

## **MAJOR REVIEWS IN 2014/15 – WITNESS SESSION (3)**

### **Shared Lives Placements with estimated costings**

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#### **REASON FOR ITEM**

To consider a series of costed case studies, illustrating how the Shared Lives Scheme might achieve future savings should this be developed in the future.

#### **OPTIONS AVAILABLE TO THE COMMITTEE**

To question the witnesses about Hillingdon's Shared Lives Scheme, the potential of the scheme to deliver savings and the further work required to develop this in the future.

#### **INFORMATION**

At its meeting on the 9th September 2014 the Committee requested officers to provide case studies and for these to be costed to illustrate how savings might be made, costs avoided and illustrate how the scheme might be developed further in the future.

In previous meetings, Officers have highlighted there may be the potential to develop the service by increasing the number of available placements by recruiting an additional cohort of approximately 20 carers. It is anticipated these carers would offer placements to people with a range of needs across all three levels.

The cases studies provided are based on provision for existing clients in the Shared Lives scheme and show a range of cost avoidance from £129 to £565 per week when compared to the average cost of a Residential Placement for the same client group.

The current Shared Lives Scheme has 20 placements. The current staffing for this scheme could work with up to an additional 20 clients without incurring additional costs. This increase in placements could deliver a cost avoidance of approximate £180k per annum based on an additional 10 cases at Level 1, 7 at Level 2 and 3 at Level 3.

The Shared Lives Scheme demonstrates that it is and has the potential to be a very cost effective and person centred model of care, with high satisfaction levels and outcomes among users

If the conclusion of the Committee is to expand the current Shared Lives Placements Scheme , a more detailed appraisal of the financial impact of the expanded scheme will be undertaken to identify the full costs of the expansion, and whether there are cashable savings arising from the these client placements compared with the cost of residential placements which can be included within the MTFF.

### **Case Study for Level 1**

#### **Background**

A is 65 years old and was found by the police in Uxbridge, he was homeless, ill kempt and unwell. He was admitted onto the Oak Tree ward Hillingdon Hospital, and was in hospital for 18 weeks. He was diagnosed with unspecified dementia. He was in a state of gross self-neglect. He was very vulnerable and had no kin in the Hillingdon area. He was looked after by the ward. He was incontinent of urine and faeces and needed help to perform his personal care.

When his discharge became imminent he was allocated a social worker from LBH who made a referral to Hillingdon Shared Lives Scheme (HSL).

When HSL completed the assessment for A, he was adamant he did not want to leave the hospital where he felt safe and secure. However we encouraged him to meet a prospective family.

#### **Outcome**

A was introduced to a husband and wife HSL carer team who were living in the Hayes area. He thought they were very nice but was eager to return to the Woodland Centre. A weekend trial was arranged and he stayed with the family. At this time his hair was quite long and he had a full beard, which obstructed his eating. He told the carer he would like to have his hair cut like him and he wanted his beard shaved off. A was taken to the barbers. When he returned to the Woodland Centre, they did not recognise him, saying he looked like a new man!

A then started a trial placement commencing in March 2010 and he is currently still living with the carers. He has integrated well with the family.

He goes for walks and shopping trips with the family. He likes to chat with the family and watch TV. He has his own bedroom and access to all communal areas in the house.

He is supported by the carers to source and attend healthcare appointments.

A was supported with a toilet training programme and he is no longer

incontinent so health and dignity has been restored. The carers support him with his personal hygiene. With his diagnosis of unspecified dementia, he would not be able to care for himself without the support of the carers.

Through the HSL placement A has been provided with a safe place to live in a family environment. He has become more sociable and confident and is treated as a member of the family.

