

Business case for working with CCGs and Commissioning Support Units

Introduction

Shared Lives remains a little known form of social care which has been mostly used for people with learning disabilities and mental health issues. It is not well used within the NHS, despite providing a sustainable solution for many people requiring care and support.

Shared Lives is currently commissioned by a handful of CCGs to provide support to people with acute mental health, dementia or following a stroke. Shared Lives could provide more opportunities for community based support for:

- People living with dementia
- People with long term health conditions
- People requiring intermediate care to facilitate hospital discharge and prevent admission into residential care
- Reablement to support people to get back to their own homes in the community
- People who are CHC funded

This business case looks at the health benefits of Shared Lives and is intended to support CCGs and CSUs to think about how they could commission and work with Shared Lives to support people with a health need in the community.

Shared Lives

In Shared Lives, an adult (and sometimes a 16/17 year old) who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life. Half of the 13,000 people using Shared Lives in the UK are living with their Shared Lives carer as part of a supportive household; half visit their Shared Lives carer for day support or overnight breaks. Shared Lives is also used as a stepping stone for someone to get their own place. The outcomes can be startling, with people reporting feeling settled, valued and like they belong for the first time in their lives. They make friends and get involved in clubs, activities and volunteering.

Shared Lives is a regulated form of social care delivered by Shared Lives carers who are approved by a registered Shared Lives scheme. Shared Lives enables people to live life to the full in their community, without having to live alone or in a care home. Individuals who need support are matched with compatible Shared Lives carers and families, who support and include an adult in their family and community life.

Shared Lives carers are recruited and approved through a rigorous assessment process which is itself subject to quality assurance by an independent panel. Shared Lives carers help people

to develop independent living skills, friendships and roots in their community. Shared Lives always involves the Shared Lives carer sharing their home and family life with the person using Shared Lives. It can be offered to anyone aged 16 or over. A maximum of three people may be supported at any one time by a Shared Lives carer.

Figures from inspections show Shared Lives generates much less than 1% of safeguarding concerns and alerts. Shared Lives is also cheaper than other forms of care: on average £26,000 a year cheaper for people with learning disabilities in long term arrangements. If all areas caught up with the best performing areas in England, an additional 36,870 people would be supported in Shared Lives taking the total to 48,440 and securing actual savings of £238m (not including further savings associated with better outcomes). Shared Lives also provides added value through a reduction in hospital admissions and a decrease in the use of community health services.

Karen has Down's syndrome and lives in a Shared Lives arrangement with Pauline and Joe from Lancashire. When Karen came to live with Pauline and Joe six years ago, she was overweight and a size 20. Karen didn't speak often and only communicated via Makaton (a form of sign language).

Following support from Pauline and the local Learning Disability Team, Karen learned about healthy eating and was given support to make her own choices. Karen is now a size 12. Pauline says that Karen "loves herself now" and "likes who she is – she didn't before".

Further information can be found in the Shared Lives Sector report and Shared Lives in Wales available at <http://sharedlivesplus.org.uk/home/information-and-publications>

Shared Lives Plus

Shared Lives Plus is the UK network for shared living approaches to care and support for disabled or older people. Shared Lives Plus helps our members to work together to survive and thrive, influencing local and national policy makers and providing support, training, events, resources, research programmes and access to insurance. Our members include 5,000 Shared Lives carers, 150 local Shared Lives schemes and 12 Homeshare organisations, across the UK.

Shared Lives Plus, has recently embarked on a programme to help and support Shared Lives schemes to develop and diversify the services they offer to support other groups of people that can benefit from Shared Lives, including people who are homeless, victims of domestic violence and young people with life limiting illness.

Our major supporters include the Big Lottery, Nesta, Department of Health and Cabinet Office who are supporting us to double the size of the Shared Lives sector in England. The

Welsh Government, Monument Trust, Dunhill Medical Trust and Lloyds Bank Foundation support other elements of our work.

We work with our sister organisation, Community Catalysts, who host the new Shared Lives Incubator, a £1.1m social investment partnership with Shared Lives Plus, Social Finance and MacIntyre which is helping 'spin outs' and voluntary sector schemes develop.

