Cambridge TECHNICALS

OCR LEVEL 3 CAMBRIDGE TECHNICAL

CERTIFICATE/DIPLOMA IN

HEALTH AND SOCIAL CARE

PERSONALISATION IN HEALTH AND SOCIAL CARE

M/505/7782

LEVEL 3 UNIT 30

GUIDED LEARNING HOURS: 60

UNIT CREDIT VALUE: 10

OCR

PERSONALISATION IN HEALTH AND SOCIAL CARE

M/505/7782

LEVEL 3 UNIT 30

AIM AND PURPOSE OF THE UNIT

Since 2008 the Government's approach to care provision has been one of "Personalised Care". This approach seeks to empower individuals and allow choice and control over the shape of their support within all care settings. It aims to provide direct payments to individuals so they can access the care and support they need. This unit gives learners the opportunity to study how personalisation supports choice and independence. Learners will have the opportunity to examine how care services are commissioned and to investigate the success of the initiative throughout society.

Learners will gain an understanding of personalisation in care and will be able to recognise that individuals have control and choice when accessing support, funding and care. Learners will gain an understanding of the legislation that underpins personalisation of care and will be able to explore local and national initiatives and systems. Learners will gain knowledge in how payments are made to individuals and how this supports person centred care. Learners will have the opportunity to explore how personalisation affects the balance of power between the person receiving and providing care. Learners will gain understanding of the skills, attitudes and approaches of those providing care and recognise how to overcome barriers to personalisation in health and social care.

ASSESSMENT AND GRADING CRITERIA

Learning Outcome (LO) The learner will:	Pass The assessment criteria are the pass requirements for this unit. The learner can:	Merit To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	Distinction To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
1 Understand the concept of personalisation in health and social care	P1 define the term 'personalisation' as it applies in health and social care		
	P2 explain the relationship between rights, choice and personalisation	M1 explain how personalisation can benefit individuals	D1 analyse the impact of personalisation on the care and support received by individuals
	P3 identify legislation related to personalisation in health and social care		
2 Understand systems that support personalisation health and social care	P4 identify local and national systems that are designed to support personalisation		
	P5 describe the process of commissioning social care	M2 explain how personalisation impacts on the process of commissioning social care	
	P6 explain how direct payments and individual budgets support personalisation		
3 Understand the impact of personalisation on the provision of care and support	P7 explain how personalisation is supported by person centred approaches.		

Learning Outcome (LO) The learner will:	Pass The assessment criteria are the pass requirements for this unit. The learner can:	Merit To achieve a merit the evidence must show that, in addition to the pass criteria, the learner is able to:	Distinction To achieve a distinction the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
	P8 explain how personalisation affects the balance of power between the individual and those providing care and support	M3 analyse how personalisation affects the way individuals are supported.	
4 Understand how personalisation is implemented in the context of health and social care	P9 identify skills, attitudes and approaches needed by those providing care or support		
	P10 explain how to overcome barriers to personalisation in a health or social care context		

TEACHING CONTENT

The unit content describes what has to be taught to ensure that learners are able to access the highest grade.

Anything which follows an i.e. details what must be taught as part of that area of content.

Anything which follows an e.g. is illustrative, it should be noted that where e.g. is used, learners must know and be able to apply relevant examples to their work though these do not need to be the same ones specified in the unit content.

1 Understand the concept of personalisation in health and social care

P1 Personalisation: Personalisation is defined broadly by central government as 'the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive' (HM Government Policy Review, 2007: p. 7)

P2 Relationship: (e.g. consider how conflict may arise between a person's rights and what they want and how the personalisation agenda impacts on this. Consider - direct payments, self assessment of needs, choice of services to accessed, choice of where and how care is provided, supporting the core care values.

M1 Benefit: (e.g. individuals maintain control, able to remain in own home whilst receiving care, inclusion within the community, improved information and guidance)

D1 Impact: Positive: (e.g. direct payment for care allowing rapid access to services, inclusion within communities, preventing isolation. Remaining in own home where familiarity and sense of belonging add to quality of life. Access to information and guidance allowing better choices. Public service professionals should be available to users when the users want the service. Patient pathways in health care, children more choice over pace and style of learning in secondary education. Community safety initiatives, recuperative care programmes for the elderly and many welfare-to-work schemes)

Negatives: Care limited to the prescribed budget. Availability and access to some services may be restricted in some areas.

P3 legislation: Health and Social Care Act 2008, Care Standards Act 2000, Local Authority Circular (DH) 2008 – Personalisation Guidance.

2 Understand systems that support personalisation health and social care

P4 Systems: Local: (e.g. Universal approaches designed for all – Health Promotion, Public Information, Localised Assessments on request, community transport, crisis support, safeguarding and carer support. Integrated health and social care commissioning, information processing and resources. Working closely with private and social housing providers.)

