Shared Lives Plus

Session 4: Making social care reform happen

Alex Fox • Chief Executive • Shared Lives Plus • @alexsharedlives

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THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

Whole-system scaling

Karl and Clare with Shared Lives carers Blossom and Mike, at their wedding, before moving to live independently

Alex Fox OBE

Shared Lives Plus

www.SharedLivesPlus.org.uk

https://homeshareuk.org/

http://alexfoxblog.wordpress.com

The NHS & social care at 70

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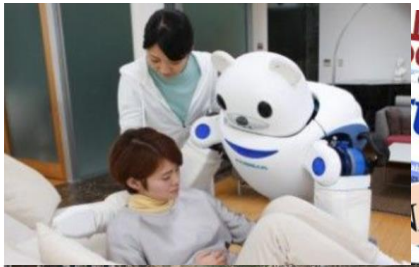
- Unprecedented achievements – and pressures
- Medical miracles – but what about society?



The paradox of scale

Citizen or patient?

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Gates and gatekeeping

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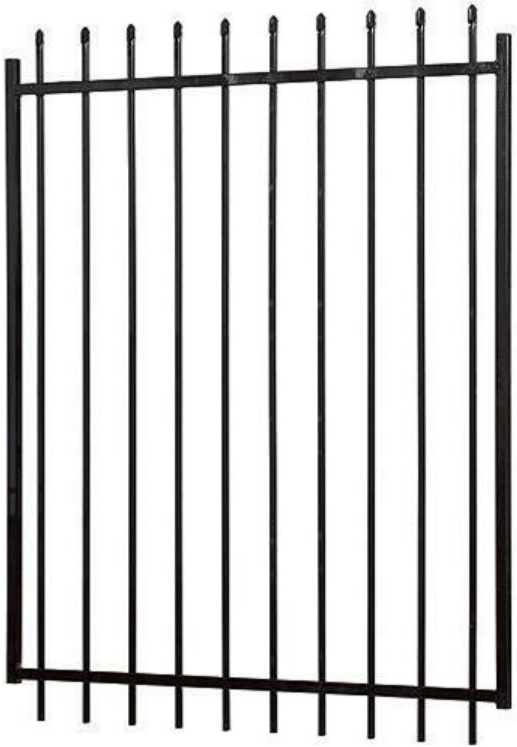
- Need
- Risk
- Cost



- Capacity
- Potential
- Relationships

Meg

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- My last hospital admission lasted four and a half years. I worked my hardest in therapy… found hope and became strong. It was time to leave hospital but no-one knew where I should go. I needed to feel part of something and genuinely cared for, away from a clinical setting
- I didn’t know how to live in the community as an adult. I was so scared

Meg

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- Hayley taught me how to cook, shop and get around. She stood strong by my side, through mood swings, tears and frustration. We got through it
- Now I work, I run a self harm support group in my town
- I've been on adventures and made new friends. And in January, I moved into my own house

- More people need this chance. We need to see them as people with a future, instead of a risk

Best of both worlds?

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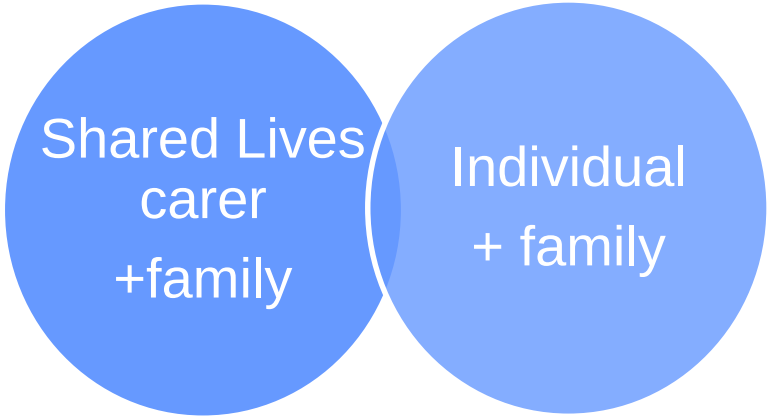
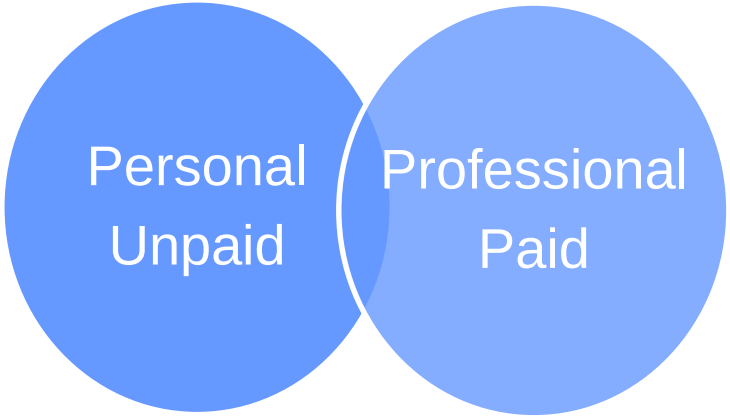


"He's just like one of the family – we love him."

