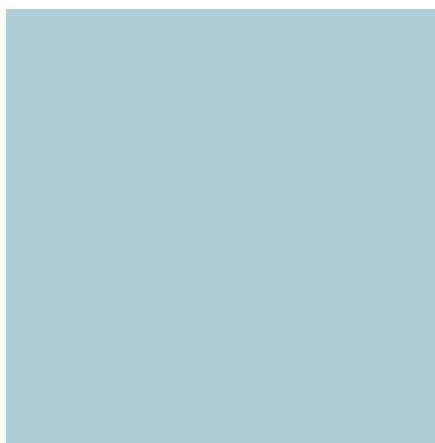


Individual Service Funds for Homecare



By **Caroline Tomlinson**, In Control
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Forewords

Colin Angel, Policy Director, United Kingdom Homecare Association

Individual Service Funds offer an exciting opportunity for delivering really person-centred outcomes for people supported by homecare services.

Operated appropriately, an Individual Service Fund (ISF) offers individuals much greater control and choice about the services they receive. They are a positive move away from time and task commissioning, where a rigid list of care activities are specified to be performed at specific times of the day within a rigid timescale. ISFs are clearly in tune with greater individual choice discussed in the recent Care and Support White Paper: Caring For Our Future and the extensive work of the Think Local Act Personal partnership.

It can be argued that over the last two decades the degree of choice about how needs are met has increasingly only been available to people who purchased their care privately through a direct relationship with an independent or voluntary sector homecare agency or (more recently) used a direct payment to pay an agency or personal assistant.

ISFs offer benefits of choice and control, but avoid the need for people who use services to become involved in managing the financial aspects of their care, or the implications of becoming an employer when engaging a personal assistant. ISFs are therefore a realistic model that fall between services arranged directly by a local authority and a cash-based personal budget. In addition, creating the environment where the individual designs their service directly with their provider offers potential cost-savings for the public purse, compared to traditionally commissioned services.

Developing local arrangements to deliver ISFs successfully requires mature, trusting and open relationships between all parties, and the shift in respective responsibilities between commissioners and providers may feel uncomfortable at first. Throughout the process however, we must remember that the objective is to deliver the most positive outcomes for individuals who have a right to expect that their choices and preferences must be at the heart of their services.

It is with great pleasure that UKHCA endorses this paper. We extend our thanks to those individuals, providers and councils whose thinking, experience and learning brought this document into being through the expert assistance of the authors.

Dr Andrew Newens, Managing Director, Mears Care Limited

Personalisation has been around for quite a number of years and yet it sometimes feels as if little has changed about the way that homecare services are commissioned or delivered. Mears Care has therefore been a keen sponsor of this piece of work on Individual Service Funds for homecare, as we believe strongly in providing high quality services in a way which makes sense for individual people. Homecare is growing as more and more people are choosing to stay in their own homes and want to remain as independent as possible. Mears Care actively supports this because we see on a daily basis what this means for the people we support. However, for many years the way homecare has been arranged has been through a relationship between the council and the provider, bought on mass through macro commissioning. Whilst this could be seen as an efficient way of delivering services to a lot of people, it hasn't been as person centred as it should have been.

We know at Mears Care our customers want a much more flexible and responsive service to their individual needs, so this is why we welcome a new approach to homecare through Individual Service Funds. It gives the individual maximum choice and control, but also gives the assurance for the provider that we will get paid. At Mears Care we have a good reputation for delivering high quality services and we want this to continue, but we need to rise to the challenge of delivering what people want and when they want it. This means we need to have a wide variety of services available that appeal to our customers, in a way that makes sense for them, that can be purchased through a personal budget via an Individual Service Fund, purchased direct, self funded or a mix.

Mears Care is there for the people we support and we want to ensure that all of our customers really do have a say in the way they are supported. Mears Care is a business and like all businesses needs the cash flow to survive. The ISF model offers a win, win for both the customer and the provider. We see ISFs as being the predominant way the majority of people needing homecare will take their personal budget in the future and it has been a privilege to have been part of its evolution and design.

Winnie Cooke

Executive Member of Wirral Older People's Parliament and Vice Chair of Health and Social Care

When I was asked to take part in this project I had no idea how people in our communities were coping on a daily basis, having lost their independence and control of their lives through ageing and ill health. Although they would have carers coming in at designated times, they had little self advocacy. I like to think since personal budgets were made available it brings with it empowerment, liberation and self advocacy, giving the individual the choice to plan their life and choose a care provider who will deliver the care and support to make it all happen for them.

Joe Fish, Vice Chair, Wirral Older People's Parliament

This project was an excellent chance to meet and exchange views with all those involved face to face. My hope is that all those attending keep communicating, because I believe that this is imperative to the success of this scheme.

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Introduction

This project was initiated to help people to make progress in one of the most challenging areas of adult social care to truly personalise - homecare.

Personalisation is a key element of government policy for public services. The national Think Local Act Personal partnership is bringing together sector leadership to promote and support personalisation – most recently via its 'Making it Real' markers of progress. However it is clear that many people receiving support are not aware of the agenda and the possibilities it presents for them to have choice and control in their lives. Following discussions about practically helpful approaches, a stakeholder group of representatives of people receiving, commissioning and providing support, has come together with In Control and Helen Sanderson Associates to explore the specific opportunities presented by Individual Service Funds.

Our intention has been to explore the practical realities of homecare services, including how the market has evolved and consider how to move on from the concept of 'time and task'¹. Homecare should not be seen as a commodity, but an essential part of many people's lives. In particular this paper is intended as a practical contribution to the development of Individual Service Funds in homecare. We hope that it can be used as the basis for further work in localities with commissioners and with homecare providers keen to rise to the personalisation challenge. The paper is published alongside a companion tool, **Progress for Providers: Checking your progress in delivering personalised support for people living at home**, developed by the same group, which focuses on how providers can self-assess, plan and act to further personalise their support.

Homecare and personalisation

Personalisation is central to social care policy. Following the establishment of the coalition Government in 2010, the cross party consensus on the policy of personalisation was confirmed by the Coalition Agreement and then in the Vision for Adult Social Care. Most recently this has been further strengthened by the publication of the Social Care White Paper – **Caring for our Future: Reforming Care and Support** (2012), and the draft Care and Support Bill. Beyond social care it is clear that all the major political parties see the methods, tools and behaviours associated with personalisation as important drivers for wider public service reform, including personal health budgets for continuing healthcare and personal budgets for children with special educational needs. There is no indication of any shift away from this agenda and it is likely to be policy for the foreseeable future.

¹ Time and task is used as a description of a service which is commissioned as a rigid list of care activities ('tasks') to be performed at specified times of the day within a specified timescale ('time').

These developments have major implications for homecare. They present practical challenges both to the commissioners and providers of homecare as more people direct their own funding through personal budgets. At the same time there are real opportunities for providers, supported by new commissioning practices, to develop and improve their services using this agenda.

It is fair to say that some areas of service and support have received less attention in the early development and delivery of personalisation. The agenda emerged from younger disabled adults' experience. The initial focus was primarily on achieving targets relating to personal budgets. A consequence of this was the relative early neglect of market and provider issues and those relating to older people. In more recent times, there has been progress in these areas and some very useful learning and methodology already exists. In particular, the launch of Think Local Act Personal (TLAP) brought a much broader sector partnership together. The service provider and user and carer elements of the sector are now much better represented in the leadership coalition for personalisation and the work being undertaken. This presents the opportunity to get stronger attention paid to relatively neglected areas, including homecare².

