



Meeting: **Adults and Communities Overview and Scrutiny Committee**

Date/Time: **Monday, 6 November 2023 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mrs. A. Smith (0116 305 2583)**

Email: **angie.smith@leics.gov.uk**

Membership

Mr. T. J. Richardson CC (Chairman)

Mr. G. A. Boulter CC Mr. L. Hadji-Nikolaou CC
Mr. B. Champion CC Mr. J. Miah CC
Mr. N. Chapman CC Mrs. A. Wright CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leicestershire.gov.uk>

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 4 September 2023.	(Pages 5 - 12)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	



6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
7. Presentation of Petitions under Standing Order 35.
8. Care Home Sustainability and Quality Report. Director of Adults and Communities (Pages 13 - 18)
9. Managing Demand in Adult Social Care. Director of Adults and Communities (Pages 19 - 44)
10. Charging for Social Care and Policy Support. Director of Adults and Communities (Pages 45 - 110)
11. Lightbulb Service Business Case Director of Adults and Communities (Pages 111 - 222)
12. Update on Archives, Collections and Learning Centre. Director of Adults and Communities (Pages 223 - 240)
13. Date of next meeting.

The next meeting of the Commission is scheduled to take place on Monday 22 January 2024, at 2.00pm.
14. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

- (a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;
- (b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).



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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 4 September 2023.

PRESENT

Mr. T. J. Richardson CC (in the Chair)

Mr. G. A. Boulter CC
Mr. B. Champion CC
Mr. N. Chapman CC

Mrs. H. Fryer CC
Mr. J. Miah CC

18. Minutes.

The minutes of the meeting held on 5 June 2023 were taken as read, confirmed and signed.

19. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

20. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

21. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

There were no urgent items for consideration.

22. Declarations of interest in respect of items on the agenda.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

23. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

24. Presentation of Petitions under Standing Order 35.

The Chief Executive reported that no petitions had been received under Standing Order 35.

25. Performance Report for Quarter 1 2023/24 (April - June)

The Committee considered a joint report of the Chief Executive and Director of Adults and Communities, the purpose of which was to present an update on the Adults and Communities Department's performance during the first quarter of 2023/24, namely April to June 2023. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion the following points were made:

- i. A Member queried when looking at figures and statistics, with reports referencing pre-covid levels that were not currently being reached, if the current levels were the new norm and that targets should be amended. Officers commented that looking at data year on year during and since the pandemic had been challenging. Officers would continue to look at target levels but highlighted that it was still appropriate to reference pre-covid levels in some instances. For example, in adult education, there were just under a quarter of a million fewer people in adult education post pandemic which affected performance metrics and the achievement of criteria that funders required. It was therefore important to maintain such targets in order to gain that funding. However, there was the ability to think about targets set locally.
- ii. A Member drew attention to the number of people waiting for social care assessment, and whilst the number had reduced by over 500 over six months, there were still 1,059 waiting. Also, as the Market Sustainability and Improvement Fund was only available for one year, the Member questioned what the plans would be going forward to get to a more acceptable level of people waiting. The Director commented that the reduction of 30% in people waiting in six months was very encouraging, and that there was an expected continued reduction. He added that there would never be a point where no one was waiting as for a County the size of Leicestershire there would always be people being referred to the service.
- iii. Members noted that the Care Act did not give a target for when an assessment should be completed. The local target for an assessment was within 28 days, which was appropriate for the majority of standard assessments. However, this was not necessarily possible for those with complex needs or, for example, when reports from partners such as the police or health had to be obtained. The Director reassured the Committee that he considered the current position to be encouraging. He added that with regards to the Market Sustainability Fund, the first tranche was recurrent, the second tranche had not been publicised as being recurrent, but it was expected that the reduction in those awaiting assessment would reach an acceptable figure before this ceased. The Member commented that he was reassured that the Department was meeting targets but requested more detailed information in future reports to gain a better understanding on the types of cases which did and did not meet the target.
- iv. A Member asked if the library service was able to determine why there might be a reduction in junior lends in libraries and if there was concern that children were sourcing information online. It was noted that, internally, there were performance statistics regularly looked at against a libraries roadmap (a programme of activities which helped identify priority audiences, one of them being children). Officers reported that the 4,000 figure on its own did not identify if it was a significant drop in lending amongst children, and that further reports would be worked on to improve narrative behind the figures.

RESOLVED:

That the report on the Adults and Communities Department's performance during the first quarter of 2023/24, namely April to June 2023, be noted.

26. Leicestershire and Rutland Safeguarding Adults Board Annual Report.

The Committee considered a report of the Independent Chair of the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) for 2022/23. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Chairman welcomed Ms. Seona Douglas, Independent Chair of the LRSAB to the meeting for this item.

Arising from discussion and questions, the following points arose:

- i. A Member queried the Safeguarding Partnership's reserve funds of £168,895 and questioned who would decide what this would be used for. The Independent Chair explained that during the Covid-19 pandemic, there were no learning and development opportunities and the money had therefore been accrued as a result. There was an agreed methodology for sharing the funds if not required, and the decision would be made by the Board on how to use the money or whether to disseminate some or all of this back to partners. However, Members acknowledged that it was good for the Partnership to have a healthy reserve balance which would enable the Board to undertake a lot of work and engagement with residents.
- ii. A Member made reference to the number of safeguarding enquiries and alerts which for Leicestershire in 2022/23 looked similar to the figures presented for 2021/22. However, in comparison to Rutland, the number of physical abuse cases had gone down from 19% to 4% whilst at the same time the number of financial and material abuse cases had risen from zero to 13%. The Member queried if there was an explanation for this jump in figures. The Independent Chair explained that Rutland, as a small unitary authority, had significantly smaller numbers when compared with the County Council, therefore changes in numbers in terms of percentages would look more extreme. The two could not be meaningfully compared.
- iii. A Member drew attention to the Safeguarding Adults Review (SAR), whereby over the last few years the SAB had identified an 'under-representation' of people from non-white backgrounds. It was suggested it would be more appropriate to say that there was under-reporting from this group of residents which the Independent Chair accepted and confirmed would be amended for future reports.
- iv. Members noted that there was greater under-reporting within Leicestershire from black minority communities. The Board would therefore be exploring whether it was targeting those communities correctly. It was noted that when the Partnership ran campaigns and awareness raising was undertaken, referrals increased.
- v. A Member sought an explanation of why the number of section 42 safeguarding enquiries concluded in 2022/23 had been higher than the number of individuals involved in such enquiries during the same period. The Independent Chair explained that some cases would have been brought over from a previous year. The Director further explained that there were two key issues. Firstly, was the length of time it had taken to complete some enquiries which meant they were carried forward into the following years figures. This had been the subject of a recommendation by Dr. Tozer

in the report on Assurance of Adult Social Care to be considered elsewhere on the agenda for this meeting. The recommendation had been to address the number of safeguarding enquiries that took over six months to complete. Secondly the Director explained that the Council's approach in when it applied the threshold to assess whether a matter would be the subject of a section 42 enquiry was different to most other authorities which meant Leicestershire's conversion rates appeared to be substantially lower. The Director confirmed that its processes would be reviewed and undertook to provide a further update on this issue to Committee Members.

