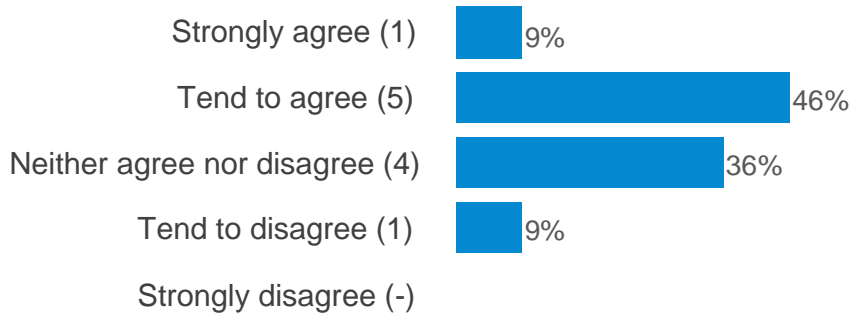


# Individual Service Fund User Survey - May 2022

The following provides top line summary of results from the survey based on 11 respondents as at 30 June 2022.

## The policy is clear and easy to understand

*Please select one option only*

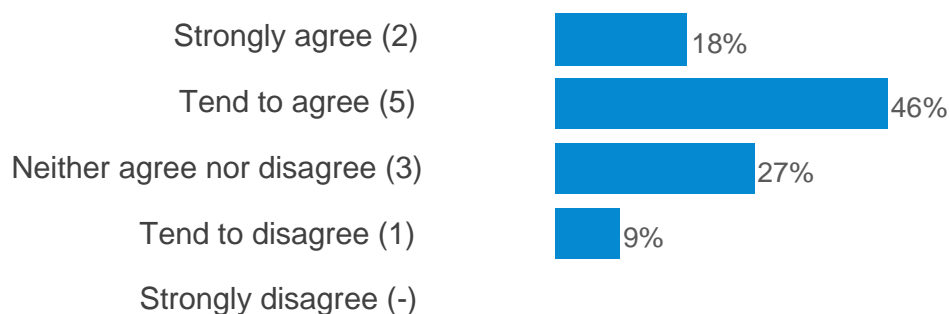


## Why do you say this?

- The policy takes individual service funds in isolation. I would prefer to see it in context, alongside direct payments or a tendered fully managed service. I looked for an equivalent direct payments policy but didn't find one
- The policy is clear and easy to understand
- The headings define the different elements of the policy. The use of national and local context is useful. From a provider perspective and having some knowledge of ISFs and self-directed support, it's easy to understand. It may be useful to include a glossary of terms for some words, e.g. Care Act 2014, 'best interest decision'. It would be useful to refer to appendices for further information, e.g. a diagram to show the step by step process of points made in 2.2. This would make it a much more 'easy read' document.
- I was able to understand the rationale and benefits of this policy.
- Because I have an understanding of care provision - the law etc - already so can understand the aims of this approach.
- partners/ people/ professionals with lived experience have queries around the scope of creativity on offer : "people don't know what they don't know." Asking for it to be a high priority that up to date research has been done of a diverse range of support available to people and the research be done by somebody with lived experience regarding 'different ways to wellbeing.' Partners are highlighting whilst for the most part the policy is clear they would like more clarity on any boundaries as to what is defined as 'creative' or support people deem as 'what might work or worth a try'

