



**Taking stock:
assessing the value
of preventative support**

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This report tells the stories of five people who have recently been supported by British Red Cross staff and volunteers. They show the value of time-limited practical and emotional support which responds to people's individual needs and wishes at times of transition and vulnerability. This personalised support has helped all of these people live independently and with dignity in their communities.

While the outcomes for individuals speak for themselves, it is increasingly important to be able to show how preventative services such as ours deliver savings for statutory partners.

To support us in evaluating these savings, we asked nef consulting (new economics foundation) to carry out an independent economic analysis of our work with these people. They have assessed the costs which could have been incurred by the state to treat and deliver care to these five people had our services not been there¹.

They have estimated that our support delivered savings of between £700 and £10,430 per person. This reflects a minimum return on investment of over three and a half times the cost of our service², and in most cases significantly more.

We know how valuable our services are to the people we support, their families and their carers. This report shows the value they also deliver every day to a range of statutory services, bridging gaps between professionals and saving money.

The photographs used in this publication are of models and there is no intention to associate any of them with any of the conditions or circumstances referred to in this publication. Names have been changed to protect anonymity.

1. The challenges of varying service provision and access criteria should be acknowledged. It is possible that these people may not have been able to access every service that they could have benefited from, and where appropriate, we have distinguished between projected and potential additional savings.
2. Costs depend on the length and frequency of support provided by each service. In these case studies, costs range from £90 to £330 per service user.

Mr Bradley

Mr Bradley, 50, lives alone, suffers from agoraphobia and depression, and is type one diabetic. His relationship with his long-term partner recently broke down, and he has had no contact with her or his three children since. He has no other family and only one close friend in the area.

Mr Bradley was referred to the British Red Cross as he could not cope alone and particularly needed help with paperwork, which he was finding overwhelming.

From an initial visit to Mr Bradley, we found that he was extremely depressed and lonely. He was not eating or drinking much, often going for days with no food. This was particularly concerning given his diabetes and regular insulin injections. He was also very worried about his finances as his ex-partner had dealt with money issues.

We visited Mr Bradley once a day and offered practical and emotional support to help him get back on his feet. We helped him with his paperwork, and in the course of this support we discovered he had bank accounts in his name that he was unaware of, and that his ex-partner had taken both his passport and birth certificate with her.

We alerted the safeguarding officer to Mr Bradley's financial concerns. We helped him fill out forms to declare his passport and birth certificate as lost or stolen and helped him complete and send his benefits forms. We also fed back to Mr Bradley's GP our concerns about his diet, and organised regular deliveries of prepared meals to ensure that he would be eating properly.

We then put Mr Bradley in touch with various other forms of help, including arranging a visit from his diabetic

nurse, linking him into a local befriending service, and organising a meeting with the Citizens Advice Bureau, who helped him get in touch with a solicitor to discuss his house and children. We were also able to organise support for Mr Bradley from Age UK.

After a period of intensive support, we continued to visit Mr Bradley and help him set up longer-term solutions. He now has a befriending volunteer, a counsellor, regular appointments with the diabetic nurse and better control of his health and personal care. He also has a better outlook on life and feels he has the support to cope with day-to-day life and start regaining his independence.

Our support allowed Mr Bradley to start regaining his independence and rebuilding his confidence while learning new ways to cope.

He said the support he received from the British Red Cross gave him fantastic emotional support at his lowest point and helped him to start taking back control of his life.

Impact of our support

Providing practical and emotional support to Mr Bradley saved the state money in two ways:

We prevented Mr Bradley's depression worsening

Ongoing and worsening depression can increase the likelihood of a suicide attempt or a long recovery period. It is likely that without our support Mr Bradley's depression would have worsened, to the extent he would have required some at-home medical assessment and care.

It is likely Mr Bradley would have required a residential GP visit to assess his mental health, and would have then needed support from social services home care. A residential GP visit costs, on average, £121 and home care support for service users with mental health problems costs £162 per week¹. It is likely that social care support would be needed weekly for three months (13 weeks) at a cost of £2,227.