Think Local Act Personal has published its 'Making it Real' markers of progress for personalisation and community based support³. Developed from a series of "I" statements written by people using services and their families, these support commissioners, providers and others to focus on the key things needed to deliver true personalisation. The markers encourage commissioners and providers to develop ways for people to use their personal budgets flexibly, within a market increasingly able to shape support around people's personal wishes and circumstances. This includes options for management of personal budgets that allow people to exercise significant control short of taking a direct payment should they wish to do so. Individual Service Funds need to be a serious option for this.

This work also takes place in the context of concerns to ensure that personal budgets can offer as much to older people, including people with dementia, as they can to younger disabled people. Work is currently underway, co-ordinated by TLAP on behalf of ADASS, DH and others, to explore promising and developing practice in this area. Individual Service Funds potentially offer a serious option in tackling this challenge.

² Angel, C (2012) Care is Not A Commodity, London: United Kingdom Homecare Association. www.ukhca.co.uk/downloads.aspx?ID=356

Angel, C (2011) Commissioning Survey 2011, London: United Kingdom Homecare Association. <http://www.ukhca.co.uk/downloads.aspx?ID=364>

³ <http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR>

About this project

Homecare providers and workers strive to offer the best support they can to the people they serve. In doing this they face a range of challenges – some associated with the resource environment, others emerging from approaches to commissioning in some areas. In addition however, we must assume that there are changes and improvements to service organisation practices and behaviours that could increase the personalisation of outcomes for users of homecare. In the current particularly difficult resource environment it can be hard to see how improvements can be made, but this project aimed to give serious attention to the issue by bringing together expertise in personalisation and homecare commissioning and delivery.

The overall project had two key elements:

1. To produce an introductory paper outlining the potential benefits of an Individual Service Fund (ISF) model in personalising homecare and setting out the key elements that would need to be in place.

This paper is also available at: www.in-control.org.uk/5715.aspx

2. To provide a benchmarking tool that assists providers to start to work towards the vision of providing good quality ISFs in homecare (Progress for Providers: Checking your progress in delivering personalised support for people living at home).

The toolkit is available at: <http://www.helensandersonassociates.co.uk/whats-new/progress-for-providers-checking-your-progress-in-delivering-personalised-support-for-people-living-at-home.aspx>

and at: www.in-control.org.uk/5716.aspx

This paper addresses the first element.

Key messages

This paper explores what developing an ISF means within homecare for all of the stakeholders. Here are some key messages from the working group:

- ☼ An ISF should be a real option for local people using homecare services. Local councils should develop a framework for this with providers and local people.
- ☼ Providers should develop their ability to offer the ISF option, including a description of their offer and retail price.
- ☼ Commissioners should encourage the development of local ISF providers, through cooperation, information and support.
- ☼ It is important to recognise that the types of homecare support that people using services say they need may not be confined to personal care – they can include a much wider range of tasks.
- ☼ Systems need to be developed and training established to enable staff to expand their skills and to work in creative, person-centred ways.

- ⚡ All should agree that homecare services must be focused on identifying and achieving outcomes, not time and task.
- ⚡ Councils and providers need to work together so that homecare providers have the freedom to innovate and use budgets flexibly, as agreed with the person using services.
- ⚡ Capacity, recruitment and retention are increasingly important issues which need to be thought through in the context of the ISF, and what this means in terms of quality and cost.

Developing the ISF model and approach

To achieve personalisation, one key area requiring attention is the development of the market so that there are real options and choices for people. The macro commissioning role of statutory bodies will evolve and change and many more individuals will become micro commissioners. Of course not everyone will be able to, or will want to administer their personal budget themselves, so there needs to be a variety of ways to manage a personal budget while still giving people choice and control. Choices made about the best way for an individual to manage the resources for their support should be set out in their support plan. There are many different ways that an individual can manage their personal budget. One of the councils involved in this project lists its options as:

Direct Payment - the person is given the money direct and can employ their own staff or buy services from an agency or provider, or a mix of both.

Direct Payment managed by a Third Party Organisation – this is when a third party organisation, usually a community organisation, manages a person's budget on their behalf. This is primarily an administrative function. The person can still employ their own staff and/or buy services from an agency or provider. The third party organisation administers the budget. The person remains accountable for ensuring their personal budget is used appropriately and retains the legal responsibilities of being an employer.

Direct Payment to a 'Suitable' Person – a supportive person, usually a family member or friend, can manage the money on behalf of the person if the person lacks the capacity to do it themselves. This gives all the freedom of the above, but the supportive person is the responsible individual. The council has to follow a process to appoint a 'suitable person' that it considers willing and appropriate to receive and manage the Direct Payment on behalf of the person lacking capacity. The council must ensure the best interests of the person are prioritised above all other considerations.

Direct Payment to a Trust – an Independent Living Trust is a legal entity which is formed, usually by family and friends, to share the responsibility of managing a personal budget. This was a popular choice for people who lacked capacity prior to recent changes in legislation which enabled councils to make Direct Payments to a 'suitable' person (see above). The trust can employ staff or choose an appropriate type of provision; the trust is accountable for managing the budget appropriately.

Managed Budget – this is the more traditional arrangement, when the funding body (usually a council) holds the budget and commissions specific services and support for the person under a contract with a provider.

Managed Budget - Individual Service Fund (ISF) – this is a more flexible type of 'managed' budget. The provider manages a person's personal budget as well as providing the direct support under a contract with the funding body. The provider needs to ensure the budget is open and transparent and is only spent on the person as directed by the support plan. If agreed by the funding body, the provider can also contract other services on behalf of the person through this process. The provider is accountable to the funding body for ensuring the budget is used appropriately.

Providers leading change

Within the changing personalisation context, consideration is being given to new and emerging roles of homecare providers. Experience shows that it is often easier for organisations to trial and test new ways of working themselves, rather than wait for direction by commissioners.

For the homecare sector we know the landscape is changing as large numbers of people choose to continue to live in their own home with support. Where people are funded by the state, the default option for this will be through a personal budget. In addition, the self-funding market is increasing rapidly, though is often less well understood⁴. There are real opportunities for homecare providers using a personalised approach to meet the requirements of both groups.

As well as offering opportunities for providers of homecare to be responsive to people's desire for personalised support, we think an ISF approach can help councils to manage the roll-out of personalisation on a macro level, perhaps especially in the area of personal budgets for older people.

⁴ Think Local Act Personal Partnership, Follow-on study: older people who pay for care:
http://www.thinklocalactpersonal.org.uk/_library/Selffunders/Follow_on_study_Older_people_who_pay_for_care.pdf

What is an Individual Service Fund?

Individual Service Funds (ISFs) are not new, in fact they were the first way personal budgets were deployed in the UK in the late 1990s for people with learning disabilities living in supportive living settings in Scotland, with a provider organisation called Inclusion Glasgow. Until quite recently however, the concept of ISFs has gained limited wider traction. We think that Individual Service Funds are an idea whose time has come and we are starting to see increasing experimentation with them⁵.