## This policy will mean that Individual Service Funds will offer people choice in their care and support

Please select one option only

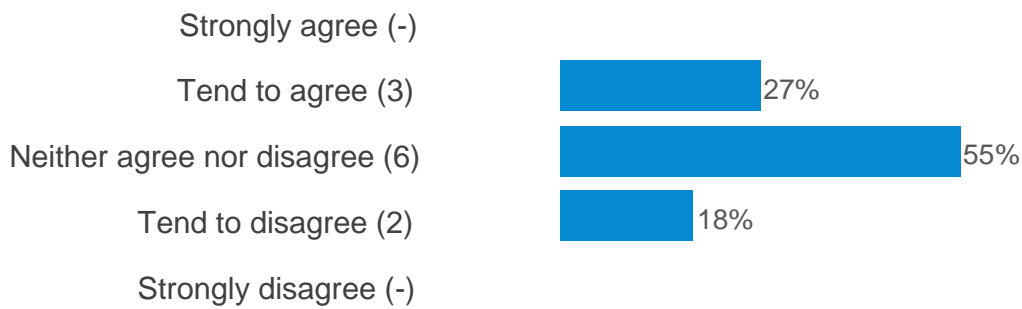


### Why do you say this?

- the level of choice and support depends on what's in the assessment/care plan rather than how it is delivered.
- It will give people an option of who to have providing their support, rather than being limited to one provider. This should ensure quality of support is raised as there will be more competition.
- The principles highlight this, making a point of the person being at the centre of this process, that support can be flexed up/down and that the focus is on outcomes and not time and task.
- I would query how a choice will be offered when we are not able to provide the level of care we would like to commission now due to provider staffing issues.
- For some, having the choice will not always equate with being able to access such - it could be challenging to explain lack of providing 'better opportunities' to autistic people who might believe the AIMS are always achievable.
- partners/ people/ professionals with lived experience have queries around the scope of creativity on offer: "people don't know what they don't know." Asking for it to be a high priority that up to date research has been done of a diverse range of support available to people and the research be done by somebody with lived experience regarding 'different ways to wellbeing.' Partners are highlighting whilst for the most part the policy is clear they would like more clarity on any boundaries as to what is defined as 'creative' or support people deem as 'what might work or worth a try' another request is that if somebody can not access the support they feel would be ideal due to financial implications or any other access difficulties then 'how will LCC ensure the next best thing for them is explored.'

## From this policy, it is clear how an ISF will work

Please select one option only

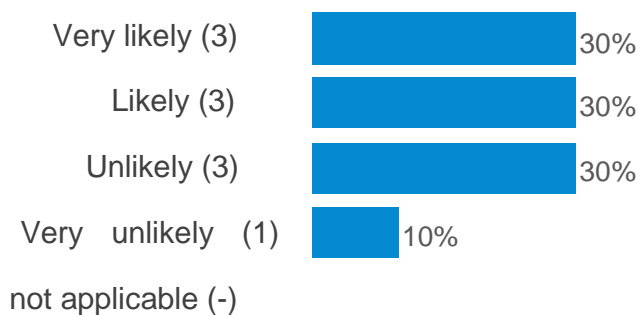


### Why do you say this?

- I know how it will work because I have been directly involved in them in the past, but when you first find out about care services it's very hard to understand how it will work in practice
- It is clearly outlined within the policy, however I am sure there will be some challenges to this.
- It doesn't say how a provider can become an ISF provider or how people can choose from a range of providers, in some areas this is via an ISF framework, in other areas it's through a directory of quality assured providers. In section 2.2, it would be useful to include the expected review and monitoring process, eg after 6 weeks, 3 months, 12 months A diagram would help people to visualise how an ISF will work.
- It is clear as an idea at scale but the detail is missing. How much notice to change a scheduled visit. if it is rota / capacity driven , would this be a week ? a month ? How does this fit with the aspiration of changing care with fluctuating needs ?
- Will budgets be increased to include the management costs the company holding the budget is likely to be paid? If the management cost is not attractive, it would be difficult to see how many providers would be willing to provide the admin and management it needs. I do see the benefit from being a commissioned service though.

## How likely would you be to take up this offer if it was made available to you

Please select one option only



## What do you like most about this policy?

- It offers choice of provider, wider than that what might have been referred to as a preferred provider list
- The option for people to have more control about their own care and support.
- It's a positive step forward in helping parents manage often complex situations.
- Na
- Aspiration of flexibility and choice and control
- I like that the person would get a full person centred plan, someone would locate appropriate services - all tasks done by unpaid carers now (via direct payments) - or not done at all if commissioned services only follow a LCC social work basic plan. So, in theory, a person might get more opportunities.
- LMHP partners have said: -the potential to encourage people to get involved in their own lives – and their own support - many agree if a diverse opportunity to be creative is being offered this sounds exciting because there is a view that any activity in existence can positively benefit an individual with lasting outcomes so nothing should be discounted as less significant.
- It potentially offers an alternative opportunity to parents and service users with complex needs who lack capacity and who are in the situation of having no one to represent them after a Court Appointed Deputy is deceased and has no identified individual to take over responsibilities.