We prevented Mr Bradley's diabetes worsening and causing complications

Mr Bradley was not providing for his own basic needs, which could have had very harmful effects alongside his diabetic condition. The cost of treating diabetes and its associated complications is significant, comprising around 5 per

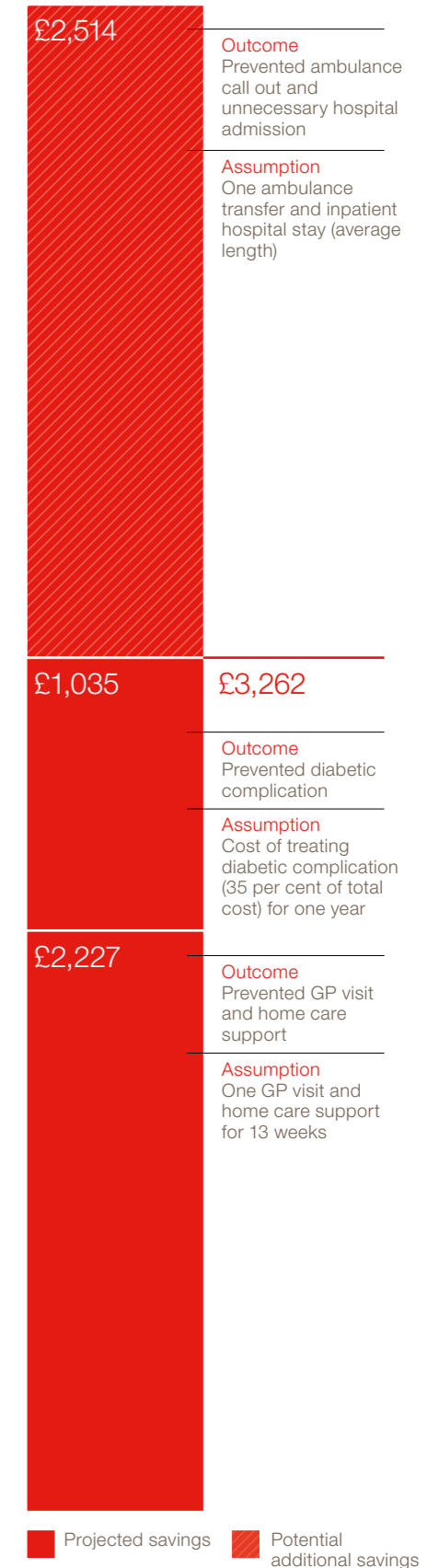
cent of the total NHS budget². The annual cost of treating diabetes and complications is £2,944 per person.³ Complications with the condition account for around 35 per cent of this (or £1,035)⁴. It is possible that without our intervention this would have led to a hospital admission, including ambulance transfer (£180⁵) and inpatient stay (£2,334⁶).

Overall, the support we delivered to Mr Bradley represents total avoided costs to the state of between £3,262 and £5,776.

1. PSSRU (2011), *Unit costs of health and social care 2011*, The University of Kent publications. £21 represents the cost of a community nurse, per visit (pages 106-108, taken from: Community Care Packages for Older People). We assume this is a low bound figure representing the fact that Mr Bradley was unable to cope with daily necessities himself, e.g. food preparation.
2. Diabetes in the UK (2004), a report from Diabetes UK available at www.diabetes.org.uk/Professionals/Publications-reports-and-resources/Reports-statistics-and-case-studies/Reports/Diabetes_in_the_UK_2004/
3. Ibid.
4. Ibid.
5. National Audit Office (2011), *Transforming the NHS ambulance services*: presentation to the House of Commons. www.connectingforhealth.nhs.uk/systemsandservices/pathways/news/fullreport.pdf. The unit cost for ambulance services ranges from £144 to £216, i.e. a mean unit cost for this is £180 per call.
6. PSSRU (2011).

Avoided state costs

**£3,262 –
£5,776**





Mr Bains

Mr Bains is 68 years old and lives alone in a small town in a rural area. He is divorced and has two sons, one of whom lives nearby.

Having worked as a painter and decorator for many years, he was well known in the town and led an active social life including enjoying a number of hobbies from bird watching to whist.

Sadly, Mr Bains was diagnosed with multiple sclerosis which affects his mobility and means that while he is able to walk carefully around his own home with a walking frame, he needs a wheelchair to go outside.

Initially, Mr Bains was supported by a social worker who arranged for carers to visit and organised meals

on wheels for him. However, he was referred to the British Red Cross after becoming very depressed and withdrawn, and choosing not to leave his house, even though he had the opportunity.

