Testing out Individual Service Funds and spending a budget flexibly

An independent evaluation of the NHS Highland Individual Service Fund trial (November 2013 – April 2014)

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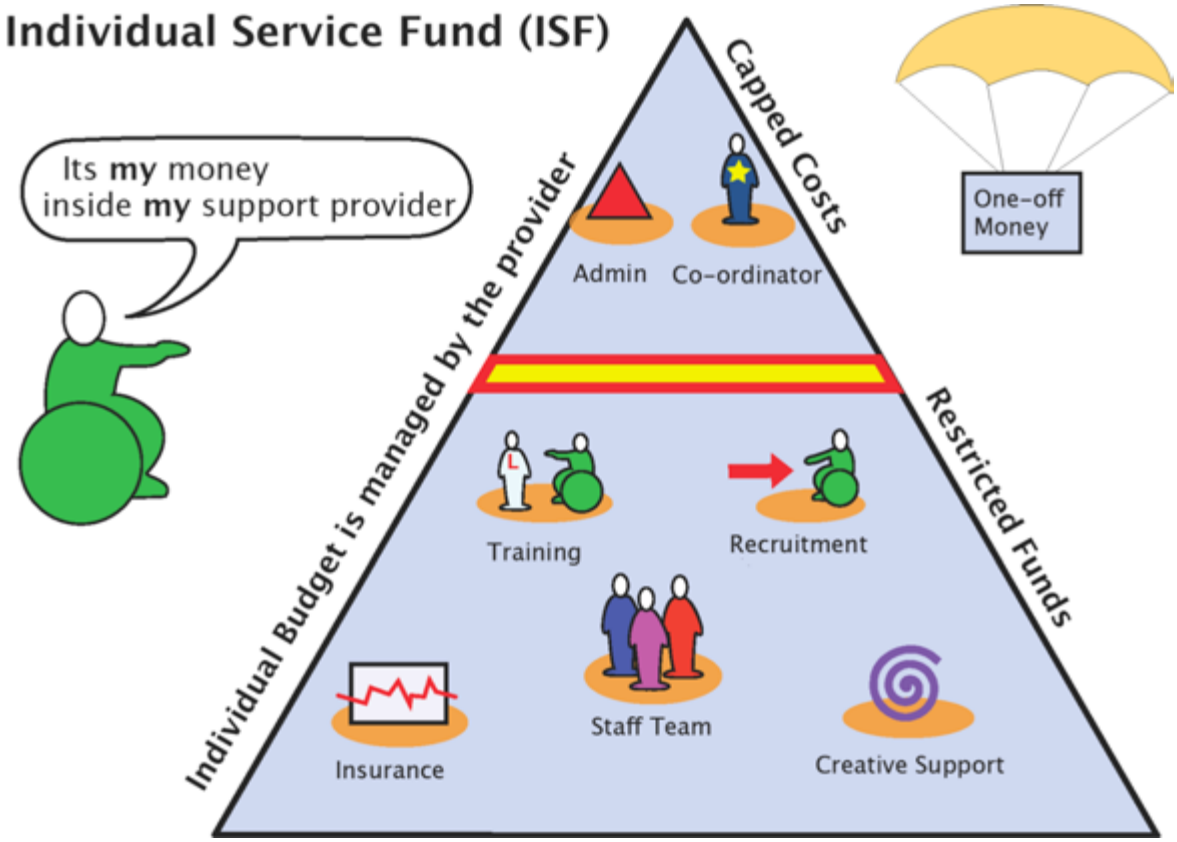

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Contents

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Introduction and Executive Summary

Introduction

The concept of an Individual Service Fund is not a new one. The ideas, practice and language of an Individual Service Fund were first developed in the mid 1990's in Scotland, explicitly as a way that people who would be deemed not to have capacity to manage a direct payment, or would choose not to manage one, would still be able to direct their own support and have the choice, control and flexibility typically associated with a direct payment.

The Social Care (Self-Directed Support) (Scotland) Act 2013 imposes a duty on all local authorities to offer the four options of self-directed support to people eligible for support in their area. Option 2 is described in the statutory guidance to the Act as 'an arrangement where the supported person selects the support that they wish and the authority, or subsequently a provider acting under the person's direction, makes the relevant… arrangements on the supported person's behalf'. An Individual Service Fund is further described as one of the ways of managing support in this way where the budget is managed by a service provider on behalf of an individual. We feel, however, that an Individual Service Fund is best and most simply described by the phrase 'my money managed inside my support provider'.

Despite the history of Individual Service Funds and their inclusion in the statutory guidance, there is still only limited practical experience of people directing their support in this way in most areas of Scotland and with most support providers. In Control Scotland believes that there is great potential to develop the practice, understanding and resources about Individual Service Funds. In fact, Individual Service Funds have been described as one of the 'missing pieces' of the self-directed support jigsaw that needs to be in place if people are really going to be able to take control and direct their support and services in a way that makes most sense to them. On this basis, In Control Scotland was pleased to be involved in the Individual Service Fund trial in Highland and to be able to produce this independent evaluation of the trial.

This evaluation was written by Graeme Reekie (an independent consultant working as Wren & Greyhound) on behalf of In Control Scotland with additional editing and foreward by Keith Etherington, In Control Scotland National Co-ordinator.

September 2104

Executive summary

This Individual Service Fund (ISF) trial took place in NHS Highland between November 2013 and April 2014. It followed on from an earlier trial of this way of working in the area and was designed an opportunity to ensure the processes for Self-Directed Support and explicitly Individual Service Funds were developed and tested before the duties of the new legislation came into force in April 2014.