(www.CommunityCatalysts.co.uk)

Outcomes for health

People report improved physical and mental health as a result of using a Shared Lives service where they are supported to access regular health checks with GPs, dentist and other community based services. The recent report 'A Shared Life is a Healthy Life' shows the extent of the positive effects living in a Shared Lives arrangement can have on people's health: <http://sharedlivesplus.org.uk/news/item/219-a-shared-life-is-a-healthy-life>. The accompanying film can be found at <http://sharedlivesplus.org.uk/>

Over 200 Shared Lives carers responded to a 2015 survey, which asked about how the health of the people they supported had been improved by being part of a Shared Lives household. The survey discovered that 73% had received positive feedback from an NHS colleague about the difference their support was making to an individual's health. 87% of people who responded said that Shared Lives has had a positive effect on the mental health of the person/s they support.

Comments included:

- "I offer respite care to someone with bi-polar disorder. The community psychiatric nurse noted that since beginning her stay with me, her need for formal support from the mental health team had decreased."
- "Her dentist of 40 years had never seen an improvement until she came to live in Shared Lives."
- "The GP stated that my care was remarkable and hoped I would continue to support this person."
- "The mental health nurse reported that the person concerned was a changed woman: more confident and happy. The nurse said that she thought it was wonderful how this lady was finally able to voice her own opinions."

We know that Shared Lives can help reduce trips to A&E, hospital admission and reliance on specialist community health services as people are well supported to manage their health within a Shared Lives arrangements without the need for crisis intervention.

People who use Shared Lives also report excellent personal outcomes and improved quality of life. 'Firsts' for 500 individuals using Shared Lives included:

- 35% learned a household task
- 30% had their first ever holiday in the UK and 16% abroad
- 12% met their first boyfriend/girlfriend:
- 26% joined a club not exclusively for disabled people
- 34% of service users had made five or more new friends.

State of Shared Lives in England

Shared Lives has traditionally been used for people with learning disabilities and mental health issues. In 2014/15 there were over 11,500 people using Shared Lives in England¹ of which 8,820 were people with a learning disability, 760 people with mental health problems and 560 people with physical impairments. Over 1700 people using Shared Lives are aged over 65 years and additionally some 380 people whose primary need was related to dementia.

Shared Lives is currently provided or commissioned by local authorities although independent Shared Lives schemes are increasingly working with self-funders. In most instances, 70% of schemes are local authority run while the other 30% are independent schemes run by not for profit organisations and often commissioned by the local authority or spot purchased on an individual basis. Shared Lives has not historically been commissioned by CCGs (or previously by PCTs), although we are aware of 2 schemes run by NHS trusts.

Why the NHS needs Shared Lives

Traditionally Shared Lives has worked mainly with people with learning disabilities and mental health problems, but there are now many examples where successful arrangements have been made with people in later life and those living with dementia. Shared Lives has rarely offered intermediate care or reablement services to date, but there is growing evidence that Shared Lives would be a suitable provider for these services and that different and more imaginative ways of providing these services are needed. A three year pilot project exploring how Shared Lives can support older people leaving hospital will start in April 2016.

With the introduction of personal health budgets and a push to integrate health and social care, CCGs need to look at new and radical options to support people, making use of community based solutions rather than costly institutions that take people away from their friends, families and communities. Shared Lives offers a range of flexible and personalised opportunities for people requiring care and support whether on a full time, long term basis,

¹ State of Shared Lives in England report 2015

or short term flexible support for those who live independently or with family and unpaid carers.

Shared Lives Plus has produced a range of business cases supporting the development of Shared Lives, including one for intermediate care and reablement that should be read in conjunction with this commissioning guide. These can be accessed at <http://sharedlivesplus.org.uk/home/information-and-publications>

Khalid is a younger man who has had his third stroke, and was unable to return to live in his own flat on his own. The social worker was keen that he didn't have to go to a nursing home, where he would be so much younger than everyone else.

Shared Lives were able to match him with a Shared Lives family originally from the same city in Pakistan as his own family. This has been really helpful for his family, as this has been a difficult situation for them to come to terms with. Being able to talk to the Shared Lives carers in their own language, and feel that he is receiving support similar to that he would get if his family were able to support him, is invaluable.

Living with his Shared Lives family has also meant that he is able to maintain his previous social circle, with his friends visiting. He is keen to return home and live on his own again, and this is being worked towards this as a long-term goal.

How can CCGs commission Shared Lives?

There are existing Shared Lives schemes in most, but not yet all, areas in England although these vary dramatically in size. Very few are supporting large numbers of older people or people with health conditions but there is evidence to suggest that with investment, these numbers could grow significantly. CCGs can access the Shared Lives Plus website (www.sharedlivesplus.org.uk) to find local schemes, or contact Shared Lives Plus to make introductions to the scheme in your area.