He told us he felt suicidal and couldn't bear the thought of people around the town seeing him in a

wheelchair. A Red Cross volunteer visited Mr Bains weekly for three months and provided him with emotional support, as well as practical help like finding computer classes at his local library, which helped him continue his interest in bird watching.

Our volunteer referred Mr Bains to other support services, including the MS Society which provided a home visitor, and the NHS expert patient programme to help him learn more about how to manage his condition. We also gave Mr Bains information about community transport services, local buses with wheelchair access and information on accessible days out locally.

Mr Bains was invited to our local service user forum and offered help with transport to it. Despite his initial reluctance to attend, Mr Bains found the opportunity to meet other service users, socialise with them, and hear their stories hugely beneficial.

He told us:

“Meeting those people who were so depressed and had no-one made me realise just how lucky I was to have friends and family. It made me realise I must make the most of my time, and how silly I was to feel so embarrassed.”

Overcoming his fear and embarrassment of being seen in a wheelchair, Mr Bains went out with his son shortly after the forum and bought an electric scooter which enabled him to get around town again and reconnect with the community.

Our support helped Mr Bains through this very difficult time of change, grief and acceptance of his illness, back to a full and fulfilling life.

Impact of our support

Preventing Mr Bains' depression worsening saved the state money in several ways:

We kept Mr Bains out of hospital or care

Worsening depression can increase the likelihood of a suicide attempt. It can also undermine people's willingness and ability to provide for their own basic needs, such as food, clothing and heating. If Mr Bains' depression worsened, he would have had to be admitted to hospital and then provided with social care support in his home. He might have even risked or damaged his health, for example through self-harm, which would have meant longer-term support in the form of sheltered housing, day, residential or nursing home care.

One hospital inpatient admission (for an elderly individual with mental health problems)¹ costs on average £293 per day and it is likely he would have required a minimum of a two-day stay. It is also likely that Mr Bains would have then needed social services support, provided by the local authority. The average cost of delivering home care to a service user with mental health problems is £162 per week². We assume this support would have been required for 24 weeks at a cost of £3,888³.

We prevented Mr Bains from needing anti-depressants

The average cost to the NHS of administering anti-depressants across the UK is £146⁴ per patient, per annum. Due to the severity of his condition, Mr Bains would probably

have needed a two-year course of anti-depressants at a cost of £292.

We prevented Mr Bains from needing cognitive behavioural therapy (CBT)

Given the advanced stage of Mr Bains' condition and his suicidal thoughts, it is probable that he would have required CBT or another therapeutic treatment. The cost of a CBT session is £106⁵. If Mr Bains had needed one session a week for 24 weeks, it would have cost the state £2,544.

We prevented Mr Bains from needing counselling services

While Mr Bains would already have received support in the form of social services home care and CBT, he may also have been referred for further counselling due to his MS and associated difficulties. Mean costs of public psychotherapy counselling services are £60 per session⁶. If Mr Bains had needed one session a week for a year, it would have cost the state £3,120.

Overall, the support we delivered to Mr Bains represents total avoided costs to the state of between £10,310 and £10,729.

1. PSSRU (2011), *Unit costs of health and social care 2011*, The University of Kent publications.
 2. Ibid.
 3. This would be until the end of Mr Bains' cognitive behavioural therapy (CBT) course (24 weeks).
 4. McCrone et al (2008), *Paying the price: The cost of mental health care in England to 2026*, The King's Fund publications and Thomas and Morris (2003) "Cost of depression among adults in England in 2000": *The British Journal of Psychiatry* Vol. 183. Unit costs range from £41.10 to £250.60.
 5. PSSRU (2011).
 6. Ibid.

Avoided state costs

£7,310– £10,430

£3,120

Outcome
Prevented further psychological support (mid-term)

Assumption
One session of counselling per week for one year

£2,544

£7,310

Outcome
Prevented talking therapy (short-term)

Assumption
One CBT session per week for almost six months

Outcome
Prevented prescription of medication

Assumption
Average cost of a course of anti-depressants over two years

£292

£4,474

Outcome
Prevented worsening of Mr Bains' depression

Assumption
Hospital admission and subsequent social care support for 24 weeks.

Projected savings

Potential additional savings



Mrs Jones

Mrs Jones is a widow in her mid-80s, living in sheltered accommodation. She was admitted to hospital after she was found collapsed on the floor.

