Shared Lives – empowering people to lead healthy lives

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A support and inclusion approach that matches people in need of care in the home with people willing to provide it, is positively impacting on health outcomes and savings targets, says Katy Rutherford

Health and social care face enormous increases in demand while budgets continue to decrease. For example, social care’s budget alone was reduced by as much as £1.1bn this year.

‘The Shared Lives approach is now being seen as a real alternative in other areas where people need support’

The scale of the increasing social care crisis was highlighted in a report by the IPPR think tank last year, which predicted that by 2017 the number of older people in need of care will outstrip the number of family members able to help.

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Meanwhile, data recently published by the Association of Directors of Adult Social Services found that 50 per cent of directors believed that fewer people will have access to services and 58 per cent thought that personal budgets would shrink over the next two years. Almost a fifth thought that the quality of care would also decline over this period. And this social care crisis is bound to have a spill-over effect on the health service.

Significant potential

While there are no “quick wins” for policy makers and commissioners, some innovations are emerging that offer the potential to have a significant impact on health outcomes and savings targets.

‘Shared Lives has seen demand for its services grow by 14 per cent in the past year’
For example, Shared Lives is a family based support and inclusion approach that matches people in need of care in the home with people willing to provide this. Eight thousand approved Shared Lives carers share their own homes and family life with more than 10,000 adults with significant support needs who either visit regularly or move in to live as part of the family. People are carefully matched for compatibility and visited regularly to check that the arrangement is working well for everyone involved.

While other services are facing cutbacks, Shared Lives has seen demand for its services grow by 14 per cent in the past year. Although the majority of people using the scheme have learning disabilities, demand from people with mental health problems has also grown by more than 10 per cent. The need for day support has doubled in the past year, with more than 2,000 people now using the scheme. These include people with learning disabilities, mental health problems, dementia and other support needs.

**Case study**

Julie has been living with Pauline and Joe for the past six years. She has Down’s syndrome and when she first moved in she struggled with her weight and lacked the confidence to take her own decisions. Pauline has noticed a dramatic change over the time that they have lived together.

She says: “I felt like people didn’t talk to her properly. So I sat her down and said: ‘Right, do you want to be treated like a little girl or a woman?’ And it was one of the first times she spoke and she said: ‘Woman,’ and I said: ‘Right, well, here goes!’ I didn’t talk to her like a child and I started to ask her questions instead of just telling her what to do.

“Then we had a talk with her and got the learning disability team out to talk to her about healthy food and slowly we got her onto healthy eating. She likes herself now. She likes who she is.”

The average net savings from a long term Shared Lives arrangement per person per year are £26,000 for people with learning disabilities and £8,000 for people with mental health needs. If all areas caught up with the best performing scheme in the country, the scheme could reach an additional 32,770 people and grow to more than 43,000.

This could provide savings of more than £117m for people with learning disabilities and mental health alone. What is interesting is that the Shared Lives approach is now being seen as a real alternative in other areas where people need support, such as home from hospital or rehabilitative care, or those receiving acute or end of life care.

**Opportunities for healthcare**
NHS England chief executive Simon Stevens recently highlighted the opportunities this approach offers for healthcare: “Our vision for a more innovative healthcare system will see community-based models of health and care support like Shared Lives play an important role. Shared Lives is already helping people recover from or avoid hospital stays in some areas.”

**Shared Lives Plus**, as the national network for Shared Lives schemes, provides resources and enables carers to learn from each other, including working together to influence national and local policymakers. It wants to integrate the Shared Lives model further into the systems of local and national care providers, including the NHS, recognising that there is huge potential for the model to have a significant impact on health outcomes.

In a recent survey of 200 Shared Lives carers, 73 per cent said that they had received positive feedback from an NHS colleague about the difference their support was making to an individual’s health.

This included:

- helping people to adopt healthier lifestyles;
- tackling misdiagnoses and making reductions in unnecessary medications; and
- identifying serious illnesses which had gone undiagnosed, including several instances of cancers.

Overall, there was a significant improvement in health among many users, which had led to reductions in their use of NHS services, as well as greater feelings of wellbeing.

**Case study**

John is currently living with Nancy and Charlie in a Shared Lives arrangement. John used to own his own electrical company but became an alcoholic after his mother’s death – finding it difficult to cope with her loss. Now he has an acquired brain injury through alcohol abuse, which has affected his short term memory. This means that he cannot live alone as he does not remember what happened to him the day before, and he cannot go out alone as he can’t remember the way home.

Nancy spends much of her time going out and about with John as he enjoys being sociable and getting out of the house. John now feels part of a family and is no longer anxious about doing everyday things that can be taken for granted.

**People powered health**
The project is a good example of **people powered health** – health for people, by people and with people. This means providing healthcare for people when they need it, enabling people to manage their health in everyday life, and connecting people into networks that help support one another. The family-based networks put people at the centre and give them the support to enable them to live well in the community.

‘Stockport aims to help at least 800 people through this new approach, preventing them from having to access more acute health or social care services’

For example, Stockport Metropolitan Borough Council is redesigning its social care system to “hard wire” volunteering and social action into its work with people with long-term health conditions. It aims to create an infrastructure within which families, friends and volunteers can work alongside health and social care professionals to improve an individual’s quality of life.

The type of practical activities on offer range from coaching and community groups, through to support to self-manage conditions and ‘social prescribing’ by GPs. During the next eight months, Stockport aims to help at least 800 people through this new approach, preventing them from having to access more acute health or social care services.

Meanwhile, a number of major national charities including the British Lung Foundation, Stroke Association, Diabetes UK and UK Active are working to scale approaches that enable people with long-term conditions to support each other to better manage their health.

**Peer support**

UK Active is expanding its **Let’s Get Moving** programme, where professionals work in GP surgeries to help inactive patients to set and achieve personal activity goals. It is creating a strong network of volunteers who support their peers, in person and on social media, to carry on maintaining and increasing their health and fitness beyond the initial 12-week programme. By next year, these peer support approaches are expected to have helped more than 20,000 people to better manage their conditions and live healthier lives.

‘We cannot afford to ignore or underestimate the value of these approaches’

Although Shared Lives, Stockport and UK Active vary significantly in the way that they are approaching people powered health, they share a common focus on empowering individuals to have a stronger role in managing their own health and draw on the vast resources of the wider community to support them.
At a time when the health and social care system is under intense pressure, we cannot afford to ignore or underestimate the value of these approaches and the power of mobilising people to improve health and care.

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