"I use my nursing skills, but my kitchen is very different to a hospital ward!"



Evidence gap or values gap?

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- 14,000 people & growing
- CQC: 96% good/outstanding
- £26,000 p.a. lower cost
- 40 year track record

SLEE

SHARED LIVES: EVIDENCE OF EFFECTIVENESS (SLEE)

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

PSSRU

Personal Social Services Research Unit

NIHR 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

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Invest in success, not managing failure

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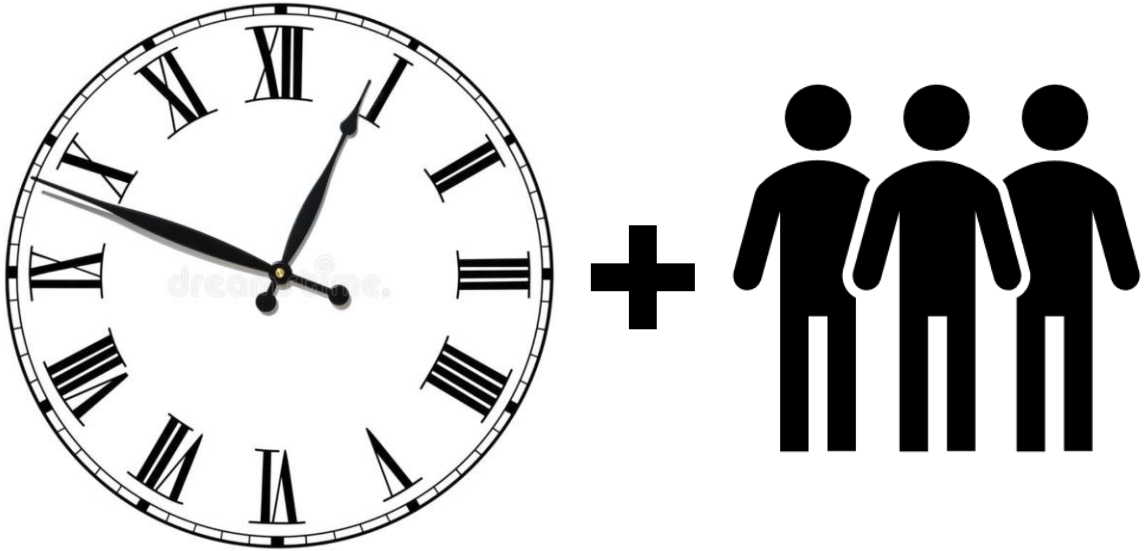

We are not in the support business.
We are in the relationships business.

An emerging movement of asset-based models

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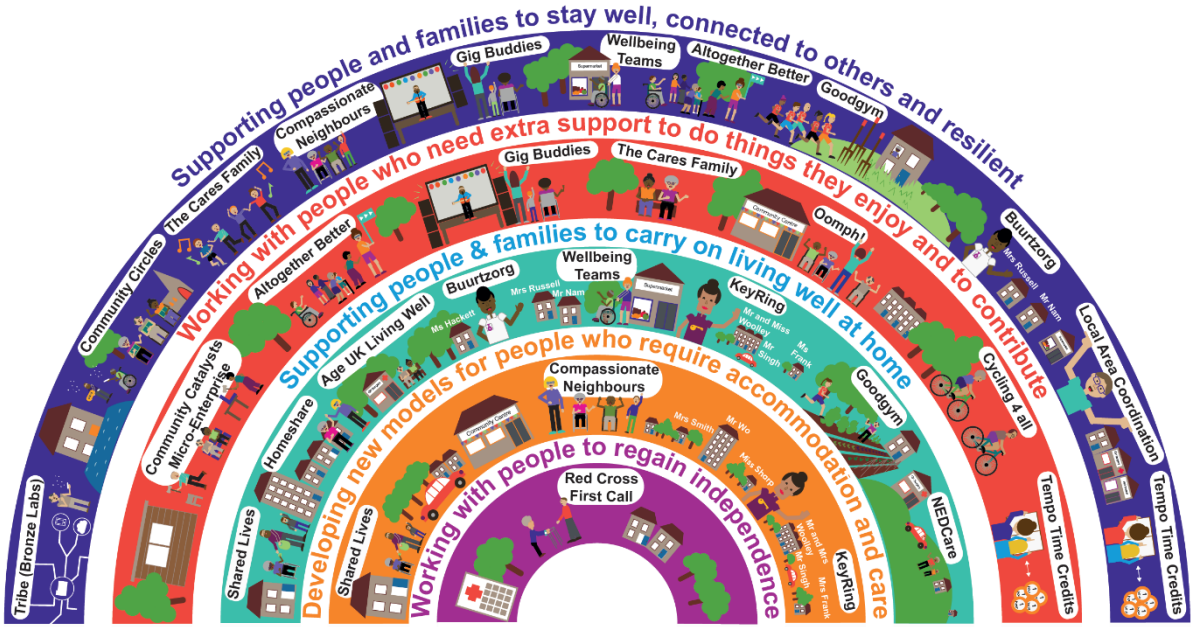

Future models: community centred support

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

social care institute for excellence · making it real · think local act personal · nesta

A new set of ‘goods’

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We need to base our whole system around wellbeing.