Mrs Jones was diagnosed with a urinary tract infection and was prescribed tablets for three days. As she suffers from dementia, hospital staff were concerned she would not remember to take her medication and requested assistance from the British Red Cross to support Mrs Jones in the days following her discharge from hospital.

A British Red Cross volunteer visited Mrs Jones on the ward to introduce herself, explain the service we were able to offer, and identify any further needs she may have which we could support her in addressing.

Our volunteer then visited Mrs Jones at home every day for three days

to provide her with face-to-face medication prompting until the completion of her treatment. We also encouraged Mrs Jones to read the instructions on the dosette box to reduce her anxiety and put her more at ease as she could not remember being in hospital, or why she was supposed to take the medication.

During this period our volunteer established contact with Mrs Jones' social services team to discuss the need for her morning carer to prompt her timely medication intake, which they agreed to do.

Through establishing a good relationship with Mrs Jones and providing her with emotional support

at this difficult time, our volunteer also gently encouraged Mrs Jones to participate in some of the communal activities offered within the sheltered accommodation premises.

At the end of this short period of support, Mrs Jones had successfully completed her three-day course of medication. This effectively dealt with her infection and meant she avoided readmission to hospital. Our support also gave Mrs Jones the confidence to consider engaging in some group activities, resulting in improvements to both her physical and mental health.

Impact of our support

Providing Mrs Jones with practical and emotional support saved the state money in two ways:

We prevented Mrs Jones from needing an ambulance

Our volunteer's support in reminding Mrs Jones to take her medication over a three-day period, along with liaising with her social services team to remind her to take her medication promptly, meant her infection was successfully treated and an ambulance transfer due to medication non-compliance was avoided. The unit cost for this is £180¹.

We prevented Mrs Jones from needing readmission to hospital

It is likely that, due to Mrs Jones' dementia and the fact she was found collapsed, she would have required a hospital stay. We estimate that the length of Mrs Jones' hospital stay on readmission would be one night, for which the unit cost is £549².

Overall, the support we delivered to Mrs Jones represents total avoided costs to the state of £729.

Avoided state costs

£729

£549

Outcome
Prevented unnecessary hospital admission

Assumption
Inpatient stay for one night

£180

Outcome
Prevented ambulance call out

Assumption
One transfer

1. National Audit Office (2011), *Transforming the NHS ambulance services*: presentation to the House of Commons. www.connectingforhealth.nhs.uk/systemsandservices/pathways/news/fullreport.pdf. The unit cost for ambulance services ranges from £144 to £216, i.e. a mean unit cost of £180 per call.

2. PSSRU (2011) *Unit costs of health and social care 2011*, The University of Kent publications.



Mrs Khan

Mrs Khan, 63, contacted the British Red Cross for urgent support with shopping as she had run out of food and was suffering from an inflamed knee which prevented her from getting to her local shops.

We agreed to do Mrs Khan's shopping at short notice on the first day of referral and a volunteer was able to deliver it to her. Our volunteer then spent some time with Mrs Khan and explained what support the British Red Cross could offer, but she refused ongoing support.

Mrs Khan phoned again the following day asking for help with housework, more shopping and transport to a hospital appointment. When the volunteer arrived, an ambulance was outside the house, and the crew suggested Mrs Khan might need to be admitted to hospital. However, she remained at home and phoned the following day, again requesting immediate help with shopping and prescription collection. A volunteer provided the support and agreed a weekly programme of help with her.

However, Mrs Khan continued to telephone the service for support at short notice over the next few days, and seemed to be increasingly distressed, leading to concerns for her wellbeing. We contacted social services to enquire whether Mrs Khan was known to them and, at the duty social worker's request, the volunteer encouraged Mrs Khan to refer herself for more support.

A few days later, our volunteer visited Mrs Khan by arrangement and was unable to find her at home. We then contacted her daughter and a short while later we were informed that Mrs Khan had been found in town in her night clothes, confused and very unwell. Her daughter was hugely grateful to have been alerted to her mother's absence and was able to provide her with support while she

was assessed and sectioned by statutory services.

The flexibility of our service ensured Mrs Khan received the support she needed during a period when she was becoming increasingly unwell.

