

A black and white photograph of two women smiling. The woman in the foreground is wearing glasses and a dark top, with her arms crossed. The woman behind her is also wearing glasses and a dark zip-up hoodie. They are in a kitchen setting with a window and shelves in the background.

Supporting and developing the workforce for Individual Service Funds

Making self-directed support work

August 2020

in partnership with



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Acknowledgement

This guide was produced in collaboration with our ISF workforce steering group and we would like to thank them for their contribution, time and feedback they've put into this guide.

Please note all images in this guide were produced prior to Covid-19 therefore do not reflect the current restrictions which are subject to change.

Introduction

This guide is for anyone that's involved in implementing ISFs in a local system. It explains what ISFs are, the benefits of ISFs, and the required changes to introduce and implement ISFs that will ensure that people receive the person-centred, high-quality care and support that they want and need.

It shares learning from a pilot project in South West England to identify some of the potential challenges of implementing ISFs and share best practice tips and recommendations to overcome these challenges.

The guide focuses on five key areas that influence the successful implementation of ISFs, including:

- organisational culture
- collaboration
- person-centred support planning
- commissioning and finance
- learning and development.

The guide will be useful for anyone that's involved in implementing and delivering ISFs, to help them to understand what they are and the implications of new ways of working on their role.

In particular, it will be useful for:

- **adult social care providers**, including ISF holders – to help them to understand the implications for their service(s) and new ways of working to support ISFs
- **adult social care and health commissioners**, including finance and procurement colleagues – to help them to understand ISFs and the required changes to commissioning practices and ways of thinking/working to successfully implement ISFs
- **social workers and health workers** involved in carrying out assessments and reviews with people who need care and support – to help them to understand the required changes in their approach to assessments and reviews, to successfully implement ISFs
- **other organisations**, such as brokerage organisations, learning providers and direct payment support teams.

Background to this guide

Individual Service Funds (ISFs) were formally introduced in the Care Act 2014, as an option for commissioning self-directed support.

Since then, several pilot projects have taken place to trial ISFs and learn the best ways to implement these arrangements.

Some projects have found this new way of working challenging in terms of making the required technical changes to systems and processes to implement and enable ISFs, and in terms of the required culture change and ways of thinking of individuals within the system.

In 2018, Devon County Council worked with a local care provider to pilot this approach to commissioning and set up a regional ISF forum to share ideas and enable people to learn from each other.

This pilot project has seen an increased enthusiasm and motivation for implementing ISFs as well as lots of positive outcomes for the individuals involved. This has generated a better understanding about how ISFs can work and improve outcomes for people who need care and support, and some tips and recommendations for other commissioning authorities and providers that want to implement this approach.

In 2019, Skills for Care, with funding from the Department of Health and Social Care, supported the expansion of this pilot project. The forum was expanded across the region and we set up a regional workforce steering group to explore the workforce requirements of this approach. We've also run a series of focus groups to share some of the challenges that the pilot project has raised, and the best ways to overcome them.

This guide shares some of the learning and recommendations from the pilot project and focus groups.



What is an Individual Service Fund?



For individuals, having an Individual Service Fund is not all about direct support hours – it's about having control of your total budget and using it flexibly to meet the needs that you have identified as being important to you.

Director – New Key



An Individual Service Fund (ISF) is one way of managing a personal budget, where someone who needs care and support (and/or their family, advocate or carer) chooses an organisation to manage the budget on their behalf and works with them to plan care and support services and activities that will help them to achieve their identified outcomes.

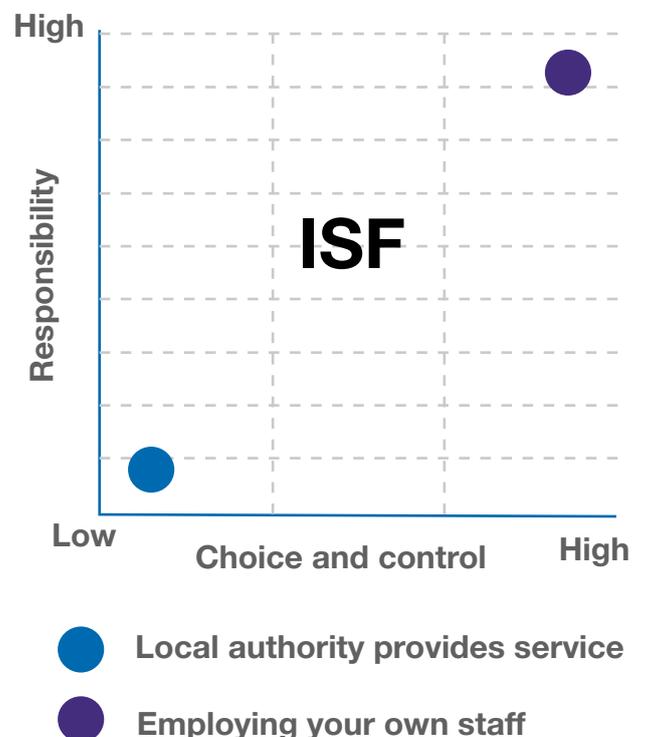
This arrangement requires more flexible contracting between commissioning authorities and providers, and person-centred support planning to use personal budgets creatively to meet an individual's needs and outcomes.

In this guide, we've used the term 'ISF holder' to indicate the organisation which holds the ISF and uses it to arrange and pay for care and support services on behalf of the individual. The ISF holder may also provide some services to the individual themselves.

The budget could come from social care, health or the individual, and will be based on their eligible needs.

ISFs give people the choice and control over their support, without having to manage the money themselves.

This is a middle option between direct payments, which have high levels of choice and control plus high levels of responsibility, and local authority managed services, which can have low levels of choice and control and where responsibility lies with the council.



Useful resources

[Individual Service Funds: easy read – Dorset County Council](#)

This leaflet provides information about ISFs in an easy read format.



[Individual Service Funds: video – Helen Sanderson Associates](#)

This animation explores ISFs, the benefits of them and how they work, through an animated video.



[Information for people supported \(2020\) – My ISF](#)

This website is for people who need care and support and are considering using an ISF. It provides information about why they'd want an ISF, who can support them and how to plan their services.



[Good things about Individual Service Funds: easy read - Self Directed Futures](#)

This short letter explains what an ISF is and the good things about them, in an easy read format. It also includes other easy read resources that example what an ISF is and how they work.



[Choice and control for all: the role of Individual Service Funds in delivering fully personalised care and support - Groundswell](#)

Groundswell works with health and social care organisations to transform, support and improve people's lives. This paper explores what ISFs are, how they've evolved, how they're working and the opportunities for further development in the future.



ISFs and the Care Act

ISFs were formally introduced in the Care Act 2014, as an option for commissioning self-directed support. Here's the relevant Care Act guidance about ISFs.

Clause 11.30 of the Guidance

There are three main ways in which a personal budget can be deployed:

- as a managed account held by the local authority with support provided in line with the persons wishes
- as a direct payment
- as a managed account held by a third party (often called an individual service fund or ISF) with support provided in line with the persons wishes.

