

GETTING SERIOUS ABOUT PERSONALISATION IN THE NHS – SUMMARY

Getting serious about personalisation in the NHS complements the NHS England prospectus for the Integrated Personal Commissioning (IPC) Programme being taken forward with support from local government and voluntary sectors as well as people who need care and support, their families and carers. Think Local Act Personal is a key partner in this work.

The IPC Programme confirms the next stage of personalisation will be its most ambitious – a person-centred, coordinated approach to combining resources around people with some of the most complex health and care needs, strengthening communities, transforming commissioning and supporting self-management. It also extends the idea of integration into areas involving early intervention, prevention, self-care and promoting and supporting independent living.

Health and social care is facing unprecedented challenges. There is widespread acceptance that the current system is too fragmented and will be incapable of meeting projected growth and rising expectations.

Budget reductions, demographic pressures, technological advances and changing attitudes are all resulting in the need to re-think the way health and social care work for the future.

Better integration between health and social care is widely considered as part of the solution. People with mental health problems, complex needs and long-term conditions frequently need to access different health, social care, housing and other services, often simultaneously.

Integration is not a new idea, but minds are now fixed on it like never before. Most efforts to integrate care and support have focused at the system level, but this does not guarantee a more joined up experience of health and social care and has rarely recognised the opportunity for people themselves to shape and coordinate the care and support they need.

The Narrative for person-centred, coordinated care makes the case for starting from what people themselves identify as important. For example, older people identify social interactions and keeping active; people with mental health problems value support from peers and user-led groups; and children with complex lives want to access the things other young people enjoy, such as friends and a social life. So integration and personalisation need to be seen as two sides to the same coin.

Bringing this ethos together with current efforts to integrate care and support offers an approach to integration at the individual level, including through the use of integrated personal care and support planning and personal budgets.

The focus of the IPC programme and the cultural changes it seeks to accelerate are grounded in many years of learning and experimentation for what works in empowering patients and people with care and support needs to be active partners in their own care. In health this includes supporting self-management through personal care and support planning and personal health budgets. In social care, personalisation is now a mainstream policy, building on the achievements of the disability and independent living movements.

Personal health budgets – an allocation of money by the NHS to someone with an identified health need so they can buy what they need to improve their health and wellbeing – have been shown to improve people’s quality of life and psychological wellbeing while being cost-effective and reducing overall service use. They are being rolled out for people with NHS Continuing Health Care funding currently and the IPC programme will extend their use for many more people with health conditions.

Personal budgets in social care are now common place and the Care Act mandates them in law from April 2015 for everyone with an eligible need. When implemented well, personal budgets can improve outcomes for people and deliver greater value for money. Despite significant progress, there remain considerable implementation challenges to ensure they work well for everybody.

Personalisation has also meant a range of changes in how services are commissioned and provided and a gradual shift to preventing and delaying people’s needs, building community capacity and promoting individual wellbeing. The journey is ongoing and there’s lots that can be learnt from experiences so far:

- 10 lessons for personalisation in the NHS
- 10 key messages for NHS Commissioners
- 7 key messages for NHS funded providers

To be successful, the IPC programme will need to build on this learning and harness the leadership of people and communities as well as clinicians, professionals and their organisations. Future developments will need to entail:

- Focusing on wellbeing including the role of the voluntary sector, connecting people to informal resources peer support and universal services that contribute to wider determinants of health and improve patient experience. For example, social prescribing, community navigation and local area coordination etc.
- Transforming commissioning to enable a shift in resources to personal budget holders, reshape the range of care and support options available and create the infrastructure needed for people to access what they need. For example, through the use of market position statements, capitated budgets and outcomes-based commissioning etc.
- Supporting self-management through a person-centred approach across health and care, so that people have holistic personal care and support plans and can access personal budgets with minimum fuss and maximum flexibility where appropriate.

Think Local Act Personal will support the programme as a key delivery partner, bringing together all the Partnership's learning and experience of what works in making personalisation a success. This includes working across the partnership to identify and address barriers, developing guidance and resources, sharing networks, delivering onsite support to IPC areas and sharing examples of what works.

[Read Getting serious about personalisation in the NHS in full.](#)

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