Outcomes

The outcomes that were evidenced in the evaluation were:

For supported people	For service providers and their staff
Increased activity, community engagement and a focus on relationships Increased inclusion Increased motivation Improved wellbeing and quality of life Increased independence and prevention of hospital admission	Increased motivation and job satisfaction Improved relationships with partner organisations

Evaluation respondents were unanimous in saying that Individual Service Funds will not be right for everyone. From the trial, it would be presumptuous to attempt to identify the circumstances in which an Individual Service Fund would be likely to work most effectively in Highland. However, the evidence from the trial did appear to demonstrate some immediate benefits for a number of groups:

- People who receive housing support
- New referrals
- People who have been testing out using an Individual Service Fund for a longer period
- People with mental health problems
- People who live in rural areas

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Processes

The evaluation identified a number of processes that affected the likelihood of positive outcomes being achieved.

Flexibility was the aspect of the trial that was most appreciated by providers, and that is credited with making the biggest contribution to improved outcomes. In brief, this meant having licence to work in outcome-focused, sometimes creative, ways, rather than being required simply to carry out pre-determined tasks.

Outcomes-based support planning, despite being acknowledged as taking time, is valued by providers and people themselves, as it was seen that it enabled people to explore their opportunities properly and in depth.

Staff in the provider organisations needed high levels of flexibility and resilience to adjust to the changes involved in meeting the requirements of Individual Service Funds (e.g. changes in contracts).

NHS Highland's involving, collaborative approach to working with people and providers was understood and appreciated by stakeholders. It accelerated the pace of learning for all parties. Nevertheless, communication could have been better at times, particularly getting information from NHS Highland to providers – and back from them.

Effective personalised staff recruitment was reported as being fundamental to a good experience of Individual Service Funds, with the view that better outcomes will arise where people and staff with similar interests are matched. This assumption should be further tested, as there may be a risk that over-emphasising workers' interests leads to overlooking their other skills, experience or professionalism.

Pooling people's budgets or staffing allocation may be easier in some organisations or contexts than others. However the benefits identified are significant enough to merit further exploration of what can be achieved by pooling budgets. Examples included increased efficiency, reduced duplication of resources (in a shared living setting), and reduced isolation.

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Learning for the future

Below are key points raised by the report that would improve future implimentation of ISF programmes.

- There is a pressing need for the implementation of **an improved system of assessment and resource allocation**. It was originally hoped to have the resource allocation system and other associated systems and paperwork established before the trial took place. This was not possible and there is still a good deal of uncertainty for everyone concerned about how this will impact on how Individual Service Funds will work in practice.
- **There is still work to be done to improve internal decision-making processes within NHS Highland**. Some elements of the trial, particularly in those situations which were considered more complex, experienced long delays in getting approval to proceed
- Supported people, provider organisations, social workers and others need continued support and opportunities to learn and test what is possible with Individual Service Fund in the Highland NHS area. **Developing local examples, case studies and stories** that describe people directing their own support using an Individual Service Fund are seen as being of particular value in this.
- Educating people about the processes, outcomes and possibilities of self-directed support in general and Individual Service Funds in particular will take time and works best when it is done in a variety of different ways. To sustain the momentum generated by the trial, it would be useful to further consider the benefits and opportunities of **increasing and developing access in the Highland NHS area to independent and peer support**.

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1

Background and context

1. Background and context

This Individual Service Fund (ISF) trial took place in Highland between November 2013 and April 2014. It followed on from an earlier trial of this way of working in the area and was designed as an opportunity to ensure the processes for Self-Directed Support and explicitly Individual Service Funds were developed and tested before the Social Care (Self-directed Support) (Scotland) Act 2013 'went live' in April 2014.

The trial was the second phase in a series of steps to pilot approaches to Individual Service Funds and self-directed support, and builds on the learning that had developed from that previous experience and activity. Prior to that, and before integration of adult social care services in NHS Highland, Highland Council had also received Scottish government funding for the two years between 2009 and 2011 as one of three national test sites for self-directed support. This work has been evaluated separately. At this point, the self-directed support Bill had not yet been finalised and the 'four options' or mechanisms for managing support had not yet been fully articulated. To some extent, at this stage, self-directed support was still seen by many as an extension and expansion of direct payments.

During the original trial, members of the Self- Directed Support team began to see the need to involve service users, service providers and NHS Highland in three way 'tri-party agreements' to help describe and manage the expectations of an Individual Service Fund. It was agreed that these 'tri-party agreements' could be established under existing contractual arrangements between NHS Highland and service providers.

In 2012, the integration of health and social care services took place and adult social care services (including the self-directed support team) in the area became part of NHS Highland. By 2012, however, the team had also begun to identify complex, anomalous cases where people's needs weren't being fully met by existing models of support. The team were interested in testing out using Individual Service Funds and the potential they had for giving people increased choice, opportunities to be creative and more control over their support.

The original vision was to trial a process where providers would be given more flexibility to plan with individuals and manage the individuals' budgets, so that they could find creative ways to meet people's needs and support them to achieve their outcomes. After the trial was promoted, several providers came forward and the first phase of the trial took place in between April 2012 and March 2013. This phase allowed systems and contracts to be developed in a way that gave providers, supported people and NHS Highland the assurance and clarity that they needed. However, it was subsequently felt that there would be limited creativity unless NHS Highland could provide more direction and guidance about what else could be done beyond the tri-party agreement.

