

### APPENDIX 3:

#### Costing Analysis Assumptions for Bespoke Provision

##### Savings and benefits

Bespoke provision is improving the care and support options of a person's discharge from hospital and is likely to lead to savings and benefits in several areas. Although estimating these savings at a local level is challenging.

Due to the nature of bespoke provision the core ethos is that the bespoke provider will 'stick' with the person throughout their care and support needs, providing an individualised needs led model that will flex according to the persons requirements.

Delivering such an approach would look to demonstrate; reduced admissions or shortened hospital stays and even hospital care avoidance, therefore providing savings for healthcare commissioners (clinical commissioning groups and NHS England).

Other significant savings are also possible by reducing avoidable placements to residential and nursing care out of area placements. These placements can be high costs for councils and CCG's and are usually for those people with more complex needs. Residential placements can be expensive where the focus can be to contain a person's behaviour rather than assist the person in reducing their challenging behaviours.

Equally the costs of supported living services have increased, where in some places the costs can be higher than for residential care. One reason for this is that the services have been set up and designed in a way that actually increases the dependency of the service user where little has been offered to the tenants to assist them in leading a more independent life and enabling them to do more for themselves.

There is a considerable cultural shift required for some people who offer care and support for adults with learning disabilities – both staff and carers. The previous model of offering a protective environment for people with learning disabilities may have kept people safe but has also led to some people being institutionalised and limited in their life opportunities. Staff need to be helped to understand how people can be supported to live a more independent life through being exposed to challenges and risks which can be safely managed. Bespoke Provision offers a new opportunity for people within this service and will not only lead to improved outcomes for people, but at a lower cost long term.

The 10 individuals we have identified come from a range of service areas, including low/medium secure hospital settings, acute/locked rehab provisions and residential care of which is out of area. The individuals we have sighted for this model have a current weekly average cost of:

Specialised Commissioning	CCG	Residential
£5,090	£2,855	£2,891

The cost for bespoke provision we have estimated to be:

1:1 24/7 = £3,200 per week.

2:1 during waking hours and 1:1 waking night = £5062 per week

If we compare the projected Bespoke Provision costs, we can see that cost for 24/7 1:1 support is comparable to the current support package cost for CCG individuals and those in residential care. The proposed Bespoke Cost for more complex cases currently restricted in low /medium secure provision is also comparable.

We can expect a similar / possibly a higher cost initially as additional hours may need to be purchased for the transition period, however it is expected that the care and support package will be reduced over time as the individual is supported in the least restrictive way possible.

It is expected that there will be other savings that are more difficult to evidence. For example, savings on officer time as the Bespoke placements will be in Leeds. Also given the bespoke nature of the service i.e. staff teams are built around the needs of the individual the risk of placement breakdown is reduced thus avoiding expensive, often out of area emergency placements.

As the service is local then the Multi-disciplinary team, including the Intensive Support Team and Fols service will be on hand to offer advice and support. This will enable local services to develop expertise in the support of complex individuals within a community setting. Again avoiding placement breakdown.

We know examples of this from the established bespoke care and provider 'Positive Support for You' Dave Barras the CEO of Positive Supports For You has worked closely with us to develop the Leeds Bespoke Provision. Dave has confirmed from his own experience that on discharge from hospital the cost of delivering Bespoke Provision is comparable to the existing hospital/residential cost.

However he has examples of costs reducing over time as the individual becomes more established in their local community. One example was an individual who was discharged with 2:1 support but after 12 /18 months this was successfully reduced to 1:1 support.

Bespoke Provision will deliver over time the 'Triangle of Support'. A person will initially be at the bottom of the triangle, where specialist intensive 24 hr therapeutic support will be required to build a relationship. As individuals progress with the 'bespoke provision' model, we anticipate that support will reduce in line with multi agency risk assessments, with the aim to have reduced or minimal support within 3-5 years dependent on progress.

# Bespoke Provision Triangle of Support