ISFs offer a way for some people who do not want to take on direct management of their personal budget to still get increased choice and control via a chosen provider, both holding the PB and providing direct support. The ISF model can be a liberating process for many people who do want to exercise strong influence over their support, but don't want the responsibilities that come with a direct payment. They also provide a real option for people who lack legal capacity and can really encourage a positive approach to working in an individual's best interests. With an ISF, the provider organisation both manages the personal budget and provides support from their own organisation or via purchasing other support on an individual's behalf. Done properly it is the decision of the individual or someone acting on their behalf to choose who the ISF provider will be.

We have considered how the ISF model can be developed and adapted for use in homecare. We aimed to challenge the concept of 'time and task' and look at how the ISF model can be used to ensure good outcomes for people, whilst retaining a sustainable business model for providers and offering a positive solution for councils who want to provide personal budgets to the large numbers of individuals who need lower level support at home.

While the concept of an ISF is simple there are of course complexities in respect of practical implementation. In this paper we have explored the risks and challenges in creating a local ISF framework. While there is no single model, we have outlined a range of options below to help councils to deploy the approach.

ISFs in homecare can help:

- ⚙️ People who need homecare to receive support in a positive and personalised way, enabling choice and control.
- ⚙️ Councils to encourage the take up of personal budgets for the high volume of people who often need a low level of support, by creating a fast track process to design their own local bespoke ISF homecare solution.
- ⚙️ Providers of homecare to operate within a framework which both delivers support to people in the way they want it, while meeting the expectations of local authority commissioners spending public money.

⁵ <http://www.groundswellpartnership.co.uk/site/GRND/Templates/General.aspx?pageid=76&cc=GB>

ISF principles

The principles of the ISF model are simple. When used in the right way, individuals being supported should say:

- What?** – “I can use my hours/budget flexibly and can choose what I am supported with”.
- Where?** – “I am supported where it makes sense for me; at home and out and about”.
- Who?** – “I choose who I want to support me. My support workers know me and I know them”.
- When?** – “I get support on the days and at the times that are right for me”.
- How?** – “I choose how I am supported and my support workers know this is important to me”.
- Co-production** – “I am fully involved in decisions about my own support and how the wider service develops”.⁶

However, to make a real difference it is critical that these principles are delivered in practice.

Developing an ISF homecare process

We believe councils should offer an ISF as a positive option to local people as part of the local self-directed support process. We offer here a framework to achieve this. The steps set out below assume that the individual has social care needs which meet the Fair Access to Care Services criteria (FACS) for eligibility, and has or is in the process of having their financial assessment completed (if required locally). It follows the seven step process of self-directed support as originally designed by In Control⁷, as this aligns with what most see as the key steps to delivering personalised services.

⁶ Making it personal for everyone from block contracts towards individual service funds by Steve Scown and Helen Sanderson. www.dimensions-uk.org/EasySiteWeb/GatewayLink.aspx?allid=2787

⁷ Seven steps to being in control <http://www.in-control.org.uk/support/support-for-individuals,-family-members-carers/seven-steps-to-being-in-control.aspx>

Step 1 – Determining an individual's personal budget. This element is about assessing need and using the local resource allocation system to give an offer of an indicative or estimated amount of money that will meet the needs of the individual. The assessment of needs should not describe a service solution for meeting the needs. Each individual should at this point be told the different ways that they could manage their personal budget and this should include an ISF. When helping the person consider the different ways they may choose to manage their personal budget, care should be taken to avoid any assumption that there is a default option, including ISFs, as this would minimise choice and control.

Step 2 – Creating the support plan. Support plans vary from place to place. In some areas they are rich and creative whilst others are very minimal and service focussed - similar to a traditional care plan. As part of the development of the ISF model it was felt important to enable and encourage providers to develop support plans directly with the person using the service. This can offer a much more constructive and comprehensive process for the individual and help with capacity issues for councils.

Whilst there is still some debate about what a good support plan needs to look like, we have made some basic recommendations (see below). The support planning process needs to be proportionate to the circumstances of individuals - including as much as is needed, but no more than necessary. See [Appendix One](#) for an example.

Step 3 – Agreeing the plan. The ISF model should offer a relatively easy and rapid process to approve support plans, as there should already be an agreement in place between the provider and the council. This is when the indicative personal budget becomes the actual personal budget and the support plan clearly explains how the personal budget is being deployed.

Step 4 – Organising the money. It is essential that the provider has a robust system in place to manage each individual's personal budget effectively. This includes being able to keep as close as possible to offering information on a real time basis, as the provider will be accountable to both the council and the individual.

Step 5 – Organising the support. As part of the support plan, an action plan for next steps needs to be created. This should include ensuring the individual has an agreement between them and the council, as well as one with the provider. This is essential before the ISF starts so that everyone is clear about their roles and responsibilities.

Step 6 – Living life. This stage is about being clear that everything is put into place and is working for the individual. It can take a few weeks for everything to settle down and good practice would suggest doing a review after perhaps six weeks, as a good way of ensuring things are working. This can be done by the care manager/social worker in partnership with the individual, their family if appropriate and the provider.

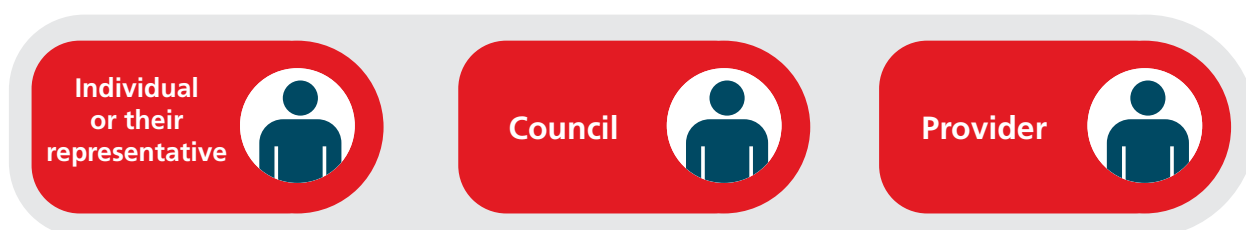
Step 7 – Review and learn. Unless there is a change in circumstances most reviews would then happen annually. This is an opportunity to learn about what has worked well and what might need changing or adjusting with the ISF. It provides the opportunity to discuss and amend the support plan for the following year. If the individual's needs change significantly at any point it is important that an unscheduled review and reassessment can take place. Each individual and ISF provider should be aware of the local process for doing this and refer accordingly.

Developing a local framework – what councils need to do

The role of commissioning is changing rapidly and many councils are evolving their approaches. Rather than having prescriptive contracts for high volume groups of people, progressive councils are developing models which enable providers to operate in different ways. Frameworks can be developed which encourage providers to innovate beyond traditional models and offer local people more choice and control. As part of such frameworks, councils need to think about how they can include the Individual Service Fund model. We suggest here some key elements that need to be included within these frameworks⁸. **Appendix two** includes the ISF element of the contract for the provision of self-directed domiciliary care from Lancashire County Council. This has been developed in partnership with providers and offers the rules of compliance required to operate as an ISF homecare provider within the Lancashire area.

