Adult Social Care –
Assessment and Support Planning Services – Outcomes

JON

Adult with a learning disability, male age 24, high functioning, in care since a child, went into residential care placement on the South Coast as an adult, funded by Lewisham.

The 2011 review of care whilst in residential placement found that he was unhappy with his life in that environment.

After much work to remedy this situation by the team it was found JON wanted to live a more independent life. Over a period of 18 months of working with the team JON secured a home in the private rented sector on the South Coast, he used housing benefit and his other state benefits to contribute toward setting up a new home and he had a small care package of carer visits daily.

After a further review at 2 years he decided that he wanted to live permanently in that South Coast borough, which has happened.

Care Package and Changes:-
2011 Residential weekly cost- £1200 per week
2013 Reduced to care package cost of 14 hours per week- £220
2014 Now nil cost as JON is now a resident of this South Coast borough

Outcomes for JON:-
Lives independently now with help from staff, alone in his own home, attends college, is volunteering in the Gaming shop his passion, and mixing on an everyday basis in his community.

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JM

JM, female aged 76, lives north of borough, with son as main carer, has significant cognitive impairment. Her son called the duty desk 6 months ago to say JM was getting fed up and becoming tearful, and that he as the carer was struggling to cope as it was getting him down. The team assessed both the client, and the son as carer and identified that some sort of day activity, and memory service help would be beneficial to give her a change, assess her mental health and to give the son a break.

At assessment it emerged that she was resistant to outside help but was able to self care with prompting from her son, had friends locally who she had not seen for a long time, and that she knew the Deptford area well. However she could not be left alone at all night or day as her dementia had deteriorated and her short term memory was poor. She was encouraged to consider going once a week to a free lunch club for 3 hours every week in the local community centre. To do this she needed help, both to get there, remain there and be safe, and to get back home. In consideration of this fact she was awarded a direct payment for 3 hours per week and would use her own resources to pay for lunch there. She was supported to identify a carer from the personal assistant bank and this is now working well.

Assistive technology was installed to keep her safe and monitor her movements if the carer popped out.

Care Package and Changes:-
2012 no services
2013 £35 per week for a personal assistant to support to attend lunch club locally- this was where her old friends were meeting too!

This care package avoids the need to attend a traditional day centre attendance, at a unit cost in the region of £100 per day.

Outcomes for JM:
Supported to remain in the community living with her son in a familiar environment and to pick up on her old friendship networks. Carer gets a regular weekly break. JN becomes familiar with accepting outside help in case her care needs increase in the future.

Appendix 2

Adult Social Care –
Assessment and Support Planning Services- Outcomes

AN

Female aged 40, living with partner and autistic son in a Lewisham Home's property. She had a road traffic accident about 3 years ago and was in hospital for a while. Although she could stand up and mobilise short distances, she needed help with all her activities of daily living because of significant nerve and muscle damage. She, and her family had significant support from occupational therapy services with moving to an adapted property, where there was a good range of aids and adaptations made available. On leaving hospital she had a care package of 21 hours a week of personal care, with some domestic support of 1 hour per week to help keep the home tidy and was supported to apply for additional disability related benefits to help the household finances now she could not work. Her partner carried out all other tasks. During this time she had a number of other therapeutic interventions to help increase her independence.

Through the ongoing process of annual review the care package continued to be reduced to remain relevant and appropriate to meet her needs. Today she has difficulties with some of her activities of daily living but she has recovered some of her former strength and ability.

Care Package and Changes
3 years ago on discharge from hospital 21 hours of personal care plus 1 hour domestic help, at a cost of £350 pw
2 years ago- reduced to 14 hours plus 1 hour domestic help at a cost of £200 pw
Now – reduced to 6 hours with domestic help of .5 hour at a cost of £100 pw

Outcomes for AN:-
Tailored package of care to suit improving ability to self care, increased confidence due to improved independence , greater ability to participate in family and community life. Now volunteering as a way to get back into the workplace.

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Appendix 2

Adult Social Care –
Assessment and Support Planning Services - Outcomes

Mrs BW

Mrs BW, age 82 lives at home with her daughter, who is also her informal carer. Her daughter works full time and prepares/ cooks main meal in the evening. Daughter also carries out all day to day activities like housework.

Mrs BW was admitted to University Hospital Lewisham (UHL) 2 years ago following a major stroke (left lacunar infarct), which resulted in cognitive impairment, confusion, reduced mobility, left sided weakness, left sided inattention, visual impairment, reduced self-help skills and double incontinence. Mrs BW had difficulty with swallowing and was at risk of choking so all her food needed to be soft.

Mrs BW was discharged home with a care package of 2 carers per visit – 4 calls a day 7 days a week. She was unable to weight bear or mobilise and needed assistance of two with all aspects of personal care and mobility.

Action Plan identified at review to assist Mrs BW regain some of her former abilities-
Referral to LATT (Lewisham's physiotherapy team) for mobility programme.
Encourage enablement self help outcomes within the care package i.e. Mrs BW to wash and cream top half of her body herself, for her to help with moving on the bed and for her to mobilise with walking frame over short distances

Care Package and Changes
Two years ago care package 4 visits daily and 2 carers each visit costing £500 per week
Today reduced to single person care visits at £250 per week

Outcomes for Mrs BW
Mrs BW completed a mobility programme with physiotherapist and her mobility has improved. She is able to transfer assisted by one person and is able to walk a few paces with her walking frame and with supervision. Mrs BW is independent to wash her face and hands now. Continues to live with her daughter in their home in the community.

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