The next stage of the trial therefore began by bringing together a short life working group to decide the focus for a programme, plan for the trial, produce information and identify training needs for providers and people. Learning points to be taken from the first phase included:

1. The time implications for service providers in developing the Individual Service Fund model.
2. Ensuring that money is available up front for when service users opt to use their individual budget to purchase something other than care or support.
3. Partnership work is necessary to ensure greater flexibility of care & support.
4. Partners need clear understanding of personal outcomes, support planning and the use of asset mapping to ensure that packages are creative and holistic.
5. Partners need to explore creative use of budgets to meet identified personal outcomes, which includes health specific funding.

The trial began in November 2013. Because it was still based on existing block contracts, the trial was not able to test the Individual Service Fund model in full. It did however provide the chance to simulate and prepare for what was to become self-directed support Option 2, where supported people can direct the support that is provided through a budget managed by a third party, including a service provider.

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2

Outcomes

2. Outcomes

2.1 For supported people

- **Increased activity, community engagement, and a focus on relationships.**

The most evident outcome for people who took part in the trial was increased activity, community engagement and increased or renewed relationships. Many of the providers in the pilot referred to the isolation and loneliness that people face, and the importance of helping people make connections and networks in the community and develop relationships. Although it was often the basic, everyday things that people wanted help with, like getting out of the house more often, when this happened, it had significant benefits on people's wellbeing and quality of life.

For some people the outcome meant spending more time taking part in groups, or meeting family members. For example, a woman with a learning disability made creative use of the support time available to her by starting up a knitting group, leading to reduced isolation and showing how she could use her budget to contribute to the local community.

> *'As well as getting all the practical things done, what other things can we do to enrich people's lives? (The knitting group) takes actually very little support. She is going to run it in her own house, going to invite her friends and neighbours. And, long term, they might be able to share a bit of support between them. She's doing knitting that she likes, but she's also getting company.'* (SERVICE MANAGER)

One man used his budget to visit a brother he had not seen for many years. After only one visit, he showed increased levels of general motivation, and there were signs that his health had also improved.

> *'Originally, he was quite depressed. He was stuck in the house. I mean staff were taking him out for walks and stuff, but it's difficult for him to get in and out of cars and taxis. And he wasn't very well. He kept getting infections and things like that. I think it was just because there was nothing motivating him to do anything…Since he's seen his brother and he's been in contact with him, since then, I haven't heard that he's had an infection. He's looking - his skin is lovely, he just seems to have blossomed this last wee while, and that's part of it. Part of meeting his brother again. He hasn't met him face to face for at least 13 years, he's not met him in all that time. So I think in that respect it's made a huge difference.'* (SERVICE MANAGER)

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• Increased inclusion.

A related outcome was that participants in the trial felt more included both in services and in community life. For example, the mother of one of the young men included in the trial observed that the Individual Service Fund had given him a whole new lease of life, giving him the chance to learn new skills, make new friends and increase his social skills.

> *'He has achieved so much in a short period of time and is fast becoming a popular and recognised individual in the local community'.* (SERVICE PROVIDER CASE STUDY)

• Increased motivation.

As seen above, there are signs that participants have gained increased motivation through being able to take more control over decisions affecting their lives. In both cases where this was reported, it was accompanied by improvements in mood.

> *'It's had a definite kind of knock-on effect on her mood generally and her enthusiasm. Motivation to do new things and think about life in general. So it's had that positive effect…She's been more involved in wanting to be independent, wanting to do things for herself. We've seen much more motivation in cooking…. She's been more up for doing things, just generally more positive with what's going on and wanting socialise more as well'* (SERVICE MANAGER)

• Improved wellbeing and quality of life.

Community involvement, inclusion and motivation are all indicators of improved wellbeing. There were several examples of the way that Individual Service Fund outcomes have knock-on effects in a number of areas of people's lives, leading to improvements in wellbeing and quality of life.

In one case, support staff tried to provide some simple physical exercise for an individual with cerebral palsy, as they faced long waiting lists to get physiotherapy. They knew the exercise had benefits for his health and wellbeing, but they also knew they were not qualified to deliver it. By being able to use the budget flexibly through the Individual Service Fund, they could bring in more appropriate support on top of the everyday support they were being funded to provide. An additional benefit was that another person found out about the support and a friendship has been formed and there are opportunities to pool their budgets in future, potentially providing more efficient and effective support for both. This theme, also seen in the knitting group example above, is explored in **Section 3.4 below**.

> *'With the ISF ….. we could pay for a personal trainer for him. They are qualified, they are trained, (and) that's somebody new coming in to his life. That will come out of his budget. What's left will still do the cooking and the paperwork that's important, but he'll be a lot happier. Another client heard this was happening and said, 'Maybe I could chip in and we could both get this personal trainer'. So that friendship wasn't there before. That's fantastic and that's completely different'.* (SDS TEAM MEMBER)

Increased independence and preventing hospital admission

Four of the respondents mentioned the role of ISFs in reducing admissions to hospital by helping people to live healthier, more independent lives. Concrete examples from the trial period were less evident. However in one case, the flexibility to recruit a team of support workers to provide round the clock care has enabled one young man to stay at home, with positive outcomes for him and his partner.

> *'It's kept this man out of hospital. The hospital said he'd never get home, he needs 24 hour care. But we've got a team of seven and they(the couple) just manage it themselves'.*
> (SERVICE MANAGER)

2.2 Outcomes for service providers and their staff

Increased staff motivation and satisfaction

The most commonly reported benefit for organisations involved in the trial was increased motivation and job satisfaction for staff. This arises from the improved clarity of focus and purpose that outcome-based work can provide. Staff feel empowered by being given the opportunity not just to provide a service but to make a difference. The increased flexibility they now have allows them to develop their own ways of working. Although none of the respondents used the word 'autonomy', it seems that staff are benefitting from being able to contribute ideas, use their judgment and bring more of themselves to the job. All the provider organisations we spoke to valued this, as it allows them to assign staff to people based on shared interests, abilities or personalities (see Section 3.3 below).