The Shared Lives Plus support and development team are happy to visit CCGs to discuss options for developing Shared Lives. For more focused support such as developing a business case, specification, or strategic planning, Shared Lives Plus also provides a consultancy service, details of which are available from the support and development team at Shared Lives Plus.

The external Shared Lives provider market is still relatively small as services have historically been provided in house by local authorities. However, the number of independent providers who are managing successful Shared Lives services is growing. This is as a result of the local authority drive to externalise provision of services and either “spinning out” council run schemes, or putting out a tender process for a provider to take over the running of a scheme. Independent schemes now account for a third of the market in England.

There is also interest from specialist organisations working in the fields of mental health, domestic violence, homelessness and dementia to see if the Shared Lives model could be used within their services to provide support and a number of conversations have taken place recently. Shared Lives Plus continues to explore these possibilities and welcomes the opportunity to talk to potential new providers.

Shared Lives is a highly specialised form of support and Shared Lives schemes need focused attention and expert support if they are to be successful. Shared Lives cannot be established instantly as building based models of care might be, and this should be recognised in any commissioning process. A new Shared Lives scheme needs to establish itself, register with CQC and raise awareness to attract people to become Shared Lives carers before it can begin making Shared Lives arrangements. It generally take 9–12 months for a new scheme to set up and start functioning, but once established it can start to grow at pace depending on the level of investment and staffing.

Shared Lives schemes can be provided in a number of different ways depending on the area:

- If a successful Shared Lives scheme already operates in an area, a CCG/CSU could talk to the local authority about joint funding to allow the scheme to develop to meet identified health needs that are funded by the CCG.
- In some areas, schemes are already stretched and are not able to develop and diversify in the way that would be needed to meet health needs. In this case, a CCG/CSU could directly commission an external agency to provide a Shared Lives service that supports people with a health funded need.
- In areas where there is currently no Shared Lives scheme, the CCG may choose either of the above options, to either work in partnership with the local authority to jointly commission a new service or to directly commission a service.
- The CCG may choose to work with the Shared Lives incubator to develop a new scheme and draw down social investment funding and expert support. Social investors bring a rigour and independence to oversight of the service which, together with the expert support which forms part of incubation, helps to ensure quality and that targets are met. CCGs may choose the social investment route for this reason even where they have the funds available to develop a scheme.

Shared Lives incubator

The Shared Lives Incubator has been established as a partnership between Community Catalysts, MacIntyre, Social Finance and Shared Lives Plus. The aim of the Shared Lives Incubator is to support the high quality development of new Shared Lives arrangements. Funds will be invested up-front to support growth and will be repaid as a proportion of the management fee that the Shared Lives schemes receive for each Shared Lives arrangement that they establish.

The combined expertise of all four partners helps to ensure that the Incubator is a means of establishing Shared Lives arrangements at scale, and of enabling significant expansion of the sector through up-front social investment and dedicated management support and expertise.

The report on the Shared Lives Incubator can be found at <http://sharedlivesplus.org.uk/information-and-publications/item/158-social-finance-report>

Developing a specification for Shared Lives

Whichever route a CCG/CSU takes to developing a Shared Lives scheme, it is important to have a good specification that outlines the ambitions for the service, including tangible outcomes to be delivered. A specification does not have to list every detail of how a scheme operates, however it should stipulate CQC registration and compliance along with membership of Shared Lives Plus in order to provide good practice guidance, support and learning materials.

A specification should outline the numbers of people that the scheme will support each year. As already stated, numbers in the first year are likely to be small, but once established a scheme can grow quickly. Shared Lives Plus advise that each full time scheme worker can carry a case load of approximately 25 arrangements to ensure that adequate support is provided and this should be considered when allocating funding and specifying the desired size of scheme. The manager will carry a smaller caseload as they manage and support the development of the service.

The specification should also be clear on the people who will be eligible for the service, for example if the service is specifically to be used for Intermediate Care to facilitate hospital discharge, people living with dementia, or a more general service to meet needs of a range of people with health care needs.