Clause 11.32 of the Guidance

Where ISF approaches to personal budget management are available locally, the local authority should:

- provide people with information and advice on how the ISF arrangement works and any contractual requirements
- explain how the provider(s) will manage the budget on behalf of the person
- provide advice on what to do if a dispute arises.

Consideration should be given to using real local examples that illustrate how other people have benefitted from ISF arrangements.

Clause 11.33 of the Guidance

Where there are no ISF arrangements available locally, the local authority should:

- consider establishing this as an offer for people
- reasonably consider any request from a person for an ISF arrangement with a specified provider.

Useful resources

[The Care Act 2014 – Think Local Act Personal](#)

This webpage shares information about the Care Act 2014 and links to useful resources and tools for commissioners and providers, including a guide about ISFs and contracting for flexible support.



How Individual Service Funds can work

When people who need care and support are considering their options, they should be given the choice to take their personal budget as an Individual Service Fund (ISF).

If they (and/or their family, advocate or carer) decide to use an ISF arrangement, the social care or health commissioning authority will set up an ISF agreement with the individual and their chosen 'ISF holder' (i.e. the provider that's managing the allocated budget on behalf of the individual).

Where the individual receives budget from both social care and health, for example if someone is under s117 of the Mental Health Act, the local authority will tend to lead on setting up the commissioning arrangement and the overall personal budget, which should include their personal health budget contribution that will be paid by the lead commissioner directly to the ISF provider. In this arrangement, the local authority, as the lead commissioner, is responsible for the individual's initial assessment and reviewing the delivery of outcomes going forward. The arrangement could either be a two-way or a three-way agreement between the individual (and/or their family and carers), the ISF holder and the commissioning authority. If a two-way agreement is used between the commissioning authority and the ISF holder, then a separate agreement will be made with the ISF holder and the individual and/or their family and carers. This ensures that everyone has a clear understanding of who is responsible for what and how the arrangement will work in practice.

When the individual has chosen a provider to be the ISF holder, they'll talk to them about what care and support they want and need, and the provider will commission these services on their behalf and manage the budget. The commissioning authority should be involved in these discussions, to ensure that the chosen services and/or activities meet people's eligible needs. It is very important that the ISF holder understands the eligibility criteria for both social care and health (these are both different) to ensure that any care and support planning takes the criteria into account.

This arrangement requires person-centred care and support planning to ensure that individuals are offered choice and control in deciding how the money will be spent, to achieve the personal outcomes that meet their individual needs. It's important to ensure that everyone involved is confident that this is the best option for the individual.

What can the ISF pay for?

ISFs can be used for a range of purchases as long as they demonstrate that they are achieving positive outcomes for the individual and meeting their needs.

The ISF holder could provide the services themselves or commission other providers or services, for example massage therapy, swimming lessons or yoga classes, and/or use it to purchase and maintain equipment such as assistive technology.

In some cases, individuals might choose to share resources and support with other individuals, and the ISF holder should support this.

There are some contractual restrictions about what the ISF can be used for, for example alcohol, sexual activities, gambling, drugs and anything illegal. The commissioning authority might have other restrictions. There should be a three-way conversation to decide and ensure that the ISF is used to meet someone's eligible needs.

Overcoming difficulties with ISFs

Example 1:

Sarah has an ISF which includes a personal health budget. She has a house that was paid for by a community trust but there is no official landlord. A few months ago, the lift that takes Sarah to her front door broke, and a repair company estimates that it would cost £100 to fix. Sarah is unable to pay for this repair. She spoke to her ISF holder, who worked in collaboration with the social worker and commissioning authority, to agree that the repair costs could be paid for through her ISF, as she could not achieve her care and support outcomes to access the community without being able to use the lift to leave her house.

Example 2:

John has a physical disability and chooses to recruit his own staff to support him. However, recently his staff turnover has been high as he doesn't have the right skills and knowledge to manage his staff team. The ISF holder worked with John and his social worker and commissioning authority to arrange bespoke training about employing and managing staff, using his ISF.

As part of the ISF agreement, the commissioning authority will negotiate a separate administration fee with the ISF holder. This fee can be used to pay for all or some of the following:

- care and support planning
- coordinating all the services and/or purchases required
- learning and development of the workforce.

Having a skilled and competent workforce that are able to support the individual to understand their own care and support and finances, is an essential part of making ISF's successful and sustainable.

Reviewing the ISF agreement

As part of the agreement, the ISF holder and commissioning authority will establish ISF contract review points to ensure that the intended outcomes are being met.

They'll also discuss what to do with any unspent monies – in this case, the money could be used in different ways to support the individual, or it could be returned to the commissioning authority.

Best practice examples suggest that it's important that ISF agreements are flexible so that the individual and/or their family, advocate or carer are reassured that their support and/or funding will not be reduced, unless it's been identified as no longer required as part of this review process.



The benefits of Individual Service Funds



Through an ISF, support is provided in the most efficient way without the need to gain constant approval from the commissioner. Changes to support can be made to meet people's identified outcomes, without needing to refer to the commissioning authority, as long as this remains within budget. Individuals who experience fluctuation of need can have real flexibility in how and when they use their support.

Encompass Care and Support – ISF holder and adult social care provider



There are lots of benefits of Individual Service Funds (ISFs).

- **Choice and control for the individual:** the individual chooses which provider they want to work with and has more of a say over how their personal budget is spent.
- **Improved outcomes for the individual:** the budget can be used to make best use of the individual's, and their communities, strengths and assets.
- **Flexibility:** the individual's personal budget can be used flexibly and creatively to meet their needs and achieve their outcomes. There are only a few contractual restrictions, for example, using the budget for alcohol, gambling, sexual activity or anything illegal.
- **Responsiveness:** if the individual wants to change their care and support, this can be done quickly and easily by the ISF holder, who knows them well and will be able to negotiate and action changes on their behalf, in a timely manner, without needing to involve the local authority.
- **Clarify:** the ISF agreement ensures that everyone is clear about their role, rights and responsibilities, which avoids confusion and complexity.
- **Sustainability:** if the individual has successfully managed their own direct payment and their capacity or ability to do so declines, or a family member has supporting this and they're no longer able to, an ISF arrangement can offer sustainability and continuity of care.

Case study

James – individual who receives an Individual Service Fund



James uses his ISF to support him with a range of activities that have improved his independence and quality of life. Here, Barry, a family carer, explains how having an ISF has made a positive difference to James's life.

“When James finished college, he moved into residential care that was funded through a direct payment, and we managed his account. After a health scare, we contacted Devon County Council to review this arrangement and decided to try an ISF. We appointed New Key as the ISF holder, and they worked with James to choose what support and activities he wants to do. James loves the freedom of choice that he gets and takes part in a wide range of activities including art, a computer class and being a presenter on an activity centre radio station.

Having an ISFA has allowed James to make more choices and take control of his care and support. He can see how his personal budget is being spent but doesn't have the responsibility of managing the budget.

Using this arrangement has also enabled James to be more independent, for example he regularly goes to the pub for a drink by himself, which he wouldn't have been able to do whilst living in residential care.

