Evaluation of KeyRing Networks Plus in Walsall

By Alder

24th December 2012

Executive Summary

Introduction:

KeyRing has run Networks in Walsall for many years. However, since September 2011 it has expanded the number and adapted its traditional model. This is to support the Walsall Adult Social Care Operating Model (see appendix 2) which includes moving people currently placed inappropriately in residential care (often out of area) to independent community based living within Walsall. The aim of the new model is to provide a:

- Holistic person centred alternative to residential care,
- Step down support service from residential care to sustainable community living, and
- Prevention service for people who are not currently FACS eligible, but are vulnerable.

When we visited at the beginning of October 2012 KeyRing was supporting 77 people:

- 69 were already Members of the 9 Networks. A 10th Network was planned.
- 8 were at the pre-membership stage i.e. being prepared to join a Network.
- 26 were using or planning to use "KeyRing Networks Plus" who Walsall say would have required residential care if the "Plus" model had not been available as an alternative.
- 51 were joining KeyRing under the "Prevention" agenda with KeyRing helping to mitigate risks that could cause their support needs to escalate

The Financial Case:

There is evidence that the "KeyRing Networks Plus" Networks in Walsall are self-financing and may be delivering some savings to the "whole" care and support system. One important caveat to this is that community health care costs such as CPN's are not known i.e. the cost side of the calculation is not complete so some caution is needed. In summary the outline financial case is:

ASC/NHS costs for the 26 Plus Members before/without KeyRing	£1,157,375
ASC/NHS costs for the 26 Plus Members when supported by KeyRing	£ 584,415
Gross full year savings	**£ 572,960**
Less: Full year costs of operating 10 Networks	£ 503,600
Net Savings	**£69,360**

Outcomes Achieved: Although it has only existed for 1 year; to date:

- None of the community support arrangements set up for the "Plus" Members have failed i.e. the "KeyRing Networks Plus" model seems to be working well for them.
- Almost 100% of planned outcomes for "Prevention" Members have either been achieved or are being actively worked on i.e. "KeyRing Networks Plus" also works well for them.
- Feedback from Network Members is mainly very positive e.g. one said *"KeyRing has been a god send. Better than social services or welfare or anyone else."*
- Social workers gave cautious feedback as they know KeyRing is still developing, but on balance their feedback was positive and they clearly value KeyRing as a partner.

Overall Assessment:

"KeyRing Networks Plus" potentially has a role for areas that want to reduce their reliance on residential care, maintain independent living in the community, slow deterioration, promote social integration and create funding to invest in "Prevention" or "Early Intervention" approaches.

Contents

Introduction to the Evaluation of KeyRing Networks Plus in Walsall:

Like many other local authorities Walsall needs to improve the outcomes for vulnerable adults, meet demographic challenges, deliver substantial cost savings and maintain good quality service provision. At the heart of its strategy to do all this is its commitment to:

- Enable and maximise independence for as long as possible,

- Exhaust all options for younger adults before placement in long term residential care,

- Bring people currently out of area back into community settings within Walsall,

- Use prevention and early intervention to avoid support needs escalating, and

- Safeguard EVERYONE who needs it.

Until September 2011 KeyRing ran two of its traditional Networks in Walsall. These supported 18 Members who, in the main, had relatively low support needs. KeyRing worked in partnership with Walsall's Joint Commissioning Unit (JCU) to adapt its traditional Network model for to is now called "KeyRing Networks Plus"

An original plan to support a planned capacity of 135, was revised in February 2012, to ensure stability and replaced by a new plan for a maximum of 10 Networks, initially with 8 members by October 2012 and then 10 Networks with 9 Members by March 2013 i.e. 90 Members in total.

What is a KeyRing Network?

Traditional KeyRing Networks support people with moderate to low support needs. Normally a Network has 9 Members. They live in properties across all types of tenure in a defined geographic area. People with support needs live in nine of the properties. A Community Living Volunteer (CLV) lives, rent-free, in the tenth. In return they agree to provide at least 12 hours of their time each week to:

- Support the Members flexibly using an enablement rather than "do for" ethos,

- Facilitate Members to support each other, using their particular skills, and

- Build links with neighbours, community organisations e.g. clubs, CAB, police.

Each CLV is supported by a Supported Living Manager (SLM) who is responsible for a number of Networks. Members also have direct support from the SLM (when needed) and access to the KeyRing "Out of Hours" telephone help line. Networks also have access to a paid Community Support Worker (CSW) who provides variable levels of more intensive 'floating' support to Members who need more intensive support regularly or on a temporary basis.

What is "KeyRing Networks Plus" and does it fit with the Walsall ASC Operating Model?

In Walsall the traditional KeyRing Network model has been adapted to be part of a health and social care system that enables people currently placed inappropriately in residential care placements (and often placed out of area) to move into more independent community based living within Walsall.

The main change is the addition of "transitional step down" floating support. This is the "Plus" element. The "Plus" element is resourced by a Network Link Worker (NLW). They provide targeted "transition step down" support to Members of the Network who have relocated from a

residential placement. This includes helping to co-ordinate support from other agencies e.g. Social Workers, Psychiatric Services, Occupational Therapists, Probation, Welfare Benefits, etc.

The "KeyRing Networks Plus" model fits in well with Walsall's ASC Operating Model as it aims to provide a holistic, person-centred and community based:

- Alternative to residential care - So that no new younger adult service users have to be placed in long term residential care.

- Step down support service from residential care - To support the plan to move residents back into the borough and reduce reliance on residential care.

- Prevention service for people who are not currently FACS eligible, but are vulnerable - For example, if these vulnerable people become homeless or are victims of abuse they often become FACS eligible and expensive safeguarding procedures are needed.

