

# Whole-system scaling

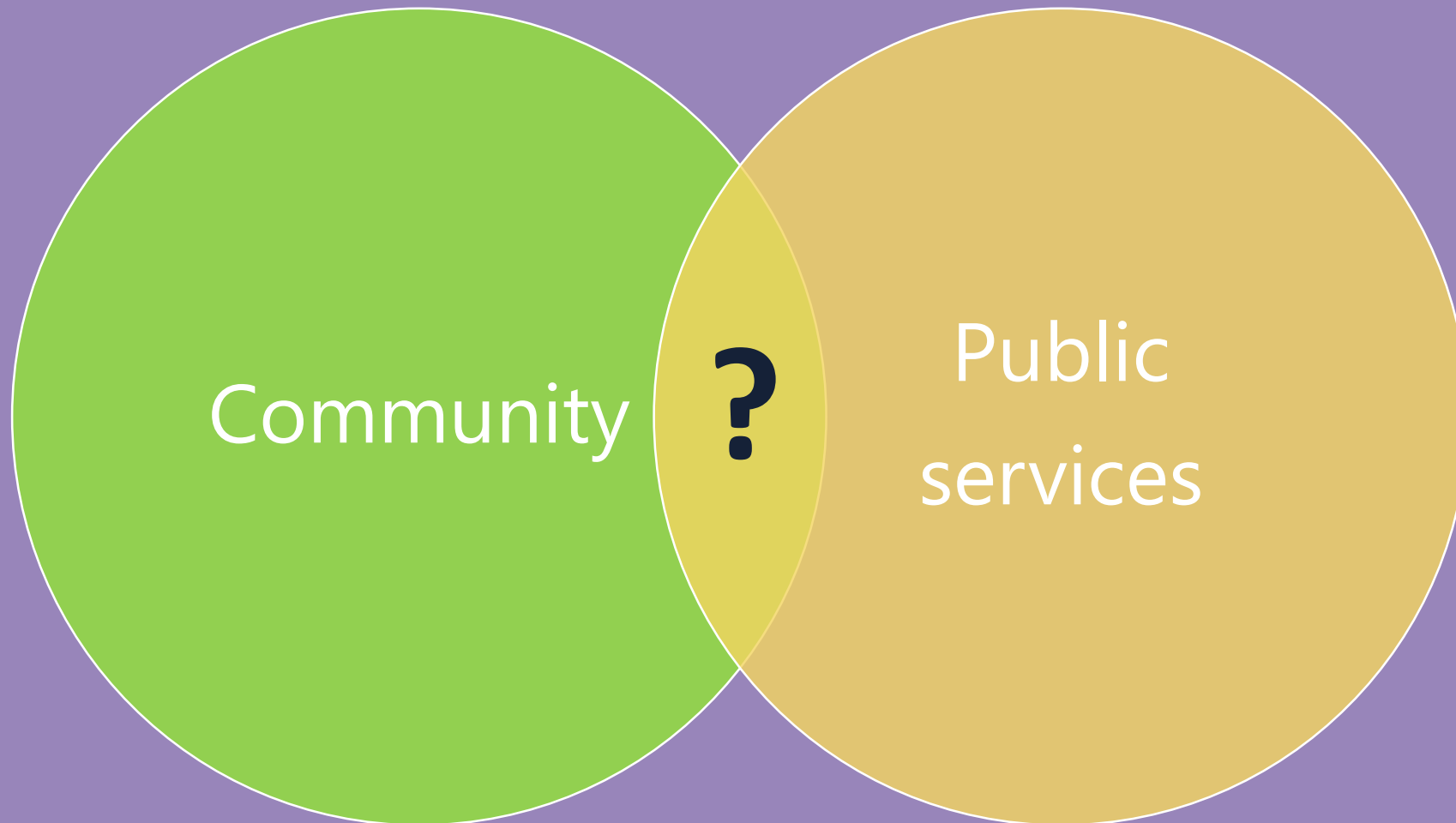
Alex Fox OBE,  
Shared Lives Plus



The paradox of

scale

# We can't contract for community?



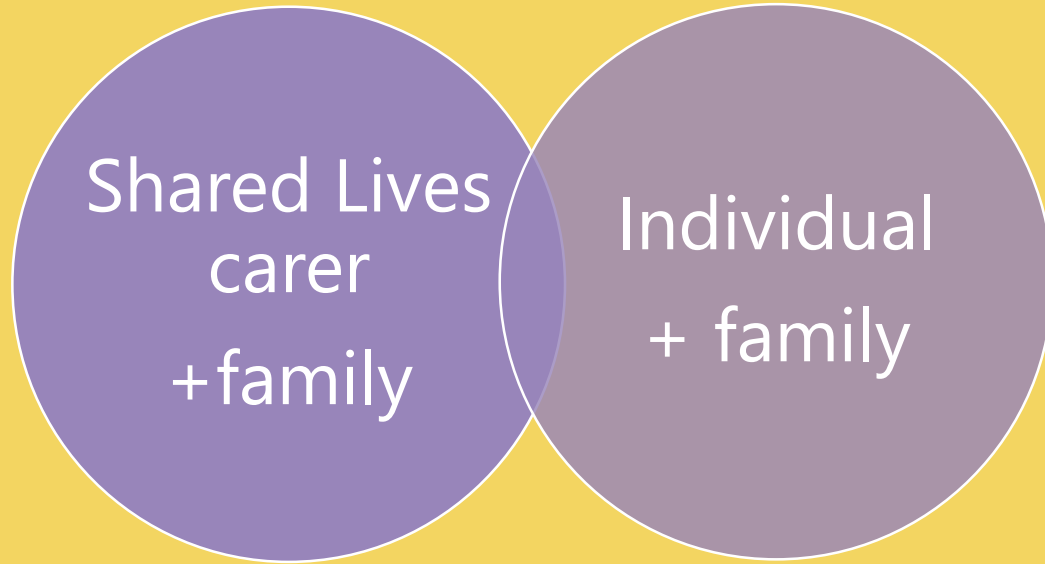
**Capacity  
Potential  
Relationships**



**Need  
Risk  
Cost**

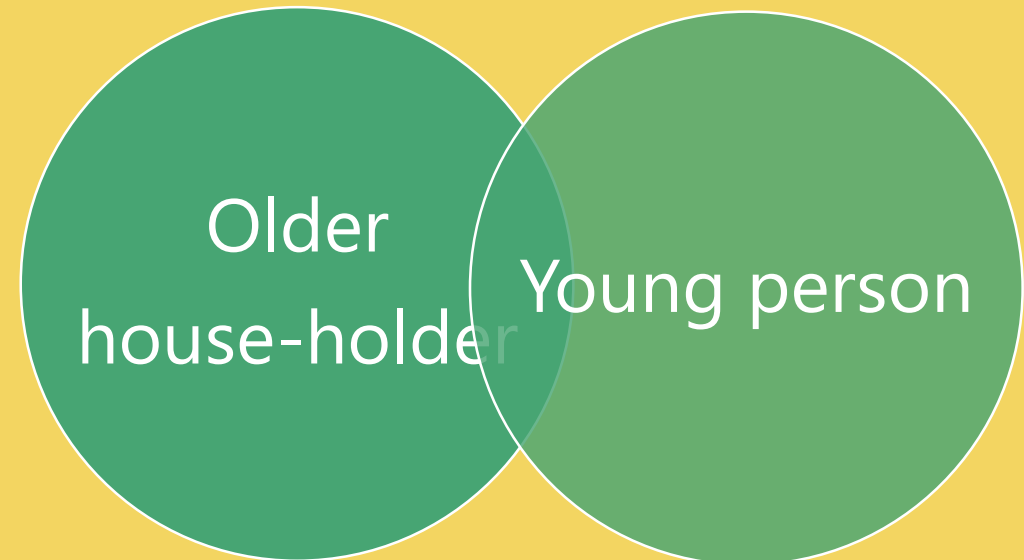


# Scaling counter cultural models



## Shared Lives carer:

"He's just one of the family.  
We love him"



**Homesharer:** "I have a new friend and a place to call home"

# Meg



My last hospital admission lasted 4 ½ years. I became strong. It was time to leave hospital but no-one knew where I should go.

