SOCIAL FINANCE

The Shared Lives Incubator

Learnings Addendum

socialfinance.org.uk

Contents

Part 1: Introduction

Shared Lives is a form of personalised social care for adults with disabilities, mental health conditions, or other needs which prevent them from living on their own.

Shared Lives schemes pair these vulnerable adults with carers, who share their home and family life with them. The Shared Lives Incubator was established in 2015 to incubate sustained delivery of quality Shared Lives care by providing social investment to develop and grow schemes in four different areas in the UK. The Incubator's experience has revealed that while the development and growth of such personalised social care schemes is valuable for vulnerable adults, Shared Lives care in those areas has been more difficult to scale than anticipated.

In November 2019, the Incubator published an Insight Series report to analyse these challenges to growth. This report described lessons and insights from the first four years of the Incubator's experience in facilitating Shared Lives care. Since it was published, the COVID-19 pandemic and other key events have shifted the social care landscape and further impacted scheme growth. This addendum piece discusses the extent to which barriers and growth factors have changed or remained the same.

We aim to:

A. Provide an update on the facilitators and barriers to scheme delivery and growth in the past two years; and

B. Discuss the impact of the pandemic on the Incubator's Shared Lives schemes.

The Incubator initially supported four schemes in Manchester, Lambeth, Thurrock and Haringey. According to the 2019 report, after four years of the Manchester and Lambeth schemes and two years of the Thurrock and Haringey schemes, by 2019 all four schemes had achieved sustained growth in long term arrangements and achieved a total of 47 new placements. Whilst below target, this 47 placement growth over the initial four/two years represented around 10% of the net sector growth in long term placements in England.

The Incubator is still involved with the Manchester scheme, however its involvement with the others has now come to an end. The arrangement with Thurrock came to the end of its term in February 2022. The relationship with the Lambeth scheme ended in 2020 after the five-year contract concluded, and the scheme was transferred by mutual agreement to a local provider to become integrated into wider care provision. The relationship with the Haringey

scheme ended in 2021 when its local authority brought the service in-house as agreed at the end of the five-year partnership. A transition to service providers with more locally established presences in Haringey, Lambeth and Thurrock has signified an important move toward centring provision and management within communities.

The growth of the two schemes most recently supported by the Incubator continues to be modest. As of March 2022, the Manchester scheme hosts 28 arrangements, representing a net growth of nine arrangements since 2019. The Thurrock scheme hosts six arrangements (three of which had been funded by the Incubator), a net growth of three arrangements since 2019. While these two schemes' local authorities and providers have acknowledged the rapid growth initially expected is hard to achieve, they remain strongly committed to maintaining high quality care and growing schemes at pared rates.

Observations from commissioners and providers from the Thurrock and Manchester schemes, as well as Shared Lives experts, have informed the findings of this addendum. Overall, the core factors previously found to encourage or impede schemes have not significantly changed. However, recent trends related to the COVID-19 pandemic have implications for Shared Lives provision and highlight the ability of the model to withstand stress induced by the pandemic. In this addendum, we distil these learnings and reflect on next steps for amplifying Shared Lives provision in contexts altered by COVID-19.

Part 2: Lessons and Insights from the Shared Lives Incubator, 2019-22

2.1 Facilitators of Growth

The 2019 report provided national analysis that highlighted the importance of scaling schemes to a core size to allow sufficient flexibility and capacity. Larger schemes were usually able to grow more quickly, facilitated by factors such as a sufficiently large group of carers and embedded relationships with commissioners. Therefore, it is important to understand the factors that engender growth to continue expanding the Incubator's schemes. Recent observations on those factors support the following views:

A. Strong partnership working amongst the local authority, social work teams, and providers enables stronger referral pathways, cohesion in commissioning, and better carer recruitment and training.

B. Clear and nuanced understanding of the Shared Lives model is crucial when establishing and maintaining a scheme. While local authorities may be attracted to Shared Lives for its high CQC ratings and cost savings as compared to other social care schemes, they may be less familiar with the structural variation needed across schemes (e.g. for carer salaries, or commissioning differences). Nuanced knowledge of the model ensures buy-in and helps place Shared Lives at the forefront of social care referrals.

C. Localised sharing of knowledge about Shared Lives care has been successful in raising its profile within communities. For example, one local authority noted growth of a scheme in a neighbouring borough was slow until word of mouth piqued interest, and carer recruitment and referral rates increased dramatically.

D. Adequate internal resources in local authorities are necessary in successfully delivering Shared Lives care. This is particularly true for social work teams, who often face time and capacity constraints which limit their ability to accompany individuals through the lengthy matching process required.

E. Vision and leadership from all levels in the system can drive progress and unlock barriers. For instance, the Thurrock scheme hosts quarterly champions' meetings, which convene individuals in varied teams overseeing community assessment, transitional adult care, complex care, and hospital care. These multi-disciplinary meetings have been effective for workshopping remedial action and planning service ramp-up.

