

SharedLivesPlus

THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

DEVELOPING THE SHARED LIVES APPROACH IN SCOTLAND

THE SHARED LIVES
NATIONAL SEMINARS

..... J5BI 5FM2016

FOREWORD

The development of integrated Health and Social Care services across Scotland is challenging - delivering joined up services which are tailored to meet individual need and to promote independence and choice at a time when resources are reducing.

If our ambitions for integrated services are to be realized then a wider tapestry of services must emerge across Scotland. These ambitions must be to improve and extend the quality, choice and availability of care and support for service users.

I believe in the potential of Shared Lives to contribute to this agenda because, if we are to truly build capacity and resilience to enable people to self-manage or look out for one another, we need services which:

- Support people to develop and maintain independent living skills and friendships in the community
- Harness the resources of families and local communities
- Can be arranged around people's informal networks of support.

This is where Shared Lives has so much potential as a service model because it significantly increases the options available for people by giving them much more choice and control over the kind of care and support they receive.

It is a model which effectively addresses need in a person-centred way but also uses available resources in a very efficient way.

As we develop, evolve and deliver our strategic commissioning intentions across health and social care, we need to mainstream innovative forms of service delivery such as Shared Lives and grow them in ways which are scalable, transferable and repeatable as part of a wider suite of service delivery models to really improve outcomes for the public.

I am delighted to be the national Shared Lives Champion in Scotland because Shared Lives is fundamentally about the empowerment of individuals and communities.

Without doubt, the integration agenda is challenging but I am reassured and inspired by the potential of approaches such as Shared Lives in making a real difference to people's lives.

The national seminars have enabled the sharing of detailed information about the Shared Lives approach and brought key people from across Scotland together to consider how best to promote and implement this approach in their localities. I look forward to seeing the Shared Lives approach emerge as a real and viable option across Scotland in the next few years.

Sandy Riddell

Scottish Shared Lives Champion
Director of Health and Social Care in Fife

1. WHAT IS A SHARED LIVES APPROACH?

A Shared Lives approach is essentially matching an individual who has care and support needs with a family or individual in the community who is able to meet those needs, either in short breaks, day support, hospital to home arrangements or long-term permanent homes.

A Shared Lives approach delivers a unique and personalised service that wraps around individuals, retains them in a local community and taps into the skills already existing within the community of local people who want to provide care and support.

The common features of Shared Lives arrangements are:

- Shared Lives utilizes the experience and skills of local people developing community capacity and offering self-employment opportunities to those who wish to provide this form of care and support.
- Care and support takes place within the Shared Lives carer's home and in the local community, using the social networks of the carer.
- There is a robust matching procedure, which takes into account both parties' needs, lifestyle, living arrangements, personal circumstances, personality, the rest of the household and, most importantly, whether or not the individuals are compatible.
- Shared Lives services are independently regulated, monitored and inspected by the Care Inspectorate.

2. WHAT CAN SHARED LIVES CONTRIBUTE TO TRANSFORMATIONAL CHANGE?

The aim of health and social care integration is to further shift the balance of care and support from an institutional capacity to community based services with formal and informal resources that follow service user's assessed needs.

Integrating Health and Social Care Services and creating new partnerships and relationships is a huge challenge. What will be important in this process is that key leaders focus on how to develop a workforce and service that puts the service user at the centre and changes the way traditional services have worked in the past with a much more robust focus on partnership working, empowerment and choice rather than focusing on developing different structures and organizational arrangements.

If we really aspire to see health and social care integrated, our services must increasingly become more person-centred, coordinated and tailored to meet the needs, circumstances and preferences of individuals, their carers/families and their communities.

In practice a Shared Lives approach can contribute to transformational service change and in terms of performance, deliver on the 9 national outcomes each

Health and Social Care Partnership will have responsibility to implement in their locality.

“Effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”.

The Christie Commission Report
Commission on the future delivery of public services, June 2011

The State of Shared Lives in Scotland Report 2014

The State of Shared Lives in Scotland report presents the business case to commissioners for growing and developing existing schemes and for creating or commissioning schemes in areas that do not currently offer people a Shared Lives service. At present Shared Lives has schemes in 16 of the 32 local authority areas in Scotland.

