Person Centred Health Action Plans: what are we learning?

Introduction

This paper will introduce one page Health Action Plans, a way of supporting people to achieve and maintain good health that places person centred thinking at the centre of the process. It will examine what Government policy said about Health Action Planning and will look at what has been tried since 2001. The learning that has taken place will be considered and the components of a one page Health Action Plan will be discussed. The best people to do Health Action Planning with individuals will be suggested and the advantages and disadvantages of this kind of method will be examined.

What does Government policy say?

The *Valuing People* white paper (Department of Health 2001) included aims to improve the health of people with learning disabilities. It was recognised that if its vision of rights, choice, independence and inclusion for people were going to be realised, then the right services and supports were required in order to meet people's health needs. For if people do not have good health then they will have difficulties exercising full rights and choices, and being more independent and included. The initiatives laid out by *Valuing People* for meeting people's health and wellbeing needs included each person having a named health facilitator by 2003 and their own 'Health Action Plan' by 2005.

Guidance was provided by the Government to tell people about Health Action Plans and health facilitation. *Action for Health* stated that a Health Action Plan 'details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these' (Department of Health 2002). The Guidance was not particularly prescriptive, in order to reflect the fact that each person is an

individual and that plans will vary from person to person - this presented some difficulties in implementing Health Action Planning particularly for professionals.

One of the aims of *Valuing People* was to address health inequality by ensuring that people with learning disabilities were able to access healthcare that they were entitled to and thus have their health needs met. GP surgeries previously did not hold information on which patients within their locality had a learning disability but the review of *Valuing People* carried out five years after its implementation was optimistic that more surgeries were actively seeking this information (Department of Health 2005). By surgeries being aware of which patients have additional needs (be they around physical access; likelihood to see their GP if they had a problem; sensory impairment; communication requirements and so on) they are in a better position to meet these needs – whilst also promoting good health and wellbeing and preventing more serious conditions developing. The review of *Valuing People* was also optimistic that the Government was promising to consider introducing health checks for people with learning disabilities, which is being gradually being seen around the country. However the review does not say much about Health Action Planning specifically, except that health inequalities are starting to be addressed where Health Action Planning is linked in with person centred planning, rather than being a separate process.

Valuing People Now (Department of Health 2008) identifies better health as one of its proposed priorities – it notes that the targets and objectives from *Valuing People* were not achieved and states that updated good practice guidance will be issued, which will include an emphasis on engaging professionals from primary care in the Health Action Planning process.

What has been tried?

The lack of format provided by the *Action for Health* guidance in 2002 meant that many areas have struggled to produce Health Action Plans that reflect need whilst being person centred at the same time. There are examples of Health Action Plans from around the country, but many of these, whilst identifying health needs, do little to present the information in a way that makes sense to the person who has a learning disability. There has been a tendency for Health Action Plans to be devised from health assessments made up of lengthy checklists. These have not always been presented in the most accessible way for people resulting in them feeling a lack of ownership over the assessment, and it subsequently being filed away with little attention paid to the action plan part of the assessment. Many are complicated documents with different parts requiring completion by different professionals. Staff need specific training and/or lengthy guidance notes on how to complete such plans - these are not conducive to them being filled in or kept up-to-date.

Allowing practice to be guided by evidence is a concept that has been gathering momentum over the last few years within health and social care. However there is little published material that looks at whether the health of people who have Health Action Plans has improved since they were introduced. Perhaps this is because the subject matter does not lend itself to the sort of scientific study that might be required in order to look at outcome measurements? Asking people about their experiences with their health or about accessing health services presents one with a more anecdotal or qualitative type of study but there is not a great deal of this sort of evidence to refer to either. The *Action for Health* guidance acknowledged that it would be difficult to assess the success of Health Action Plans because of there are no established health outcome measures relating to the health of people with learning disabilities.

What have we learned?

