



**SharedLivesPlus**

THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

# THE BUSINESS CASE AND OPTIONS APPRAISAL FOR COMMISSIONING THE SHARED LIVES MODEL IN BRIDGEND

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## Contents

Disclaimer .....	3
Copyright.....	3
Section one - Introduction .....	4
Section two – What is Shared Lives? .....	5
Section three – Value proposition for Shared Lives.....	6
My Shared Life outcomes tool .....	7
Recommendations.....	7
Section four – Strategic Context of Shared Lives in Bridgend .....	8
Section five – Evidence of need: choosing which cohort to support.....	11
People with a learning disability.....	11
Older people.....	12
Carers.....	14
Mental Health .....	14
Long-term live-in, short breaks and day opportunities.....	15
Recommendations.....	15
Section six - Financial implications and growth ambitions .....	16
Budget considerations .....	16
Staffing .....	16
Marketing.....	16
Scheme growth targets and staffing establishment.....	16
Service delivery ambitions: 50 arrangements.....	17
Service delivery ambitions: 75 arrangements.....	17
Investment .....	18
Developing a Local Pricing Structure.....	18
Calculating the Basic Fee Level for a Long Term Live in Placement.....	18
Payment bands.....	19
Recommendations.....	20
Section seven – Recruiting Shared Lives carers .....	20
Recruitment.....	20
Demographic profiling of Shared Lives carers .....	21
Recommendations.....	22
Section eight – Stakeholder feedback and engagement.....	22
Why is it essential to involve Shared Lives carers in the outsourcing process, selection process and maintenance of a Shared Lives scheme?.....	22
The benefits to Local Authorities and commissioners of working jointly with Shared Lives carers to develop and maintain Shared Lives services are: .....	22
Skills and experience .....	22

Insight .....	23
Improved relationships and promotion/development of the service .....	23
Improved retention of Shared Lives carers.....	23
Findings from Shared Lives carer survey.....	23
The respondents .....	23
Being involved in the shaping the future scheme .....	24
Involving the people who use Shared Lives .....	24
Future direction of the service .....	25
Potential delivery options .....	26
Recommendations.....	27
Section nine – Commissioning options.....	28
Current Shared Lives schemes across Wales .....	28
1. Bringing the scheme back in-house at Bridgend Council .....	29
2. Putting the contact out to competitive tender .....	30
3. Collaborating with an existing neighbouring scheme to expand their provision into the Bridgend area.....	30
Options SWOT Analysis .....	31
Estimated annual management cost.....	33
Recommendations.....	33
Section ten – Summary of Recommendations.....	34
References .....	36

### Disclaimer

The findings of this report are drawn from discussions with local commissioners and a desk-based analysis of the current demographic profile and key strategic documentation for Bridgend provided by Bridgend Council. If any key local information has been omitted this is not the responsibility of Shared Lives.

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## Section one - Introduction

A successful Health and Social Care system enables people to live meaningful and fulfilling lives. Shared Lives allows people to live as part of a family and stay connected to their local community in a way that other forms of social care provision often fail to realise. As Shared Lives secures such positive outcomes for the people who use it whilst generating significant savings against already stretched public budgets, it is unsurprising that we are seeing significant growth across the sector. Delivered effectively, Shared Lives truly presents a win-win situation for all involved.

Bridgend currently commissions Shared Lives through a Western Bay Regional Agreement with Swansea and Neath Port Talbot. The existing four year contract is with the independent third sector provider Ategi and will end on the 30 April 2019. At the same time, Bridgend will be moving out of the Western Bay partnership and joining the Cwm Taf Regional Partnership Board with Rhondda Cynon Taf and Merthyr Tydfil. This regional change requires that Bridgend Council reviews its current commissioning arrangements and works with Shared Lives carers and the people who use Shared Lives to decide on the best provision model for Shared Lives in the future.

There is a well-established footprint for Shared Lives in the area. At the end of March 2018, the current scheme supported 88 individuals in long-term live-in arrangement across the partnership and 131 individuals in short break arrangements. For Bridgend, this breaks down as 24 individuals in long-term live-in Shared Lives arrangements, all of whom also receive short breaks via the service and 13 individuals via short breaks only. All individuals currently being supported have a learning disability identified as their primary support need. The scheme supported 24 Shared Lives carers in Bridgend at that time and has met contracted growth targets over the contract lifetime. There are three main commissioning options which the council wish to explore:

1. Moving the provision in-house;
2. Putting the contract out to a competitive tender; or
3. Collaborating with an existing neighbouring scheme to expand their provision into the Bridgend area.

Shared Lives Plus is the UK network for Shared Lives and Homeshare, a membership organisation existing to support and promote Shared Lives and Homeshare across the UK. Our members are Shared Lives carers and Shared Lives and Homeshare schemes. Over the last four years, Shared Lives in England has grown by 31% at a time of austerity and significant cuts to the public sector. Shared Lives continues to grow in Wales and we have seen 6% growth over the past 12 months. Leading to 955 individuals being supported. Shared Lives is being seen as a solution to the challenges facing social care as it offers people a good life in a place they feel safe and valued as well as offering a cost-effective alternative to other forms of care and support.

Shared Lives has historically primarily supported people with learning disabilities in long term arrangements but is diversifying across the UK to support other groups including: older people, people living with dementia, people with mental ill health, young people in transition, women fleeing domestic abuse, parents with learning disabilities and as a home from hospital alternative. The current scheme is available to the following groups:

- people with a learning disability
- people experiencing mental ill health
- people with a physical disability
- people who misuse substances
- people living with and acquired brain injury
- people living with dementia
- older people with support needs (no upper age limit)

Bridgend Council have indicated that they wish to continue commissioning a scheme with the flexibility to support people with a range of social care support needs.

## Section two – What is Shared Lives?

Shared Lives is a model of care and support that provides innovative, small family based support to adults with a variety of support needs. In Shared Lives, an adult, over the age of 18, who needs support and/or accommodation moves in with an approved Shared Lives carer after they have been matched for compatibility. Together, they share family and community life. Shared Lives is used by people with various support needs including learning disabilities, mental ill health and for those with a complexity of support needs, especially the most vulnerable. Support may be long-term or used for short breaks or day support. There are currently over 14,000 people benefitting from Shared Lives arrangements in all four home nations of the UK and this number is growing year on year despite significant levels of austerity and cuts to services across health and social care. In Wales we have seen 6% growth across the sector in the last 12 months with 955 individuals supported across the country.

In Wales, there are eight Shared Lives schemes, with six operated by local councils and two by private providers. Each scheme is responsible for recruiting, training and supporting Shared Lives carers from the local community to provide support within their family homes. Shared Lives carers undergo a rigorous assessment process before being approved and then matched with a person who needs care and support. The matching process is key to the success of Shared Lives and may include a number of visits or short stays before both the Shared Lives carer and person needing support decide if they are compatible and wish to share their lives.

Shared Lives carers are paid for the support they provide, but they are not paid by the hour. They generally receive a weekly, daily, or nightly allowance depending on the support they provide in addition to rent and a contribution towards food and household bills for people who live in a long-term arrangement. In the UK, Shared Lives carers receive a tax-break under the Qualifying Care Relief legislation (<https://www.litrg.org.uk/tax-guides/disabled-people-and-carers/caring-someone/foster-carers-and-shared-lives-carers>) which allows them to earn £10,000 per year plus £250 a week as a Shared Lives carer before they start paying tax. This means that for Shared Lives carers supporting one person they are likely to pay no tax, but for those supporting two, or a maximum of three, they may start to pay some tax contribution on the higher income. Shared Lives carers are self-employed and pay a contribution to National Insurance.

Wales is the first of the four UK nations to have Shared Lives services across almost every Local Authority area<sup>1</sup>. Shared Lives is a regulated form of social care delivered by Shared Lives carers, who are approved by a registered Shared Lives scheme. Local authorities or Third Sector organisations can run schemes. In Wales, all schemes are regulated and inspected by the Care Inspectorate Wales (CIW). Schemes are currently measured against Care Standards Act and the Minimum Standards although these will be replaced in April 2019 by new regulations. Although not currently available, the new regulations aim to reflect the Social Services & Well-being (Wales) Act by giving people genuine voice and control and putting their well-being, views and feelings at the heart of service delivery.

Evidence and evaluation in the UK shows that people using Shared Lives lead a good and healthy life and are supported to be as independent as they can be while having a caring family around them with whom to share their life; they are independent but not alone. People using Shared Lives learn new skills, make friends and enjoy activities that are not just for people with a disability. People using Shared Lives also experience healthy lives, often enabling them to reduce medication, manage long term conditions and mental ill health because of the support they receive from their Shared Lives carer.

### Section three – Value proposition for Shared Lives

Shared Lives supports people to live or spend time in a family home embedded in a local community. This approach generates significant outcomes to people who use shared lives, their family carers and Shared Lives carers. Over the years Shared Lives Plus has commissioned a number of independent reviews and collected internal surveys and feedback from the people using Share Lives and our members, listed below are some of the benefits we have observed.

The benefits for people who use Shared Lives:

- Living a good life in a place of my choice
- Relationships with people who are not paid to be in my life
- Developing links & networks in my community
- Learning new skills, having new experiences
- Extended network of family, friends and community
- Can go out in the community on my own
- Going on holiday
- People know me and look out for me
- Doing things that are not just for disabled or older people

The benefits for family carers:

- Reduced stress related to carer role
- Reduced likelihood of carer breakdown
- Build a supportive relationship with Shared Lives carer family

The benefits for Shared Lives carers:

- Mutual relationship – sharing and learning from each other
- Valued role as a carer in my community
- Make a real difference in someone's life
- Trying new things I wouldn't have done otherwise, having great experiences that I wouldn't have done on my own

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<sup>1</sup> Shared Lives Plus (2017a)

- Learning new things about myself – communication, patience, skills that change my approach to life
- Quality of life – slowing down and taking time to do the things that are important

### My Shared Life outcomes tool

All Shared Lives Plus scheme members are provided with free access to the My Shared Life outcomes measurement tool. This is an online tracker for people who use Shared Lives and Shared Lives schemes to see the progress and positive life decisions they are making. It is a way to tell powerful stories with numbers, so that people who use, or set up and pay for Shared Lives can make informed decisions.