Many of the longer established Shared Lives schemes in Scotland were initially set up to support and accommodate people with learning disabilities who were moving out of long stay hospitals that were closing down. However, Shared Lives schemes across the country report positive outcomes and savings for a far more diverse range of people including:

- People with Mental Health needs
- People living with Dementia or memory loss
- Older People
- Parents with a learning disability
- Young people in transition

The report also highlights how Shared Lives offers the kind of community-based and person-centred service that works well for individuals and their family carers as well as offering local authorities opportunities for savings. It harnesses the skills and assets of the community and provides communities a model that challenges prejudice and stigma.

Shared Lives services are flexible and if introduced at an early stage – to support individuals and families - the need for more costly, and institutional intervention can be deferred or avoided.

The report also highlighted how cost effective the Shared Lives approach can be. Currently there are 324 Shared Lives carers in Scotland supporting 434 people. The potential to develop 400 more placements would save £3m if the Shared Lives approach was used instead of traditional residential care.

The Shared Lives approach presents an opportunity to offer people support that is local, builds a service around their own needs, choices and desires rather than expecting them to fit into an existing service. This gives people the opportunity to live and work as accepted, included and respected members of their community.

3. DEVELOPING THE CULTURE OF TRANSFORMATIONAL CHANGE

Critical to the development of health and social care commissioning strategies is the requirement to ensure that the joined up service builds around individuals and families. Also necessary is that they have choice and power to make their situation better for them.

The current suite of public sector legislation around health and social care is enabling legislation. The reform agenda has a focus on the cultural shift towards improving individual outcomes with joined up care pathways.

In terms of shaping the culture and making the transformation, Shared Lives can influence health, social care and community services both locally and nationally, through already established innovative approaches that make a real difference to people's lives.

HEALTH AND SOCIAL CARE NATIONAL OUTCOMES	THE KEY PRINCIPLES OF A SHARED LIVES SERVICE DELIVERY	THIS MEANS
1. People who use health and social care services have positive experiences and have their dignity respected.	A whole person approach	This means tackling social and cultural exclusion by ensuring a clear focus on the service user in the planning of care and support in the community
2. Health and social care services are centred on people who use those services.	Customised support with a focus on empowerment	This means support fits around the person and he/she is fully involved decision making
3. Resources are used effectively and efficiently in the provision of health and social care	Shared Lives is cost effective	This means available budgets can reach more people and savings can be realised.
4. Health and social care services contribute to reducing health inequalities.	Enabling service users to give as well as receive services	This means supporting service users to make a positive contribution to their local community

HEALTH AND SOCIAL CARE NATIONAL OUTCOMES	THE KEY PRINCIPLES OF A SHARED LIVES SERVICE DELIVERY	THIS MEANS
<p>5. People are able to live independently and at home or in a homely setting.</p>	<p>Delivering personalised services that are responsive to individual needs and wants and are community based</p>	<p>This means service users having choice and control in the way their community based care and support is delivered. People can be supported to live in, or regularly visit, a family home</p>
<p>6. People using health and social care services are safe from harm.</p>	<p>Individualised support maximises safety</p>	<p>This means service users with care and support needs feel safe, secure, free from any form of abuse and have their dignity and human rights respected</p>
<p>7. People who work in health and social care services feel engaged in their work.</p>	<p>The Shared Lives recruitment, assessment, matching and on-going support structure</p>	<p>This means carers have a consistent, supportive and quality approach to ensure service users can live well in the local community. Shared Lives is a partnership between the scheme, Shared Lives carer and individual needing support.</p>
<p>8. People are able to look after their own health and wellbeing and live in good health for longer.</p>	<p>Shared Lives carers support people to be independent and take responsibility for all aspects of their life as far as possible</p>	<p>This means supporting people to have equal access to a range of preventative health and community services to live well and manage mental/physical health conditions.</p>
<p>9. People who provide unpaid care are supported to look after their own health and wellbeing</p>	<p>Building capacity and resilience to self-manage in the local community</p>	<p>This means developing informal networks of support in the local community that will positively divert people from formal services. Shared Lives short breaks supports people who live with a family carer, offering flexible support to the family carer.</p>

