The Strategy Unit.

## Person-centred intelligence: Person-centred care

The Strategy Unit and Ipsos MORI





## About this guide

- This guide forms part of The Strategy Unit and Ipsos MORI's series about personcentred intelligence.
- This brief guide focuses specifically on the concept of 'person-centred care' in particular summarising at high level our findings within the published literature.
- There is an enormous range of potential content to draw upon in this field of study. We
  have therefore focused efforts on providing an introduction to the changing
  perspectives towards health and care in particular the move towards more holistic and
  person-centred approaches.



## What is health?

### How has person-centred care evolved?

### How has policy changed to reflect this?

The case for person-centred care

## What is health?

The most commonly cited definition of health was developed in 1946 by the World Health Organisation (WHO); defining health as:

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Philosophies of health have also been viewed according to three 'notions' (Rudnick, 2017):

Negative vs. positive	Common vs. ideal	Mechanistic vs. holistic
Negative notions of health present health as merely the absence of disorder, and positive notions of health as more than merely the absence of disorder.	Common notions of health present health as a statistically common state or set of states. Ideal notions of health present as an ideal or optimal state or set of states, and are closely related to the concept of well-being.	Mechanistic notions of health present health as determined by parts of systems, as is the case of injury causing ill-health. Holistic notions of health present health as determined by interactions of parts within systems and across systems.

The WHO definition can therefore be viewed most simply as a **positive** and **idealistic** notion of health. Criticisms of these notions include:

#### **Positive notion**

The correlation of health and happiness is subjective; "It is common to be miserable although healthy, and it is possible to be happy although gravely ill".

#### **Idealistic notion**

The use of the word '*complete*' in relation to wellbeing is unobtainable for many, particularly with the emergence of chronic diseases in aging populations of developed countries.

# Moving towards a holistic notion of health: the evolution of person centred care

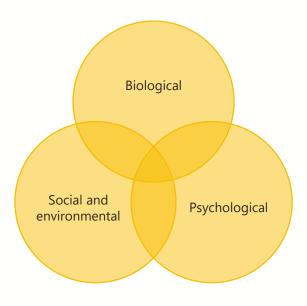
The positive and idealistic notion of health defined by the WHO definition has also been criticised for being static.

#### A refined definition of health from the WHO expresses health as a more dynamic concept:

"A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities".

- This inclusion of a dynamic component within the definition *moves* towards a holistic notion of health, whereby health is viewed primarily as an interaction of processes.
- It moves away from a purely medical model of care and instead towards a biopsychosocial model of care that recognises social, psychological and environmental influences on health, as well as biological factors.
- Biopsychosocial approaches to care *emphasise wellness; promoting resilience and the ability to adapt to challenges.*
- *Person centred care overlaps with the biopsychosocial model of care.* The holistic biopsychosocial model of health considers the whole person.