My Shared Life enables individuals to see their progress. Shared Lives carers can get valuable feedback from the individuals they support and schemes can use the evidence to develop their scheme in new areas. Shared Lives officers can use the questionnaires face to face with people using Shared Lives. My Shared Life then turns the data into charts and graphs that can be used to show, for example, the progress an individual has made with their physical well-being, or for a manager to show the outcomes for all those over 65 years old who use Shared Lives.

The tool was developed with people who are part of Shared Lives, Shared Lives carers, schemes and the PSSRU (Personal Social Services Research Unit) at Kent University, to chart the six areas of well-being unique to Shared Lives: family and personal relationships, involvement in the local community, occupation and participation, control over daily life, physical well-being and emotional well-being.

My Shared Life was launched in 2016. By August 2018 analysis of the national data from the My Shared Life Tool showed that 327 questionnaires had been completed since January 2016.

Key findings include:

- 97% of people in Shared Lives felt they were part of the family most or all of the time.
- 93% of people in Shared Lives felt that their Shared Lives carer's support improved their social life.
- 90% of people in Shared Lives felt that their Shared Lives carer's support made it easier for them to have friends.
- 86% of people in Shared Lives felt involved with their community at the time of completing their latest follow-up questionnaire and 85% (58 of the 68 responding to this question) of these felt their Shared Lives carer's support helped them feel more involved.
- 94% of people in Shared Lives felt their Shared Lives carer's support helped them have more choice in their daily life.
- 82% of people in Shared Lives felt their Shared Lives carer's support improved their physical health.
- 85% of people in Shared Lives felt their Shared Lives carer's support make their emotional health better.

The more people who take part, the more interesting and valuable the data becomes for everyone using it.

### Recommendations

In light of the above discussion, Shared Lives Plus recommend that:



1. The Service Level Agreement put in place with the new Shared Lives provider should include a requirement for the scheme to track outcomes via the My Shared Life tool.

## Section four – Strategic Context of Shared Lives in Bridgend

Two major pieces of legislation are now transforming the delivery of health and social care in Wales – the Social Services and Well-being (Wales) Act 2014 & The Well-being of Future Generations (Wales) Act (2015). A third element, the report A Healthier Wales: Our Plan for Health & Social Care published by Welsh Government earlier this year as a response to the Parliamentary Review of Health & Social Care, also has a significant influence. The Shared Lives model is widely recognised by Welsh Government as delivering services that reflect the aims and ambitions of both the report and legislation. It is seen as delivering care which embodies the principles now recognised nationally.

The Acts set out to improve the well-being of people who need care and support, and those who care for them, by promoting integrated services. They prioritise providing people with choice and control to enable them to live well for longer in the community. At the heart of the legislation is the principle of sustainability. The emphasis is on providing support in the community to prevent ill-health and promote well-being, which in turn creates resilience and reduces the demand for formal, planned support. While, the Healthier Wales report outlines an ambitious plan for a whole system working, with an emphasis on the need to deliver population-focused, seamless services that place a much greater emphasis on prevention and early intervention. All these priorities are delivered by and reflected in Shared Lives services.

In Shared Lives personalised care is provided via a meaningful relationship with an empathetic and effective Shared Lives carer. This relationship encourages and enables the individual to take control of their health & well-being, as envisaged in Welsh Government's plans for health & social care. People are supported to take necessary risks to achieve their aims and aspirations and live fulfilled lives in the community. Support is flexible, personalised and integrated as it works with the person to achieve well-being outcomes, whatever the need. The service is also sustainable and cost-effective. It can increase or decrease, providing just the right help at the right time so people can maintain control and independence whatever they face.

Shared Lives is a safe way to support people and all schemes are regulated and inspected. In Wales the Care Inspectorate Wales monitors schemes, while in England the Care Quality Commission are the regulators. Generally, 96% of Shared Lives schemes are rated good or outstanding with none rated inadequate. Supporting people to access Shared Lives arrangements contributes towards demonstrating that the council is meeting its duties in relation to Safeguarding adults.

Shared Lives has also been shown to support people to adopt healthier lifestyles, in keeping with the principles set-out in A Healthier Wales. A 2015 survey asked Shared Lives carers about how the health of the people they supported had been improved by being part of a Shared Lives household. It discovered that 73% had received positive feedback from an NHS colleague about the difference their support was making to an individual's health. By supporting people to be healthier for longer, Shared Lives can help people remain independent while preventing, delaying or reducing the need for greater levels of statutory support.

Some of the most common reported health outcomes were:

- Healthier lifestyles

- Tackling misdiagnosis and reducing unnecessary medication
- Improved health and wellbeing leading to reduced use of NHS services
- Shared Lives carers spot symptoms of undiagnosed conditions
- Improved mental health and self esteem

*Case study: Karen had a history of repeated emergency admission to hospital. She had Chronic Obstructive Pulmonary Disease, a diagnosis of dementia related to Korsakoff Syndrome, poor mobility and increasing fragility. Following her last admission, she was referred to Shared Lives for respite/reablement. Her Shared Lives carer worked with Community health and social care to encourage Karen to walk a few steps each day. She realised Karen's appetite was poor and encouraged her to have a medicine review. Much of the medication was withdrawn, including a replacement for one drug which the GP identified as an appetite suppressant. Her alcohol consumption fell as her appetite returned. The Shared Lives carer supported Karen to manage her personal care, enabling her to cut four domiciliary visits a day. She helped Karen organise trips out to get her hair and nails done, and to meet people and make friends. After 12 weeks, Karen expressed a wish to live independently. She put together a "bottom-draw" of essentials for the move with her Shared Lives carer. They are still in touch, but Karen now lives independently. She is seeking support to address the mental health issues that fuelled her alcoholism and has regular visits to a chest clinic to manage her CoPD. She hasn't been back to hospital.*

Regionally Bridgend local authority face significant challenge and change. Following consultation, from April next year, Cwm Taf University Health Board will be responsible for healthcare services in the Bridgend County Borough Council area. This move from the current health provider has triggered a re-examination of service delivery, including Shared Lives service provision.

Bridgend's Annual Report 2017-18 sets out further challenges, including the over-arching issue of delivering essential services as funding continues to decrease. It estimates, on top of savings to date, the authority will need to find a further £35m or so savings over the next three years. It also identifies meeting the needs of a growing number of older residents as of concern, alongside implementing new legislation at a time of uncertainty and change.

Bridgend is already managing an ambitious and complex programme of change to meet these challenges. Shared Lives services fit well with the local authority's plan to create a more resilient, self-sustaining population enabled to take control and manage their own health & well-being and reflects the well-being objectives outlines in Bridgend's Corporate Plan 2018-2022.

Locally any Shared Lives service would be able to work with partners, including people using services and carers, to take early steps to reduce or prevent people from becoming vulnerable or dependent on statutory or health services. All Shared Lives services are community-based and support individuals and communities to build resilience, as set-out in the Corporate Plan. The model can also be used to support communities to develop solutions to meet local needs and promote independent living. Shared Lives ethos supports the aims of the Corporate Plan including giving people more choice and control over what

support they receive; reducing demand by investing in targeted early help and intervention programmes; supporting carers in maintaining their roles and supporting the community to meet local needs.

Shared Lives services also have the capacity to support people with the greatest need to avoid the health and social care crises, as shown in the above case study. In this way they will enable the authority to make the best, most cost-effective, use of diminishing resources, meeting another Corporate Plan priority.

Shared Lives can contribute to Bridgend's priority of supporting a successful economy too by providing an alternative form of employment to the local economy. Shared Lives care offers new opportunities for people who do not wish or are not able to access the traditional job market to work in the community. Shared Lives carers are trained and can use their employment experience to support a range of qualifications. They are active and engaged citizens, used to working in partnership, who often use their experience to support others in their community. In this way they are ideally placed to help build community resilience. By increasing the number of Shared Lives carers in a local community, the authority will be creating a well-informed and active citizen-base for any future co-operation, co-production & partnership working.

Shared Lives services also match the health priorities set-out by the Cwm Taf University Health & Public Services Boards. The region, which will include Bridgend from April next year, has a history of close partnership working. The Cwm Taf Well-being Plan 2018-2023, published by the Cwm Taf Public Services Board, identifies the Well-being of Future Generations Act as an opportunity to build on partnership working in new, exciting and innovative ways. It describes a unique opportunity for all public services to work differently together, involving communities in shaping long-term future and improving well-being. The flexibility of the Shared Lives model fits in well with this move to innovate and integrate services in a way that directly addresses the needs and wants of people using services. In this way Shared Lives can actively support the move to a new health board region.

Finally, consideration of future provision should take into account the current, on-going reform of the rules under which Shared Lives services are regulated in Wales. In April 2019 the current regulatory system, including the National Minimum Standards, will be replaced by new adult placement regulations, set out under section 29 of the Regulation and Inspection of Social Care (Wales) Act 2016. The Act, its Regulations and the accompanying statutory guidance replace the requirements of the Care Standards Act 2000 and the minimum standards. The new regulations are detailed within Parts 2 to 16 of The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019. The accompanying Statutory Guidance details how providers of adult placement services may comply with the regulations and how persons designated as a responsible individual for an adult placement service may comply with their requirements made under section 28 of the Act.