Incorporating a homecare ISF within the provider contract arrangement

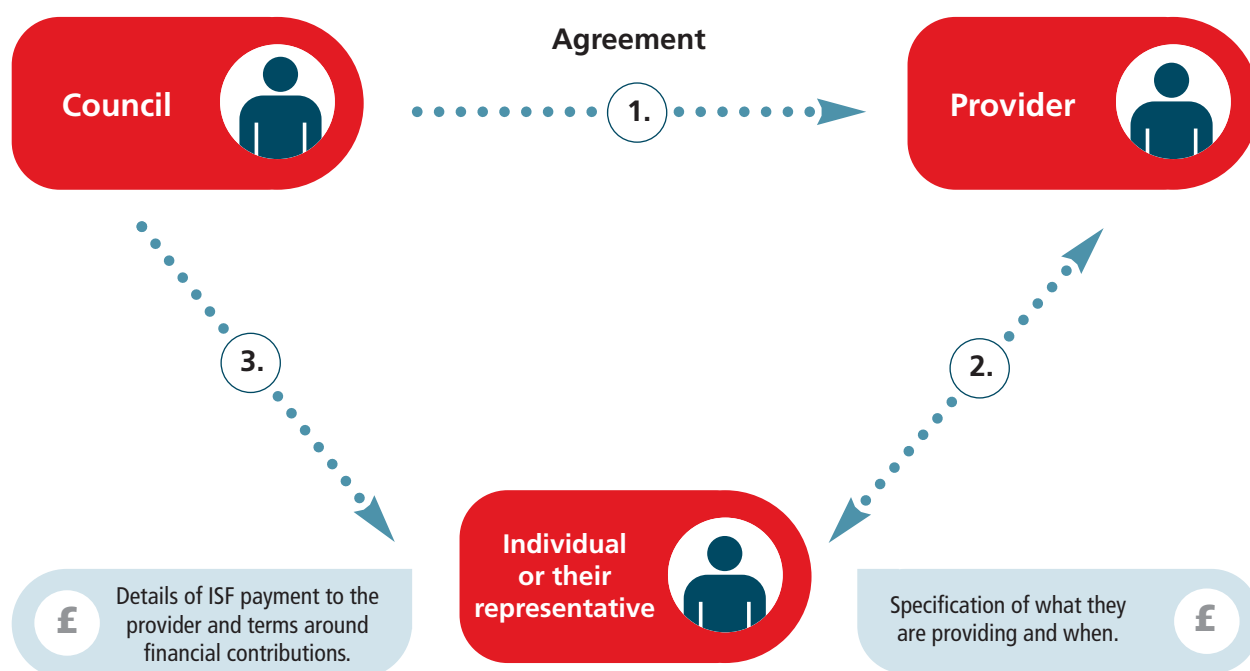
The Individual Service Fund model is different from traditional commissioning in that it involves formal agreements between three parties:



⁸ www.lgju.org.uk/outcomes-matter-effective-commissioning-in-domiciliary-care

It is therefore essential that in developing an ISF model everyone is clear about their roles and responsibilities. Having a three-way contract or agreement can be complicated and so we recommend keeping all agreements and contracts as simple as possible and between two parties at any one time. Some councils are taking a light touch approach to this and rather than a specific rigid agreement, they are simply using some basic rules for operating.

A simple contract/agreement could work like this:



The agreement between the council and the provider can be set out in a personal budget contract agreement to be used with a list of preferred providers or it can be as simple as basic compliance requirements to qualify as an ISF provider on the open market. This should provide a clear understanding of the local rules for trading as an ISF provider.

The provider needs to be clear with the individual using their support about what will be provided, when and how much this will cost from their personal budget. This will be developed between the individual and their ISF provider as a bespoke flexible arrangement unique to each individual. A written agreement should then be put together using straightforward language.

It is good practice when the ISF provider helps to write up the support plan and the detail of what will be provided and the support plan states how this will meet individual personal outcomes. This makes everything open and transparent for all stakeholders.

Arrangements between the council and the individual (or their representative) should state the terms and conditions of the local ISF model including:

- ⚙️ **How?** - the council agrees to pay the ISF provider.
- ⚙️ **When?** – this is usually done in arrears to ensure payments can be altered in case of a change in circumstances.
- ⚙️ **How often?** – pending on local payment cycles this would be done in four-weekly or monthly amounts.
- ⚙️ **How much?** – local decisions need to be made about either paying the provider gross and collecting an individual's financial contribution separately or net, with the customer making their financial contribution direct to the provider.

Developing the market – practical issues

How councils select local ISF providers is very much a local decision. Some councils are using their preferred provider process, whilst others are going to the open market, asking who would like to be involved and working with them to develop some basic principles for an ISF. Key lessons learned in some of the early developments are:

- ⚙️ It is important to be clear that the ISF model is not the default alternative to commissioned care. Having an ISF should give people the same freedom to go to the market and choose which provider they prefer. Each individual should know the options and choices available to them, so selecting an ISF for homecare becomes an informed choice by the individual and/or their relative.

An example of 'homecare' being delivered differently:

On the Wirral there is a traditional residential care provider who has seen a niche in the market. It has developed a day opportunity which enables older people to spend the day with them, meet new people, bring their washing and have a nutritional and tasty home cooked meal. This is proving very popular with older people, particularly during the winter.

- ⚙️ There is a need to be very clear about the local ISF process and how this will work, including the payment process. Will the provider be paid a separate fee for each individual user or a total fee for all people using ISFs or as part of the total fees paid for all services procured?
- ⚙️ Providers must be able to easily identify the personal budget allocated to each individual they support.

- ⚙️ In some areas, councils have decided to pay the provider the net price and the individual will pay their client contribution direct to the provider. This does have advantages to the council in terms of a reduction in raising financial contribution invoices and process of payment. However, providers must factor in the financial risks of non-payment, including additional credit control. Risks can be mitigated by stating the rules of compliance in the agreement between the individual and the council. There is some experience that when the individual does pay their contribution direct to the provider that there is an expectation of quality and self directed quality assurance starts to play a much bigger role.
- ⚙️ Dispute resolution and service failures. In the case of the provider not turning up or the person not being at home there needs to be a clear defined process for managing these issues, including the reconciliation of payments. Attempts have been made to use electronic call monitoring, but these have often proved unsatisfactory. We need to become much more innovative in our methods.
- ⚙️ Defining what the terms of engagement are. For example, do all providers need to be able to do support plans and do they need to comply with electronic call monitoring systems etc?
- ⚙️ There needs to be enough organisational capacity within providers to meet the demands particularly if not continuing with contracted arrangements. One council reached the capacity of four providers with 36 different individuals in just a few weeks. There is a need to ensure that there is a staged approach or enough providers to meet the demands and take some learning from previous volume of homecare provision for the same time of year.
- ⚙️ Ensure that providers are clear about the auditing process and how this will work. Will there be an annual audit or will the audit be by exception? In some councils electronic budget management systems are being used, which will enable virtual monitoring. If this is the case it needs to be clear whether this is an essential or desirable tool to use.

An example:

One tool of shop4support's e-Marketplace solution is Budget Manager, which enables providers to manage multiple personal budgets, keeping the task of budget management easy and low cost. It is connected into the e-Marketplace and the virtual purse system, which allows people to have a look at how the provider is managing their personal budget and also enables the council to monitor as often or as little as it requires. It produces reports that can trigger exceptional reporting, when for example typical buying trends have been changed.