The outline financial case is that the combined community based NHS/ASC support costs for the Network Members who "step down" from residential/hospital care will be lower than the residential/hospital care costs before they moved. These are known as the "Plus" Members.

The plan is to use the net savings from the "Plus" Members care costs to fund "prevention" support for the other Network Members. In the main, they will not currently have support needs that are "critical" or "substantial" under FACS, but there is a risk their needs could increase and become eligible if support needs were allowed to escalate unchecked e.g. after a crisis event.

Evaluation Method:

To evaluate "KeyRing Networks Plus" in Walsall we visited KeyRing in Walsall for 3 days at the beginning of October 2012 i.e. 1 year after the new model started. While on site we:

- Met the JCU representative to get background information, ask what Walsall's aims for working with KeyRing were and to validate costs, Membership numbers, etc.

- Collected key strategic documents for review e.g. the Walsall operating model and the original Walsall business case to adapt and expand its KeyRing Networks.

- Collected performance monitoring data for analysis e.g. compliments/complaints log, quarterly outcome monitoring reports, financial tracker recording the support costs "before" and "after" KeyRing for each Member identified by Walsall as a "Plus" Member.

- Reviewed the results of 15 interviews conducted by KeyRing staff with 11 Members who had already moved and 4 Members who were in the process of moving from residential care to community living with the support of KeyRing. The interviews asked about each Members life "before" and "after" their move, or their hopes for their forthcoming move?

- Interviewed KeyRing staff about the support for each Member to identify, discuss and agree what value KeyRing adds to the overall support for each Member.

- Visited 8 KeyRing Members at home to ask them about the quality of their support from KeyRing, what they liked, what they did not like, etc.

- Interviewed 5 Walsall social workers to ask their views about the quality of the support by KeyRing and about their working relationship with KeyRing.

Findings:

Development of the Networks in Walsall:

When we visited at the beginning of October 2012 KeyRing was supporting 77 people:

- 69 were already Members of one of the 9 Networks. A 10th Network was planned.
- 8 were at the pre-membership stage. KeyRing was working to prepare them to join.
- 26 were "Plus" Members. KeyRing was assisting 23 with their transition from residential care to a community living and 3 were new cases who Walsall considered would have required residential care if the "Plus" model had not been available as an alternative.
- 51 "Prevention" Members. These are Members with lower level support needs. Many would not currently be assessed as "Critical" or "Substantial" under Fair Access to Care (FACS) criteria, but, they are vulnerable. KeyRing is helping to mitigate risks that could cause their support needs to escalate.

The Financial Case:

In summary the outline financial case is that savings from combined health and social care costs of supporting the 26 "Plus" Members in residential care or secure NHS forensic establishments**$** more than fund the costs of (a) supporting the 26 "Plus" Members in the community, and (b) the costs of Prevention support to the other 51 Network Members.

Support Costs Before KeyRing	£	£
Adult Social Care Residential Costs for "Plus" Members	£694,088	
NHS Institutional Care Costs for "Plus" Members	£463,287	
NHS Community Support Costs for "Plus" Members	Not Known	£1,157,375
Current Costs i.e. After KeyRing		
Adult Social Care Residential Costs for "Plus" Members	£584,415	
NHS Institutional Care Costs for "Plus" Members	Nil	
NHS Community Support Costs for "Plus" Members	Not known	£584,415
Net reduction in care and support costs		**£572,960**
Less: Annual fee to run 10 KeyRing Networks Plus		£503,600
Net Saving		**£69,360#**

Notes: $ Support costs do not reduce for all Members after they move to the community. In fact four cost more
Savings calculated assume all Networks operated for a full year. In fact in year 1 most did not i.e. actual cash savings in year one will be less than this.

In Summary:

After one year of development there is evidence that the "KeyRing Plus" Networks in Walsall are self-financing and may be delivering some savings to the "whole" care and support system.

One important caveat is that community health care costs, such as CPN's, are not known. Since, these may have increased as a substitute for the residential care the cost side of the calculation is not 100% complete and the conclusion that the Networks are self-funding and delivering savings is dependent on additional NHS Community Treatments costs being less than £69,360.

To be considered successful "KeyRing Networks Plus" must:

- Enable the Members who have higher support needs (i.e. those being helped to step down from residential care or prevented from entering residential care) to sustain community living. Hence, length of stay in the community is a key indicator.
- Ensure that agreed outcomes are achieved or continue to be supported e.g. where:
  - Members can "progress" to greater level of independence outcomes should be achieved, and
  - Members need on-going support for "maintenance" outcomes like staying safe, staying healthy, maintaining a tenancy.
- Demonstrably "add value" in key areas.

Sustaining Community Living?