Shared Lives Plus, as the national membership group, Welsh schemes & Shared Lives carers took part in the consultation. Representations were made to Welsh Government on several points, particularly around the provision for services for young adults aged 16-18. Currently it is only possible to offer support to young adults under 18 years of age where the Shared Lives carer has dual registration, under adult placement & fostering regulations. A change in regulations would facilitate the provision of an efficient, cost-effective, personalised support for young people, particularly those transitioning from looked after children service. Shared Lives works well with younger age groups, particularly where traditional services have broken down. It is an effective transition support because it enables

young adults to take control and develop the skills they need to move on to independent living. It supports necessary risk-taking and enables young adults to realise their personal aims and ambitions. Any innovative services will need to examine the final published guidance to ensure compliance once the final regulations are published. Welsh Government are currently reviewing responses to consultation on the changes. Details of the outcome are expected to be published in due course. The relevant link to the consultation is: <https://beta.gov.wales/adult-placement-services-regulations>

## Section five – Evidence of need: choosing which cohort to support

Bridgend Council have expressed an interest in commissioning a scheme which supports people with a range of social care needs. This section will present key local and national data in relation to learning disability, mental health and older people and provide indicative savings for each cohort.

### People with a learning disability

People with a learning disability identified as their primary support need make up the majority of those supported by Shared Lives in the Wales (76%)<sup>2</sup>. There is no ‘typical’ individual supported by Shared Lives and it can be adapted to support a wide range of circumstances. Shared Lives has successfully been used to support people across the learning disability community from those with a lower level of support to those with Profound and Multiple Learning Disabilities (PMLD). For those with PMLD, packages need to be carefully planned to ensure that individuals have 24-hour wrap around care and that this is provided by a number of individuals. For example, if the Shared Lives carer is required on occasion to support an individual during the night it is essential that the person receives day support elsewhere to allow both parties to have a break. Additional respite provision would also likely need to be included as part of the package to avoid arrangements breaking down. This may increase the cost of the total package, but those individuals requiring higher levels of support are likely to require higher cost packages whichever type of supported accommodation they access.

In Bridgend, 410 people with a learning disability are funded to access support in the community. 162 of these individuals are supported in long term residential placements mostly in supported living with a small number placed in Residential or nursing care. 86 are identified as receiving respite provision<sup>3</sup>. Shared Lives is accessed by 37 individuals within this cohort. This represents 1.06% of the total Social Care population and 9% of the Learning Disability population in receipt of services. This compares favourably with the best performing areas across the UK who support 10% of their LD population.

	Total people			Learning Disability Support			Other Group(s)		
	Total people	Shared Lives		Total people	Shared Lives		Total people	Shared Lives	
Bridgend	3,484	37	1.06%	410	37	9.02%	3074	0	
<b>TOTAL</b>	<b>3,484</b>	<b>37</b>	<b>1.06%</b>	<b>410</b>	<b>37</b>	<b>9.02%</b>	<b>3,074</b>	<b>0</b>	
Lancashire	23,440	391	1.67%	3,600	358	9.94%		28	

Social Finance estimate that supporting an individual in a long term live Shared Lives arrangement as opposed to alternative forms of accommodation-based support delivers

<sup>2</sup> Shared Lives (2017a)

<sup>3</sup> Western Bay (2018)

saving of £26,000 per annum<sup>4</sup>. As the calculation takes into account the infrastructure costs of service delivery, they represent a net saving to the local authority. These savings are cashable when an individual is moved from an alternative type of accommodation-based support into Shared Lives or at the point where an individual enters a Shared Lives arrangement who would otherwise have accessed a residential or supported living service<sup>5</sup>. Based on these figures and assuming we can estimate that the Bridgend is achieving a net saving of £624,000 per annum from the current long-term live-in arrangements commissioned.

However, savings for Bridgend are currently far in excess of this as the current weekly total spend by Bridgend Council on Shared Lives is £465 per week. This consists of a fixed carer payment of £328 per week plus £105 paid to the Shared Lives carer for housing costs (a mixture of housing benefit and board and lodgings payment. In addition to this, Bridgend pay a management fee to Ategi of £40,000 per annum which averages to £32 per arrangement each week. This management fee is extremely low compared against UK average management fees which range between £70 and £180 per week depending on the area and provider. As Shared Lives carer fee payments are managed by the local authority, this may lead providers to offer a lower weekly management fee. We will return to this discussion in Section Eight of this report which look at the proposed commissioning options.

To achieve a level of delivery consistent with the UK benchmark provision area in Lancashire, Bridgend would only need to expand the service by four additional arrangements. The table below show that expansion to this level would generate additional savings of £67,600 per annum if the long-term live-in to short breaks split remained consistent with current delivery of 65% to 35% respectively. We are seeing local authorities setting ambitious targets for growth across the UK to capitalise on potential quality improvements and cost savings offered by Shared Lives, with Greater Manchester recently committing to supporting 15% of the learning disability population across the ten boroughs. To match this level of ambition Bridgend would need to grow by an additional 25 arrangements.

	Existing Learning Disability Support			To equal best usage of 10% (Lancashire, Southampton, West Sussex)			To equal GM target			To equal 20%		
	Total people	Existing Users		9.94%	Additional Users	Saving	15.00%	Additional Users	Saving	20%	Shared Lives	Saving
Bridgend	410	37	9%	41	4	£67,600	62	25	£422,500	82	45	£760,500
<b>TOTAL</b>		<b>37</b>			<b>4</b>	<b>£67,600</b>			<b>£422,500</b>		<b>45</b>	<b>£760,500</b>
Lancashire	3,600	358	9.94%	-	-	-	-	-	-	-	-	-

In the UK, the best performing schemes support around 10% of the learning disability population, who are eligible for services, in Shared Lives schemes. If Bridgend caught up with this UK benchmark, around 41 people could be supported in Shared Lives with the potential for saving in excess of £690,000 per annum.

### Older people

Support for older people is an area of current expansion for Shared Lives which is demonstrating positive outcomes for its beneficiaries. Expansion of Shared Lives to support older people is strongly supported by the Welsh government who have engaged Shared

<sup>4</sup> Social Finance (2013)

<sup>5</sup> Social Finance (2013)

Lives Plus with a view to supporting 200 older people in Shared Lives by 2019. In 2017, PPL led an independent review to assess respite and day care provision by Shared Lives for older people and people living with Dementia. The review concluded that ‘Shared Lives offers a care solution which provides high quality outcomes to service users and family/unpaid carers, and which is a sustainable option for commissioners’<sup>6</sup>. The report presented the following five key messages:

1. Respite care is important; however the challenge is that individuals are not getting as much respite as they should. Further, a review of literature suggests that “traditional” respite is not achieving its full potential: greater personalisation is needed
2. Evidence shows that Shared Lives is able to offer a good quality, high impact solution to this challenge, offering a number of positive outcomes including increased independence, choice, and control for service users
3. The costs of the Shared Lives approach are broadly in line with (and in some cases more affordable than) “traditional” respite provision
4. Shared Lives is an important option for commissioners seeking to meet their market sustainability duties
5. The Shared Lives approach has great potential to make savings in terms of reduced reliance on more expensive health services.<sup>7</sup>

Older people who find themselves in needs of social care support, may choose to benefit from living in a Shared Lives arrangement. Cheshire West supports 2.7% of older people (over 65 years) in Shared Lives. Western Bay data from 2016/2017 indicates that there are 2,744 older people in Bridgend who are accessing support from Health and Social Care. If 2.7% of these were supported via Shared Lives, 74 people would benefit from the local scheme. In addition to those qualifying for social care provision, there is also potential for a much larger group of older people who might consider accessing day support or short breaks via Shared Lives as self-funders.

	Existing Support for Older People			To equal best usage of 2.7% (Cheshire West)		To equal 5%		To equal 10%	
	Total people	Existing Users		2.70%	Additional Users	5%	Shared Lives	10%	Shared Lives
Bridgend	2744	0	0%	74	74	138	138	275	275
<b>TOTAL</b>		<b>0</b>			<b>74</b>		<b>138</b>		<b>275</b>
Cheshire West	2,705	73	2.70%	-	-	-	-	-	-

The cost of Shared Lives provision for this cohort is largely similar to that of other forms of short break and day opportunities support, but presents advantages for commissioners in relation to quality, personalisation, market sustainability and reduced reliance on more expensive health services<sup>8</sup>. Although the provision of Shared Lives does not offer direct cash savings there is still a strong business case in relation to cost avoidance particularly if supporting self-funders is factored in. Many older people, including those with dementia, may not meet the needs assessment or the financial eligibility criteria for statutory services, yet they still have care and support needs. This cohort may be willing to pay privately for day or short breaks support via Shared Lives.

It is estimated that nearly half of those in residential placements in the UK are paying for their own care in part or in full<sup>9</sup>. However, 25% of these individuals with run out of funds and

<sup>6</sup> PPL (2017)

<sup>7</sup> Ibid

<sup>8</sup> PPL (2017)

<sup>9</sup> Laing Buisson (2013)



end up in the statutory funded system<sup>10</sup>. In Bridgend the figure is in line with this, where 41% to 49% of beds are taken up by self-funders<sup>11</sup>.

### Carers

In addition to those requiring direct support to meet their needs, 17,919 people are estimated to be carers in Bridgend<sup>12</sup>. Older people over 65 are most likely to provide unpaid care for 50 or more hours per week. Caregiving can be detrimental to both the physical and psychological health of the carer, this is especially true for those caring for people with mental health conditions such as dementia. The provision of day support and short break options via Shared Lives delivers an additional option to the marketplace to provide carers the break they need to support people to continue living in their own home.

Shared Lives provides an alternative solution, enabling older people to be supported within the community they know in a flexible way that works for them and their families. Evidence suggests that Shared Lives is particularly beneficial for older people when used for day support and short breaks.

In the UK, the best performing Shared Lives services support 2.6% of their older people requiring support and eligible for a service in Shared Lives. If Bridgend achieved the UK benchmark, 71 older people would benefit from being part of a Shared Lives arrangement.

### Mental Health

In the year to April 2016, there was a significant increase in the number of people with mental ill health accessing Shared Lives (170 people or 23% increase). Shared Lives has evidenced a strong track record in supporting people to stay well, crisis prevention and avoiding hospital admission for people experiencing mental ill health<sup>13</sup>

It is estimated that supporting someone experiencing mental ill health in a long term live in Shared Lives arrangement will generate savings of £8,000 per year<sup>14</sup> compared to other forms of accommodation-based support. There are currently 270 individuals accessing social care services for mental ill health in Bridgend. The table below identifies that if provision for this cohort was grown to match that of Croyden at 6.5% then 27 individuals would be supported generating net savings of £114,540 per annum for the council. This is based on the assumption that 54% of those supported would be in long-term live-in arrangements in line with the UK average.

