



# Social Impact Report

## Shared Days: Elderly Mental Health Pilot



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# Section 1: What is Impact Reporting?

**At PSS, we're committed to helping people change their lives for the better.**

We want to provide services that strengthen communities and empower individuals, and we're always on the hunt for new ways we can help create real improvements in society. To make sure we're doing this, we need to measure how many people we reach, how effective we are at what we do, and the value of the services we deliver. This will show us our social impact.

**We prioritise social impact reporting because:**



We often hear stories of the changes we have helped make in the lives of our service users. We shine a light on these stories as part of our impact reporting process, helping to make them clearer and allowing them to show us what we're doing well and what we need to do better for our service users.

This social impact report looks at the work done by our Shared Days: Elderly Mental Health (EMH) pilot in Wales. This service looks at the outcomes for older people with moderate stage Dementia or mental health issues, who are supported within the community to remain as independent for as long as possible. The report looks at citizens we have worked with in 2016-2017 who have been matched with Shared Days Companions through the pilot and supported in the community.

The ultimate aim of this report is to look at what we do and be able to answer the question - **are we doing any good?**

# Section 2: Who we are

## Shared Days and Shared Lives

The Shared Days Elderly Mental Health pilot is based within Shared Lives Wales and works with people with moderate to late stage dementia and focuses on providing respite to informal carers as well as reducing isolation. This is done on a 1:1 and 2:1 session basis due to the progression of dementia and we work within Denbighshire's local authority area. People are supported with a range of needs including personal care.

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.

Shared Days in Wales includes TRIO and the EMH pilot which operate across North Wales providing support to a number of local authorities. This is done on a 1:1, 2:1 and 3:1 session basis.



## The Model

There are two models available for the Shared Days EMH service:

1

We provide a Companion worker supporting 2 individuals (who may or may not have family) with moderate stage dementia in the Companions home. This is a weekly service provided in both North & South Denbighshire

2

We provide One to One support for individuals with Moderate stage Dementia to access community / voluntary based activities and leisure opportunities

# Section 3: Why this service is so important

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 life <sup>1</sup>.

## Why the Shared Days EMH 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 dementia <sup>2</sup> 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.



**43,477**  
people are  
currently living  
with Dementia  
in Wales <sup>3</sup>

In our 2016 service user survey of Shared Lives Wales citizens who were living with dementia – 95% of respondents stated that **the service from PSS had a positive impact on their social life**

# Section 4: What we aim to achieve

The aims of this service were to support people with a range of practical needs, as well as to reduce social isolation, provide meaningful occupation - and importantly - enable the person to remain in the community for as long as possible.

Not only does this prevent unnecessary demand on the health and social care system, but also promotes greater independence for the citizen themselves.

## The objectives of the EMH pilot were:

To meet needs of the people with moderate stage Dementia, particularly those whose support needs include personal care

