

# SharedLivesPlus

THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

**Invitation to express an interest**

*to*

***Shared Lives Plus***

*for the delivery of*

**Evaluation : Scaling up Shared Lives in Health Programme in  
Partnership and funded by NHS England  
(budget £150,000 inc VAT)**

***Confidential. All information in this document is the property of NHS  
England.***

## Who we are

Shared Lives Plus is a national charity and the UK membership for the Shared Lives and Homeshare sectors. We are all about ordinary people and families contributing to the care and support of others, sometimes in extraordinary ways. Our membership includes Shared Lives carers, alongside local Shared Lives and Homeshare schemes.

Shared Lives Plus helps our members to work together to survive and thrive, providing support, training, events, resources, research programmes, access to insurance, and the means to influence policy makers. Our members include 5,000 Shared Lives carers, 152 local Shared Lives schemes and 12 Homeshare organisations, right across the UK.

People using Shared Lives are supported by their Shared Lives carer to develop or maintain independent living skills, friendships and to live as part of their local community; enabling a sense of wellbeing in a safe and supportive environment. There are an estimated 11,600 people supported in Shared Lives in England and 13,000 across the UK. They are adults with learning disabilities, mental health problems, dementia, older people, young adults in transition, and people with a wide range of other support needs.

Shared Lives Plus supports our current members, reducing overheads and administrative costs through providing national infrastructure where we can. We support schemes to expand and develop and to include people who need support due to a wide range of needs. The number of people using Shared Lives has grown by 27% in two years (Shared Lives Plus 2016).

## Background to the work

The scaling up Shared Lives in Health programme has been grant funded by NHS England. The main element of the programme centres on supporting six Clinical Commissioning Groups (CCGs) who will receive match funding to develop individual projects locally to support cohorts of patients with differing healthcare needs. The overall aim is for people with a variety of health needs to be offered a new model of care commissioned primarily by health.

We are working in partnership with NHS England to develop the programme. Shared Lives Plus have a dedicated team in place including a Programme Director, a Senior Project Officer and two Regional Officers who have been appointed to support two accelerator regions where further significant development is anticipated.

The team will support the six match funded CCGs and schemes to develop their projects across three years and help to make Shared Lives 'business as usual' within the NHS. The programme will run for a further two years allowing for roll out of the programme across the wider NHS outside the match funded programme, and these will be included in the evaluation, but only insofar as the number of people entering Shared Lives through health needs to be measured.

We are hoping that the learning from this evaluation will enable us to understand the methodology that underpins operationalising Shared Lives in health, how to achieve spread and provide an evidence base to illustrate both the health and wellbeing and cost benefits for the whole system.

## What we expect from this evaluation

Evaluation outputs must be robust, meaningful and accessible to ensure engagement of clinicians, commissioners, individuals who might wish to use Shared Lives, carers and family members. The research design, process and all issues arising must be dealt with sensitively and ethically.

We expect the evaluators to develop a mixed methods approach, combining qualitative and quantitative techniques and measures to assess how the NHS programme influences the health and wellbeing of participants and its effect on patterns of health service use.

Project management arrangements must be clearly stated, specifying respective roles and responsibilities of members of the evaluation team.

## Focus of the evaluation

Phase One of the programme is the match funded element with CCGs, and involves several different cohorts of patients. Evaluators will work with the Shared Lives Programme Director and the CCGs to identify the most suitable cohorts of patients to involve in the evaluation and how the evaluation will be designed.

It is understood that perhaps only two or three of the cohorts can be fully evaluated over the three year period, and that there may be difficulties around achieving statistically significant numbers. For this reason Phases Two and Three of the programme will involve the evaluators establishing the number of people entering Shared Lives via health across England but not measuring outcomes.

It is envisaged the Shared Lives schemes will use the Shared Lives Plus outcome measuring tool 'My Shared Life' - developed by PSSRU at Kent University drawing on the ASCOF tool. For each individual supported in health, data is inputted (into an online secure system), at the beginning of the care planning process and at appropriate stages of the care pathway, depending on the nature of the Shared Lives package of care. It is expected that the evaluators will develop a new tailored set of health questions to adapt the 'My Shared Life' tool for people with health issues. The evaluators will use this data to demonstrate the outcomes for people using Shared Lives and to test the impact and success of the programme. The tailored set of health questions should be validated against other, and against existing outcomes measures as part of the evaluation. The evaluation and the outcome measures will be developed in close collaboration with people using Shared Lives Plus, patients and carers and Shared Lives schemes, in order to ensure they are relevant and meaningful.