	Existing Mental Health Support			To equal best usage of 6.5% (Croyden)			To equal 20%			To equal 25%		
	Total people	Existing Users		6.53%	Additional Users	Saving	20%	Shared Lives	Saving	25%	Shared Lives	Saving
Bridgend	270	0	3%	27	27	£114,540	54	54	£758,160	68	68	£954,720
<b>TOTAL</b>		<b>0</b>			<b>27</b>	<b>£114,540</b>		<b>54</b>	<b>£758,160</b>		<b>68</b>	<b>£954,720</b>
Croyden	1,225	80	6.53%	-	-	-	-	-	-	-	-	-

<sup>10</sup> Which (2018)

<sup>11</sup> Public Policy Institute for Wales (2015)

<sup>12</sup> Western Bay (2018)

<sup>13</sup> Harflett, N and Jennings, Y (2016)

<sup>14</sup> Social Finance (2013)

There is a strong evidence base for the effectiveness of Shared Lives to support people experiencing mental ill health. An evaluation of Shared Lives support for people with mental ill health conducted by the National Development Team for Inclusion (NDTI) concluded that:

“The evaluation, qualitative accounts of Shared Lives carers and mental health practitioners, stories of people in Shared Lives arrangements, and case studies provided by schemes have provided a rich insight into the impact that Shared Lives can have on the lives of people with mental ill health. Individual cases have shown how Shared Lives - day support, short breaks and long-term arrangements - can work to improve general wellbeing and improve mental health through preventing crisis and hospitalisation, and supporting maintenance and stability for people with mental ill health.”

(NDTI, 2016)

### Long-term live-in, short breaks and day opportunities

Shared Lives can provide long-term live-in, short breaks and day support options for the local population. In addition to the evidence of need data presented in section two above, coproduction work undertaken with key stakeholders should be key in establishing the most likely areas of demand. Establishing a scheme with the ability to deliver all three types of support allows for greater flexibility as they explore what is possible in the market place. The systems and processes for all three types of arrangement largely duplicate so this does not increase the workload in establishing a service for multiple areas.

Long-term live-in arrangements offer the greatest potential cost benefits to the local authority. Day opportunities and short breaks provision can provide step up and step down routes into and out of longer term placements for both the individuals receiving support and Shared Lives carers. Offering all three types of support would allow more people with more complex needs to be supported to receive a full package of support via Shared Lives.

### Recommendations

In light of the above discussion, Shared Lives Plus recommend that:

1. The future Bridgend scheme should continue to be made available to all those in receipt of social care funding. Provision should continue to have the flexibility to support people with a range of needs as long as a suitable carer match can be identified.
2. We recommend that Bridgend agree their level of ambition in relation to Shared Lives and use this to determine their target numbers. We would encourage Bridgend to set an ambitious target for their learning disability population as this cohort is well established in the area and is already competitive with UK top benchmarking providers. At any level of delivery, there is a clear business case to support the targeting of all three cohorts discussed in this section
3. For learning disability and mental health, targeting long-term live in placements should be prioritised initially as this represents the best way to secure a return on the initial investment. For older people short breaks and day support represent the most appropriate starting offer for Shared Lives.



4. The scheme should be commissioned with the capability to support both statutory and privately funded individuals to enable Shared Lives to be offered as a high quality and affordable option other in the borough who do not qualify for statutory provision.

## Section six - Financial implications and growth ambitions

Shared Lives offers a considerable cost saving when compared to traditional forms of care while also supporting participants to live a good life in a place that they choose. An independent 2013 report estimated that long term Shared Lives arrangements save £26,000 per person per year for people with learning disabilities and £8,000 for people with mental health.<sup>15</sup>

### Budget considerations

When budgeting for a scheme, in addition to the staffing establishment and management costs, funds should be made available to deliver a marketing and engagement strategy and plan to raise awareness of the scheme to generate referrals and recruit Shared Lives carers.

### Staffing

Based on costs from other Welsh schemes, we estimate that a Scheme Manager post in Bridgend is likely to attract a salary in the region of £27,000 to £32,000. Scheme Worker roles would likely be between £22,500- £25,000 Pro Rata. The administrator salary should be benchmarked against similar roles in the council.

### Marketing

Effective marketing and engagement are essential to establishing and growing Shared Lives Schemes. We estimate that a scheme should allow a budget of circa £20,000 per annum to deliver this effectively. Shared Lives Plus can support with the development of localised Marketing and Engagement plans to ensure the right messages reach the right people in the most appropriate way. A potential opportunity to reduce these costs is for the work to be commissioned jointly across neighbouring boroughs.

### Scheme growth targets and staffing establishment

Many commissioners seek to reduce the cost of delivering a scheme by encouraging the Scheme Manager to hold a caseload. Shared Lives Plus suggest a higher level of management investment to allow the Scheme Manager to be free from a caseload and able to focus on the establishment of robust processes and procedures and embedding recruitment and referral pathways.

An error that has previously been made by commissioners when establishing new schemes is in underestimating the amount of work involved in running a successful scheme. The work of the scheme is often viewed by commissioners as being about assessing matching and providing ongoing support and monitoring to arrangements, but it is much more. The scheme is also responsible for: meeting regulatory requirements; raising awareness of the Shared Lives model locally; promoting the scheme to local stakeholders, referring agencies,

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<sup>15</sup> Social Finance (2013)

potential carers and people who may want to use Shared Lives; recruiting new Shared Lives carers; running Shared Lives carer and service user support groups; developing and delivering appropriate training for carers; and developing and growing the service to support a wider range of people.

Shared Lives Plus would also recommend that a dedicated Shared Lives administrator is provided to the scheme. This role has traditionally provided scheme support with the time-consuming activities of: processing Shared Lives carer applications, DBS checks and references; correspondence with Shared Lives carers and service users; and processing Shared Lives carer payments. In schemes where this administrative burden is placed on the Shared Lives workers, they are spending increasing amounts of time on these duties, rather than their core activities of Shared Lives carer recruitment and approval, establishing new arrangements, and supporting and monitoring arrangements. Wider responsibilities of promotion, running Shared Lives carer support groups, delivering regular training, stakeholder engagement and scheme expansion also become increasingly difficult. By ensuring schemes have a dedicated admin worker they are able to maximise their efficiency, effectiveness, outcomes delivered, and savings made to the Local Authority.

#### *Service delivery ambitions: 50 arrangements*

The ambition of 50 arrangements using Shared Lives would see Shared Lives supporting 41 individuals with a learning disability enhanced by modest expansion into new areas such as older people or people experiencing mental ill health.

#### *Staffing establishment*

To best support the above ambition of achieving 50 arrangements we would recommend the following staffing establishment:

0.5 FTE	Shared Lives Scheme Manager
2 FTE	Shared Lives worker
0.5 FTE	Administrator

#### *Service delivery ambitions: 75 arrangements*

The ambition of 75 arrangements using Shared Lives would see Shared Lives supporting 62 individuals with a learning disability enhanced by expansion to reach a minimum of 13 individuals with other support needs. We would recommend that growth targets are set over a three-year period.

#### *Staffing establishment*

To best support the above ambition of achieving 75 arrangements we would recommend the following staffing establishment:

1 FTE	Shared Lives Scheme Manager
3 FTE	Shared Lives worker
0.5 FTE	Administrator

The additional Scheme Manager capacity would be required to support the proposed expansion in to new cohort groups.

### Developing a Local Pricing Structure

The average total cost in the UK for a long term live in Shared Lives arrangement for an individual with a learning disability is £657 per week. This calculation includes the costs of providing the full care package to an individual via the Shared Lives carer, any other provider required for day opportunities and the management cost of the service. To accurately cost a new scheme, Bridgend will need to agree their local Shared Lives carer fee structure. Current weekly fees to Shared Lives carers are set at £433 per week. Shared Lives scheme annual data returns to Shared Lives Plus list a wide range of Shared Lives carer payment bands ranging from £252 to £800 per week depending on the level of need. This section will provide you with guidance on how to set a fair and transparent price.

The basic payment is the payment made to reimburse the Shared Lives carer(s) for the cost of including a vulnerable person as a member of their household.

Shared Lives carers are also asked to provide additional support and services linked to the person's service user plan or personal plan and will receive an additional payment for those services. The level of this additional payment will directly reflect the additional requirements made of the Shared Lives carer(s). The Shared Lives Plus profiling tool provides a method of calculating the level of the additional payment that is transparently linked to the additional requirements of the Shared Lives carer(s).

The total payment to the Shared Lives carer(s) is made up of:

- A basic fee for the care and support which is paid from the local authority, health, a personal budget, or someone self-funding
- A board and lodgings contribution from the person living in a Shared Lives arrangement towards the cost of heating, lighting and food in the household
- Room rent which is usually paid for by housing benefit, or if the person living in Shared Lives is ineligible, they will need to pay this themselves
- Any additional payment linked to the requirements of the individual supported by the Shared Lives carer(s)

The normal gross payment to Shared Lives carers in the Bridgend scheme is currently £433 per week comprising of £328 net social care payment, plus £105 per week which includes any housing benefit plus a contribution to board and lodgings from the person living in the arrangement. This supports people to live in a way similar to how they would were they in independent accommodation and can help them develop the financial management skills they would need to move towards greater independence.

### Calculating the Basic Fee Level for a Long Term Live in Placement

The following guidance is based on the model used in fostering which has been in use for many decades. The principle underpinning the model is that no foster carer(s) should subsidise the state to ensure that fostered children get the essentials of modern life. Payment of this fee level equally ensures that people living in a Shared Lives arrangement are able to enjoy the same standard of living as anyone else.