4. THE SHARED LIVES NATIONAL SEMINARS

The Shared Lives National Seminars offered an exciting opportunity to share expertise about an approach to service delivery that will contribute to developing health and social care services. The seminars were organised in partnership with existing Shared Lives service providers in Scotland. All three seminars were supported by inputs from Sandy Riddell, Scottish Shared Lives Champion; Christina Naismith, National Programme Manager – Strategic Commissioning and JIT Partnership Lead; Julie Haslett, independent consultant, Joint Improvement Team and Anna McEwen, Director of Support and Development, Shared Lives Plus

DATE AND LOCATION OF SEMINAR	NATIONAL SEMINAR CO-HOST
21 MAY 2015 IN GLENROTHES, FIFE	SHARED LIVES PLUS AND FIFE COUNCIL
28 MAY IN ABERDEEN	SHARED LIVES PLUS AND ABERDEENSHIRE COUNCIL
5 JUNE IN GLASGOW	SHARED LIVES PLUS AND RICHMOND FELLOWSHIP/CORNERSTONE

The aims of the seminar were structured to develop the debate on the delivery of national outcomes for health and social care, to consider opportunities and identify the barriers and solutions to development.

THE NATIONAL SEMINAR AIMS

- The seminar focused on sharing expertise so delegates are better informed to deliver transformational Health and Social Care commissioning.
- The seminar gave delegates the opportunity to think differently and develop ideas to deliver more cost effective community based support provision.
- The seminar highlighted the role Shared Lives is already playing in the delivery of Health and Social Care in some areas of Scotland and, explore how we further develop informal community networks.
- The seminar identified Champions at all levels who will promote the Shared Lives agenda nationally.

The target audience for the national seminars focused on chief executives and officers of third sector organisations, directors of health and social care, senior managers from the third sector and statutory organisations, frontline practitioners, Shared Lives carers and other key stakeholders (including the Care Inspectorate and Audit Commission).

There were 152 delegates who attended the national seminars with representation from across the target audience – See Appendix 1 for the organisations.

The seminar programme began by giving delegates an insight into reasons why a Shared Lives approach should be further developed. The context to this presentation was set by a national overview of Health and Social Care in Scotland and the key national outcomes that will measure success for all the health and social care partnerships.

The morning session concluded with the business case for cost effective Shared Lives service delivery alongside DVD practice examples of service users and carers sharing their quality experiences of family and community life.

The afternoon session was an interactive discussion focused on delegates using their skills and experience to consider how Shared Lives can further develop its personalised and cost effective services in Scotland.

THE KEY MESSAGES FROM THE INTERACTIVE SESSIONS

1. THE POTENTIAL OF A SHARED LIVES APPROACH

- Shared Lives has ordinary people doing an extraordinary job. They continue to be our focus and experts through their experience as SL carers.
- Shared Lives has an established structure that delivers quality services in partnership with service users, families and communities to ensure people are supported to live well.
- Shared Lives can evidence cost effective service delivery and positive Care Inspectorate reports regarding quality of care and support.
- Shared Lives will deliver on the national outcomes for Health and Social Care Integration.
- Shared Lives can contribute across all adult service user groups. This supports culture change in the delivery of individual care moving forward.

2. SERVICE DEVELOPMENTS

- A Shared Lives approach can contribute to developing Older Peoples services.
- This could include hospital discharge, re-ablement provision and work in the local community to prevent the need for high cost services.

- There needs to be strong links with Self Directed Support because good individual outcomes can be delivered through a Shared Lives approach.
- The development of a national Shared Lives Short Break service should be considered.
- Attendees voiced strong support to promote development or implementation of a Shared Lives approach in their locality.
- Consideration should be given to develop a Shared Lives approach in rural areas where recruitment of staff could be difficult and where strong local communities exist.

