



Support for employers and their personal assistants

following the introduction of personal health budgets

Executive summary

March 2016



Summary

This summary outlines the findings and recommendations from a recent study which set out to establish the support available to personal health budget (PHB) holders employing personal assistants (PAs) in England. It is drawn from the report *'Support for employers and PAs following the introduction of personal health budgets'*, published by Skills for Care.

The 60 responses to the survey conducted as part of the research covered approximately 50 clinical commissioning group (CCG) areas in England. The report findings were further informed by interviews with individuals and teams from 10 participating sites.

The responses received included examples of sites progressing well with the introduction of PHBs and PA working and their experience has valuable lessons for all organisations with a responsibility to introduce, embed and/or support PHBs and PA working. Our research found that:

Support available to personal health budget holders employing a personal assistant (PA)

- A core offer of support to PHB holders choosing to employ a PA is available across responding sites, including: information about employing a PA, access to a payroll service and guidance concerning legal requirements and what to do when an employment relationship breaks down.
- Support with regard to issues of safeguarding and employment was one of the most commonly covered areas of support available to PHB holders.
- A number of areas are reporting successful approaches to PHBs and PA working, and have emphasised the important roles being played by dedicated NHS teams, private and voluntary organisations and local authorities.

Support available to personal assistants (PAs)

- The information received concerning the support available to PAs presents a complex picture. The study's findings indicate that some degree of specific support is available to most PAs however the extent, formality and regularity of that support can be mixed.
- Respondents were overwhelmingly positive about the PA role; PAs were described as flexible and skilled workers.

Overcoming barriers to PA working

The emergence of challenges and issues in relation to PA working is to be expected; PHBs and PA working are new to health. The case studies which accompany the full report show how these challenges are being overcome:

- CCGs and NHS organisations are developing frameworks for the delegation of clinical tasks and useful principles for PAs accompanying PHB holders admitted to hospital.
- Interviewees talked positively about the delegation of health care tasks to PAs and, where issues existed, emphasised the need to develop robust systems of delegation that support increased choice and control over the care received

Shaping the PA market

- Over 85% of respondents were working with someone who had moved from receiving social care funding to a PHB. With this in mind the PA workforce has to be recognised as a market shared by both the NHS and local authorities.
- The supply and long-term retention of PAs is an issue raised by many respondents. NHS organisations, local authorities, user-led and independent organisations as well as national stakeholders need to work in partnership to develop approaches to address this. Part of the solution could include continued efforts to grow the profile of the PA role across health and social care.
- Nationally, more work is needed to understand new models of PA employment that are emerging. These include the development of organisations that take on the 'employer' responsibilities typically associated with receiving care and support from a PA, whilst enabling the individual to maintain a high level of choice and control over their care and support.

The recommendations drawn from these findings and included in the full report are reproduced overleaf.

Further information including case studies can be found in the full report. These highlight examples of emerging good practice and approaches to PA working and PHBs, being taken by organisations across England.

If you wish to view the case studies and full report please visit:

www.skillsforcare.org.uk.

Recommendations

Training

1. CCGs should consider establishing local frameworks for the delegation of health care tasks. Locally agreed frameworks for delegation can contribute to providing a robust and safe process for identifying training and assessing competence. This provides NHS clinicians with the necessary protocols and contributes to the culture of support and reassurance, needed to confidently delegate tasks.
2. CCGs should consider establishing an offer of core training for PAs. In the emerging good examples, core training for PAs has become part of the local PHB offer with a consistent and comprehensive approach taken to induction training. This is often being mapped against the 15 standards of the Care Certificate where appropriate.
3. As the employment of PAs by PHB holders continues to increase there is the potential for capacity issues to emerge in relation to training, sign-off and monitoring of competence. CCGs should consider establishing dedicated roles in relation to training and signing off and reviewing competence. This could include working with training providers.

PA support

4. Peer support or other means of networking for PAs can be an important part of developing and maintaining an effective workforce. In areas where peer support for PAs is considered unachievable in the short term, the focus could instead be placed on the provision of a single point of contact for PAs with workplace or HR based questions or issues that cannot be resolved with their employer. To avoid conflict of interest this role should be separate from the function of employer support.

In the longer term, peer support or other means of networking PAs should be the ambition as isolation can be associated with the role.

Recruitment and retention

5. NHS organisations, local authorities, user-led and independent organisations, as well as national stakeholders need to work in partnership to address issues in the recruitment and retention of PAs. This links closely to the provision of consistent training and support, considered in recommendations two and four.
6. Nationally, work needs to be done to understand the implications of potential new models of PA employment on existing initiatives.

Conclusion

The move towards PA working in health is as much a cultural shift as it is a pragmatic process-based change. Considering the relative infancy of PHBs and associated PA employment it is unsurprising that a number of barriers and challenges remain; it will take time for local solutions to these to emerge and become embedded. However responses to the survey and the subsequent interviews showed:

- in many responding areas, a core offer of support was emerging
- good practice examples, demonstrating local responses to the more complex elements of PA working in health, are available
- a broad support market is emerging as areas progress with PHBs
- PHB teams and leads are adopting the principles of personalisation and talk with confidence about the transformative effect that PHBs and good PA working can have.

Skills for Care will continue to work with our partners, including NHS England, local authorities and the PA Framework steering group to support the PA workforce and the continued implementation of PHBs.