

Social Impact Report

Shared Lives and TRIO



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Section 1: What is Impact Reporting?

PSS has long been committed to delivering services that strengthen communities and empower individuals.

As an organisation that seeks to create improvements in society, we need to measure and quantify not only what we do, but also how many people we reach, how effective we are at what we do, and to place a value on services we deliver. Having the evidence to demonstrate our social impact is important to us for two reasons. Firstly, our commitment to quality means that in order to improve our services' and service users' stories of change we need to understand what does and does not work. Good impact reporting will help us to tell these stories more clearly and to focus on achieving even more for those we are supporting. Secondly, we are motivated by legislative and regulatory requirements such as the Public Services (Social Value) Act 2012 which place a duty on organisations like ours to demonstrate how our services might improve the economic, social and environmental well-being of society.

We prioritise social impact reporting because:



The ultimate aim is to look at our service and the people we work with - and be able to answer the question - are we doing any good? Importantly, going forward, we want to be able to do this in real-time so that we actually help to manage impact, as opposed to just measuring it.

This report for Shared Lives at PSS looks at the outcomes for people who are unable to live in their own homes for a variety of reasons, as well as for the Shared Lives Carers we recruit and support to provide the care. The report looks at people we have supported in 2016-2017 through Shared Lives, as well as specifically focusing on some of the specialist projects and models in the services including the TRIO service for people with Dementia and the hospital-to-home services to facilitate hospital discharge.

Section 2: Who We Are

Shared Lives is a personalised alternative to home care and care homes for disabled adults and older people. It is used by around 15,000 people in the UK and is available in nearly every area. Shared Lives was formerly known as “Adult Placement” which was actually founded here at PSS back in 1978, and we are proud to say that we are one of the foremost providers of Shared Lives in the UK and are continuing to expand and deliver this model of care throughout the country.

At PSS we have schemes across seven different areas each with a dedicated team of PSS staff managing the process. The service is delivered by self-employed Shared Lives Carers who are recruited and approved through a rigorous assessment process which is itself subject to quality assurance by an independent panel. PSS provides training and support for the Shared Lives Carers as well as carrying out regular visits to the service user and carer to ensure the placement is working well and addressing any issues. The service usually involves the Shared Lives Carer sharing their home and family life with the service user; providing accommodation and support according to their needs in a home environment. This can be on a long-term basis for people who cannot live on their own or with family, or for short breaks to provide respite for their families or carers. However PSS is also exploring other ways that Shared Lives can be used as a day opportunity or as a step-down option to enable timely discharge from hospital.

As of 2013, around **15,000 people** were supported through Shared Lives Schemes in the UK.

All the PSS Shared Lives Schemes are **rated as Good** in England and are approved by the regulator in Wales.



On average, **9.4%** of people with learning disabilities in the UK living in a care setting are supported in a Shared Lives arrangement, with **17.9%** of those in the North West¹.

Section 3: Why Shared Lives is Important

Shared Lives is a different service from traditional homecare or residential care. There are some elements of Shared Lives which make it ideal as a service and setting to provide care and support for people, as well as some organisational benefits for PSS as the provider, and the local authorities who commission the placements.

Why Shared Lives is Important...



Personalised

The process takes into account service users' wishes on where they want to live and the type of household they want to live in. By 'matching' placements, it ensures that the carer shares the same interests and supports the service user to pursue their hobbies and interests.



Reducing Care Costs

Social care when provided in the community is generally always cheaper than care provided in hospital or residential settings. People can also come to Shared Lives from Supported Living or residential care as a more independent alternative. Costs can also be avoided by the support being provided in a way that helps individuals to flourish in the community.



Community-based

The Shared Lives model allows people to live independently in a household, preferably in their local community, enabling them to maintain and build on their social networks. By encouraging people to live with families, this also breaks down stigma towards disabilities.



Interdependence

Some of our services at PSS have the aim of helping people to live, or work towards living, independently, like Community Support or Supported Living. Shared Lives can help people on this path also, but predominately is about helping people to live as part of normal household with a sense of belonging and to feel settled with the people and community of their choice.



Safe and Open

Shared Lives Carers go through robust recruitment and screening before being accepted onto the scheme, and the ongoing monitoring of the placement ensures the ongoing safety of the service users. The model also means care is provided in the community and not behind closed doors, lowering the chances of people being deprived of their liberty.

Section 4: What we want to achieve

Identifying the outcomes being achieved in Shared Lives is not a simple task. Lots of different tools are used in social care to measure outcomes. These include the Adult Social Care Outcomes Toolkit (ASCOT), which captures some quality of life measures, and the Warwick-Edinburgh Wellbeing Scale (WEMWBS) which looks at outcomes for mental health.

Whilst these tools are useful, they can be very broad in what they report, may be too complex for people with learning disabilities and often aren't specific enough to the service being offered (e.g. for Shared Lives it wouldn't include 'feeling part of a family').

Therefore, Shared Lives Plus in collaboration with the Personal Social Services Research Unit (PSSRU) completed a piece of work to develop a Shared Lives Outcome Measurement Tool called 'My Shared Life'; which focuses on a range of outcomes. The tool involves staff going through a short questionnaire with service users and looks at both how happy and satisfied the service users are, as well as the impact that Shared Lives has had on different aspects of their lives.

Our Shared Lives Midlands scheme has been involved in rolling out the 'My Shared Life' tool with some positive results; and therefore we have adopted a version of those outcomes into our Impact Report.

We want to help improve our service users' lives by...

