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THERAPY | UNDERSTANDING | CARE

A Social Return on Investment Analysis and Report on the Double Handed Package of Care Review project for Thurrock Social Services

June 2019

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Inclusion

Social return on investment review, analysis and case studies for the double handed package of care project for Thurrock Social Services

Introduction

inclusion.me is one of the UK's leading providers of Occupational Therapy and access solutions. We specialise in providing expert assessments & recommendations within the fields of rehabilitation, paediatrics, vocational rehabilitation, housing, equipment, mobility and access. We believe that our expertise within both the public and independent sectors is invaluable in identifying the most appropriate & creative solutions, whilst assisting our service users through what can often be a complicated major adaptations process.

Mission

inclusion.me's mission is to provide accessible services that are underpinned by dignity and empowerment.

inclusion.me:

- Applies 'Universal Design', maximizing usability of facilities for all without neglecting the importance of aesthetics.
- Ensures the provision of high quality assessments and interventions for all service sectors.
- Provides access to expert therapists, to maximize functional independence and choice.
- We act as a Centre of Excellence for knowledge and innovation in practice.
- Ensures maximization of service user involvement in relation to service provision.

Inclusion.me's award-winning reputation is built on the foundations of providing reliable assessments and analysis of functional ability by our network of knowledgeable, expert Occupational Therapists.

Thurrock Social Services

Thurrock is located on the north bank of the River Thames immediately to the east of London. It has a diverse population that is increasing by over 10% every decade.

In 2011 the population was 158,300. The Office of National Statistics (ONS) estimates the population would have risen to 166,000 by 2016, and will rise to 175,000 by the time of the next national census, in 2021.

In 2018 Thurrock Council Social Services funded the project out of winter pressures money to review the packages of care being delivered to the residents of the Borough who were receiving double handed packages of care. A double handed package of care is where more than one carer is provided on each visit to someone to deliver personal care to the person in the environment in which they live.

inclusion.me were commissioned to undertake a review of 128 clients who received double handed care packages within the Borough of Thurrock, from either the Council's in-house team of carers or, alternatively, from various externally contracted care providers.

The main aims of the project, as directed by Thurrock Borough Council, were:

- To improve the capacity of care providers to address the demand for care within the Borough;
- To reduce client waiting times for care provision within their homes;
- To review current provision of equipment to ensure the most appropriate and up-to date provision to meet client needs, within resources available;
- To undertake risk assessments for each client to ensure safety of the client, the family and the carers;
- To identify any cost saving benefits.

The Occupational Therapy intervention was to complete a thorough Occupational Therapy assessment, and where a change in needs was identified, to identify the most appropriate equipment or advice, to produce a detailed manual handling risk assessment with the provision of additional manual handling plans, pictorial guidance sheets and training support, as appropriate for each client.

Inclusion.me were also asked to provide additional manual handling training sessions for in-house carers. 5 training sessions were commissioned, with this being funded separately, however benefiting the overall project outcomes.

Project evaluation

As part of the commissioning of the review of double handed packages of care, Inclusion.me were asked to provide a report on the Social Return on Investment (SROI) demonstrated by their interventions.

inclusion.me commissioned an independent evaluator to review and report on the SROI. It was identified that this would be an evaluative assessment, as the double handed package of care review project was already underway. The process of evaluation was to include identification of key stakeholders – those of have been involved with and/or seen an impact from the review of care packages.

Pre-planning at this level would place the commissioner and inclusion.me ahead of many other health and social care providers and commissioners across the country, especially in relation to Occupational Therapy services. A review in 2016 found that Occupational Therapy currently publishes few economic evaluations. (Green S, Lambert R (2016) A systematic review of health economic evaluations in occupational therapy. BJOT).

Social return on Investment

The methodology adopted for the review is consistent with the principles for a SROI review, which are set out by the SROI Network and the New Economics Foundation (NEF). (Social value UK (2012))

Social Return on Investment (SROI) is a methodology which looks at the social value resulting from interventions. Social value is a quantification of the relative importance that people place on the changes they experience in their lives. Some, but not all of this value is captured in market prices. It is important to consider and measure this social value from the perspective of those affected by the project, or work being undertaken.

Examples of social value might be the value we experience from increasing our confidence, feeling safer, or feeling more dignified. These things are important to us, but are not commonly expressed or measured in the same way that financial value is.

The SROI network has set out the main principles which should be followed in a SROI review. The Double Handed Package of Care project met these in the following ways:

The main principles are:

- *Involve stakeholders*

We interviewed 9 key individuals involved in the commissioning, delivery and review of home care within Thurrock. We invited clients and their families to contribute to stakeholder interviews, however only 2 clients or families responded, neither eventually contributing to the interviews.

We did involve clients in providing feedback on the impact on their health of the review process. 66 clients participated in some aspect of providing feedback, although some did not provide information before and after the review, preventing comparison of changes to be made in all cases.

- *Understand what changes*

We looked at the health state of clients before the review and afterwards. This included a review of their perception of their state of health. The measure asked people to indicate their sense of well-being on a visual analogue scale, as well as responding to questions about their levels of mobility, self-care, usual activities, pain and anxiety or depression. People were asked to complete the measure twice, prior to the review of their care and after the review of their care, and any changes were measured.

We also measured the number of clients whose packages of care were changed as a result of the review and the number of hours of care delivery that were reduced following the review.

- *Value the things that matter*

In calculating the SROI ratio we have included mainly direct benefits, namely the savings to the commissioner and the estimated health benefits, against the cost of providing the programme.

We have also looked at the costs against some alternatives in the provision of care.

We have also looked at the incidental or secondary benefits that arose from the review and which were identified during the stakeholder interviews, and from the outcome measure completed by the clients.

- *Only include what is material*

We identified that of the original 128 cases, there was 25% of 'deadweight' (where a change happened without the intervention of the review, e.g. admission to a care home, moving from the area) and 'attribution' (where there were other factors that may have contributed to cause the change to happen anyway e.g. a small number of clients already having a review and reduction of their care package).