3. THE NEXT STEPS

- To ensure Shared Lives services are embedded in all Health and Social Care Commissioning strategies.
- To establish a Shared Lives Scottish Champions network to assist the development of Shared Lives at a national level.
- To develop an Action and Marketing Plan to continue to raise the profile of the Shared Lives approach and deliver on the Seminar outcomes
- To pursue funding potential for the appointment of a Shared Lives Strategic and Development Officer for Scotland.
- To showcase the strengths of Shared Lives to promote a better understanding of the approach and how it can change lives.

4. DESIRED OUTCOMES

- The Shared Lives approach is highlighted in all Health and Social Care Joint Strategic Commissioning plans.
- Shared Lives approach is available in all 31 new Health and Social Care services from 2016 on.
- An increase in the number of individuals being supported in Shared Lives.
- Arrangements are in place to ensure that people using this Care and Support approach both shape and influence the development of further services.

5. PERCEIVED BARRIERS

Delegates confirmed that the Shared Lives approach delivers a greater focus on personalization, co-production, independence and positive engagement of community resources.

In relation to the development of health and social care integration across Scotland there will be a fundamental challenge for all partnerships to continue to develop innovative, cost effective services that deliver good outcomes for individuals.

The focus for all partnerships will require them to centre on how to achieve disinvestment and reinvestment within their commissioning strategies.

During the seminars, in terms of barriers to further development of the Shared Lives agenda the following issues were identified:

- a. The main barrier to further development remains with the transformational change agenda required nationally. In order to release resources to develop a Shared Lives approach more widely some level of disinvestment in more traditional services will be required. Alongside this the cultural change expected in relation to empowering service users and families more plays a key role. Delegates attending felt that unless these key areas are addressed there is unlikely to be further development of a Shared Lives approach.
- b. A less critical barrier relates to developing wider awareness and understanding of the Shared Lives approach amongst potential users, families and social workers and specifically those people commissioning new services.
- c. Again a less critical barrier was seen to be the need to identify potential new carers who could be recruited to deliver the range of Shared Lives approaches required nationally.

There is no doubt that the expansion of the Shared Lives approach will reduce high cost residential and short break services across many client groups and more importantly keep individuals connected and involved in their local community.

In addition, the roll-out of self-directed support requires a market so individuals have choice in purchasing with their personal budgets.

The expansion of a Shared Lives approach would offer the type of innovation to the market that ensures that community based individual services offer real quality alternatives to traditional commissioning provision.

6. SUMMARY

A Shared Lives approach has been in place in Scotland for over 25 years now and has stood the test of time, providing life changing opportunities for many people.

This approach has demonstrated that it is an effective way to provide care and support to an individual, whilst continuing to promote independence and choice within the local community.

All 3 National seminars support this approach as one which enables and empowers people, utilizes community capacity and delivers quality in a cost effective way. Delegates at all 3 seminars posed the question, "Why WOULDN'T you invest in this model?"

Feedback from people who use Shared Lives confirms it delivers high quality support but still enables the individual to have more control and choice. This is backed up by independent Care Inspectorate reports.

Given the major transformational change underway across Scotland through the integration of Health and Social Care services and the continued focus on the need for the person requiring care and support to have more choice and control in their own home or a homely setting, the Shared Lives approach is an obvious one to grow and develop.

It meets all nine Scottish Government outcomes for a successful Health and Social Care service, is receiving very positive independent Care Inspectorate reports, is cost effective and makes best use of available resources and most of all continues to receive excellent feedback from people supported in this way.

The National seminars have enabled discussion about this approach between all key agencies and confirmed this approach is a viable one which needs to be made available in all localities as part of a menu of options for care and support.

7. RECOMMENDATIONS

The National Seminars were all well attended and raised the profile of Shared Lives in Scotland.

There was a consistency of message in terms of potential to develop Shared Lives at all three seminars and, a commitment to work in partnership to progress service improvements based on the Shared Lives approach.

It is important to maintain this energy so the framework and ideas established through the seminars can be transformed from words to action.

