

## Adult Social Care and Health Overview and Scrutiny Committee – 11<sup>th</sup> April 2012

### Personalisation: A progress update

#### Recommendations

The Committee are asked to scrutinise and comment on the progress, outcomes and achievements in the delivery of personalised services across Adult Social Care.

#### 1.0 Introduction and Policy Context

- 1.1 Personalisation is an approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings”. It means that everyone who needs health and social care support, regardless of their level of need and whether they receive support from public services, the voluntary and community sector or from other local organisations, will have greater choice, control and flexibility over how they receive their care and support. Within Adult Social Care (ASC), a key aim of Personalisation is for individuals to have control over how money allocated to their care is spent. It includes within its remit Self-Directed Support, Individual Budgets, Personal Budgets and Direct Payments.
- 1.2 The journey towards Personalisation was primarily outlined within the White Paper: “Our Health, Our Care, Our Say (Jan, 2006). Subsequently, the Putting People First (PPF) Concordat was published in 2007, which launched ‘A shared vision and commitment to the transformation of Adult Social Care’. The PPF concordat was supported and signed by a large number of organisations, across government and professional and voluntary sectors and it was developed together with people using service.
- 1.3 The PPF vision continued to be a focus for the refreshed Vision for Adult Social Care: Capable Communities and Active Citizens (November, 2010).
- 1.4 The national Putting People First programme closed in March 2011 at which point the ‘Think Local: Act Personal Partnership’ took over, in terms of continuing to drive and shape the national agenda.
- 1.5 The rationale behind the PPF shared vision for transformation was two-fold. Firstly, a recognition that the current approach to delivering adult social care would not be financially sustainable in the future. This is because nationally and locally we have an aging population, with the associated increase in prevalence of long term conditions associated with

increased support needs. Examples include dementia and cardiovascular disease. There are also increasing numbers of adults with disabilities who need some kind of support.

1.6 Secondly, the personalisation agenda continues to be central to the government's wider plans to modernise public services. At the heart of personalisation is a commitment to the provision of more personalised services that are tailored to the specific needs of individuals, and to give service users more choice and control over the interventions they receive only "constrained by the realities of finite resources and levels of protection which should be responsible but not risk averse"

1.7 Social Work / Social Care practice has been 'person centred' for many years, following the introduction of the Community Care legislation in the early 1990's. The individual is considered as of primary importance and a needs assessment is undertaken with them followed by a Social Worker, or other practitioner, arranging services on their behalf. 'Personalisation' can be seen as a response to what was a growing dissatisfaction about the limitations of existing Community Care services which, it was argued, limited the choice and control of individuals with disabilities or support needs. It was argued that this would lead to less opportunities to live as independently as possible. Previously, an individual may not have had any choice in the way their needs were met. For example, there were situations where Local Authorities only had a large 'cost and volume' contract with one or two providers of home support in an area, with limited visit times being available; the individual being unable to access any other provider for their support, even if they wanted to. The 'choice and control' approach offered by personalised services are often contrasted with the 'one-size-fits-all' approach of traditional service delivery because personalised services and support can be better tailored to individual needs.

1.8 It has been widely acknowledged that the direction and approach associated with personalisation has not yet been supported by revised legislation, however, further to the Law Commission's Review of Adult Social Care legislation, this is now anticipated later in 2012.

### **Personal Story:**

Housing related support is currently operating a pilot service in partnership with Advance Housing and Support Limited to offer self-directed support to customers with severe and enduring mental ill health. The pilot service is being offered from within an existing housing related support contract and aims to empower customers to personalise their support and take control over the way they live their life, through the principles of self-directed support.

#### ***Paul's Story***

*Paul volunteered for the pilot and was very clear how he would use the funding differently. He had written a book, and had ideas for more, and felt that he wanted to get his book published. He had told all the Advance staff about it, and they all wanted to help him, but no*

one really had the skills and experience to know how to support him, so they encouraged him to think about being part of the pilot.

Paul feels anxious with groups of people, and so he wanted to find someone who knew about publishing and book writing, who would know who to contact, and who would be able to give him honest opinions and feedback on his book, to support him on a one to one basis. Staff talked a lot with Paul about the risk of failure, and what might happen if they told him his book wasn't good enough etc, how that would feel. He said if it goes wrong he would be upset, but feels he would rather know he has tried than always wonder if he could have been published, and the Steering Group supported this view and agreed £45 per week towards a private tutor.