The ISF allows him flexibility and he has been able to hand back unspent money to the local authority without a fear of losing it – knowing that when he might need more support, he can use this unspent money. This has really helped to decrease anxiety and stress levels.

Support staff have had full and intensive training and can see the obvious need for evaluation and kept informed on any monies saved. This has allowed freedom of choice which benefits James.

James's standard phrase now is “it's my choice” and as parents we applaud this. We feel that we are an extremely lucky family that we have been given the opportunity to trial the ISF and strongly feel that this should be extended to all people who will very soon see the benefits for themselves.”

Case study

New Key



New Key is an ISF holder and here, its' director explains the difference that ISFs have made to the people that they support.

“As a director of a domiciliary support company, we have embraced working in a creative way when supporting people.

For individuals, having an ISF is not all about direct support hours – it’s about having control of your total budget and using it flexibly to meet the needs that you have identified as being important to you.

For example, we’ve supported one person to have personal training sessions in a local gym and used his ISF to deliver bespoke learning for the personal trainer to help them to understand the individual’s specific needs. This has been a great opportunity for the individual to make wider connections in the community, and to receive support from a qualified instructor who understands his needs.”

Useful resources

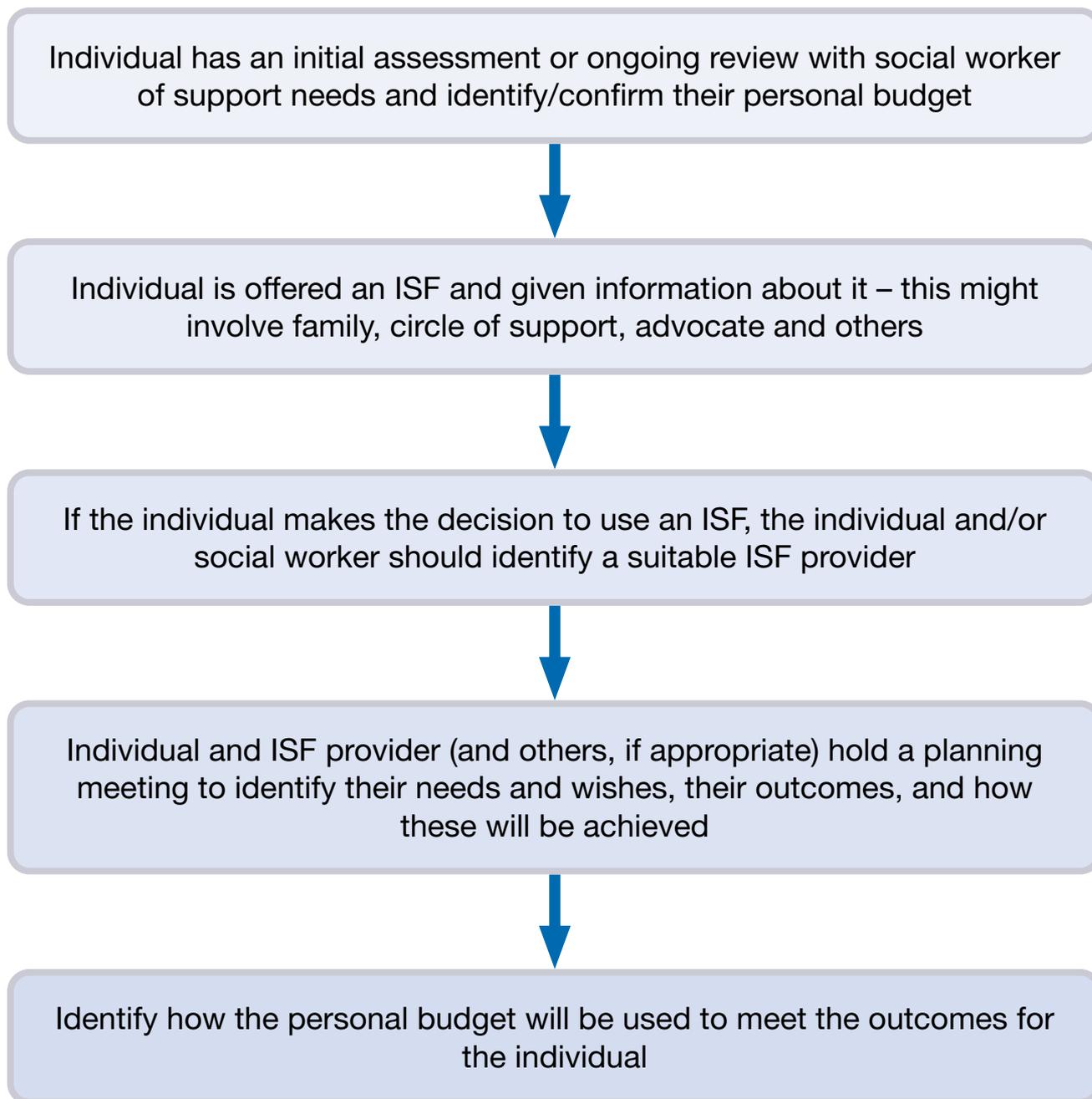
[Beyond direct payments: making the case for micro-enterprise, Individual Service Funds and new forms of commissioning in health and social care \(2018\)](#)

This guidance was developed to make the case for new approaches to support people should a direct payment not be their preferred option. It offers alternative options for consideration, including Individual Service Funds, to help funders understand their role as investors in people and communities, and ensure that their systems are designed to liberate innovation and action at personal and local level.



The Individual Service Fund process

This flowchart provides a summary overview of the Individual Service Fund process. You can tweak and adapt it based on the processes that your organisation uses.



ISF provider and individual agree the plan and how the budget will be spent with the commissioning organisation



Upon agreement, the individual and ISF provider develop an ISF agreement and share with everyone involved, including information about the review process and dates



When agreed, ISF provider to put the support in place and the individual lives their life in a way that they want and choose