It is suggested that one integrated Health Action Plan and person centred plan is the best way to gather the right information from the right people and is more likely to ensure actions are followed up (Department of health 2001; 2002; 2005). Current observations suggest that there are many people who do have Health Action Plans; there are many people who have a person centred plan and some of these plans address health issues as a natural part of the planning process, but this has often not been part of a deliberate and structured attempt to integrate the two approaches (Thompson and Cobb 2008). Thompson and Cobb (2008) go on to identify some of the possible reasons why integrating Health Action Plans and person centred plans might prove a challenge for carers and professionals including issues around resources, timing and ownership. Some person centred planning tools, such as Essential Lifestyle Plans and Personal Future Plans already contain questions that relate to health needs so would naturally lend themselves to Health Action Planning, but for others, such as the PATH tool such needs might not come up, so may need addressing separately.

While it is acknowledged that there are many tools available to help people manage their health that attempt to put people at the centre of the intervention it is unusual that these approaches use the skills and tools inherent within person centred planning to ensure that we are being truly person centred in how we then develop Health Action Plans. There are many examples of health assessments, health passports and health records which are full of checklists – these are often not very accessible to people and they have no sense of ownership over them, do not understand what is in them and are not conducive to helping those who support the person to build a truly person centred Health Action Plan. A sense of ownership is crucial and

a health document full of tick boxes and jargon that is developed and stored by staff and professionals is not encouraging choice or independence, or supporting the notion of empowerment for people.

Using person centred approaches in addressing health needs will help us develop a better picture of what sort of assistance a person needs to best support them in being healthy. The basis of a Health Action Plan could grow from asking questions around specific health areas (for instance continence or healthy eating) such as *what support does the person need? From the persons perspective what does good support look like? From the persons perspective what does bad support look like? What does this mean we/the person need to do?* (These are questions that Essential Lifestyle Planning prompts us to ask). For people who are less confident in utilising person centred planning processes to identify health need, using person centred thinking skills are an ideal way of gaining a basic understanding of what needs a person might have. There are a number of person centred thinking tools (important to and important for; the doughnut; working/not working; 4 plus 1 questions; communication charts; learning logs; decision making agreement) and though it is not possible to cover all of these within this paper they can usefully contribute to meeting a persons health needs and the development of a Health Action Plan (more information about the different person centred thinking skills can be found at www.helensandersonassociates.co.uk)

A one page Health Action Plan

An effective way to identify a persons health needs leading to a full and person centred action plan is to complete a one page profile with a person. One page profiles can be developed generally with a person, or around a specific area, such their health. They provide the person and others with an at-a-glance snapshot of the most pertinent aspects of the person’s life – or in this case, information about their health.

The health facilitator can support an individual to put together a one page profile on health in two ways. Either by gathering and recording the information with the person bit by bit, in stages; or, by collecting the information when the person and those who know them well are gathered together, perhaps for a meeting or a review. A one page profile about health depicts what we like and admire about the person; what is important *to* the person about their health; and what is important *for* the person, in this case what do they need to do to be healthy and well, and perhaps what support do they need to do this? It may seem strange to ask what we like and admire about someone when we are looking at their health but this means that we are starting from a positive perspective, introducing others to the sort of person an individual is and what great attributes they have. If someone has a lot of health needs this can sometimes take over everything else, so it's good to take a step back occasionally and look at the person more holistically, at the bigger picture that is their life. Of course, listing all the aspects of a persons health that are important *to* them, as well as what support they need may mean the profile extends to two pages – this is not a problem as it is important to include all relevant information. An example of Gills health profile can be seen in the appendix.