Finding the right person to employ has been more difficult, he wrote a description of the person he needed and the way he needed them to support him. He is using Unitemps, who find part time temporary work for university students, to recruit someone.

As part of the process, a member of the Direct Payments Team, who has some experience with publishing spent some time with Paul as a volunteer to help him think through his job description, and was able to support him to apply to Chipmunk Publishing, who offered to print Paul's book, once he gets it to the required length. This is a brilliant outcome already, demonstrating how people around Paul are listening to what was really important to him and believing in him has made it start to become achievable.

Paul's increased confidence has meant that he is now more able to participate in group situations and has recently been offered a job with Advance as a peer reviewer.

**Paul says 'The funding has allowed me to develop myself and book which has given me more self-confidence and a positive outlook on life. ....given that money is being cut being able to redirect into areas that are important to you makes for a more effective system.'**

## 2.0 Warwickshire's approach to delivery

2.1 Further to the launch of personalisation in Warwickshire, and progress on a programme of activity to achieve the Putting People First milestones (see previous report) a personalised approach is now embedded into the activities of strategic commissioning, service development and the delivery of Adult Social Care as a whole.

2.2 Completion of the Putting People First milestones represents a major achievement in establishing personalisation as 'the way we do things round here'. There is an ongoing need to maintain a focus on continuing to develop the type of services that personalisation demands, and an approach and practice culture that indicates a personalised approach is central to all activities undertaken. It is important to acknowledge that this represents a long term change environment, as Adult Social Care continues to deliver on major service changes. Also, that the Corporate Strategic Commissioning Review of Adult Social Care has recently been initiated.

2.3 In order to continue to drive all change programmes and ‘business as usual’ via a central tenet of personalisation, the following approaches are now mainstreamed:

**2.4 Customers engage with and inform our service development:** A range of customer engagement approaches are now in place. One of the most powerful has been the establishment of the Transformation Assembly. The Transformation Assembly involves customers and carers working collaboratively with officers on the transformation of Adult Social Care. Since its establishment in May 2011, members of the Assembly have already been involved in making a difference in over 20 projects within service redesign and developments. For example, members have contributed to and signed off revised information leaflets relating to Adult Social Care services.

2.5 Most importantly, Assembly members have developed 10 key principles of Personalisation (Appendix 2) which underpin both transformation work for Adult Social Care and will drive the ‘business as usual’ approach.

2.6 One of the primary functions of the Transformation Assembly is to support members to fulfil a role of being an Ambassador for personalisation. This role would involve promoting and profiling themselves within their local communities. Members will receive training in Personalisation, as well as being equipped with a Personalisation Resource Toolkit, which would consist of a wide range of information in a variety of formats, this would then assist members in feeling more confident to be able to give out the key messages and promote the benefits of personalisation within their local networks. This type of interaction will also provide an opportunity for a two way information exchange with citizens of Warwickshire, as well as introduce the work and function of the Assembly and extend an invite for local people to join.

**2.7 Promoting Independence and Early intervention:** A key emphasis from the original PPF work was the need to develop and establish good quality early intervention and prevention services, including the provision of information and advice. Drawing from national evidence and regional networks, services in Warwickshire now successfully enable more people to maximise their independence. For example, the Reablement Service continues to deliver very positive outcomes for customers, with its performance comparing very well with national comparators. Around 60% of people who receive a reablement service do not need ongoing social care services, 90 days after completion of the reablement service.

#### **Personal Story:**

A new mum, with a disability, has been given a one off direct payment to assist her with meeting her parental role. The payment has been used to purchase a pushchair which attaches to her wheelchair to take baby out.

**2.8 Self Directed Support (SDS):** The establishment of the ‘Self Directed Support’ process in Warwickshire represents a fundamental shift in the way care and support is provided for an individual. Through the Self Directed Support Process an individual works with a practitioner (e.g., a Social Worker) to identify together what the individual’s needs are. This assessment is used to generate an ‘indicative budget’. This is the approximate weekly amount that it will cost to provide the support needed for the individual. This helps the individual and the practitioner develop a ‘support plan’, which is a plan of the support that they need, and how it will be delivered. This support plan is costed, to identify how much money the individual will be allocated to secure the support they need. This is then called a ‘Personal Budget’. Some people still prefer for a practitioner to arrange services on their behalf (this is sometimes called a ‘Personal Managed Budget’, or ‘virtual budget’, but still counts as being a ‘Personal Budget’, because this is how the individual has chosen to be supported). Other people chose to be given the Personal Budget money and manage the support themselves, for example, by arranging their own staff. This is called having a ‘Direct Payment’. It is possible for individuals to ask a provider (such as a voluntary sector agency) to help with support planning, manage their money and provide their support, and this type of opportunity is also developing in Warwickshire. The support an individual receives is reviewed at appropriate times, to ensure their needs continue to be appropriately met.

