Oxleas NHS Foundation Trust

Values-Based Practice & Person-Centred Care Planning

***Draft* Practice Guidelines (January 2014)**

[Text from blog post fits here…]

What are the challenges to greater person-centred practice?

We have a range of terms to describe the policy direction: recovery, personalisation, self-directed support, and reablement… which sometimes cause more confusion than clarity, but hold a common theme of putting the individual at the centre of their own care and support. However, there are a number of challenges to implementing these core values in practice:

- Communication – not always being aware of the different values involved in a situation
- Time… particularly to establish trusting working relationships
- System requirements… whereby the needs of administration and audit are the priority
- Resource limitations… requiring a culture shift in how we look at local communities
- Resistance from some service users to moving on… perceived as increased responsibility with less entitlement, but also requiring a culture shift in planning discharge from referral
- Focus on risk aversion… the fear of things going wrong hampering doing the right thing
- Conflicting priorities… finding a place for strengths thinking when working with problems

Is there a need to radically tackle the bureaucracy?

The simplest way of recording is to use existing system requirements but document real practice in the *first person narrative* as often as possible. However, this does nothing to address the previously mentioned challenges. Good practice is happening, but it is consistently viewed as being hampered by the priority given to complex bureaucratic arrangements to meet targets and/or system-based audit requirements.

RiO system requirements largely conspire against the practice and documenting of values-based practice. Lengthy forms are created for almost no purpose other than auditing information. Most people prefer to write and receive information in letter format (e.g. doctors letters to service users &/or G.P.'s), and audit information can just as easily be identified from scrutinising letters/notes.

For individualised care plans the RiO CPA Care Plan document serves a better purpose as a checklist rather than a form… the CPA/care plan should then be set out in letter format, with clear headings and sub-headings, the priorities of the service user firstly, then other priorities that may need to be negotiated with them.

Care planning should identify the problems being addressed, but use the language of 'strengths' in identifying the resources to address the problems (see p.4 for a *Working with Strengths* Checklist);

with clear statements of the shared responsibilities between service users, carers and practitioners for achieving identified goals.

What about the framework for delivering CPA?

The principles of CPA/Care Planning can be more adequately achieved, in a person-centred way, by introducing greater flexibility into the process. A one-size-fits-all pre-CPA followed by traditional CPA meeting often creates duplication of effort and frustration for most people involved. But genuine fears are held that greater flexibility could result in greater inconsistency and lack of ownership across all practitioners… so a framework for practice is needed.

Traditional CPA practice is acceptable, as the exception where genuinely requested by the service user. In the majority of instances, reviewing progress should be seen as a 'review period' (e.g. across a couple of weeks) rather than one-off meetings. See p.5 for 'Pointers to delivering person-centred practice.

How can we work with risk more constructively?

A risk averse and tick-box culture can be challenged through: greater clarity about our language regarding risk-taking, actively involving service users & carers more, and using a structured approach to produce reasoned decision-making. The following template is a guide:

- Defining our approach to Positive Risk-Taking (see p.6)
- Service user focused Safety Plan Checklist (see p.7)
- Risk Decision-Making Checklist (see p.8)