



MODULE SPECIFICATION

KEY FACTS

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| Module name | Integrated and Person-Centred Health and Social Care |
| Module code | HRM007 |
| School | Health Sciences |
| Department or equivalent | Division of Health Services Research and Management |
| UK credits | 30 |
| ECTS | 15 |
| Level | 7 |

MODULE SUMMARY

Module outline and aims

The health and social care landscape is undergoing significant and rapid change. Advances in health technologies, rising costs of care, increasing consumer demand, ageing populations, the increasing prevalence of long-term conditions and other pressures present significant and growing challenges. As a result, health and social care services are often fragmented and hard to access, and are failing to keep pace with people's changing health and social care needs (Ham, 2012). It is increasingly clear that minor or incremental changes to existing models of care are not sufficient to address these challenges, and that much bolder approaches are needed.

Integrated care aims to improve quality and efficiency by providing more joined-up, coordinated health and social care services. It also involves working in partnership with other sectors, such as housing, education and the criminal justice system. At the heart of integrated care is person-centred (or personalised) care, the principle that care should be planned and organised around the needs and preferences of individuals, carers and communities, so that people have choice and control over the way their care is planned and delivered. It should engage service users and carers as equal partners, and put into practice the principle of 'no decision about me without me'.

Integrated and person-centred care have been shown to improve health and other outcomes for service users, and to reduce fragmentation and inefficiencies in service delivery. It is also seen as a key mechanism for addressing staff shortages, financial pressures and the growing demand for services. As a result, it is now a top priority among policymakers in many countries, including England (NHS Long Term Plan, 2019). Key themes include shared decision making and giving people more control over their own health and care; more effective collaboration between primary care, community services, local councils and other partners; and ensuring people can access services such as transport, leisure, education and housing.

Such an ambitious policy agenda clearly has significant implications for health and social care organisations, and for those professionals directly involved in delivering care. There are many excellent examples of integrated services delivering significant

improvements in care. However, progress has been slow and uneven, and much work is still needed to embed the culture and practice of integrated care across the health and social care system. Creating and sustaining genuine change requires organisations and professionals to work differently, however they vary widely in their preparedness for change, and in the skills, resources and leadership capacity available to them.

This module aims to:

- Help you understand the challenges facing health and social care services, the need for more integrated and personalised approaches to care delivery, and recent policy responses and new models of care;
- Provide you with a comprehensive grounding in the key concepts, theories and models of integration and personalisation as applied to health and social care, and the values and evidence that underpin them;
- Develop your theoretical and practical understanding of how integrated and personalised services are planned, implemented and commissioned, using real-world examples and case studies to illustrate areas of success in integration, as well as its challenges and limitations.

Content outline

Topics covered in the module are likely to include:

- Challenges facing health and social care services (in the UK and internationally), and the need for greater integration and personalisation
- Policy drivers and recent policy responses, including new models of care
- Key concepts, including types and levels of integration (across primary and secondary care, health and social care, physical and mental health)
- Models and theories of integration and personalisation, key innovations in service delivery and the values that underpin them, including critical perspectives on integration
- The adequacy of the evidence base for integration and personalisation
- Strategic partnerships and partnership working (inter-professional, inter-agency and inter-sector)
- Needs assessment
- The role of management, leadership and governance
- The principles and practice of user, carer and public engagement and involvement
- Cultural competence and its role in meeting diverse service user needs, reducing health inequalities and ensuring culturally appropriate services
- The use of technology (such as Personal Health Records) and related processes to support integration and personalisation
- Paying for and commissioning integrated care (including direct payments, personal budgets, and commissioning models)
- Barriers to and limitations of integration and personalisation

WHAT WILL I BE EXPECTED TO ACHIEVE?

On successful completion of this module, you will be expected to be able to:

Knowledge and understanding:

- Explore key contextual factors, contemporary issues and challenges, and policy drivers relating to integration and personalisation within health and social care
- Explain the core principles, values and concepts of integration and personalisation
- Synthesise and apply a range of theories and models of integration and personalisation, and of innovative approaches to care
- Evaluate critically and apply the main approaches to partnership working, needs assessment and service user and public involvement, and of theories and evidence underpinning these.

Skills:

- Demonstrate originality in applying systematic knowledge of key concepts, frameworks and models of integration and personalisation that are at the forefront of current thinking and research
- Use theory and evidence to critically analyse selected examples and case studies and apply your analysis to other health and social care contexts
- Conduct electronic and library searches and critically appraise relevant evidence and data from a range of sources
- Demonstrate effective presentation, communication (oral and written) and team working skills through participation in workshops, seminars and group activities.

Values and attitudes:

- Demonstrate application of the importance of person-centred and culturally appropriate care for service users, carers and communities, and of working in partnership with them to meet their needs and preferences
- Recognise your own social and political values, attitudes and assumptions and how these may affect your learning and practice
- Show respect and tolerance for other course participants and their views, and be sensitive to and respect the diversity of individuals and communities
- Correctly reference the work of others and adhere to University and School regulations regarding good academic practice.

HOW WILL I LEARN?

Teaching and learning will take place via a mix of lectures, which include interactive group activities and discussions, and seminars, which give you the opportunity to apply the material covered in the lectures to real-world case studies and examples of integration and personalisation, with both teacher- and peer-led input. The seminars are also designed to develop your critical thinking, analysis, communication and team working skills.

Module lecturers will be academic staff from the School of Health Sciences and there

will be a range of external visiting lecturers and guest speakers, including practitioners and service users, bringing a variety of perspectives.