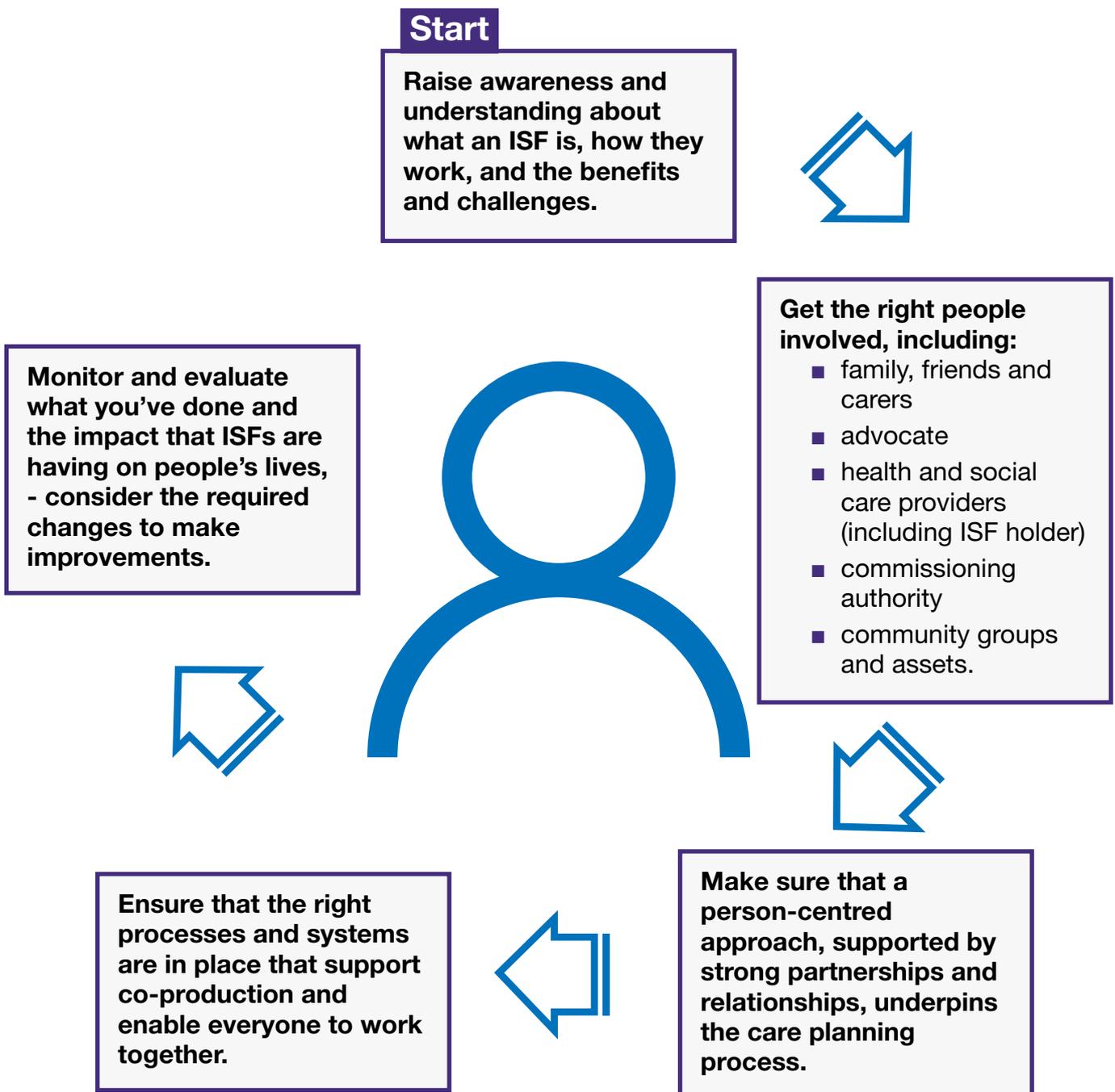
ISF provider and individual to regularly review the agreement and report to the commissioning organisation as required – this should include a re-assessment of needs and budget as needed



If the individual doesn't have capacity to make these decisions, the process will need to involve the best interest decision process around ISFs and identify who is responsible for making decisions – this could be the Court of Protection, a family member, an advocate or someone else in their circle of support. The same process would be followed with this in mind.

Making Individual Service Funds work

This diagram shows the method of achieving a successful Individual Service Fund (ISF) arrangement.



Useful resources

These reports share learning and recommendations from other organisations that have developed and implemented ISFs. You can use the learning to support the development and implementation of ISFs in your area.

[Individual Service Funds: easy read – Dorset County Council](#) **Sam Smith and Frances Brown on behalf of In Control Scotland**

This guide aims to promote inclusion and social justice through greater understanding of the benefits of the creative use of ISFs. It outlines the core components of an ISF and details what needs to be in place for an ISF to work for all of the partners involved.



[Progress and pitfalls in Individual Service Funds: ten tips \(no date\)](#) **The Centre for Welfare Reform and Think Local Act Personal**

This document is a summary of the lessons learned to date from the West Midlands Action Learning Set (ALS) for ISFs, that's sponsored by Think Local Act Personal (TLAP). It sets out recommendations for promoting the uptake of ISFs.



[Testing out Individual Service Funds and spending a budget flexibly \(2014\)](#) **In Control Scotland**

In Control Scotland were involved in an ISF trial in NHS Highland between November 2013 and April 2014, to ensure that the processes for self-directed support and ISFs were developed and tested before the duties of the new legislation came into force in April 2014. This evaluation report shares the findings from the trial, including the outcomes for individuals, the processes that affected the likelihood of positive outcomes being achieved and key learning for the future.



Demonstrator project to explore the introduction of Individual Service Funds (ISF) as a delivery mechanism to facilitate personalisation in Adult Social Care (2014) SPECTRUM: Centre for Independent Living CIC

This report shares learning from two pilot projects that explored ISFs as a delivery mechanism to facilitate personalisation in adult social care. Southampton Mencap and SPECTRUM Centre for Independent Living explored different models of an ISF to enable a full compare and contrast evaluation, and this report shares the outcomes and learning from both projects.



Evaluation of the Individual Budgets Pilot Programme: Final Report (2008) Social Policy Research Unit University of York

In 2015, the Department of Health funded 13 local authorities to pilot individual budgets. This report shares the learning from these pilots, including the implications of individual budgets on organisational arrangements, processes, culture and professional roles in local authority adult social care services.



How to implement Individual Service Funds

We've identified five key areas that influence the successful implementation of Individual Service Funds (ISFs).

These are:

- organisational culture
- collaboration
- person-centred support planning
- commissioning and finance
- learning and development.

This section uses learning from the pilot project (see previous section) to share some of the challenges of implementing ISFs and what you can do to overcome them.

It provides a series of recommendations to help you to implement ISFs, under each key area, and links to useful documents and websites to help.

In the 'learning and development' section, we've co-produced a set of competencies and learning outcomes to help you to design and/or commission high-quality learning and development for the workforce that's involved in implementing and delivering ISFs.



Organisational culture



Changing the culture with staff and social workers has been the biggest challenge of implementing ISFs. It took a lot of time and perseverance to get everyone on board with this new way of working. Initially, we spent a lot of time explaining what an ISF is, how they work and supporting people to understand the benefits for the individual. Good training is an essential part of making them work - once people had the understanding and had experienced them working in practice, they could see what a difference it was making to people's lives.

ISF holder



The individuals and organisations that are involved in implementing ISFs need to work together as a 'system' and in a person-centred way, and you need to ensure that your culture supports them to work in these ways.

Culture is the character and personality of your organisation – it's what makes it unique and is underpinned by the values, traditions, beliefs, interactions, behaviours and attitudes of the people in it.

Organisations that have been involved in delivering ISF's indicated that there is often a reluctance to embrace the changes needed to implement this new way of working.

Having a culture that enables people to work in person-centred ways, embraces new ideas and is open to change, can help you to successfully implement ISFs.

Here is some of the key learning about culture from the pilot project, including some of the challenges faced and recommendations for making it work.

What we found

Here are some of the challenges that the pilot project found.

