



## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**23 SEPTEMBER 2021**

<b>REPORT TITLE</b>	<b>SHARED LIVES SERVICE – FUTURE MODEL OPTIONS</b>
<b>REPORT OF</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

The report provides a summary of the outcome of the review of the current Shared Lives Model on Wirral and requests a review of the current fee model. The report includes an officer recommendation for future service delivery.

This is a key decision.

### **RECOMMENDATION/S**

The Adult Social Care and Public Health Committee is recommended to:

1. authorise approval to develop an In-house Shared Lives Model with a Complimentary framework of external providers to support growth of the in-house service.
2. give Approval for a further, future report to Committee to provide detail on the developed option, with a request for decision to proceed with the new service model during financial year 2022/2023; and
3. support the review of the current banded fee model to an alternative model as part of annual rates and fees negotiations.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Council has seen a drop in the number of Shared Lives cases over the lifetime of the current contract.
- 1.2 The Council is ambitious to evidence growth in the Shared Lives service as a cost-effective model which can deliver better outcomes for people.
- 1.3 Research supports that other in-house models are able to deliver increased Shared Lives case numbers and reduce demand on other less cost-effective models.
- 1.4 Analysis of the current banding model is that no cases meet the lower band, so support a move to a review as part of annual rates and fees negotiations.

### 2.0 OTHER OPTIONS CONSIDERED

#### 2.1 **Option 1- Re-tender to the Community Care Market**

To procure the Shared Lives service through an open procurement exercise in line with procurement regulations to the community care market and identify and award a contract to an external care provider to deliver the service.

#### 2.2 **Option 2-Arm's Length Management Organisation (ALMO)**

Set up a new, or work with an existing Arm's Length Management Organisation within Wirral Council to manage, recruit, grow and deliver a Shared Lives Service. The service would be required to register with CQC (Care Quality Commission) and operate as a registered service within Wirral Council either alongside its exiting companies or as a new venture.

#### 2.3 **Option 3-Wirral Council in-house Service**

To establish an in-house Council service aligned to the Adult Social Care commissioning team. To Manage, recruit, grow and deliver a shared lives service, registered with Care Quality Commission to be fully compliant, and to work with delegated social work providers to grow the Shared Lives offer on Wirral as a first option considered where possible.

#### 2.4 **Option 5-Delegated to an NHS provider to provide Shared Lives Service**

To establish a Shared Lives Service to manage, recruit, grow and deliver a service registered as part of existing Care Quality Commission for Adults and Community Health or as an additional community adult social care service.

#### 2.5 **Option 6-Delegated to an NHS provider with a complimentary Framework for Shared Lives Services**

To establish a Shared Lives Service to manage, recruit, grow and deliver a service registered as part of existing Care Quality Commission for Adults and Community Health or as an additional community adult social care service. with an offer of a complimentary framework for Shared Lives services.

### **3.0 BACKGROUND INFORMATION**

3.1 Shared Lives is a housing with care and support model provided by individuals, couples and families in their own homes who have been approved and trained for that role. An individual will live with a Shared Lives carer as part of their daily living arrangements within the carers home. Shared Lives Carers can provide support either within or outside of the home of the carer. Shared Lives carers are self-employed.

3.2 The Shared Lives model enables a wide range of people who need support to live independent lives and have their health and wellbeing promoted. Shared Lives can:

- Reduce the need for admission to hospital or residential care.
- Improve outcomes for individual and ensure they are tied into local communities.
- Reduce the number of people going into other long term care options, like residential or nursing homes.
- Support people within a community setting, providing support form arrange of natural assets and community resources.
- Support disabled or ill parents to continue to look after their children and young people (aged 16+) in transition to adulthood.
- Offers people an alternative and highly flexible form of accommodation and support inside or outside the home, provided by ordinary individuals or families (Shared Lives Carer) in the local community.
- Enable people to lead an ordinary life in a family home who use services to share in the life and activities of the Shared Lives Carer.

3.3 **The Shared Lives Model can provide for the following people:**

- Adults with learning disabilities
- Adults with Autism
- Adults who experience mental health problems
- People with physical disability
- People with sensory impairment
- Older People including people with dementia
- Young adults transitioning from Children's Services

3.4 **The Shared Lives model can provide the following service types**

- Long term placements – individuals are matched to carers/and their families and live in the carers home on a long-term basis.
- Short term placements – individuals are matched to carers/ and their families and live in the carers home for short periods.
- Short Breaks– temporary placements, emergency placements, break for carers
- Day Support placements – where an individual placed with a carer long term is placed with other shared lives carer for a day to provide respite to the long-term carer

- Day services – to be introduced as part of the re-model of this service, where individuals can receive day care in a shared lives carers home and access the community with their carer.

### 3.5 Current Activity and costs

At the start of the existing contract with the incumbent external provider in January 2017, Wirral had 46 Wirral Council funded Shared Lives long term placements. As of April 2021, Shared Lives Placements have reduced to 40 long term placements and 2 short term placements to support short breaks. The Council had expressed an ambition to grow the service offer which had not been realised. This was part of a strategy to keep people out of long-term care and part of the commissioning consultations and contractual discussion.