The following recommendations should be considered:

- To develop a comprehensive Marketing and Action Plan to expand Shared Lives service provision in Scotland. This will build on the foundation established through the National Seminars and aims to ensure Shared Lives services are embedded in all Health and Social Care Commissioning strategies.

- A meeting to be convened with Scottish Government officials to consider appropriate national support to develop the Shared Lives agenda further.
- To pursue funding potential for the appointment of new posts, with a strategic focus and operational remit to support the development of Shared Lives nationally.
- To establish a Shared Lives Scottish Champions network that has representation across strategic, operational and carer levels. This will ensure the Shared Lives message is communicated at all levels of Health and Social Care Integration.
- To showcase the strengths of the Shared Lives approach to:
 - a. Ensure this model continues to be invested in, across all Scottish Health and Social Care partnership localities.
 - b. To continue to promote and share information about the Shared Lives approach to shape and influence future commissioning planning. The production of a Shared Lives Plus Scottish DVD would be helpful.

Shared Lives has ordinary people doing an extraordinary job.

“The Shared Lives approach is one way to ensure that people are supported in their local community with that support fitting around the individual promoting choice and independence. The Shared Lives approach should be considered as one of a menu of options available to people who rely on care and support to achieve the lifestyle of their choice. Having played an active part in the presentations at the national Shared Lives seminars Health and Social Care Partnerships are to be encouraged to consider this approach as one of a number of other options in their locality.”

Dr Margaret Whoriskey
Director
Joint Improvement Team

ACKNOWLEDGEMENTS

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Philip English, Head of Adult & Criminal Justice Services, Aberdeenshire Council

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Sue Mahony, Team Leader Shared Lives/Adult Placement scheme, Aberdeenshire Council

Anna McEwen, Director of Support and Development, Shared Lives Plus

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Sandy Riddell, Director of Health and Social Care, Fife

Frank Robinson, Associate

Austen Smyth, Chief Executive, The Richmond Fellowship Scotland

John Wilson and Caroline Walker, Fife Events & Media Team

APPENDIX ONE

ARDEN HOUSE, FIFE
ABERDEEN CITY COUNCIL
ABERDEEN COMMUNITY HEALTH
ABERDEEN COUNCIL COMMUNITIES
ABERDEEN COUNCIL SHARED LIVES SCHEME
ABERDEENSHIRE CITY COUNCIL
ABERDEENSHIRE COUNCIL
ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
ABERDEENSHIRE SHARED LIVES
ACCOUNTS COMMISSION
ARGYLL AND BUTE COUNCIL
AUDIT SCOTLAND
CARE INSPECTORATE
CLS FIFE
CORNERSTONE
DUMFRIES AND GALLOWAY COUNCIL
DUNDEE CITY COUNCIL
EAST AYRSHIRE
EAST DUMBARTONSHIRE COUNCIL
EAST DUNBARTONSHIRE HSCP
EAST LoTHIAN
EAST LoTHIAN ADULT PLACEMENT SERVICE
EAST RENFREWSHIRE COUNCIL
FALKIRK COUNCIL
FIFE COUNCIL
FIFE ELDERLY FORUM EXECUTIVE
FIFE HEALTH AND SOCIAL CARE PARTNERSHIP
JIT
LOMOND & ARGYLL ADVOCACY SERVICE
MENTAL WELFARE COMMISSSION
MIDLoTHIAN COUNCIL
MORAY COUNCIL
MORAY HEALTH AND SOCIAL CARE PARTNERSHIP
NHS FIFE
NHS LANARKSHIRE
PERSONAL OUTCOMES PARTNERSHIP
PERTH AND KINROSS
QUARRIERS
ROBERT GORDON UNIVERSITY
SCOTTISH CARE
SHARED CARE SCOTLAND
SHARED LIVES EDINBURGH, CITY OF EDINBURGH COUNCIL
SHETLAND ISLANDS COUNCIL

SOUTH LANARKSHIRE COUNCIL
STIRLING AND CLACKMANNANSHIRE COUNCIL
THE RICHMOND FELLOWSHIP SCOTLAND
VAMVW CARE
WEST DUMBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP