

Guide to delivering personalised care for system leaders

A resource for leaders overseeing personalised care, offering practical tools for evaluation, challenge, and assurance.

Personalised Care means putting people at the centre of their care, so they have choice and control over the way their care is planned and delivered, based on 'what matters' to people. Delivering personalised care involves supporting choice, shared decision making, and self-management, providing social prescribing, enabling the use of personalised care and support plans and the effective use of personal health budgets.

[NHS England » Universal Personalised Care: Implementing the Comprehensive Model](#)

Leadership for personalised care requires a paradigm shift from seeing public services as simply 'providing' a solution, to focusing on what matters to people and families, in the context of their whole lives and communities. It is based on co-production, collaboration, and cross-boundary multi-disciplinary approaches. It means creating the conditions to support choice, shared decision making, support for self-management, social prescribing and enabling personalised care and support planning.

Leadership Qualities Needed for Personalised Care to Thrive

- Personal commitment and connection to personalised care.
- Genuine commitment to co-production and partnership working.
- Starts with place in mind with a consistent and clear vision of common goals and shared direction.
- Makes gateways and breaks down divides to enable system outcome beyond own service.
- Has clear structure and steps for delivery, recognises how to work with shared accountability for the benefit of the population.

There are areas where further information is embedded in the document, hover when you see *(i)* within the document.

Guide to delivering personalised care for system leaders - Practical tools for evaluation, challenge, and assurance.

Aim	Primary Driver	Benefits	Examples of check and challenge
Enabling choice Putting people at the centre of their care, so they have choice and control over the way their care is planned and delivered, will reduce inefficiencies.	Commitment to enable choice and partnership working.	When people can choose how and where they get care, they often find quicker and more suitable options. This means fewer unnecessary trips to A&E, shorter waiting lists for services and reduced DNA's.	How do we interrogate data to understand our population needs?
			How do we understand the community groups we don't reach and the barriers that exist to accessing our services?
			What do we need to do to make the service more accessible?
			How do we offer flexibility in our service?
			How do we bring our service closer to the population we serve?
Supporting shared decision making (SDM) (i) SDM means people are supported to: <ul style="list-style-type: none"> • understand the care, treatment and support options available and the risks, benefits and consequences. • decide about a preferred course of action, based on evidence and personal preferences. 	Shared decision making is embedded across organisations.	People who feel prepared and informed, are more likely to follow the treatment decision they have decided on and have improved outcomes particularly in disadvantaged groups. SDM guide	How do we ensure staff have the skills to support shared decision making?
			How do we ensure our staff work in a health literate way?
			How is shared decision making supported within service delivery? Are decision support tools (DST) used? NHS England » Decision support tools BRAN Ask 3 Questions
			How is shared decision making documented within service delivery?
			How do we ensure staff have access to resources to support shared decision making?

Aim	Primary Driver	Benefits	Examples of check and challenge
Services support self-management whenever appropriate (i)	Self-management is embedded across organisations.	Evidence shows that supporting patients to manage their health conditions can reduce emergency admissions. When people feel prepared and informed, they are more likely to have improved outcomes. Self-Management Guide (Kingsfund)	How do we ensure staff have the skills to support shared decision making and work in a health literate way?
			How do we ensure staff have access to resources to support self-management?
			How is supported self-management embedded into service delivery.
			How do we use digital resources appropriately to support self-management?
			How is supported self-management documented and reported on?
Support social prescribing and social connection (i)	Social prescribing is accessible across all geographical areas.	Evidence shows that social prescribing can reduce loneliness, improve mental health and wellbeing, and social connection. Connection with social prescribers also show a reduction in the number of primary care interactions needed.	How do people access social prescribing?
			Is social prescribing offered equally across geographical areas?
			What data do we collect around social prescribing?
			How do we interrogate data to demonstrate the impact social prescribing brings?
Personalised Care and Support Planning (i)	The use of personalised care and support plans are embedded across organisations.	Evidence shows supporting patients to manage their health conditions can reduce emergency admissions. Reducing Preventable Admissions	When people feel prepared and informed, they are more likely to follow the treatment decision they have decided on and have improved outcomes. What data do we collect around personalised care and support plans?