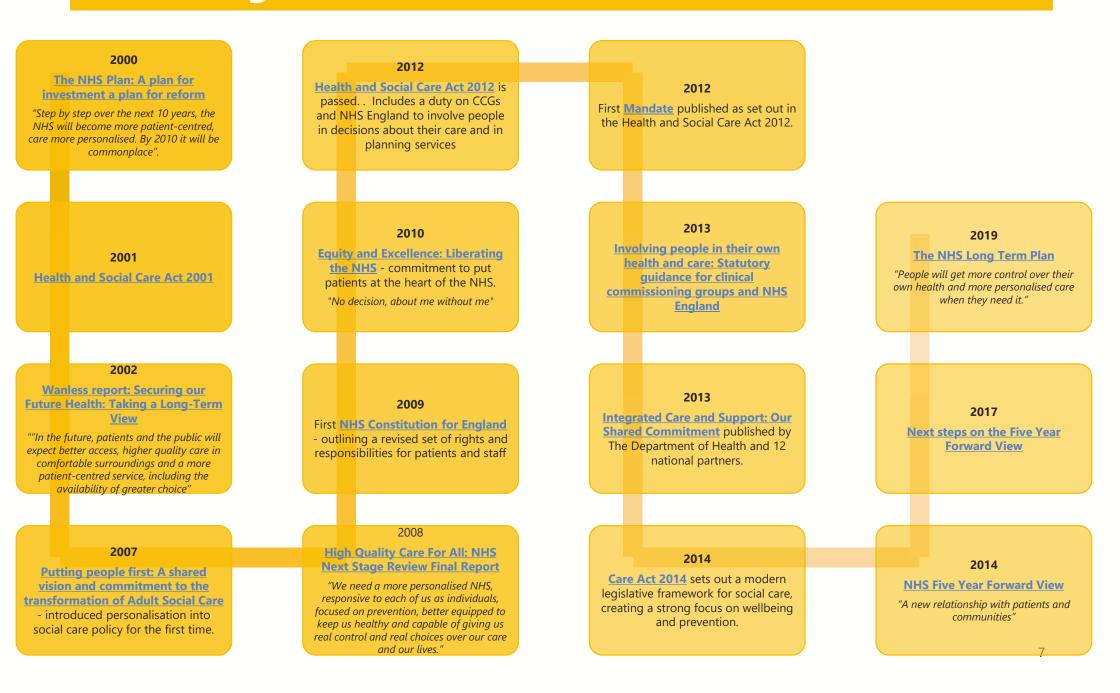
Person-centred care is generally understood to mean an approach which is holistic, meets the person's needs and priorities before those of the system or its professionals, engages people in their care as fully as possible, and attempts to support people to take decisions and to be as much in control as possible." (National Voices, 2017)

## **Person-centred care: policy drive**

- The increasing promotion of models of person-centred and collaborative care has largely been in response to the rise in people living with complex, long-term conditions and multimorbidity.
- Many countries promote person-centred care through formal policy and guidance such as the UK, USA, Australia, Canada, Denmark, and the Netherlands. In the UK, the NHS has placed a strong emphasis on improving health care quality through the delivery of person-centred care since the start of the 21st century (see the following slide)
- The recent <u>NHS Long Term Plan</u> calls for a fundamental shift in how we work alongside patients and individuals to deliver more person-centred care. Three key 'people' groups are referenced in the plan:

	<b>Patients</b> Training staff to be able to have conversations that help people make the decisions that are right for them, increasing support for people to manage their own health and rolling out the NHS Personalised Care model.
††Ŀ.	<b>Carers</b> Recognising and supporting carers is an ambition of the Long Term Plan.
	<b>Staff</b> Improving the experiences, opportunities, and retention of current NHS professionals.

# A timeline of health policy promoting person centred care in England



## The case for person-centred care

- Person-centred care is now central to the mission of healthcare systems throughout the world.
- There are more people are living with complex conditions which requires a more collaborative person-centred approach to care. A healthcare system fit for the future should move away from a paternalistic model where professionals 'do things to' people and instead promote self management, not dependency.
- At present, care is often fragmented and designed and delivered in ways that 'suit the system' rather than respond to individuals' needs and preferences.

"Where once the primary purpose of the health and care system was to provide episodic treatment for acute illness, it now needs to deliver joined-up and proactive support for growing numbers of older people and people living with long-term conditions and complex needs." (Charles et al., 2018)

"As a society, our health needs and expectations are changing". (RCGP, 2014)

"Providing person-centred care is probably the core tenet of general practice" (Baird et al., 2018)

- In a modern society, people's expectations of healthcare are evolving. Most people want to be informed and expect to be involved in decisions about their health.
- By delivering more person-centred care it is expected that highvalue health care can be achieved, as described by the 'quadruple aim' - simultaneously improving population health, patient experience of care, staff experience of care, and reducing per capita cost.
- There is increasing interest in value-based health care that commissions care based on outcomes rather than activity. This has driven the need for measuring outcomes that are important to patients.