Taught sessions are supplemented by guided and self-directed study which enable you to gain a deeper understanding of the material covered in the module, to pursue topics which are of particular interest to you in greater depth, to apply your learning from the module to your professional role and context, and to reflect on your learning and its application to your own personal and professional development needs.

Teaching and learning are facilitated by *Moodle*, the University's online Virtual Learning Environment.

Teaching pattern:

| Teaching component | Teaching type | Contact hours (scheduled) | Self-directed study hours (independent) | Placement hours | Total student learning hours |
|--------------------|---------------|---------------------------|---|-----------------|------------------------------|
| Lectures | Lecture | 30 | 230 | 0 | 260 |
| Seminars | Seminar | 10 | 30 | 0 | 40 |
| Totals: | | 40 | 260 | 0 | 300 |

WHAT TYPES OF ASSESSMENT AND FEEDBACK CAN I EXPECT?

Assessments

You will be assessed through:

- A 5,000-word *case study report* that identifies, critically analyses and evaluates a specific, real-world integrated/personalised care initiative, chosen by you, applying concepts, frameworks and theories covered in the module (80%).
- A 20-minute *group presentation* in which you will work with peers to identify and analyse a particular model of integrated/personalised care, critically assess the evidence for its effectiveness, and present the results (20%).

Formative assessment:

The module leader and lecturers will be available to provide formative feedback, advice and support for both assessments prior to submission. For the case study report, you will be supported in identifying an appropriate topic and focus for the report, and individual feedback on an outline will be provided. For both assessments there will also be opportunities for guided class discussions and question-and-answer sessions.

Assessment pattern:

| Assessment component | Assessment type | Weighting | Minimum qualifying mark | Pass/Fail? |
|----------------------|---------------------|-----------|-------------------------|------------|
| Case study report | Report | 80% | 50% | No |
| Group presentation | Oral assessment and | 20% | 50% | No |

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|--|--------------|--|--|--|
| | presentation | | | |
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Assessment criteria

Assessment Criteria are descriptions of the skills, knowledge or attributes you need to demonstrate in order to complete an assessment successfully and Grade-Related Criteria are descriptions of the skills, knowledge or attributes you need to demonstrate to achieve a certain grade or mark in an assessment. Assessment Criteria and Grade- Related Criteria for this module's assessments will be made available to you at the beginning of the module in the assessment guidelines available on Moodle. The module leader will also discuss these during the face-to-face sessions.

Feedback on assessment

Following each assessment marks and feedback will be provided in line with the Assessment Regulations and Policy, normally within three weeks of the submission deadline (four weeks for end-of-module assessments). Markers will be available to answer queries about the marks and feedback if these are not clear. A selection of all assessments will be internally moderated and sent to the external examiner. All initial marks will be therefore provisional, pending external examiner approval and ratification by the Assessment Board.

Assessment Regulations

The Pass mark for the module is 50%. Minimum qualifying marks for specific assessments are listed in the table above. The weighting of the different components can also be found above. The Programme Specification contains information on what happens if you fail an assessment component or the module, but in the first instance you should contact the module leader.

INDICATIVE READING LIST

Glasby, J. & Dickinson, H. (2014) *Partnership Working in Health and Social Care: What is Integrated Care and How Can We Deliver it?* 2nd Edition. Bristol: Policy Press.

Glasby, J. & Littlechild, R. (2016) *Direct Payments and Personal Budgets: Putting Personalisation into Practice.* 3rd Edition. Bristol: Policy Press.

Gray, A. & Birrell, D. (2013) *Transforming Adult Social Care: Contemporary Policy and Practice.* Bristol: Policy Press.

Ham, C. et al (2012) *Transforming The Delivery of Health and Social Care: The case for fundamental change.* London: King's Fund. At: <http://www.kingsfund.org.uk/publications/transforming-delivery-health-and-social-care>

Health Foundation (2016) *Person-centred care made simple: What everyone should know about person-centred care.* At: <https://www.health.org.uk/publications/person-centred-care-made-simple>.

House of Commons Library (2017) *Health and Social Care Integration* (Commons

Briefing papers CBP-7902). At:

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7902>.

Miller, R. et al. (2016) *Integrated Care in Action: A Practical Guide for Health, Social Care and Housing Support*. London: Jessica Kingsley Publishers.

NHS England (2018) *Comprehensive Model of Personalised Care*. At:

<https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care>.

Sanderson, H. (2012) *A Practical Guide to Delivering Personalisation: Person-Centred Practice in Health and Social Care*. London: Jessica Kingsley Publishers.

Schrijvers, G. (2016) *Integrated Care: Better and Cheaper*. Amsterdam: Reed Business Information.

Shaw, S. et al (2011) *What is Integrated Care?* London: Nuffield Trust. At:

<http://www.nuffieldtrust.org.uk/publications/what-integrated-care>.

Srivastava, R. (2006) *The Healthcare Professional's Guide to Clinical Cultural Competence*. Toronto: Elsevier Canada.

Online resources:

- International Foundation for Integrated Care (<https://integratedcarefoundation.org>)
- International Journal of Integrated Care (<https://www.ijic.org>)
- King's Fund (<https://www.kingsfund.org.uk/topics/integrated-care>)
- National Voices (<https://www.nationalvoices.org.uk>)
- NHS England (<https://www.england.nhs.uk/integratedcare>, <https://www.england.nhs.uk/personalisedcare>)
- Social Care Institute for Excellence (<https://www.scie.org.uk/integrated-care>)

Version: 1.0

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For use from: 2020-21

Appendix:

| CODES | | |
|------------------|----------------------------|----------------|
| HESA Cost Centre | Description | Price Group |
| 105 | Health & community studies | C2 |
| HECoS Code | Description | Percentage (%) |
| 100648 | Health Policy | 100% |