Enabling them to have greater control over daily life

Promoting positive occupation and participation

Improving their family and personal relationships

Encouraging greater involvement in the community

Improving their physical and emotional wellbeing



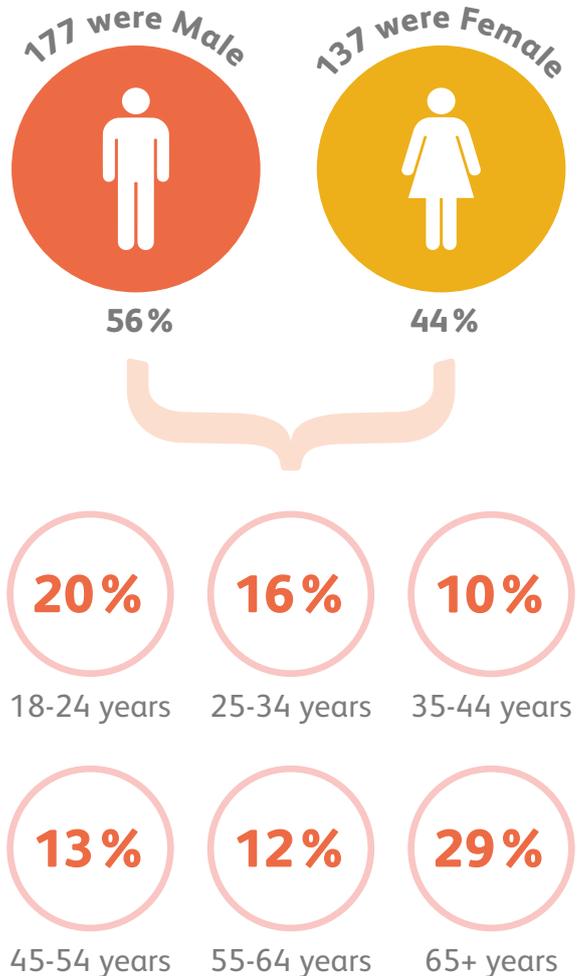
Section 5: Who we work with

The Shared Lives services we provide not only operate in a number of locations, but provide for a good balance of male and female clients, age groups and different needs demonstrating the diversity of the people we work with and support.

We worked with...



Of our 314 Service Users...



Duration of Placement:



Need of Service Users:

- 62.5%** Learning Disability
- 17%** Dementia
- 15%** Mental Health
- 5.5%** Other

Of our 312 Shared Lives Carers...



Being a Shared Lives Carer

Jane's Story...

Jane Williams is one of our North Wales Shared Lives Carers who live in a secluded house deep in the Welsh countryside. Jane and her husband Heddwyn share their home with two gentlemen who have learning disabilities and mental health issues.

Jane and Heddwyn have a close family and where possible they spend a lot of their time together either eating, socialising or holidaying. Jane fully encourages the two service users who live with her to get involved in family life and she has established a good routine that works for everyone.

Jane has an array of animals including 3 dogs, 2 rabbits, 3 horses, a parrot and a goat which everyone helps to look after. In order to keep the household running Jane ensures everyone helps out which in turn promotes independent living skills. Jane has been involved in a caring role for many years including looking after family members with mental health issues. As well as this Jane volunteers for her local branch of MIND. Every day Jane makes sure the service users have access to local services. The household can often be found having massages, attending cooking classes or creating art work together.

Before joining PSS Jane was an approved landlady for tenants needing extra support. When she heard about Shared Lives, Jane saw this as a natural progression of her role and 12 years later she is still providing a secure nurturing environment for those who need a little time and patience. Jane is a huge advocate for Shared Lives stating "I don't think many people realise this service exists but it's a terrific way for a person to work within their own home". Shared Lives has given Jane the flexibility to earn a living whilst still continuing to support family and work from home. Jane says 'I couldn't imagine living any other way and I believe the benefits for vulnerable adults living in a home environment are huge, really helping to improve their quality of life. It is very rewarding work.'



"...it's a terrific way for a person to work within their own home".

Section 6: What our clients' and carers' journey is like

Shared Lives Carer

Stage 1: Shared Lives Carers are proactively recruited - they express an interest and submit an application.

Stage 2: Shared Lives Development Workers from PSS meet with the prospective carer and discuss the process.

Stage 3: Prospective carer goes through the recruitment process - application, checks and references - this can take some time!

Stage 4: The prospective carer goes to a Panel where their application is discussed and presented for approval.

Carer Not Approved

Stage 5: Both the service user and Shared Lives Carer now go into the matching process, where the Shared Lives Team work to find a suitable placement which complements them both. In this period the Shared Lives Carer also undertakes the mandatory training.

Stage 8: The placement continues with regular support from the Shared Lives Development Worker making regular visits and ensuring that training and safety certificates are up to date; and that the service user and carer are both happy with the placement.



Service User

Stage 1: Local authority submits a referral to PSS for a placement - either long-term, short-term, respite (and sometimes emergency).

Stage 2: PSS staff work with local authority and assess if the placement would be suitable.

Placement Not Suitable

Stage 3: If suitable - PSS would carry out a needs assessment and the basis of a support plan.

Stage 4: We build a profile of the service user which can be used as we look to find a suitable placement with them.

Stage 6: A match is made and an introductory meeting takes place between the service user and the Shared Lives Carer. This is done over a number of stages including an initial visit, a dinner and an overnight stay.

Stage 7: If both the service user and the Shared Lives Carer are happy with the arrangement, the placement will be agreed, confirmed by the Local Authority and the Shared Lives Agreement will be completed.

Section 7: What we have achieved in 2016/17



2016-17 has seen some positive achievements across Shared Lives service at PSS.

- Wirral Shared Lives contract was won, and came back to PSS in January 2017.
- Shared Lives Merseyside achieved **98% compliance** in their most recent inspection from Liverpool City Council which is an excellent result.
- Shared Lives Wales achieved **Silver Status** in the Small Workplace Awards in 2016.
- All English Shared Lives Services at PSS are **rated 'good'** by the Care Quality Commission, and in Wales Shared Lives there were no areas for improvement identified by the inspectors.

Our survey results for the year also showed...



of Shared Lives service users, and 82% of Shared Lives Carers stated they would **recommend the service to family and friends**.



of Shared Lives service users stated they were **happy or very happy with the quality of service overall**, and that the service had a positive impact on their quality of life.



of Shared Lives Carers stated they were **happy or very happy with the quality of the service they received** from the PSS team.



of Shared Lives Carers stated they thought they had a **positive impact on the quality of life** of the people they support.

Improving service user's family and personal relationships

Shared Lives Carers have a unique role, in that when they open their home to someone as part of a placement, they enable them to become part of their family and to develop social relationships with the people in their lives.

They can also facilitate the service user maintaining positive relationships with their own family and friends where possible, and provide support for them to pursue and develop personal relationships.

For some service users, the placement will be a short-term respite placement, to enable their own family or regular Shared Lives Carer to have a break from caring, and to ensure that a positive familial relationship can be maintained.



Inputs from PSS		Outputs and Achievements of Service Users / Individuals	
<ul style="list-style-type: none"> • Shared Lives Carers provide support for service users to maintain relationships with families. • Provision of short-term respite placements to enable families and Shared Lives Carers to continue their caring role. 		<ul style="list-style-type: none"> • 92% of all placements remained stable throughout the year. • Positive self-reported outcomes for users in relation to their relationships with family and friends. 	
Stakeholder		Outcome and Value Added	
Service Users / Individuals	79% of the PSS Shared Lives service users stated in the 2016 annual survey that they felt that the scheme had a positive impact on their ability to maintain relationships with family and friends. 20% said there had been no impact and just 1% said there had been a negative impact.		
Shared Lives Carer	88% of the Shared Lives Carers who we surveyed in 2016 stated that they felt they had a positive impact on the person they support's ability to maintain positive relationships with their family and friends.		
Public Sector	Maintaining stable placements is highly beneficial to commissioners, as the cost of temporary placements in residential care is extremely high. A weekly residential care placement (based on the long term rate) is on average 51% higher than the cost of a Shared Lives Placement (see Section Twelve for more information on financial costings). Supported Living Placements are 35% higher than the cost of Shared Lives also.		

Shared Lives Merseyside

Gill's Story...

Gill is a 78 year old lady with a learning disability and was referred to Shared Lives by her niece. Gill had lived all her life with her mother and in later years with her sister Jane in the Vauxhall area of Liverpool.

Gill and Jane had shared interests, went everywhere together and shared the same circle of friends. However when Jane died, Gill was left in the house on her own which she didn't like as it made her very nervous and anxious. Gill's other family initially provided a 24 hour care package to Gill, but couldn't maintain this as they had family and work commitments of their own.

Gill has a strong bond with her family members and there is a lot of love and affection between them, and they were very concerned about her future. Together they considered other forms of housing such as supported accommodation and sheltered housing. Then they read about Shared Lives in the local newspaper and decided to make enquiries. After discussing this further with the team they agreed that this would be the best option for Gill as she would feel safe and secure within a loving home environment.

When Gill was referred to Shared Lives, we worked with her to match her with carers who could meet her needs. Gill was used to having a big family and her house was the hub where all the family gathered, so on that basis Gill successfully matched with Eve who already had a service user living with her as well as her teenage son. Eve's house is very lively and Gill has since thrived at the placement. She has surprised everyone with how well she has settled and how well she gets on with the other people who live at the house, including 3 cats and a dog; in fact one of the cats has adopted Gill and has taken to sleeping on her bed which she doesn't mind at all.

Gill is quite adventurous and is always willing to try out new places and has been on many trips supported by Eve whilst living at the placement including the Coronation Street Studio Tour, Disneyland Paris, Blackpool and Llandudno. Gill has also requested to go on holiday abroad which Eve is going to organize for this year.

Gill's family is still a big part of her life and visit and talk to her regularly, and this is fully supported by Eve who recognised the importance for Gill to maintain those family relationships. The family feel happy that Gill has settled so well, had made new friendships and is receiving the care and support she needs.



Promoting positive occupation and participation

Participation and involvement in everyday occupation is vital for everyone, and the World Health Organisation has identified that participation actually has a positive impact on health and wellbeing.

Research has also shown that for people with disabilities, this may mean they are involved in less diverse participation which is located more in the home, involves fewer social relationships, and includes less active recreation³. Positive occupation and participation can range from practical activities, to talking to someone, to getting out of the house more. For older users often this includes learning new things such as using a computer or social media, and for younger adults it includes gaining employment, volunteering, and education.

Inputs from PSS		Outputs and Achievements of Service Users / Individuals	
<ul style="list-style-type: none"> • Service users are supported by Shared Lives Carers and development workers to find employment, training or educational opportunities or other meaningful occupation. • Individuals in the TRIO service are supported to carry out meaningful activities of their choice throughout the day by their TRIO companion. 		<ul style="list-style-type: none"> • 6 service users are in paid employment. • 78 are in some form of education - 25% of the total of our Shared Lives users. • 46 carry out volunteering or informal work placements. • Of the remaining clients, a proportion are of non-working age or their needs are too great to enter work or employment - however they engage in meaningful occupation and day opportunities. 	
Stakeholder	Outcome and Value Added		
Service Users / Individuals	<ul style="list-style-type: none"> • 91% of the service users we surveyed in 2016 stated that the Shared Lives project had a positive impact on their social lives. • 55% of the service users we surveyed in 2016 stated that the Shared Lives scheme had a positive impact on their ability to work, volunteer or enter into education. This increases to 62.5% when we exclude individuals in the TRIO service who tend to be over the working age. 		
Shared Lives Carer	<ul style="list-style-type: none"> • 76% of Shared Lives Carers who responded to the annual survey felt that they had a positive impact on the people they supported and their ability to work, volunteer or enter into education. 		
Wider Society	<ul style="list-style-type: none"> • 6 service users in paid employment creating a contribution to the economy through tax and reduced benefit claims, and 46 in voluntary employment and work placements creating value to the economy. • 78 service users in education to increase positive life chances for future employment as well as improving self-esteem, health and wellbeing. 		

PSS Midlands

Mitchell's Story...

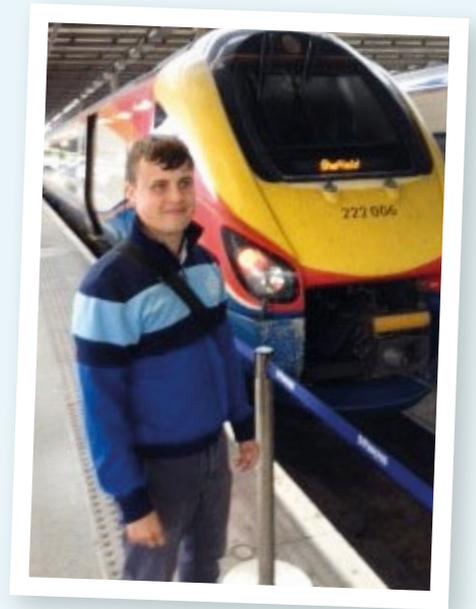
“Since I was 8, I’ve loved trains and I’ve always wanted to work on the railway. However at school and college, I kept getting told I couldn’t do it for health and safety reasons because I have a learning difficulty.

Linda and John who are my Shared Lives Carers did not settle for this and said that I should have the same chance and choice as anyone else should, so they contacted the careers officer. She came to see us all and said she had heard of volunteering at Kidsgrove Station near Stoke. She promised that she would talk to them and see if it was possible for me to volunteer there. She came back to me and told me that they were willing for me to volunteer there and she even offered to support me there for the first few weeks.

I then got spotted by a manager from East Midlands trains because I was doing so well who told me there was a 4-week pilot scheme coming up aimed at getting people with special needs to come into the railway industry. I was put forward for it and achieved that over the four week period. The manager told me that a further 2 people were waiting to start work there now, both with learning difficulties.

A couple of months after I finished that training I had a phone call saying there was a Saturday job available at Sheffield, doing train cleaning 9-5. I said yes and I have been doing it every Saturday since then. The managers said in a years’ time I could be working on board, doing on board stuff such as cleaning tables and collecting cups.

I have achieved this with determination from myself but also support from Linda and John. They said if I had a dream, “I should go for it” so I did, and they supported me all the way.”



Improving service user's physical and emotional wellbeing

Service users in Shared Lives settings can be living with physical disabilities, learning disabilities and mental health issues - including specific conditions such as sensory impairment, dementia and autism.

This is why the matching process in Shared Lives is so crucial, as it is important to be sure that the carer is able to provide the type of support required according to the individual's needs. Because the support often includes personal care and support with medication, Shared Lives is a regulated form of social care, and at PSS our Shared Lives schemes are all registered with the Care Quality Commission in England and the Care and Social Services Inspectorate in Wales - with all meeting the fundamental standards required. Our Shared Lives Carers actively work with service users in a number of ways to help them maintain and improve their physical and emotional wellbeing.

Inputs from PSS		Outputs and Achievements of Service Users / Individuals	
<ul style="list-style-type: none"> • Support to maintain good physical health, through support to attend GP and hospital appointments. • Support to administer medication • Promoting good wellbeing in a comfortable and safe environment. • Support with exercise and healthy eating. 		<ul style="list-style-type: none"> • Greater sense of wellbeing - with 88 % of surveyed service users stating there was a positive impact from the service on their health and wellbeing. • Achieving greater levels of independence to manage own medication, take part in positive activity and make healthier choices. 	
Stakeholder		Outcome and Value Added	
Service Users / Individuals		<ul style="list-style-type: none"> • 88 % of the service users we surveyed in 2016 stated that the Shared Lives project had a positive impact on their health and wellbeing. • Emotional health boosted by being part of family and not being institutionalised. • Shared Lives helps maintain physical and emotional health (e.g. supporting service users to not drink alcohol to excess, manage depression and their own medication). • Living in a Shared Lives placement with a signed agreement and fixed costs gives peace of mind (re: accommodation, finances) 	
Shared Lives Carer		<ul style="list-style-type: none"> • 100 % of Shared Lives Carers who responded to the annual survey felt that they had a positive impact on the health and wellbeing of the people they supported. 	
Public Sector		<ul style="list-style-type: none"> • Improved levels of health and wellbeing will result in reduced reliance on health services including GP attendances, contact with psychologists and medication for conditions such as depression. • 92 % of placements are stable, resulting in more settled individuals and reduced need for sourcing alternative and potentially more costly arrangements. 	

Shared Lives Merseyside

Anne's Story...

Anne was adopted at a young age and has experienced mental health issues since the age of 13. She has diagnoses of schizophrenia, borderline personality disorder and post-traumatic stress disorder - all of which have caused her family relationships to be strained and for her to be compulsorily admitted to acute psychiatric units in the past.

These conditions cause her to hallucinate, experience anxiety, poor sleep, self-harming and difficulty in maintaining positive relationships. Anne has also expressed some dislike towards health professionals, and has deliberately avoided taking her prescribed medication due to fearing for the safety of her family. Following a period in residential care, Anne joined PSS and was matched with a Shared Lives Carer - Beth, who provided intensive, positive emotional support to help her to continue to sustain significant relationships and to improve her own perceived levels of self-worth and efficacy. Practical support from Beth included successfully directing Anne towards addressing her future needs, including competent financial and daily living skills and education and employment by supporting Anne to attend college.

To address Anne's health and wellbeing needs, Beth also provided prompt, appropriate responses to minimise further risk, including alerting health professionals when required and educating Anne around 'safe' self-harming. As a result of the Shared Lives intervention, Anne began to engage more positively with health and social care professionals and her relationship with her immediate family significantly improved and provided another layer of support that was previously quite fragile. She has also developed and maintained new friendships through college.

After a successful year in the placement, and with the support of PSS at a time when she was struggling, Anne ultimately made the decision to voluntarily move into residential rehabilitation services. This was in order to regain control of her mental health needs and ensure she is fully able to take her own medication as prescribed.

During the 12 months that Anne spent with Beth and PSS, she achieved many outcomes and continues to maintain contact with the scheme, Beth and her family. Anne has recently expressed her gratitude towards PSS for the family support and inclusion we have provided her with.

Whilst Anne's placement at Shared Lives did come to an end, it is evident that she has come a long way from being sectioned, refusing to engage with health services and having a difficult relationship with her family; to making conscious decisions on her own behalf with her health and wellbeing in mind, and a supportive family unit behind her.



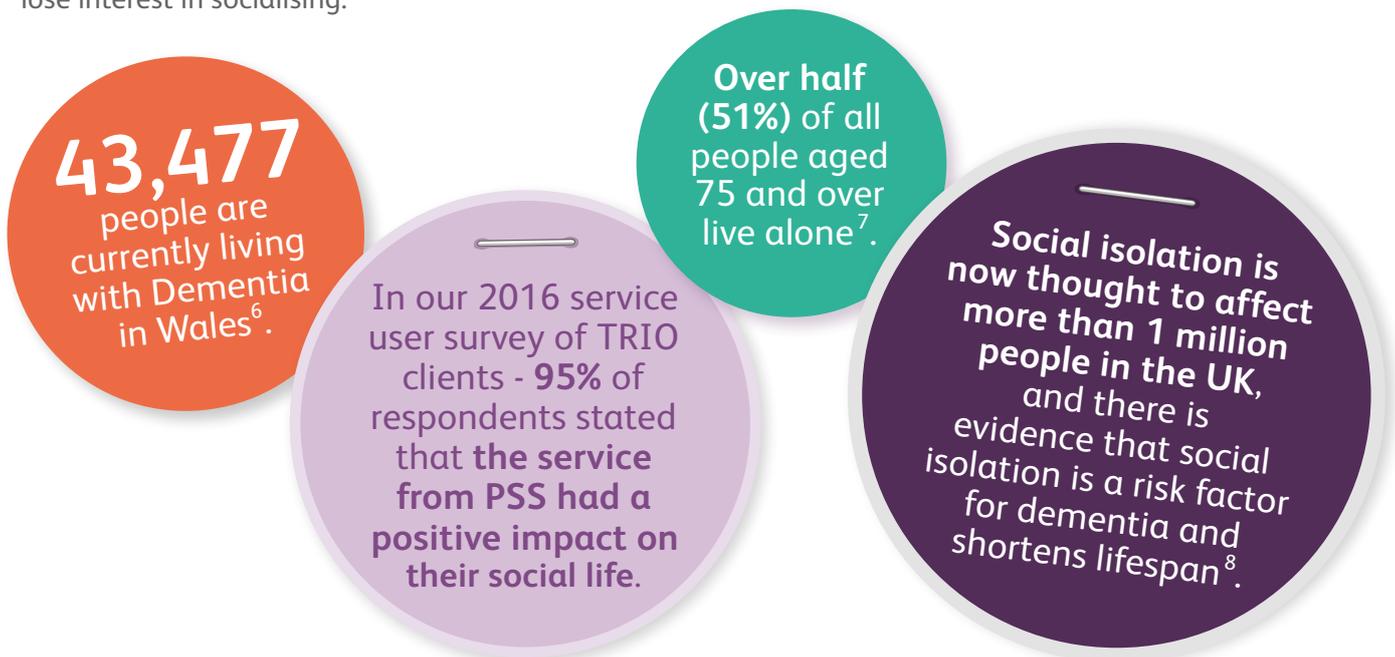
Section 8: **Spotlight on TRIO**

TRIO is a unique Shared Lives project based in Wales to support older people with Dementia to take an active part in their communities with the support of Shared Lives Carers known as TRIO Companions.

In 2011, the Welsh Government's National Dementia Vision for Wales: Dementia Supportive Communities was launched with the ambition to have services across Wales working to strengthen communities, creating a key resource for people affected by dementia at local and national level and building on local improvements from the grass roots up to achieve a network of local dementia supportive communities. The ambition is to ensure that people at all stages of Dementia are given the best chance to live well and to be an active part of a family and community life⁴.

Why the TRIO service is important...

Two of the biggest issues facing the ageing population today are dementia and social isolation; two things which are often connected. According to the Alzheimer's Society there are around 850,000 people in the UK with dementia⁵ estimated to rise to 2m by 2051. One in three people over 65 will develop dementia, and two-thirds of them are women. As well as the commonly associated problems of dementia such as memory loss, mental agility and understanding, people with dementia may also struggle to maintain their independence, find social situations challenging and potentially lose interest in socialising.



A report by Age UK Oxford for the Campaign to End Loneliness commented that traditional social care services have failed to find solutions to loneliness and social isolation among the elderly and vulnerable. The Care and Support White Paper in 2012 identified Shared Lives as an approach which could help people to grow their social networks and tackle isolation; and therefore the TRIO service in Wales has aimed to do just that.

Not only is it an innovative means of providing day support outside of a traditional day centre, but it focuses specifically on older people who are at risk of social isolation and more specifically older people with dementia where there is additional risk. The scheme matches the individual with a TRIO companion and supports them to participate in meaningful activities of their choice, often with other individuals involved.

Evidence-based service - NICE Quality Standard (QS30)

The TRIO service is an excellent example of embedding best practice into service design and delivery. In April 2013, the National Institute for Health and Care Excellence published a social care Quality Standard titled “Dementia: Independence and Wellbeing” (QS30), which includes 10 quality statements which, if met, demonstrate that providers are going above and beyond fundamental standards of care, and delivering high-quality evidence-based services. Whilst NICE Guidelines and Quality Standards are mainly applicable in England; the evidence base behind them, and the nature of dementia, means that the best practice should be applicable throughout the United Kingdom. The quality statements within QS30 are fairly broad, but there are measures attached which we will be using with the TRIO service as part of their Quality Reviews to help demonstrate service effectiveness.

The set-up and delivery of TRIO demonstrates that we are meeting the following quality statements:

- **Quality Statement 2** - People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
- **Quality statement 3** - People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change.
- **Quality Statement 4** - People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
- **Quality Statement 5** - People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
- **Quality Statement 10** - People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

Economic Impact

There are significant economic benefits to a model like TRIO where people can have 1:2 or 1:3 day support, as it is significantly cheaper than if those individuals were to receive day support or more intensive community support. To determine the economic savings for TRIO in 2016-2017, we compared the hourly cost per service user at TRIO, with the hourly cost of Community Support⁹, and the hourly cost of day care as an alternative provision to combat social isolation¹⁰.