The model uses information in the Household Expenditure Survey to set the basic payment level. This survey is published by the Government's Office for National Statistics and looks at the spending patterns of approximately 7000 households and calculates an expenditure

figure for an average family. The most recent survey was carried out in 2016 and found that the average household expenditure was £528.90 per week<sup>16</sup>.

The McClements Equivalence Scale<sup>17</sup> is then used to work out the cost of additional people living in the household. The cost of one additional adult in the household was calculated to be 36% of average household expenditure (in 2016 = £190.40).

Because the Household Expenditure Survey isn't done every year, the figures are increased using the Retail Price Index Inflation figure for each subsequent year.

This figure reflects normal household expenditure and does not cover the extra costs that are incurred in supporting someone with a disability or additional care needs. It takes no account of any geographical weighting.

- Geographic weighting: Research evidence suggests that expenditure is only significantly higher in London where a 17.5% upward adjustment has been recommended.
- Including a looked after child as part of your family: Research undertaken by Nina Oldfield at the University of York suggests that the cost of a foster child without a disability is around 38% higher than the cost of a same age child that is not looked after by the local authority. This provides a guide to the extra cost of including a vulnerable adult as a household member.
- Supporting someone with a disability or additional care needs: There are some additional costs that are associated with some kinds of care needs or disability eg: extra laundry costs associated with incontinence; extra wear and tear on clothes associated with wheelchair use; extra heating costs associated with someone with poor temperature control. These extra costs are taken into account in calculating the additional payment linked to the requirements of the individual.

### **For 2016:**

The basic fee level for any adult accommodated with a Shared Lives carer(s) would be £190.40 x 138% (i.e: £262.74)

Where the person accommodated has a physical disability or additional care needs associated with extra cost: An additional payment will be made linked to the requirements of the individual.

### [Payment bands](#)

There is variation in Shared Lives carer payments levels nationally. Most schemes operated a banded model. This usually includes three fixed bands representing different levels of need and a fourth higher band of an undefined figure to allow for flexibility when considering people with complex support needs. This applies to long term live in, short break and day opportunities arrangements.

In addition to the above guidance, Shared Lives Plus is currently conducting a data analysis of information provided by schemes nationally to identify variation in fee payments and provide benchmark guidance for commissioners and schemes. This will be available to our partners in Winter 2018.

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<sup>16</sup> Office for National Statistics, (2016)

<sup>17</sup> Anyaegbu, G. (2010)

## Recommendations

Based on the evidence and discussion above, Shared Lives Plus recommend that:

1. The budget for the future scheme includes adequate provision of funds for robust staffing establishment and enables effective marketing and engagement activity to support the new scheme.
2. Bridgend should develop a banded payment model for Shared Lives provision based on the Basic Fee model described above.

## Section seven – Recruiting Shared Lives carers

Establishing the Shared Lives model not only provides opportunities for more choice and control for people who need care and support to receive good quality support with people they choose to share their lives with, it also offers an opportunity to address issues of worklessness.

Becoming a Shared Lives carer can appeal to different people at different stages of their life. For example, women with young children who want to be at home with their children while they are young; people whose adult children have left home leaving bedrooms empty and a sense of an ‘empty nest’; people who take early retirement to find a different pace of life and spend time doing things that are important to them while still earning an income.

Working as a self-employed Shared Lives carer adds an alternative employment option within communities that may allow people to work where they live rather than commuting long distances.

### Recruitment

Shared Lives carers are ordinary people who do an extraordinary thing by opening their home to share their life with a person who needs support, either on a long-term basis or with people who spend time with them for short breaks or support during the day. Many Shared Lives carers have experience of working in health or care services before becoming a Shared Lives carer, some have personal experience of supporting a family member while others have no prior experience, just a desire to make a difference.

It is Shared Lives Plus’s view that Shared Lives carers do not need prior experience as they will receive training and support from their scheme, it is their value base that is more important. This is explored in detail during the rigorous assessment process that Shared Lives carers undergo before being approved by a scheme. The table below shows the number of additional Shared Lives carers who would need to be recruited to expand the service to meet 10%, 15% or 20% of the learning disability population.

	Existing Learning Disability Support			To equal best usage of 10% (Lancashire, Southampton, West Sussex)			To equal 50 arrangements			To equal 75 arrangements		
	Total people	Existing Users		9.94%	Additional Users	Additional carers	12%	Additional Users	Additional carers	18%	Additional Users	Additional carers
Bridgend	410	37	9%	41	4	2	50	13	7	75	38	19
<b>TOTAL</b>	<b>410</b>	<b>37</b>	<b>9.02%</b>	<b>41</b>	<b>4</b>	<b>2</b>	<b>50</b>	<b>13</b>	<b>7</b>	<b>75</b>	<b>38</b>	<b>19</b>

Shared Lives carers can be recruited in a number of ways including:

- Making contacts in the local community e.g. community centres, churches and other faith hubs
- Advertising in community venues e.g. libraries, doctor surgeries, community centres

- Targeting professionals within health and care sector who may consider early retirement to become a Shared Lives carer
- Targeting care and support staff who may wish to work more flexibly from home
- Advertising on local radio and publications
- Developing links with family carer organisations

Shared Lives carers have historically been recruited by word of mouth. People would tell their friends and family about what they do and others would be interested and apply. However, as we've sought to develop the sector at pace we've also developed new approaches to recruiting Shared Lives carers including targeting areas based on demographic and census data.

Share Lives Plus also recommend using an Asset Based Community Development approach to developing links within the community and identifying community catalysts and leaders who will signpost potential Shared Lives carers. The initial Shared Lives carers recruited to the scheme may be engaged to carry out some additional recruitment work to grow the service by utilising their community capacity to reach out to their networks and recruit others.

### Demographic profiling of Shared Lives carers

Demographic profiling of existing Shared Lives carer populations has highlighted some key characteristics of Shared Lives carers. For example, Shared Lives carers are predominantly between the ages of 30 and 64; the majority are owner-occupiers, although until recently a significant minority were social housing tenants (the 'bedroom tax' has reduced the number of people in social housing with a spare bedroom); they are settled and crucially have a spare room. Shared Lives carers are drawn from a range of backgrounds, but the majority are already employed and work in the census category 'middle managerial, administrative and professions'. A significant proportion of Shared Lives carers have been employed as care professionals or have been unpaid carers.

When conducting a demographic analysis of Shared Lives carers at Ward level, Shared Lives plus utilises Census data plus information from the Indices of social deprivation.

The following criteria is then analysed:

- Accommodation type
- Age structure
- Proportion of people in part time work or at home caring
- Proportion of people in lower managerial, administrative and professional positions
- Proportion of people in caring occupations
- The number of people per bedroom
- Tenure

These results are then analysed to identify those wards with a suitable demography for Shared Lives carer recruitment. This data is then compared with data relating to crime prevalence to select the most appropriate wards to target.

To strengthen the business case and ensure successful establishment of a new scheme we would recommend that Bridgend Council undertake, or commission Shared Lived Plus, to undertake a demographic analysis to identify target locations to direct Shared Lives carers recruitment activity and develop a robust recruitment action plan.



Shared Lives carers are self-employed people, working flexibly from their own home. They may have worked in the health and care sectors previously, or had personal experience of caring for a family member. This may be an attractive employment option that allows people to contribute to their community in a more flexible way than traditional formal employment.

In the UK there are around 10,000 people working as self-employed Shared Lives carers providing sustainable care and support within their homes. As a result of the careful matching process used in Shared Lives, there is a low breakdown rate of support arrangements with some lasting for twenty or thirty years. Shared Lives carers are an important part of the care and support workforce and offer a different approach to working life than more conventional care settings. Shared Lives carers talk about the mutuality of arrangements and how they get as much out of the relationship as the person they support, and the satisfaction of being able to make a significant difference to a person's life.

## Recommendations

Based in the evidence and discussion above, Shared Lives Plus recommend that:

1. To strengthen the business case and ensure successful establishment of a new scheme we would recommend that Bridgend Council undertake, or commission Shared Lived Plus, to undertake a demographic analysis to identify target locations to direct Shared Lives carers recruitment activity and develop a robust recruitment action plan.

## Section eight – Stakeholder feedback and engagement

Shared Lives Plus firmly believe that coproduction is the key to developing and delivering a successful Shared Lives scheme. Where any major change to a Shared Lives scheme, such as outsourcing, is proposed, we believe it is essential that Shared Lives carers, the people they support and their families and Shared Lives workers are fully involved in decision-making. To be successful, Shared Lives schemes need the support and full involvement of Shared Lives carers, the people who use the service and their families, working with scheme workers on all major decisions.

### Why is it essential to involve Shared Lives carers in the outsourcing process, selection process and maintenance of a Shared Lives scheme?

The benefits to Local Authorities and commissioners of working jointly with Shared Lives carers to develop and maintain Shared Lives services are:

#### Skills and experience

A large number of Shared Lives carers have previously worked in Health and Social Care in a variety of roles and at all levels. They can provide a lot of ideas about how things have worked in other areas and how needs can be met creatively. Also, many Shared Lives carers have been caring for many years and have invaluable 'institutional memory' about the scheme and the barriers to (and opportunities for) its development and expansion. This can

be particularly useful when those who are designing the service have limited knowledge and experience of Shared Lives.

#### Insight

Shared Lives carers often have unique insights into the operation of schemes, and may be able to identify areas in which efficiencies could be made and can point out when proposed solutions are not workable, saving time and money.

#### Improved relationships and promotion/development of the service

Working in partnership with Shared Lives carers services can solidify relationships. In our research, we have found that the majority of people who decide to become Shared Lives carers have done so having spoken to existing Shared Lives carers about their experiences.

If you are looking to develop a Shared Lives service, the most effective method of recruiting more Shared Lives carers and publicising the service, will be to work with your existing Shared Lives carers. Full participation in an outsourcing process and then a working partnership with the new provider will promote a sense of ownership and shared responsibility among Shared Lives carers and can encourage them to recommend the scheme to others.