Total cost of the current model is £975,247.00 per annum.

### 3.6 Current Fee Model

There are currently 40 long term placements on various rates determined by banding criteria by using a profiling tool to determine the level of support required to be provided by the Shared Lives carer as set out below:

Band	Number of placements	Banded rate	Payment
1	0	£226.00	Paid to carer
2	6	£295.00	Paid to carer
3	30	£340.00	Paid to carer
3 plus (high end additional support needs)	4	various	Paid to carer
Management Fee	40	£79.00	Paid to management provider

There are a small number of people that have additional hours that create additional costs.

### 3.7 Research has been carried out with 4 other Local Authorities (LA):

LA1	ALMO	Mostly day service provision only with very few long- or short-term placements, have not been able to grow at scale or with pace to meet demand.
LA2	ALMO	Mostly day support, short breaks and long-term placement have set targets to increase long term placements currently 15 to 75 as have not grown the service.

LA3	ALMO	Company also operates Supported Living schemes and Domiciliary Care currently mainly long-term shared lives placements on banded rates proposing to move to one band. 76 current placements.
LA4	In-house service with a complimentary framework	Mainly placements, supported lodgings carers second home offsite placements, short breaks, and sessional support, made progress since moving service in-house currently 170 shared lives placements grown from 30 placements.

### 3.8 Costed Models of Options

- 3.8.1 **Option 1 Re-tender** – To incorporate expected growth of current services from 40 placements (April 2021) to 80 placements over an 18-month period. To include/identify ‘champions’ within delegated Social Work providers to support promotion and growth of the service working collaboratively with the care provider.
- 3.8.2 **Option 2 Arm’s length Management Organisation (ALMO)** - This service model would require a dedicated resource and given some of the current challenge’s commissioners do not consider that any of the Councils ALMO’s has capacity to deliver this service at the capacity and pace required.
- 3.8.3 **Option 3 In-house** - To return the service to the Council and align to the commissioning team. Research has been carried out with a LA4 (See 3.6) has indicated that this would require a registered service with CQC.
- 3.8.4 **Option 4 In-house Model with Complimentary framework** - The in-house model is blended with a complimentary framework with external providers to support growth of the in-house service. The in-house service would be first option for all referrals before accessing the framework.
- 3.8.5 **Option 5 Delegated NHS provider to provide a Shared Lives Service** - This model would be in the whole staffed by an NHS provider who would establish a CQC service for Shared Lives as a separate registration or as an add on to their existing registration.
- 3.8.6 **Option 6 Delegated NHS provider to provide a Shared Lives Service with a complimentary Framework provider** - This model would be in the whole staffed by an NHS provider who would establish a CQC service for Shared Lives as a separate registration or as an add community adult social care service on to their existing registration. In addition, establish a framework for shared lives providers and or call off the Council’s framework of providers.

3.9 A table of costed models for all options can be found in Appendix 1.

### 3.10 Growth and comparison model to alternative residential accommodation

#### 3.10.1 Targets for growth over 18 months

- a) 40 long term placements beds growing to 80 in 18 months
- b) 8 short term (of 4 weeks per client) growing to 16 in 18 months
- c) Day support of 111.5 hours growing to 223 in 18 months
- d) Introduction of Day service growing to 25 clients accessing 5 sessions per week in 18 months
- e) Short Breaks of 102 nights growing to 204 in 18 months

<b>Growth table</b>	<b>40 Placements (allowing for growth to 67 placements in first 12 months)</b>	<b>80 Placements (for full year)</b>
Recommended model Option 4	£1,447,438.00	£2,232,039.00
Alternative residential care	£1,625,249.00	£3,108,253.00
<b>Cost Avoidance</b>	£177,811.00	£876,214.38

The above costs are modelled on the assumption that 50% of the growth placements would be placed in alternative standard residential care and 50% placed in alternative specialist residential care.

#### 3.10.2 Comparative residential care alternative placement costs

<b>Comparison with alternative residential placements</b>	<b>Rate (per week)</b>	<b>Annual placement cost</b>	<b>Total cost of 40 placements</b>	<b>Total cost of 80 placements</b>
<b>Standard residential long-term care</b>	£527.00	£27,478.00	£1,099,111.00	£2,198,240.00
<b>Specialist Residential long-term care</b>	£1,518.00 (average)	£79,173.00	£3,166,900.00	£6,333,800.00
Current Shared Lives placement costs (40 Placements)			£975,247.00	

This evidences that Shared Lives service is a cost-effective offer. Additional costs will be met from the Adult Social Care budget.

The recommended model option 4 is a higher cost than the current model. Initial investment in the service to achieve growth would mean that this option would meet efficiencies that would result in a saving of £877,516.00 per annum.

The benefit of this option creates better outcome for individuals, reduces number of individuals living in long term residential care and promotes greater independence and links with the community.

