PERSONALISATION IN ADULT SOCIAL CARE: IMPACT ON FUNDERS

Glossary of terms (Adapted from a 24-page Glossary of terms used in adult social care, for the London Joint Improvement Partnership)

Assessment The process of identifying the needs of an individual alongside their impact on independence, daily functioning and quality of life so that appropriate care, health or other services can be planned. It should include all relevant viewpoints and be self-contained and time-limited, culminating in the clear identification of needs and the objectives for how they will be met (a care plan). Where services might be required from more than one agency, multi-agency assessments may be undertaken.

Broker/brokerage An individual or organisation that can help someone with his/her support needs. Brokerage can be done by the local council, a voluntary organisation, private company or individual. A professional broker is someone paid to do this.

Budget – indicative Gives a rough idea of how much a Personal budget will be.

Budget – individual Money given to a person to buy in the services or equipment s/he requires to meet assessed care needs. Individual budgets differ from personal budgets as they pool funding from a variety of places, making the system easier to navigate. An individual budget can include a personal budget from a local authority as well as money from other sources, such as the Independent Living Fund (ILF) or Supporting People funding.

Budget – managed When a local authority looks after a person’s personal budget, it is called a managed budget. The person knows how much it amounts to and what it is being spent on, but does not receive actual money.

Budget – personal Money which is allocated to someone by a local authority to pay for assessed support or care needs. Personal budgets are similar to individual budgets, but they are made up solely of local authority social care funding and do not draw in payments from other agencies. If an individual could be entitled to other funding (e.g. from Supporting People), s/he needs to apply for it separately. The personal budget can be paid direct so that the individual can make her/his own choices about how care needs are met and by whom, or leave councils with the responsibility to commission the services, or elect to have some combination of the two.

Care plan The plan of treatment or actions agreed with a service user following an assessment of need by a health or care agency.

Commissioning – individual Involves buying services to produce an individually tailored package of support. Individual commissioning links to personal budgets and Individual Service Funds (ISF) and aims to ensure that services meet an individual’s assessed needs and produces the best outcomes.

Commissioning – outcome based These are commissioned services defined by, and paid for, on the basis of a set of agreed outcomes to achieve better health and well-being and reduce inequality, i.e. not based on activities, procedures or measuring performance in terms of volume of service provided, but on the results and whether service users have achieved the goals and outcomes they want. This could include measuring satisfaction, perceived quality of life or whether a person has ‘got better’ or does not require further services. Outcome based commissioning requires a whole system change including assessment, support planning, provider performance management and engagement with partners.

Co-production A term to describe access to care and support, which the service user, their family carers/neighbours and paid care providers all work in a productive relationship with local authorities and their partners in the design, planning and delivery of new personalised systems and services.

Direct payment A means-tested payment made to service users in lieu of community care services they have been assessed as needing, intended to give users greater choice in their care. The money received should be enough to meet a person’s assessed care needs.
**Fair access to care**  A means tested assessment used to determine whether people are eligible for council funded services. In most boroughs, people who are assessed as having substantial or critical needs receive funding for services.

**Individual service fund**  An individual budget that a service provider manages on behalf of a service user. Payments are made with the understanding that the service provider can deliver what is needed and it meets the criteria set out in the service user’s support plan.

**Joint strategic needs assessment**  Joint assessment between the local authority and the primary care trust, and including third sector and private providers, to establish the current and future health and well-being needs of the local population.

**Payment by Results (PbR)**  The transparent rules-based payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs.

**Personal assistant**  A support worker directly employed by a service user.

**Personalisation**  The all-encompassing term for the Government’s agenda to give people more choice about and control in the care they receive. The system places service user at the centre of the process and allows them to choose the support they use and the manner in which they receive support.

**Re-ablement**  Services for people with poor physical or mental health which help them accommodate their illness by learning or re-learning the skills necessary for daily living.

**Resource allocation system**  The system a local authority uses to decide how much money people get for their support. The system has clear, public rules so everyone can see that money is given fairly. It is based on a set of questions and enables a local authority to work out what a person’s indicative budget will be, based on what support they need. It relies on a scoring system based on answers given to a series of questions and then places people within a series of funding bands.

**Self directed support**  The term used for when people choose their services, organise their care and arrange for payments to be made. This is because the individual who requires the service is directing their own care and has choice when it comes to their support.

**Self funding**  When an individual is deemed to have sufficient funds and is able to make arrangements and pay privately for their care services.

**Service users**  These are the people who receive health and social care services. They may be individuals who live in their own homes, are staying in care or are being cared for in hospital. Some groups note an implied power relationship from this term and prefer to be referred to as People Who Use Services (PWUS).

**Support brokers**  see Broker above

**Support plan/support planning**  How a service user will spend their budget to get the life they want. People who use services can get help to make a plan – perhaps from family or friends, or pay someone who specialises in planning. A person’s local authority must agree the plan before agreeing to pay for any support.

**Universal services**  The range of services and support available to the whole community to help people maintain independence and reduce the need for formal support. This includes a vision that all mainstream public and community services will be genuinely accessible to all, including disabled people.