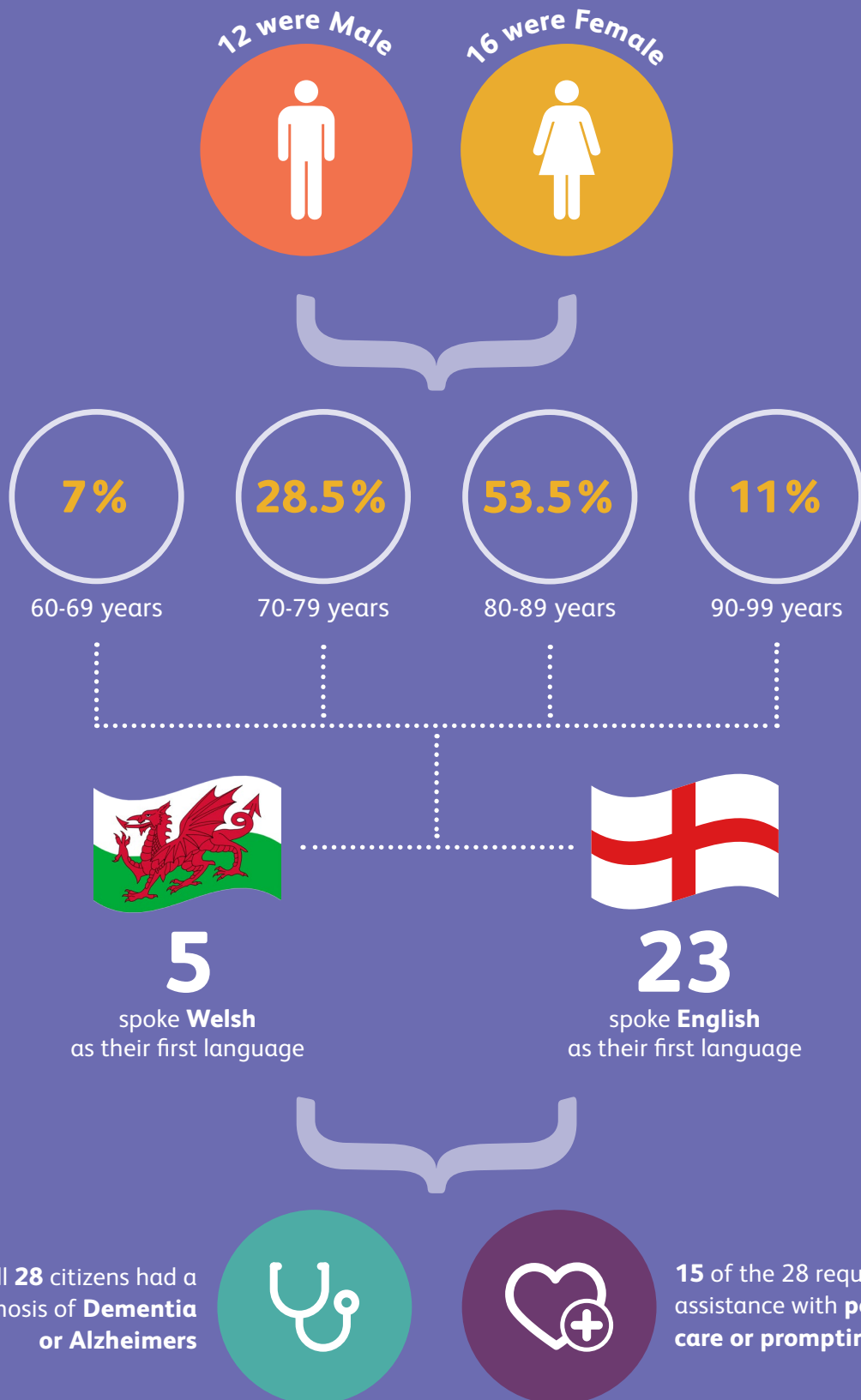
To enable citizens to remain in their own home for as long as possible and relieve pressures on EMH residential / nursing homes

To provide stimulating opportunities that will reduce isolation and delay progression of the disease



# Section 5: Who we work with

In the financial year April 2016 - March 2017, we worked with 28 individuals who were referred, of which:



# Section 6: Our citizens' journey at Shared Days



**Stage 1:** Initial referrals are made to the Shared Days scheme by Denbighshire Community Support Services and dealt with by EMH project workers.

1

**Stage 3:** Referral is taken to matching and an arrangement & Companion are identified.



**Stage 2:** Referrals should provide satisfactory information for the Shared Lives Development Worker to continue with the assessment. This should include an up to date Unified Assessment, an up to date care plan and a risk assessment.

2

3

4

**Stage 4:** Initial visit is carried out with family and citizen to explain Shared Days and how it works.

5

**Stage 5:** 2nd visit to citizen with Companion and a start date is agreed if they are happy to continue.

6

**Stage 6:** Shared Days works with the citizen to complete paperwork, THIS IS ME & Risk Assessment before placement starts.

7

**Stage 7:** Arrangement commences.





# Section 7: What we have achieved in 2016/17



- ✓ The Shared Days EMH service offered **15 sessions per week** with **5 Companions**.
- ✓ This included **1:1 & 2:1 sessions** over a **46 week period**.
- ✓ **420 sessions** were provided in 2016/2017.

To meet needs of the people with moderate stage Dementia, particularly those whose support needs include personal care

What we have done	The difference we have made	Going forward
We have an “Active offer” of Welsh language & male companions. We have been able to facilitate this with citizens by using one of our Shared Lives Carers who is a Welsh speaker	We have been able to meet the needs of citizens who wish to converse in their chosen language	A stable offer will enable us to focus more on recruitment, with attention paid to gender, location and language to enable us to meet a diverse range of needs
We have ensured that part of the eligibility criteria is that the service is for those who may no longer be suitable to access services such as singing for the brain, or EMH community groups	by using 1:1, 2:1 and 3:1 sessions we have been able to meet the personal care needs of 15 citizens throughout the duration of the pilot. This is essential for some individuals as a need in this area can prohibit them from accessing day services	A stable offer will enable us to accept more citizens into the service with personal care needs

## David's story...

David is a gentleman in his 70's who is living at home with his wife and has a diagnosis of Dementia. Due to his diagnosis, his relationship with his wife Bet had become strained and they were not receiving support from group settings as Bet did not believe that they were the right place for him. As David's condition deteriorated, his personal care needs increased making attending groups upsetting and uncomfortable for him.

David was introduced to the Shared Days service in Wales and was matched with a Companion called Alf who, like David, is also very passionate about motor cars, new or old.

