



Leicester City Council Scrutiny Review

Alternative Care for Elderly People

**A Review Report of the Adult Social
Care Scrutiny Commission**

December 2013

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Adult Social Care Scrutiny Commission

Commission Members:

Councillor Dr Lynn Moore (Chair)
Councillor Lucy Chaplin (Vice-chair)
Councillor Dawn Alfonso
Councillor Luis Fonseca
Councillor Rashmi Joshi
Councillor Rob Wann
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Chair's Foreword

It has been a pleasure to chair this review which has looked at a constructive and humane approach to solving the problem of offering company and support to an aging population, which grows in size annually.

I'm particularly grateful, as usual, to the work carried out by members of the commission and to the officers who support us. Many thanks also to the members of the Leicester City Council Shared Lives team; and for all those other Shared Lives personnel – in Lincolnshire, Oxfordshire, Hampshire and Leicestershire - for the information they have provided for as to how the schemes work in their areas.

I'm also very grateful to Liz Kendall, MP, for attending a commission task group, reporting on her contacts with the Shared Lives schemes nationally and for her measured and sensible encouragement to report on the benefits Shared Lives can offer while acknowledging that it is only one of a set of options which must be made available to older people in providing for their care.

Lastly and by no means least, thanks to the Assistant Mayor for Adult Social Care, Cllr Rita Patel, for deciding to invest in Shared Lives in anticipation of a positive Scrutiny review.



Councillor Dr Lynn Moore
Chair, Adult Social Care Scrutiny Commission

1 Executive Summary

1.1 Background to the Review and Key Findings

- 1.1.1. We were keen, in the current economic climate, to look at creative and innovative ways of supporting elderly people which could go some way to overcoming the effects of cuts in provision, particularly in the closure of elderly persons' homes. The long-term success of fostering looked-after children as an alternative to placement in children's homes offered an interesting model. It was encouraging to discover that schemes offering "foster placements" for elderly persons already operated in many parts of the UK, providing another option to people who could no longer care for themselves with support in their own homes, but who might lack family members to augment independent support.
- 1.1.2. In early 2013 the commission received a report on the Shared Lives Scheme, already operating in the city, which supported independent living but was aimed more at those recovering from illness or with learning difficulties, so that it had a slightly different ethos to long term fostering.
- 1.1.3. The scrutiny commission were keen therefore to examine whether this scheme could be adapted and extended to support elderly people to live in family homes as another alternative to residential care. It wanted to ensure that the scheme is well suited to deliver this effectively.
- 1.1.4. During the review the Executive put extra financial resources into the scheme. With this in mind the commission changed the scope of the review to examine whether the extra resources put in are sufficient and if the service provided meets the need for supporting elderly people.
- 1.1.5. The commission heard much evidence about the scheme and looked at examples of schemes already in operation from across the country. The Chair also visited Lincolnshire to see their scheme first hand and meet organisers, carers and an elderly client.
- 1.1.6. The benefits of the scheme to users was apparent but it was also noticeable that the scheme would not be suitable for everyone and also was not the only solution to the dilemma of providing affordable care for elderly persons who have become too frail to support themselves.
- 1.1.7. Liz Kendall MP was invited to give evidence to the review and speak of her experiences of schemes nationally through her role in Labour's front bench team as Shadow Minister for Care and Older People. Liz spoke highly of the benefits of the scheme particularly in supporting dementia sufferers as a preventative measure and as a real alternative to institutional support.
- 1.1.8. Liz agreed to investigate national schemes further and report back to the commission about their viability and the resources they required.

- 1.1.9. With the scheme expanding due to extra resources the commission asked for assurances that the scheme would be effectively evaluated after the first year before further expansion.

1.2 Recommendations

The Assistant Mayor for Adult Social Care and the Executive are asked to consider the following recommendations:

- 1.2.1. The current investment is welcomed. The scheme needs to be targeted to offer greater support to older people.
- 1.2.2. Greater use should be made of local media (Leicester Mercury and BBC Radio Leicester) to promote the scheme.
- 1.2.3. Evidence gathered by Liz Kendall should be used as part of a first year evaluation to monitor whether a better alternative or method is possible.
- 1.2.4. The current model should be evaluated after its first year of operation, with a report of findings to commission before expanding the scheme further.