**2.9** Warwickshire County Council’s Direct Payments information factsheets have been recognised as best practice examples regionally and will form the basis of a template document for a national council best practice toolkit. A regional lead will be presenting, within a report to ADASS (Association of Directors of Social Services) a version for councils to adopt as best practice based on the Warwickshire Direct Payments Toolkit.

**2.10** The Social Care and Support Business Unit continues to have a Personalisation / SDS ‘Embedding Practice Group’, with an associated work plan. This is in recognition of the fact that fully embedding personalisation is a long term culture change challenge, including the expectation that further shape and direction will be given by the pending Adult Social Care white paper. Social care and support practitioners have recently completed an on line survey to feed in front line views about what support is required to enable them to become confident and empowered when offering Direct Payments.

#### **Personal Story:**

At the age of seven, Mr B’s parents were advised to ‘put him into a home’ because he would never lead a normal life. Before taking up his personal budget, Mr B’s parents reported “he came in from the day centre, I asked him what he did and he said, ‘Nothing’. He went up to his bedroom, stayed in his bedroom, he’d got no life.”

Since taking up his personal budget Mr B's life has changed dramatically. He used his budget to employ his own personal assistant (PA), who is an old family friend.

Mr B is able to tell his PA exactly what he wants to do each day and where he wants to go. It also allows him to take part in leisure activities that he enjoys such as going to the cinema, playing golf and swimming.

**"I am doing more things than I have ever done before. I can go out with my PA when I choose and do the things that I want to do on that day. I go to the farm and work with the animals - I love it." Mr B**

**2.11 Affordable Choice** Since publication of the PPF concordat and subsequent national Vision for Adult Social Care, there has been a significant change in the imperative to deliver savings across the public sector. For Adult Social Care, whilst already working on the delivery of transformed services to facilitate a financially sustainable model of operation, delivery of personalisation now has increased emphasis on also delivering *affordable choice* going forward. Also, where people can afford to pay for, or make a contribution to the cost of their services, the council now expects this to happen.

#### Personal Story

Mrs A has used her personal budget support to help her stay at home rather than moving to residential care. She didn't want to go into residential care but the Mental Health Team felt that the risk and her mental health problems were too great for her to remain at home. It was assessed that she didn't have capacity to make this decision, but following a best interest assessment it was decided every effort should be made to enable her to remain at home where she wanted to be and where she had lived all her life. With support from her Community Practice Nurse she was given a personal budget to purchase support which has enabled her to remain at home, keep her mental health stable and reduce risk, which were the outcomes she and the team wanted to achieve.

**"Direct payments are fantastic for people with mental health conditions. They give them the choice and flexibility to have the kind of support they need to live their lives fully." Community Practice Nurse**

**2.12 Personalisation culture informs Strategic Commissioning:** Personalisation is at the heart of our approach to strategic commissioning and is central to the redesign of services delivered across all client groups and service types. Over the past two years we have reviewed, refreshed and updated a range of commissioning strategies to ensure that we are commissioning services which are personalised in nature or moving from a traditional model of provision to one which is more modern. For example, in recent months we have launched the tender process for community hubs within learning disability services whereby the new model will focus

on support to access main stream community based services, whilst still also providing appropriate levels of support for those with highest needs. Within learning disability services, ensuring that customers are able to access appropriate, settled accommodation continues to be a priority and we are working with customers and providers to make this a reality in ways which meet the personal needs of individuals.

### **An example of the changing shape of commissioning:**

#### ***Launch of the Keyring Service model:***

Keyring is a model of housing support designed to suit people with a range of support needs. Keyring networks will consist of nine people who live in properties in a defined geographical area. People with support needs (members) occupy 9 properties in the community, and a 'community living volunteer' lives in the 10th. The community living volunteer provides at least 12 hours of support time each week, and this focuses on ensuring the network functions well as a group and becomes involved in the community. Floating support can be offered via a neighbourhood link worker to increase independent living skills and reduce long-term dependency on support - they can provide one-to-one support to assist with those higher support needs. This support may initially complement individual support packages, being designed as part of moving on from residential.