Preparing for personalisation – what homecare providers need to do

Providers need to think proactively about their own services and how they can respond to the demands of individuals wanting more choice and control over their lives.

Some key issues that providers need to consider:

- ⚙️ Develop a retail price for your service – many homecare providers already provide to a self-funding market, albeit this is relatively underdeveloped. These providers have therefore established a retail price. Some providers have broken this down into rates for certain times of the day, whilst others develop bespoke costs for individuals. Regardless of how the provider does this, it needs to be open and transparent so people can make an informed comparison on a like for like basis. Examples of prices are available in the various e-Marketplaces that councils are starting to use and people find it easier to make a choice if they know roughly the price they will need to pay. People do not always choose the cheapest option, but are making decisions based on what they consider is best value.
- ⚙️ Describe what you do for your customers and consider how to market your organisation – in the past the main customer for providers has been the local council - they have worked primarily in a business to business market - this is changing.
- ⚙️ We advise providers to become as involved in support planning as possible. This helps providers to gain some market intelligence on what local people want to buy from homecare services and what matters to them.
- ⚙️ Being flexible and responsive to people – the detailed service specification will no longer be determined by the council, but by the individual. People know increasingly what they want and when they want their support delivered, so providers will need to be responsive to this. People have asked for a realistic expectation about what can be achieved and want providers to be clear about what they can and can't deliver.
- ⚙️ Setting up an accessible agreement between the provider and the individual. This can be a challenge for some providers as their legal advisors may insist on certain criteria within agreements. Providers should take appropriate legal advice, but it is extremely important to develop a suitable agreement which accurately reflects the service offered and which is described in straight-forward, accessible language.
- ⚙️ Setting up internal systems to enable the person to understand how their personal budget is being spent and that the council is easily able to audit. A key aspect of providing an ISF is understanding the additional responsibilities of managing the personal budget, as well as providing the direct support. This should be as cost efficient as possible and using electronic systems can help with this. You will need to be able to quickly analyse each individual's personal budget, what they have spent and what have they have remaining.

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- ☀ For third sector organisations it is always worth checking if the constitution allows for managing individual accounts on behalf of the people they support.
 - ☀ Moving from a traditional block contract arrangement to an ISF. In most councils we are seeing this transition happening through new contracts, including a clause to become personalised within a certain framework, whilst others are simply not going to be using contracts in the future at all. It is extremely important for agreements to be in place, and to identify the respective responsibilities of all parties involved.
 - ☀ Providers with block contracts can develop an ISF model within their own organisation, even without local council input, so that they can really test locally how this could work, and any implications that this could have within the organisation.
 - ☀ Changes in the needs of the individual. As already happens within the current system, providers should maintain a duty of care in terms of the people they support. Should an individual at any point have a change in need or their circumstances, it is important that these changes are reported to the council in a timely way. Unless exceptional circumstances indicate otherwise, this would usually be made with the individual's prior consent.
 - ☀ As people who use ISFs may wish to receive support outside their own home (including the provision of transport), providers should clarify their intended range of services with their insurers. This may include insurance implications for care workers' private vehicles, and damage or injury to third party property or persons.
 - ☀ Opportunities for business development. There is no doubt that as the personalisation agenda continues to embed further in local policy, there will be new opportunities for providers. Through discussions, many older people felt there were great opportunities for providers when a trusting relationship had developed with older people. The older people stated how they were more than happy to self fund additional support if they felt it was value for money.
 - ☀ Quality assurance. We recommend providers benchmark themselves using the Progress for Provider Self-Assessment Toolkit for Homecare.
The toolkit is available at: <http://www.helensandersonassociates.co.uk/whats-new/progress-for-providers-checking-your-progress-in-delivering-personalised-support-for-people-living-at-home.aspx>
and at: www.in-control.org.uk/5716.aspx

Making Individual Service Funds for homecare a real option for people

“Moving to the use of ISFs (or indeed any form of personal budget) won't necessarily make a difference to people's service. It's about working with people to discuss and think about how the services can be delivered differently. This has all been brought home to me again recently following discussions with a few people where we all have experience of people moving onto ISFs (even direct payments) and it not making a ha'peth of difference to their service. It appears the move was just used to hit targets or to enable people to stick with a provider who hadn't been successful in a re-tender. Nobody discussed with the people involved how their services could change, be more flexible etc, so they are just receiving exactly the same service - it's just paid for differently”.

Zoe Campbell, Business Development Lead, Mears Group

We have found that some areas are not publicising or being sufficiently clear or specific as to what constitutes an ISF locally or why people might choose one. ISFs should be offered to those people who wish to have their personal budget managed by a provider, which in most cases is supplying the majority of their support. Councils should offer clear information about the option.

For an ISF to function properly:

- ☀ The council needs to produce information such as a factsheet, which enables people to make an informed choice if they want to use an ISF. An example factsheet is included in [Appendix Three](#).
- ☀ There must be a choice of ISF providers locally.
- ☀ The provider should only use the monies held in the ISF on that particular individual's support, and as agreed in their support plan. The provider will manage the personal budget in accordance with the agreed support plan in an open and transparent way, so that the individual and the council can easily see how the personal budget has been spent. The provider will be flexible and responsive to the individual, stating in detail how the support will be provided in the agreement between themselves and the person using the service.
- ☀ The ISF can be used for people who lack capacity if it is felt in the best interests of the individual. ISFs have been used very successfully when families act as the supportive person or the individual simply has no family at all. In the case of the individual not having family, the best interest decision will need to be taken by the council and this will need to be monitored closely.

Homecare ISFs and Making it Real

Making it Real: Marking progress towards personalised, community based support⁹ was launched by Think Local Act Personal in early 2012. It is designed to help organisations check how they are doing in respect of providing personalised services and transforming adult social care and to plan improvements. Many councils and provider organisations are using the markers and the number is expected to grow markedly in 2013.

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. It provides a set of 'progress markers' – written by real people and families. Its aim is to ensure that people have more choice and control over their support, so they can live full and independent lives.

For the purposes of the project it was therefore important to consider how Making it Real aligns to ISFs.

Within Making it Real there are 26 "I" statements that describe what people expect and want when it comes to care and support. The statements are themed around six areas. We have identified these areas below and included some examples of how these relate to ISFs, using what people have told us is important to them in relation to ISFs.

⁹<http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/overview/>

The I statement	What this means in the context of an ISF	What people told us they want from an ISF
Information and advice: having the information I need, when I need it.	Individual Service Funds need explaining simply to people so it is their choice, not simply the default option.	We need information which is simple and easy to understand. I need to know what is the difference between having an ISF and taking a cash personal budget.
Active and supportive communities: keeping friends, family and place.	This is about people having other people in their lives other than just paid staff. It is also about access to community opportunities and contributing back to the community.	People who love me to be there when it makes sense for me. I want to continue to go out and be with my friends and family, it is what makes life worth living. I need to feel useful, the days are too long when you're doing nothing.
Flexible integrated care and support: my support, my own way.	This is about choice of who supports you and feeling in control. It is about joined up support and knowing who is going to be supporting you to do the things you choose.	I want regular reviews with my provider just to check things are working for me. I want to stay living in my own home and be able to go to bed / get up when I choose. I want the choice of who cares for me, when the care is given and how often. I can pick and control my visits to suit my lifestyle. I want to be able to alter the times when the carer comes in. I don't want to be answerable to the agency policy on sickness, I just need help when I need it. Recruit for the people not just for the job! Carers coming in for the length of time I want them to.
Workforce: my support staff.	This is about the people who support individuals, their attitude, motivation, confidence, training, etc.	I want to have preferred workers but realise I may need to have to plan my week in advance so my provider can organise this.
Risk enablement: feeling in control and safe.	This is about being supported to manage risks, avoid crisis and to feel safe.	I want to be supported to remain as independently as possible, for as long as possible. I want the personal budget to work in a way which makes sense to me and help me achieve the things I want to achieve, no matter how simple they may be. I want control over the tasks that are done.
Personal budgets and self funding: my money.	This is about people knowing how much their personal budget is and choosing how this is spent.	I want clear accountability of how my personal budget is being spent and the evidence to back this up. I need to be clear how much things cost so I can adjust my spending accordingly. How will I be reimbursed if the worker is unable to come?