Good schemes achieve positive outcomes in areas such as:

- Mental and physical health
- Involvement in employment/training
- Ability to self-care/independent living skills
- Number, quality, strength of unpaid relationships
- Self-determination/efficacy – ability to make and act on choices
- Contribution to family and community life
- Resilience, ability to cope with crises/change

Anticipated outcomes for people using Shared Lives should be included as part of the specification and the scheme should be asked to report against these as part of the monitoring process.

Funding for a Shared Lives scheme

Shared Lives carers are paid a modest amount to cover some of their time and expenses, but they are not paid by the hour and they do huge amounts without being paid: there is no clocking on and clocking off. Shared Lives carers are self-employed and get a tax break.

Funding for Shared Lives schemes is comprised of the following:

Long term Shared Lives arrangements are usually funded from three sources:

1. A care and support payment which is paid from the local authority, health, a personal budget, or someone self-funding their care/support. The care and support payment should cover evenings, weekends and first thing in the morning. Any day support/ day opportunities should be determined separately and based on the needs of the person using Shared Lives.
2. A payment for accommodation provided (the room the person using Shared Lives rents from the Shared Lives carer). This is usually paid for by housing benefit (if the person is eligible). Each person using Shared Lives will have a license agreement or in some instances a tenancy agreement.
3. A contribution from the person living in the Shared Lives arrangement towards board and lodgings (often known as the service user contribution), this is to contribute to the cost of bills and food.

Cost of the service to the CCG:

- Payments to Shared Lives carers for care, including cost of 28 days (minimum) breaks
- Cost of any day services / support

- Scheme costs including:
 - One coordinator per 25 long term arrangements (more for short breaks)
 - Recruiting, vetting, training, approving, supporting carers
 - Marketing, overheads etc.

‘Alan’, 23, who has Asperger’s syndrome, had moved between several expensive ‘out of area’ services after his family and then a local residential service had found his behaviour and excessive drinking too challenging to manage. When he first met the South Tyneside Shared Lives scheme Alan said, “I hate it here and want to get out”.

Alan was carefully matched with approved Shared Lives carers and lived with them successfully for 12 months, accessing community education and rebuilding relationships within his community. Alan’s move to a Shared Lives household saved £49,000 before a successful move to his own tenancy, with occasional funding, which reduced the cost of his support still further.

Options for financing a commissioned Shared Lives service:

1. Provide upfront finance to cover the running costs of the service and then a spot purchase fee per arrangement either paid directly from the CCG or by the individual with their personal health budget.
2. Offer a step down contract over 3–5 years providing full running costs initially to get the service up and running after which the service builds up a client base. Arrangement fees include the full unit cost of management charge plus Shared Lives carer fees to allow the provider to become self-sustaining following the end of the contract period.
3. The Shared Lives incubator social investment option allows a CCG to commission and establish a Shared Lives scheme without any up front financial commitment from the CCG. A small return is paid on the social investment which can either be added to the arrangement fee, or paid by the CCG based on the savings achieved by Shared Lives in comparison to other forms of care.

Day opportunities and day support in Shared Lives

Shared Lives is about the Shared Lives carer sharing their home and their family (or community) life with the person using or living in a Shared Lives arrangement. This sometimes leads to a misconception that the care and support payment to the Shared Lives

carer is for the provision of a 24/7 Shared Lives arrangement. This is not the case and any long term arrangement should be based on care and support being provided by the Shared Lives carer at evenings, weekends and first thing in the morning. Shared Lives carers provide the sort of support that a competent relative would do, so they would be expected to support someone at home if they were too unwell to go to a day service/ day opportunity/ training, work or volunteering opportunity. Some people using Shared Lives will require additional day support, whilst others will not, this will be determined by the needs of the person using Shared Lives and to an extent, whatever is needed to make the Shared Lives arrangement work.

An individual living in a Shared Lives arrangement may wish to receive day support from another Shared Lives carer via their Shared Lives scheme, from a personal assistant, by attending activities, or being supported to work or volunteer. Regardless of how the funding for their live-in Shared Lives is arranged, they may wish to take this portion of their resource allocation as a managed personal budget or if they employ a personal assistant or purchase day support from an independent service, as a cash Direct Payment.

For more information

Shared Lives Plus can offer initial support & advice to CCGs or CSUs thinking about how Shared Lives could operate in their area. We also offer detailed consultancy support to plan and develop a new Shared Lives scheme; this can either be through the Shared Lives Incubator or commissioned separately depending on the needs of the area.

Contact Anna McEwen, Director of Support & Development – anna@sharedlivesplus.org.uk, 07525 234698