2 Report

2.1 Background

- 2.1.1. The scrutiny commission were keen to examine alternative methods of care for elderly people and in particular whether the Shared Lives Scheme could be adapted to support elderly people to live in family homes through methods such as fostering or mirroring traditional extended family set ups; rather than in residential care.
- 2.1.2. With this in mind the review considered evidence from officers. The Chair actively looked at other areas where the Shared Lives Scheme was functioning across the country and spoke to several organisers. She also made a visit to Lincolnshire.
- 2.1.3. Liz Kendall MP was invited to the commission to give evidence on her experience of Shared Lives schemes, encountered as part of her work as Shadow Minister for Care and Older People. Shared Lives Scheme (SLS)
- 2.2.1. In Shared Lives, an adult (16+) who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered Shared Lives carer. Together, they share family and community life. In many cases the individual becomes a settled part of a supportive family, although Shared Lives is also used as day support, as provision of breaks for unpaid family carers, as intermediate care on discharge from hospital, and as a stepping stone for someone to live independently. Shared Lives carers and those they care for are matched for compatibility. In most cases, they develop real relationships, with the carer acting as 'extended family', so that a

person can live at the heart of their community in a supportive family setting.

- 2.2.2. Shared Lives is used by older people, people with learning disabilities, people with mental health problems, care leavers, disabled children becoming young adults, parents with learning disabilities and their children, people who misuse substances and (ex-) offenders.
- 2.2.3. There are 8,000 Shared Lives carers in the UK, recruited, trained and approved by 152 local schemes, which are regulated by the government's social care inspectors. In 2010, England's care inspectors, Care Quality Commission (CQC), gave 38% of Shared Lives schemes the top rating of excellent (three star): double the percentages for other forms of regulated care.
- 2.2.4. When people labelled 'challenging' have moved from care homes or 'assessment and referral units' into Shared Lives households there have been annual savings of up to £50,000 per person realised. The average saving is £13,000 per person.
- 2.2.5. Locally there is a very small scale SLS in comparison to much larger schemes in other parts of the country. Also in Leicester the scheme is run by the city council whereas many (but not all) other schemes are run independently of the council.

2.2 Leicester's Shared Lives Scheme

- 2.3.1. The cost of supporting people through the SLS is separated into two areas; the majority of the cost consists of payments made directly to carers. The remainder covers running costs such as staffing and marketing. The below table summarises costs for 2011/12:

Payments to Carers	
Residential Placements	£523,800
Day Services	£89,600
Total Payments to Carers	£613,400
Shared Lives Team	
Staffing Costs	£131,200
Running Costs	£7,600
Total Team Costs	£138,800
Total Cost of Scheme – 2011/12	£752,000

£486,100 of this came from the Adult Social Care base budget, with the remaining £266,100 coming from customer contributions.

2.3.2. Carers in the scheme are paid standard amounts for the support that they provide based on banded levels dependant on the needs of the user. For 2012/13 these rates are as follows:

Band 1	Older People	£224 per week
Band 2	Mental Illness/Drug & Alcohol	£241 per week
Band 3	Dependant Older People	£274 per week
Band 4	Learning Disability	£291 per week
Band 5	Physical Disability	£344 per week
Band 6	Special Care	£320 per week
Band 7	Severe Multiple Disabilities	£411 per week

2.3.3. If carers are providing support during the day and not providing residential accommodation they are paid one of two rate dependent upon level of need:

Higher rate - £53.38 per day

Lower rate - £34.33 per day

2.3.4. The commission heard that an additional £115,000 was designated for 2013/14 staffing costs to increase the team from 3FTE staff members and 0.5FTE Manager to 6FTE staff and 1 FTE manager. A small amount was earmarked for marketing and additional costs for an increase in carers such as insurance costs.

2.3.5. With a greater capacity in the team, they are able to cater for a larger number of carers in that more evaluations and more promotional work for the scheme can be carried out

2.3.6. The scheme currently supports 30 long term placements and it is aimed to increase these to 60 over three years.

2.3.7. The commission questioned whether a carer's house could be adapted to support certain users as part of the scheme. It was confirmed that users are very carefully matched to carers and the amenities available to the carer, including the suitability of the house. If indeed a carer was suitable but the house wasn't. there might be an option of exploring specific grants to carry out adaptations.

2.3.8. The commission agreed that the move to put extra resources into the scheme was a very positive development and that this investment should be applauded. However, whilst mindful of this there was also agreement that there should be an evaluation after the first year before any further expansion of the scheme to ensure it is meeting the needs of users and is financially viable.

2.3 Visit to Lincolnshire

- 2.4.1. The commission chair visited Lincolnshire to review the operation of their SLS (Appendix A). The scheme in Lincolnshire operates independently of the local authority.
- 2.4.2. The scheme in Lincolnshire supports 400 users with a range of needs and caters for older people, the learning disabled and people suffering from dementia. The organizers admitted difficulty recruiting volunteers as carers but they actively publicise their scheme through a range of avenues.
- 2.4.3. The visit also involved meeting a carer, and a user and her family. It was clear that the carer derived a great deal of reward and satisfaction from participating in the scheme. She had supported multiple users. The user and her family spoke highly of the scheme: indeed, her daughter was convinced that her mother's dementia had diminished since joining the scheme.