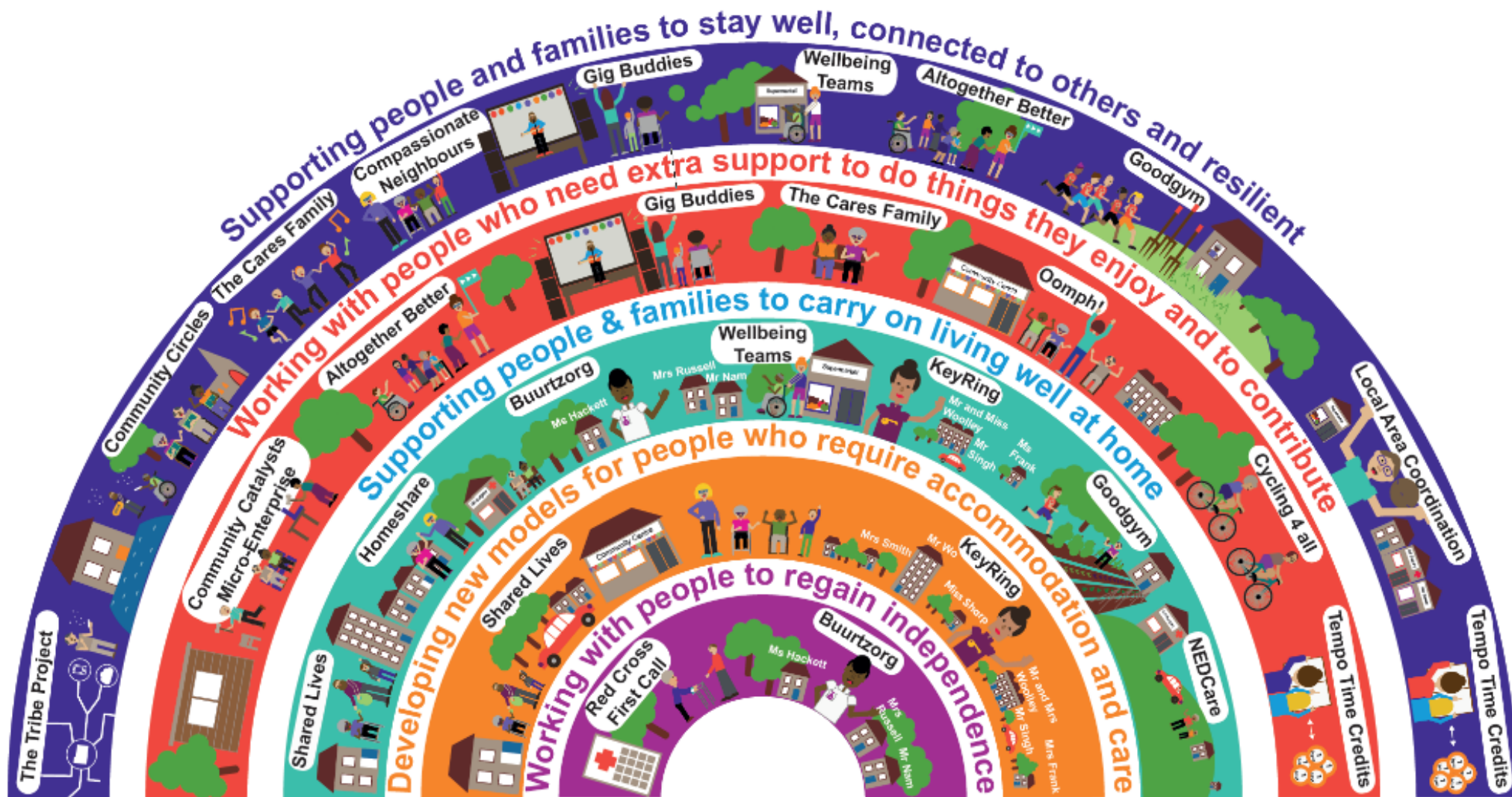
Hayley taught me how to cook, shop and get around. She stood strong through tears and frustration. We got through it.

Now I work and run a self harm support group in my town.

**I've been on adventures and made new friends. In January, I moved into my own house. More people need this chance.**







# Innovations in community-centred support

There are many community centred approaches out there: this is a tiny selection. More information can be found on the Think Local Act Personal website.

# Elements of scaling

- Increasing demand: awareness & evidence
- Increasing supply: providers & recruitment
- Building quality, cost-effectiveness, values

Doing these things doesn't guarantee change....



# Evidence gap or values gap?

- Kent University studies & national outcomes tool
- CQC: 98% good/outstanding
- £26,000 p.a. lower cost
- 14,000 people involved
- 40 year track record



## SHARED LIVES: EVIDENCE OF EFFECTIVENESS (SLEE)

Exploring the needs and quality of life of people using Shared Lives

**PSSRU**  
Personal Social Services Research Unit

NHS  
National Institute for Health Research  
School for Social Care Research

### INTRODUCTION

Shared Lives is a scheme where an individual who needs support, moves in with or regularly visits an approved Shared Lives carer with who they have been matched for compatibility. Whilst Shared Lives has had good results in Care Quality Commission inspections, it is under-researched. The Personal Social Services Research Unit (PSSRU) is conducting a study to explore whether Shared Lives is meeting the needs and improving the quality of life for service users who receive support, and if so under what circumstances and at what cost. The research will focus on adults with learning disabilities, older adults, adults with mental health issues and adults with a physical disability.