Although, the project has only been running for 12 months, so far none of the "Plus" Members community support arrangements have failed to the extent that they have had to return to residential care. One Member did have an alcohol related relapse that led a temporary return to a residential reablement service, but they are back in the community now i.e. so far KeyRing has a good record in sustaining community living for "Plus" Members. However, as the average length of stay of the 26 "Plus" Members in their community placements is only 6 months so far the sustainability of community alternative to residential care needs to continue to be monitored.
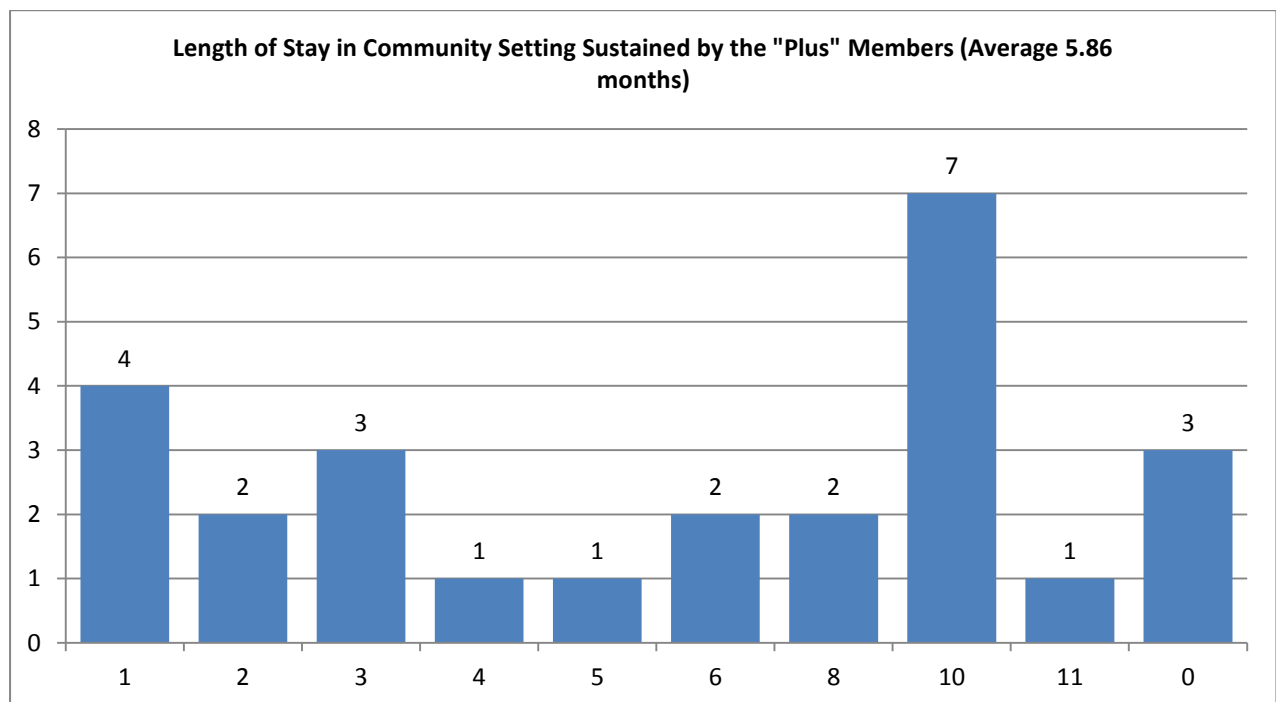
Note: Three of the 26 Plus Members are still at the pre-move stage, hence, their length of stay at 1st October was recorded as nil.

In Summary:

So far the "KeyRing Networks Plus" model, in conjunction with other support providers, is helping to support people, who until recently would have been placed in residential care, to safely sustain their life in a supported community setting.

Outcome Monitoring Reports:

Each Member has an individual support plan. It details the outcomes they are working towards with the support of KeyRing. For monitoring purposes KeyRing maps the individual outcomes in the support plans to 17 outcome domains. They in turn fit into 5 main areas as follows:

- Economic Wellbeing (2 outcome domains)
- Enjoying/Achieving (3 outcome domains)
- Being Healthy (4 outcome domains)
- Staying Safe (4 outcome domains)
- Making a Positive Contribution (4 outcome domains)

Under its contract with Walsall KeyRing has to have evidence that more than 80% of outcomes have been achieved or are being actively supported. In fact monitoring reports show performance levels for the last four quarters have been 100% and there is a healthy balance between "achieved" outcomes where Members have been helped to "progress" in some way and on-going support to achieve "maintenance" outcomes.

Outcome totals for the summary	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
Achieved Outcomes	22	249	111	106	303
On-going Outcomes	86	490	1160	935	876
Outcomes not achieved	1	0	0	0	0
Number of KeyRing Members	**15**	**33**	**50**	**51**	**64**
Outcomes achieved per Member	1.5	7.5	2.2	2.1	4.7
Outcomes on-going per Member	5.7	14.8	23.2	18.3	13.7
% Achieved or On-going	99%	100%	100%	100%	100%

Note: In quarter 1 2012/13 the JCU completed a positive validation and were satisfied that KeyRing's performance returns were being accurately recorded.
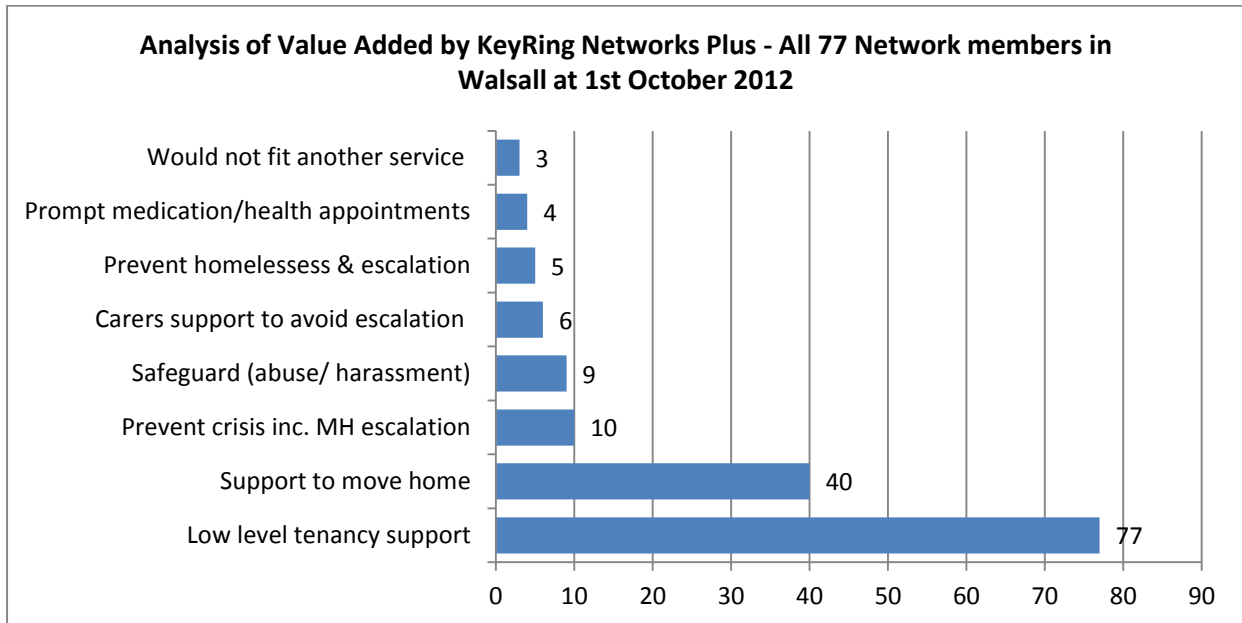
Extra Value Added:

As the "KeyRing Networks Plus" model is more expensive than the traditional KeyRing Network model it is important to assess the main areas where it adds value for its Members. To do this we interviewed KeyRing staff about the support given to each of the 77 Members. The aim was to identify significant support areas and major risks that the support helps to mitigate.
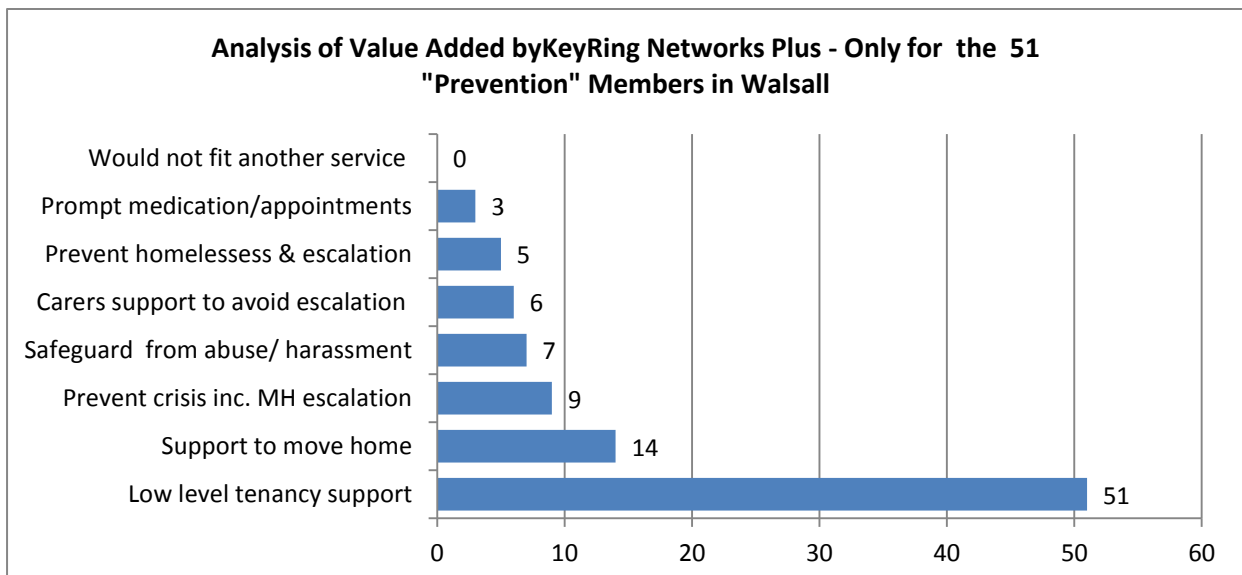
All 77 Members benefitted from low level tenancy support, help to avoid debt and maximise income, support to socialise and to become active in the local community. Note: we included pre-membership support in this category. After low level tenancy support:

- The 2nd most significant support was for 40 Members to move home. This included the 26 "Plus" Members who have or are in the process of moving to a community setting and 14 other Members who were often supported to move from unsuitable accommodation.
- Five of the other six categories represented "Preventative" support that if it was not in place would leave the Member at risk and there is a strong possibility that their support needs could escalate e.g. if their mental or physical health deteriorated, if they were abused or harassed or if their carers could not continue to cope.

- The last category, for three Members was support that KeyRing provided, because the nature of their support need was not catered for by any other support organisation.

Analysis of Value Added by KeyRing Networks Plus - All 77 Network members in Walsall at 1st October 2012

Category	Value
Would not fit another service	3
Prompt medication/health appointments	4
Prevent homelessess & escalation	5
Carers support to avoid escalation	6
Safeguard (abuse/ harassment)	9
Prevent crisis inc. MH escalation	10
Support to move home	40
Low level tenancy support	77

To assess the "Value Added" for the Members with lower level support needs we took the 26 "Plus" Members out of the analysis (see below). From this it is apparent that many of the Members, assumed to have lower support needs, do in fact face significant risks and arguably KeyRing Membership is helping to mitigate these risks. For example, we learned about 7 abuse/harassment cases that were promptly detected by KeyRing and effective action to put an end to them was initiated before support needs had escalated. Similarly, we learned that at 5 Members would probably have become homeless without timely support by KeyRing.

Analysis of Value Added byKeyRing Networks Plus - Only for the 51 "Prevention" Members in Walsall

Category	Value
Would not fit another service	0
Prompt medication/appointments	3
Prevent homelessess & escalation	5
Carers support to avoid escalation	6
Safeguard from abuse/ harassment	7
Prevent crisis inc. MH escalation	9
Support to move home	14
Low level tenancy support	51

In Summary:

The "KeyRing Networks Plus" model is effectively enabling its Members to make progress and become more independent and is playing an effective "Prevention" and "Early Intervention" role that is helping to mitigate the risks associated with vulnerable adults living independently in the community.
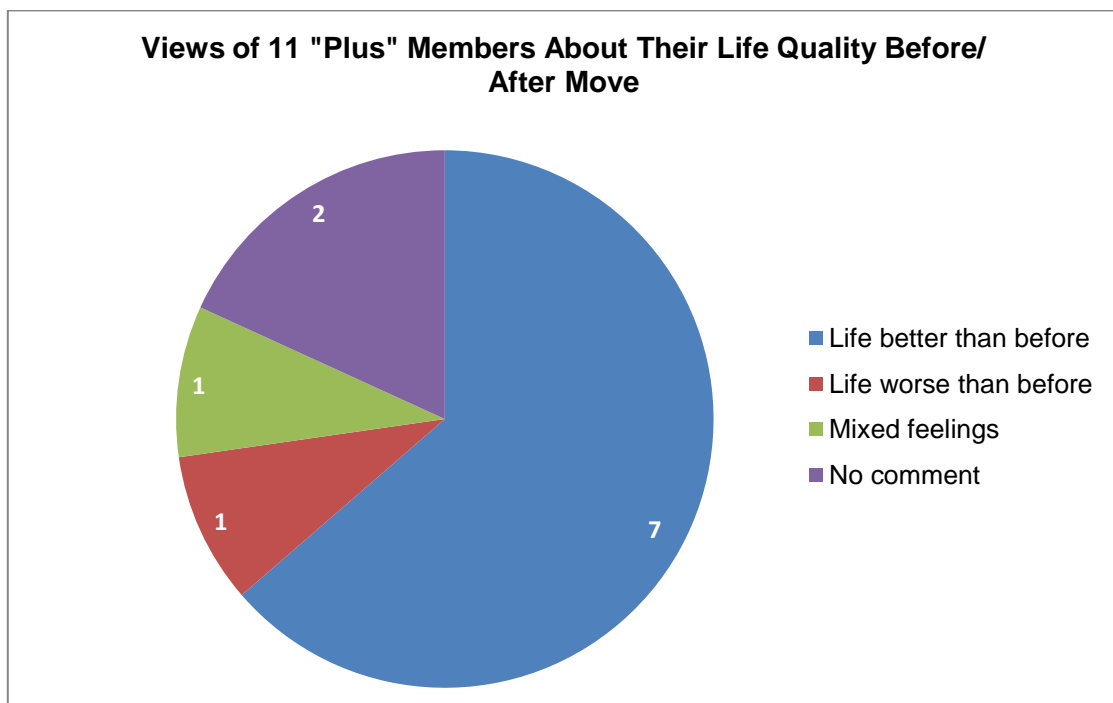
Feedback from Members:

Fifteen Semi-Structured Interviews:

Before we arrived on site we asked KeyRing to conduct semi-structured interviews with the "Plus" Members i.e. those who previously lived in residential settings and KeyRing was supporting the transition process. Fifteen interviews were conducted. Of these:

- 11 were Members who had already moved so could contrast life before and after their move, and
- 4 were Members who, when interviewed, were still being prepared for their move and so could only talk about their life now and their hopes for the future after their move.
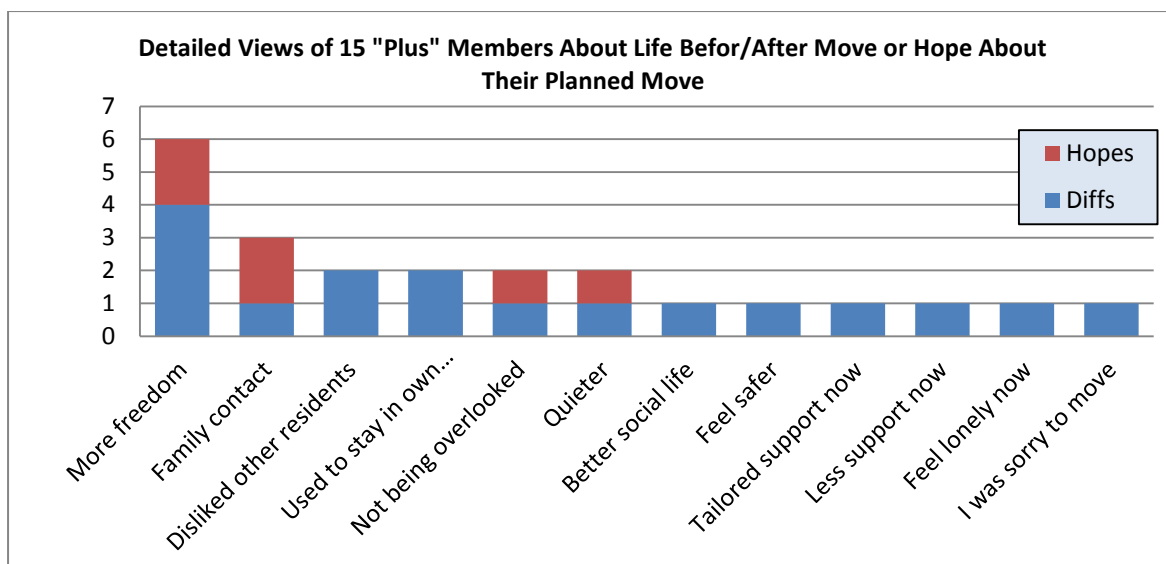
In summary the majority (7 out of 11) of the people who had completed their move from residential care felt positive about the move, only one felt their life was worse, one had mixed feelings and could not say one way or the other and two did not want to comment.

Views of 11 "Plus" Members About Their Life Quality Before/ After Move

Legend:
- Life better than before
- Life worse than before
- Mixed feelings
- No comment

When the 11 Members who had already moved from residential care to the community were asked to expand on the reasons for their overall assessment of the impact of the move on their lives:

- 14 positive responses were given. The main one reason was increased freedom. This was closely followed by a range of reasons about the new living environment being better than the old e.g. quieter, safer, more space and away from other residents who they did not like.

- Only 3 negative reasons were given and each was only given once i.e. one person felt less supported, one felt lonely and one was sorry to leave the residential setting.

While the four people waiting to move expressed six positive hopes. Of these "having more freedom" and "being able to see their family more" were each mentioned by two Members.

Detailed Views of 15 "Plus" Members About Life Befor/After Move or Hope About Their Planned Move

Eight home visits to meet Members:

We visited eight Network Members at home to hear their views hear first hand

- 5 of the Members were "Plus" Members who had previously lived in residential care, and
- 3 were Members with lower level support needs

Visiting the Members at home confirmed that many of the "Plus" Members do have needs that are significantly higher than KeyRing has traditionally supported in other areas, but also showed that some Members assumed to have lower needs actually do have significant support needs. For example one person was so agoraphobic they never leave their flat, another had no verbal communications.

The eight Members we visited were all positive about KeyRing. Notable quotes include:

- "*The area I live in now is much nicer than where I was before and I could not have managed the move without KeyRing's support*"

- "*I like being on my own in the house, doing what I want* and *I like shopping for myself*"

- "*All I have found so far about KeyRing has been good ….. before I couldn't manage my bills and was frightened I'd lose my home, but KeyRing help me now and I can cope*"

- "*People used to do everything for me …. here I don't have that, and I miss it, but I have adapted and I am proud that I have learned to cook and do other stuff myself*"

- "*KeyRing has been a god send. Better than social services or welfare or anyone else*"

- "*KeyRing really helped me stop drinking, but I still need more help to get out*"

- "*KeyRing really helped me realise I need to take my medication, they kept reminding me and I feel better*"

There were also some good examples of peer support by Members. For example one Member, who likes cooking, regularly cooks for another Member who is alcoholic and tends to neglect food in favour of drinking, and another Member keeps a supportive eye on their more vulnerable neighbour and when that neighbour muddled their medication up and collapsed at home they spotted the situation and called an ambulance.

Member Case Studies:

Appendix 1 has three case studies about Members and the support KeyRing has given:

- **Case 1** is about a married couple, Andy and Phylis who were being over supported and had little choice and control over their life together. It shows how KeyRing can be a part of a multi-agency support package that is enabling and person centred.

- **Case 2** is about another married couple, Harry and Steph who were both admitted to hospital and needed support when they were discharged to ensure they could cope and their support needs did not escalate. It shows how KeyRing can rapidly respond in a very practical way to offer support following a crisis.

- **Case 3** is about tailored 1 to 1 support for Charlie that has enabled a stepped improvement in independence and helped lower support costs.

- **Case 4:** Is an extract from the compliments log (amended to protect identities involved) showing how effectively KeyRing can work in partnership with social workers.

- <u>**Case 5:**</u> is an example of KeyRing supporting "step down" from a care setting.

<u>In Summary:</u>

Although some Members miss some aspects of their life before they were being supported by KeyRing Networks Plus, on balance, their feedback was very positive.
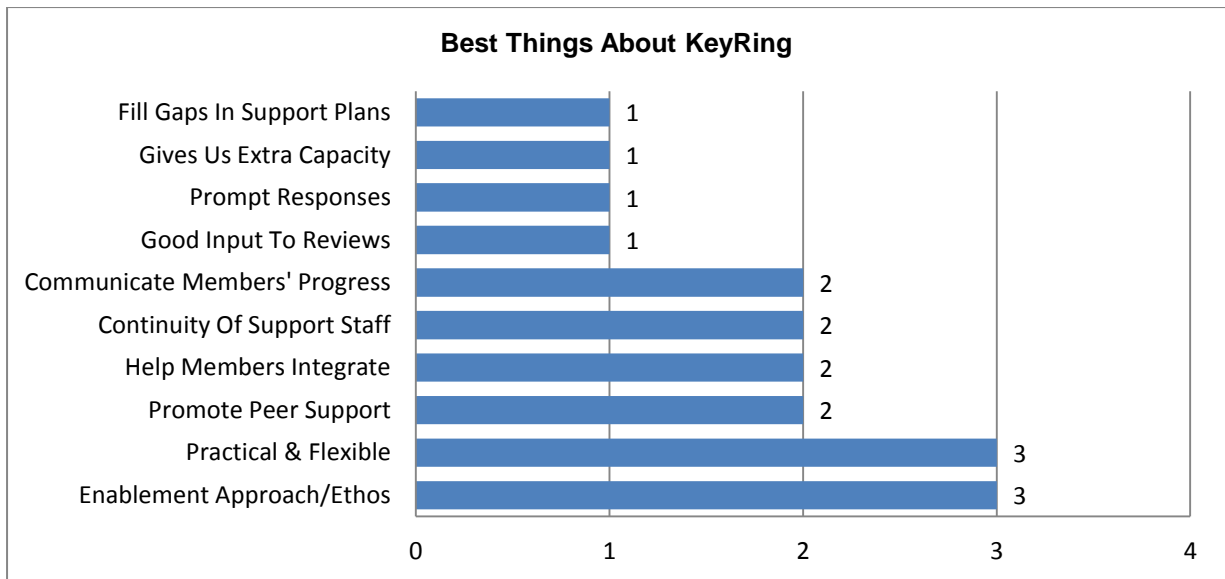
<u>Feedback from Walsall social workers:</u>

To maximise their contribution KeyRing needs to work in partnership with each Member's social worker. We therefore, asked five social workers for their opinions about KeyRing. See below the five social workers were, in the main, positive about KeyRing. Some, however, felt it was rather early in the development of "KeyRing Networks Plus" to give definitive views e.g. 2 could not say if KeyRing was good value for money? and 3 could not say whether the "Plus" part was working?