	There is a lack of awareness and understanding about ISFs and their potential benefits, which prevents people from considering them as an option (and prevents social workers/commissioning authorities widely and actively promoting them as an option).
	There is a perception that changing to an ISF could result in people being assessed as needing less hours of paid support. This could mean that people who need care and support don't have support when they really need it and that workforce hours could be reduced.
	There is a perception that if people who need care and support, family and/or carers, and providers (i.e. ISF holders) take on more responsibilities through ISFs, they will be blamed if something goes wrong. For example, ISF holders rely on the other services that they commission, and fear being blamed if something goes wrong.
	Some commissioning authorities worry that if ISFs are used 'creatively', they might not be spent on meeting eligible outcomes. For example, some people struggle to accept that an ISF could be used to pay for services or activities such as yoga or swimming. However, these services are often a great way of meeting people's eligible needs, and people need to change their thinking around what's seen, traditionally, as 'care and support'.
	There are some concerns that implementing ISFs might mean that some people lose their jobs. For example, if the responsibility for managing budgets and arranging services moves from commissioners to providers (i.e. ISF holders), they're concerned that there might be less jobs for commissioners. Some people were also concerned that the required changes to implement ISFs might result in too much extra work.

What will help?

Here are some of the things that you can do to overcome these challenges.

	Run awareness raising workshops and/or training about ISFs for everyone involved in the system, including commissioners, social workers, managers, front-line staff, individuals and families, to ensure that they feel confident and competent to implement and deliver ISFs.
	Ensure that everyone in the system has a shared vision that's focused on person-centred outcomes and collaborative working. This involves shifting people's ways of thinking from 'hours' to 'outcomes'.
	Ensure that leaders and managers champion ISFs and build a vision and culture that supports and motivates everyone in the system to successfully implement and deliver ISFs.
	Develop case studies of individuals that have used an ISF arrangement and the impact that it's had on their life. Use them to encourage others to consider ISFs.
	Set up networks and/or peer support groups to enable people to share good practice and talk about any challenges that they're facing – these could be for individuals, families and staff.
	Ensure that the commissioning authority has clear ISF contracts and financial processes, and that everyone knows what they are and how to follow them.
	Link evaluation and measurement of ISFs to clear outcomes for individuals.
	Share examples of how other systems have implemented ISFs and what works in practice.
	Involve everyone in the system in the change process. Be clear about how any changes could impact their role, provide opportunities for people to give feedback and support them throughout the process. Address any concerns, for example, about loss of jobs – often, teams are already over-stretched, so redundancies are unlikely.
	Provide clear information about everyone's role in implementing and delivering ISFs.
	Choose enthusiastic and motivated 'champions' to embed ISFs across the system and act as a point of contact.
	Have open and transparent communication to share best practice and address problems or mistakes, so that you can all learn together.

Case study

Jackie – Social Worker



Jackie is a social worker in South West England. Up until six months ago her knowledge and understanding of ISFs was limited. Here she tells us how she's had to change her way of thinking and working, and how culture needs to change, to implement ISFs.

“Up until six months ago, my understanding of ISFs was limited, so I spent some time with a local ISF holder to increase my understanding.

I've found that lots of social workers are still unaware of what an ISF is, and there's lots of learning and work to be done to change people's ways of thinking and ways of carrying out assessments and reviews.

I always believed that I worked in a person-centred way, however I have since developed my way of thinking using the PATH template for planning care and support and broadening my knowledge about asset, strength and community-based ways of working, which focus on the individual's wants, needs, interests and preferences. I've learned that this can only be achieved when everyone works together towards these outcomes.

The choice and flexibility that an ISF offers has been a great success and I've been very lucky that everyone who I've worked with to implement in ISFs, has demonstrated a willingness to embrace change with great enthusiasm and motivation.”

Useful resources

[Culture for Care: toolkit \(Skills for Care\)](#)

This toolkit is for adult social care employers and explains what workplace culture is and how you can develop a positive one in your organisation.



[CPD module \(Skills for Care\)](#)

Understanding Workplace Culture is a practical continuing professional development (CPD) module aimed at registered managers and other managers in adult social care services. It'll help managers to explore the critical links between vision, values and culture, providing practical support to influence change and develop the culture of their service.



Collaboration



The South West ISF forum has been a perfect example of how good collaboration works. Meeting every three months, everyone interested in ISF's are welcome. Ideas issues and challenges are discussed, resources and information shared, and progress reported. Having a forum as part of your ISF planning and implementation will benefit everyone, increase understanding and improve working relationships

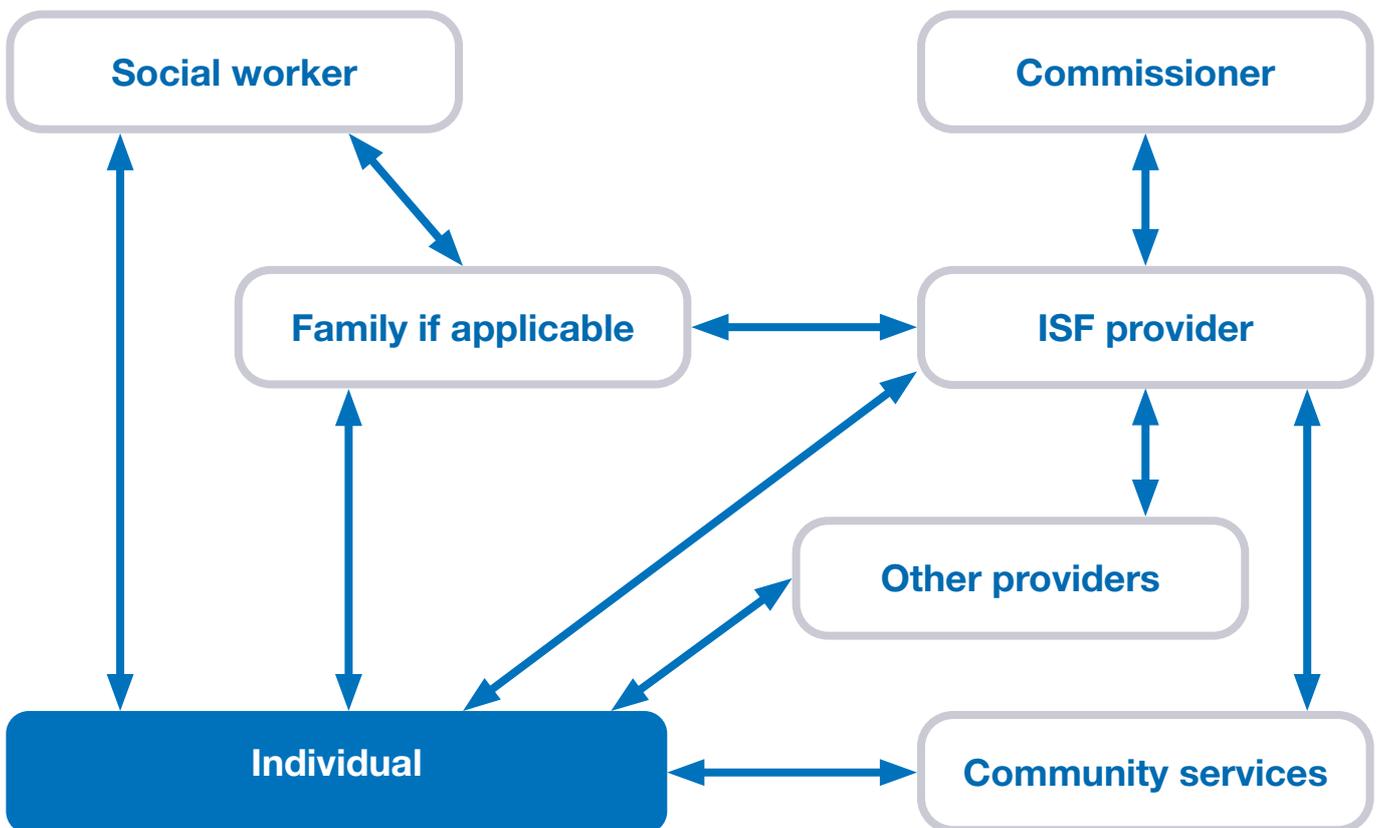
Rosalita Mainwaring - Head of Area (South West). Skills for Care