### AIMS

- To collect information about people using Shared Lives early in their placement and after 9-12 months
- To collect information about people referred to Shared Lives who do not use it and after 9-12 months
- To gather in-depth information from people using Shared Lives and Shared Lives carers about outcomes, needs and circumstances
- To collect cost and administrative information

### METHOD

**Stage 1: Development Phase and recruitment**

This stage includes finalising project materials, setting up advisory mechanisms to support the research, and apply for national Social Care Research Ethics Committee and Association of Directors of Adult Social Services approval.

**Stage 2: Data Collection**

We aim to work closely with 12 Shared Lives schemes to collect data. Participating schemes will conduct interviews with people at an early stage in their Shared Lives placement comprising of a number of outcome measures including My Shared Life (developed specifically for Shared Lives) and service use data. This will be repeated nine to 12 months later.

Schemes will identify referrals suitable for a comparison group. PSSRU staff will conduct interviews comprising of a number of outcome measures (as above). This will be repeated nine to 12 months later.

Interviews will be conducted with people using Shared Lives and Shared Lives carers. Where possible, we hope to include people using Shared Lives and Shared Lives carers as peer researchers to conduct these interviews.

### PLANNED EVALUATION

Responses from people new to Shared Lives and at nine to 12 months will be evaluated to identify any change. The changes will be compared to those in the non-Shared Lives comparison group. The economic evaluation will combine outcome and costs data. Analysis of interview data will help answer questions of what outcomes mean to people involved with Shared Lives, and why there might be differences in outcome depending on people's varying needs and circumstances.

### THE RESEARCH TEAM

Nadia Brookes (N.K.Brookes@kent.ac.uk)	Sinead Palmer (S.E.R.Palmer@kent.ac.uk)
Lisa Callaghan (L.A.Callaghan@kent.ac.uk)	Grace Collins (G.Collins@kent.ac.uk)
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# The Joint VCSE Review looked at evidence

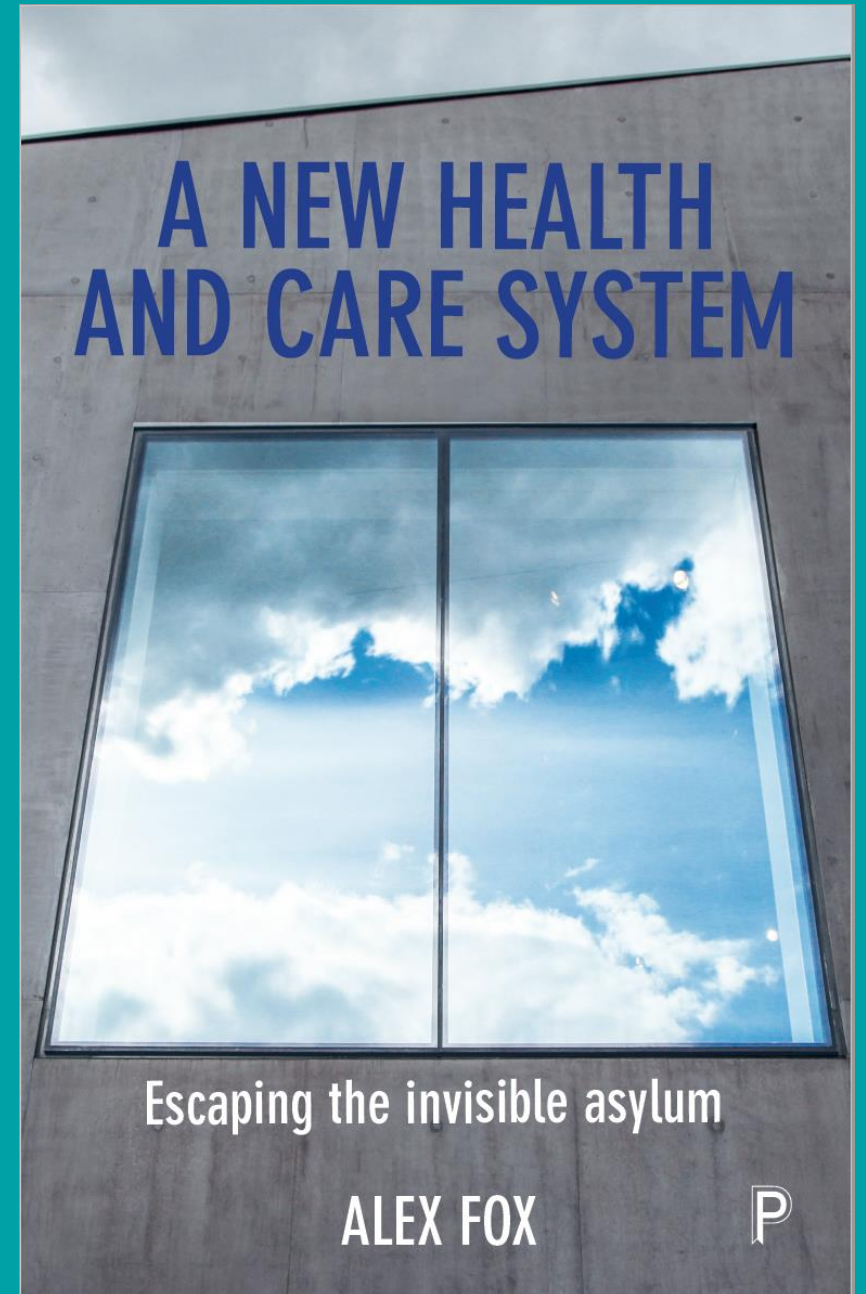
- Ignored if you do, damned if you don't
- Pilots never become core business
- Real issue is power?