#### Improved retention of Shared Lives carers

Shared Lives is about building lasting relationships between individuals who use the service and Shared Lives carers. Where Shared Lives carers are not involved in developing and maintaining the scheme they are part of, our experience is that there are much higher levels of dissatisfaction and lower rates of retention. This impacts upon the quality and continuity of support given to individuals who use Shared Lives.

#### Findings from Shared Lives carer survey

In November 2018, Shared Lives Plus carried out an online survey via Survey Monkey with Bridgend Shared Lives carers to understand their experiences as Shared Lives carers and collect their initial views on the future commissioning options. All 25 Shared Lives carers were contacted in writing by email and letter and phone calls were also made to each Shared Lives carer to check receipt of the survey link and encourage them to complete and return by the deadline. Five responses were received out of the 25 invited representing a 20% return rate. Of these three full responses were received. The full findings from the survey are presented in an accompanying report, but key feedback and recommendations are presented below.

#### The respondents

Three of the five respondents had been Shared Lives carers in excess of ten years so would have working knowledge of the scheme whilst it was part of the local authority as well as under the management of Ategi. The remaining respondents had been Shared Lives carers for less than five years. Four respondents were providing long-term live-in arrangements, one of whom also provided short breaks and the remaining respondent provided short breaks only. Two respondents supported one individual, two supported two and the remaining respondent supported four or more people through short breaks provision. All five respondents reported that they enjoyed their role 'a great deal'.



### Being involved in the shaping the future scheme

We presented participants with a range of options of how they would be involved in the scheme development in an ideal world. Four responses were received to this question and those who responded were really keen to play a key role in the development of the scheme. 75% were keen to attend engagement events and be kept informed via newsletter which represented the lighter touch opportunities for engagement. Interestingly, 75% were keen to take a more active role and were willing to participate in decision making panels to select and monitor performance of the future provider and also to be involved in a Shared Lives carer recruitment panel. 50% of respondents were also keen to participate in informal support networks for Shared Lives carers, help develop policies for the scheme and participate in surveys.

ANSWER CHOICES	RESPONSES	
I'd be kept informed by a regular newsletter or similar with updates on the service	75.00%	3
I'd attend quarterly Shared Lives carer information and engagement events	75.00%	3
I'd participate in a decision making panel to select and monitor the performance of the future provider	75.00%	3
I'd be part of a formal Shared Lives carer steering group to support the scheme	25.00%	1
I'd help develop policies for the service	50.00%	2
I'd sit on a Shared Lives carer recruitment panel	75.00%	3
I'd be a member of an informal Shared Lives carer support network	50.00%	2
I'd advocate on behalf of other Shared Lives carers with the scheme	25.00%	1
I'd work with new Shared Lives carers to understand their role	25.00%	1
I'd take part in online or phone surveys to express my views on the service	50.00%	2
Other (please specify)	0.00%	0
<b>Total Respondents: 4</b>		

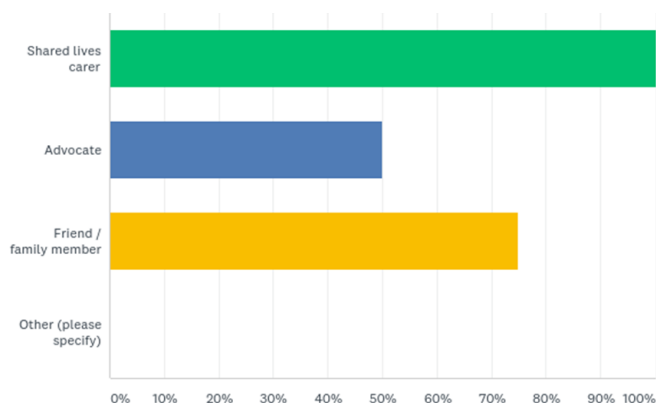
Supporting Shared Lives carers to engage with the scheme development at the level of their choice should be supported through the decision-making process and written into the service level agreement with the new provider. This will allow the local authority to demonstrate a commitment to coproduction and the partnership model which is key to the Shared Lives approach. Shared Lives plus will be able to offer support and guidance to facilitate this if required. Face to face and email were identified as the preferred methods of communication although the sample remains quite small and as such, we recommend asking the group who attend the planned Shared Lives carers meeting in December this question again.

### Involving the people who use Shared Lives

All respondents to the question 'Who would be best placed to support the person to take part?' identified that Shared Lives carers would be well placed to perform this role. 75% also felt friends and family members should be involved.

### Q8: Who would be best placed to support the person to take part?

Answered: 4 Skipped: 1



In addition to the planned meeting with Shared Lives carers, we would recommend that a meeting is set up to discuss the upcoming changes to the scheme with the people who use Shared Lives at the earliest opportunity, so their views can be taken into account.

#### Future direction of the service

Three of the four respondents to this question indicated that they would be willing to support more people via Shared Lives in the future and expand their support to include short breaks and day opportunities. This is very positive as it means that some level of growth and expansion could be achieved without the need to recruit additional Shared Lives carers. In addition, respondents indicated a willingness to work with a wider range of client groups. The only area of reluctance was in supporting people receiving treatment for addiction.

### Q12: People who access Shared Lives have a range of support needs. Would you consider supporting people from the following groups? please select all that apply

Answered: 3 Skipped: 2

ANSWER CHOICES	RESPONSES	
People with a learning disability	100.00%	3
People who have a physical disability	33.33%	1
People experiencing mental ill health	66.67%	2
Older people who need additional support	100.00%	3
People living with dementia	66.67%	2
People living with acquired brain injury	33.33%	1
People receiving treatment for addiction	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 3		

When the new provider is agreed, we would recommend they undertake a scoping activity to understand the capacity among existing Shared Lives carers to grow and expand the service. As a focus for the successfully appointed provider to support scheme growth, the following areas were identified by Shared Lives carers as the top areas for improvement:

- Support for Shared Lives carers;
- Training and development for Shared Lives carers;

- Making it easier for people to be referred to Shared Lives; and
- Support for people using Shared Lives.

On appointment, the new provider should be tasked to work with Shared Lives carers to explore these areas in more detail and identify actions for improvement.

#### Potential delivery options

We asked Shared Lives carers for their initial views on the potential delivery options. The table below sets out the individual responses we received.

<b>Option</b>	<b>Individual responses</b>
<i>Delivery in house by Bridgend Council</i>	'No faith in having support as and when we need.'
	'None. The scheme was much better run when it was previously completely under the local authorities, more of a family scheme than it is now. '
	'Keeping it with the LA who are trained in delivering the services required will provide a better consistency of care and continuity of work. The LA could commission the Shared Lives Scheme to another provider other than Ategi again causing disruption to all those involved. Hopefully this will not happen. Some LA's have staff who specifically deal with finding respite and long term supported living arrangements which has been more cost effective. It is hoped that Bridgend LA will provide more respite as this has been sporadic. Along with this have also been waiting 2 years to find a 'match' for long term care. Again, not only will this be more cost effective for the LA, care at home is a better option for the service user.'
	'Ategi have provided excellent support as a carer. I cannot fault them they are very professional. We do need that support to ensure we are keeping to the standards required. The council were very good also and I cannot fault them either but as a carer and keeping in line with policies and procedures then there is a definite need for support as a carer to maintain high standards and monitoring which Ategi are achieving'
<i>Commissioning the service through and independent provider</i>	'This would be the best option for us and the person we care for.'
	'I think this would be very positive'
	'It is not certain that it will go to Ategi and could be commissioned to another provider. This will cause further disruption however Ategi have been supportive and would hope that this would continue with whoever takes over.'
	'I would be very skeptical to change as the service provided is good and consistent. I feel to keep changing may leave service users and carers vulnerable in the change.'
<i>Delivering the service via a partnership agreement with a</i>	'Can't answer this as we know nothing about this arrangement.'
	'I think it's a good choice, but obviously I would like to continue to support shared lives within my local area'

<i>neighbouring authority</i>	'The implications of this have not been fully explained so cannot really comment on this. How does the funding work? What would the pay rates be? Who's in charge overall? Have only had 3 service users each from different LA's each paying different rates for the same work- not a fair system. Would the joint arrangement be fairer?'
	'It would be unfair to comment with lack of knowledge. However, if managed appropriately it may well work. I would be concerned about the carers thoughts as they are vital to shared lives, change although adaptable can be problematic.'
<i>Other potential delivery options</i>	'Can't think of any other option except that whoever gets the service it stays with them with no more changes. Carers have enough to cope with.'
	'I am unaware of other possible options. I do think that we need support as working from home carries a lot of responsibilities for the carer and placements should be carefully monitored to safe guard the people in care'

As you can see from the responses, there was no clear preference at this stage for a specific mode of delivery. Shared Lives carers clearly identified the need for addition information to be provided against all three options in order to provide informed viewpoints on the future direction of the scheme and this should be brought through into the next stage of consultation. Encouragingly, there appears to be an openness to considering all options as long as Shared Lives carers are involved, supported and protected from disruption. As change is clearly a concern for Shared Lives carers, this would imply that the new scheme would benefit from being commissioned for a number of years to allow for consistency and stability for Shared Lives carers and people using Shared Lives over the coming years.

### Recommendations

Based in the evidence and discussion above, Shared Lives Plus recommend that:

1. Shared Lives carers should be supported to engage with the scheme development at the level of their choosing during the initial decision-making process to select the new commissioning model and subsequently written into the service level agreement with the new provider.
2. Consultation activity should take place with people who use shared lives and their families / representatives on the upcoming changes to the scheme at the earliest opportunity.
3. When the new provider is agreed, we would recommend they undertake a scoping activity to understand the capacity among existing Shared Lives carers to grow and expand the service.
4. On appointment, the new provider should be commissioned to work with Shared Lives carers to explore their identified key areas for scheme improvement in more detail and identify actions for improvement.
5. Shared Lives carers should be provided with additional information against all three proposed delivery option in order to support them to give informed views on the future direction of the service.

- The successful provider should be put in place for minimum for three years, but preferable five years, to allow for consistency and stability for Shared Lives carers and people using Shared Lives over the coming years.