The design, planning and process of this evaluation will involve a collaborative approach at all stages, where principles of joint working and co creation with patients, carers and other stakeholders is understood and sensitively handled. To embed this approach, it is expected that the evaluation team will involve people with lived experience of Shared Lives, who will be supported to participate in co-creating the evaluation throughout the process.

The evaluation will also include:

- Outcomes data and savings data generated and collated
- Cost comparisons exercise to establish system savings, including illustrative life path comparisons and tracking participants' use of non-elective care in pilot areas
- External evaluation of programme impact and lessons for disruptive innovation
- Impact on quality of life
- Overcoming any issues relating to workforce

The targets for overall sector growth are set out below. These targets will be used as one gauge of the success of the grant funded project, taking into account the impact of the changing health and social care landscape. Achieving these targets is a responsibility shared by Shared Lives Plus and NHSE England with input from NHS England into awareness raising and promotion of the programme crucial to success.

<b>Additional people using Shared Lives</b>	<b>Year 2 16/17</b>	<b>Year 3 17/18</b>	<b>Year 4 18/19</b>	<b>Year 5 19/20</b>	<b>Year 6 20/21</b>	<b>Cumulative savings</b>
People directly supported	165	330	465	625	800	£52,650,000
Total indirect increase in sector	50	100	250	600	1200	£78,980,000
Total sector increase	215	430	715	1225	2000	£131,630,000

<b>Additional people using Shared Lives</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>	<b>Cumulative savings</b>	<b>Nature of savings</b>
Home from hospital and rehabilitative care	60	120	150	200	250	£15,600,000	Reduction in hospital/nursing bed based on Shared Lives @ £100 per night
As an alternative to acute/ in-patient care	60	120	150	200	250	£15,600,000	Reduction in hospital bed based on Shared Lives @ £100 per night
CCG-commissioned learning disability care	45	90	165	225	300	£21,450,000	Decommissioning ATU and similar care, offset against average Shared Lives costs

Total supported directly by project	165	330	465	625	800	£52,650,000	Mixed
Total indirect increase in sector	50	100	250	600	1200	£78,975,000	Mixed
Total sector increase	215	430	715	1225	2000	£131,625,000	Mixed

## Expected outcome and scale of business change

This programme work will impact 2000 people with a learning disability, mental health condition, dementia or with a physical health care need across the six match funded areas.

The Shared Lives Plus model is shown to have improved people's health outcomes and it is anticipated that this programme will improve the quality of life and well-being of participants. Shared lives is a uniquely holistic and cost effective approach to health and social care that breaks down barriers between physical health and mental well-being.

The potential benefit for NHS patients and budgets is clear; it will need to be demonstrated and measured by utilising a number of evaluation outputs, including the outcome measuring tool. This data is not currently collected so it is difficult to make assumptions on how specific health outcomes will be improved. This evaluation will address these difficulties providing robust and meaningful tools and data.

The following domains are expected to be positively impacted and should be included as outcome measures:

- mental & emotional health and wellbeing
- reduction in hospital bed days
- improvements in hospital discharge
- reduced unplanned admissions and/or A&E
- reduced visits to GP/other community based health services

## Theory of Change

Appendix 1 provides a draft Theory of Change for the programme. The evaluators will co-produce a final theory of change template with a range of stakeholders at the start of the evaluation design work that will be specific to this evaluation.

For the initial investment, cumulative savings of over £131m in service provision are expected by the end of the project.

The evaluators will also comment on:

1. Opportunities for developing and scaling up the Shared Lives model as a health care intervention nationally

2. Barriers to developing and scaling up Shared Lives as a health care intervention nationally
3. Areas of Shared Lives practice requiring development or change to reflect the goals, wishes and needs of people with health needs
4. How the Shared Lives model fits with the recovery model and commissioners' expectations
5. Any other relevant recommendations for the sector

### Resources and Timetable

A maximum of £150,000 (inclusive of VAT) is available over three years for the evaluation commencing March 2017. The evaluation must be designed to be deliverable within this budget and timetable.