- 3.11 Commissioning Officers will establish a complimentary framework for Shared Lives services for the Council as part of Quarter 4 commissioning activity, which will be reported to Committee in November 2021. The complimentary framework will ensure that people have choice of a service provider and will also enable growth if capacity exceeds demand of the in-house service.
- 3.12 All existing Shared Lives placements and the management of the Shared Lives carers will transfer to the new model once it is agreed, established and operational. This will be achieved as part of a managed process with the incumbent provider and will ensure minimum disruption for both Shared Lives carers and the people they care for. Subject to member approvals to develop option 4 a further report will come to Adult Social Care and Public Health Committee to describe activity in the following areas:

- Progression of CQC Registration
- Progression Of Recruitment
- Quarter 4 Commissioning activity to establish a Shared Lives Framework
- Project Milestones and Deliverables

- 3.12.1 The Existing contract with the incumbent provider to be extended from January 2022 to 31st March 2022 to allow for transition to the new model, establishment of the in-house Shared Lives service and Care Quality Commission Registration requirements within procurement regulations.
- 3.12.2 The rates and fees for 2022/2023 for Shared Lives services will be included in the Council's annual rates and fees engagement exercise which will commence in Autumn 2021. The outcome of the exercise is reported annually to Adult Social Care and Public Health Committee.

#### 4.0 FINANCIAL IMPLICATIONS

- 4.1 Table of Costed Model for recommended Option 4

<b>Number of placements allowing for growth in service</b>	<b>Costs - Annual</b>
<b>40 placements</b>	£1,067,887.00
<b>40 Placements inclusive of growth up to 67 placements over first 12 months</b>	£1,447,438.00

<b>80 placements</b>	<b>£2,232,039.00</b>
----------------------	----------------------

Although the new model would cost more than the existing model, it will divert away from more expensive alternative options such as standard residential care and specialist residential care long term placements. With the initial investment in the service to achieve growth this means that this option still meets efficiencies that will result in a saving of £876,214.38 per annum.

4.2 This model supports the Councils Market Position Statement:

- Reduce numbers of long-term residential and nursing placement
- Increase Choice and control for people
- Improve quality of life for people
- Create Better Outcomes for people

**5.0 LEGAL IMPLICATIONS**

5.1 The current contract will be extended until end of March 2021 to support the transition to the new service offer (described at 3.8.4) in Quarter 2 of financial year 2022/2023.

5.2 The service would need to be CQC registered to be compliant to ensure that the Council and the new model (option 4) is fully registered with CQC as a regulated service.

5.3 As the new service offer would be an in-house service from Quarter 1 of financial year 2022/2023, there would be no contractual legal obligations associated with it.

5.4 TUPE considerations would need to be explored with the incumbent provider for potential transfer of staff to Wirral Council.

**6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 The posts would have to be established and confirmed through process and Employment and Appointments Committee.

6.2 IT equipment and office space. Future position on location of working would need to be factored in for desk space.

6.3 TUPE risks would need to be explored.

6.4 Avoids more expensive care options.

6.5 Staffing structure.



<b>Option 2.4 Staffing Structure</b>	<b>Grade/Rate</b>	<b>Unit</b>	<b>Total Cost (on current activity)</b>	<b>12-month cost including growth</b>	<b>Total costs after 100% growth (18 months)</b>
1 x Registered Manager	PO12	1	£57,461.00	£57,461.00	£57,461.00
1 x Senior Placement Officer	Band G	1	£36,283.00	£36,283.00	£36,283.00
2 x placement officers (increasing to 4 with growth)	Band F	2	£50,121.00	£75,181.00	£100,242.00

## **7.0 RELEVANT RISKS**

- 7.1 Inability to recruit, staff and carers and deliver at the pace required would be a risk.
- 7.2 TUPE liability for staff transfer from incumbent provider could be a risk.
- 7.3 The Council would need to ensure legal compliance with CQC registration to meet timescales.
- 7.4 Contract extension of the existing contract until the new service is operational.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Engagement with other regional local authorities has taken to explore options for the future model. Commissioners met with existing providers and informed them that we are looking at alternative models.
- 8.2 Engage with the incumbent provider in the future.
- 8.3 Engage with the market to establish the framework in the future.
- 8.4 Engage with the existing shared lives carers in the future.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Equality implications are embedded into the procurement and tender processes used as part of the application process and are taken into account when evaluating tender applications. Equalities implications are also part of the decision-making process when an award is made.
- 9.2 Would affect all shared lives placements across the borough.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Commissioners would work to minimise environmental impact of any commissioning activity

**REPORT AUTHOR:** **Jayne Marshall**  
**Lead Commissioner, Community Care Market**  
telephone: 0151 666 4828  
email: [jaynemarshall@wirral.gov.uk](mailto:jaynemarshall@wirral.gov.uk)

## APPENDICES

Appendix 1 - Table of costed models for all options

## BACKGROUND PAPERS

<https://sharedlivesplus.org.uk/register/>

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date