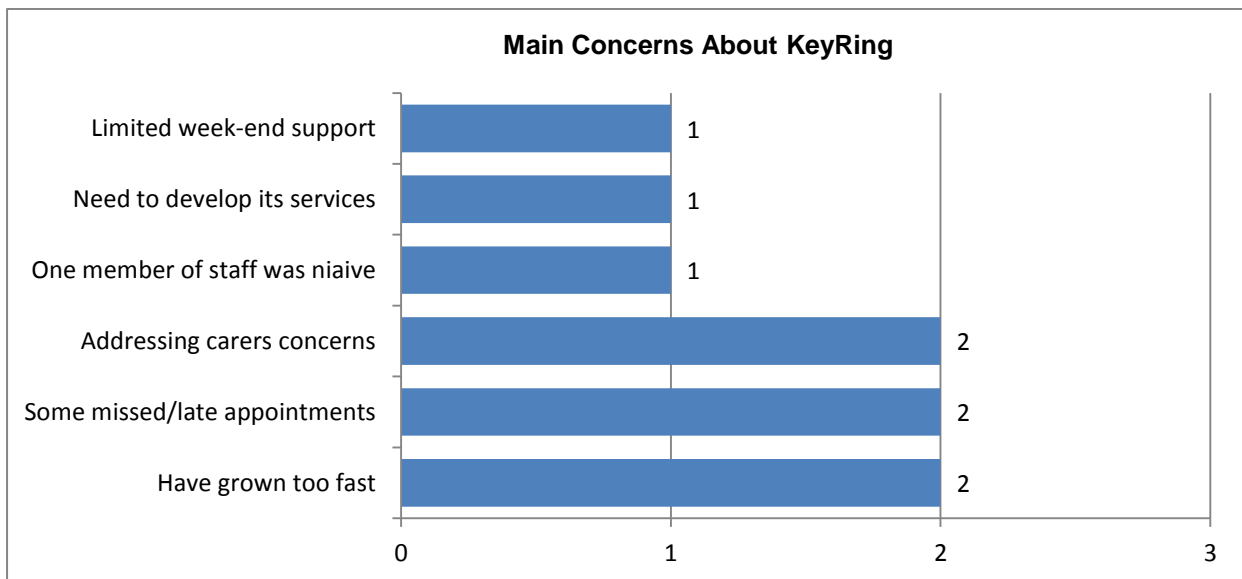| Five social workers were asked:	Good	Satis-factory	Good vfm	Can't Say	Less Time	No Change	Yes it works	Can't say
Overall opinion about KeyRing?	3	2						
Was KeyRing good vfm?			3	2				
If KeyRing saves/cost you time?					3	2		
If the "Plus" element works well?							2	3

To gain more insight into the detailed views of the social workers we asked them to reflect on their experience of working with KeyRing Networks Plus and to identify the best things about it? and their main concerns about it?

Again the balance of the feedback was positive i.e. between them, the five social workers, identified eighteen "Best Things" about KeyRing compared to only nine concerns i.e. the positive outweighed the negatives by 2 to 1.

Best Things About KeyRing

Category	Value
Fill Gaps In Support Plans	1
Gives Us Extra Capacity	1
Prompt Responses	1
Good Input To Reviews	1
Communicate Members' Progress	2
Continuity Of Support Staff	2
Help Members Integrate	2
Promote Peer Support	2
Practical & Flexible	3
Enablement Approach/Ethos	3

Having said that 9 concerns is a small number compared to the 18 best things, it is nearly two main concerns per social worker and it is apparent that the:

- Rapid growth in membership numbers in Walsall has presented challenges when it comes to maintaining high standard e.g. one person said that with hindsight KeyRing should only have been appointed after they had established an office in Walsall, and

- The flip side of the practical and flexible support is that KeyRing Network Plus staff have missed or been late for support sessions with Members on a few occasions.

Main Concerns About KeyRing

Category	Value
Limited week-end support	1
Need to develop its services	1
One member of staff was niaive	1
Addressing carers concerns	2
Some missed/late appointments	2
Have grown too fast	2

In Summary:

Although the social workers are aware that KeyRing is still developing and this makes it difficult to draw firm conclusions about whether it is working or how good a value for money it is, their feedback was positive, they clearly value KeyRing as a partner and their comments about how KeyRing could potentially improve were very constructive.

Appendix 1: Member Case Studies

- Case 1: KeyRing enabling independence in partnership with other support providers

- Case 2: KeyRing as a part of a rapid response following a crisis

- Case 3: KeyRing helping to improve outcomes and lower support costs

- Case 4: Extract from the compliments log (amended to protect identities involved) showing how effectively KeyRing can work in partnership with social workers

- Case 5: KeyRing supporting "step down" from a more institutional care setting

Case 1: Enabling greater independence in partnership with other support providers

Background:

Andy and Phylis* have been married for nearly 15 years. Both have learning difficulties and until recently each received support for a few hours each week from two separate care agencies. However, in September 2011 a review of their support found they were unhappy with their support. For example, they wanted to work rather than attend leisure activities and felt capable of doing more for themselves. They felt frustrated that:

- They had to wait in for carers, e.g. to help clean their home tended to arrive at noon, much later than Andy wanted
- Carers did not always do what they asked, e.g. carers said weight watchers food was too expensive and refused to buy it even though Phylis and Andy could afford it and were trying hard to lose weight. They were so frustrated that sometimes when the carers had gone they shopped again together to get what they really wanted.
- The Council were appointees for Phylis's money. This meant she could only get money if she visited the civic centre.

Since the review:

- The Appointeeship has ceased and Phylis says *"The carers said we couldn't cope with money, but we've proved we can, I've got my own bank account".*
- Recruitability Plus helped them find jobs and both are now settled into a routine of one day a week at local Leisure Centres.
- A welfare officer helped them maximise their income and open a bank account, set up direct debits, etc.
- The Reablement service was asked to take over helping with shopping but after two weeks it was clear the couple were could do it themselves.