Implementing and delivering ISFs will involve people and organisations working in collaboration, which might mean developing new relationships and partnerships.

Everyone involved in the system needs to be willing to collaborate and make things happen.

This diagram shows the different relationships that are important when implementing and delivering ISFs.



What we found

Here are some of the challenges that the pilot project found.

	The pilot project found collaboration with people who need care and support, and their families, challenging where they've been let down or devalued by the system before
	Some people see collaboration to be a slow and time-intensive way of working, which can become more complex as more partners join.
	Collaboration requires everyone from across the system to work together, including partners from the social care, health, education, policing and housing sectors. However, people raised concerns that some partners are more likely to get involved than others, which can affect the success of ISFs.
	Some partners across the system may feel that they don't have an equal say or influence over the outcome – this can lead to problems and miscommunication, which can affect the success of ISFs.
	Partners across the system can have different ideas and understanding about ISFs, how they work and what they can be used for, which can lead to confusion for people who need care and support and those advising them. .
	Often, ISF holders are in 'competition' with other local providers, which might discourage them from commissioning with them. This is often facilitated by procurement systems that encourage competition for contracts.
	As ISFs are a relatively new arrangement, some systems aren't clear about what collaborative relationships they need to build and how to make them work.
	Individuals and organisations might use different systems, policies and procedures which could conflict with others in the system and prevent them from implementing or delivering specific aspects of ISFs in the required way.
	Collaboration needs to start before the ISF holder is appointed and services are commissioned, which can result in increased costs and time spent on the process. Some leaders and managers said that they didn't have capacity to develop these relationships until they have already been commissioned.
	Each organisation across the system might have processes in place for if things go wrong, which can encourage a 'blame' culture and hinder collaborative working.

What will help

Here are some of the things that you can do to overcome these challenges.

	Ensure that everyone across the system is committed to achieving a set of shared outcomes that are focused on the individual.
	Encourage everyone across the system to review, develop and implement their systems, policies and procedures to ensure that they enable and support the ways of working needed to successfully implement ISFs.
	Focus on the assets of each partner in the system and what they can bring to the ISF arrangement – ensure that everyone is clear about their role and responsibilities.
	Find organic ways to encourage collaboration and networking with partners from across the system, for example through local networks, events and meetings.
	Collect and share examples of successful collaborative relationships and use this learning to shape collaboration in your system.

Case study

Jackie – Social Worker



Jackie is a social worker in South West England. Up until six months ago her knowledge and understanding of ISFs was limited. Here she tells us how she worked with a local ISF holder to develop her understanding.

“Six months ago, my understanding of an ISF was limited, so I spent time with a local trusted provider (New Key) to develop my understanding about how ISF’s work.

I learned that some individuals who use an ISF arrangement share resources with others in the local community, so that they can make the most efficient use of their personal budget – this also means that they can use their ISF in other ways or it can be returned to the commissioning authority if they no longer need it.

As I speak to more people about ISFs, I’ll be encouraging them to offer and join networks of peer support to share good practice and talk about any challenges.

I’ve been working closely with New Key, a local ISF holder, and this collaboration has helped us to overcome any barriers to person-centred support planning and positive risk taking.

The choice and flexibility that ISFs offer is great, and all involved have demonstrated a willingness to embrace changes with great enthusiasm and motivation.”

Person-centred support planning

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James chose to use an Individual Service Fund agreement and is now enthusiastic to have more freedom and choice in how his support is delivered. He knows that it is his choice how the support funds are used and has expanded the variety of activities he undertakes. Many people with a disability value their independence as far as is practicable so it's important that James has a greater say in which support staff he needs for different activities.

Barry Minshall – Family Carer of James who receives an ISF

”

Person-centred support planning is a way of thinking and doing things that sees people who use health and social care services as equal partners in planning, developing and monitoring their own care and support, to ensure that it meets their needs.

This means putting people and their families at the centre of decisions, seeing and respecting them as experts and working alongside professionals to get the best outcome for the individual.

Person-centred support planning needs to be at the heart of the ISF planning process, to ensure that budgets are used in the most efficient way to achieve the best outcomes for people.



What we found

Here are some of the challenges that the pilot project found.

	Person-centred planning requires the coordination and involvement of everyone who's involved in an individual's 'circle of support'. However, some people find that person-centred planning is only done by one partner.
	Some commissioning authorities and providers still think quite traditionally about 'care and support' services, which can limit people's support plan to 'paid support' that doesn't consider the wider options that are available to meet people's eligible outcomes.
	Often, templates and service models for care and support planning can restrict creative thinking, and some commissioning authorities and providers face organisational and culture barriers and challenges to innovation and risk taking, which can affect the way in which care and support is planned.
	Person-centred planning demands a good knowledge of alternative, asset, strength and community-based support options. However, some people are unsure about what's available in the community and where to find this information.

What will help

Here are some of the things that you can do to overcome these challenges.

	Ensure that people who need care and support are given all of the information that they need at the start, to make an informed decision about whether an ISF is the best choice to meet their desired outcomes.
	Focus outcomes on the individual's wants, needs, interests and preferences, and ensure that everyone across the system is working towards these outcomes.
	Research what resources are available in the local community, including commissioned and voluntary resources, and share this information with everyone across the system.
	Support processes for integrated person-centred care planning and consider how partners across the system can pool their resources to get the best outcomes for individuals.
	Ensure that individuals are supported by a consistent team of care staff and social workers, who know what's important to them.
	Work together to identify the barriers and challenges that are preventing person-centred support planning and identify ways to overcome them and make the required changes.
	Ensure that positive risk taking is part of the support planning process.
	Provide learning and development opportunities, and ongoing support, for people that are involved in support planning as part of the ISF arrangement.
	Commissioning arrangements that allow individuals, families and ISF Providers to have flexibility in support planning and how its delivered
	Where possible get involved in any networks and forums.

Case study

Encompass Supported Living



Encompass Supported Living is an ISF holder. They ensure that each individual has their own detailed communication plan, to ensure that they can be involved in the whole care planning process.