Ensuring that ISFs keep people healthy, safe and well

With an ISF there is still a clear duty of care and providers and councils still have a responsibility to ensure that support is meeting the needs of people and their outcomes as stated in the support plan.

A risk enablement approach should be used which enables the individual to feel both in control and safe. This encourages people, where possible, to weigh up risks, benefits, including planning for problems which may arise. People must have choice and control over their lives, but consideration must always be paid to decisions by the individual which may put them at risk.

With regards to an ISF, the council may take a mediation role should there be a dispute between the individual and the provider. This would need to be addressed on a local level, in line with the local council's own dispute resolution process.

An example:

In one council, an individual chose to use an ISF provider but was unhappy with this provider and changed them, which is within the individual's right. However this kept repeating itself, with the individual wanting to constantly change providers. In such circumstances the council has a duty and responsibility to intervene to understand why each provider was not meeting the standards of the individual. In this case there was no evidence any of the providers were at fault, but the individual simply kept changing their mind. The council mediated between the family and the most recent provider and a circle of support was developed, independently facilitated to support the individual and iron out any difficulties as they arose, rather than leaving issues to fester and mount up. This has enabled the individual to feel like they have some support and the ISF is working out really well.

Quality assurance

Attention needs to be paid to how organisations quality assure the ISF model and encourage the process to evolve and develop.

Organisations can quality assure by:

- ✦ Using a personal budget survey tool such as POET¹⁰ which enables organisations to measure the impact that personal budgets are having on people's lives.
- ✦ Develop a providers' forum which gives all homecare providers, from the voluntary and private sectors, the opportunity to share their thoughts, ideas and how they are addressing challenges.

¹⁰ <http://www.in-control.org.uk/what-we-do/research-and-evaluation/poet.aspx>

- ✿ Using an electronic system which invites user feedback.
- ✿ Using the TLAP 'Making it Real' markers to benchmark progress.
- ✿ Using the Progress for Providers: Checking your progress in delivering personalised support for people living at home Toolkit, which has been developed as part of this project (as part of the Making it Real process).

As part of this piece of work we have considered how organisations, particularly homecare providers, can work towards being not just good at what they do but excellent. The Progress for Providers: Checking your progress in delivering personalised support for people living at home Toolkit is a self assessment tool specifically developed to help and encourage providers to move from the traditional model of homecare provision to organisations delivering person centred support to people living in their own homes.

The toolkit asks providers to self-assess their practices, policies, knowledge and skills of their organisation, their staff team and the experience of the person receiving support and their family.

The tool considers the three different aspects of the person, the family and the staff and manager. This enables a provider to take an honest look at their organisation and benchmark themselves against where they are in terms of providing quality homecare services. This benchmark encourages a progressive approach towards the continuous improvement of quality.

We therefore encourage all homecare providers to use the Progress for Providers: Checking your progress in delivering personalised support for people living at home Toolkit for homecare, to ensure they are proactively working towards a high quality ISF model of homecare.

Conclusion

There is likely to be a significant increase in the use of ISFs for homecare over the next few years. While we welcome the increased adoption of this model, care needs to be taken that ISFs are being used in the right way and that they deliver real outcomes and choice and control for people. This must include people who lack capacity or support from family. We hope this paper has made a contribution to this.

There are significant challenges involved in getting the process right and some of the councils we have worked with are yet to develop or test their models with local providers.

These are early days with relatively little direct experience to use to date. Our aim is to revisit some of the councils using ISFs for homecare next year, and start to gather the learning and to develop the model further based on what's working well, and what's not.

Appendices

Appendix One: Developing a support plan for an ISF in homecare.

Many individuals requiring support to continue to live at home will have been through some kind of reablement process or have already received homecare services. This does not mean that we can assume what they need and how the support is to be provided. Councils still need to go through the appropriate support planning process, ensuring that this is relevant, to the point and proportionate. Here we offer some ideas.

- ⚙️ **A short summary of who is the person and what are their needs.** Too many support plans replicate the assessment rather than giving a concise summary of the individual and what they need. Summarise who the person is, what they need and why they need it. If further information is required, refer back to the assessment of need.

Example:

Mary is 86 years old. She was an avid walker, cyclist and enjoyed going to her local Methodist church on Sundays and for community events. Mary was widowed 12 years ago and has had several falls in the last year. Her family and friends report her becoming much more confused in the last few months, yet despite her ill health and several hospital admissions, she wants support to continue to live in her own home.

- ⚙️ **How will I manage the money?** Describe here how the ISF model was chosen and why it is the right option for the individual involved.

Example:

Mary has said that she needs support to continue to live in her own home, but doesn't want to be involved in managing payments. Her next door neighbour uses a really good agency and her son has already been in contact with them. Mary and her son looked at all of the options and felt an ISF would give them the choice of who provides the care, but would take the hassle out of managing any money.

- ⚙️ **The amount of my personal budget and how I will spend it.** Here the person needs to think about how the money will be spent and on what. This needs to link to the assessment of need and the reasons for which the personal budget was given. This shouldn't focus on specific care 'tasks', but needs to ensure the personal budget is going to be spent in a way that keeps the individual healthy, safe and well. Evidence of spend needs to be audited in the long term, but the detail of how the support will be provided should be cross referenced to the agreement between the provider and the individual, or their representative.

Example:

Mary will spend £4387.50 on direct support, based on the hours she needs at £12.50 per hour. Mary needs someone to assist her to shower, to make sure she takes her medication, eats and drinks throughout the day, and to generally keep an eye on her. Through discussion with Mary and primarily her son, it was decided the support provider would come into her home three times per week for one hour and on the days in between would pop by for half an hour and would do a pop in call each evening for up to 15 minutes. This would enable Mary to have three good showers at least per week, knowing she would be safe. The timings would be negotiated and they wanted them to vary depending on the days of the week and what sort of things Mary was doing at the church.

- ☀ **The ISF principles.** Here we should describe those all important things that make a difference to people's lives and be absolutely clear about what matters most to the individual. This is describing the who, what, where, when, how and how this will be co-produced, not only through the support plan but through actual delivery.

Example:

Mary preferred women to support her, particularly the chatty types. She likes people who used a bit of initiative, without being intrusive, as she cannot always instruct what needs doing. She needs support at home most days, which is flexible in line with what her week looks like. She likes to be able to predict who is coming in to help her and needs to have some re-assurance if anything changes. Her son likes to be involved, even though he lives quite a distance away, a weekly call to him from the ISF provider is really helpful.