The Role of KeyRing:

KeyRing has begun to provide weekly support. They:

- Help with the couple's paperwork and general support as things crop up. Phylis and Andy explained *"Wendy comes in on a Wednesday – we have a black box to put anything in we want her to help with".*
- Supported their healthy lifestyle scheme by telling them about a free 12 week "Slimming World" group which they now attend and helping them plan how to get there and back using local bus services.
- Think about their appointments and worked with the person centred planning team to produce a pictorial calendar for them to use as their lives get busier.

The Outcome:

The couple have used their new found confidence to become leaders in the KeyRing Network, sharing their story and supporting others.

The couple set themselves a goal to and saved enough money to go on holiday to visit Andy's sister in Spain in May 2012. Both are now living their lives in a much more independent way now with much wider social contacts and just enough support where needed.

* Names changed

Case 2: KeyRing as a Part of a Rapid Response Following a Crisis:

Background:

Harry* is 74 and was caring for his wife Steph* who is 65 and Snowy their small dog. Steph is partially sighted, has a physical disability and is living with cancer. Harry was rushed to hospital following an aneurism. Steph was unable to care for herself and so she was also admitted to hospital. Snowy was left in the house.

Harry only became aware what happened when he woke up a week later in intensive care, where he stayed for some weeks, before eventually being discharged home with Steph. While they had been in hospital the Snowy had soiled the sofa and carpets, the dog had been fed and given water, but not been taken out of the house.

The Role of KeyRing:

Social services arranged for the house to be cleaned and soiled carpets were removed. Their possessions were stored in one room upstairs. This is when a social worker made a referral to KeyRing. It visited Harry at home the day he was discharged and supported the couple to:

- Make arrangements to get the weekly shopping done.

- Make an urgent referral to Welfare Rights to ensure their income was maximised.

- Find a debt adviser, who helped them reduce payments on their debts.

- Contact utilities and make new arrangements as the couple had been paying too much.

- Contact the "*Dogs Trust*" and register Snowy so Harry and Steph knew that Snowy would be looked after well if they were unable to care for him again.

- Contact the local "Society for the Blind" so Suzanne could access their resources/support.

- Sort through their possessions and get the house how they wanted it.

- Arrange for another KeyRing Member who lived nearby to walk Snowy for them.

The Outcome:

KeyRing also helped coordinate a package of care that was arranged by the social worker and put in place to care for Steph on her return home. This has vastly reduced Harry's level of stress and dramatically increased the person centred nature of the care Steph receives.

Harry says he is a lot stronger now, a lot less stressed and feels happier. Steph says she is happy that she now has good person centred care in her home.

Without KeyRing support at the point of discharge there was a real possibility that Harry and Steph would not have been able to cope and may have been readmitted to hospital or required a much more intensive support package.

* Names changed

Case 3: KeyRing helping to improve outcomes and lower support costs:

Background:

Charlie* lived in a residential placement and moved to a supported living placement with an intense package of 1:1 support. Charlie was receiving support with shopping, cleaning, personal care, and college attendance. She was very busy, but all activities were segregated 'learning disability' activities.

The Role of KeyRing:

KeyRing saw the potential for the college support to be reduced. They liaised with the social worker, college, and current support provider. KeyRing started a phased reduction in support and over a three-month period, this support was reduced from 21 hours to 6 hours (getting to and from college).

KeyRing is now working with Charlie to think about her options once she finishes college. They are discussing social activities and mainstream groups near her new home.

Outcome:

Charlie is also keen to travel independently; there are a range of risks associated with this so a medium term plan has been devised to enable Charlie to meet her goal safely.

Charlie is being introduced to the other Network Members, who are exploring how people can share skills and resources, as well as develop social relationships.

* Name changed

Case 4: Extract from the compliments log showing how KeyRing can work effectively in partnership with a social worker:

Background:

A KeyRing Member was being bullied by local youths and his social worker worked closely with a KeyRing Community Support Worker to address the issues and praised KeyRing for being able to do practical things she did not have the time to do. She wrote the following to formally record her thanks:

"I just wanted to express my thanks and gratitude to the work and effort of one of your workers*.

We have been working together with a KeyRing Member. Fred has worked to support my efforts to meet the Member's agreed outcomes and in co-operation with other professionals i.e. Age UK, ILBPS , Housing & contractors, the Police, Telecare and myself.

I have personally thanked your worker, but felt their efforts have been exceptional and I didn't want them to go un-noticed. I look forward to working with them and your organisation again in the future."

Outcome:

The bullying has stopped and the KeyRing Member is safer, happier and more stable.

*The precise wording of the compliment has been edited to protect the identity of the Member.

Case 5: KeyRing supporting "step down" from a more institutional care setting:

Background:

Joe* is diagnosed with Paranoid Schizophrenia. He has substance misuse issues, has been in trouble with the police and has spent time in prison. He has been a patient at an Assessment and Treatment Centre and immediately before moving into a flat and joining KeyRing he was living in short term residential setting.

Support from KeyRing:

The NLW visits Joe once a week to help him with correspondence, bills, etc. and to ensure Joe knows what appointments he has, e.g. with his CPN, and has planned how to get to each appointment. The NLW also encourages Joe to socialise and reinforces the importance of him remembering to take his medication. Finally the NLW liaises closely with the Mental Health Team at the Council and with Joe's CPN.

Outcome:

With support Joe is sustaining his tenancy. He has learned to look after himself so well that he now regularly cooks for another KeyRing Member who is less keen on cooking. Joe says he is proud about this and how he has learned to be independent. Perhaps most importantly, he now recognises the importance of taking his medication and says he feels "*much better for it.*"

* Name changed

Appendix 2: Walsall Operating Model

Walsall Adult Social Care Operating Model