These clients were identified, and their cases returned to Thurrock without charge. This figure could also indicate that in any future project or development, approximately 25% of cases could be 'deadweight' and 'attribution' in SROI terms.

- *Do not over claim*

Whilst we firmly believe that reviewing care packages promotes many positive outcomes and benefits in terms of wellbeing to the clients, their family and carers, and that these can be linked to savings for a health and social care, we have only illustrated these benefits in our outcomes section and within the case studies, however we have not allocated the social benefits a monetary value within the SROI ratio calculation.

- *Be transparent*

The financial proxies and costs used are taken from current national evidence based sources and are listed within the reference section. Costs of care within Thurrock were provided to inclusion.me by the care providers.

EQ-5D Outcome measure

inclusion.me chose the outcome measure to be completed by all clients as part of the review. The EQ-5D is a NICE preferred standardised instrument which measures health-related quality of life and which can be used in a wide range of health conditions and treatments. The EQ-5D consists of a descriptive system and the EQ VAS (Visual Analogue Scale). The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. The EQ VAS records the patient's self-rated health on a vertical visual analogue scale. This can be used as a quantitative measure of health outcome that reflects the patient's own judgement.

Permission was gained from the EuroQol Research Foundation for the use of the EQ-5D within the project.

It was agreed that the inclusion.me team would undertake the measure pre and post intervention. In line with guidance published by Social Value UK (2012) it was also agreed that a group of key stakeholders would be identified and invited to participate in the review and to guide the scope of the review. Stakeholders provided input on identifying the potential and realised outcomes, outputs and changes that resulted from Inclusion.me's interventions, and understanding the relative importance of the outcomes and changes experienced.

A group of stakeholders was identified from: care providers, both private organisations and Thurrock's provider services; Occupational Therapists; the project lead; the Thurrock Occupational Therapy service; Thurrock Commissioning service; and the social work review team. Stakeholders were provided with information on the review to ensure that all received the same information, and invited to take part in a 20 minute telephone interview. 12 stakeholders were invited, with 9 responding, a response rate of 75%.

Stakeholder interviews were carried out in October 2018. Stakeholder responses were transcribed and analysed thematically to inform the evaluation.

Client stakeholders were also invited to participate, and invitations were issued to clients and carers, however only two responses were received, one to confirm that they would be willing to be involved, however their information indicated that they had declined any changes to be made to their package of care, and another to inform the client has sadly passed away. Reminders were sent, however no further responses were received.

It is the opinion of the evaluator that there are a number of reasons why the client response rate was poor: clients involved in the review, by the nature of requiring a double handed package of care, are dependent on others and are likely to be unable to participate independently. Involving family carers may have supported involvement, however, family carers in these situations are often focused on providing direct support and may have limited time for involvement and engagement; feedback from formal carers indicated there was some concern expressed anecdotally that the potential of reducing packages of care, when first introduced, can appear threatening, either from the potential of receiving less care, or from a belief that reducing care would result in losing care staff roles.

Background to Double and Single handed care

Historically, there has been an erroneous belief regarding the use of two handlers for specific manual handling tasks. An example of this blanket policy approach can be seen in policies and guidelines which state that 'All hoisting is to be carried out by two handlers'. A report investigating the prescription of double handed care concluded that there was a need to re-evaluate the need for double-handed care and to question current thinking in order to ultimately benefit carers, clients and cost (Phillips, Mellson, Richardson 2014). During an East Sussex case judicial review (2003), Lord Chief Justice Mumby stated "the assessment must be focused on the particular circumstances of the individual case" (Mandelstam, 2011).

Research shows that equipment can have a positive impact on reducing functional decline, reducing the costs of care and can significantly increase quality of life. In many cases double handed care is not required when the right equipment is provided, or staff are trained in the right way. This brings benefits for service users, care providers and for the local authority (Robinson and Arnold, 2012).

The Care Act (2014), places the clients' needs and wishes at the centre of the risk assessment process. Previous studies have found that generally clients prefer one carer, ultimately enjoying an improved relationship, less people within the home and less intrusion, greater consistency amongst carers leading to improved quality of care, greater flexibility of when care visits can take place to suit the individual, and improved dignity as less people are involved in intimate personal care.

Reviews of double handed packages of care elsewhere in the country have demonstrated benefits to commissioners which include: financial savings; release of care hours into the market; face to face review of double handed care packages to ensure the packages reflect the person's needs; sustainability of care at home – reducing the need for 24 hour care; and an increase in skills of workforce and carers.