- vi. It was noted that attendance on the Board had been good, particularly at a senior level ensuring the Board was able to operate effectively and take decisions. The Committee welcomed this news but requested that a table of attendance still be included in future reports as had been done in previous years.

The Chairman thanked Ms. Douglas for the report.

RESOLVED:

- a) That the draft annual report of the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) for 2022/23 be noted.
- b) That Chair of the Board be requested to include details on the attendance of partners at LRSAB meetings throughout the year in future reports.
- c) That the Director of Adults and Communities be requested to provide a further update outlining the process for dealing with Section 42 Safeguarding enquiries, how these are managed and the timings for conclusion, in particular those that take longer than 6 months.

27. Collections Development Policy and Access Policy for the Record Office for Leicestershire, Leicester and Rutland.

The Committee considered a report of the Director of Adults and Communities on the revised Collections and Development Policy and Access Policy for the Record Office for Leicestershire, Leicester and Rutland (ROLLR), which were a requirement for archive accreditation and would support the Record Office's accreditation submission to The National Archives on 8 November 2023. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion and questions, the following points were noted:

- i. In response to questions raised, Members were informed that the Records Office would not accept material that did not fall within the geographical boundaries of Leicester, Leicestershire and Rutland.
- ii. Regarding digital access to records Members heard that some, such as family history records, had been digitised to a high standard through working with partners, and could be accessed through home computers, in libraries or within the Record Office itself. Other records received which were not in a digital format, posed a challenge as resources were limited to invest in facilities that could ensure these were digitised and made accessible to a high quality for decades to come.

- iii. Members raised concerns about limited storage availability at the current Records Office in Wigston, particularly for documents that needed to be stored in specific conditions. The Director assured Members that the professional staff at the Records Office were in a position to make assessments of the different types of material held and identify those that needed to be in controlled conditions, and those that could tolerate conditions that did not need, for example, climate control. Methods such as using archival boxes and tissue paper added for the protection of items when not in use were sometime suitable alternatives.
- iv. Members questioned what progress had been made in the development of the Eastern Annex and raised concerns that the time it would take to get this facility operational given the desperate need for appropriate storage capacity. The Committee raised particular concerns about the risk to the Authority in losing its accreditation. The Director said the timescale for the development was actively being worked on and there was an expectation that a report on future proposals for the Collections Hub and Records Office would be brought to Committee at its November meeting. However, Members noted with concern that it would likely be five years before the new facility became available, and there would therefore be a period when these Policy's were in place but the Council might not be able to be 100% compliant.
- v. In response to a Member question, it was reported that overflow storage had been used in the Eastern Annex which was also reaching capacity, but fortunately levels of incoming material had been of a modest amount. It would, however, be a challenge to accommodate a large archive of multiple boxes until the new facility was in place. The Director provided some reassurance that the Council could fulfil its responsibilities around accepting statutory records in the short term. It was noted that there were some strategies around sampling, but this would only be undertaken in exceptional circumstances.
- vi. In response to a Member query, it was explained that the Records Office was a partnership provision managed by the County Council, with an annual contribution for provision from all three partners. The strong rooms held material from all three partners. Different models had been looked at in the past with partners, but a partnership approach provided the most efficient model.
- vii. The Committee was unanimous in highlighting its view that the preservation of records in an acceptable storage space with access for members of the public was essential, and that it supported the Cabinet Lead Member, Mrs. Radford, in seeking the development of the Eastern Annex as a priority.
- viii. The Committee agreed that the biggest risk to the Council if the Eastern Annex development was not delivered within a reasonable timescale would be running out of space and therefore the risk of having to refuse a collection, and the loss of the Council's accreditation which would have financial implications for the Authority.

RESOLVED:

- a) That the report on the revised Collections Development Policy and Access Policy, for the Record Officer for Leicestershire, Leicester and Rutland (ROLLR) be noted;
- b) That the comments now made by the Committee be forwarded to the Cabinet for consideration at its meeting on 15 September 2023;

- c) That the Cabinet be advised that the Committee unanimously supports the need for the Authority to preserve local records from across Leicester, Leicestershire and Rutland and to retain its accreditation and therefore requests that proposals for a new records storage facility be prioritised.

28. Annual Adult Social Care Complaints and Compliments Report 2022-23.

The Committee considered a report of the Director of Adults and Communities which provided Members with a summary of the complaints and compliments for adult social care services commissioned or provided by the Adults and Communities Department in 2022-23. A copy of the report marked 'Agenda Item 11' is also filed with these minutes.

Arising from discussion and questions, the following points arose:

- i. A Member suggested and the Complaints Manager undertook to include in future reports the number of service users alongside the percentages to give added context.
- ii. A Member commented that complaints from self-funders of social care services were not covered by the local authority. It was reported that the County Council would not be at fault under those circumstances as they had not commissioned the service. However, it might make further enquiries if the Authority had dealt with the provider in a broader sense, and issues would be shared with the quality and compliance team. Self-funding individuals could still complain to LGSCO rather than making complaint to the Council.
- iii. A Member questioned if there were any themes and therefore cause for concern in respect of the higher number of complaints in the Oadby & Wigston and Hinckley areas. The Complaints Manager commented that this did not appear to be the case but would revisit the data and provide confirmation to Members after the meeting.

RESOLVED:

- (a) That the Annual Adult Social Care Complaints and Compliments Report, covering the period 1 April 2022 to 31 March 2023 be noted.
- (b) That the Complaints Manager be requested to clarify if any themes appeared to be developing given the higher number of complaints received and upheld in the Oadby & Wigston and Hinckley districts.