2.13 Our approach to maximising independence for all client groups continues to ensure that we focus our resources to those in greatest need whilst developing arrangements which support those with lower level requirements to access mainstream community based services that meet their needs. To support this, we have launched the Warwickshire Directory which is a repository of a wide range of information about the services that people can access in the County and is available either on-line or through our customer contact centre. In addition to this we have been working with Age UK to pilot a service designed to give one to one support to those who don't meet our eligibility criteria but would benefit from some support in the community. This service is jointly commissioned with the Arden Cluster and is designed to ensure that people are able to access services which meet their personal and individual needs.

2.14 Direct Payments continue to be provided in significant numbers. To expand this further we are currently tendering for an enhanced support service to help inform and guide those customers who wish to take up this more personalised approach to arranging their care and support. These new arrangements should be in place from October this year.

### **Personal story:**

Mrs C is 85 years old; she lives alone in her own home and has no main, informal carer. She needed help and support to carry out her personal and practical needs,

getting around generally, and so that she could keep in contact with her local church and its members.

We agreed a support plan with Mrs C using a combination budget. The direct payments enabled her to employ a personal assistant of her choice that she felt comfortable with to provide her personal care, help her manage finances and support Mrs C in attending local church meetings.

**“More people should try direct payments they don’t know what they are missing. We have the freedom to choose who comes into our home.” Mrs C**

### 3.0 Evaluation Mechanisms and Key Targets

- 3.1 ‘Think Local, Act Personal’ set a target for all councils that by March 2013 all customers who are receiving on-going support to live at home are doing so through either a personal budget or direct payment. This is therefore a nationally defined target. Warwickshire are forecast to achieve 75% in March 2012 and are therefore on target to achieve 100% by March 2013.
- 3.2 Two indicators of performance are taken from the Adult Social Care Survey and form part of the Adult Social Care Outcomes Framework (ASCOF):
- 3.3 ASCOF 1B measures **‘the proportion of people who use services who have control over their daily lives’** in 2010-11 68% of Warwickshire customers said they had control over their daily lives compared to 75% nationally, placing Warwickshire in the bottom quartile of all shire authorities. The target for 2012-13 is 72% and 2013-14 is 75%. This shows us that we have work to do to ensure that the services offered help people feel they have control over their daily lives. The aim is that the service developments underway, for example, those mentioned earlier in the report, will assist us to make the progress needed in this area.
- 3.4 ASCOF 3D measures **‘the proportion of people who use services and carers who find it easy to find information about support’** Warwickshire’s 2010-11 outturn was 50% and the all England average was 55%, placing Warwickshire in the bottom quartile of all shire authorities. The target for 2012-13 is 53% and 2013-14 is 56%. Again, the service developments we have put in place since the 2012-11 outturn aim to address this issue, for example, the Resource Directory, and refreshed internet-based information. The information and advice leaflets have also been revised and signed off by Assembly members.
- 3.5 There are two key indicators for the success of the reablement service, both of which are new for 2011-12:
- 3.6 **‘Percentage of customers not needing on-going social care 91 days after leaving reablement’** the 2011-12 is forecast to be 57%, the targets



for 2012-13 and 2013-14 are both 63%. These compare very favourably with regional and national performance.

3.7 '**Percentage of reablement customers where one or more agreed outcomes are fully met**' is forecast to be 75% for 2011-12, the target for 2012-13 is 80% and the target for 2013-14 is 85%. The Reablement Service continues to develop and improve, hence anticipated further improvement. It is important to note that in order to try and give as many people the opportunity to benefit from reablement as reasonably possible, the risk is that we will always have a few people for whom it does not turn out to be successful. For example, some people need to go back to hospital for genuine reasons, or have a chronic condition that deteriorates faster than expected. However, overall, the success rate is heartening.

#### **Practitioner Story:**

A carer contacted the Learning Disability team duty requesting urgent respite; as they were due to go into hospital for a week. Instead of pursuing the usual route of residential respite, the practitioner used self-directed assessment and support planning. The practitioner worked with the customer and their carer to support the customer to remain at home, with the use of assistive technology and support with meals from the customer's neighbour. This supported the carer to feel that their daughter was safe at home while they were in hospital. The customer also felt fully in control of her situation, not having to leave her family home to enter "institutionalised care". The situation had a successful outcome for everyone.