Once the one page profile has been completed, the health facilitator can help the person (and those who know them well and care about them, if the individual wishes them to be involved) look at what is working and what is not working right now about their health. This helps the person and their assistants identify what areas need attention and where extra support might be required and this is where the action planning comes in – the Health Action Plan. The Health Action Plan would note what needs to be done, who is the person who will help do it, and when it will be done by. The one page profile can then be carried round by the person (if they wish) to all the places they

might go to so that it can be shared with those who need to know the information that it contains so that they can support the person effectively. The one page health profile and subsequent Health Action Plan should be reviewed regularly with the person, either formally such as within the context of a review or informally such as sitting down and discussing how things are going with the person, or looking at it together when the individual visits the GP or practice nurse. An extended version of Gills one page health profile leading to what is working/not working leading to a Health Action Plan can also be seen in the appendix.

Who should be supporting people with their Health Action Plans?

Valuing People talks about 'health facilitators' being the people who will assist in Health Action Plans being completed which could be a misleading title. Initially it was learning disability nurses largely from community teams around the country who took on this role as they seemed to be the people with the right knowledge. However over the last few years many more people are getting involved in Health Action Planning, such as practice nurses, GP's, paid support staff, and importantly family members. Family members are ideal people to lead the process of putting together a person's Health Action Plan, especially if the individual lives at home – family members will have an invaluable and intricate knowledge of the persons health history and health needs. The Health Action Plan could always be passed to a health professional to check and review the quality of its content if this would be deemed helpful – liaising with health professionals would also be beneficial to ensure that nothing has been omitted or to get support and guidance for any identified health concerns.

Advantages and disadvantages of such an approach

It is acknowledged that there are disadvantages to this approach – health professionals may consider it to not contain enough detailed

information. But if a person does have complex health needs of a kind which require more documentation, the one page profile can mention the health need and signpost people to look at the additional documentation. Such documentation can still be person centred in its recording – as previously mentioned detailing what good support looks like and what bad support looks like is an excellent way to record a persons health needs. There are not places for signatures, so others might have concerns about who is accountable for ensuring that the health needs are met – but supporting individuals to achieve and maintain good health is the responsibility of everybody who is involved in the person's life. The list of what is important to the person and what support they need to keep them healthy and safe may extend to two pages – this is not a problem, it simply becomes a 'health profile' rather than a 'one page health profile'.

There are many advantages of this kind of approach- it completely places the person at the centre of the process before, during and after the one page profile and Health Action Plan have been drawn up. Lengthy health assessments might still be deemed necessary but this 3 stage process (one page profile – what is working/not working – Health Action Plan) swiftly identifies the areas that need attention in a way that enables the individual to feel ownership over the process. It also helps us to remember that good health is not just about the absence of illness by encouraging us to look at the person holistically. The process is more visual for those who are unable to read and can be made accessible by making DVD or audio versions, or by using more pictures or photos throughout. If our aim is for people to be more independent, and to participate more fully in the community around them and in life in general then we need to work in partnership *with* individuals in order to enable them to understand and take ownership of their health needs. Health needs and Health Action Plans are best addressed as part of a larger plan, but if a person does not

have a person centred plan already, then the one page profile approach to Health Action Planning is a great starting place from which to develop a bigger plan that addresses other areas of the person's life. More research into how people's health has improved, including good examples of where and how person centred Health Action Planning has made a difference would also assist and guide the many carers and professionals who are seeking the dual outcomes of supporting people to improve their health whilst empowering them at the same time.

References

Department of Health (2001) *Valuing People: A new strategy for learning disability for the 21st Century.* The Stationary Office, London.

Department of Health (2002) *Action for health: Health Action Plans and health facilitation, good practice on implementation for Learning Disability Partnership Boards*. The Stationary Office, London.

Department of Health (2005) *The Story so far… Valuing People: A new strategy for learning disability for the 21st Century.* The Stationary Office, London

Department of Health (2008) *Valuing People Now: From progress to transformation.* The Stationary Office, London.

Thompson J. and Cobb J. (2008) Person centred approaches to meeting the health needs of people who have a learning disability **in** Thompson j., Kilbane J. and Sanderson H. (eds) (2008) Person centred practice for professionals. Open University Press, Berkshire.

Author: Sarah Portingale- June 2008