

# Personalisation



How do you know  
you are making  
progress in the  
personalisation of  
adult social care?

## Key messages

Embed in your council's approach to adult social care an overarching culture and emphasis on 'personalisation', based on an understanding that the individual is best placed to understand their needs and how best to meet those needs.

Ensure that your council's approach provides genuine choice and control for people who use services.

Emphasise the importance of treating people as individuals deserving of dignity and respect, and develop a clear understanding of what that means.

Ensure your council is actively involving communities and individuals as co-producers in the development and delivery of services.

Through your health and wellbeing board, ensure your Joint Strategic Needs Assessment (JSNA) takes account of community assets as well as deficits and that your Joint Health and Wellbeing Strategy (JHWS) prioritises building community capacity and resilience.

Through your JHWS, develop clear commissioning strategies with your NHS and voluntary sector partners, aimed at a significant shift in care and support away from intervention at the point of crisis to a proactive and preventative model of care.

Ensure you have a proactive strategy for allocating personal budgets to all those eligible for ongoing social care and that your council is developing innovative ways of utilising individual service funds (ISFs) for those people who wish to have a managed personal budget.

Ensure your council understands that direct payments provide the greatest amount of choice and control for individuals with a personal budget.

Ensure that universal services, including information, advice and advocacy are easy to find and available to everyone, regardless of who is paying.

Actively involve your council in managing the local market in social care to ensure high-quality care which can respond to choices made by individuals purchasing their own care or through self-directed support.

Develop a strategy for housing and the use of technology such as telecare to support people to live more independently at home for longer.

Monitor and encourage your council's contribution to the Think Local Act Personal – Making it Real sector-wide commitment to personalisation.

Take time to learn about the Integrated Personal Commissioning (IPC) programme which will bring together health and social care funding around individuals (see Useful Links section below) and monitor local initiatives under the programme.

Request a copy of the latest Association of Directors of Adult Social Care (ADASS) self-assessment survey of all councils. See the national report for an overview, the regional report which identifies key issues for individual councils and ensure your council has an action plan to address the issues.

## Why you need to know

'Personalisation' is the term used for an approach to personal care and support which treats people as autonomous individuals and responds to their personal needs and wishes. It may seem obvious that this is the approach that should be used in social care, but when it comes to designing a whole system that provides high quality services which are also cost effective, there are pressures to standardise care and to make assumptions about people who belong to certain groups.

Councillors can play an important role in ensuring that such stereotyping does not happen and that people who use services are treated holistically as individuals, despite financial and system pressures.

Central to this vision is the principle that when people need ongoing support, they do not cease to be citizens or members of their local community.

The support they use should therefore help them to retain or regain their roles and the benefits of community membership, including living in their own homes, maintaining or gaining employment and making a positive contribution.

Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy, to enable them 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.

The challenge of meeting the objective of more personalised care is sharpened by our ageing population and the caring responsibilities that go with it. The change required to address this challenge is fundamental.

Personalisation is also a response to what people have said they want. For example:

- to be treated with dignity and respect
- accessible information
- access to support quickly and easily when needed, including support for carers
- services from different providers of health and social care which are integrated (joined up), so that they don't have to have numerous assessments and talk about their needs and preferences over and over again, and so that all services have the same essential information about them
- services which respond to their cultural or religious needs
- more choice and control
- to maintain their independence
- to get support early, avoiding the need for a crisis response such as a stay in hospital.

Experience has shown that most progress in implementing personalisation is made where:

- local leadership focuses on cultural change, just as much as systems change, encouraging concentration on outcomes determined by people and communities, and engaging solutions beyond the narrow definitions of social care
- people have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions.

An important concept in personalisation is that of 'co-production'. This is the idea that commissioners and providers of services should work in partnership with service-users, carers and citizens to improve services (see the Must Know on Making it Real for more about co-production).

Lead members have a vital role to play in strengthening all these factors that contribute to personalisation in their area.

It has been recognised that personalisation of services requires activity in four key areas, outlined in the quadrants of the diagram below, which illustrates the range of activity in each area.



**The components of personalisation: from Think Local Act Personal, partnership agreement.**

A very important component of personalisation is better integration of health and social care services, so that, from the perspective of those who use them, services are more joined up and seamless.

The Integrated Personal Commissioning (IPC) programme, starting from April 2015, will bring together health and social care funding around individuals, enabling them to direct how it is used for the first time. This represents a step change in ambition for actively involving people, carers and families as partners in their care.

Personal budgets are part of a wider approach to personalisation, a mechanism for shifting the culture and practice of care to be better coordinated and person-centred. They are intended to help meet the challenge of changing expectations of care while promoting better quality of life and value for public money.

The objective is that in future people should expect the same focus on their independence, the same regard for their wishes and the same opportunities to make choices and take control, whether they have a long term condition or a social care need, a mental health problem or a learning disability.

Health and wellbeing boards are council-based local partnerships one of whose duties is to promote integration. They are responsible for overseeing and signing off their area's plan for allocating the Better Care Fund to support more integrated services.

Health and wellbeing boards provide important meeting grounds for local government, NHS Clinical Commissioning Groups (CCGs) and local Healthwatch the body, commissioned by your council, which brings the voice of patients, service users and the public to the table.

Health and wellbeing boards are also responsible for overseeing a joint strategic needs assessment and joint health and wellbeing strategy for their area. Health and wellbeing boards have direct oversight of local joint commissioning between the NHS and the council.

It is essential for councillors involved in adult and children's social care to play an active part in health and wellbeing boards and to keep personalisation actively on the agenda.

Think Local Act Personal (TLAP) is a sector-led partnership committed to supporting the continued implementation of personalisation and community based health, care and support. Led by people who use services and carers, Making it Real is a framework developed by the TLAP partnership, but very much led by the National Co-production Advisory Group, which is made up of people who use services and carers.