## What do you dislike like most about this policy?

- It depends on the relationship of the provider and the individual and it can be abused by the provider. individuals, told that they can control when and how they receive support, and faced with overpromises from providers, may be disappointed when the provider can't be as flexible regarding when and how hours are delivered as they would want. Flexibility depends on staff availability. Its easy for providers to manipulate delivery to their advantage.
- Whether it will be able to be implemented smoothly due to challenges in staffing.
  - Section 2.3 is, in my opinion, really important. It should not be at the end of the document. It is in fact an essential part of Section 2, National and Local Policy Context, and should follow immediately after the bullet points. - The wording of 2.3.1 would imply that the council could make decisions without involving best interest consultees. This, of course, would be contrary to MCA requirements and ignore legal duties of the 1.2 representative. This should read: "... a 'best interest decision' under the Mental Capacity Act will need to be made by a representative AND the council." - the wording of 2.3.3 should, of course, embrace this: " the ISF Provider will make sure that all decisions and plans they make comply with the Mental Capacity Act and the Code of Practice" but in my opinion 'OR' should be edited to 'AND' in 2.3.1 in order to make this key MCA/Code of Practice requirement EXPLICIT in LCC policy statement.
- Refers to client and customer within 2.1. Reference should be made to 'person' consistently in the document. It's not an easy read document, making it difficult for some people to read and understand. Lack of use of diagrams to illustrate ideas/steps.
- Na
- Naivety around reality of issues with capacity in the provider market and the constraints when dealing with providers on an operational level.
- Who would audit the funds held by the providing company - what right of complaint or request to change this company would exist for the person (or their representative)? Would the holder of the budget not want to use all the budget - provide support where it is not needed / wanted perhaps - just possible they may feel encouraged to do this. I think the rights of the person may need to be made clear in the policy - opting back to previous method - or is that likely to be removed.
- there doesn't appear to be clear boundaries around what wouldn't be considered as appropriate support. "people don't know what they don't know." So for those requiring support with learning

about what could be offered to be supported to explore options they may not have considered before.

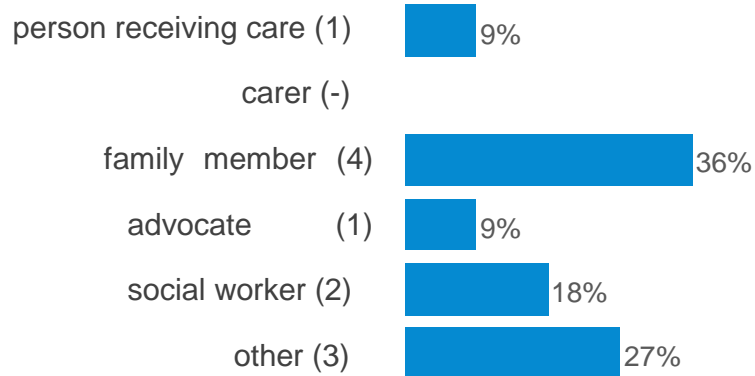
- Section 2.3 is in my opinion is really important and should not be placed as it is at the end of the document. It merits prioritisation and should be placed earlier in the document immediately under the bullet points. \* Section 2.3.1. Does not clearly speak of the importance of 'best interests consultatees'. In fact it suggests the council alone might make decisions on behalf of the care recipient, excluding others who might have more informed knowledge of their needs. Of course action must be compliant with the MCA 2014. An amendment is required that reflects shared decision making with Best Interests. \* Section 2.3.3 The working of this should embrace this "the ISF provider will make sure that all decisions and plans they make comply with the MCA and the 'Code of Practice' In my opinion
- 'OR' should be replaced by 'AND' in 2.3.1 in order to make this key MCA Code of Practice requirement EXPLICIT in LCC policy statement.

### **Do you wish to make any other comments about the policy?**

- We use a direct payment which we are very happy with. I am very concerned that there will be pressure to replace my direct payment, which really does offer choice and control, with an individual service fund. I would like to see an equivalent policy on direct payments
- It's not easy thinking through all the implications of this new policy/initiative. It would be desirable to include an early opportunity to review the policy with further consultation in the light of actually implementing it.
- It's good to see a LA implementing ISFs and consulting with a range of people to determine the policy.
- Will it be accompanied by an increase in the rate of pay for care workers in line with their value.
- For people with autism, there is a dire lack of appropriate opportunities in the community, few providers willing to deliver support - particularly if more 'flexible' in approach e.g. couple of hours in the evening only, at weekends etc. There is no dataset of information at the present time that i am currently aware of. The ISF is likely to benefit those in supported living, or whose needs are often met by generic opportunities in the community. Just not sure if it would help autistic people, particularly those who think more rigidly and like to stick with known things. Start small, try it out on a range of people with differing needs, across whole of the county - as the parts away from main town/ city centres far less well for services and options generally.
- It is a proposal in Lancashire and as such it is impossible to say how it will work out in reality. Some information about how it is working in other parts of the country where it has been in use for some time might be helpful and shed further light and enable informed comment. In answer to the question 'how likely are you to take up the offer of an ISF?' I feel inclined to say I would need to explore further the concept before being able to answer in the manner the survey allows. At this point I would definitely consider it a possible avenue to go down. I am filling in this questionnaire as both family member and 1.2 representative or advocate.

## Are you responding to this proposal as...?

*Please select one option only*



## Other

- Provider
- Lancashire Mental Health Partnership
- Social Care Support Officer