These factors strongly mirror those described in the 2019 report, suggesting these are core elements which facilitate growth regardless of circumstance.

2.2 Barriers to Growth

Barriers to growth broadly fall under the categories of supply-side, demand-side and system factors. We noted these common obstacles to delivering and growing schemes:

Supply-Side Issues	A. Lack of long term leadership, alongside cuts and vacancies in local authorities, negatively impacts the quality and continuity of schemes. This turnover means institutional memory of Shared Lives provision is diminished. B. Several barriers for social work teams have slowed referrals. The steps needed to establish and maintain an arrangement are labour intensive and time consuming for social workers, leading to reluctance to refer into Shared Lives. Social work teams already manage significant caseloads, and relative to other forms of social care, Shared Lives does not offer quick turnarounds in case management. C. A lack of accessible, easily navigable routes to setting up schemes is a challenge for commissioning teams with an appetite for Shared Lives.
Demand-Side Issues	D. A limited understanding of Shared Lives remains in some commissioning teams, despite the establishment of schemes in neighbouring boroughs and decades of Shared Lives provision across the UK. This restricts demand for scheme creation. While knowledge of Shared Lives at the commissioner and director level has improved since the Incubator was created, socialising the idea of Shared Lives as long term care instead of traditional long term residential living continues to be challenging.
System-Level Issues	E. In some instances, a cultural resistance to change may have impeded uptake of Shared Lives, especially at the local authority level. However, local authorities do vary in their willingness to adopt innovative models of care, and some have allocated the appropriate funding and means to jumpstart schemes. F. Lack of resources and budget constraints slow growth and prevent effective delivery. Quicker financial wins may be derived from other forms of social care, not from Shared Lives. G. Lack of flexible funding and misaligned commissioning priorities make it difficult to establish new schemes.

There have been considerable efforts to address these barriers in the past two years, and there has been evidence across the sector of some schemes with better than expected growth despite the challenges listed. However, as with the facilitators of growth, many of these barriers have remained the same since they were last examined in the 2019 report, suggesting they are symptomatic of wider system challenges.

2.3 Reflections on the Challenges of the COVID-19 Pandemic

Inevitably, the COVID-19 pandemic has brought specific challenges to Shared Lives care. These were observed to be:

Difficulty in Progressing Placements	Both carers and service users were difficult to recruit during parts of the pandemic, when limited mobility and fear of disease transmission was experienced. Providers faced difficulty in recruiting carers willing to allow people into their homes, and potential service users were reluctant to transition from their existing placement to a Shared Lives scheme. However, with the reduction of restrictions and shifting attitudes toward COVID-19, these concerns have eased.
Suspension of Short Term Care	Due to restrictions posed by the pandemic, providers were unable to deliver several short term types of Shared Lives care (short breaks, respite, and day breaks). However, as lockdowns and social distancing requirements have eased, short term care has resumed.
An Even Higher Rate of Turnover in Social Care Staff	Staff turnover has been a symptom of the pandemic's impact on resourcing, particularly in the second year of the pandemic. There has also been a shortage of social care staff, manifested in low levels of recruitment and increased workload for stretched teams. Burnout in social workers contributes to low Shared Lives referrals.
Challenges to Linkages Among Teams	Lockdowns contributed to difficulty in achieving cohesion with face-to-face teamwork. In the severe phases of the pandemic with social restrictions, schemes had to learn quickly to adopt hybrid ways of working. As other industries have also faced, this change in working pattern was initially abrupt but has since been suitably adapted.
Limitations on Scope	Commissioning teams already faced limitations in scaling up forms of social care due to a decade of austerity. These limitations in envisioning large scale expansion of Shared Lives were reinforced by the pandemic, which shifted attention toward more proximal priorities.

2.4 Resilience of Shared Lives during the COVID-19 Pandemic

Alongside these challenges, the pandemic has provided unexpected opportunities for the Shared Lives model to demonstrate its resilience. Notably, these trends highlight the value of Shared Lives as a robust form of social care:

No Decrease in Popularity of Caring	In fact, more people than average were interested in becoming a Shared Lives carer during the pandemic. Shared Lives Plus reported record numbers of carer assessment and approval, reflecting a desire of many people to work from home with flexible jobs that provide steady income. However, there is anecdotal evidence that this rise in popularity has evened out during more recent stages of the pandemic, suggesting recruitment drives still need to be implemented.
Successful Adaptation to Hybrid Ways of Working	Teams adapted to online meetings and worked to recruit and onboard carers using hybrid quality assessment processes. Shared Lives Plus received funding from the government's Coronavirus Community Support Fund to create a new online platform to fast-track carer recruitment. The Manchester provider was also successful in hiring two development workers during the pandemic.
Resilience in Referrals	The pandemic has not significantly impacted referral rates in the Thurrock and Manchester schemes: the Manchester scheme did not observe a difference in referral rates, nor an increase in ineligible referrals, while the Thurrock scheme continued to face challenges in generating referrals both before and during the pandemic.
Shared Lives as a 'COVID-Proof' Alternative	Compared to other types of social care, such as care homes which were badly affected by COVID-19, long term live-in Shared Lives care has offered an option less vulnerable to outbreaks and social isolation. The premise of Shared Lives in providing care at home in family settings offered better mental and physical health outcomes during the pandemic. This has enhanced the appeal of Shared Lives to commissioners and aided some recent expansion in contracts. Long hospital backlogs created by the pandemic have also stirred interest in using Shared Lives care in pathways such as Home from Hospital, which supports patients to return to their homes after discharge from hospital. Using Shared Lives care as an intermediate step if patients cannot return home immediately can accelerate discharge and free up beds.

Part 3: What's Next for Shared Lives Care?

There is clear acknowledgement from service users, carers, providers, and commissioners that Shared Lives has significant social impact. This impact has become more evident after the pandemic shone a positive light on the model's ability to improve the lives of adults in social care and their communities. Learnings from Shared Lives, including those from the Incubator, have already been shared with the government. This is reflected in the UK Government's 2021 white paper "People at the Heart of Social Care: Adult Social Care Reform," which names Shared Lives as a scalable exemplar of community-based care. More recently, Shared Lives was highlighted in March 2022 in a speech on health reform by Sajid Javid, the Secretary of State for Health and Social Care. To continue dissemination efforts, we look to share the learnings highlighted in this report with the Department of Health and Social Care.

Although the model has been recognised and commended by those familiar with it, broader uptake of Shared Lives can be facilitated. The major obstacles to Shared Lives delivery and expansion have largely remained unchanged across the life of the Incubator, pointing to wider system challenges in adult social care. Those system level challenges in social care must be addressed so challenges specific to Shared Lives can be resolved. Ultimately, the Shared Lives' model of personalised, community based care should be embedded within a supportive system with aligned commissioning cultures.

To ensure Shared Lives continues to add value to local communities, change must occur at both community and national levels and within the wider system. Though not a comprehensive list, these recommendations have been cited as priorities to encourage wider uptake:

Enhance awareness of Shared Lives at the community level. Publicise schemes at local events and during activities which can generate referrals (e.g. memory clinics or outreach events for older adults), especially as the pandemic eases and allows for in-person interaction.

Target demand-side factors. Increase understanding of Shared Lives amongst commissioners by consistently sharing best practices and using successful schemes as case studies.

Target supply-side factors. Incentivise potential carers to join, as carer recruitment has still not yet reached saturation.

Create flexible financing pathways. Consider the use of innovative financing approaches in establishing schemes, such as a refined version of the Incubator's

social investment approach or a repayable grant model as suggested in the 2019 report. [1]

Institute a national marketing campaign: Use marketing to demonstrate Shared Lives is an established model with significant evidence of quality care provision, accumulated from diverse contexts over decades of delivery.

Advocate for integration: Support Shared Lives to be mainstreamed into local systems as part of the £30m Innovative Models of Care Programme contained in the 2021 white paper referred to above. To strengthen this move, advocate for an asset-based approach in those local systems so Shared Lives becomes an integral part of the system, not an add-on service.

The Incubator firmly believes in the value of the Shared Lives model in providing quality care to support the wellbeing and independence of vulnerable adults. This is evidenced by repeated high quality ratings in external CQC evaluations and internal scheme reviews. The pandemic has revealed opportunities for Shared Lives to demonstrate COVID-resilient characteristics while continuing to drive person-centred outcomes. As we enter the next phase of the pandemic and as the UK's social care system evolves, Shared Lives' success must be highlighted and nurtured further.

[1] *A Note on Social Investment*: Using a proof of concept financial model, the Incubator provided several insights into the successes and limitations of using social investment to develop Shared Lives schemes. As reflected upon in the 2019 report, this innovative type of outcomes-based funding quantified outcomes and provided rigor to cost savings calculations, which helped develop a strong case for its value. However, the limitations of using social investment in the Shared Lives context included the disproportionate pooling of risk on the investor and an incorrect assumption of high growth which led to unrealistic outcomes expected. As the Incubator winds down, it is important to capture those learnings on social investment and use them to explore other forms of financing (e.g. intermediary funds).

Authors

Karen Wen
Karen Wen is a Senior Analyst at Social Finance.

Caroline Hamilton
Caroline Hamilton is an Associate Director at Social Finance.

Social Finance Ltd
87 Vauxhall Walk
London
SE11 5HJ

—
info@socialfinance.org.uk
+44 (0) 20 7770 6836

socialfinance.org.uk
Publication date: June 2022