> *'And I think the support staff will have more enthusiasm because they enjoy it, to take them and go and show them how to play golf, or cycling or anything like that. So if you've got an interest you are happy to pass it on.'*

It has not been an easy transition and providers reported that it takes time and can be unsettling for staff. However, organisations had overcome this by involving staff, communicating clearly about the changes, running training and providing externally facilitated development days to help staff manage change. As one provider said,

> *'I put it back to staff - What would you do? How would you work it? If you have participation within your staff team and show them they are worthy…you want them to be involved in it. Nine times out of ten, people will jump (at the chance)'.*
> (SERVICE MANAGER)

Competition vs practice sharing

The next most noticeable theme for providers was the willingness to collaborate with each other across the Individual Service Fund trial. This is by no means universal in organisations getting ready for Self-Directed Support. All the respondents identified the same reason

for the collaborative spirit: they simply could not help people achieve their outcomes by working in isolation.

There were three aspects to this: providing services in relatively rural areas, sharing learning and, simply, client choice.

In terms of providing services, there was a clear acceptance that even large national service providers would not always have the resources to meet people's needs:

> *'Having worked in Glasgow and Edinburgh, it's a bit different in Highland. Up here there are some real issues around recruitment and staffing…It's not so much about competition, but to be able to provide someone with a significant package of support probably needs two providers, because neither will have the resources to provide it all.'* (SERVICE MANAGER)

The examples of sharing learning included an informal monthly 'coffee group' for identifying good practice, giving feedback and sharing stories about how Individual Service Funds were working. This was greatly valued by the NHS service commissioners, who also encouraged practice-sharing by opening up in-house training events to service providers. This had the knock-on effect of strengthening relationships between commissioners and providers.

Overall, the learning that everyone had to do about self-directed support and Individual Service Funds was seen as a shared journey, to be taken together.

> *'And a lot of the training we do, we always open it up to providers, always have done. So they were learning alongside us, which has helped strengthen relationships - which is fantastic. Trying to get providers to speak to each other, I mean, it used to be so competitive, because they want business. Because things have changed so much, providers are having to speak to each other, they are having to say "Right, what's working for you, what's not working for you". Because if you think about it, for an ISF, you might be the provider holding that budget, but (this) doesn't mean to say any of it has to be spent within your agency - it doesn't. You're looking after the money, (but) you could be sourcing out from all over the place. People have to get creative, they have to know what other people are doing'.* (SDS TEAM MEMBER)

This quote introduces the other reason providers valued collaboration over competition – enabling the supported person to have a choice. It appears that the shift in emphasis from meeting basic needs to achieving outcomes has helped providers to see that monopolising a person's support is not in anybody's interest. Perhaps counter-intuitively, one of the NHS Highland self-directed support team identified that a provider's own interests are actually better served by taking a pragmatically non-monopolistic approach:

> *'It's the way ISF is set up, because the person has the control, the monetary value, and they assign that to a provider. But that doesn't mean all that money has to be spent with that provider. So if you think about it, you'd be quite savvy provider to say well I want to make good links…I know, as a good provider, to get those outcomes I can't do 100%. I can do 80%, but to get kudos as a good provider I'll do that 80% and I'm quite happy to give that 20% to work with another provider.'* (SDS TEAM MEMBER)

3

Processes and challenges for the future

3. Processes and challenges for the future

Throughout the evaluation, and the trial itself, there was universal acknowledgement that, despite the successes and positive outcomes identified above, processes could be improved. This section of the report highlights the processes that were identified as important to the success of Individual Service Funds. Some of the processes helped the outcomes to be achieved and some hindered. They are presented here in order of priority, based on the number of times they appeared as themes in interviews and case studies.

3.1 Increased flexibility

The opportunity for increased flexibility in the support provided was the aspect of the trial that was most appreciated by providers, and that is credited with making the biggest contribution to improved outcomes. It was particularly marked in situations where providers receive funding to provide housing support. In recent years housing support contracts have come with clear stipulations of what can – and cannot – be provided. Being able to deviate from this list and focus on outcomes and personalised support, rather than the fulfilment of pre-ordained tasks, came with a tangible sense of relief from all the providers we spoke to.

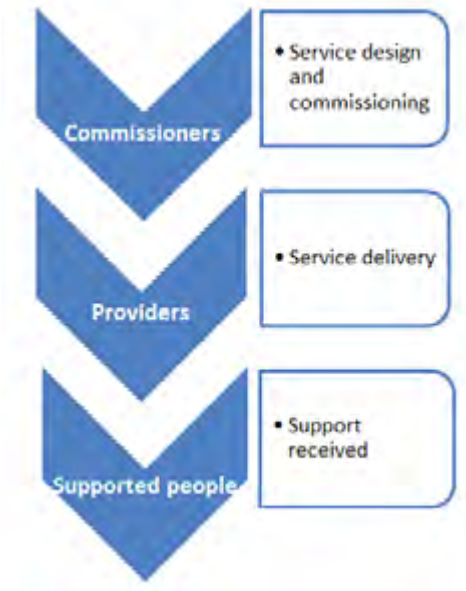


Figure 1. A traditional 'top down' approach to service design and delivery.