29. Assurance of Adult Social Care.

The Committee considered a report of the Director of Adults and Communities which provided feedback from the Annual Conversation visit 2023 which was undertaken to provide an impartial view of the Adults and Communities Department prior to a forthcoming Care Quality Commission (CQC) Assurance visit. The report also provided information on the Intervention Framework published by the Department of Health and Social Care. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Arising from discussion and questions, the following points arose:

- i. Members welcomed Dr. Tozer's independent review of the Council and commented that her analysis had been valuable.

- ii. It had been expected that formal CQC assessments of local authorities would commence early Autumn, but this would now be more likely to commence in January or February 2024, as the CQC completed its pilot assessments.
- iii. A Member noted the CQC would give the authority a rating of inadequate, requires improvement, good, or outstanding, and asked, based on the independent review, if there was a guide as to how the Authority would fare. The Director commented that in his view, the Authority was on the cusp of requires improvement / good. Whilst really good practice and strong performance had been evidenced feedback from resident, service user and carer surveys were lower than the national average, and this would likely be picked up by the CQC and affect the Council's rating.
- iv. It was expected that a number of authorities would also fall in the middle ground. However, the individual assessment feedback had assured the Department it was moving in the right direction and highlighted areas that would now be worked on.
- v. A Member noted a recommendation that information on the website needed to be more up-to-date and accurate. Members were reassured that the issue had been recognised and had identified the need to centralise control to ensure website content was correct. The Department was in the process of recruiting a part-time post to lead on this work. It was noted that oversight of the website within the Council was dealt with both corporately and within departments and therefore establishing a more joined up approach would be sought.

RESOLVED:

- a) That the report on feedback from the Annual Conversation visit 2023 'Assurance of Adult Social Care' be noted.
- b) That the Director of Adults and Communities, with the support of the Lead Member, be requested to seek that action be taken to improve the Adult Social Care section of the Council's website to address the issues raised through the Annual Conversation, and for this be treated as a corporate priority given the impending inspection by the CQC, and that a further update be provided to this Committee on the progress being made to make these improvements at such time as the Director considers appropriate.

30. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 6 November 2023 at 2.00pm.

2.00 – 3.36pm
04 September 2023

CHAIRMAN

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 NOVEMBER 2023

CARE HOME MARKET SUSTAINABILITY AND QUALITY REPORT

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

- 1 The purpose of the report is to provide an update on market sustainability, with a focus on the older adult residential care market and the nursing care market.
- 2 The report also provides an update on quality in the residential and nursing care markets.

Policy Framework and Previous Decisions

- 3 On 7 September 2021, the Government announced £5.4 billion over three years solely for the reform of adult social care in England. At its spending review in October 2021, the Government announced that the investment would be used in two main areas - £3.6 billion of the total to pay for the Charging Reform, and £1.7 billion to improve access to social care, including a £500 million investment in the workforce.
- 4 The 'People at the Heart of Care' White Paper, published in December 2021, sets out the Government's 10-year vision of how it proposes to transform support and care in England. The vision revolves around three objectives:
 - People have choice, control, and support to live independent lives;
 - People can access outstanding quality and tailored care and support;
 - People can find social care in a fair and accessible way.
- 5 In November 2022, the Government's Autumn Budget Statement delayed for two years the implementation of the 'care cap', which will place a limit on the costs that people will need to spend to meet their eligible care and support needs, and other charging reforms, including changes to the social care means test, and a proposal to enable self-funders to access the same social care fees as those negotiated with providers by local authorities.
- 6 In recent meetings the Committee has reviewed the Fair Cost of Care (FCOC) analyses and funding together with the Market Sustainability Plans (MSPs) published and submitted to the Department of Health and Social Care.
- 7 At its meeting on 5 June 2023, the Committee received a report in relation to the most recent policy development in this area, the allocation of the Market

Sustainability and Improvement Fund (MSIF).

Residential and Nursing Care Market Capacity and Sustainability

- 8 Following the issue of the main MSIF grant of £5.6m, the allocation of which was explained to this Committee on 5 June 2023, a second grant was issued in July 2023, the MSIF Workforce grant of £3.6m.
- 9 The grant conditions for the new MSIF Workforce grant are essentially the same as for the original MSIF grant element. Specifically, these are that:
 - The recipient authority must allocate its full funding allocation from the grant on adult social care, as part of a substantial increase in planned adult social care spending;
 - The grant must be used to make improvements in at least one of the three following target areas:
 - Increasing fee rates paid to adult social care providers in local areas;
 - Increasing adult social care workforce capacity and retention;
 - Reducing adult social care waiting times.
- 10 The Council has allocated this second funding grant to provide further support to the residential and nursing care market. The allocation is in line with the Council's MSP, which identifies this market, nursing care homes in particular, as the area with more significant risks. This has allowed for the implementation from 2 October 2023 of a separate and distinct fee rate for nursing care placements of £900 per week, together with a further uplift to the Council's normal fee rate for residential care from £715 to £750 per week.
- 11 However, the costs of commissioning residential and nursing care continue to escalate, in part due to inflationary pressures and also due to the complex needs of individuals, resulting in a £7.7m pressure on the Council's in year budget.
- 12 Initiatives to mitigate this expenditure and improve capacity include the possible use of block funding to stimulate market capacity in current nursing and care homes. Such contracts have been used in the short term to mitigate discharge pressures during recent winters, but the aim would be to develop and offer providers a long-term block contract option. This will give providers greater certainty over cashflow and potentially mitigate rapidly increasing fee levels.
- 13 Leicestershire is working alongside the Integrated Care Board (ICB) and local authority partners to improve alignment in the commissioning of nursing placements across Leicester, Leicestershire, and Rutland (LLR). This work includes reviewing contract specification, quality improvement and contract management processes.
- 14 In a similar vein, the Council is reviewing its Residential and Nursing Care contract alongside the City Council and is working to align key contractual terms and conditions with those used by the ICB within the NHS standard contract. However, there will necessarily be variations in the contract terms and conditions as each agency ensures its contract requires providers to act in accordance with statutory requirements that are particular to that agency.