## **4.0 Conclusions and Next Steps**

4.1 Successful progress has been made to establish a personalised approach to Adult Social Care Services delivery. This approach is now a common theme across practice, service development and strategic commissioning.

4.2 Completion of the Putting People First milestones represents a major achievement in establishing personalisation as 'the way we do things round here'. There is an ongoing need to maintain a focus on continuing to develop the type of services that personalisation demands, and an approach and practice culture that indicates a personalised approach is central to all activities undertaken. It is important to acknowledge that this represents a long term change environment, as Adult Social Care continues to deliver on major service changes. Also, that the Corporate Strategic Commissioning Review of Adult Social Care has recently been initiated and may bring further challenge.

4.3 Personalisation has become an important aspect of wider policy and practice at a national level, rather than the focus just being within Adult Social Care. For example, personal health budgets are being piloted. Direct Payments are now being utilised in children's services.

4.4 Moving forward, it will be essential to ensure alignment of the personalised approach taken by Adult Social Care, with key partners. The goal of a 'seamless service' for the customer continues to be relevant.

## Background Papers

1. 'Putting People First Concordat: A shared vision and commitment to the transformation of Adult Social Care', Department of Health (2007)
2. 'Personalisation and Introduction of Personal Budgets', Cabinet Report (2008)
3. 'A Vision for Adult Social Care: Capable Communities and Active Citizens', Department of Health (2010)
4. 'Personalisation – A progress update', Adult Social Care and Health Overview and Scrutiny Committee (2011)

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## Glossary of Terms

- Adult Social Care:** There is no simple definition of adult social care. However, it is agreed it covers a wide range of services provided by local authorities and the independent sector to adults either in their own homes or in a care home. It also covers day centres, which help people with daily living. Services like help with washing, dressing, feeding or assistance in going to the toilet are also included. A range of statutory duties on the council facilitate the provision of Adult Social Care services.
- Assessment:** A conversation held with a customer, sometimes using a questionnaire, which is used to work out what social care support a customer needs. An assessment takes place when a customer first applies for social care services. The assessment is reviewed at least once a year to make sure that the customer continues to receive the right support, but reviews may happen more frequently depending on the individual customer's circumstances.
- Broker / Brokerage:** An organisation or person that helps a customer to arrange the support they need. Brokerage can be done by the Council, a voluntary organisation/ charity, a private company, or an individual such as a family member or friend.
- Carers (unpaid)** When we talk about carers we do not mean someone who is paid to provide care as part of a contract of employment - for example, a care worker or care staff. A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.  
A young carer is someone who is under the age of 18 and may be looking after his/her parents, brother or sister, grandparent or other relative who needs support.
- Carers' Services:** Carers' Services are provided to give carers a life outside of caring, for example, by supporting them to keep their job, have a hobby or relax and take

time out from their caring role. These are non-chargeable services. Sometimes, so that the Carer may pursue a life outside of their caring role, it is necessary to provide replacement care for the customer who the Carer supports. It is important to remember that replacement care services are chargeable services to the customer who receives care.

**Care Package:** A range of community care services, a person will receive for their assessed need.

**Chargeable Services:** Chargeable services refer to adult social care services that the Council is allowed to charge for by government legislation. Government legislation may also specify how much we are allowed to charge and if we are not allowed to charge for a service.

**Commissioning:** Commissioning is the process by which local authorities decide how to get the best possible value for money whilst providing good quality services for local people.

**Complaint:** People have a right to complain about a service where they think they have been unfairly treated, or have received unsatisfactory services.

**Direct Payments:** Are cash payments made directly to eligible customers who choose to make their own care arrangements, rather than receiving services provided by WCC. Direct Payments are one way customers can choose to manage a personal budget. They provide greater choice and control

**Fair Access to Care Services:** This document is published by the Department of Health and issues guidelines on how councils should determine whether a customer is eligible for adult social care services. It covers how local authorities should carry out assessments and reviews and support individuals through the assessment process.

**Fairer Charging:** Fairer Charging refers to Government guidelines on how local authorities charge for non-residential care services. WCC, like other local authorities, operates a Fairer Charging policy, which is based on these guidelines.