“Each person has their very detailed communication plan which gives staff information about how that person communicates their wants, needs, likes and dislikes, and how they prefer to be communicated with.

We use a combination of communication tools to meet the needs of the people that we support, including Makaton, verbal speech, gestures, pictorial and visual aids.

For example, we’ve found that using Google on a tablet works extremely well for one tenant who is autistic – they scroll through Google images to show staff their likes, interests and wants so this can be included in the care planning process.”

Case study

Encompass Supported Living



Encompass Supported Living is an ISF holder. They work with the individuals that they support to find innovative ways to increase independence. Here they share how using ‘Alexa’ has supported some of their tenants.

“One fantastic addition to flat has been an ‘Alexa’, which is a virtual assistant technology. We’ve found that it’s a great tool for tenants who are blind or partially sighted. They’re able to ask Alexa questions, or ask it to do simple tasks such as turn on the lights, switch TV channels or tune into the radio.

Previously, tenants found using remote controls challenging and so would wait for support staff to do these tasks. However, now they’re able to do this independently, at whatever time they want.

We’ve also found other digital products that make everyday tasks more accessible for these tenants, for example bins with sensors on.

These are some of the small changes that we can make, that really do make a big difference to people’s lives – having this independence really has given them such great satisfaction.”

Resources to help

[Person-centred planning resources](#)

SCIE

These guidance documents provide information and advice about person-centred planning with a range of people, including autistic people and people with a learning disability.



[From a Support Plan to an Individual Service Fund \(September 2008\)](#)

Helen Sanderson with Ruth Gorman, Michelle Livesley and Owen Cooper

This paper looks at how the support plan can inform who the best people are to support the individual, what support staff need to be able to do, and what agreements are useful to have in place. It includes learning and best practice around person-centred support plans and includes useful templates such as an ISF agreement.



[Community, strength and asset-based approaches \(2019\)](#)

Skills for Care

These approaches involve supporting and empowering people to develop and use their own assets and strengths, including those in their local community. Skills for Care has produced practical guidance to help adult social care providers to use community, asset and strength-based approaches in your service, to deliver the best outcomes for the people that you support.



[A Guide to Assistive Technology \(2019\)](#)

Plymouth City Council

This guide is for individuals, care workers, managers and commissioners to aid the use of assistive technology (AT) in health and social care. It'll help you to understand the benefits of AT, the AT products and services available and how they can be used to improve people's lives.



Commissioning and finance

“

Under ISFs, Encompass will contract with the individual to deliver their identified outcomes by providing support or arranging support. This provides a flexibility that is not adequately present in the current system. Support is provided in the most efficient way possible without the need to gain constant approval from the commissioner. Changes to support can be made to meet identified outcomes without referral to commissioners, as long as this remains within budget.

Hours can be managed more easily and can be banked for up to 12 weeks according to individual need. Individuals who experience fluctuation of need can have real flexibility in how and when they use their support.”

Encompass Supported Living

”

The Care Act 2014 encourages local authorities and health commissioners to maximise the use of ISFs as a way of commissioning flexible support.

Health and social care organisations need to adjust their procurement and financial arrangements, to make this type of commissioning possible.



What we found

Here are some of the challenges that the pilot project found.

	Public procurement regulations require commissioning organisations to use open tendering for support contracts. This is often seen as a barrier to enabling the development of more personalised approaches.
	Nationally, we don't yet understand the true costs involved in the management and administration of an ISF. Therefore, we don't know what to pay ISF holders as a fair rate.
	Commissioning, finance and procurement processes are still often risk averse, which conflicts with the person-centred nature of ISFs.
	Nationally, there is no recognised methodology for how best to monitor and evaluate ISFs, which can make it difficult to report on their impact. Lots of commissioning authorities and providers are still monitoring 'hours of support' or 'tasks completed' (which are easier to measure), rather than outcomes for the individual.
	You need some tools to describe and capture the new relationships and responsibilities of an ISF. However, bureaucracy can get in the way of building tools which are meaningful to all parties.
	Some commissioning authorities felt that calculating and administering ISFs can be more time intensive, compared to commissioning large volume contracts.
	Some providers found that colleagues in finance teams were a barrier to using unspent ISF flexibly or holding it as a contingency.
	Providers are not always aware of how commissioning authorities use Resource Allocation Systems to work out the indicative budget, which can lead to mistrust and misunderstanding.
	There was a lack of awareness of the impact of ISFs on other systems such as employment law, health and safety requirements, employer's insurance requirements or policies and procedures.

What will help

Here are some of the things that you can do to overcome these challenges.

	Ensure that your system has strong leaders and managers, that champion ISFs and person-centred support planning, and ensure that commissioning and procurement processes support this way of working.
	Involve colleagues from finance and procurement teams in conversations about ISFs. Ensure that they have the right values, skills and knowledge to work in this way and understand the impact that it might have on their role.
	Produce a clear ISF offer across your system, with clear responsibilities, and share this with everyone involved.
	Work together to identify ways to monitor and evaluate ISFs, that focus on the outcomes for the individual. You could set up working groups or run focus groups to get people's ideas
	Collate and share case studies about what's worked well in other systems and use this learning to improve your commissioning and procurement processes.
	Ensure that people who need care and support, and providers, are aware of what the ten eligible needs are, and how the Resource Allocation System is used to work out the indicative budget. You could provide this information in an Easy Read, jargon free format to ensure that everyone understands it.
	Set up forums or working groups to create ISF tools that can be used across the system. Ensure that they involve people from different roles and organisations.
	Avoid competitive tendering through local authority procurement and commissioning processes.
	Commissioning, finance and procurement teams should work more closely together to enable them to understand and agree the ISF arrangements and resources needed, for example, how two- or three-way agreements can be implemented and to ensure that resources such as administration time, learning and development are included.
	Ensure that when you're working in a person-centred way, employment law, health and safety and HR requirements are taken into account.

Case study

Commissioner - Devon County Council



Here, a commissioner from Devon County Council explains how they trialled different ways of working until they found the right one for all involved.

“To develop the ISF agreement, we worked with a group of practitioners, individuals and their families, commissioners, and procurement, finance and legal representatives.

We wanted to design a contract which described the new set of relationships between the three main parties (individual, ISF holder and commissioning authority), and which was robust but still accessible by all.

We looked at the various options, such as a two-way or three-way agreement, and decided which one would best suit everyone involved. We changed direction a couple of times before we got to the final product that we’re all happy with.”

Case study

Commissioning and Procurement Team Member - Devon County Council



Here, a member of the commissioning and procurement team at Devon County Council explains how they designed an evaluation framework for ISFs.

“We needed to design an evaluation framework for the council’s ISF programme.

We worked with a group of practitioners, individuals and their families, commissioners, and procurement and finance representatives to design the framework.

We started by looking at other national examples and built upon them to develop a set of key questions which would show progress against individual outcomes and goals.

As part of the evaluation, the individual (and/or their family and carers), ISF holder and care manager answers these questions to build a picture of the individual’s progress.

There’s also a financial element to the evaluation which looks at changes at the level of investment in care packages over time.”