<b>Costing per week:</b>			
<b>Residential Dementia Placement</b>		<b>HSL Placement</b>	
Average Residential Cost	£526	<b>Fee for Level 1:</b>	£324
Less: Average Client Contribution	£210	Service user contribution:	£52
		Housing Benefit:	£85
<b>Cost of Service:</b>	<b>£316</b>	<b>Cost of Service:</b>	<b>£187</b>
<b>Cost Avoidance for this scenario: £129 per week.</b>			
<b>Total annual cost avoidance: £6,700</b>			

## Case Study for Level 2

<b>Background</b>
<p>A referral was received for an emergency placement from the OPS review team. Miss C is an 83 year old lady with dementia. C was admitted into Franklin House, rehab unit, from Hillingdon Hospital. C had suffered a fall at home.</p> <p>C was 'blocking a bed' at Franklin House as she could not return home due to the condition of her property. Her house was inhabitable and in need of urgent repairs. C is a hoarder and the amount of clutter she possessed created a serious tripping hazard. The house had no heating, hot water and C did not have use of a cooker. C had not had a bath or hot meal for a very long time.</p> <p>C has never been registered with a GP.</p> <p>C has lived on her own since her parents died, she is quite reclusive.</p> <p>We matched C with carers able to meet her needs.</p> <p>C's nephew and niece accompanied her to the introduction with the carers.</p> <p>A personalised care plan was drawn up with C and the carers to agree the level of support required.</p> <p>C moved into the placement, two days after the referral was received.</p>
<b>Outcome</b>
<p>Although C has been used to her own company for many years she has settled in remarkably well with the carers and the family and their other service user.</p>

The carers registered C with their GP and they supported her to attend the GP for a much needed medical review.

An OT bathing assessment was completed and equipment was installed for C to safely access the bath and the toilet.

A Telecare alarm was provided for C to alert the carers.

C is able to have a bath/shower with support from the carers. She has hot meals and hot drinks every day.

C can choose to spend time in her room or with the family. The carers respect her need to spend time alone.

She sometimes watches TV with the family and has watched a football match which she enjoyed!

**Costing per week**

<b>Residential Dementia Placement</b>		<b>HSL Placement</b>	
Average Residential Cost	£526	<b>Fee for Level 2:</b>	£375
Less: Average Client Contribution	£210	Service user contribution:	£52
		Housing Benefit:	£85
<b>Cost of Service:</b>	<b>£316</b>	<b>Cost of Service:</b>	<b>£238</b>

**Cost Avoidance for this scenario: £78 per week.**

**Total annual cost avoidance: £4,100**

### Case Study for Level 3

<b>Background</b>	
<p>N's mother was sadly killed in a car crash and his father was unable to care for him. In 1994 N was placed in foster care with his aunt and prior to his eligibility for foster care running out, his aunt registered to become a Shared Lives carer. N was transitioned to Shared Lives in 1999 when he turned 18. This transition went smoothly and demonstrated how the foster service and Adult Shared Lives schemes can work successfully together to create a seamless transition for the service user and carer.</p> <p>N suffers with cerebral palsy. He is a permanent wheelchair user and registered blind.</p>	
<b>Outcome</b>	
<p>N is supported with all his activities of daily living. His carer meets all his personal care needs, meals, shopping, laundry and house work. His carer arranges all his health care appointments and is appointee for his benefits.</p> <p>N is part of the family, he refers to his aunt/ carer as his 'mum', he has been on holiday abroad with the carer and the family on many occasions. His carer ensures his well being and safety.</p> <p>This service user and carer, will celebrate 20 years of happily living together in December 2014.</p>	
<b>Costing per week</b>	
<p><b>Young Person Disabled Placement</b></p> <p>Average Residential Cost           £1,000</p> <p>Less: Average Client Contribution   £122</p> <p><b>Cost to care management:           £878</b></p>	<p><b>HSL Placement</b></p> <p><b>Fee for Level 3:</b>                           £450.00</p> <p>Service user contribution:               £52</p> <p>Housing Benefit:                           £85</p> <p><b>Cost to care management:           £313</b></p>
<p><b>Cost Avoidance for this scenario: £565 per week.</b></p> <p><b>Total annual cost avoidance: £29,500</b></p>	