National: (e.g. Decentralising of Authority, Flexible Resourcing, Appropriate co-ordination and variety of services, Government lead information and guidance. Qualified and suitably skilled workforce. Performance review and reform.)

P5 Process of commissioning: Replaced Primary Care Trusts in April 2013, Controlling two-thirds of NHS budget and have a legal duty to support quality improvement in general practice. Must balance right investment between services and ensure value for money. Primary role is to make decisions about needs assessment, resource allocation service purchasing, monitoring and reviewing. Focus on effectiveness and efficiency. 7 step model for commissioning (www.dhcarenetworks.org.uk p.17). Identifying needs, Agreeing Key Priorities, Reviewing Strategic Arrangements, Pooling and Personalising budgets, Workforce development, Market and community development, Programme and Project Management.

M2 Impact: Positive: (e.g. Individuals needs determine how services are provided and maintained, Constant need for review and adaptation. Determines size and type of workforce needed in each area. Determines provision of effective community services and information.)

Negative: (e.g. Staff recruitment and retention within the care sectors may be difficult. Community infrastructure may not support all needs of care users. Higher demand on the Third Sector to support service users in the community.)

P6 Direct payments supporting personalisation: Direct choice of how care budget is spent. Help to control and manage personal budget accounts avoiding misdirection of funding. Services can be purchased from statutory social services, the private sector, voluntary sector (third sector), Community groups and including neighbours, family and friends. Independence, autonomy and choice. Maintaining dignity, respect and personal individualism.

3   Understand the impact of personalisation on the provision of care and support

P7   Person centred approaches: Personalised assessments supporting Personalised Care plans. Bespoke care provision. Tailor made care packages purchased from individual care budgets and direct payment scheme.

P8   Balance of power: (e.g. Historical system of Local and Central Government deciding on funding limits, where money to be spent and who should access services provided. Personalisation puts the individual at the centre and control of decisions made to support their care needs. Power shift from Statutory Care Provider to Individual Care User.)

M3   How individuals are supported: (e.g. Carers assessments, Provision and quality of information, advice and guidance. Support Planning, Direct payments and Personal budgets, Application and recognition of the Core Care Values.)

4   Understand how personalisation is implemented in the context of health and social care

P9   Skills, attitudes and approaches: (e.g. good people skills, considerate and empathetic, help people maintain dignity and independence, good listening skills, to be patient and understanding, to be able to remain calm in a crisis situation, show respect for diversity, willingness to learn. Be able to protect confidentiality and protect all vulnerable individuals. Have a good sense of humour and be able to work as part of a team. Recognise that every persons needs are different requiring flexibility of approach in the way that care is organised and delivered.)

P10

Overcoming barriers to Personalisation: (e.g. good recruitment and training of staff that will be providing care, good management of funds and provisions within the community, up to date information, advice and guidance available to those needing care. Regular review of services provided and the needs of the individual.)

DELIVERY GUIDANCE

It would be beneficial for learners undertaking this unit to have access to Health and Social Care providers from within the community. This could be achieved through work experience or input from guest speakers. Learners may benefit from undertaking a short survey of their peers to ascertain what Health and Social care needs may be required within the school community and developing strategies, resources and plans to support any identified needs. For some of the participants in the survey, learners could allocate funding for personalised care, identify services needed and formulate appropriate plans.

LO1 Understand the concept of personalisation in health and social care

P1 – As a whole class interaction, learners could volunteer their own definitions or understanding of the term personalisation. These could then be compared to determine a shared understanding. Learners could then compare their definitions with that stated in HM Government Policy Review, 2007: (p. 7).

P2 – Learners need to be reminded of the Core Care Values (Care Standards Act 2000 and relevant National Minimum Standards publications). Learners need to explore links between personalisation and each of the core care values. Ask learners to debate the relationship between rights, choices and personalisation. Using case studies will help learners to explore how the relationship between the concepts works.

M1 – Learners could be asked to produce a mind map of all the benefits of personalisation. Encourage learners to offer up as many benefits as they can think. Once a comprehensive list is produced, ask learners to quantify the benefits to individuals.

D1 – Learners will need to analyse the impact that personalisation has had on those receiving or needing care. Learners will benefit from examining and comparing the old system of centrally directed services with that of personalisation. This could be done through the use of case studies or case reviews. These could be discussed as a group.

P3 – Learners will need to examine and discuss the Health and Social Care Act 2008, The Care Standards Act 2000 and subsequent National Minimum Standards guidance documents. These could be discussed in pairs or as a group.