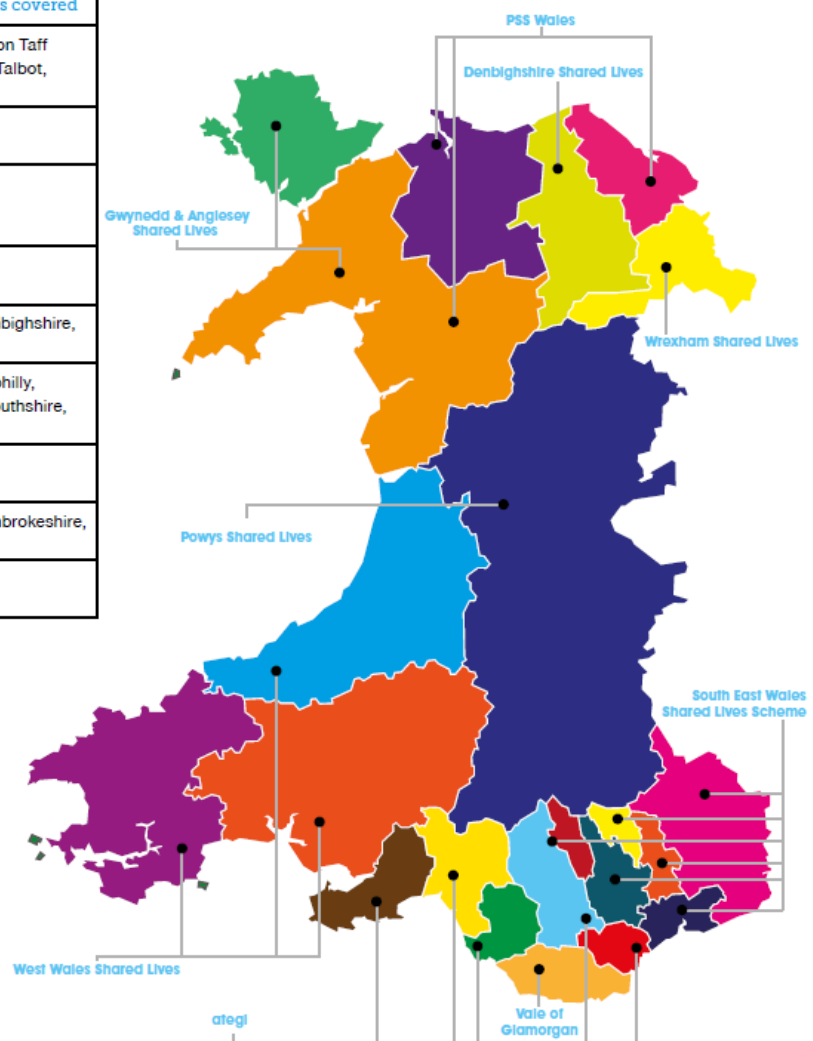
## Section nine – Commissioning options

Bridgend have asked Shared Lives Plus to provide their opinion on the following the central commissioning options:

- Bringing the scheme back in-house at Bridgend Council
- Putting the contract out to a competitive tender
- Collaborating with an existing neighbouring scheme to expand their provision into the Bridgend area.

### Current Shared Lives schemes across Wales

Scheme Name	Local Authority areas covered
ategi	Cardiff, Rhondda Cynon Taff Swansea, Neath Port Talbot, Bridgend
Denbighshire Shared Lives	Denbighshire
Gwynedd & Anglesey Shared Lives	Gwynedd, Anglesey
Powys Shared Lives	Powys
PSS Wales	Conwy, Flintshire, Denbighshire, Gwynedd
South East Wales Shared Lives Scheme	Blaenau Gwent, Caerphilly, Merthyr Tydfil, Monmouthshire, Newport, Torfaen
Vale of Glamorgan	Vale of Glamorgan
West Wales Shared Lives	Carmarthenshire, Pembrokeshire, Ceredigion
Wrexham Shared Lives	Wrexham



Source: State of the Nation Report 2017: Shared Lives Cymru.

In March 2016, there were Shared Lives schemes in 21 of 22 Local Authority areas, covering 95% of Wales. Schemes are local authority run in 15 authorities, covering 71% of Wales. Independent run schemes operate in 11 authorities across Wales. Anglesey, Gwynedd,

Cardiff, Denbighshire and Powys, have more than one scheme in their area. In Wrexham, the local authority was looking to develop Shared Lives<sup>18</sup>.

### 1. Bringing the scheme back in-house at Bridgend Council

The vast majority of schemes in Wales are delivered in house by the local council (71%). This is comparable with rates in England as well. From the 1990s, a number of local authorities chose to spin services out to external provision, but this trend has slowed over the last 10 years.

Internal schemes benefit from being closely linked to social work teams and as part of a bigger organisation may have more influence over external partners. As the scheme will usually be overseen by the same Director of Services within the council, leadership and direction can be consistent across the commissioned portfolio which should lead to better collaboration and less competition between services. For an internal scheme, the council will not need to pay a specific management fee to the provider organisation, however, realistic expenditure budgets need to be set to cover adequate staffing, marketing and Shared Lives carer recruitment.

As a small part of a large system, internally managed Shared Lives schemes risk being 'overlooked' and as a result may lack clear leadership and direction. We often see internal schemes operating without clear key performance indicators which can lead to low productivity and delivery standards which do not meet Shared Lives Plus best practice guidelines. This can be easily rectified by setting clear lines of accountability and governance and key performance indicators for internal schemes.

As council budgets have been cut through austerity over the past decade, it has been difficult for internal schemes to secure the necessary funding to deliver an effective scheme. When reviewing the performance of internal schemes, Shared Lives Plus often find that staff within the service being drawn off task to fulfil needs of the wider organisation as the workforce capacity has been scaled back. For example, Shared Lives workers may be tasked with completing safeguarding tasks relating to the wider department or conducting best interests' meetings. Internal schemes can also be seen as less able to innovate and operate in a risk averse environment as they operate within the constraints of council policies and governance.

For Bridgend this option has some positive advantages. The council have delivered the scheme previously and there are significant advantages in having a scheme managed and delivered locally. To move this option forward, Bridgend Council would need to recruit, manage and house the staff team to deliver the project as well as providing budget for Shared Lives carer recruitment and marketing. Shared Lives plus estimate that a scheme supporting 50 arrangements would cost in the region of £140,000 to £150,000 to deliver per annum. A scheme supporting for 75 arrangements would cost would budget in the regional on £188,000 to £198,000 per annum. One option to reduce these costs would be to joint commission certain elements of the scheme with neighbouring authorities. This might apply to communications and marketing and Shared Lives carer training.

However current regulatory changes and the existing backlog at the CIW to approve new registrations mean that registering a new in-house service may not be possible in the timeframe given. Likewise, the timeframe for recruiting scheme staff is going to be very tight to have them in place by May 2018 after a decision has been made. Bridgend Council have informed Shared Lives Plus that TUPE regulations will not apply in this instance due to

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<sup>18</sup> Shared Lives Plus (2017a)



Fragmentation, as their provision makes up a small part of a larger contract. From one perspective this is a disadvantage as if these staff were to transfer, there would be a significant potential benefit in terms of skills and knowledge and also relationships with key partners. Bridgend Council should seek the advice of their Human Resources and Legal departments to ensure that it meets the requirements set out under Employment Law. This will apply across all three commissioning proposals put forward but local authority time scales for recruitment may be longer than those offered by private or third sector providers.

## 2. Putting the contact out to competitive tender

External providers speak of greater flexibility and being able to be more responsive, they also tend to be the schemes who respond to opportunities to diversify through national pilots. This indicates an openness to trialling more innovative ways of working. However, many external schemes report poor commissioning practice, with tenders not reflecting how Shared Lives exists in practice. For example, commissioners may have unrealistic expectations of the time it takes to recruit Shared Lives carers or secure an effective match for a Shared Lives arrangement. We would recommend that any council producing a tender for Shared Lives should engage Shared Lives Plus to review the document before it is put out to market to ensure it is realistic and represents best practice. Additional operational challenges for independent providers include a lack of access to those referring, resulting in poor referral rates and scale up being slowed. Other issues include difficulties with payments being made from the local authority for Shared Lives carer payments. Where there are multiple services 'bidding' for a care package, time and resources are wasted through the competitive process.

External providers may be able to offer a delivery structure that has greater value for money than an internal scheme and this should be considered as part of any decision-making process. For Bridgend, it is very unlikely that future provision could be secured with the same financial management resource as that currently in place. As mentioned in section five above, a weekly management fee of £32 per week per arrangement is in our view unsustainable. Organisations submitting tenders would need to calculate their own weekly management fee based on their organisational costs, but we would estimate that these are more likely to present in the region of £60 - £110 per week. When set against the net savings generated by Shared Lives, this level of expenditure still represents good value for money. As long as the current Shared Lives arrangements, including the Shared Lives carers, transferred to the new provider, then this would not require scale up investment from the council outside the net savings generated although the savings margin would reduce.

Current regulatory change in Wales make this option practically inadvisable in the timeframe available. Commissioning regulations in operation in Wales, would prevent any organisation not currently registered with the CIW to provide Shared Lives from submitting a bid for any tender issued in the next 6 months. This would effectively limit the market to Ategi and PSS. PSS do not currently deliver a scheme in South Wales and there is no guarantee they would submit a bid. This artificial restraint on the available market of providers significantly negates the viability of this option unless the council are comfortable with the lack of provider choice.

## 3. Collaborating with an existing neighbouring scheme to expand their provision into the Bridgend area.

Bridgend Council are keen to explore the option of commissioning a neighbouring Local Authority scheme to expand provision into the area. Vale of Glamorgan and South East

Wales Shared Lives schemes are the closest local authority run schemes geographically. Vale of Glamorgan have also expressed an interest in expanding their scheme.