- ☀ **What outcomes do I want to achieve?** The outcomes will be linked to the assessment of need, how the personal budget was allocated and what support was detailed within the plan. It is essential that there is evidence of how the support is going to work towards meeting the outcomes identified.

Example:

Mary needs to have help to support her personal care, in particular ensuring she is confident about her safety in the shower, knowing someone is there to help if required. She likes to maintain her social contacts and having someone in to encourage her to go out to the church a few doors down is essential. Mary needs to be confident her house is safe at night before she goes to bed, as well as ensuring she doesn't forget to eat and drink during the day. The broad outcomes in which these will be recorded are maintaining personal hygiene, a safe environment, social interaction, nutritional needs and retaining her independence, but for Mary it is maintaining and/or improving her quality of life that will be much more important.

⚙️ **Next steps action plan.** This element needs to be clear about who will need to do what once the support plan has been agreed.

Example:

Mary and her daughter will finalise the plans with the council and the provider in terms of the agreements that need to be signed and how the support will be delivered. A start date will be agreed and all of the financial arrangements will be put in place, including Mary's contribution to her care. A six weekly review will be planned to ensure everything is put into place and Mary's daughter will keep an eye on things. The contingency arrangement is that Mary's daughter will be involved to get things going and, should more support be required, her daughter will contact the social care department. Mary's daughter has also had a conversation with a couple of the neighbours who will pop in from time to time to ensure everything is OK.

Appendix Two: Section from Lancashire County Council Contract Policy specific domiciliary care and ISF's

6. SUPPORTING INDIVIDUALS TO MANAGE PERSONAL BUDGETS THROUGH INDIVIDUAL SERVICE FUNDS
- 6.1 Where a Service User chooses to take payment of some or all of the Personal Budget via an Individual Service Fund, the Provider will manage the Individual Service Fund in accordance with the individual's agreed support plan.
- 6.2 The Provider will only use monies held within each Service User's Individual Service Fund on their support only, in accordance with the individual's agreed Support Plan.
- 6.3 The Provider will at all times remain accountable to the Authority for how the Individual Service Fund is spent and must manage the Individual Service Fund in accordance with the requirements of this Agreement.
- 6.4 The Provider will provide direct care and support identified within the individual's Support Plan in a flexible and person-centred way to meet the Support Plan outcomes.
- 6.5 The Provider will ensure that the Service User retains the maximum degree of choice and control over how the Provider provides direct care and support within the Support Plan using funds within the Individual Service Fund. To meet this expectation, the Provider will need to communicate with the individual on an ongoing basis to agree the details of direct support provision in relation to service inputs (service times and tasks) to meet agreed Support Plan outcomes.
- 6.6 The Provider may, without reference to the Authority, mutually agree day to day changes with the Service User to their direct care and support provision and minor revisions to the direct care and support elements of the Service User's Support Plan. In agreeing any such changes the Provider is required to:
 - Ensure that such changes are in keeping with the objectives of the Support Plan and continue to meet the Service User's assessed needs and identified outcomes in a safe way.
 - Consult the Authority if the Service User wishes to use funds within the Individual Service Fund for an outcome that has not been identified with the Support Plan.
 - Inform the Authority if a Service User's support needs change or if the Service User's needs cannot be met within the existing Individual Service Fund arrangement and Support Plan.
 - Update the Service User's Support Plan so that it remains current and reflects the actual support that is being provided by the Provider.

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- 6.7 If the Provider is in any doubt as to whether the implementation of any proposed changes to direct care support will result in the Service User's Support Plan no longer meeting the Support Planning Standards set out in 5.3 above, it should contact the Authority prior to making any changes.
- 6.8 The Authority will transfer monies to the Provider for the agreed value of each Service User's Individual Service Fund as set out in their Support Plan in accordance with the payment arrangements set out in clause 15 of this Agreement.
- 6.9 In accepting payment, the Provider is undertaking that it will manage Individual Service Funds in a way that demonstrates strong financial governance and accountability. To meet this requirement, the Provider will maintain robust financial records for each Individual Service Fund that it holds.
- 6.10 The financial records held by the Provider in relation to each Individual Service Fund must be fully auditable and clearly record as a minimum:
- 6.10.1 All payments made by the Authority being paid into each Individual Service Fund.
- 6.10.2 All charges levied by the Provider against each Individual Service Fund for directly provided care and support services provided in accordance with the individual's Support Plan.
- 6.10.3 In supported and shared living settings, any charges levied by the Provider against each Individual Service Fund for shared or background support as agreed within the Support Plan.
- 6.10.4 Any payments made by the Provider to other providers identified within the Support Plan which the Provider agrees to contract on the individual's behalf.
- 6.11 The Provider will maintain appropriate supporting documentation as appropriate which is sufficiently detailed to ensure that all monies can be fully accounted for.
- 6.12 The Provider will supply each Service User for whom it manages an Individual Service Fund (or their representative) with an up to date financial statement on request and routinely at agreed regular intervals in an accessible format. Financial statements should be provided at least annually.
- 6.13. Financial statements provided in accordance with clause 6.12 shall include sufficient information for the individual (or their representative) to understand how their Individual Service Fund is being spent and shall show actual spend against planned spend as set out in their Support Plan, and indicate any surplus balance that has accrued.
- 6.14 The Provider will supply the Authority with a financial statement on request for monitoring purposes and routinely for each individual Service User to support any planned or unplanned service reviews.

6.15 The Authority and the Provider recognise that in creating an arrangement where the Provider will manage Individual Service Funds and deliver flexible and personalised support to a Service User under a broad Support Plan, that there will be occasions when surplus balances accrue within the Individual Service Funds held by the Provider. Such balances may accrue for a number of reasons including:

short term reductions in actual services provided due to the cancellation of some (or all) service provision by the individual for short periods of time with agreed notice;

longer term minor changes to actual service provision agreed directly between the individual and the Provider within the constraints of the agreed Support Plan;

specific time limited agreed arrangements agreed between the Service User and the Provider to carry forward some monies within their Individual Service Fund to be used to meet an alternative outcome agreed in the Support Plan.

6.16 Unless specifically documented and agreed otherwise within the Support Plan, the following broad arrangements will apply to the management of surplus balances within Individual Service Funds:

The Provider may hold and manage any surplus balances within the Individual Service Fund up to a maximum value of 50% of the regular four-weekly payment made by the Authority to the Provider

Should the surplus balance within any Individual Service Fund exceed the value stated above, the Provider will notify the Authority. The Authority may instigate a review of the service and retains the right to recover some or all of any such surplus balance.

Within the above constraints, the Provider may use surplus balances as agreed with the Service User provided that the surplus is used to meet the agreed broad outcomes set out in the Support Plan.

6.17 The Provider may also use surplus balances to meet any urgent need for additional support to alleviate risk in an urgent or emergency situation.

6.18 The Provider will refund any surplus balance within any Individual Service Fund that remains on the cessation of service to the Authority after deduction of any payment in lieu of notice due to the Provider.

6.19 If the Provider is in any doubt as to the management of any surplus balance for any Service User, it will contact the Authority for advice.