The results were that in 2016-2017:

	Community Support	Day Care Support
For those receiving 1:2 support	TRIO was £2.13 cheaper per hour than community support.	TRIO was £2.17 cheaper per hour than day care support
For those receiving 1:3 support	TRIO was £4.63 cheaper per hour than community support	TRIO was £4.67 cheaper per hour than day care support

Overall - TRIO has saved the commissioning authority a minimum of £13,546 in 2016-2017 based on the number of individuals in the programme.

In addition to the actual costs of commissioning the service, there are further benefits in relation to the emotional and mental wellbeing of the service users, and the reductions in their attendance at health services, or reliance on medication. Going forward this is information we aim to capture to be able to fully report on the social impact of the service, but the benefits can be shown through the following case studies, which demonstrate the real impact on our users.

TRIO

Peggy's Story...

Before accessing the TRIO scheme, Peggy had very little social interaction or contact with others and had become very isolated. Following her referral, we carefully matched her with a TRIO companion on a one-to-one basis, to help build her confidence being in the community and reducing her anxiety.

The match took into account Peggy's interests in gardening and so she was matched with another keen gardener who enjoys visiting garden centres. With encouragement Peggy has started to access local services and is now going out on her own, shopping locally and socialising more. Even better, she has also visited the doctor and has stopped requiring the medication she was taking for her anxiety and depression.

"I have something to look forward to now, and I can't ask for more - it couldn't get any better. I feel like the old me again, and I like being asked to do things. If you wait for the day when you feel like doing something - that day never comes. It's nice to be encouraged."



TRIO

Ivy's Story...

Ivy started with TRIO from the beginning and always saw Monday as her special day and wouldn't make any other appointments on this day. Ivy loves just been out and about, shopping, eating homemade food and having a nice drive out in the car but also enjoys just walking with her dog. When Ivy goes out with Claire - her TRIO companion - she does find it difficult to remember things and finds verbalising hard sometimes, but they manage well.

In Ivy's words:

"It has filled my life - it makes me feel happy and that makes me feel safe. Claire and I are very nicely balanced in interests and thoughts - I feel I am quite a free bird."

In Ivy's daughters words: "Before TRIO, mum had lost all confidence and had become increasingly isolated, as the friends she used to socialise with had also drifted away as most social activities she had were sport related which she is no longer able to participate in. I think TRIO has had a significant positive impact on her emotional wellbeing. The variety of activities she has done have really lifted her and helped her to see that she can still socialize and participate in activities, albeit in a supported way. As I live some distance away from mum and work full time, knowing she has company and has another person observing her wellbeing in the week also reduces my anxiety levels about her and so the project has a positive impact on both of us. Long may it continue! Having regular updates and particularly the photos of mum enjoying herself is reassuring and really lovely to see."



"The variety of activities she has done have really lifted her and helped her to see that she can still socialize and participate in activities."

Section 9: Spotlight on Hospital to Home

Delayed Transfers of Care or 'bed blocking' as it is commonly known, is where patients are deemed ready to be discharged, but remain in a hospital bed which they strictly do not need. In most cases this is as a result of delays in the NHS or because of a lack of sufficient social care to facilitate a timely discharge.

The scale of the problem...

According to figures released by the NHS, in December 2016 there were **195,286 delayed days of care.**

97,194 (49.7%) of these days were as a result of the patient awaiting nursing, residential or domiciliary care, or equipment and adaptations to facilitate their discharge.

A further **31,356 (16%)** were as a result of awaiting non-acute NHS care such as rehab or intermediate care.

18,862 (9.6%) of the delayed days were as a result of patient choice where they were unhappy with the options given to them.

The cost of delayed transfers of care

A study has forecast a 24 per cent rise in the number of delayed transfer of care beds between 2015/16 and 2020/21, costing a total of £3.3 billion by 2020/21. In contrast, it has estimated that caring for bed blocking patients in care homes would cost just £835 million across the entire five year period¹¹.

Estimated savings due to a reduced hospital stay are approximately £70. This is derived from the average cost of an excess bed day which is £222 per night¹².

The role of Shared Lives

Whilst Shared Lives is best suited for longer-term placements, the model means that our schemes often have a number of Shared Lives Carers in place who accept short term placements, and would be able to do with a reduced notice period. Whilst this would mean that the scheme wouldn't be able to go through the usual extended matching period; it does mean that we can provide support in a home environment, where an individual is unable to return to their own home. This not only facilitates their recovery in a comfortable family setting, but also ensures that they are discharged sooner, reducing the risk of infection in hospital and creating bed capacity within the NHS.

We are currently piloting hospital-to-home Shared Lives in Merseyside and in the Midlands services as a proof-of-concept, aiming to facilitate timely discharge from hospital, matching a recovery placement based on the needs of the service user and the abilities and environment of the Shared Lives Carer. A condensed form of monitoring is also in place throughout the placement to measure progress, as well as the potential to follow up following the end of the 'reablement' period, to demonstrate the lasting impact of the discharge and recovery.

Section 10: What our clients say about us

In our annual survey we collect feedback from Shared Lives service users and carers from all PSS Shared Lives services. Here is what they said about our services in the 2016 survey:

Shared Lives Service Users...

“I am very happy with the help I get to stay in work and the help I get to be as independent as I am.”

“It’s good. It helps me understand what is happening in my life.”

“An excellent service which is very much appreciated. I go out with TRIO once a week and the day is always varied and interesting. I have made new friends and always look forward to my TRIO day out.”

“I feel that PSS are very kind and thoughtful and they carry out a good service for people with needs. I would like to thank the whole team for their support.”

TRIO Service Users and Family...

“PSS provides a fantastic service. Being given the opportunity to go out with such lovely companions is so reassuring and allows clients to socialise and “get out the house” safely.”

