

Intermediate care guidance for Shared Lives

2019



This is an extract for commissioners, from our full guide which you can find on our website and includes:

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Share our advert

Moving home from hospital

If you're recovering after an operation, illness or unexpected visit to hospital, like Ken, you could enjoy the comforts of a Shared Lives carer's home and support to get you back to your own home as soon as possible. [Watch our 2 minute film](#)

Guide for commissioners - Shared Lives intermediate care

In Shared Lives, a Shared Lives carer shares their home and family life with an adult who needs care or support to help them live well. Local Shared Lives schemes, which are regulated by the Care Quality Commission individually match trained and approved Shared Lives carers with people who need their support. In Shared Lives, the goal is an ordinary family life, where everyone gets to contribute, have meaningful relationships and are able to be active, valued citizens.

People using Shared Lives are supported by their Shared Lives carer to develop or maintain independent living skills, friendships and live as part of their local community; giving them a sense of wellbeing in a safe and supportive environment.

There are an estimated 11,880 people supported in Shared Lives in England and 13,450 across the UK. They are primarily adults with learning disabilities, mental ill health, autism and dementia, older people, young adults in transition, and people with a wide range of other support needs.

Shared Lives can help to reduce delayed discharges and provide support to people who require intermediate care by:

- Becoming involved when a person enters hospital and it is clear that they will not be able to go straight home after the intervention.
- Working with hospitals and discharge teams to identify people who could benefit from Shared Lives when they are ready to leave hospital but not yet ready to return to their own home.
- Shared Lives would be able to continue to provide support at the end of the intermediate care stay through day support and short breaks, enabling them to remain independent for longer and providing additional support to their family carers.
- People with multiple health issues requiring frequent visits to hospital would receive on-going support for all aspects of their care from the same Shared Lives carers providing continuity. The person could then use Shared Lives for support when needed rather than a hospital visit.

Shared Lives has proved to be particularly effective for people leaving hospital where traditional services have not been suitable, for example younger people recovering from a stroke, individuals being discharged from hospital following a

period of mental ill health and people requiring support until their accommodation is made suitable for them to return home.

Finding innovative and cost effective solutions to help deliver good quality outcomes for people who require intermediate care or reablement services is increasingly important. Shared Lives can offer financial savings as well as delivering positive outcomes for people and reduce the number of days people stay in hospital when they no longer need to be there.

The following costs demonstrate the savings that can be made:

- The mean cost per occupied bed per excess bed stay per day is £303 (DOH, reference costs 2016).
- The mean cost per service user for bed based intermediate care is £5672 per episode with an average length of service 26.8 days (NAIC 2015)
- The mean cost per reablement episode reported by commissioners is £1,484 for 2014/15 with the average time of service 34.5 days (NAIC 2015).

Compared to this the cost for a 24 hour stay with a Shared Lives carer is generally less than £100.

Steve's story

'I was living with my partner, running a B&B when I had a serious stroke and later two minor heart attacks. After four months in hospital, I was depressed, frail and my memory and cognition had deteriorated.

We knew I needed more support with daily living than my partner could provide. I was unable to return home and it made me frightened about my future, with clinicians uncertain about my further recovery. I wanted to live locally, so I could continue seeing my partner and I missed my dogs.

The Shared Lives scheme matched me, with two trained and approved Shared Lives carers who shared my sarcastic sense of humour, had dogs, and lived close by. They helped me through it all. When I arrived at their home, I never dreamt of being so independent again. I couldn't walk down the drive. Now I can nip up to town.

My Shared Lives carers helped me gain strength and confidence, walking a little bit further each time, until I could walk independently again. They helped me adapt to my memory loss with strategies for

managing money and banking, and supported me to make meals and manage my diet.

Since then I have booked a holiday and travelled on my own. I am very optimistic about life and planning a move into my own flat. Without the Shared Lives scheme I would have undoubtedly spent longer in hospital, had less choice about where I lived, and had a slower recovery.'

Shared Lives schemes are keen to develop services for people being discharged from hospital and welcome conversations with commissioners to support this work. A challenge Shared Lives have in developing intermediate care has been the slow pace at which health and social care systems recognise and embed new and innovative models. However when Shared Lives has been commissioned to support hospital discharge or avoid a hospital admission it has proved successful.

You can find out more by talking to your local Shared Lives scheme or contacting us.

Your local scheme is:

[Place local scheme details here](#)

Or contact:

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