

Personalisation briefing for home care providers

Key messages

Personalisation for home care providers means:

- recognising that the types of support that people who use services say they need may not be confined to personal care – they can include a much wider range of tasks
- developing systems and training to enable staff to expand their skills and to work in creative, person-centred ways
- thinking about how to contribute to the expansion of the personal assistant (PA) workforce and to the increasing need for specialist services by diversifying into these markets
- recognising that home care services, whether provided directly by the council, paid for privately or by personal budget holders, must be focused on identifying and achieving outcomes
- local authorities and providers working together so that home care providers have the freedom to innovate and use budgets flexibly as agreed with the person using services.

In addition:

- capacity, recruitment and retention are increasingly important issues
- personalisation has the potential to give home care providers a good opportunity to make work more interesting and rewarding

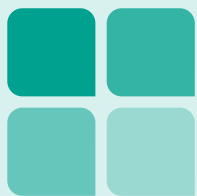
Introduction

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives in all social care settings and is far wider than simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of age or disability.

What are the implications for home care providers?

Home care providers range from small single branch organisations to very large multi-branch companies which may also provide a range of other services. The impact of personalisation will be very different for organisations that have relied mainly on large-scale, council contracts than it will be for those that have focused more on self-funding customers. Local authorities are also at different stages in implementing personalisation, so you will need to take the advice in this document and consider it in relation to your own organisation and in the light of what the local authorities you work with are doing.



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First, you need to know how this system is meant to work – what the process will be:

The process

Individuals can now undertake self assessment, with help from family or friends, the council, or a variety of other sources including brokers or advocates. Following this the 'indicative budget' is worked out and shared with the individual. The FACS (Fair Access to Care Services) system will still be the basis for determining eligibility for public funding, and a RAS (Resource Allocation System) is also being developed by most authorities to determine the size of personal budgets.

A very important part of the new system is universal provision of information and advice. Everyone, regardless of funding source, should have access to information and advice to inform their decisions about support. Commissioners should be focusing on the needs of the whole population, rather than only those for whom they are going to purchase or provide services. Brokers are also likely to be a source of information.

Those who are eligible for public funding will be given the option to have a 'personal budget' which can be managed in several different ways,

including a direct cash payment option. The subsequent support plan will not necessarily be about conventional services and personal care tasks – it can include any type of support so long as it is legal, will keep the person safe, and is judged likely to be effective in enabling the individual to achieve their chosen outcomes. People can recruit their own personal assistant (PA), rather than purchasing home care from a registered domiciliary care provider.

Before the support plan can be put into place it must be approved by the council. Risk identification and management is an important function at this stage. The intention is to manage risk, not to eliminate it entirely and there should be recognition of the individual's right to take risks in the same way as other people do in their own lives. The support plan should also state how it will meet the overarching outcome of keeping the individual healthy and safe and contributing to their wellbeing.

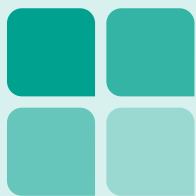
Once the support plan has been agreed, the indicative budget is revised if necessary and funding is released, partially or wholly in the form of a direct payment (DP). People can manage their own budget or can ask family or a range of others including the council, advocates, brokers – or service providers – to manage it for them.

Example: Home Help Ltd, Bognor Regis

Home Help Ltd has been sending staff on a five-day palliative care course at St. Wilfrids Hospice in Chichester. After the second phase of staff training, 20 staff (out of 27) have now completed the course. Palliative care training is now a recognised qualification.

The organisation was already providing some palliative care for people leaving the hospice in order to die in their own homes. Staff found the training extremely useful, especially how to look for specific signs and symptoms and how to refer competently to professionals for pain management. Very recently the hospice has provided additional training for all the care staff in pressure area prevention in the dying patient. Another very important part of the course was about how staff could look after themselves during and after particularly harrowing cases. The hospice has also offered counselling for any home help staff who need it when someone they have been caring for has died.

Taking this step has made the branch particularly successful. It is already recognised as the specialist provider of palliative home care in the area and hopes that it will be doing more of this work in the future.



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Example: Workwise Healthcare Ltd, Mansfield

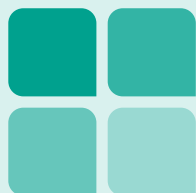
Workwise Healthcare now has a three-year training programme in place for care workers. This includes dementia care, diabetes care, palliative and end-of-life care, stroke care and equality and diversity. This enables staff to give specialist care which may be needed when people are 'buying in' their own services. Workwise Healthcare is also aware that social care workers may have a more generic role in future, undertaking more healthcare tasks. Where specific health care procedures are required, it is training individual care workers who will then be responsible for that person's care. More recently it has added training in dignity and respect and person-centred care in addition to the normal mandatory and non-mandatory courses it provides for staff.

It says that at present it is still bound by specifications where local authority work is concerned but is able to provide the more flexible service to self-funded service users. Care workers have taken on the roles of holiday companions, shopping and entertainment escorts, accompanying people to college, etc. They are also considering setting up a handy-man and gardening service.

Potential opportunities for home care providers

Home care is a service which is delivered to individuals within their own homes and is therefore well placed to adapt provision to the individual requirements of the person using services. Success for many home care providers will depend on the extent to which they achieve this.