- 15 Alongside this work the Council is continuing to challenge the ICB on the implementation of the Continuing Health Care (CHC) policy and framework, and the Funded Nursing Care (FNC) framework. The Council agreed to the ICB undertaking an internal review of how the national frameworks were being implemented in Leicestershire. Arising from this review the Council, together with partners in Leicester City Council and Rutland Council, are having ongoing dialogue with the ICB and are considering its position in relation to the implementation of CHC, FNC and the wider implications for future shared funding and joint funding arrangements.
- 16 Some care home providers have reported not being financially viable, in part due to increased costs. The Council implemented annual uplifts for its care home placements in April 2023 reflecting financial pressures, such as inflation and staff costs, and asks providers experiencing financial difficulty to speak to its commissioning service for exceptional support to be considered.

Quality of Residential and Nursing Care

- 17 The Care Quality Commission (CQC) is the regulator for adult social care provision across the country. On 4 October 2023, the CQC listed 159 care homes in Leicestershire, of which 26 are nursing care homes.
- 18 In Leicestershire, 79.6% of care homes are rated as Outstanding or good compared to a national median average of 82.7%. This puts Leicestershire into the third quartile when ranked against all other local authorities in England. Within the East Midlands, Leicestershire's figure of 79.6% is in line with the regional median average of 79.2% whilst compared to similar county councils Leicestershire's performance is slightly lower than the median average (81.3%).
- 19 The CQC is undertaking fewer inspections and is targeting its activities on either providers where there are significant risks, or those that have not been inspected for many years.
- 20 Detailed analysis of the providers rated as Requires Improvement or Inadequate in 2023 have identified the main areas where concerns were found. The top five areas were:
 - Medication;
 - Leadership and oversight;
 - Mental Capacity Assessment and Deprivation of Liberty Safeguards;
 - Assessment, care planning, monitoring, and review;
 - Health and safety, maintenance, and the environment.
- 21 The analysis has been shared with providers, and the Council will work with them and Leicester City Council to set up workshops to be more proactive on priority areas of support based on the CQC's findings. This will include support from the medication optimisation team to improve practice around medication management and administration, workshops on care planning, assessment, monitoring, and review sharing resources and best practice for audits, which are part of the leadership and management concerns.
- 22 Providers are already offered places on a free 'Lead to Succeed' course to develop management and leadership skills. The Council is also working with Skills for Care to

promote the training and resources they have, and the registered managers' network offering peer support. Other training will be developed in conjunction with providers to ensure that they are involved in how the Council supports them to drive improvements.

- 23 The Council's Commissioning and Quality Service has introduced a new monitoring tool format for all services. This has been used for new visits to residential homes since 1 June 2023, and all other services since 1 August 2023.
- 24 Of the 33 visits undertaken using the tool, 13 (39%) were scored as Compliant and 20 (61%) were scored as Not Compliant. Providers are supported to develop an action plan to meet any areas of non-compliance and are subsequently supported to meet those actions. The Council will also check progress as part of the contract monitoring process.
- 25 Themes are developing based on the scores in each of the three broad areas; care and support, health and safety, and management and governance. These do mirror the concerns found by the CQC and the lowest scored areas are medication, control over daily life which includes care planning, assessment, monitoring and review, health and safety, and people receiving a positive experience, which includes areas such as the leadership and governance in the service, and checks taking place to make sure people are receiving good quality support. The Council is working to develop resources, training, and support with providers to improve their performance in these areas.
- 26 Development of a quality assessment framework for services working with people who are living with dementia has been reviewed and plans are in progress to launch the framework.

Provider Engagement

- 27 Decisions in relation to the use of the MSIF do not require a formal consultation process and none has been undertaken specifically on the use of the fund.
- 28 However, provider engagement is important and has been undertaken, mainly via monthly online meetings and forums, and fortnightly publications of provider newsletters. This engagement commenced during the pandemic in 2020, continued through the FCOC work during 2022/23 and is ongoing this year in relation to the deployment of the MSIF.
- 29 This ongoing communication is an opportunity to engage not only on the MSIF and other funding related subjects, but in a wide range of areas including recruitment and retention, training and best practice, and public health issues such as vaccination.

Resource Implications

- 30 The Council's budget in 2023/24 for residential and nursing care is £112m.
- 31 Allocation and use of MSIF falls within the agreed budget for 2023/24 and the Medium Term Financial Strategy (MTFS). There are no additional resources required from the Council in that respect.

- 32 This funding allocated to the County Council will form part of the Directorate budget overseen by the Director of Adults and Communities. Decisions in relation to the allocation of this fund will therefore be made by the Director in line with the Council's general scheme of delegation, following consultation with the Director of Corporate Resources.
- 33 In October 2023, the County Council received a letter from the Minister for Social Care confirming that the County Council's budgeted expenditure for adult social care, including grant funding, and additional income (including precept) is in line with government expectations and meets all government requirements. The letter also confirms that from a government perspective, there are no identified capacity gaps or market sustainability issues which need to be addressed in Leicestershire.
- 34 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Conclusions

- 35 This report provides the Committee with information on the sustainability and quality of the residential and nursing home market in Leicestershire and actions taken to mitigate risks through the provision of funding and quality improvement activity.
- 36 The Committee is invited to comment on the contents of this report.

Background papers

Market Sustainability and Improvement Fund - Workforce Fund

https://www.gov.uk/government/publications/market-sustainability-and-improvement-fund-workforce-fund?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=ade9aa0b-b957-4336-90c5-68c34a4adac6&utm_content=daily

Market Sustainability and improvement Fund -

<https://www.gov.uk/government/publications/market-sustainability-and-improvement-fund-2023-to-2024/market-sustainability-and-improvement-fund-2023-to-2024#reporting>

Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance -

<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance>

Leicestershire Cost of Care Reports and Market Sustainability Plan -

<https://resources.leicestershire.gov.uk/adult-social-care-and-health/communication-and-engagement/fair-cost-of-care-and-market-sustainability-plan>

People at the Heart of Care: adult social care reform white paper -

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

Next Steps to put People at the Heart of Care

<https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care/next-steps-to-put-people-at-the-heart-of-care#digital-transformation-in-adult-social-care>

Report to Adults and Communities Overview and Scrutiny Committee: 7 November 2022
<https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6842>

Report to Adults and Communities Overview and Scrutiny Committee: 6 March 2023 –
 Market Sustainability Plan
<https://politics.leics.gov.uk/ieListDocuments.aspx?MId=7107>

Report to Adults and Communities Overview and Scrutiny Committee: 5 June 2023 –
 Market Sustainability Plan
http://cexmodgov01/documents/s176551/Final_MSIF.pdf

Circulation under the Local Issues Alert Procedure

37 None.

Equality Implications

38 An Equality Impact Assessment was undertaken in relation to the FCOC work and MSP in February 2023 and subsequently reviewed by the Departmental Equalities Group. It found there were no significant risks or concerns. As additional funding is being deployed to support market sustainability and improve wait times, there are no new significant risks or concerns.