[www.vcsereview.org.uk](http://www.vcsereview.org.uk)



# Whole-system scaling

- A new set of goods: wellbeing & resilience
- A new set of support relationships & behaviours
- Achieved through co-production & power shift



# Recommendations

King's Fund research on commissioning ([here](#)) found a wide spectrum of commissioner views:

- VCSE organisations are competing providers
- VCSE organisations are our design partners



We cannot drop asset-based thinking into an over-stressed deficits system: we must aim whole-area and whole-system.



## BRIEFING DOCUMENT

# The Asset-Based Area

*Engaging and Empowering Communities: our shared commitment and call to action<sup>1</sup>* underlines the sectors' commitment as national bodies to develop strong and inclusive communities. This briefing, which has been written by Alex Fox CEO of Shared Lives Plus and chair of TLAP Building Community Capacity network, sets out ten key features of an asset-based area. It also suggests a

# Six innovations in social care



Future of care  
Number 6  
January 2018

## Growing innovative models of health, care and support for adults

### Introduction

There are some really good examples of innovative models of adult social care. The

### Key messages

- Innovation is needed more than ever as our challenges grow. Innovation does not only mean technological breakthroughs or large restructures. New and better ways of delivering relationship-based care are needed, and already exist, but are inconsistently implemented or poorly scaled.



# Whole system or not at all

1. Mapping assets
2. Relocating power
3. Early intervention
4. Resilience
5. Social Value
6. Local enterprise
7. Mutualism
8. Neighbourhoods
9. Invests in social action
10. Shared measures

## BRIEFING DOCUMENT

### The Asset-Based Area

**Making an area asset-based is difficult, but not necessarily complex. The asset-based area:**

- 1 Maintains a living map of local assets<sup>2</sup> including: state budgets, social action, community groups and charities, services, private sector and enterprise, buildings, land and the money people themselves spend on care and support.
- 2 Actively relocates power to its citizens, seeing its role as working with, not for, people and bringing individuals and groups together. It sees partnership as its default mode with all of its staff and partners trained in asset-based thinking and co-production.
- 3 Invests in early intervention and community capacity building, understanding their outcomes and increasing investment in programmes which work.<sup>3</sup>

# Behaviour changes



Workers and volunteers	Commissioners and leaders	Citizens
Working with capacity not just need	Build in time & early planning	Expect more in outcomes & choice
Humility and courage	Health, learning workplace	Confident to feed back
Confidence: do what matters	Co-define risk, measure good & bad outcomes	Clear on own outcomes
Work whole-household	Whole-household assessments	In control of own info
Sharing responsibility	Sharing resources & power	Sense of ownership

# James and Andy

From complex needs to  
simple goals



# A new health and care system: escaping the invisible asylum

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<https://policypress.co.uk/a-new-health-and-care-system>