- All home care services, whether provided directly by the council or paid for by personal budget holders must be focused on identifying and achieving outcomes. The first challenge for providers is to learn about the principles and practice of outcome-working and to start the culture change within their organisation which is essential if an outcomes approach is going to be successfully embedded.
- Local authorities should be making their own changes, which should include a big change in relationships with provider organisations – so that they have the freedom to innovate and to use budgets flexibly as agreed with the person using services. An important aspect of outcome-focused services is that the service user has more control over the choice of tasks and visit times. Care workers can enjoy the challenge and show initiative in supporting people to achieve their chosen outcomes which improves their job satisfaction.
- Some local authorities report concerns about the availability of specialist services such as those for people with dementia. Providers who are already offering a specialised service, or who take the decision to develop one, may do well. Services offering a combination of health and social care may have a bigger role in future, and combining this with telecare support and/or with call centre and rapid response facilities could be an option.
- The types of support that people who use services say they need are not confined to personal care. Support can include a much wider range and it is likely that such services as domestic help, support with household management and correspondence, being taken out, gardening and home maintenance will be in demand. Depending on the level of demand, agencies may respond by setting up specific services, or by training care workers to widen their support skills.
- Potential for service development arises from the expansion of the PA workforce. Home care organisations could diversify by offering training, management and employer support services for people employing their own PAs, or providing PA back-up services. There may be opportunities to set up local PA registers, including information on Criminal Records Bureau (CRB) status, training or qualifications and level of experience to help people looking for suitable PAs.



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Example: Professional Care Ltd, Thurrock

Professional Care is one of four home care agencies selected by the Thurrock Unitary Authority to work in partnership with it to implement an outcomes approach to all its adult social care services. Initially somewhat sceptical about whether or not the outcomes focus would work, Professional Care has now embraced the concept and the practice enthusiastically.

It found that many changes were needed:

- changed attitudes and ways of working
- improved status for care staff
- new ways to deliver care
- localised teams to ensure consistency.

It gave much thought to 'what would we want if it was us' and realised that the experience of receiving care was extremely important, especially consistency. Professional Care also felt strongly that any partnership should include not only itself and the council, but also people who use services.

After initial resistance to change from both staff and people who use services, the benefits started to become apparent: consistent care for people who use services and very positive changes for care staff, who were taking more responsibility and increasingly using their own initiative. With reassurance and support from senior management they grasped responsibility and gained hugely in confidence, reporting in to managers much more often. Monitoring reports show greatly improving feedback from people who use services throughout the two years of the programme with many very positive comments. Professional Care acknowledges that the additional staff input has reduced its margins for the moment, but believes that once the contracted volume is reached, this imbalance will be redressed.

Potential risks for home care providers

For home care providers, personalisation will bring opportunities, but also risks or threats.

Fewer home care contracts are likely to be commissioned as large-scale, standardised services do not fit well with individualised care, choice and control. The drive for efficiency, however, creates conflicting pressure towards larger scale contracts and most authorities envisage a continuing demand for conventional services. Where contracts are commissioned, or where services are purchased by, or on behalf of, personal budget holders, they will all need to be outcome based.

The potential impacts from a reduction in contracts are:

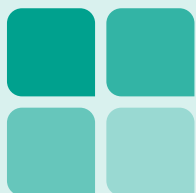
- financial viability threatened through loss of a steady income stream

- value of businesses affected by the loss of contracts
- increased difficulty in obtaining finance
- need to reform business model for some providers.

The experience of people who use services of some home care agencies – commissioned primarily to save costs – as inflexible, unresponsive and rushed may mean that many of those with personal budgets will opt for PAs rather than conventional home care. However, some people may still prefer home care support on a more individualised, flexible basis.

Anecdotal evidence suggests that there may be a danger of providers losing home care staff to personal budget holders who are able to attract them into PA posts with the offer of higher wages, more flexible hours and consistent work.

Capacity, recruitment and retention are

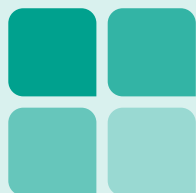


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increasingly important issues. Local authority commissioners and providers need to address issues of pay, terms and conditions, together with developing strategies to ensure that home care workers have higher levels of job satisfaction. Personalisation gives home care providers a good opportunity to make the work more interesting and satisfying. Agencies that have already done so are reporting that staff are more engaged and enthusiastic and that they are retaining staff more successfully.

Conclusion

As well as changing what you are able to offer people – your whole approach will need to change. Instead of starting by telling potential purchasers what you can offer, you will need to start by finding out, through a real discussion with that person (and with family or carers where appropriate) what they want and what they hope to achieve as a result of the service. The emphasis needs to be on getting a clear idea of how the individual wants to live their own life, and then giving assurance that you can provide a service which fits around them and their existing network. Presenting your organisation as one which is responsive and supportive to individuals who are making choices and decisions for themselves will need imagination and empathy.



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Further information

Sawyer, L. (2008) 'The personalisation agenda: Threats and opportunities for domiciliary care providers', *Journal of Care Services Management*, vol 3, no 1, pp 41–63. (This article is available on the UKHCA members' website www.ukhca.co.uk.)

Acknowledgements

This At a glance summary was produced in association with the United Kingdom Homecare Association Ltd (UKHCA).

Personalisation: a rough guide tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at www.scie.org.uk. This briefing is one of a series explaining the personalisation agenda and what it means for different social care audiences.

SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages and practice advice in SCIE's guides. These summaries will give you an overview of the messages or help direct you to parts of the guide that you may find most useful. You can also use them as training resources in teams or with individuals.

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