“The time PSS take to find the correct companion is why it works.”

“The service you provide giving my mother companionship and giving her stimulus by taking her out is invaluable.”

“First class, very pleased with the service. I feel very comfortable.”

“Love TRIO, such a lovely day. Couldn’t ask for better.”

Shared Lives Carers...

“ I have been a carer for over ten years and am pleased to say that I have no complaints whatsoever about PSS as an organisation. The last ten years have been very happy for me and I have really enjoyed my role as a carer. This is largely due to the personalities and support system of PSS. I feel I am valued and that I am doing a valuable job. ”

“ For me as a carer this service provides a break from caring. The PSS worker couldn't be more helpful and caring. From feedback from my daughter they do lots of activities and her stay there is well planned. It's a home from home personalised service that you would not get in a care home. I will be recommending this service to anyone. Brilliant! ”

“ We are continuing to enjoy our roles as Shared Lives Carers. We feel that the young people living with us are happy and are moving forward and maturing. We are proud of them and feel fulfilment from our support. We are very happy with the Shared Lives workers who have supported us recently. Thanks for their professionalism and modern and friendly approach. ”

“ Have always had all the support whenever necessary and have all the courses set out for us to be able to do other work. Rewarding work. ”

“ Very satisfied with the PSS service. Always ready on the phone to resolve issues and provide guidance on matters that arise. The service has been an advantage (most helpful) when there are problems and as such things have been dealt with very quickly. Emails are responded to quickly. Enormous credit to PSS staff. ”



Section 11: Cost-Benefit Analysis

As part of our work in Shared Lives, we have completed a cost-benefit analysis on the project. The intention going forward is to look more at the outcomes achieved for clients on an individual basis to try and put a human and emotional cost on the outcomes that we help them to achieve.

However for this year, we have looked at the different options available to local authorities for clients with different needs, and have looked at the cost-benefit of using Shared Lives as a model of support, compared with other types of support that are provided. For the cost-benefit analysis we have looked at the savings that local authorities can realise by using Shared Lives as a model of care.

How we did the cost benefit analysis...

To get the service user figures:

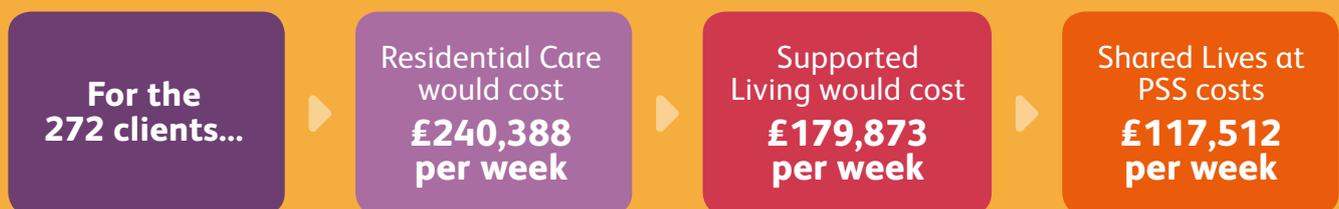
- We looked at only the clients who were in long-term placements in Shared Lives at PSS - a total of 272 clients on a snapshot date in the year¹³.
- We broke down the service users into their client categories (for the residential costs).

To get the financial data:

- For the residential financial data - we used national figures from the 2015-2016 PSSEX1 return for England¹⁴ for residential placements costs for each of the local authorities that we work with, along with average data for residential placements in Conwy in Wales. We applied the costs to the client categories we hold, as the cost of packages vary depending on need.
- For the supported living financial data - we used the average costs of Supported Living placements at PSS (as used previously in their Impact Report).
- For the Shared Lives financial data - We used local figures on the average costs (including the management fees) of our long-term placements for each of the Shared Lives Schemes we provide in each of the areas.

The overall result was...

To get the service user figures:



This means that Shared Lives is 51% cheaper than residential care, and 35% cheaper than Supported Living. On average - a Shared Lives Placement at PSS would represent an annual saving of **£23,491** per person than if they were to be placed in residential care, or an annual saving of **£11,922** if they were placed in Supported Living.