Referrals

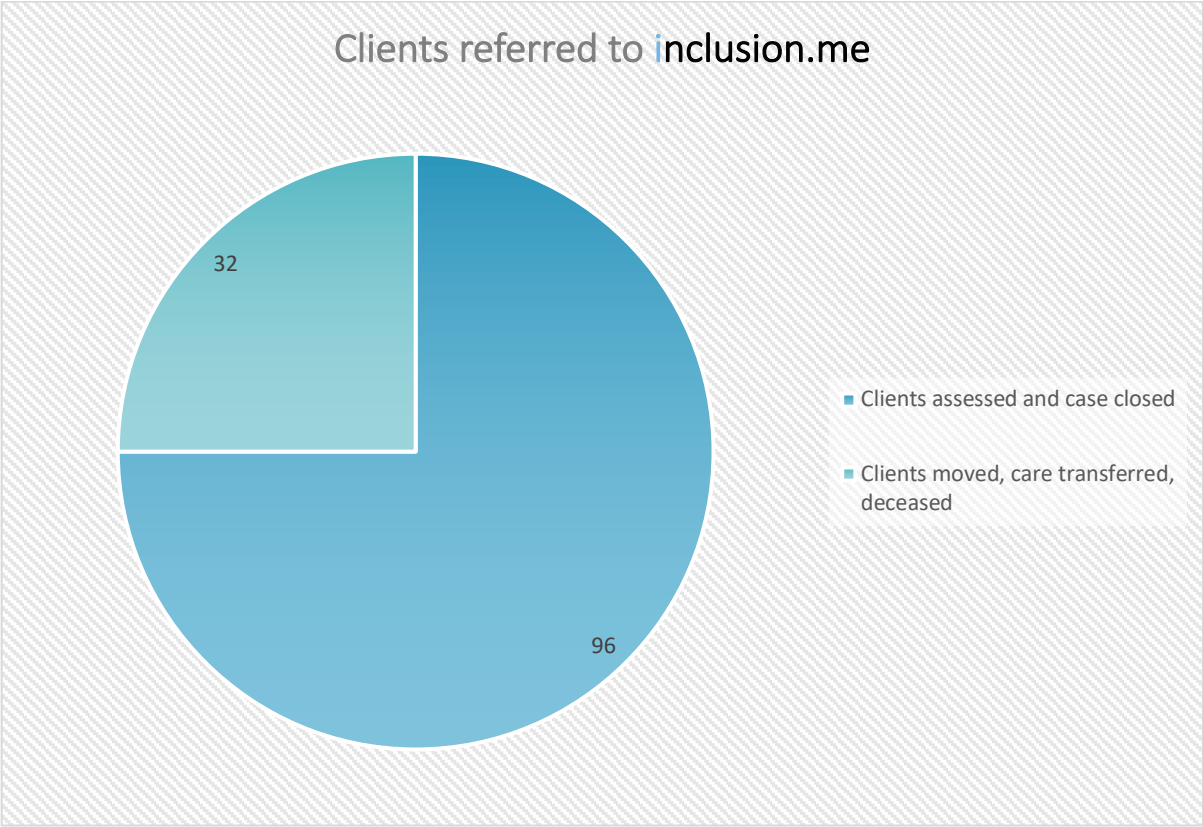

Diagram 1: Clients referred to inclusion.me

128 clients were referred to Inclusion.me for review and assessment under the Double Handed Care Review project.

Of these 128 clients referred:

96 clients' cases were assessed and closed; 32 clients were not assessed as they had moved from the area, moved into care, deceased or their package of care had already been reduced. This figure gave us our indication of 25% 'deadweight' and attribution within the review project, which provides an indication within any SROI review of the potential number of people where a change would have happened without the review, or a change would have happened due to other providers or in the course of usual intervention.

In these cases, the referrals were closed without charge and Thurrock updated accordingly.

Referral Conclusions

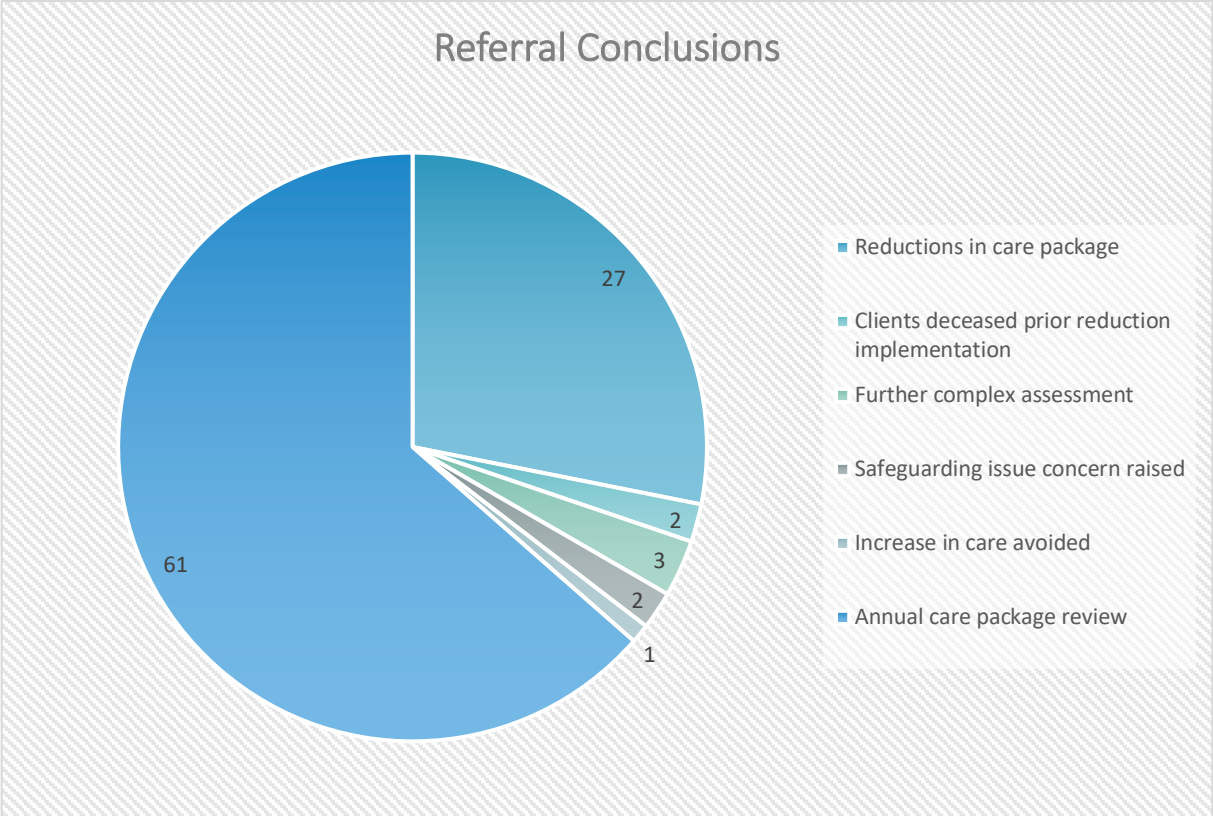

Diagram 2: Referral conclusions following review

Of the 96 clients whose cases were reviewed:

- **27 clients had a potential reduction in care identified. This represents 28% of clients whose cases were reviewed.**
- **1** client had a planned increase in care avoided through provision of equipment;
- **2** clients were identified as having potential safeguarding issues, which were reported and managed with the Thurrock in-house team. Early identification of the issues with these clients in likelihood avoided escalation to emergency hospital admission, non-elective in-patient care or break down in the provision of the care package, resulting in increased anxiety, distress and cost. The nature of the issues identified also, in likelihood, avoided injury to carers.
- **3** clients were identified as needing further assessment by the Thurrock in-house team due to the complexity of their cases, with potential further reductions in care identified, but not actioned due to the requirement for further assessment;
- **2** clients were assessed but sadly passed away before the recommendations for reduction in their care packages could be actioned;
- 61 clients reviewed did not require intervention, however the review constituted their annual care package review, releasing other social services staff from the need to undertake a further review with these clients.