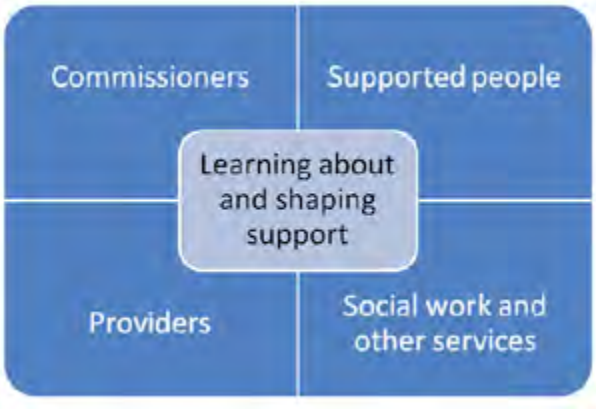
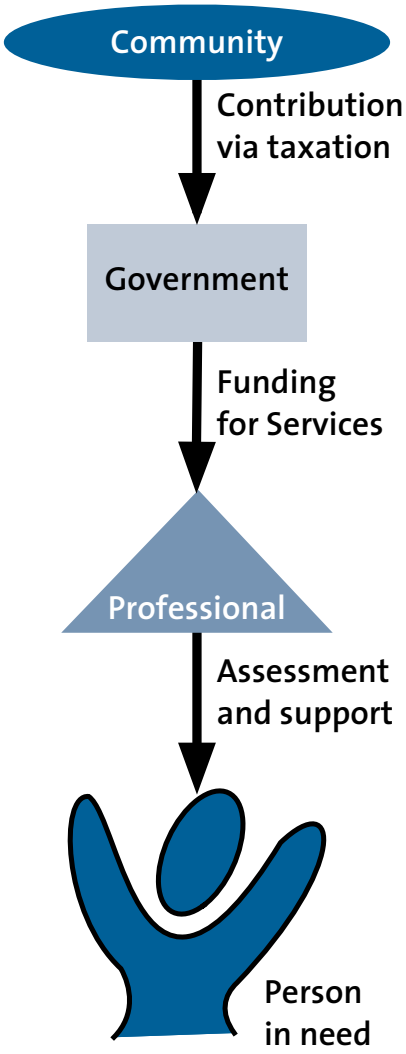


Figure 2. People and services learning about and shaping support together.



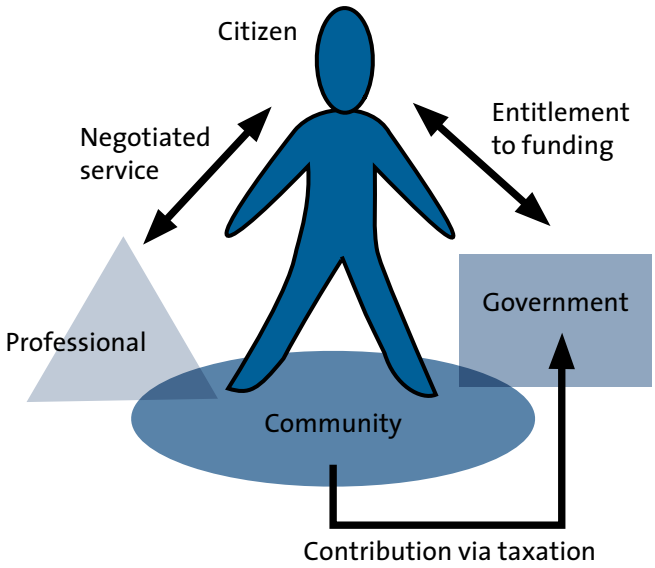


Figure 3. Moving from the professional gift model to the citizenship model

The examples below illustrate the necessity of maintaining this flexibility, if the outcomes of self-directed support are to be achieved.

> *'Highland are quite strict about fitting things into two categories, personal care and housing support, and they very much want support to fall exactly into those categories and it's really difficult to do more unusual or creative things...There wasn't much scope for anything else.* (SERVICE MANAGER)

> *'He didn't feel safe, so he didn't really want to go out. We managed slowly to get him out to do some shopping. He was very much a film freak so the support worker suggested taking him to the cinema. Unfortunately, when this was discussed at his review, it was decided this didn't fit the criteria of housing support and those hours were taken away from him. However, when he was part of the pilot scheme it meant it wasn't going to be a problem for him to go to the cinema with a support worker, which will make a huge difference for him. And over the last year he has gone out a lot more.'*
> (SERVICE MANAGER)

3.2 Resource allocation and related systems

It was originally hoped to have the system of resource allocation and other associated self-directed support systems and paperwork in place before the trial took place. This was not possible, so the trial provided a test of some aspects of Individual Service Funds, but not all.

There is therefore still a good deal of uncertainty about how Individual Service Funds will work in practice, for everyone concerned.

A member of the Highland self-directed support team felt that the assessment and resource allocation process would support social workers, providers and supported people to make the shift from thinking in terms of hours of support and towards outcomes:

> *'Obviously it is going to make a lot more sense once we've got a resource allocation system…Once people have their budget they'll have a lot more scope. Because at the moment we are doing wonderful support plans and helping social workers and health professionals to do support plans but then you've got to go back to the old fashioned way of costing it, and that's really difficult because you've got them thinking outside of the box and (then) you're like 'Oh, what's that in terms of hours of support?!'.*
> (SDS TEAM MEMBER)

Providers shared this view and expressed some frustrations about trying to reconcile the new, creative approach required by Individual Service Funds with the previous system of funding based on hourly rates (during the trial providers were asked to notionally assign individual budgets from their existing contracts). Nevertheless, they also understood the benefits of the trial and were committed to the opportunity it gave them to work in more flexible, person-centred ways (see Section 3.5 below).