### Working arrangements

Representatives of Shared Lives Plus will manage the project in partnership with NHS England. The primary contacts will be Fiona Clark, NHS Programme Director and Eileen Mitchell, Senior Contract and Programme Manager. The senior lead is Anna McEwen, Executive Director of Support and Development. Contractors expressing an interest should identify a named project lead.

### Criteria for selection

The selection of the successful respondent will be based on the expression of interest and will be determined by the respondent demonstrating:

- The ability to deliver the deliverables above and meet our expectations and goals for this project
- Commitment and the ability to work with Shared Lives Plus, CCGs, Shared Lives schemes and NHS England representatives to design the project evaluation
- A proven track record of collaborative working
- A suitable project lead, a strong team, and the ability to deliver in the event of unforeseen staffing issues
- Clear partnership arrangements with an identified partner, if applicable
- A proven track record of evaluating projects of similar size and impact
- A project plan with time line meeting the time requirements above, with a clear description of how the deliverables and milestones will be met
- A fee (inclusive of VAT) which offers value for money
- The proposal demonstrates an understanding of the Shared Lives sector, the health sector and the project requirements
- Agreement that ownership of the research, evaluation and other intellectual property produced as part of involvement in this project remains with Shared Lives Plus Ltd.

### Budget

A budget of up to £150,000 is available for this project, inclusive of VAT. Expressions of interest should include a fee and evidence how the budget will be used to achieve the project outcomes.

## Responses

Expressions of interest should be no longer than four A4 pages (12 point text) and must be received by email by no later than 18<sup>th</sup> February 2017

Expressions of interest should be sent to:

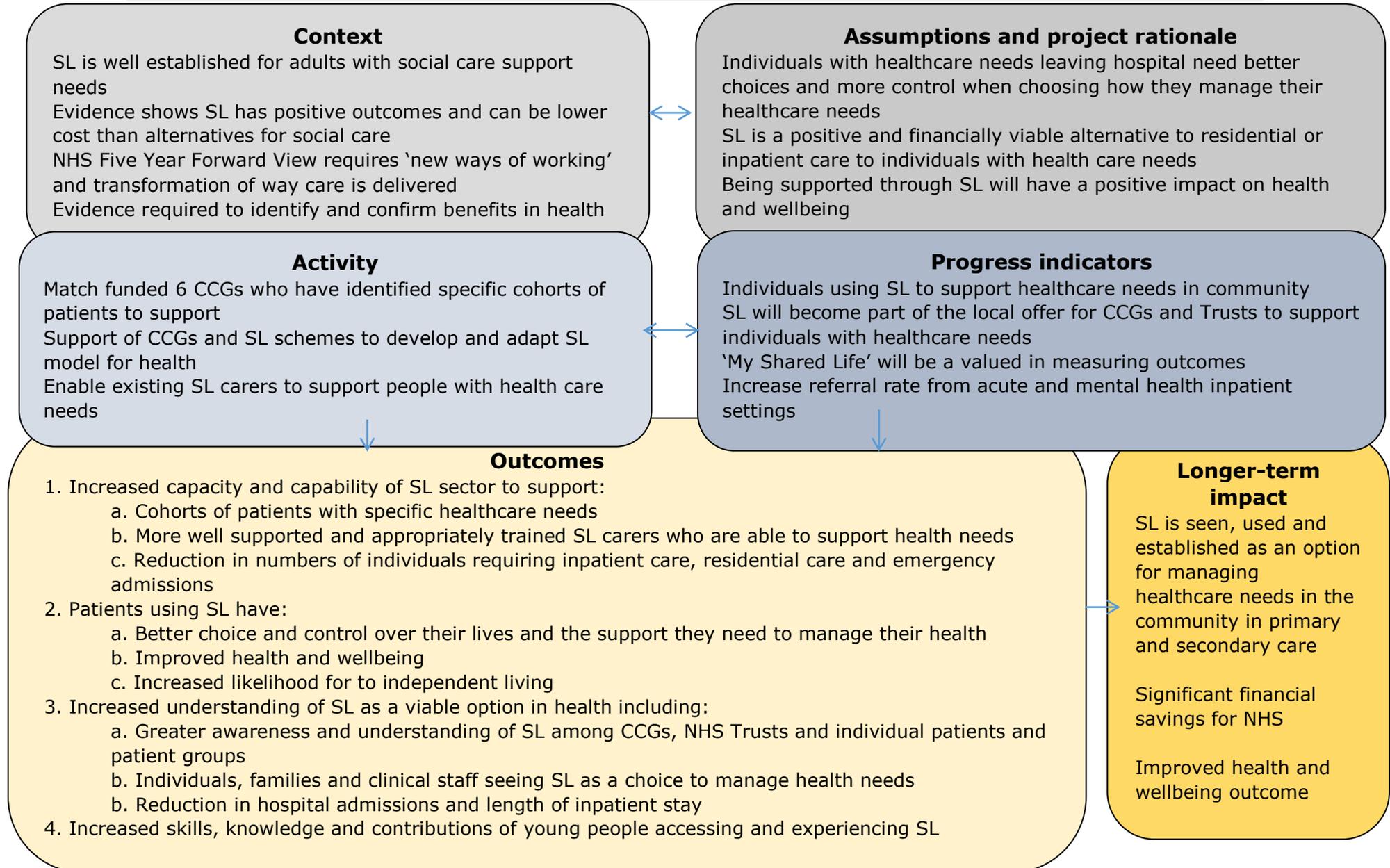
Fiona Clark, NHS Programme Director [fiona@sharedlivesplus.org](mailto:fiona@sharedlivesplus.org) Eileen Mitchell, Senior Contract and Programme Manager [EileenMitchell@nhs.net](mailto:EileenMitchell@nhs.net)

