

Shared Lives – Factsheet for CCG commissioners and Commissioning Support Units

Shared Lives is a little known form of social care within the NHS despite providing a sustainable solution for many people requiring care and support. Shared Lives provides opportunities for community based support for:

- People living with dementia
- People with long term health conditions
- People requiring intermediate care
- Reablement to support people to get back to their own homes in the community
- People who are CHC funded

People who use Shared Lives report excellent personal outcomes and improved quality of life including improved physical and mental health. Following a recent survey with Shared Lives carers we know that it can help reduce trips to A&E, hospital admission and reliance on specialist community health services as well as a reduction in the use of prescription drugs and better health management. The report 'A Shared Life is a Healthy Life' is available at <http://sharedlivesplus.org.uk/news/item/219-a-shared-life-is-a-healthy-life>.

Introduction to Shared Lives

In Shared Lives, an adult 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.

Shared Lives carers are recruited and approved through a rigorous assessment process by a local scheme which is regulated by the Care Quality Commission under the category of personal care. Shared Lives carers help people to develop independent living skills, friendships and roots in their community. This always involves the Shared Lives carer sharing their home and family life with the person using Shared Lives.

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 a long term arrangement and £8,000 for people with mental ill health.

How can CCGs commission Shared Lives?

There are existing Shared Lives schemes in most areas in England. CCGs can access the Shared Lives Plus website (www.sharedlivesplus.org.uk) to find your local scheme, or contact Shared Lives Plus to make introductions to the scheme in your area or to arrange a visit to discuss options for developing Shared Lives in your area.

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 other 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 takes 9–12 months for a new scheme to set up and start functioning, but once established it can start to grow at pace.

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

- Investing in an existing scheme to allow it to develop to meet identified health needs that are funded by the CCG.
- Directly commissioning an external agency to provide a Shared Lives service that supports people with a health funded need if the existing scheme has no capacity.
- In areas where there is currently no Shared Lives scheme, work with the local authority to jointly commission a service or directly commission a new service.
- Work with the Shared Lives incubator to develop a new scheme and draw down social investment funding and expert support.

Developing a specification for Shared Lives

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 should stipulate CQC registration and compliance along with membership of Shared Lives Plus in order to provide good practice guidance, support and learning materials. Further advice can be obtained from Shared Lives Plus.

Good schemes achieve positive outcomes in areas such as:

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

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.
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.
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.

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. A business case for CCGs is also available on the Shared Lives Plus web site.

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