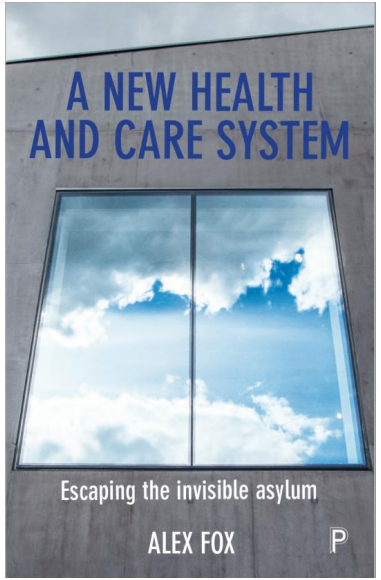
Our health and care system will need to value, demand & pay for:

- Wellbeing
- Resilience

This requires models which can:

Form deep relationships

Connect people



Whole-system or not at all

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

coalition for collaborative care
ACTION FOR LONG-TERM CONDITIONS
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think local act personal

BRIEFING DOCUMENT

The Asset-Based Area

Engaging and Empowering Communities: our shared commitment and call to action[1] 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 number of planning and support models that can help areas to make progress.

Six innovations in social care

Community Catalysts C
Community Circles
Local area coordination
Shared Lives
Homeshare
Wellbeing Teams

scie social care institute for excellence

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 challenge now is to scale up these primarily small-scale successes so that as many people benefit from them as possible. Like Andrew, who became isolated and was drinking too much. Andrew was supported in the community by local volunteers and a micro-enterprise. This meant that he avoided accessing costly healthcare services such as a long stay in hospital. Can we scale up small success stories like this?

The Government aims to publish a green paper on care and support in 2018, promising to look beyond the issue of funding to encompass broader questions about how we develop high-quality, community-orientated and sustainable social care. This is encouraging. The green paper offers a fresh opportunity to consider how we can foster an environment in which innovative, cost-effective and impactful models of care can be shared more effectively, adopted more widely and implemented more rapidly. The goal? To improve health and wellbeing for all of us with health, care and support needs.

Accountable Care Systems (ACSs) have evolved from Sustainability and Transformation Partnerships (STPs) and other forms of partnership working to integrate health and social care. As a result, the opportunities for testing, sharing and bringing to scale innovative models of care are arguably greater than ever before. By 'bringing to scale' we mean increasing the number of people who benefit from a social innovation.

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.
- For innovation to flourish, we need to find better ways to help people bring good ideas from the margins into core business. The keys to success are:
  - a shared ambition to 'embed person- and community-centred ways of working across the system, using the best available tools and evidence'
  - co-production: planning with the people who have the greatest stake in our services from the beginning
  - a new model of leadership which is collaborative and convening
  - investment and commissioning approaches which transfer resources from low quality, low outcomes into approaches which work effectively
  - effective outcomes monitoring and use of data to drive change
  - a willingness to learn from experience.

nesta PPL SharedLivesPlus
Sharing knowledge, improving lives

James and Andy:
From complex needs to simple goals

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Contact details

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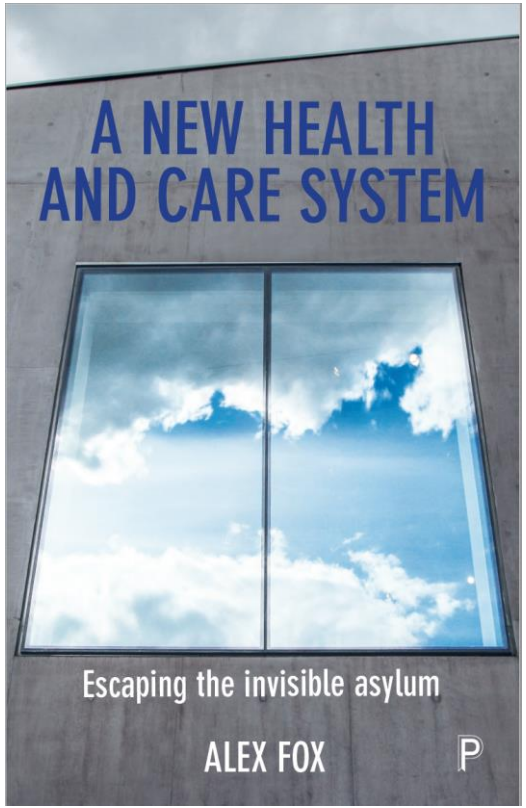
A new health and care system: escaping the invisible asylum
is published by Policy Press:
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