Reductions in care and return on investment

28% of the total number of clients who were assessed had their cases returned to Thurrock for implementation of the recommendations regarding reduction in hours of care.

The reductions in care hours ranged from 1.5 hours per week to 33.5 hours per week.

Care hours

This level of reduction equates to

- A **total 214.75 hours per week of reductions in care hours**.
- Annually, this level of reduction would equate to **11,167 additional hours released to care** each year.
- If full time staff work 37 ½ hours per week, this figure would release approximately **297 additional working weeks** of care back to the area.

Financial resources

Costs

- It was advised that the care rates for Thurrock are **£16.25 per hour**
- The national average rate for home care is £22.00 per hour
- Total inclusion.Me amount invoiced for project = **£45,400**
- Total Thurrock DHC project equipment spend = **£29,904**

  Total spend for project = £75,304

Savings

- Total savings for Thurrock - **214.75 hours per week x £16.25 x 52 weeks = £181,463.75**

At the most basic, and not allowing for savings incurred through having annual review packages carried out by the project team:

For every £1 spent on the project, including equipment provision, Thurrock's return on investment was £2.41

If national average figures are used, the savings achieved would be £245,674

This would give a return on investment ratio of 1:3.26 i.e. for every £1 spent, the national average return would be £3.26

Further figures on extrapolated savings, including the undertaking of annual reviews and avoided, increased care costs are included in the section on extrapolated return on investment.

A table providing comparison of cost alternatives to providing care at home is given below.

The alternatives to providing care for people in their own homes is usually admission to a residential home which is able to provide a level of physical support, or admission to a nursing home.

Failure to use appropriate equipment can lead to injury to the client and the carers, resulting in a non-elective hospital admission.

Comparison of costs

Service	Cost
Home care worker (Thurrock) – face to face contact (per hour)	£16.25
Home care worker national average – face to face contact (per hour) (PSSRU 2018) (£23 per day-time weekend, £23 per night-time weekday, £23 per night-time weekend)	£22.00
Private residential care (per week)	£708 (£36,816 per year)
Local Authority residential care for adults requiring physical support (per week)	£930 (£48,360 per year)
Private nursing home care (per week)	£896 (£46,592 per year)
Social worker costs (per hour): client related work	£61
Cost per contact for elderly mental health	£95
Non-elective in-patient stay	£3,026
Ambulance service, see, treat and convey	£250

Table 1: Comparative costs of care provision
National average costs from PSSRU include overheads and on-costs (PSSRU 2018)

There has been an increasing focus in health and social care on enabling and supporting people to stay in their own homes, and communities, with the Care Act (2014) placing the clients' needs and wishes at the centre of the risk assessment process when decisions are made on their future care. The comparative costs of home care against other options for care are provided in Table 4. The most likely alternatives to care at home would be either care home provision for people who require physical support, or nursing home care. In cases where the risk of a hospital admission was avoided, the cost of an average non-elective in-patient stay is £3,026, plus ambulance costs of £250.

The review project undertaken by inclusion.me reviewed all clients who had double-handed packages of care in place in Thurrock. As a standard of good practice, all clients in receipt of a care package should receive a review at least annually.

Costs are provided of the national average cost per contact for adults and elderly people with mental health issues. The EQ-5D results showed that the greatest improvement through the project was with the reduction of anxiety and depression. 44% of clients who responded reported that there had been an improvement in their levels of anxiety and depression. This would be viewed as an additional benefit of undertaking the reviews.

96 clients were reviewed by Inclusion.me, with 61 clients identified who did not require intervention. However, the review constituted the annual care package review, for all clients, as it released other social services staff from the need to undertake a further review with these clients.

If an annual care review is usually undertaken by a social worker and estimated to take one hour of client contact time, this would provide an additional £5,856 of savings in the year, or 96 additional hours of social worker time released for other clients.

Outcomes

Although everyone's outcomes from the intervention will be different, there is a range of outcomes that were anticipated from involvement with the review. These overall outcomes have been brought together from stakeholder interviews and studies of double handed care. They are identified as follows:

Occupational outcomes:

- Promotion and maximisation of independence
- Improved flexibility in personal time, as not tied down to the availability to two carers
- Reduced stress on family/carers
- Provision of increased support for formal and informal carers
- More flexibility of when care visits can take place, more able to meet individual client needs.

Health and wellbeing outcomes:

- Less time in hospital
- Reduced risk to carers
- Reduced risk to individual
- Sustainability of care at home, reducing the need for 24 hour care
- Use of new equipment and improved techniques improves health and wellbeing of carers and individuals

Quality of care outcomes:

- Equipment is based on the person's individual needs and care is more person focused
- Benefits to individual's personal dignity through having only one carer carry out intimate personal care
- Having more personalised care with a smaller group of carers involved improves consistency and quality of care
- Reduced frequency of care visits within the person's home
- Reduced number of carers within the home environment
- Increase care time released builds capacity to address unmet need in the community
- Less use of equipment can lead to equipment being available to meet the care needs of others

Organisational outcomes

- Greater integration and engagement between agencies
- Improved understanding of services
- Improved communication

Additional review related outcomes

The independent review:

- Provided a fresh perspective on care, identifying previously unidentified needs
- Provided opportunity to signpost to additional services
- Identified potential safeguarding issues
- Undertook the recommended annual review of care packages for all referred clients.
- Avoided a planned increase in care in two cases.