Encompass Supporting Living is an ISF holder and adult social care provider. Here, they share their tips to help others to make the required changes to their finance systems to manage an ISF.

- Ensure that everything is in place and agreed prior to an individual's support starting as ISFs cannot be backdated.
- Individual bank accounts will help to ensure that ISF money is kept separate and makes it easier to manage.
- If you don't set up individual bank accounts, we suggest keeping comprehensive spreadsheet records, as you'll need a system of recording income and expenditure for each individual. This will give you the required information to provide regular statements to the individual and/or their representative.
- You'll need to keep up-to-date records that detail what the budget has been spent on by the care provider and third parties, chargeable activities and outcomes. Where an individual has been assessed as needing to pay a contribution, the ISF holder will need to collect this and incorporate it in the income and expenditure records.
- Any third-party bills will need authorising by pre-determined staff, such as team leaders, and should be included in monthly reports to the individual and/or their representative on how the money has been spent.

Useful resources

[A Commissioners' Guide to Individual Service Funds \(2019\)](#)

Chris Watson (the Centre for Welfare Reform in association with IPC)

This guide explains what ISFs are and shares lessons learnt from the implementation of ISFs across the South West of England. It also includes useful tools for providers and commissioners to implement ISFs in their local areas.



[What are we learning about developing Individual Service Funds?](#)

(no date) Owen Cooper and Helen Sanderson with Ruth Gorman, Michelle Livesley and Terry Keely, IAS services

This guide shares learning about how IAS, a provider in Greater Manchester, is developing ISFs through two approaches - responding to individual commissions from care managers, individuals or their family, or through the commissioning process. This guide shares what they've tried and how they've done it.



[Individual Service Funds \(ISFs\) and Contracting for Flexible Support: practical guidance to support implementation of the Care Act 2014 \(2015\)](#)

Think Local Act Personal

This guide provides advice to help councils and providers meet Care Act 2014 guidance on ISFs. It sets out how councils can contract flexibly with a service provider to meet a person's needs, and contract in a way that gives the person more control over their own support.



[Qualifications for commissioners](#)

Skills for Care

Qualifications can help commissioners to ensure that they have the right skills and knowledge to do their job well. The Level 5 Certificate in Fundamental Knowledge in Commissioning for Wellbeing (RQF) has been developed to support current and aspiring commissioners in achieving a rich, diverse and sustainable market of provision.



Learning and development



By using ISFs, the persons support team are trained in a way of genuine personal planning encompassing the whole person's life with the person themselves and, looking at how they can use and understand their budget in a person-centred flexible way.

Director – New Key



Learning and development is vital to ensure that everyone understands Individual Service Funds (ISFs) and how they work in practice, and that they have the right values, skills and knowledge to support this way of working.

It can help you to address some of the challenges that we highlighted in the previous sections.

What will help

Here are some of the things that you can do to overcome these challenges.

	Give everyone across the system opportunities to learn together and from one another, including people who need care and support, families, direct support staff, managers and commissioners.
	Use action learning to bring together groups of people to work on real problems, take action and share learning.
	Involve people who need care and support and their families in designing and delivering training.

Learning outcomes for everyone

- Understand what an Individual Service Fund is, how it works and the benefits and drawbacks, when compared to traditional services and other forms of self-directed support.
- Know how health and social care legislation and policy supports Individual Service Funds. Demonstrate respect and protection of personal choice, human rights and what a 'good life' means for different people.
- Understand that meeting eligible needs criteria results in resource allocation from different funding sources.
- Be able to recognise that a good Individual Service Fund will help people to achieve the outcomes that they want.
- Understand the importance of planning ahead for life changes and how an Individual Service Fund can support this.
- Understand positive risk taking and how you can support people to take positive risks, in the context of your role.
- Understand what integrated person-centred planning is, the different people and organisations involved and how your role can support it.
- Understand how the use of all resources, including assistive technologies, community groups and voluntary organisations, can be utilised to achieve the best possible outcome for people.

Learning outcomes for direct support staff

- Be able to carry out asset/strength-based person-centred support planning and work with individuals to think of creative ways to meet their needs and improve outcomes.
- Be able to write and record support plans that are meaningful and focused on the outcomes that individuals want and need.
- Demonstrate the skills needed to research assets in the local community, that meet individual's needs and interests and help them to make best use of them.
- Demonstrate a willingness to try new things and embrace change.
- Be able to support individuals to monitor and review how the Individual Service Fund is working.
- Be able to build and maintain helpful and productive relationships with individuals and their families and other providers.

Learning outcomes for commissioning and finance staff

- Demonstrate leadership for innovation in person-centred support.
- Demonstrate a commitment to shared risk taking and working in partnership.
- Understand and use Care Act law and Human Rights law, as well as local and national policy, to enable self-directed support, and lead on ensuring that other parties have this understanding.
- Be able to use procurement processes for Individual Service Funds.
- Demonstrate how to use market shaping for personalisation to provide a range of options including Individual Service Funds.
- Understand the importance of including the cost of appropriate learning and development for all involved in an Individual Service Fund contract, including joint training for commissioning, finance and procurement teams to enable them to work more closely together.
- Know the different ways to grow local provision with an understanding of local services and assets.
- Integrating assistive technology with other support using Individual Service Fund processes.
- Know how to provide good legal advice for all involved, to support decisions to choose an Individual Service Fund or direct payments or other support

Learning outcomes for providers who hold Individual Service Funds (i.e. ISF holders)

- Know how to broker and pool budgets between individuals and other service providers.
- Demonstrate support for individuals and families to understand and choose to use an Individual Service Fund.
- Be able to co-ordinate and facilitate good person-centred support planning.
- Understand personal health budgets and how they work with Individual Service Fund budgets.
- Understand how to conduct reviews of outcomes and demonstrate how to evidence that they have been met; and know when to do this in collaboration with social workers.

Learning outcomes for social workers and their managers

- Know how to suggest and offer an Individual Service Fund to people who could benefit.
- Understand the importance of your own role in implementing Individual Service Funds.
- Understand the various models for collaboration (i.e. two-way agreements/three-way agreements).
- Demonstrate the ability to write good outcomes for individuals and communicate them with everyone that's involved in their care and support.
- Demonstrate the skills needed to research assets in the local community, that meet the individual's needs and interests and help them to make best use of them.
- Understand that an Individual Service Fund can be used to meet eligible needs in ways that are different and more creative than what's traditionally seen as 'care and support'.



Resources to help

[Self-directed support and workforce development \(2018\)](#)

Annelies Allcosk, ESSS

This evidence summary seeks to address the following question: How can the social care workforce in Scotland be further developed to deliver self-directed support?

It draws on a range of evidence, reports and websites to identify effective strategies for workforce development around self-directed support.



[Examples of workforce development \(2018\)](#)

Skills for Care and the Voluntary Organisations Disability Groupes

This guide shares learning about how IAS, a provider in Greater Manchester, is developing ISFs through two approaches - responding to individual commissions from care managers, individuals or their family, or through the commissioning process. This guide shares what they've tried and how they've done it.



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