## Questions to consider

Do you understand the principles underlying personalisation and the tools, such as personal budgets, direct payments and support planning that have been developed to support personalisation?

Is personalisation a priority in your JHWS and in the work of your health and wellbeing board? Is it built into your board's promotion of integrated care and into your Better Care Fund planning? Do you know what progress the NHS locally is making towards integrated personal commissioning?

Do you have direct access to the views of disabled people, older people and their carers and understand their aspirations and concerns about prospective changes in social care? How does your council gather their views and involve them?

What is the level of co-production in your area with people who use services? How much choice and control is there in reality? Are support plans co-produced with service users? Is there evidence that support plans are outcomes-based and not prescribed by volume or hours available?

Is social capital built into the support plans so that people have a good choice of support, including from user-led organisations, and do not have to rely solely on their personal budgets?

Are people treated with dignity and respect? Do you or any of your councillor colleagues or opposite numbers in the NHS act as dignity champions? Has your council signed up to the Dignity Challenge (see useful links section below)?

Do you monitor the number of personal budgets, how many of these are paid as direct payments and how many direct payments are self managed? Is your council developing Individual Service Funds to enable people to be more involved in designing the services they receive without having to take on the responsibility of managing the money allocated?

Do your council and local NHS budgets reflect a transfer from late intervention to prevention? Does the local approach to prevention (for example in your JSNA and JHWS) include building community capacity, taking an asset-based approach to communities, rather than an assessment of community resources solely in terms of need?

How well is the council fulfilling its duty to develop and provide universal information, advice and advocacy services to enable both those receiving free social care and those who fund their own care to know what resources are available in the community?

How is your council managing and shaping the local market in social care? What are you doing to ensure services based on agreed outcomes are available locally?

How are users of services and carers involved in co-producing commissioning outcomes on which contracts with providers will be based? (See the Must Know on the Care Act for more on councils' responsibilities for managing local social care markets.)

How proactive and sustainable is your strategy for housing and social care? How does it take account of future projections for the population profile for your area and what is known about different groups of service users coming through the system?

How does your council contribute to the Think Local Act Personal partnership and, in particular, to the Making it Real Framework for moving towards greater personalisation of services? (See the Must Know on Making it Real for more detail.) How will it contribute to the next stage of personalisation being developed by TLAP – developing the power of strong, inclusive communities?

Has your council developed an action plan to respond to the issues identified in the ADASS self-assessment survey of councils?

## Useful links

Website of Think Local Act Personal programme, including links to Making it Real, with numerous resources and information on personalisation:

[www.thinklocalactpersonal.org.uk/](http://www.thinklocalactpersonal.org.uk/)

TLAP Partnership Agreement 2014-17, Working together for personalised, community-based care and support:  
[www.thinklocalactpersonal.org.uk/\\_library/Homepage/PartnershipAgreement\\_final\\_2\\_June.pdf](http://www.thinklocalactpersonal.org.uk/_library/Homepage/PartnershipAgreement_final_2_June.pdf)

Website of Association of Directors of Adult Social Care (ADASS) for accessing the national and regional reports of councils' self assessment survey on personalisation and other useful documents:

[www.adass.org.uk](http://www.adass.org.uk)

LGA, ADASS & NHS England, explanation of the Integrated Personal Commissioning (IPC) programme, Getting serious about personalisation in the NHS:

[www.england.nhs.uk/wp-content/uploads/2014/09/tlap-getting-serious.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/09/tlap-getting-serious.pdf)

Social Care Institute for Excellence: Co-production in social care: What it is and how to do it:

[www.scie.org.uk/publications/guides/guide51/files/guide51.pdf](http://www.scie.org.uk/publications/guides/guide51/files/guide51.pdf)

Website of the National Dignity Council with numerous resources:

[www.dignityincare.org.uk/Resources/Useful\\_resources\\_for\\_Dignity\\_Champions/Toolkit\\_for\\_action/](http://www.dignityincare.org.uk/Resources/Useful_resources_for_Dignity_Champions/Toolkit_for_action/)

Telehealth & Telecare Aware: Website with information and updates about telecare and examples of its use:

<http://telecareaware.com/what-is-telecare/>

NHS Confederation (2014), A wealth of information: your questions on personal health budgets answered:

[www.thinklocalactpersonal.org.uk/\\_library/News/Sep/a-wealth-of-information.pdf](http://www.thinklocalactpersonal.org.uk/_library/News/Sep/a-wealth-of-information.pdf)

King's Fund (2010), Avoiding hospital admissions: Lessons from evidence and experience:

[www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/avoiding-hospital-admissions-lessons-from-evidence-experience-hamimison-jennings-oct10.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/avoiding-hospital-admissions-lessons-from-evidence-experience-hamimison-jennings-oct10.pdf)

National Adult Social Care Intelligence Service (NASCIS):

<http://www.hscic.gov.uk/nascis>

Health and social care pages of Office for National Statistics website – useful for benchmarking:

[www.ons.gov.uk/ons/taxonomy/index.html?ncsl=Health+and+Social+Care](http://www.ons.gov.uk/ons/taxonomy/index.html?ncsl=Health+and+Social+Care)

Equality Framework for Local Government:

<http://www.local.gov.uk/equality-frameworks>

## Related 'Must Knows'

The Care Act: How do you know you are implementing the care and support reforms effectively?

A place I call home: responding to Winterbourne View: How do you know you are doing everything you can to support the wellbeing of people with learning disabilities, autism and behaviour that challenges?

Making it Real: How do you know you are playing a leadership role in working with service users to enable them to stay actively involved in their communities?



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