

# 1) What is 'personalisation'?

In 2007, *Putting People First*<sup>1</sup> set out the Government's vision for transforming adult social care.

**Personalisation** is underpinned by several principles which distinguish it from the way services are conventionally provided:

- **Self assessment** – social workers will be supporting people to identify their own needs and outcomes.
- **Self directed care** – service users will be supported to determine for themselves how they want those outcomes to be achieved, and what support they will need to do this.
- **Individual budgets** – financial resources will be allocated to the service user, depending on their level of need, drawing from a range of relevant funding sources. This budget can then be spent for the service user by the Local Authority, or given to the Individual through a **Direct Payment** to manage independently (and supported to do so if required).
- **Currently**, Direct Payments **only** draw from Adult Social Care funding so this method of budget management will now extend to a wider range of funding.
- Co-production of services by **engaging with users and carers** throughout transformation, **empowering people** to develop solutions that work for them.
- In addition **person centred approaches** and **information and advocacy services** are used to ensure that people can gain choice and control whatever their circumstances or type of services used.

When developing these strategies to transform their systems, councils are also focussing upon the cost effectiveness and efficiencies needed to achieve ongoing sustainability and improvement.

Source: Rethink Policy Statement 66 November 08  
[www.rethink.org/document.rm?id=78](http://www.rethink.org/document.rm?id=78)

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## 2) 'Personal health budgets' – what are they?

An introduction from the Department of Health (DH) – 'DH Care Networks', who lead the Putting People First team... <http://www.dhcarenetworks.org.uk>

- A **personal health budget** makes it clear to someone getting support from the NHS and the people who support them how much money is available for their care and lets them agree the best way to spend it.
- **We (DH)** do not think this will save money. We want to help people get a better service from the NHS without it costing more. The budget itself might not be that important - but we hope it helps people take full part in discussions about their care. Most importantly, we hope that this effect - more open and honest discussions about what people want to change about their health and wellbeing - reaches to people who do not have personal health budgets as well as people who do.

### Key points

- NHS values still hold - no one will pay their own money to get services they need.
- Services should be safe and effective. Using them should be a positive experience.
- Personal health budgets should be a way of helping people who may not always get the best out of the NHS to get a better service, not make things worse.
- No one will have to get their services in this way if they do not want to.
- You should have as much control over decisions as is appropriate
- Organisations should work in partnership with you and with each other

### We (DH) think personal health budgets could work in 3 main ways:

- 1a. Notional budget. No money changes hands. The person finds out how much money is available and talks to their doctor or care manager about the different ways to spend that money on meeting their needs.
- 2a. Real budget held by a third party. A different organisation or trust holds the money for the person, helps them decide what they need and then together they buy the services you have chosen.
- 3a. Direct payment. The person gets the cash to buy the services they and your doctor or care manager decide you need. They have to show what they spend it on, but they buy and their manage the services.

1a and 2a are possible now. We are trying, using the Health Bill that is in Parliament at the moment, to change the law so that direct payments can also happen as part of the pilot from Summer 2010.

Source: <http://www.dhcarenetworks.org.uk/PHBLN/AboutPHBs/About Personal Health Budgets>

## Further background information for: What is ‘personalisation’?<sup>2</sup>

The 2007, *Putting People First* vision commits to moving away from a paternalistic system of variable quality to a system that promotes choice, control and independence for every individual. In the new system users will increasingly shape and commission their own services, using individual budgets drawn from numerous sources of funding. The decision to set out a vision for all adults using social care was first announced in the 2005 paper, *Independence, Wellbeing and Choice*<sup>3</sup>, following some use of a similar approach with people with learning disabilities.

With regards to implementing personalisation across adult social care, a Local Authority Circular released in January of this year<sup>4</sup>, states that by 2011, there must have been:

*“Significant moves towards fundamental system-wide change” and that “Everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered.”*

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1 Rethink Policy Statement 66 November 08 [www.rethink.org/document.rm?id=78](http://www.rethink.org/document.rm?id=78)

2 HM Government, ADASS, NHS & Local Government Association (Dec 2007)

3 *Putting People First - a shared vision and commitment to the transformation of adult social care.* Department of Health (2005) *Independence, Wellbeing and Choice*

4 LAC (DH) (2008) 1 - *Transforming social care*