(reference: Robinson and Arnold, RCOT 2012; Thurrock stakeholder interviews 2018)

Stakeholder interviews

Stakeholder interviews took place in October 2018, whilst the Double Handed Care review project was already underway. As the project was already in progress, stakeholders were able to identify benefits which they had already experienced, as well as further outcomes that they anticipated would arise from the project.

The benefits that stakeholders identified were as follow:

Benefits for clients

- Improved dignity during the provision of care
- Improved quality of care for clients
- Care is less intrusive on family life
- One carer is more personal and better able to build relationships with clients
- Improved client satisfaction
- Improved wellbeing.

Benefits for carers

- Improved manual handling techniques
- Introduction to new equipment and new information gives increased confidence
- Reduced risk to carers
- Training and upskilling of care staff
- Staff are more risk aware and less risk averse.

Benefits to organisations

- Improved use of resources
- Improved engagement and communications between agencies
- Improved capacity as hours released are able to see more clients
- It highlighted that integrated working provides better results
- Reduced waiting times for care provision.

Outcome measures

The EQ-5D is a standardised measure of health status which provides a simple, generic measure of health for clinical and economic appraisal.

It has been validated as applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as in population health surveys. EQ-5D is designed for self-completion by respondents and is ideally suited for use in postal surveys, in clinical settings, and in face-to-face interviews. It is cognitively undemanding, taking only a few minutes to complete. Instructions to respondents are included in the questionnaire. A copy of the measure and further information can be viewed at www.euroqol.org. The EQ-5D is recognised by NICE as an effective measure of health outcome and change.

The EQ-5D essentially consists of 2 pages - the EQ-5D descriptive system and the EQ visual analogue scale (EQ VAS). The EQ-5D descriptive system comprises the following 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels from no problems up to extreme problems. The respondent is asked to indicate his/her health state by ticking (or placing a cross) in the box against the most appropriate statement in each of the 5 dimensions. The EQ VAS records the respondent's self-rated health on a vertical, visual analogue scale where the endpoints are labelled 'Best imaginable health state' and 'Worst imaginable health state'. This information can be used as a quantitative measure of health outcome as judged by the individual respondents

The project review team, which comprised of Occupational Therapists and Physiotherapists, were asked to invite clients to participate in completing the EQ-5D questionnaire prior to the review and then at a follow up visit. The questionnaire was completed by clients in face to face interviews, by phone or by post.

A total of 70 clients, their families or carers provided some level response to the questionnaires.

EQ-5D responses	
Initial and follow up forms received	34 (48%)
Both parts not received – not able to compare change	32 (46%)
Unable/declined to respond	4 (6%)

Table 2

Of the 34 clients where both EQ-5D responses were received:

Visual analogue scale change in health status	
Perception that health improved	31 (91%)
Perception that health remained the same	3 (9%)
Perception that health deteriorated	0 (0%)

Table 3

The chart below shows the levels of change in perceived health status amongst respondents:

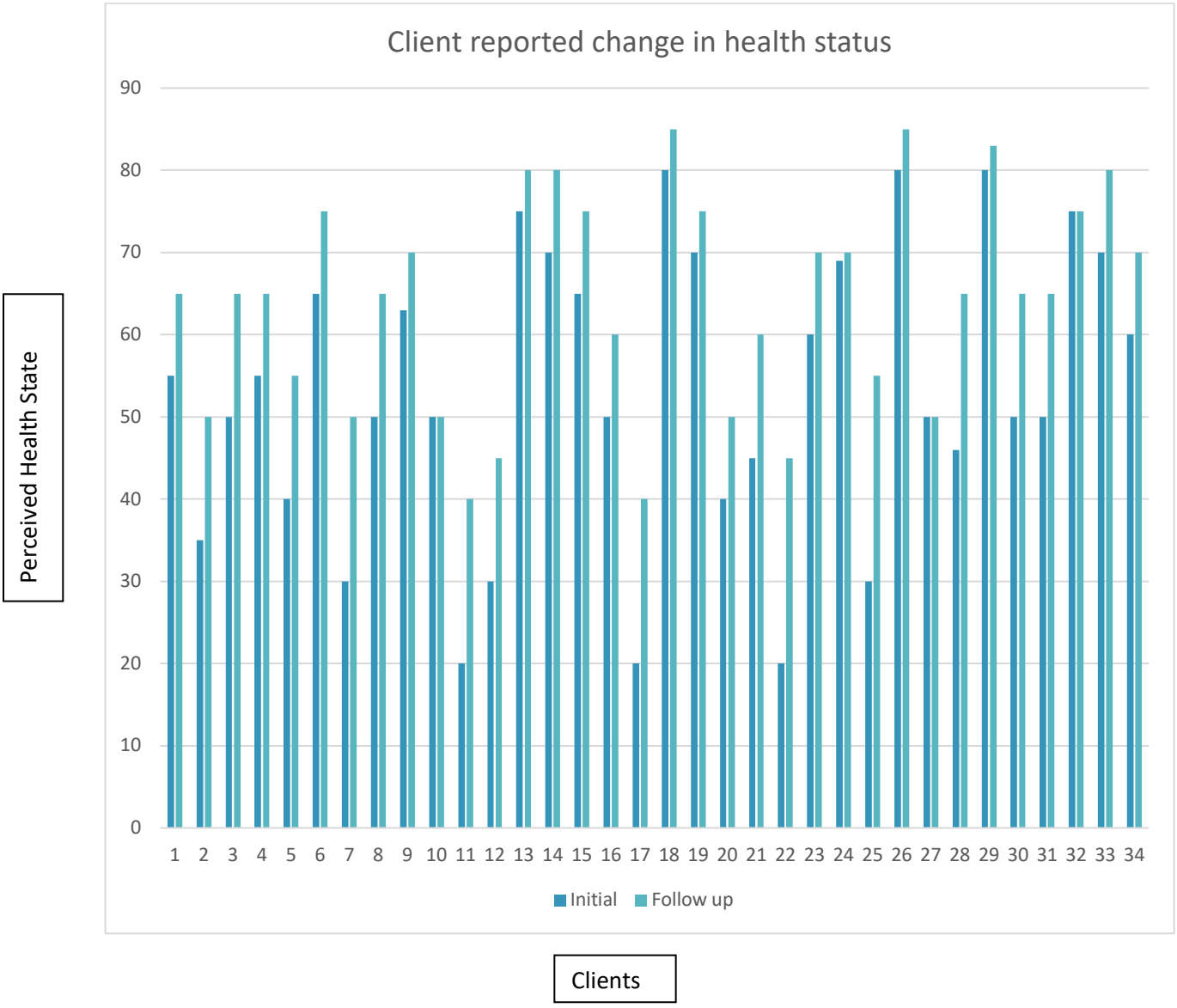

Diagram 3: Client reported change in health status

On the visual analogue scale of the EQ-5D, 91% of clients who completed both parts of the measure indicated that they felt an improvement in their health state. The smallest perceived improvement was one point, the greatest perceived level of improvement was 25 points.

3 clients (client numbers 10, 27 and 32) reported no change in health state.

91% of clients felt an improvement in their health state

The EQ-5D descriptive system showed improvement across 25 areas for 17 clients. This is demonstrated by a reduction in score in one of the 5 dimensions, as shown in Table 4:

Dimension	Number of clients with reduction in this dimension
Mobility	0 (0%)
Self-care	0 (0%)
Usual activities	2 (6%)
Pain/discomfort	8 (24%)
Anxiety/depression	15 (44%)

Table 4

N=34

44% of clients who completed the measure pre and post their review indicated that they had experienced an improvement in their feelings of anxiety and depression. This may have been due to the process of the review taking place and the interest in the care they were receiving. It may also have been due to feeling more confident with the methods and techniques of manual handling being used to deliver their care. Future projects would be advised to explore alternative techniques to gain further client engagement and feedback.

24% of clients indicated that there had been an improvement in the levels of pain and discomfort that they were experiencing. The use of new and up-to-date equipment, along with the upskilling of carers to use new equipment and techniques should contribute significantly to improvements in comfort for clients and consequently, a reduction in the levels of pain that they experience.

44% of clients indicated that they had experienced an improvement in their feelings of anxiety and depression.

24% of clients indicated that there had been an improvement in the levels of pain and discomfort that they were experiencing.

Case studies

A number of case studies are provided to illustrate the quantitative and qualitative benefits of the reviews taking place. The case studies also demonstrate that although the primary purpose of the project was to review the existing double handed packages of care, that in a number of instances, the skills and experience of the reviewers, who were Occupational Therapists and Physiotherapists, contributed to identifying other needs, advising on alternative approaches and to preventing potential increases in care.

All case studies have been anonymised.

Case Study 1

It's *not always about equipment*

Mrs A

Prior to the inclusion.me review

Mrs A lives alone in a high rise block of apartments. Mrs A has mental health problems leading to general deterioration and self-neglect. Mrs A is very nervous about visitors in her home and becomes very volatile and aggressive to carers and people she is not familiar with.

Prior to the review, Mrs A was receiving two 30 minute care visits each day. Two carers were attending for 30 minutes for the evening call due to Mrs A's aggression and volatility and concerns about carer safety.

inclusion.me findings

Mrs A was often volatile and aggressive at night when the carers would call and find her already asleep in her chair. They would wake her to ask if she wanted to go to bed, resulting in aggression and abuse.

Resulting from inclusion.me

The recommendation of the review was that Mrs A does not need two carers to attend at night. The night time care visit was brought forward so that carers arrive earlier in the evening, at 7pm, before Mrs A has fallen asleep. Mrs A is now much more amicable and less anxious, and no longer requires two carers in the evening.

Costs of care (per year)

The review of the care package and advice gave a reduction in care time of 30 minutes per day.

30 minutes x 7 days x 52 weeks = 182 hours reduction in care per year

Return on investment

Total potential savings

182 hours @ £16.25 = £2,957.50 per year

Plus, improved quality of life due to reduced stress for Mrs A and her carers

Case study 2

The right equipment, handling plan and risk assessment

Mr. B

Prior to the inclusion.me review

Mr B lives with his family in a 2 story terraced house. He has a history of bowel cancer and remains in bed through his own choice. He needs to be fully hoisted twice a week for showering, requiring two carers.

Mr B had care visits from:

- One carer for 30 minutes in the morning every day
- Two carers for 15 minutes 5 days per week at lunchtime
- Two carers for 30 minutes twice a week (to include showering)
- Two carers for 30 minutes at bed time every day

A total of 15 hours per week

inclusion.me findings

The review advised that Mr B's carers should use a new GAIR sling, which has a netted material which would reduce the amount of water that is transferred to the bed after showering and improve Mr B's comfort. A new handling plan and risk assessment were also put in place.

Resulting from inclusion.me

The recommendations of the review were to:

- Maintain one carer for 30 minutes in the morning
- Reduce the lunchtime carers to one carer for 15 minutes on 5 days per week
- Maintain two carers on two days for 30 minutes, to assist with showering
- Reduce the bed time care to one carer for 30 minutes

A total of 10 hours and 15 minutes per week

A new sling was ordered for Mr B, a new handling plan and risk assessment put in place.

Costs of care (per year)

The review of the care package gave a reduction of 4 ¾ hours per week.

4.75 hours x 52 weeks = a reduction of 247 care hours per year

Return on investment

Total potential savings

247 hours @ £16.25 = £4,013.75 per year

Plus, improved quality of life and greater comfort, for Mr B when he is being hoisted and showered.

