Implementing Individual Service Funds

“If it hurts...

...you’re doing it wrong.”
Personal budgets and ISFs only improve efficiency **IF, and only IF**

- **Resources** can be used **flexibly** to maximise benefit

- **Decisions** are made **closer** to the person
From Push Economics... to Pull Economics

- people
- community
- spirit
- gifts
- resources

self-directed support enables integration of budget with Real Wealth
• **Direct payments** has been one successful strategy that works for some people.

• But many people **do not want** the extra responsibilities of direct payments, **and**

• Some people **cannot manage** a direct payment (even with support from their network).

• Using **ISFs** is the solution to this problem.
What is an ISF?
Don’t over-think this...
• An ISF is basically a **personal budget** managed by a community organisation (provider, broker, etc.)

• It is **NOT** the contract between the commissioner and the organisation

• **It is something that** can be established by organisations either:

  (a) under contract to commissioners or

  (b) under contract to someone with a direct payment or their own private funding
• ISFs were first used by **Inclusion Glasgow** in 1996.

• Used by **Choice Support** in Southwark.

• Many other early examples across England.

• Big outcome **improvements**

• Big **efficiencies**
You can download all these and more: [http://www.centreforwelfarereform.org](http://www.centreforwelfarereform.org)
Individual Service Fund

Funding from one or more sources [enables integration]

My Money

Restricted Funding

Coordinator
brokerage

Admin
overheads

Insurance Fund
unexpected costs
But this is just one model of how to use an ISF
There’s no fixed model. Keep it \textbf{simple} and learn as we go.
Fundamentally ISFs is a tool to help providers and citizens work together differently. It’s about flexible support.
Flexible support means...
Flexible Support

1. **Accountable** - you work for me
2. **Individualised** - support fits my life
3. **Responsive** - things can change
4. **Partnership** - we work together
5. **Empowering** - I can take my place
There are already examples of this...
You can download all these and more: http://www.centreforwelfarereform.org
It’s about supporting people as **active citizens** - not as consumers
Flexible support is primarily an innovation in support (not in commissioning) but commissioners can really help
You can download the guide:
http://www.thinklocalactpersonal.org.uk
• ISFs were included as an option from 2003 in early models of **self-directed support** developed by *In Control*.

• In practice use has been **very low** (1% of personal budget expenditure, 4% of budgets).

• ISFs are **misunderstood** and often lead to more complex forms of **contracting**.

• ISFs have **mistakenly** included **support plans** as part of the contract.

• The main block is an ongoing lack of **trust** in the community organisations that provide support.
Ability of citizen and their partner organisation to **plan and organise** their own flexible support is essential:

- No need for **contract** changes
- No need for social work **planning**
- No unnecessary **restrictions**
• Although there are some existing ISFs ‘models’ these should **NOT** be treated as **fixed templates**.

• At its heart is simply the acknowledgement that the **personal budget** is the person’s, needs to be respected as such and that it can be withdrawn from the organisation when the person no longer wants support from it.

• Positive change will be witnessed in improved outcomes, efficiency and the development of new models of support that **win support** from people and care managers.
The challenge for commissioners
Commissioners need to ensure that **contractual** arrangements allow the necessary flexibility. There is **more than one way** to achieve this goal:

- Some contracts **may already enable** the use of ISFs even if this is not explicit.

- Some **contracts could be altered** by agreement with providers to change how resources are used.

- Some **new contract models** may also be useful.
How do we get our savings?

- **Clawing back** from underspends still possible. If you insist.

- Much better to **explore up-front agreements** about targets, savings and incentives. Fairness means no surprises.
Social care

We are developing a new National Procurement Strategy for Social Care services and a range of tools for use by local authorities. These will reflect the intent of the Care Act 2014, the Children and Families Act 2014 and Commissioning for Better Outcomes. The Strategy and tools will give procurement officers and commissioners ways to develop integrated commissioning and to develop provider markets in their area.

These products were developed by Finding Common Purpose, which was a Department of Health funded project delivered through the Winterbourne View Joint Improvement Programme. We have undertaken extensive engagement on each of the resources below with procurement, services, providers, commissioners, legal services and Monitor.

Procurement tools
National Social Care Category Strategy
We are now pleased to launch our social care category strategy. The focus of the strategy is to establish guidance in key areas and act as a conduit for sharing best practice.

The National Social Care Category Strategy for local government (PDF)

Model Standing orders for Social Care
To reflect the complexities and unique nature of social care procurement these model standing orders were drafted by Anthony Collins Solicitors on behalf of the LGA. The documents reflect best practice in social care procurement and are intended as a baseline template for independent standing orders for both adult and children's services.

Councils are encouraged to adapt these documents to reflect local circumstances.

- Model Standing Orders for Adult Services
- Model Standing Orders for Children's Services

Provider protocol
As identified in the National Social Care Category Strategy building strong relationships with social care providers is an important facet of good social care procurement, not least because it is a crucial factor in fostering innovation. The LGA has developed a Provider Protocol setting out good practice in commissioning relationships with providers to provide assurance to both parties.

- Provider protocol

Myths about procurement
A resource to share with stakeholders which is designed to promote a better understanding of the powers and restrictions of procurement.

- Myths about procurement

Please send comments, or for more information, please contact tina.holland@local.gov.uk

Easyread tools:
Easy read versions of some of the stakeholder resources.

- Myths around buying care and support - easyread
- Guide for buying care and support - easyread

For more information or to provide comment on any of the above resources, please contact tina.holland@local.gov.uk

Go to LGA Guidance here: https://shar.es/15EQBy
The challenge for social workers
ISFs should become **central** to the options that social workers and care managers use. If a direct payment is not appropriate then **every effort** should be made to provide support using an ISF:

- ISFs mean a **delegation** of authority and should reduce the burden on care managers.
- ISFs do **NOT** require particular forms of **planning** by social workers or anyone else.
- Care managers should help people find an **appropriate agency** (using their full expertise).
- Care managers should then focus on **outcomes** - not processes.
How do you solve a trust problem?
• Focus on **people and organisations** who are already up for the change - you can’t force it. It must be **consensual**.

• Find **situations** where there could be multiple benefits from making the change. **Make it fun**.

• Build an **alliance** of support to make the change. Grow **commitment**.

• Keep it **simple** and as **easy** as possible. **Stay relaxed**.

• **Grow** from small to big. Make innovation **natural**.
Implementation
  if
  it hurts
you’re doing it wrong
1. Build on existing **relationships**

2. Focus on areas of **high cost** and **high risk**

3. Focus on **outcomes** in monitoring

4. Use **existing** legal frameworks if possible

5. Let providers **develop** their own flexible offer