home'. Confusion over the relative importance of changing the conversation or changing the systems. Clinicians who feel *'we do this already'*.

Really engaging in it: 'Cognitive participation'

Common issues: Practices see CSP as another 'add on project' promoted by a team enthusiast or a local incentive scheme. Team members may be unclear about their own roles and roles of others and it may not be seen and led as 'core' practice work, which will need to be sustained actively. Steering groups see their role as commissioning training rather than the ongoing leadership and support for a programme of transformational change.

Doing it and making it work in practice: 'Collective action'

Common issues: Practices give insufficient time both to setting up new ways of working, and defining roles and to ongoing mentoring/support for staff. Practical issues arise, team members find they have skills gaps, handling new types of conversation needs support, local health literacy or organisational issues emerge and without an explicit commitment to 'making it work' with internal and external support it becomes hard to sustain to a high standard.

Feedback and reflection: 'Reflexive monitoring'

Common issues: The effort of getting CSP off the ground feels so great, and the positive feedback from patients so good, with staff feeling this is a 'better way to work' that the incentive to reflect in a systematic way and make further improvements is limited. Steering groups may impose metrics rather than supporting teams to reflect on *'how do I know I'm doing a good job?'*, *'how can I convince others?'*

YOCP Facilitation approaches:

The relative importance of each of these issues varies from community to community and practice to practice. YOCP has adapted the NPT tools to help **local steering groups** assess how well they are handling these issues and supporting local implementation. YOCP support for **practice facilitators** includes tools and resources for use with delivery teams themselves, sharing learning from other sites where effective solutions have been developed to common issues; and help with tailoring for local communities responding to **'local wisdom'** about 'what might work around here' while maintaining fidelity to core philosophy and principles of CSP.

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