2.4 Evidence from Liz Kendall MP

- 2.5.1. Liz Kendall MP was invited to give evidence to the commission from her experience of Shared Lives Schemes as Shadow Minister for Care and Older People.
- 2.5.2. The commission heard from Liz that often care is not personalised for an individual in an institutional setting. In such cases the individual is expected to merge into the culture and needs of the institution rather than the needs of the individual being catered for. However it must be acknowledged that there will always be a need for some residential care for those people whose condition has worsened to the point where they need specialist facilities.
- 2.5.3. Liz also stated that the quality of care for people with dementia is often impaired in institutions as dementia sufferers can be seen as difficult. Personal and individualised care based on a strong relationship can be very important for them.
- 2.5.4. Therefore it is important to look at alternative methods of care for older people. Whether it is through the SLS or through time banks (where people offer a certain amount of their time e.g. an hour) or other initiatives, there is a need to look at resources available in the community which can offer a better quality of care, such as regularly visits and support from neighbours, family or volunteers.
- 2.5.5. Liz stressed that SLS could not be the only solution to the care of older people who can no longer live independently. They should be considered as a part of the preventative agenda to cater for a particular spectrum of need. The commission members agreed.

- 2.5.6. Commission Members asked Liz in her capacity as Shadow Minister for Care and Older People to investigate other schemes across the country and the feasibility and scalability of such schemes in terms of costs and resource. Liz agreed to look further into this so that it could be considered by the scrutiny commission and the Executive.
- 2.5.7. The commission members would like the information produced by Liz Kendall MP to be considered by the Executive as a means to consider alternative care for elderly people based on a wider analysis of best practice models.

2.5 Communication and Publicity

- 2.6.1. Leaflets (Appendix B) have been developed which give people information on how to become a carer as part of the scheme. Case studies have been produced to describe others' experiences as carers and how rewarding the process has been for them (Appendix C).
- 2.6.2. The Shared Lives Team are working closely with the Marketing team to raise the profile of SLS, both to recruit new carers and to raise awareness of the service to potential users and their families. The council jobs' website contains a link to the Shared Lives web pages as a further way to recruit new carers.
- 2.6.3. Commission members suggested greater use of local media to promote the scheme such as the Leicester Mercury and BBC Radio Leicester.

2.6 Conclusions

- 2.7.1. The commission has heard that the scheme offers many benefits to users and can provide a viable, humane and attractive alternative to people being housed in an institutional environment. Nonetheless it was agreed that it is one of a spectrum of preventative support measures and should not be considered as a solution for all older people who need support.
- 2.7.2. The commission welcome the extra resource put into the scheme but would urge that an evaluation is completed after the first year to analyse the effects of the scheme and its financial viability.
- 2.7.3. Along with an end of year evaluation, information offered by Liz Kendall MP as to national best practice of alternative care methods should also be considered.
- 2.7.4. The commission would like to be kept informed of progress of Leicester's SLS with an update and evaluation to be brought back to the commission after the first year.

3 Financial, Legal and Other Implications

3.1 Financial implications

To follow

3.2 Legal implications

To follow

3.3 Equality Impact Assessment

To follow

3.4 Other Implications

None

4 Summary of Appendices

- Appendix A – Visit to Lincolnshire
- Appendix B – Information Leaflets on How to become a carer
- Appendix C – Case study flyers
- Appendix D – Evidence from Oxford and Hampshire to follow

5 Officers to Contact

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Notes on visit to Shared Lives scheme in Lincolnshire 11 March 2013

Meeting with Shared Lives Team

We will be meeting one client who has respite care and day care from Shared Lives carers – she pays out of her personal budget. She is in her 80s, has dementia and lives with her daughter and son-in-law. Her respite carer also gives day care to three adults with dementia.

There are four day care groups in Grantham called “Sprightlies” which meet weekly. A paid daytime worker oversees transport to meetings. The groups are no bigger than 15. All are elderly and some have dementia. Some live with families, some in their own home. Some are self-referrals, some are referred by social workers, some from the third sector. Meetings can be in a community lounge, or in some cases at a carer’s home (who is paid) with no more than 3 people in the group.

There are no local authority homes in the authority: all homes are run by private providers. Some carers go into residential homes to work with clients. The number of older people in the county is above the national average, so social services are stretched.

A menu of options is provided to clients, printed on an attractive cardboard concertina.

Shared Lives has worked with Age UK Lincs and LACE (a provider of residential care) from A&E Lincoln to prevent admission to hospital. They provide transport home and whatever is necessary to block a bed. There is no local authority involvement. They are able to do this as there is no bureaucracy, so they can develop the quality of ideas.

They support 400 clients with ratio of elderly to learning disabled adults shifting to former. They accept clients with mental disability and dementia. One of the defining factors of the client group was mental age.