- 6.20 The Provider will keep accurate records that evidence all direct services that it has provided to each Service User including the timing and duration of all service visits and the care workers who have provided those services. These records should, where possible, be supported by electronic call logging information (other than in shared living settings – see separate schedule). Where electronic call logging records are not available to evidence service provision, appropriate manual records must be maintained which are sufficient to evidence the services that have been provided and these must be verified by the Service User (or their representative) wherever possible.
- 6.21 The Provider will keep accurate records that clearly identify any cancelled direct care and support services for which it has charged Service Users under clause 6.20 above and include details of all such charges within statements issued in accordance with clause 6.12 above.

Appendix Three: Example ISF factsheet

This factsheet has been produced with older people, to help people who need support and their families to understand in more detail what an Individual Service Fund is. They raised a few questions which the factsheet attempts to answer. The factsheet is available online and can also be printed and given to people. This enables more questions and answers to be added.

Please feel free to adapt the factsheet to help you deliver ISFs locally.

Using an Individual Service Fund for homecare services

The local council helps people who need homecare services to enable them to live at home. In the past, the council arranged this care by having a contract with different homecare providers. These contracts will no longer continue, because all councils have been told by the Government that they need to make sure everyone has choice and control about the services they receive. This means people will choose who they want to provide their homecare, rather than the council deciding for them.

This new way of working is called personalisation, instead of being given direct support you will be offered a personal budget. A personal budget gives you a lot more freedom to buy the homecare services that you want and need. The council's job in the future will be to help people make a choice about who will provide their care and support and when. This should mean that people get the homecare service they want from the organisation they choose and it is delivered in a way which makes sense for them.

For some people managing their own personal budget may be too complicated, so we have developed an Individual Service Fund option. This allows you to have the freedom of choice of who you want to provide your support, without the trouble of managing the money. It is the best of both worlds option.

What is an Individual Service Fund?

An Individual Service Fund is a way in which homecare providers can manage a personal budget and provide homecare support. This gives you maximum choice and control of who the homecare provider is, how they support you, when they support you and where they support you, giving you maximum flexibility.

As part of the arrangement they will also manage your personal budget on your behalf, which should be spent according to your support plan. The homecare provider needs to give you a clear break down of how your personal budget has been used to both you and the council. This is the best of both worlds option, giving you maximum choice and control with minimal responsibility.

You will have an agreement with the provider that will state the details of how it will provide the support to you, what it costs and how it will be provided. If you contribute financially to your care your contribution will be paid direct to the provider. It will explain this to you and will send you a bill each month stating how much your contribution is.

How do I find an Individual Service Fund provider?

If you need help to live at home it is only right you have the freedom, choice and control over your care. We realise that choosing homecare can be complicated, so this is why we want to help you.

We have created a website which is called www.shop4support.com. This website is like a shopping mall of all of the homecare services which are available in the area to buy, but online. All of the homecare providers have to show their prices and explain how they can support you, so it is much easier for you to make a choice. Many of the organisations provide homecare using an Individual Service Fund. A person from the personalisation team will assist and support you to have a look and decide which provider is most suited to your needs.

www.shop4support.com has been developed by the council, so is safe to use as all of the providers have CQC registration and are known to the council. There are plenty to choose from, what you need to do is to think about what works about your current homecare provider and what doesn't work. You need to think about what is important to you, like the timing of when they come to your house, which carer comes to help you, what tasks they do and do you understand them. As you think this through we will be able to help you work out exactly what you need. This is about you being in control of the care you get and we will help you to get the best out of your care.

If you would like to continue with your current homecare provider this is possible, as it is on www.shop4support.com too. What you will find is because you can buy it direct through an Individual Service Fund and not through the council, it will be cheaper to buy, but will deliver its support in exactly the same way or even do something that little bit different if you choose. You will be able to have more control over the times you get your support and even about who provides it. Remember you will be in control and don't need to just rely on getting what you are given from the council.

The choice is yours – we can just help to make your choice come alive.

I have chosen my homecare provider how do I get the one I want?

When the worker comes out to visit you they will tell you how much your personal budget is and show you all of your options and choices using www.shop4support.com Working with you they will help you to develop your support plan which details which homecare provider you will choose, when it will deliver its support and how much this costs. Through this process the worker will help you to speak to the provider and work out the finer details. Once everything has been decided the support will be ordered for you. The council will send the personal budget direct to the provider as and when the support is ordered.

What was wrong with the old way of providing homecare services?

The traditional way of providing homecare services was through a commissioned contract, which basically meant the council bought the homecare services on behalf of people. This has really limited the choice for people, and what people say is that they prefer to choose their own homecare provider. The Government has introduced personalisation and this means services bought by the council will no longer be available.

If you like your current provider, which is currently being bought by the council, you can still have the same provider, but will use a cash personal budget to buy the service or use an Individual Service Fund. This is so that you can have more control about how the provider delivers the service to you in a flexible and responsive way. If for any reason you decide you would like to have a new provider, you have the freedom to change providers.

The Government hopes that by giving people more choice and control over the services they receive, the quality of the arrangement will increase, as people will make sure they are getting good value for money.

Can I still have a homecare service and go to my in house day service through an Individual Service Fund?

The in house day service will continue to be provided in the same way as it is now as the service is delivered by the council. The amount for the day service will be deducted out of your personal budget, as it would be silly for the council to give you the full amount and then you have to pay it back.

The remaining money in your personal budget would be for your homecare support. You can choose a provider and get it to manage the personal budget on your behalf through an Individual Service Fund as well as provide your support. It needs to give both you and the council evidence of how your personal budget has been spent.

After the Fairer Charging Policy was introduced in April 2012, I now have to pay £20 per week towards my care – is this going to change with more new things?

If your support remains the same, your contribution remains the same. However your provider will only be paid your personal budget minus your contribution of £20. Meaning instead of paying the council you will need to pay the provider your £20.

If you are unsure about the changes or you are worried how they will affect you, please speak to one of these organisations who will be happy to help.

What happens if the homecare isn't working for me?

In the first instance you need to have a conversation with the provider by asking to speak to the manager. If you feel this cannot be resolved in this way or you don't want to do this, get a family member or friend to speak to them or an advocate from a voluntary organisation. {Insert details of voluntary organisations}

If you feel you are unsafe or the care is not being providing adequately you can contact the safeguarding team at the council or the CQC.

{Insert local contact details}

If you want to change your provider you will need to contact the council and it will arrange for you to have a review of your needs.

What happens if my needs change?

If your needs change you should contact the council and it will do a review of your needs. It will have a look at your support needs and will review your situation; it will then work with you to look at creating a new support plan.



This project was initiated to help people to make progress in one of the most challenging areas of adult social care to truly personalise - homecare. Personalisation is a key element of government policy for public services. The national Think Local Act Personal partnership is bringing together sector leadership to promote and support personalisation – most recently via its 'Making it Real' markers of progress. However it is clear that many people receiving support are not aware of the agenda and the possibilities it presents for them to have choice and control in their lives. Following discussions about practically helpful approaches, a stakeholder group of representatives of people receiving, commissioning and providing support, has come together with In Control and Helen Sanderson Associates to explore the specific opportunities presented by Individual Service Funds.

www.in-control.org.uk

www.helensandersonassociates.co.uk

www.ukhca.co.uk

www.mearsgroup.co.uk