Human Rights Implications

39 There are no Human Rights implications arising from this report as it relates to the allocation of funding in the context of agreed policy, not a change in policy.

Officers to Contact

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 NOVEMBER 2023

MANAGING DEMAND IN ADULT SOCIAL CARE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to update the Committee on the current demand pressures faced by the Council's Adults and Communities Department, including people waiting for care and support, and to provide an overview of the Adults and Communities Demand Management Programme.
2. This report serves as an update on the position of managing demand in October 2023.

Policy Framework and Previous Decisions

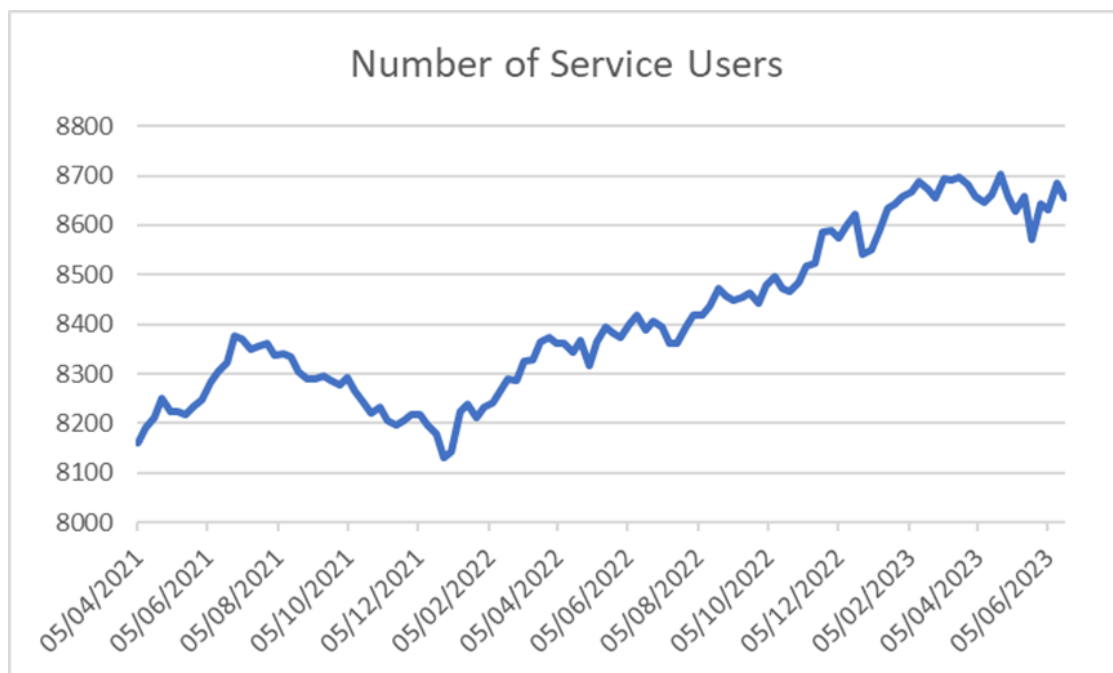
3. The Care Act (2014) places a duty on local authorities to carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care. The focus of the assessment is on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.
4. Where it appears to the local authority that a person may have needs for care and support, the authority must assess their needs and ascertain the level of support required.
5. The local authority has a duty to carry out an assessment regardless of the perceived level of need of the person or what financial resources that person has available to them.
6. The Care and Support (Eligibility Criteria) Regulations 2015 implemented a new national eligibility criteria for access to adult care and support, and for access to carer support which applies to all English Local authorities. Local authorities cannot restrict eligibility beyond this level.
7. The national eligibility criteria requires that for a person's needs to be eligible for social care support, they must relate to a physical, or mental impairment or illness, such that a person cannot achieve at least two outcomes in their day-to-day life (as set out in the regulations), with the consequence that there is a significant impact on their wellbeing. The eligibility determination must be made without regard to whether a carer might be meeting those needs at the given time.
8. The Adults and Communities Department Ambitions and Strategy for 2020–2024 "Delivering Wellbeing and Opportunity in Leicestershire," approved by the Cabinet in

September 2020 sets out how the Council aims to meet its responsibilities to deliver Wellbeing to the people of Leicestershire.

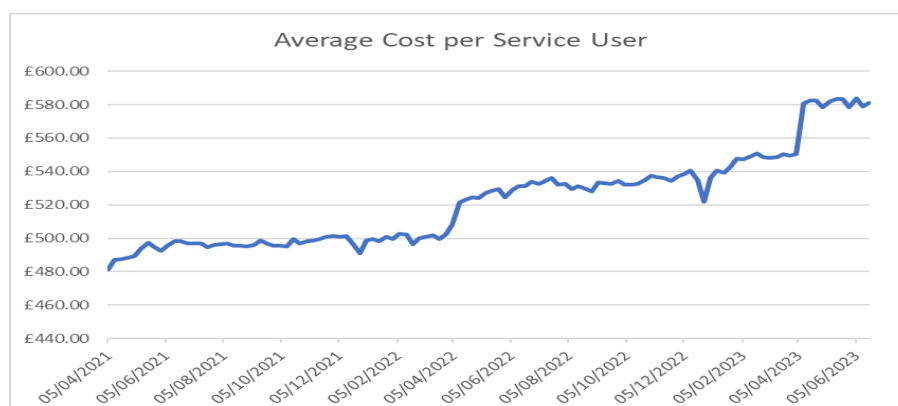
9. The Committee previously received a report in November 2022.