This approach offers advantages in that the infrastructure and expertise to support the scheme is already in place which should offer efficiencies. Indeed, the Vale have quoted Bridgend a management fee of £96,728 per annum to maintain current levels of delivery which would include:

- 4 days/year Responsible Individual oversight;
- 2 days/week Registered Manager;
- 2 x 30hrs/week Project Workers plus expense budget;
- Admin support via their dedicated Shared Lives team.

This offer seems to be cost effective in comparison to the other options. This cost does not appear to include any budget for marketing and communications which we would recommend. It also does not indicate how costs would be affected if the service chose to grow and expand beyond existing levels. Presumably expansion and growth costs would need to be negotiated separately and Bridgend should seek to understand how service development funding might be structured. In this way a payment system which is calculated per arrangement is simpler to understand and offers the provider an incentive to grow the scheme which is not realised in a fixed fee model. We would recommend that Bridgend look to discuss a three to five year agreement with the provider which builds in and costs a plan for growth and diversification following a settling-in period.

This model is used elsewhere in across the four nations and is often seen by commissioners as a low risk and cost-effective way to establish a new scheme. In this model, the management of the scheme would sit in the neighbouring authority, but scheme workers would be recruited to work in commissioning authority to support the arrangements there. This allows for savings in management costs whilst ensure a local support for Shared Lives carers and the individuals accessing Shared Lives. Shared Lives Plus is aware of examples where this has been unsuccessful in the past because the neighbouring council did not have the local knowledge or focus required to recruit Shared Lives carers or successfully develop referral pathways. This would need to be carefully considered as part of any contract drawn up when the scheme was commissioned.

This offer is potentially more attractive if Bridgend is comfortable maintaining its current Shared Lives footprint as current arrangements would need to be maintained rather than the scheme manager looking to achieve significant growth and expansion.

### Options SWOT Analysis

	Internal Scheme	External tender	Partner with a neighbouring scheme
Strengths	<ul style="list-style-type: none"> <li>• Close links to social work teams and potential sources of referral</li> <li>• Consistent leadership across the</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive tender allows for an open and transparent decision-making process</li> <li>• Established provider with sector experience</li> </ul>	<ul style="list-style-type: none"> <li>• Established provider with sector experience</li> <li>• Provider who may be able to make efficiencies of scale</li> </ul>



	<ul style="list-style-type: none"> <li>• Social Care portfolio</li> <li>• Lower management costs</li> <li>• Fully focused on the needs of the locality</li> </ul>	<ul style="list-style-type: none"> <li>• Provider who may be able to make efficiencies of scale</li> <li>• More freedom for provider to take risks and innovate</li> <li>• Funding model encourages scheme growth</li> </ul>	<ul style="list-style-type: none"> <li>• May offer the lowest scheme management cost</li> </ul>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>• Scheme may be 'lost' within the larger organisation</li> <li>• Less opportunity for risk taking and innovation</li> <li>• Loss of relationships and knowledge held by existing Shared Live workers as TUPE will not apply.</li> <li>• Funding model does not incentivise growth</li> </ul>	<ul style="list-style-type: none"> <li>• Scheme may struggle to develop strong relationships with referral teams</li> <li>• Management model is more expensive than alternatives as the number of arrangements increase</li> <li>• Limited pool of potential providers to bid for the tender.</li> <li>• Loss of relationships and knowledge held by existing Shared Live workers as TUPE will not apply.</li> </ul>	<ul style="list-style-type: none"> <li>• Less opportunity for risk taking and innovation</li> <li>• Scheme may lack local focus</li> <li>• Scheme may struggle to develop strong relationships with referral team</li> <li>• Scheme may be 'lost' within the larger organisation</li> <li>• Loss of relationships and knowledge held by existing Shared Live workers as TUPE will not apply.</li> <li>• Funding model does not incentivise growth</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• Scheme will be fully focussed on the needs of the Bridgend community</li> <li>• Efficiencies could be made by joint commissioning some aspects of the scheme with neighbouring authorities</li> </ul>	<ul style="list-style-type: none"> <li>• Supports and maintains a diverse provider market in Bridgend</li> </ul>	<ul style="list-style-type: none"> <li>• Developing regional commissioning relationships to take advantage of economies of scale</li> </ul>
<b>Threats</b>	<ul style="list-style-type: none"> <li>• Scheme may not be able to register with the CSSIW in the timeframe given</li> </ul>	<ul style="list-style-type: none"> <li>• New providers will not be able to register with the CSSIW in the timeframe given</li> </ul>	<ul style="list-style-type: none"> <li>• May be more suited to scheme maintenance than expansion and growth</li> </ul>

	<ul style="list-style-type: none"> <li>Recruitment of scheme staff may be challenging in the timeframe given</li> <li>KPIs may not be clearly identified</li> <li>Staffing resources may be utilised to benefit the wider organisation to the detriment of the Shared Lives scheme</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of scheme staff may be challenging in the timeframe given</li> <li>Poor commissioning practices</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of scheme staff may be challenging in the timeframe given</li> <li>Poor commissioning practices</li> </ul>
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### Estimated annual management cost

The table below provides estimated comparative costs of a scheme providing 50 and 75 arrangements via the three options under consideration.

Arrangements	Internal Scheme*	External provider*	Partner with a neighbouring scheme**
50	£140,000 to £150,000	£121,000 - £221,400	Minimum of £117,961
75	£188,000 to £198,000	£181,500 - £333,600	Minimum of £176,941

\*These calculations are based on the assumption that 65% of arrangements will be long term live in and 35% short breaks. It is assumed that each person will receive 28 days of short breaks per year.

\*\*figures provided by Bridgend Council. This is calculated by dividing the quoted fee from the Vale by the number of existing arrangements to reach an individual placement fee and then scaling this up to 50 and 75. Figures are identified as a minimum amount as the price given by the Vale does not factor in the additional costs of development and growth such as investment in new staffing, marketing and communications.

### Recommendations

Shared Lives Plus see challenges and opportunities with each of the three options proposed. It is not our role to recommend one particular option over another but rather contribute to the discussion with our advice and expertise. We would advise Bridgend to take the following further activity to inform the final decision.

1. To ensure accurate cost projections, Bridgend Council should revisit discussions with the Vale to cost a three to five-year contract which includes growth and expansion from Year 2 forward.
2. Bridgend Council should seek professional Human Resources or Legal advice to ensure that whichever option is pursued, requirements under employment law are adhered to.
3. Bridgend Council should utilise the information provided in this report as a tool for continued consultation with Shared Lives carers, the people using Shared Lives and their representatives.

## Section ten – Summary of Recommendations

Based on the information presented in this report, Shared Lives Plus recommends that Bridgend Council undertake the following steps:

<b>Summary of Recommendations</b>
<b>Section three - Value proposition for Shared Lives</b>
<ol style="list-style-type: none"><li>1. The Service Level Agreement put in place with the new Shared Lives provider should include a requirement for the scheme to track outcomes via the My Shared Life tool.</li></ol>
<b>Section five - Evidence of need: choosing which cohorts to support</b>
<ol style="list-style-type: none"><li>1. The future Bridgend scheme should continue to be made available to all those in receipt of social care funding. Provision should continue to have the flexibility to support people with a range of needs as long as a suitable carer match can be identified.</li><li>2. We recommend that Bridgend agree their level of ambition in relation to Shared Lives and use this to determine their target numbers. We would encourage Bridgend to set an ambitious target for their learning disability population as this cohort is well established in the area and is already competitive with UK top benchmarking providers. At any level of delivery, there is a clear business case to support the targeting of all three cohorts discussed in this section</li><li>3. For learning disability and mental health, targeting long-term live in placements should be prioritised initially as this represents the best way to secure a return on the initial investment. For older people short breaks and day support represent the most appropriate starting offer for Shared Lives.</li><li>4. The scheme should be commissioned with the capability to support both statutory and privately funded individuals to enable Shared Lives to be offered as a high quality and affordable option other in the borough who do not qualify for statutory provision.</li></ol>
<b>Section six – Financial implications and growth ambitions</b>
<ol style="list-style-type: none"><li>1. The budget for the future scheme includes adequate provision of funds for robust staffing establishment and enables effective marketing and engagement activity to support the new scheme.</li><li>2. Bridgend should develop a banded payment model for Shared Lives provision based on the Basic Fee model described above.</li></ol>
<b>Section seven – Recruiting Shared Lives carers</b>
<ol style="list-style-type: none"><li>1. To strengthen the business case and ensure successful establishment of a new scheme we would recommend that Bridgend Council undertake, or commission Shared Lived Plus, to undertake a demographic analysis to identify target locations to direct Shared Lives carers recruitment activity and develop a robust recruitment action plan.</li></ol>
<b>Section eight – Stakeholder feedback and engagement</b>
<ol style="list-style-type: none"><li>1. Shared Lives carers should be supported to engage with the scheme development at the level of their choosing during the initial decision-making process to select the new commissioning model and subsequently written into the service level agreement with the new provider.</li><li>2. Consultation activity should take place with people who use shared lives and their families / representatives on the upcoming changes to the scheme at the earliest opportunity.</li><li>3. When the new provider is agreed, we would recommend they undertake a scoping activity to understand the capacity among existing Shared Lives carers to grow and expand the service.</li></ol>

4. On appointment, the new provider should be commissioned to work with Shared Lives carers to explore their identified key areas for scheme improvement in more detail and identify actions for improvement.
5. Shared Lives carers should be provided with additional information against all three proposed delivery options in order to support them to give informed views on the future direction of the service.
6. The successful provider should be put in place for minimum for three years, but preferable five years, to allow for consistency and stability for Shared Lives carers and people using Shared Lives over the coming years.

#### **Section nine – Considerations when commissioning a new scheme**

1. To ensure accurate cost projections, Bridgend Council should revisit discussions with the Vale to cost a three to five-year contract which includes growth and expansion from Year 2 forward.
2. Bridgend Council should seek professional Human Resources or Legal advice to ensure that whichever option is pursued, requirements under employment law are adhered to.
3. Bridgend Council should utilise the information provided in this report as a tool for continued consultation with Shared Lives carers, the people using Shared Lives and their representatives.

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