Case Study 3

Reducing care time is important to clients too

Mr C

Prior to the inclusion.me review

Mr C lives alone in a ground floor council flat. Mr C had bilateral leg amputations a number of years ago and also has cancer.

Mr C had two carers attending as he cannot roll in bed and does not have the lower limbs which would help him remain in position in side lying for personal care to take place. Mr C sits on a fleece sling in his power wheelchair during the day.

As care provision is means tested and clients pay a contribution towards their care depending on their level of resources, Mr C was paying towards the care hours he was receiving. Mr C expressed concerns about what he paid for his care and was keen to participate in the review.

Mr C was receiving care visits from 2 carers three times per day for 30 minutes each time. A total of 3 hours care per day.

inclusion.me findings

Mr C had a ceiling track hoist fitted prior to the inclusion.me review. The inclusion.me Physiotherapist encouraged the use of the ceiling track hoist, reviewed the manual handling plan and risk assessment, and arranged for the return of the mobile hoist to the store.

Although Mr C was keen to reduce his care visits further, his inability to roll in bed and anchor himself in secure side lying led the Physiotherapist to decide that two carers were essential for personal care tasks to maintain safety of both carers and Mr C.

Resulting from inclusion.me

The recommendations of the review were to reduce the lunchtime and tea time care visits to one carer and retain two carers in the morning to complete personal care tasks. This results in a reduction in care hours of one hour per day

Costs of care (per year)

The review of the care package gave a reduction of 7 hours per week:

7 hours per week x 52 weeks = a reduction of 364 care hours per year

Return on investment

Total potential savings

364 hours @ £16.25 = £5,824 per year

Plus, improved quality of life, potentially some reduction in the level of contribution Mr C pays towards his care.

Case Study 4

Prevention of planned increase in care.

Mrs D

Prior to the inclusion.me review

Mrs D lives alone in a ground floor council flat. Mrs D weighs approximately 200kg and therefore has a bariatric bed. She cannot lie flat due to heart and breathing problems. Mrs D has osteoarthritis, bilateral lower limb lymphoedema and also a history of mental health problems.

Mrs D has had care visits from carers from the same care company for around 6 years. Prior to the review by inclusion.me, Mrs D's carers were struggling with providing her with personal care with two people, as they were rolling her manually to provide personal care and were finding it difficult to hold Mrs D in place in side rolling whilst personal care was delivered. The care company and the council had reached a conclusion that three carers would be required. Unfortunately, the care company could not provide 3 staff and Mrs D's care would have been transferred to another provider, as well as having an increase in care hours. Mrs D was upset about this decision, as she felt she had a good relationship with her carers, which she did not want to lose, and she was concerned about transferring to new carers.

inclusion.me findings

The Occupational Therapist from inclusion.me trialed a Romedic top sheet which can be used with the ceiling track hoist, allowing Mrs D to be held in place safely and comfortably whilst personal care was delivered. Mrs D could control her ceiling track hoist and therefore was able to control her positioning in side lying herself. A Wendylett base sheet was also provided to assist with manual handling

The Occupational Therapist demonstrated the improved techniques to Mrs D and her carers and updated the manual handling plan accordingly.

Resulting from inclusion.me

The planned increase in care would have resulted in an increase from 2 carers for 30 minutes 4 times per day, to 3 carers for 30 minutes each day for 30 minutes.

Mrs D's carers were also supported to use improved techniques and new equipment, significantly reducing any risk of injury and improving the safety of Mrs D and her carers.

Mrs D's care package remained the same, preventing the increase of an additional 2 hours care each day

Costs of care (per year)

The planned increase in care would have resulted in an additional

2 hour per day x 7 days x 52 weeks = 728 care hours per year

Return on investment

Total potential savings

728 hours@ £16.25 = £11,830 per year increase avoided

Plus, improved quality of life, reduced anxiety, improved handling – better for carers and Mrs D

Case Study 5

Safeguarding concerns

Mrs E

Prior to the inclusion.me review

Mrs E lives alone in a one bedroom council owned upper floor flat. Mrs E has a history of mental health issues and now has Alzheimer's disease and dementia, which is impacting on her cognition and memory. Mrs E's daughter does not live with her, however tries to be involved in her care planning and had expressed some concern about her mother's hoisting and bathing prior to the assessment.

Mrs E has a previous hospital admission following being found unconscious at home with shingles and sepsis and a cardiac arrest. Mrs E is immobile due to her conditions.

inclusion.me findings

Mrs E was receiving three 60 minute double handed care visit and one 30 minute double handed care visit each day. The carers were supporting Mrs E with daily living activities, bathing, dressing, incontinence pad changes, functional transfers, meal and drink preparation, feeding and domestic tasks.

The Occupational Therapist found that the method that was being used for all Mrs E's transfers was unsafe and immediately recommended that Mrs E should not be transferred in this way for bathing or functional transfers as they constituted a risk of injury to the care workers and to Mrs D.

The Occupational Therapist also identified that Mrs E's seating provision was inappropriate and that there was a risk of falls, as well as risky manual handling techniques being used.

The Occupational Therapist raised safeguarding concerns and called a multi-disciplinary meeting to review the care provided to Mrs E.

Resulting from inclusion.me

Mrs E's transfers were immediately ceased to reduce risk and ensure safety.

Temporary measures were put in place for Mrs E to remain in bed until suitable seating was provided, for her to be hoisted for functional transfers and to have a strip wash.

The Occupational Therapist liaised with the team to order appropriate slings for Mrs E's hoist and arranged a joint Occupational Therapy and social worker assessment.

A manual handling care plan was completed to inform on the use of the hoist and slings and to ensure that the care workers were supported in continuing to use the hoist and slings.

A specialist seating visit was arranged.

A best interest meeting was arranged to investigate a future placement to meet Mrs E's needs.

Costs of care (per year)

Mrs E's care package was reviewed, however not reduced. There was significant risk that Mrs E could have sustained a fall or other injury, resulting in a hospital admission.

The average national cost of a non-elective hospital admission is £3,056

The cost of an ambulance to see, treat and convey Mrs E to hospital would have been £250.