Current Demand Trends

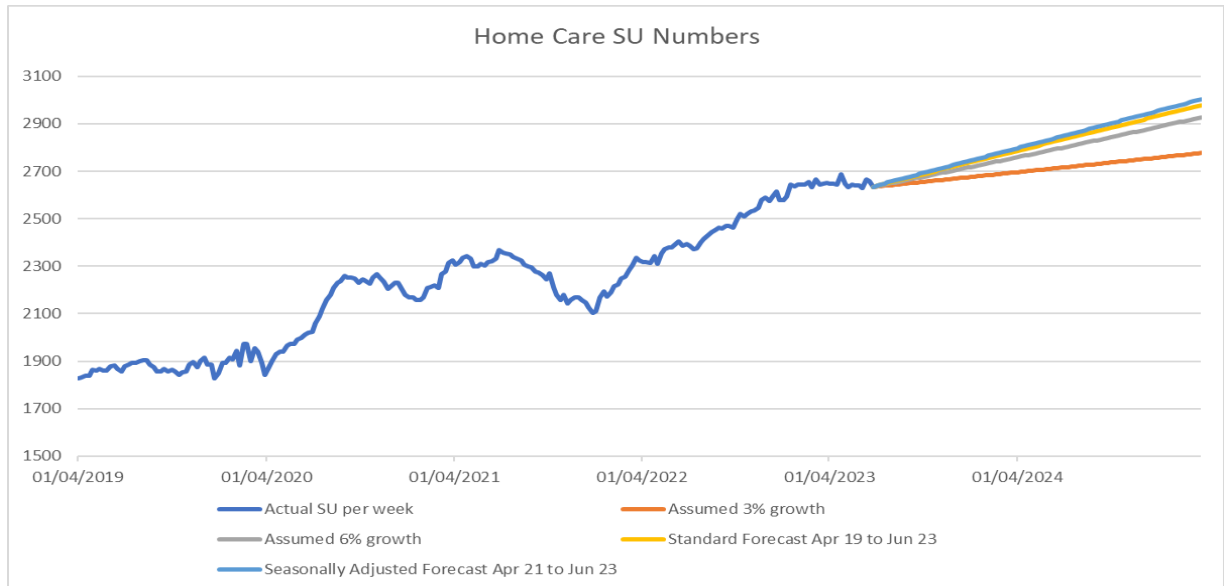
10. The graph below shows the overall number of people being supported across Residential Care, Home Care, Supported Living, Cash Payments and Community Life Choices from April 2021 through to June 2023. Typical growth would be approximately 1-1.5% per annum, however the current number of service users supported demonstrates growth of around 3% per annum.



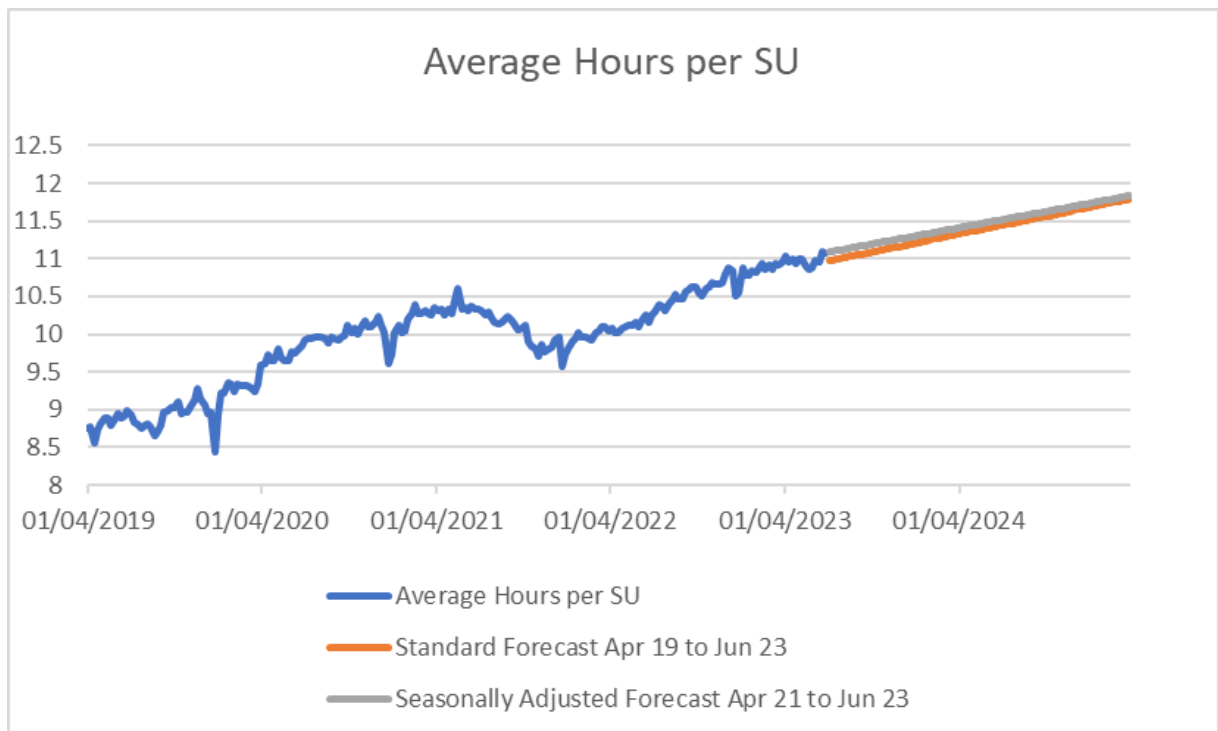
11. The average cost per service user increased over the same time period (see graph below). The expectation would be that a stepped change in cost would be seen with a steep rise from April relating to the annual fee review uplift followed by a levelling off over the year. However, the average cost per service user was not static and increased over the course of 2022/23, mainly driven by higher cost packages within Residential Care from market pressures to secure a placement, and increasing hours being commissioned within Home Care from increasing numbers of people being discharged from hospital with need for social care.



12. The next graph shows the size of the growth in Home Care client numbers from approximately 1,900 to 2,650 over the last four years. The observed growth over the last two years is approximately 6% annually (grey line). A best-case scenario of half of this growth (3%, orange line) is presented which is closer to demographic growth. Another two options are presented, a forecast using data from April 2019 to June 2023 and another using data from April 2021 to June 2023, after the initial effects of the pandemic.



13. The graph below shows how the average weekly hours per service user has changed from 8.5 hours in April 2019, rising to 11 hours in April 2023. The increase has been particularly steep over the last 12 to 15 months. The forecast position by the end of March 2025 is just below an average of 12 hours per week.