Our role in keeping in touch with social services and Mrs Khan's daughter meant there was a quick response when her mental capacity was compromised, and we were able to greatly minimise the length of time that she was at risk from her own actions as well as her daughter's anxiety.

Impact of our support

Providing Mrs Khan with practical and emotional support saved the state money in two ways:

We prevented social services from needing to get involved earlier

Our involvement and support ensured Mrs Khan's needs were identified sooner than would otherwise have been the case, preventing or reducing the need for social services to be involved in the early stages of the case. We assume that Mrs Khan would have required intensive home care for at least one week. Given Mrs Khan's circumstances, we assume she would have received intensive support totalling 30 hours a week, at a cost to social services of £960¹.

We prevented Mrs Khan from needing an ambulance and hospital stay

Given that Mrs Khan was unable to look after herself, it is likely that our support also avoided the cost of an ambulance transfer and hospital inpatient stay resulting from a serious injury or illness. The cost of an ambulance transfer is £180 per instance², while the cost of an inpatient stay (based on an average number of days in hospital) is £2,334.

Overall, the support we delivered to Mrs Khan represents total avoided costs to the state of £3,474.

1. PSSRU (2011), *Unit costs of health and social care 2011*, The University of Kent publications.
2. National Audit Office (2011), *Transforming the NHS ambulance services: presentation to the House of Commons*. www.connectingforhealth.nhs.uk/systemsandservices/pathways/news/fullreport.pdf. The unit cost for ambulance services ranges from £144 to £216, i.e. a mean unit cost for this is £180 per call.

Avoided state costs

£3,474

£2,514

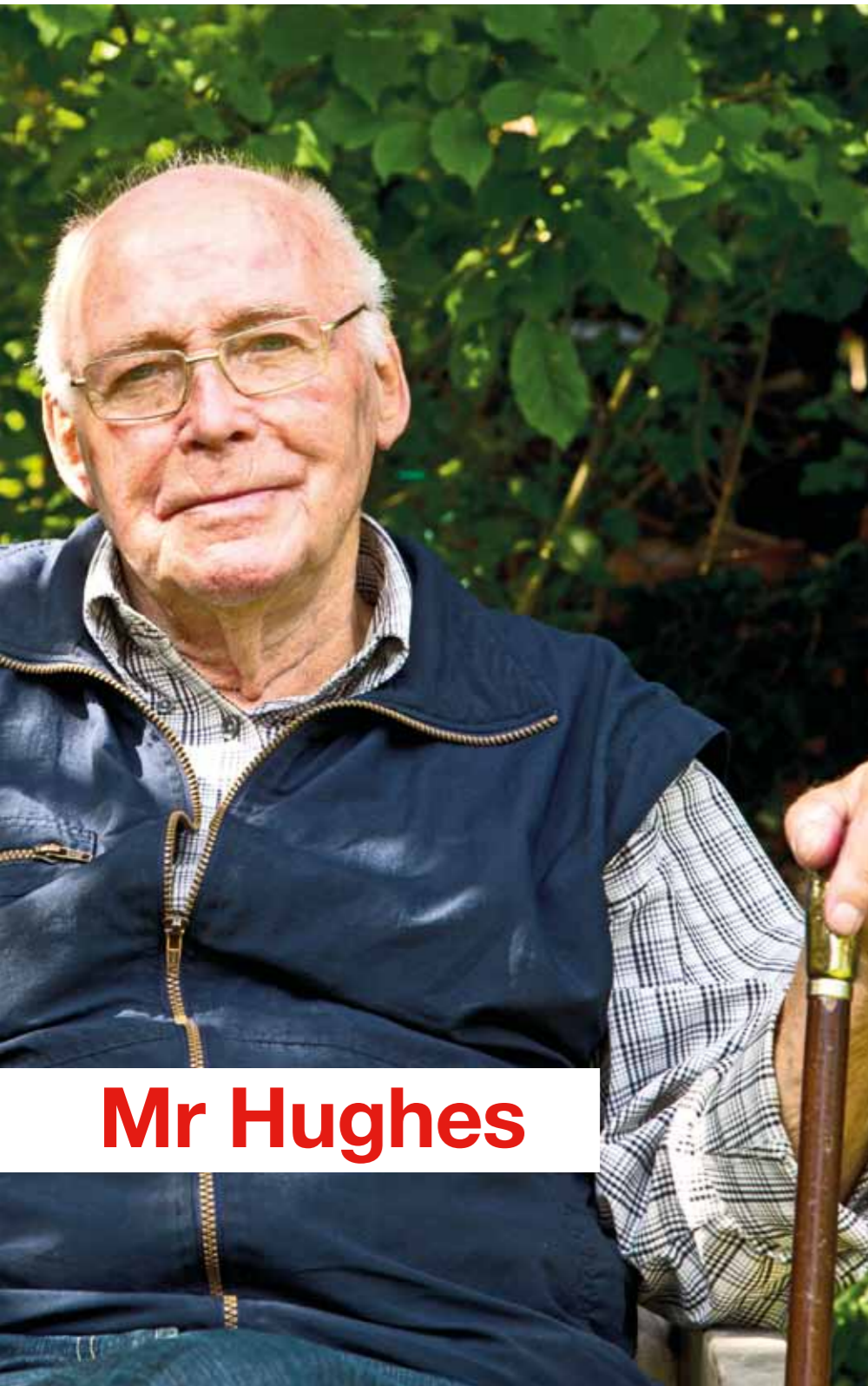
Outcome
Prevented ambulance call out and unnecessary hospital admission