**Indicative Budget:** A customer's assessment of needs is used to work

this out. It is the amount of money that it is estimated will be needed to provide the care and support to meet a person's assessed needs (e.g. £50 per week). A customer and practitioner use the 'indicative (or estimated) budget' amount to help develop the Support Plan. It is only when the support plan is fully costed and agreed that the final 'Personal Budget' is known (see 'Personal Budget' for definition.)

**Individual Budget:**

An Individual Budget was intended to bring together all the variety of funding streams (e.g. Independent Living Fund, Supporting People funding, Disabled Facilities Grant, Council Provided Social Care Services, Access to Work) that a customer might need, to be accessible through one assessment process. National work on this has slowed. This is not available in Warwickshire.

**Individual Service Funds:**

An Individual Service Fund (ISF) is when someone wants to use his or her personal budget to buy support from a provider. Individual Service Funds mean that:

- The money is held by the provider on the individual's behalf.
- The person decides how to spend the money.
- The provider is accountable to the person.
- The provider commits to only spend the money on the individual's service and the management and support necessary to provide that service.

**My Assessment:**

This is a questionnaire you are supported to complete. This is designed to help the council find out if you are eligible for social care support and understand your day-to-day life.

**Personal Budget:**

A Personal Budget is the sum of money, which a customer is assessed as being entitled to receive to help them be independent, safe and well. Personal budgets can be used to pay for any type of service, (not just a social care service) that would help add value to their life as long as it is legal. For example, a person may choose to use some of their money to join a gym or a craft club to help keep them active and give them the opportunity to socialise. They must be used to achieve agreed outcomes. A person can choose to receive their Personal Budget as a Direct

Payment, Mixed Budget or Personal Managed Budget. These services are chargeable.

**Personalisation:** Personalisation means giving people more choice and control over their own lives. It is support that fits around the person rather than a person having to fit around the support that is available.

**Promoting Independence:** Most people would prefer to look after themselves as much as possible and to remain in their own home. Recent guidance has challenged statutory agencies to promote such independence by ensuring that people have access to the information and services that they need. It also places increased emphasis on rehabilitation and the associated services.

**Provider of Care Services:** An independent or statutory organisation that may provide a whole range of care services.

**Reablement:** Specialised help for people to regain the skills and confidence they need to continue living independently at home. Reablement services are currently available to people leaving hospital and people requesting social care support for the first time. Our aim is to open up these services to all people who might benefit. This is currently free of charge for up to six weeks.

**Resource Allocation System: (RAS)** When a customer applies for social care, services they are assessed to work out what their support needs are. Once the needs have been identified, the Resource Allocation System is used to estimate how much these needs might cost. The final amount may change, as the cost of a service may depend on things such as a customer's location, (e.g. travel costs may be involved or certain services may cost more or less in certain parts of the county).

**Self Directed Support:** Self-Directed Support puts eligible customers in control of the care and support they receive. With self-directed support, the council does not make choices for the customer but instead supports the customer to:

- Identify what they need to make their life better.
- Know how much money they may get to spend on support.
- Decide what support they receive.
- Decide when and how they receive it.

**Social Worker:**

Social workers usually work for Adult Social Care and Support. They have training in dealing with people's needs, and arranging services that will help them. They all need to be registered with the General Social Care Council.

**Support Plan:**

This is the plan agreed by the customer and social care practitioner to meet the customer's care and support needs. A customer will always have a support plan even if they choose to receive a Direct Payment, Personal Managed Budget, an individual service fund or a combination

# Principles of Personalisation

Developed by

## ***Warwickshire's Transformation Assembly***

1. People will be supported and enabled or re-abled to live independently.
2. People will be empowered to make decisions for themselves.
3. Everyone eligible to receive services will have a Personal Budget and have the right information to make good decisions.
4. Customers and carers will be central to reshaping, delivering or looking at services.
5. We will work with staff (including commissioned services) to create a culture of independence, choice and empowerment.
6. Staff will be fully involved in service design and implementation through a variety of ways.
7. All people referred for services will be supported to maximise their independence before long term support arrangements are put in place.
8. Expenditure will be allocated fairly and consistently taking into account individual circumstances and needs.
9. Documentation, systems and processes will be consistent across client groups, whilst reflecting the differing needs of those client groups where appropriate.
10. Family leadership and social enterprise development that supports personalisation will be actively promoted and supported.