14. Much of the demand growth in home care is as a result of discharge from hospital. Prior to the Covid pandemic, hospital and non-hospital home care starts were converging, but hospital packages now outstrip those with no hospital discharge. The upward trend in the overall starts of circa 100 additional people per month is primarily influenced by the people whose package starts following a hospital discharge.
15. The Council is seeing an increasing number of contacts where the route of access to home care was discharge from hospital. The average number per year has increased by 6.7% from 6,360 pre-pandemic to 6,787 post pandemic. Additionally, there is an increasing proportion of people leaving hospital with a sequel of long-term community service. The average proportion per year has increased from 7.6% (1,931 out of 25,438) pre-pandemic to 16.1% post-pandemic (3,270 out of 20,360) or 14.9% (2,078 out of 13,953) excluding the pandemic year of 2020/21.
16. The total cost per week for home care has risen from around £340k per week in April 2019 to £880k by June 2023. There has been a significant increase in cost since April 2022 rising from £650k to £880k per week at the end of June 2023. This is an increase of 35%.

Demand Management Programme

17. In order to address the increasing demand and ensure the Council has a robust approach to managing demand and growth within Adult Social Care, and to contain the increased cost and provide sustainability of the Council's finances, whilst ensuring that outcomes for service users continue to be met, the Adults and Communities Department has instigated a Demand Management Programme with the following objectives:
 - Clear understanding of current drivers for demand growth in numbers of service users, package size and duration within the Department;
 - Financial benefits delivered from previous and existing change initiatives are maximised;
 - Demand growth forecasts are based on robust analysis of data and strong business case;
 - Identify further activity to impact demand and reduce cost;
 - A robust strategy is in place to understand and manage demand in Adult Social Care, including sufficient resource to implement and embed change.
18. The first stage of this programme of work involved undertaking a diagnostic analysis of Home Care demand. The output from this diagnostic can be summarised as follows:
 - There has been a **46% increase** in new Home Care packages post the Covid pandemic;
 - Most people starting a Home Care package since the start of 2022 have recently been discharged from hospital;
 - **Increasing** contacts post discharge and higher proportion getting long-term community services;
 - The proportion of reviews completed in four weeks has **decreased**;
 - Average savings on Home Care package costs following review have **reduced**;
 - The number of people ceasing Home Care is now at a **lower rate** than those starting;

- A **lower** proportion of reviews resulting in reduction or cessation;
 - Early review seems to have the most impact when ending a package.
19. As a result of the diagnostic findings, the Department has reinstated an early review function, invested in additional home care review capacity, and put in place more robust monitoring of review outcomes and timeliness.
20. Additionally a decision has been taken to instigate Fair Outcomes Panels to ensure residents receive services in line with the Fair Outcomes Policy, attached as Appendix A, whilst removing all delegated powers for expenditure on care packages. It is hoped that this will be a short term intervention, subject to review, and delegations will be introduced back over time.

Departmental Caseload Activity

21. The table below illustrates activity completed during the last full year of data collection during 2021-2022 and 2022-2023:

Activity	Number in 2021-22	Number in 2022 - 2023
Contacts	44,690	50,700
Assessments	7,795	7,674
Reviews	12,195	10,872

22. The data on waiting lists and current allocations collected by managers is from:
- Tableau dashboards which were developed in relation to providing managers with data and overview of key performance indicators, relating to the Target Operating Model.
 - Reports from the Council's IT care management system (LAS).
 - Soft information that is collected by Lead Practitioners to aid assurance, performance and quality monitoring.
 - Departmental performance considered monthly by management.
23. Below is a summary of the findings from the Lead Practitioners audit undertaken on 3 October 2023, and the Business Intelligence Service data from October 2022. Although there is no national set timeline to complete a Care Act assessment, best practice timescales for assessment set within the Department would be within four weeks/28 days from referral. The number of people awaiting allocation to a named worker in October 2022 and October 2023 is shown in the table overleaf:

Service Area	Total Waiting		Waiting more than 28 days		Waiting more than 28 days %		Waiting more than 6 months		Waiting more than 6 months %	
	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023
Home First	899	328	576	108	64.1%	33%	1	7	0.1%	2%
Cognitive and Physical Disability	328	267	217	154	66.2%	58%	22	21	6.7%	7%
Learning Disability and Autism	76	129	33	74	43.4%	57%	2	2	2.6%	2%
Mental Health	250	120	159	67	63.6%	56%	9	4	3.6%	3%
Occupational Therapy	624	446	521	331	83.5%	69.7%	133	22	21.3%	4.9%
Deprivation of Liberty Safeguards	799	468	687	243	85.9%	51.9%	174	71	21.8%	15.2%

24. The Care Act statutory timescales for review of people who are in receipt of services is 12 monthly (or before if there is a significant change in circumstance).
25. The table below shows the number of overdue reviews for people in receipt of long-term services for more than 12 months as of October 2022 and as at 8 October 2023:

Review Service Type	Total Overdue		Overdue for less than 6 months		Overdue by 6–12 months		Overdue by more than 12 months		% Overdue by more than 6 months	
	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023
Community	782	1013	605	850	126	122	51	41	22.6%	16.1%
Residential	529	287	605	224	117	49	25	14	26.8%	21.9%
Total	1311	1300	992	1074	243	171	76	55	24.3%	17.4%

26. To date, there is only one case across the Care Pathway, that has been on a wait over 12 months, due to financial work with the Court of Protection.

Management of Case Allocation

27. New referrals are either resolved by the Customer Service Centre team or transferred to the appropriate Care Pathway Team for follow up.
28. All care management teams operate an urgent function on a rota basis. The urgent function is in place to pick up immediate need and deals with new referrals, unallocated cases and cases where the allocated worker is not available due to annual leave or other short-term absence.
29. Managers review the lists of unallocated cases in line with the Department's Waiting Well Policy, as they are received into the team. Cases are given a priority status – High, Medium, Low - based on the adult social care system definitions and RAG rated, Red, Amber or Green. Guidance on Managing Planned Work Trays in Leicestershire Adult Social Care, attached as an Appendix B, sets out the breadth of activity.