(PSSRU, 2018)

Return on investment

Total potential savings

Potentially avoided costs of £3306.

Plus, improved safety and decreased risk to Mrs E and her carers

Extrapolated return on investment

Figures provided previously, at page 9 gave the absolute savings achieved by the project. However, within Social Return on Investment, some, but not all, of this value is captured in market prices. It is important to consider and measure social value from the perspective of those affected by the project, or work being undertaken. It is also important to consider the secondary effects and savings that could be attributed to the project. The following tables extrapolate the additional savings that were potentially generated as a result of the project. As they include items such as the savings on annual care reviews and avoided increases in care, the end result indicates that a greater return on investment is likely to have been achieved.

Financial return

Thurrock

Thurrock spend on DHC review project (including equipment)	£75,304
Savings on reduction in care hours	£181,464
Savings on annual reviews	£5856
Avoided costs of increased care (one client)	£11,830
Total	£194, 150
Cost ratio	1:2.58
With all costs and savings included, for every £1 spent, Thurrock potentially received £2.58 benefit	

National average costs

Spend on double handed care project	£75,304
Savings on reduction in care hours at national average costs	£245,674
Savings on annual reviews	£5856
Avoided costs of increased care at national average cost (one client)	£16,016
Total	£267,546
Cost ratio	1: £3.55
With all costs and savings included, for every £1 spent, would potentially receive £3.55 in benefit	

Social return

Care hours saved:

Carers time	11,167
Social worker time	96
Increased time avoided	728
Total	11,991 hours released back to care

Feedback from stakeholder interviews indicated that the review was perceived as delivering improved dignity, wellbeing and quality of care for clients, as well as being less intrusive on family life.

Carers and their managers reported that they had improved manual handling techniques and been introduced to new equipment and new information which gave them increased confidence and skills in delivering care. The reduced levels of risk to carers was seen as an important benefit, and it was felt that as a result of the project, staff were more risk aware and less risk averse.

Organisational benefits were seen in the improved use of resources and also in improved engagement and communications between agencies, highlighting that integrated working provides better results for clients and for organisations.

Significant savings were seen from avoiding an increase in care and it may be that there is a case for all clients who are considered to require an increase in their care package to undergo an early review of their changing needs.

The feedback from the client outcome measures indicated that those who fully engaged and participated in the completion of both parts of the outcome measure, almost all saw an improvement in their health state, with no-one reporting a deterioration in their health state.

The improvement in the feelings of anxiety and depression amongst respondents may have been due to the process of the review taking place and the interest in the care they were receiving. It may also have been due to feeling more confident with the methods and techniques of manual handling being used to deliver their care. Future projects could explore alternative techniques to gain further client engagement and feedback.

The improvement in the levels of pain and discomfort that respondents were experiencing is a very positive benefit. The use of new and up-to-date equipment, along with the upskilling of carers to use new equipment and techniques would be expected to contribute significantly to improvements in comfort for clients and consequently, a reduction in the levels of pain that they experience.

Project review and future provision

Project review

Future projects would benefit from wider preparation and engagement of stakeholder groups, including clients and their families, to gain improved return of outcome measures and further insight into the aspects of care which are most important to those receiving care.

It would be of benefit for future developments to establish post review interviews with carers regarding some of qualitative findings, or to establish an ongoing dialogue with clients and families about the care they receive.

Future provision

The double handed care review project for Thurrock was a time limited project reviewing historical packages of care, which were already in place and in many cases, had been in place for several years. The review process identified considerable savings and gave good economic and social return on investment. To sustain the benefits gained through the project and ensure that the economic and social return continues beyond the 128 clients referred as part of this project, it could be proposed that everyone who receives double handed packages of care should have an independent review of their care every 1-2 years and that this is set as an expectation for both clients and carers at the point of implementation.

However, the Thurrock review project focused on 'static' clients, who were already in receipt of double handed packages of care. The likelihood is that some clients were reluctant to participate in the review and accept the findings due to the length of time that their existing package had been in place, and their natural concerns around change. There is also the view, previously discussed, that after a long period of time of receiving double handed care, people can lose independence and that in some instances people are deskilled.

Elsewhere in the country, teams reviewing double handed care have been seen to be even more effective with reviews of double handed packages of care resulting in reductions in 44% of cases. (Robinson and Arnold, 2012)

For these reasons, further gain may be achieved by earlier review of double handed packages of care. A joint health and social care team or project which reviewed every care package within a short time, with a 4-8 weeks' time frame after it was put in place, may be extremely effective. In this proposal both health and social care, and the clients and their families are more likely to get benefit, as clients and carers will be more accepting of changes and people may become more independent.

This would clearly be a long-term workstream rather a one-off project, however it would have the added affect of amplifying savings and magnifying the social benefits to carers, clients and their families.

Summary

The aims of the project were:

- To improve the capacity of care providers to address the demand for care within the Borough;
- To reduce client waiting times for care provision within their homes;
- To review of current provision of equipment to ensure the most appropriate and up-to date provision to meet client needs, within resources available;
- To undertake risk assessments for each client to ensure safety of the client, the family and the carers;
- To identify any cost saving benefits.

This evaluation has demonstrated that the Double Handed Care Package review undertaken by inclusion.me released time back to the care system to improve capacity for care within the Borough: In turn, this additional capacity should have supported a reduction in waiting times of the implementation of care packages.

Feedback from the review indicates that carers are more confident and skilled in using new equipment and manual handling techniques. Risk assessments carried out with all clients referred to the project have resulted in reviewed risk assessments and feedback that carers are more risk aware.

The cost savings identified as a result of the project are significant, with a healthy economic return on investment for the Council on every £1 they spent.

The social value identified, with clients feeling improvement in their health state, reductions in anxiety, depression and pain, and carers feeling more skilled and confident in care delivery have not been allocated a monetary value, however would support that the outcomes of the project have been achieved and that there has been both social and economic return on investment.

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