If you need further clarification, please contact Fiona Clark at [fiona@sharedlivesplus.org.uk](mailto:fiona@sharedlivesplus.org.uk) 07867 456476

## Appendix 1

### Scaling up Shared Lives in Health - Theory of Change December 2016

#### Developing Shared Lives to support adults with health care needs



## **Phase 1 - Match Funding Programme**

The 6 areas who will receive match funding through the NHS Programme, Scaling up Shared Lives in health are as follows:

### **Barnsley Clinical Commissioning Group / Barnsley Metropolitan Borough Council / Barnsley Shared Lives Scheme**

- Have had frequent admissions to hospital where carer breakdown, psychological or social factors have contributed to their reason for admissions
- Are frequent attenders to primary care
- Would benefit from rehabilitation (e.g. general rehabilitation (intermediate care), stroke or neurorehabilitation) in a non-institutionalised setting but are unable to return directly home after a hospital admission
- Would benefit from period of recuperation after a hospital admission
- Are approaching end of life who are not ill enough to require inpatient hospice care but who would struggle at home with a care package
- Have long term health needs who meet eligibility criteria for Continuing Health Care Needs (CHC) or a Personal Health Budget (PHB).

### **Bristol, North Somerset, South Gloucestershire CCGs/ Co-terminus LAs/Bristol Shared Lives/North Somerset Shared Lives / South Gloucester Shared Lives/**

- People living with dementia
- Young people with learning disabilities and/or mental health needs
- Short breaks

### **Bolton CCG/Greater Manchester West Mental Health NHS Foundation Trust/Bolton Council/Bolton Care and Support (Bolton Shared Lives)**

People with mental health, complex needs and dual diagnosis (primarily learning disability/mental health and substance abuse/mental health). These include:

- People previously placed in locked-rehabilitation units/hospitals primarily outside of Bolton, returning to home area
- People inappropriately placed in residential and nursing care, particularly those under 65

- People leaving supported accommodation, but at risk of relapse/unable to cope or live well alone. May have medication compliance and complex issues
- Young people in transition from Childrens Services/CAMHS who require accommodation/support to prevent the progression of mental health issues and risky behaviours

**South Tees CCG / Middlesbrough council / Redcar and Cleveland Council / Avalon Shared Lives**

- People with Learning Disabilities leaving local hospital services such as Bankfields Court (in rare cases)
- People with Learning Disabilities in forensic rehabilitation beds or as a step to independent living.
- People with Learning Disabilities living in the community but at risk of admission to hospital or criminal justice services.

**Southern Derbyshire CCG / Derby City Shared Lives scheme**

- People with dementia
- People with a range of health needs/diagnoses, at risk of hospital admission or admission to residential care such as:
- Intermediate care
- Transforming Care

**Portsmouth CCG/ Portsmouth City Council**

- People living with dementia
- Young people with learning disability/mental health needs