Assumption
Ambulance transfer and inpatient hospital stay

£960

Outcome
Prevented initial social services involvement

Assumption
30 hours support over the course of 1 week



Mr Hughes

Mr Hughes, 81, suffers from Parkinson's disease and lives with his wife, his main carer. After recently being discharged from hospital, he became mildly dehydrated and had a possible urinary tract infection.

As a result, he was bed-bound and having difficulty with his speech. Mrs Hughes was finding it increasingly difficult to care for him, and he was refusing to drink or co-operate with her.

His GP referred him to the British Red Cross on a Friday to see if we could help with his fluid intake. The GP said he would review the situation on Monday, but would have to admit him to hospital if he had not improved.

We arranged to visit Mr Hughes at least four times a day to encourage him to take fluids, fitting in between visits from his existing carers in the morning and evening.

Mr Hughes happily drank for our volunteers every time they visited over the weekend, and we helped Mrs Hughes create a fluid diary to keep track of his intake. We also liaised with his carers to ensure Mr Hughes drank as much as possible.

We also helped him cut up his food, as his hands were very shaky due to his Parkinson's.

His health began to improve and by Sunday evening he was out of bed and watching TV in the living room with his wife. From Monday we agreed with Mr and Mrs Hughes to visit only twice a day, which decreased shortly afterwards to one visit, until our assistance was no longer needed around three weeks later.

During the course of our visits we reported back on Mr Hughes' situation to his GP.

Our support meant Mr Hughes was able to stay at home with his wife and avoid a readmission to hospital.

It also gave Mrs Hughes the confidence to arrange for extra carers to visit to relieve some of the pressure on her in the long term and ensure that they were both better able to cope with their situation.

Impact of our support

Providing Mr Hughes with practical and emotional support saved the state money in several ways:

We prevented Mr Hughes from requiring a GP residential visit

Our support avoided the need for a GP visit in the home, costing £121 per visit¹.

We prevented Mr Hughes from needing another admission to hospital

The unit cost of a non-elective inpatient stay for more than one night (based on the average number of days stayed) is £2,334². Mr Hughes would also have required an ambulance transfer to hospital (£180)³ resulting in a total cost of £2,514 for the admission.

We prevented Mr Hughes from needing further health or social care home visits from statutory services

The cost of a home visit from a nurse is £64 an hour⁴. We assume visits would be required four times a day, in line with what we provided. Assuming each appointment lasted around 30 minutes, daily costs would have been around £128⁵. These visits would be required for three weeks, in line with what we provided at a cost of £1,152.

Additional benefits

We prevented Mr Hughes from developing longer-term health problems

Without our support, Mr Hughes may have suffered longer-term problems as a result of malnutrition.

The overall costs of malnutrition across the UK amount to around £7.3 billion per annum⁶, affecting 5 per cent of the British population (or 2.9 million people)⁷. This represents a cost of around £2,483 per person, per year. This figure includes direct

costs to the healthcare system as well as indirect costs, such as health complications resulting from malnutrition and related costs to other public health services.