LO2 Understand systems that support personalisation in health and social care

P4, P5, M2– Learners will need to carry out research to identify the local and national systems designed to support personalisation. Learners may benefit from question and answer sessions with visiting speaker or by visiting care providers through work experience or educational visit. Learners will ascertain how care is commissioned and obtain an understanding of how commissioners have had a responsibility for care provision since April 2013. Learners will be able to ascertain through question and answer, the impact of personalisation on the commissioning of care.

P6 – Learners will need to research how direct payments and individual budgets support personalisation and could apply them to a locally conducted survey of potential care recipients within their learning environment. Learners may then highlight how these payment methods support the core care values and the provision of personalised care.

LO3 Understand the impact of personalisation on the provision of care and support

P7 – Ask learners to explain what is meant by "person centred approach". Learners may then explore the correlation between a person centred approach and personalisation. Learners may benefit from watching the video clip "Social Care TV- Personalisation" found at www. scie.org.uk

P8 – The tutor could explain how services were provided under the previous central and local government provision of services systems and compare with the devolved system of personalisation. Learners should be encouraged to interject with their thoughts and opinions on how the balance of power between carers and clients has been affected.

M3 – Learners could examine case studies to ascertain how personalisation has affected the ways in which individuals are supported. Case studies such as:

Look Ahead (Tower Hamlets housing personalisation model) www.sitra.org/documents/look-ahead-housing-and-care-in-tower-hamlets

Direct Payments (Personalisation service user case studies) www.communitycare.co.uk/articles/21/10/2008/109746/personalisation-examples-of-the-use-of-direct-payments-and-individual

LO4 Understand how personalisation is implemented in the context of health and social care

P9 – Learners will benefit from researching the skills and qualities needed to succeed as a carer and to explore the

approaches to care that support personalisation. Learners may wish to research job descriptions and role descriptors to ascertain the information needed. Learners may benefit from group discussion or pair working to consolidate knowledge gained.

P10 – Learners could examine ways to overcome the barriers which may inhibit the effectiveness of personalisation. These should include corporate barriers as well as those exhibited or experienced by individual carers. Group discussion or access to relevant care providers will assist learners to explore these barriers.

ASSESSMENT GUIDANCE

P1 Learners could evidence their understanding of the definition of personalisation by displaying their information in a handout designed for users of care provision. The hand out should give a clear definition of personalisation and state how the care provider will ensure it is used in practice.

P2 and **M1** Learners could evidence their understanding of the relationship between rights, choice and the implementation of personalisation in the form of a booklet designed for use in a care setting. Within the same booklet they could explain the benefits of personalisation to individuals.

D1 Evidence would be best shown in the form of a written report. To successfully analyse the impact of personalisation, learners will need to offer opinion and conclude their findings.

P3 Evidence supporting understanding of the key legislation governing personalisation could be presented in the form of posters or as a power point presentation.

P4 A record of the questions and answers gained from any educational visit, outside speaker or work experience activity could provide evidence that shows knowledge of local and national systems.

P5, **M2** and **P6** Learners could show evidence of understanding within a written report. Knowledge gained from work experience or during an educational visit or attendance by an outside speaker will supplement and add to the written report. Learners will need to show evidence that they understand how personalisation impacts positively and negatively on the process of commissioning care. A written report should also show evidence of how direct payments and individual budgets support personalised care.

P7 Learners may show understanding by presenting a power point presentation. This may be evidenced by video recording or witness testimony.

P8 and **M3** Learners could evidence their understanding of how the balance of power is affected by personalisation in the form of a written report. When completing **M3**, to successfully analyse how personalisation affects the individuals are supported learners will need to offer opinion

and conclude their findings within the written report.

P9 Learners could prepare a job advert for different care roles. This could include the qualifications needed, personal and professional attributes and any desired traits.

P10 Learners could show evidence of understanding in the form of a power point presentation. Witness testimony could be used if the knowledge was achieved through group discussion and participation. It is important to ensure that each student plays an active role in the discussion and any witness testimony must show evidence of an individual's achievement and learning.

RESOURCES

Textbooks

Gardner A. – Personalisation in Social Work, 2011

Sanderson H. – A practical Guide to Personalisation, 2012

Glasby J. – Putting Personalisation into Practice, 2009

Campling P. – Intelligent Kindness, 2011

Glasby J. – Commissioning for Health and Wellbeing, 2012

DVD

Social Care TV-Personalisation; www.scie.org.uk

Journals

Personalisation - www.bsjw.oxfordjournals.org

Websites;

Personalisation –

www.centreforwelfarereform.org

www.communitycare.co.uk

www.tsrc.ac.uk

www.sitra.org

Personalisation and Commissioning –

www.kingsfund.org.uk

www.thinklocalactpersonal.org.uk

www.dhcarenetworks.org.uk

RESOURCES

CONTACT US

Staff at the OCR Customer Contact Centre are available to take your call between 8am and 5.30pm, Monday to Friday.
We're always delighted to answer questions and give advice.

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