3.3 Involvement and communication

To a large extent the trial was characterised by an involving and collaborative approach promoted by the NHS Highland self-directed support team. Indeed, the trial itself was designed by a short-life working group made up of commissioners and providers. Joint training and information events were also run, to allow commissioners, providers and supported people to share ideas and information about the trial. This provided a safe space for practice to be discussed and developed, as illustrated by the quotes below.

> *'We ran some training (through In Control Scotland with Helen Sanderson Associates) on support planning. And two providers were sharing how they could do rotas, saying it was impossible. Another said 'We're already doing that!'. And that was a breakthrough, that practice sharing amongst providers.'* (SDS TEAM MEMBER)

> *'It's about good relationships, and one of our team from the Contracts team came out to the events and he spoke with the providers in depth. He answered every question they had, he gave reassurance. He's always been there at the end of a phone, so he has been pivotal to our team making this work'.* (SDS TEAM MEMBER)

> *'The self-directed support team are great and they are very supportive and you can phone them up and ask them questions. I think they've done a great job, and run training courses, all sorts of different events.'* (SERVICE MANAGER)

It was also noticeable that there was a clear intent from NHS Highland staff not just to reach supported people by working through providers, but to find ways to work and learn together. In a situation where there are no easy answers or simple processes to follow this approach fosters good relationships based on understanding what works in reality. As a member of the Highland self-directed support team explained,

> *'The intention about that…was to have try and have co-production, if that's the word, and have supported people at the events...putting people very much at the heart of what we were doing, that was the intention. It's about building up that good relationship. You could sit back and not take a proactive role. But for us it's like, to be talking to other people, I need to have the lights go on in their eyes when I'm talking to them about this, so they can say "This really does work and it will make a difference. It's not just something that's been dreamed up by somebody that never used it." The only way to do that was to engage with it ourselves.'* (SDS TEAM MEMBER)

This is congruent with the principles of choice and control and working in more equal relationships learning together that Individual Service Funds are designed to promote. It is fair to say this represented a shift away from a traditional 'top down' approach (see figures 1, 2 and 3 on the following pages).

This rationale for involvement was understood and appreciated by commissioners and providers, but both groups also felt that communication could have been better at times, particularly getting information to providers – and back from them. For example, two organisations mentioned spending time on adapting their paperwork (assessments and plans) to match NHS Highlands, only to find out later that the paperwork had changed.

> *'We were told the paperwork was final, but it would have been nice to have some consultation on the paperwork and that didn't seem to happen'.* (SERVICE MANAGER)

> *'There's a lot of nuts and bolts that haven't been finalised, which is quite frustrating. …I spent two weeks making a personal outcome plan that was relevant to NHS, because we work in conjunction with them, to be told they're not using it anymore.'* (SERVICE MANAGER)

3.4 Awareness and understanding of self-directed support

Four provider organisations – and the self-directed support Team - stressed the need to support people to understand Individual Service Funds and the changes they involve. This is a process of helping people to learn that they have more options than they did before.

Respondents also cited examples of people misunderstanding what they could use their budgets for. The trial has been successful at reaching a small number of people, but there

is still a lot of work to do to increase general awareness of self-directed support, support planning and opportunities that are enabled using an Individual Service Fund.

> *'It's all about changing, learning, teaching them a different way again from housing support, from the personal care, from the home care. Because it's all very much you've only got half an hour to do this and this and that. It's opened a new way of looking at things. And making people a bit more independent.'* (SERVICE MANAGER)

> *'(The) provider of their choice can hold the money, can take care of all that staffing issues and recruitment, but they can still use the rest of the pot to pick and choose services. But trying to get that across to people has been really difficult. They are so used to just the traditional way of "This is a service"'.* (SERVICE MANAGER)

In a similar way to raising awareness amongst people who might benefit, social workers also need to be supported to learn more about Individual Service Funds. The self-directed support team has provided training to social workers and health professionals, and since the self-directed support Act came into effect in April, providers are beginning to see increased demand from social workers. However there is still a need for greater clarity on how ISFs work. Local, up to date stories and case studies will be a useful way of communicating this and the outcomes that can be achieved.

> *'Social workers are a bit cloudy about it. I had a call from the social work manager last week saying 'I hear you do self-directed support, can you do the assessment for us' and I said 'That's your job!'. There's a lot to be done there'.* (SERVICE MANAGER)

> *'Social workers before, because self-directed support was an option, people don't understand it, it doesn't matter how many times we train them ,it doesn't always resonate. We've always tried to give as many local examples, we need the Highland examples.'* (SDS TEAM MEMBER)

3.5 Recruitment practices

Most of the respondents emphasised the importance of an effective personalised recruitment process that considered the matching of staff and people supported. To some extent this appears to be about giving people a choice of who they would like to work with them. This principle is valued by many organisations and is embedded in national standards.

