REPORT TO:	Adult Social Services Review Panel
	13 July 207
AGENDA ITEM:	8
SUBJECT:	Shared Lives Update
LEAD OFFICER:	Director of Adult Social Care and All-Age Disability
CABINET MEMBER:	Louisa Woodley, Families, Health and Social Care
CORPORATE PRIORITY/POLICY CONTEXT:	
This report is for information only.	

1. RECOMMENDATIONS

1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

2.1 This report is a general update on developments in Croydon's Shared Lives Scheme (Mental Health).

3. DETAIL

3.1 Introduction

Formerly known nationally as Adult Placement Schemes, 'Shared Lives' is an innovative model of care whereby an adult in need of support and accommodation moves in with a registered Shared Lives carer. The adult shares in the carer's home and community life and over time the individual then becomes part of a settled and supportive family. A unique feature of the model is the way carers and those they care for are matched for compatibility, with the expectation they will develop real relationships and the carer become akin to an 'extended family'. The aim is for someone with care and support needs to be able to live in the heart of the community in a supportive family-type of environment, rather than an institutional setting. Croydon Council has an exceptionally well-established Shared Lives Scheme that works with approximately 80 mental health service users, as well as a similar number of clients with a learning disability. The scheme received a rating of 'outstanding' in the most recent Care Quality Commission report (http://www.cqc.org.uk/location/1-1886378191) on 25th April 2016.

3.1. Innovation

In the Summer of 2016, NHS England made available a sum of money for CCGs and partner authorities to bid for match funding for expanding Shared Lives schemes into other innovative areas. The Council's Head of Service for Adult Mental Health led on a bid for expanding the Croydon Shared Lives Scheme to enable short term placements for Council tenants facing a mental health crisis either as an alternative to hospital admission or to facilitate an early discharge from hospital. Unfortunately, Croydon CCG were not in a position to agree the totality of proposed match funding levels at that time and Croydon's business case was subsequently deselected in Autumn 2016. However it was recognised within Croydon CCG and Croydon Council that the business case for the proposed expansion was strong and that a reviewed proposal should be considered for funding through the Better Care Fund.

3.2. Recent Developments

The proposal is to further develop the existing Shared Lives scheme, which focuses on long-term support, to focus on helping people with mental health problems who have a short-term need for extra support, either as a means of preventing admission to hospital or a means of stepping them back down into the community as soon as possible following inpatient treatment.

The Mental Health Joint Commissioning Team put together a revised bid that was presented to the BCF Executive on 17th May 2017. The Joint Commissioning Team recommended that the BCF Board:

- Approve a maximum of £83,200
- Approve project as pilot to run throughout 2017/18
- · Project reports spend monthly to BCF
- At M10 full analysis into cost benefit to also include impact from other services

The revised proposal included piloting a service that could grow incrementally and argued a strong business case, with an invest to save rationale, for developing the service. The business case identified that financial risks would be low as costs will only be incurred where service is provided. Risks around housing move on and availability of suitable carers will be mitigated through careful planning and management. The business case was agreed at the BCF Executive meeting and we are awaiting the minutes of the meeting for final confirmation.

Like many other areas, Croydon struggles to cope with rising demand for mental health services and has resorted to using private sector providers for acute psychiatric admissions when commissioned resources are unable to cope with demand. The ambitions for this scheme are that a significant number of hospital admissions will be prevented and a significant number of people will be discharged earlier. We anticipate that the investment made in setting up the service will result in significant savings through cost avoidance and enable us to manage demand within existing resources by reducing Length of Stay and preventing Delayed Transfers of Care.

3.3. Next Steps

As soon as written final confirmation is in place, the Mental Health Joint Commissioning Team will be arranging a project board meeting to put in place the implementation plan for the new service. Progress will be reported back to the BCF Executive at regular intervals.

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BACKGROUND PAPERS: Shared Lives Plus Business Case May