We prevented Mrs Hughes' stress and anxiety from worsening

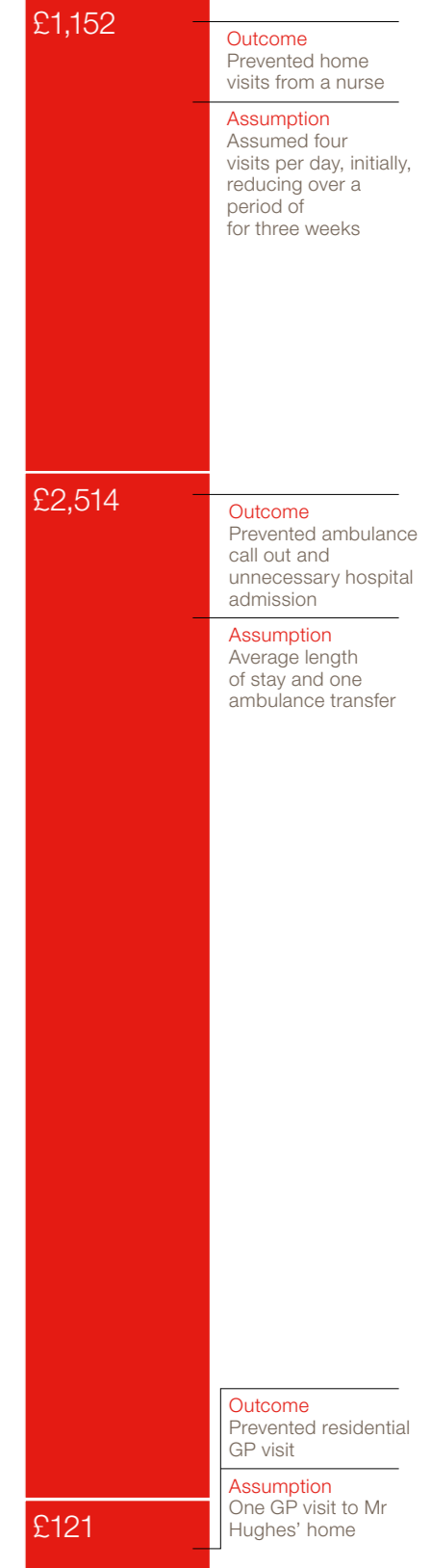
Without our support, Mrs Hughes may also have required some sort of medical or emotional support in the midterm. The direct costs of depression and anxiety cost the state around £22 billion a year through lost productivity, inability to commence or return to employment, health facility usage and medication costs⁸. This represents an annual cost of £7,875 per case. Around 35 per cent of mental health treatments deal with people experiencing anxiety disorders⁹. Applying this proportion suggests avoided costs around £2,620 per year, per person.

Overall, the support we delivered to Mr Hughes represents total avoided costs to the state of £3,787.

1. PSSRU (2011), *Unit costs of health and social care 2011*, The University of Kent publications.
2. Ibid.
3. National Audit Office (2011), *Transforming the NHS ambulance services*: presentation to the House of Commons. <http://www.connectingforhealth.nhs.uk/systemsandservices/pathways/news/fullreport.pdf>
4. PSSRU (2011).
5. PSSRU (2011).
6. Elia (Chairman & Editor) Stratton, Russell, Green, Pan; (2005); "The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults". *British Association for Parenteral & Enteral Nutrition*. <http://www.teespublichealth.nhs.uk/document.aspx?id=3202&siteID=1012>
7. McKinlay (2008) "Malnutrition: the spectre at the feast", *Journal of College Physicians of Edinburgh* 38:317-21
8. Layard (2005), "Mental health: Britain's largest social problems?", Paper presented at the No.10 *Strategy Unit Seminar on Mental Health* 20 January 2005
9. Hallam (2008), "The social costs of anxiety disorders", *Congresso Istituto Tolman: Psicoterapia competenti per la comunità: I percorsi, gli ostacoli, le soluzioni*. Palermo, 3 Dec, 2006.

Avoided state costs

£3,787





This report captures the stories of just five of our recent service users. In 2011, we helped over 45,500 people across the UK regain their independence at home, working through 161 contracts with local authority and NHS commissioners across the UK.

If you would like to find out more about our services, please phone us on **020 7877 7284** or visit our website **redcross.org.uk**