However, there is also an assumption that simply matching people and staff with similar interests or personalities will lead to better outcomes. Staff in several organisations have been asked to create 'one page profiles' to allow managers to match them to people. For example, if a client enjoys football it is assumed that they will get more benefit from attending a football match with a support worker who shares their interest. The corollary of this could be that support workers without interests to share are potentially less effective. This assumption should be further tested as self-directed support becomes more fully implemented, as there is a risk that over-emphasising workers' interests

leads to overlooking their other skills, experience or professionalism. In the meantime, commissioners and providers both view matching as being fundamental to a good experience of Individual Service Funds, for example:

> *'The matching is massive, absolutely massive for people with mental health (problems). And what was really inspiring for me to observe was the fact that there was no fear – the relationship from the beginning was very relaxed, because they had been matched well, so there was no fear.* (SDS TEAM MEMBER)

> *'With ISF I see staff matching, "What would you really like to see in a support worker, you can see the benefit, have the same interest, enjoy the same things, make a better connection". And that's a huge change for organisations. It has for us anyway… We're doing one page profiles to try and see what's important to a person, their values, asking the staff to see what other things they have to offer. It feels a bit frightening for staff…So far the majority have stayed, so that's good.* (SERVICE MANAGER)

3.6 Pooling budgets to get more – and reduce isolation

In the evaluation, only two providers made reference to the extra value that can be created when people are supported to pool their budgets or staffing allocation. It may be that this is easier in some organisations or contexts than others: both of these organisations provide support in shared accommodation settings. However the benefits that the providers, and a member of the self-directed support team, identify are significant enough to merit further exploration of what can be achieved by pooling budgets. Examples included increased efficiency, reduced duplication of resources (in a shared living setting), and reduced isolation (by creating groups that are funded through each participant contributing a small amount of their allocated budget). As well as the examples of the knitting group and personal trainer from Section 2.1 above there were other practical examples of how this can be done:

> *'(One of the) service users had been able to go on holiday for the first time and it was a really positive experience. She was able to go to Spain with another service user. So we did combine support and staff went with them.'* (SERVICE MANAGER)

> *'Last year there's been really popular sea fishing group. This year, the volunteer isn't available. It's really difficult to find someone else to volunteer to do that. But it might be that if we could pool hours together and be a bit more creative and pay for someone to come out, or maybe pay for support staff who could do it.'* (SERVICE MANAGER)

3.7 Support plans take time

Several respondents acknowledged that putting together the new outcomes-based support plans take time. They are often completed over the course of several meetings. However, this time appears to be valued by providers and the people they support, as it allows opportunities to be explored in more depth. In one of the examples below, an organisation

that prided itself on person-centred practice still found that the new support planning systems helped to identify previously unmet goals.

> *'I think what's great is, especially now, we're spending a lot more time with support planning, we're really going into depth.'* (SDS TEAM MEMBER)

> *I think because staff have had a bit more training, and that can enthuse people, you do the same job, day in day out, you can lose track of that, thinking well they've had these conversations. I don't know why she never said before she wanted to go on the bus, and nobody ever thought to ask, even though - she appeared happy with her support. I think it does need more time. More people involved, that'll help.* (SERVICE MANAGER)

The self-directed support team have identified that it can take time to make appointments and complete assessments. They have introduced a process that allows individuals to prepare – and share responsibility - by starting work on their own plans even before an initial assessment.

> *'Somebody phoned yesterday, she's waiting for a social worker, it'll take about a month, so we said we'll send you some tools you can make a start on, then you (can) present the social worker with the information that is going to help them be the foundation for the support plan,. It's a good thing to do. We all need to take responsibility.'*
> (SDS TEAM MEMBER)

3.8 Shadowing

Finally, an interesting approach that the self-directed support team took was to assign each organisation in the trial a link worker. In one case, the worker spent time shadowing one of the organisations they supported. This allowed relationships to be built, and learning to be identified and shared within NHS Highland. Likewise, having a social worker within the team has enabled social work teams to be guided through the process. These are more examples of the collaborative approach outlined in Section 3.1 above.

We were given the opportunity to do a day's volunteering, and I chose to do it with my ISF provider. And I had an absolutely amazing day doing that…it armed me with some more questions to come and ask about how ISFs can be developed. And how we ensure that the option (Option 2) is available to people with a particular disability.' (SDS team member)

> *I'm going to be doing a lot of work with one of the Community Care teams because they are struggling at the moment…I'll be doing more specialist training in ISFs, really support them with it. Walking them through at least the first case.'* (SDS TEAM MEMBER)

4

Conclusions: learning about what works

4. Conclusions: learning about what works

4.1 For people

The form of Individual Service Fund used in the pilot was abbreviated but nevertheless still achieved important outcomes for participants in the trial. These included:

- Increased activity, community engagement and a focus on relationships
- Increased inclusion
- Increased motivation
- Improved wellbeing and quality of life
- Increased independence and preventing hospital admission

Evaluation respondents were unanimous in saying that using an Individual Service Fund will not be right for everyone. It would be presumptuous to attempt to identify the circumstances in which an Individual Service Fund would be likely to work most effectively in Highland. However, the evidence from the trial did appear to demonstrate some immediate benefits for a number of groups:

People who receive housing support

The flexibility to go beyond prescriptive housing support criteria enabled people to have more enriched lives, particularly through increasing their involvement in activities outside the home.

New referrals

A few providers mentioned that it was easier for people to understand the flexibility, choice and control offered by an Individual Service Fund when they did not have an existing service experience to compare.

> *'It's not going to work for everybody, maybe people who are bed bound, housebound, or people who have been with us for years, they have four visits a day and they don't want change. And that's their choice. But I'm finding people who aren't used to traditional services are finding out about what is available, and saying "Oh, does this mean that can happen, and that can happen".'* (SERVICE MANAGER)

People who have been testing out using an Individual Service Fund for a longer period

Related to the point above, it takes time for people and organisations to get used to the practicalities and benefits of managing an Individual Service Fund. One provider identified that people who were involved in the first phase of the pilot in 2012 experienced more benefits in the second phase.