During the time they have been out they have visited the Jaguar Garage which David thoroughly enjoyed. They have also had a day out in Chester, travelled on the Great Orme Tramway in Llandudno and visited the Welsh food centre at Bodnant.

Since starting with Shared Days, David has come to really appreciate the social contact with Alf that he didn't have before. David said "it is great just to talk about men's stuff like cars and boats. I really enjoy spending time with Alf - we get on great and have a really good time"

David's wife Bet is also thrilled with the service and acknowledged that not only does it help David, but also supports her to continue her caring role

**In Bet's words:** "I'm very pleased with the pace and quality at which the service has been put in place. It was really useful to have the opportunity to meet up and speak in depth with Alf who has shown great patience and understanding in enabling us to put the right sort of support in for David. This will provide much needed respite for myself and enable me to participate in some of my hobbies. I feel more than confident that Alf will provide my husband with a good quality of care and support. I have also noticed that when David comes home, he tries to remember and talk about what they have done that day and doesn't just nod off in the chair. For me it gives surety that he is happy to be where he is and I get relief from the guilt I feel."



## To enable citizens to remain in their own home for as long as possible and relieve pressures on EMH residential / nursing homes

What we have done	The difference we have made	Going forward
We have ensured that part of the eligibility for referral is that it is for citizens for whom the probable alternative would likely be admission to care home	We have maintained 14 of the 28 placements throughout the full financial year. Of the 14 that closed - 4 of the service users were eventually admitted to residential care	A stable offer will enable us to accept more citizens into the service and enable them to remain in the community and out of residential care
We have provided a home based service to ensure family carers still receive support and respite	We have been able to deliver ongoing services to 14 people throughout the year, enabling them to remain at home	A stable offer will enable us to accept more citizens into the service with personal care needs

### Peggy's story...

Before accessing the Shared Days 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 Shared Days 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"*



## To provide stimulating opportunities that will reduce isolation and delay progression of the disease

What we have done	The difference we have made	Going forward
<p>Laminated cards provided to the citizens accessing the service showing the picture of the Companion and the day of the week they go out</p> <p>We ask the Companions to keep journals to identify activities attended during sessions. This allows citizens accessing the service to discuss their day with friends and/or family</p> <p>We monitor the placements through the Companions 4-6 weekly to reduce anxiety for the people accessing the sessions</p>	<p>We have maintained 14 of the 28 placements throughout the full financial year and have enabled people to remain active in the community and to access services, support and meaningful occupation – including trying new things like horse riding and biking</p>	<p>A stable offer will enable us to accept more citizens into the service and enable them to continue to access services in the community, remain socially included and active</p>



## Ivy's story...

Ivy started with Shared Days from the beginning and always saw Monday as her special day and wouldn't make any other appointments on this day. Ivy loves just being 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 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 Shared Days, 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 Shared Days 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."*

## Evidence-based service - NICE Quality Standard (QS30)

The Shared Days EMH Pilot 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 transferable across all regions, including Wales. The quality statements within QS30 are fairly broad, but there are measures attached which we will be using with the Shared Days EMH service as part of their Quality Reviews to help demonstrate service effectiveness.

The set-up and delivery of Shared Days EMH 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.



### References

- <sup>1</sup> National Dementia Vision for Wales – Dementia Supportive Communities - Welsh Assembly Government (2011)
- <sup>2</sup> [https://www.alzheimers.org.uk/info/20025/policy\\_and\\_influencing/251/dementia\\_uk/2](https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk/2)
- <sup>3</sup> [https://www.alzheimers.org.uk/info/20025/policy\\_and\\_influencing/251/dementia\\_uk/2](https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk/2)
- <sup>4</sup> <https://www.payingforcare.org/care-home-fees>
- <sup>5</sup> <https://www.payingforcare.org/care-home-fees>

# Section 8: **Economic impact**

Due to the time-limited nature of this pilot; a full cost-benefit analysis or SROI was not undertaken. The outcomes captured for the service are based on qualitative information and feedback received from the Citizens using the project.

However looking at the outcome of enabling people to remain independent and out of residential or nursing care; the economic benefits of the pilot are clear. 14 individuals were supported to remain independent for the duration of the pilot year.



The cost of delivering each session varies from £40 for a 4 hour session per person or £60 or £70 for a 6 hour session, depending on whether it is 1:1 or 2:1.

**The cost per week for these 14 people was £860**

The average cost of residential care home per week, per person is £566<sup>4</sup>.

**This would be a weekly cost for those 14 people of £7,924**

The average cost of residential care with nursing per week, per person is £769<sup>5</sup>.

**This would be a weekly cost for those 14 people of £10,766**

Whilst there is obviously a large difference in the hours of service provided – meaning this is not a ‘like for like’ comparison; the economic benefits of ensuring that people remain in the community with day support, as opposed to deteriorating to the point where a residential admission is required is evident.

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