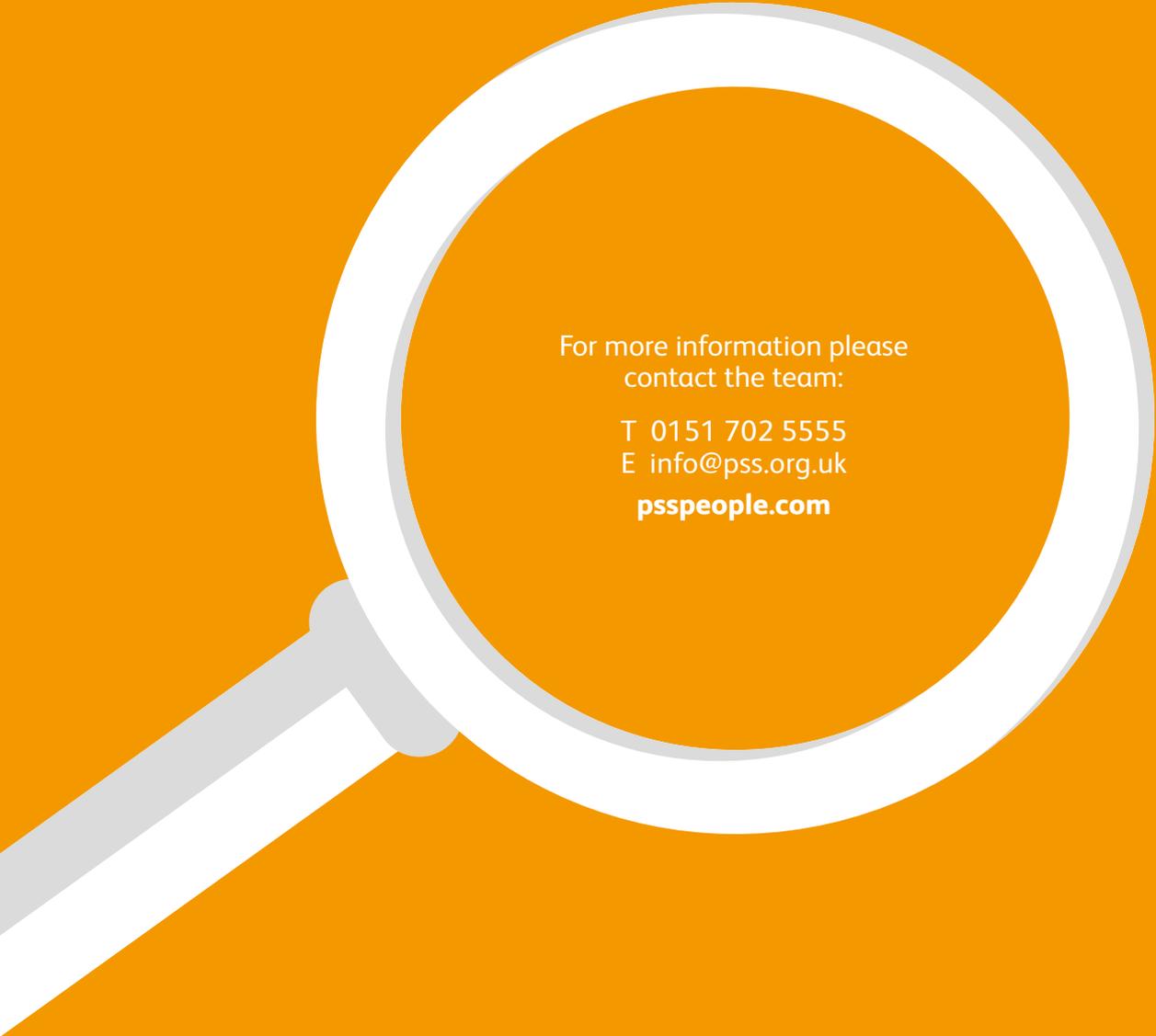
These figures are broadly in line with a Social Finance UK report, which identified a potential cost-saving of approximately £26,000 per Shared Lives placement when compared with other forms of more expensive care (residential)¹⁵.

Appendix 1: Cost Benefit Analysis - Savings to Local Authorities

PSS Shared Lives Scheme	Number of Service users	Residential (£ per week total) ¹⁶	Supported Living (£ per week total) ¹⁷	Shared Lives (£ per week total) ¹⁸	Annual difference in cost of residential v Shared Lives ¹⁹	Annual difference in cost of supported living v Shared Lives ²⁰	Average saving per person in cost of residential v Shared Lives ²¹	Average saving per person in cost of supported living v Shared Lives ²²
Merseyside ²³	88	72,627.30	58,194.40	38,361.84	1,781,803.92	1,031,293.12	20,247.77	11,719.24
Manchester	9	9,465.84	5,951.70	4,689.00	248,395.46	65,660.40	27,599.50	7,295.60
Staffordshire	52	60,941.70	34,387.60	23,855.00	1,928,508.51	547,695.20	37,086.70	10,532.60
Wales ²⁴	67	48,371.99	44,307.10	29,204.63	996,702.72	785,328.44	14,876.16	11,721.32
Wirral	46	36,756.14	30,419.80	16,606.00	1,047,807.27	718,317.60	22,778.42	15,615.60
Wolverhampton	10	12,226.00	6,613.00	4,795.60	386,380.72	94,504.80	38,638.07	9,450.48
TOTAL	272	240,388.97	179,873.60	117,512.07	6,389,598.60²⁵	3,242,799.56²⁶		
Average cost saving per person							£23,491.17	11,922.06

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- Investing in Shared Lives (2013), Social Finance UK.
- I live with other people and not alone": a survey of the views and experiences of older people using Shared Lives (adult placement)", Brookes et al : Working with Older People, Vol. 20 Iss 3 pp. 179 -186.
- Participation in the Occupations of Everyday Life (Law) American Journal of Occupational Therapy, November / December 2002, Vol. 56, 640-649.
- National Dementia Vision for Wales – Dementia Supportive Communities - Welsh Assembly Government (2011).
- https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk/2
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- (ONS, 2010)
- Later Life in the United Kingdom, Age UK (2017) : Factsheet.
- Based on the Liverpool Community Support cost per hour, which is one of the lower rates.
- PSSRU Unit Costs of Health and Social Care 2016 - p28 - £13 per hour.
- Care After Cure : Creating a fast track pathway from hospitals to homes, Crawford et al (2016).
- Costing Statement for NICE Guideline 27 (Transition between inpatient hospital settings and community or care home settings for adults with social care needs) 2015.
- Excluded TRIO and Birmingham as there was only one client placed and the annual management fee to support set-up would have skewed the figures.
- <http://www.content.digital.nhs.uk/catalogue/PUB22240>
- Investing in Shared Lives (2013), Social Finance UK.
- Residential figures taken from the PSSEX1 for 2015/16 and local FOI figures. This is a total figure and is made up of different figures for each client type.
- Based on the PSS average for supported living of £661.30.
- Based on averages for the Shared Lives packages in these areas. Figures are inclusive of management fees.
- If the number of clients in Shared Lives were in residential care - this would be the annual additional cost to the local authority.
- If the number of clients in Shared Lives were in supported living - this would be the annual additional cost to the local authority.
- This is the average saving per person than if they were to be in residential care.
- This is the average saving per person than if they were to be in supported living.
- Shared Lives Merseyside figures are based on residential rates for Liverpool Council in the PSSEX1 form and Liverpool Council rates in Shared Lives.
- BBC Cost of Care Calculator - Average Residential Placement costs for Conwy Council (based on 13-14 data).
- 2 placements broke down in the year where the clients transferred to residential in Liverpool, incurring additional costs of £51,870 - reducing this figure to £6,337,728.60.
- 2 placements broke down in the year where the clients transferred to supported living in Wales, incurring additional costs of £23,442.64 - reducing this figure to £3,219,356.9.



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