They employ two day care staff, but numbers have dwindled since personalization. They can’t afford to market the scheme as much as big providers, but they provide quality and stimulation and estimate that this prolongs life for at least 2 to 3 years. They are subject to quality assurance CQC checks and have contracts with the LA so checks are in place.

Even with a long term placement, carers also need respite. They have difficulty recruiting volunteers.

They market via a website, literature distributed to organisations, libraries, marketing events with Age UK, church groups, Alzheimer’s Society.

Most Shared Lives carers were female. Carers were a mixture of couples and single persons, often with care experience. Recruitment tended to be by word-of-mouth with a once-a-year drive.

Interview with Brenda (not her real name) a shared lives carer

Brenda worked in the private residential sector but disliked not being able to give individual personal care.

She and her husband decided to take in someone they knew. He was referred to them by Shared Lives and his social worker. It took about a year to be vetted. They looked after this man for 10 years to his end of life and he became part of their family. He had been looked after by his parents before this and had been very indulged. He came to them when he was 59. He had severe learning difficulties, was partially-sighted, was afraid of noise, particularly distant noises and was a very strong character. He could be very stubborn. They were able to introduce him gradually to different experiences. Their grandchildren helped, because he had to learn to take turns.

They became his advocate when an eye-operation went badly wrong and he lost all sight. This revealed the extent of his learning difficulties, such as no ability to be independent. They used their own experience to support him such as observing comforting routines for him, helping him to access day care, encouraging him to join in family routines such as meal preparation, watching TV. They moved to a bungalow to help him have easier access to his room. They supported him through an operation for bowel cancer, but when he had to go into care while Brenda had a hip replacement, he lost weight, was not being fed properly, lost confidence, so even though they were able to bring him home, he died shortly afterwards.

After this Shared Lives suggested that they could offer respite care and they now supported 14 clients, eight regularly – the youngest with learning difficulty was 37, most were over 60 with two in their nineties. Most were living at home on their own or with their family. Brenda and her husband enjoyed this very much and it was such fun for them meeting different people. It got them out of the retirement rut. Regular spots were booked with them. Great care was taken matching them to clients. They were still learning to be specific to make sure what clients' expectations were i.e. it wasn't a holiday although they provided enjoyable experiences. They were so pleased that they could offer this, particular to older people who might not be able to speak for themselves.

If they had a new referral, there would be a two or three night introductory stay. Both carers and client had a choice whether to accept. There was latitude over length and timing of stay so managing their diary was an issue. They were able to step in as necessary, and would work with other carers to get optimal arrangements for the client. They dealt directly with clients' families. As they were a couple, they didn't feel any need for supervision to vent any frustrations, although there was a providers' forum with representatives from each area to cascade information.

Interview with Ethel (not her real name) an older person; and her daughter and son-in-law NB The carer was not present

Ethel was 93. She had started her contact with Shared Lives by going to a Sprightly group, which she had attended for six months. She now has respite care with Brenda for 7 days at a time. She enjoys talking to Brenda's father in law, her grown-up children and her teenage grandchildren – and the family's five cats! Everyone is very kind.

Everything was very nice and comfortable: a bedroom and WC, with use of a bathroom. There is a wheelchair for her if needed, a commode and other appliances. Food was very good and they often go out for meals. She watches TV with the family or can go to bed at 9 and watch TV in her room. They give her her medication. She gets a good night's sleep: the bed is very comfortable. She would give 10 out of 10 for the care she receives. She liked Harrison House before (a care home) but prefers Brenda and her husband as it's "more fun". She looks forward to staying with them.

She also goes out every Friday at 2pm with a Shared Lives carer for coffee and cake; and she goes weekly to a carer's home to play games such as Scrabble and dominoes.

She pays £10 per Sprightly session with extra for lunch. £469.98 for a week's respite care with Brenda costs £469.98, with Ethel paying £127.38 out of her personal budget. She pays £43.80 (10am to 3pm) for at-home games session and pays for her own lunch. She pays £12.80 an hour for three hours "coffee and cake".

Ethel's daughter said that they now get peace of mind when she goes to respite care. At first, they were very worried about leaving her, and about back-up if there was a problem. Now they can enjoy their week on their own and don't feel any need to telephone to see if she is OK. Ethel takes her own spending money with her and Brenda provides receipts e.g. for meals out. It is very helpful that Ethel has her own budget. When this arrangement was first mooted, Ethel was reluctant to consider it, but on her first visit to Brenda's house, she booked her first stay within an hour of arriving. They felt that Ethel's dementia has improved because of the weekly stimulation of her outings.

They described the process of placement: the social worker met with the family, talked about respite care, arranged a visit to the carer's home to be shown around. They were given time to think about it and asked to get back in touch to book. A care plan with assessment was drawn up and when complete, the placement was set up.