> *'The first pilot has been running longest, so the service users involved in that have seen the biggest difference. It's been since 2012. They have been able to implement longer term changes in the way they manage their support.'* (SERVICE MANAGER)

People with mental health problems

In this trial, there were high levels of belief that Individual Service Funds are a valuable option for people with mental health problems. This was felt to be important as this group are often said to have been under-represented in other pilots of self-directed support, sometimes due to assumptions about capacity to manage budgets. Respondents drew particular attention to the role of Individual Service Funds in increasing protection for people while reducing the stress of managing a personal budget.

> *'I do think that as an option for people with mental health, the Individual Service Fund is right up there at the top, because of the security it can offer people, that they have somebody there they can trust…I can see a marked difference in the people that were supported through the structured level of support available through ISF.'* (SDS TEAM MEMBER)

> *'Someone with mental health problems can say 'You know what, I'm having a great week, I just want a phone call, check in see I'm okay'. There's the freedom there if they have a period where they are low, 'I need more visits, I need longer'. But they can do that, it's a contingency plan. You never had that before. You wouldn't have that with a traditional service, or with a direct payment. That's fantastic.'* (SDS TEAM MEMBER)

People who live in rural areas

It was clear in the evaluation that people who live in rural areas tend to have less choice about the nature of the support they can get, and the organisations and individuals that provide it. In the past this has meant some people chose to take a Direct Payment in the absence of other choices. There are early signs that Individual Service Funds are enabling people to be supported to find and use their own staff, but with more support than they have had with Direct Payments. In one example, someone who moved to the area from a neighbouring region was able to use their budget to pay for their previous support workers to continue to provide support.

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In other examples, providers or people sought out local people with the skills or ability to provide the required support. Using an Individual Service Fund gave the extra assurance (for people and support workers) of having back up, systems and support from an established organisation. Commissioners also reported being reassured by the extra protection this gives them and people.

4.2 For staff and organisations

Staff in the organisations involved in the Individual Service Fund trial demonstrated flexibility and resilience in the ways they responded. Adapting to the changes required for the implementation of self-directed support was reported by several organisations as a scary experience for staff. As self-directed support continues to roll out, staff will need to continue to be supported to understand and accept the changes it involves, including the implications for contracts, working hours, support planning arrangements, and (as was seen in Section 3.3) how much of themselves they bring to the job.

> *'We've just done a staff consultation. The majority of staff in community services worked 9 to 5, but that's 24/7 now. So there's been a huge change for them'.* (SERVICE MANAGER)

> *'I think initially they felt quite anxious about not so much self-directed support, because I think when they hear about it people are enthusiastic about it. Nobody argues against the principles. What's new is the support plans…People were a bit anxious. It was a new way of doing paperwork - What's an outcome? What's an output? About how they document it.'* (SERVICE MANAGER)

> *'They have zero hour contracts, it's really terrifying for staff. They want to go into this profession because they care about people and what's best for them. But if you're talking about joining packages and changing things and using other providers, other resources, then you're losing hours. And that's scary. That was difficult for them to get their head around.'* (SDS TEAM MEMBER)

There is a definite need for good practice local examples from Highland to be shared, to help everyone understand the benefits and pitfalls of using an Individual Service Fund. These can be genuinely moving and inspiring. However, in the evaluation there was a risk of overstating the value and learning available from of a limited number of cases. Sometimes the relatively banal stories are as useful as the exceptional ones. There is also a risk of confusing the potential benefits of using an Individual Service Fund with those that were actually achieved.

The most evident outcomes for staff and organisations in the trial were increased job satisfaction and motivation, and improved relationships between providers and with NHS Highland. Continued collaborative working in the same spirit as emerged in the trial will be important to continue to achieve positive outcomes for people.

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4.3 For service commissioners and planners

Getting buy-in from all concerned

The collaborative, involving approach to the trial was an important factor in its success, as it accelerated the pace of learning for all concerned. The continued success in the implementation of self-directed support locally now requires systems within NHS Highland to be established that support appropriate choice and control at all levels. There is a pressing need for an improved system of assessment and the implementation of an effective system to fairly allocate resources. There is also still work to be done to improve internal decision making processes, as some elements of the trial, including those situations considered more complex, experienced long delays in getting approval to proceed.

> *'It was so difficult for health counterparts to understand what we were trying to do, because this was hugely creative….Really trying to have the dialogue, we're talking about senior managers, really getting them round the table to understand, this is what's going to happen. We've had a few other cases that have gone WAY above our head. Really health and social care trying to come together…otherwise they would have gone back to residential care, back to hospital, they didn't want that.'* (SDS TEAM MEMBER)

> *'Some of the difficulty of invoicing and finance and being paid the correct amounts as well, that's still not been resolved…Some of it is to do with it being NHS getting used to doing social care. They should have had more things in place. Nobody seems to know exactly who is responsible and that made things quite tricky. I think it's things going on deeper into the NHS that has slowed things up. That's the biggest problem we've had. They don't seem to know how they're going to make it happen, people coming off block contracts.'* (SERVICE MANAGER)

A new relationship and ways of working together

People accessing support, provider organisations, social workers and others need support to learn and share what is possible with Individual Service Funds. Educating people about the processes, outcomes and possibilities of self-directed support in general and Individual Service Funds in particular will take time and works best when it is done in a variety of different ways. To sustain the momentum generated by the trial, it would be useful to further consider the benefits and opportunities of **increasing and developing access in the Highland NHS area to independent and peer support**, particularly in helping people to make informed choices about how they are supported, which option to choose and how their budgets can best be used.

To do all this effectively and to achieve the transformation that is required for effective implementation, continued attention needs to be paid to the cultural changes necessary to build a new relationship and ways of working together between provider organisations, NHS Highland and people and families accessing support. It is hoped that the shared learning and experience from the Individual Service fund trial can contribute to this.

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