REPORT TO:	Executive Board
DATE:	14 July 2016
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Transforming Domiciliary Care
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To summarise the work to date within the Transforming Domiciliary Care project and the proposed application for a Social Impact Bond

2.0 RECOMMENDED: That Executive Board agree the submission of a bid for a Social Impact Bond of up to £1 million to support the Transforming Domiciliary Care project.

3.0 SUPPORTING INFORMATION

3.1 Current picture.

In Halton there are currently 9 providers who work in different zones as agreed through the last tender process carried out in 2014. Some of the providers receive a block of hours and some are part of a spot purchase framework agreement. The providers support a total of 776 people and carry out in excess of 13,000 visits per week with an annual expenditure of more than £4.3million.

3.2 The amount of care and the overall expenditure is set to rise over the coming years and although there are some excellent examples of high level care within the sector, it is clear that we will need to make improvements to meet the needs of an ageing population in the coming years.

3.3 As part of the project we have already commenced with reviewing the current domiciliary care sector in the Borough. This has led to understanding the key principles that are at the heart of an outcome based domiciliary care service, these include:

- Moving away from a one size fits all approach
- Adopting a preventative model
- Keep people independent
- Improve quality of life
- Increase community participation
- Improve Health and Wellbeing

3.4 Consultation:

As part of the project we have carried out a significant amount of engagement with people who use the service and carers. The views expressed were as follows:

- Services can be too time and tasked focused opposed to providing quality and interaction
- Restrictive role of some carers “that is not my job”
- Carers are not recognised for the role they do
- Professional barriers are put in place by services and agencies who should be working together
- Carers play a crucial part in safety – they need to be better equipped in identifying risks as well as understanding social isolation.
- Unsatisfactory assessment process – not always face-to-face, social worker may have limited contact with an individual and not always have an ongoing process in place
- Lack of continuity with care teams
- Need more access to preventative support and services
- Assessments and care plans need to identify possible solutions to help people improve their outcomes
- Increased knowledge of domiciliary care providers on the support and services available and how to access them
- More flexibility
- Emergency response

We have also had the initial meeting with providers, the voluntary sector, social work teams, GPs and CCG colleagues.

3.5 **<u>The new model of care</u>**

It is clear from the feedback that we have already collected that there is a need for change, too many pressures on times, limited capacity, poor recruitment, financial pressures, waiting lists. It is also clear that when we start to consider “the ideal” that people would like to see; then we have challenges on just how practical it will be to deliver. To help we have set out five broad groups that can define need:

1. Prevention and promotion – large number of the population who remain healthy and can access information to continue to support their health and wellbeing
2. Limited need / community participation – people who need some form of low-level support, but this can often be delivered

through volunteer or community organisations

3. Service users with personal care needs – people who still have some independence, but have traditional personal care needs that need to be addressed
4. Service users with higher / long term care needs – people currently supported by domiciliary care providers but who have complex or specialist needs
5. Reablement – people who require an intensive short-term intervention that will help them to achieve a specific outcome.

By using these broad groups we can start to map the numbers and also the financial burden in these areas. Therefore if we consider groups 3 and 4 we know that these two groups support 776 people as a total, we have also concluded that 42% of these people fall into group 4 and have complex needs, whilst 58% of people are in group 3.

3.6 <u>Opportunities for new ways of working</u>

In 2015 The National Lottery opened up a new funding initiative aimed at Local Authorities developing changes within existing service provision to realise significant improvements in outcomes, both for an individual and financial for health and social care. The fund that was established was not a traditional grant funding pot, but was being offered through a Social Impact Bond (SIB).

The application was in three stages:
Stage 1 – Expression of Interest
Stage 2 – Application for development grant funding (up to £50,000)
Stage 3 – Full application for Social Impact Bond (up to £1,000,000)

So far we have been successful at stage 1 and stage 2 and we now have until July 31st 2016 to submit our full application.

3.7 What is a Social Impact Bond?

Social Impact Bonds are a new concept in public service delivery. National research suggests that they have many benefits, including bringing additional investment into public services, encouraging more innovative service delivery and creating a better contract management. However, they can also be complex and challenging to establish and implement.

A Social Impact Bond is essentially a type of payment by results (PbR) contract. Like other Payment by Results, a commissioner (usually one or more public sector bodies) agrees to pay for outcomes delivered by service providers, and unless those outcomes are

achieved, the commissioner doesn't pay. Where a SIB differs from PbR is that the providers do not use their own money to fund their services until they get paid – instead, money is raised from so-called 'social investors' who get a return if the outcomes are achieved. Usually the providers get paid up front by a third party body who holds the contract, rather than holding the contract directly.

4.0 POLICY IMPLICATIONS

4.1 There are significant changes that will need to happen in relation to full implementation, however the design, action plans and overall implementation plan will be completed as part of the National Lottery funding application and will be available from July 2016.

5.0 FINANCIAL IMPLICATIONS

5.1 The structure and requirements of the Social Impact Bond mean that where savings are made as a consequence of this project then 15% of these will be returned to investors as a return on their investment. Where savings are not identified that there will be no return on investment required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Potential to significantly develop the domiciliary care market to support the needs of the future population as well as ensuring a greater level of sustainability in the future.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None identified

8.0 EQUALITY & DIVERSITY ISSUES

8.1 There are no Equality and Diversity implications arising as a result of the proposed action.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.