30. The table below sets out the proportion of cases awaiting allocation within each priority weighting for October 2022 and October 2023:

	High Priority		Medium Priority		Low Priority		No Priority Recorded	
Service Area	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023	Oct 2022	Oct 2023
Home First	11.6%	37.7%	48.8%	34.4%	39.6%	16.5%	N/A	11.4%
Cognitive and Physical Disability	15.5%	32.4%	45%	30.5%	39.5%	14.8%	N/A	22.3%
Learning Disability and Autism	12.7%	20.5%	51.2%	33.6%	36.1%	23.7%	N/A	22.9%
Mental Health Locality and Reablement	21.6%	33.9%	39.8%	33.9%	38.6%	2.1%	N/A	30.1%
Occupational Therapy	14.7%	8.7%	76.7%	82.2%	8.7%	3.3%	N/A	5.7%
Total	14.2%	36.2%	56.5%	34%	29.4%	16.1%	N/A	13.7%

31. Unallocated cases are reviewed on a weekly basis and re-prioritised as needed. Cases are allocated weekly on a priority basis.
32. Case progression and one-to-one supervision sessions are held with allocated workers and group supervision sessions are in place with managers and staff from other areas of the Department to ensure best outcomes and use of wider resources where appropriate.
33. Practice Development Cycle (PDC) case audits are undertaken across the Care Pathway, each month there is a focus on a different locality or county wide team. To support the oversight of demand and waiting times, the PDC considers the adherence with the Waiting Well Policy, undertake case audits to identify the length of time someone has waited and speak to the person about their experience of waiting. The outcome of the PDC, including findings on waits, will be presented to the Departmental Management Team on a monthly basis for scrutiny and oversight.
34. Requests for new Deprivation of Liberty Safeguards (DoLS) assessments are prioritised in date order and there is a framework contract in place to procure independent assessments to increase capacity and manage demand. To reduce waiting times, funding has been deployed to reduce the waiting list for Best Interest Assessments (BIA). The pandemic generated a significant increase in the demand for DoLS as a result of greater numbers of short-term placements in care homes, pushing the number of referrals to 5,531 in 2021/22 and 5,839 in 2022/23. That growth continued post pandemic to 6,539 in 2022/23. At the same time, the Council has reduced waits by employing many more agency BIA assessors to bring the waiting list down from 1,101 in 2021/22 (20% of referrals), to 637 in 2022/23 (10% of referrals). These trends have continued into the current year with a further reduction of those waiting to 510 at September 2023, but with considerable additional

expenditure on agency BIAs. The cost of those assessors was budgeted at £468k this year, but projected expenditure is above that level, at circa £600k.

Analysis of local and national data

35. Further detail and analysis of the Association of Directors of Adult Social Services (ADASS) national survey report, completed by the Council's Business Intelligence Service, compared data within the latest national ADASS report and the position for the Department.
36. In the report, ADASS stated that the number of people waiting for assessment across the country had reduced by 24% between April 2022 and March 2023. Leicestershire took part in the ADASS surveys of these two snapshot points in time, and equivalent figures show a 8% reduction from 2,570 waiting in April 2022 to 2,360 in March 2023.
37. In England, one in four (25%) people had been waiting for an assessment in April 2022 for over six months. In Leicestershire this proportion was lower at 17%. Twelve months later, the national proportion had risen to 37% whilst in Leicestershire the proportion had fallen to 11%.
38. Comparing the position between April 2022 and March 2023, the number of people waiting for care and support or a direct payment to begin in England decreased by 41% through the intervening 12 months. In Leicestershire, the change during the same 12 month period was a 96% decrease from 72 to just three people. The Department's Home Care wait list numbers have remained in single figures since March 2023 highlighting the strength of the Home Care market in Leicestershire.
39. The number of people in receipt of services for 12 or more months, who had waited for more than a year for their Care Act review fell by 11% nationally between March 2022 and April 2023. In Leicestershire the difference between March 2022 and April 2023 was a 20% reduction – decrease from 1,525 waiting in March 2022 to 1,220 12 months later. Leicestershire compares well to other local authorities in relation to this element.
40. There has been a noticeable improving picture with regards to the management of demand in Leicestershire. This is believed to be due to a range of factors including the implementation of the Waiting Well Policy, changes made to the Home First central duty system in July 2023, Customer Service Centre transformation project, 3 Conversations project and a decrease in Care Pathway staffing vacancies.
41. Leicestershire is working with Adult Social Care Departments across the East Midlands, and the University of Birmingham on a project to develop best practice in managing waiting times. The project is working with local people and adult social care staff across Leicestershire, Leicester, and Rutland, to understand the impact of waiting, how it feels to wait and what information is provided to people as they wait. With a view to having a consistent approach for waiting across all local authorities in the East Midlands.

Resource Implications

42. Current year budget monitoring at Period 5 showed a forecast overspend of £7.8m within the Department. This overspend is as a result of increased demand for home care and supported living together with increased costs of care particularly in relation to residential and nursing placements.
43. Additional grant funding from the Government has helped address some of the areas of cost and demand increase through additional capacity to meet demand and uplifts to fee rates. However, without further improvement in the management of demand and cost the Council will not be able to sustain current growth.
44. At the start of October 2023, out of the 365 full-time equivalent (FTE) posts within the Care Pathway, there were 33 FTE vacancies. Following October's recruitment drive, this had reduced to 24 FTE vacancies.
45. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Conclusions

46. Managing demand and associated risk is a core part of adult social care activity. Following the unprecedented years of the Covid-19 pandemic, work previously undertaken with Newton Europe on the Target Operating Model, and the subsequent staffing review, the Department is seeking assurance that current demands are well managed, and risks identified.
47. Whilst it is accepted that teams will have waiting lists for case allocations, the timeliness of interventions to manage demands are key to providing good outcomes for individuals and managing demands and costs for the Council.
48. The audit undertaken gives assurance that people waiting for assessment and or review within Care Pathway teams are well managed and that the Department has a good oversight via the data dashboards and the individual team management process.
49. Senior managers have oversight and access to performance data and this is reported within the Department on a monthly basis. Team Managers have access to Tableau dashboards that collect team performance information to inform service delivery and individual worker performance.
50. The levels of unallocated cases and duration of waits currently have been impacted by increased demand, recruitment and retention issues, and a legacy backlog of cases already in the system pre-restructure as an impact of the Covid pandemic over the past two years.
51. Overall, the position in Leicestershire is consistent with the position experienced across all English authorities and compares favourably in some areas, with an improving trajectory as noted below.
52. As part of performance monitoring within the Operating Model, the audit of waits and risks will be included within the regular audit programme.

Background papers

- Report to Cabinet: 7 November 2022 – Managing Demand
<https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6842>
- Report to the Cabinet: 23 November 2018 – Adult Social Care Target Operating Model - <https://politics.leics.gov.uk/ieListDocuments.aspx?MId=5185>
- Delivering Wellbeing and Opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24 - <https://bit.ly/3swoTal>
- Association of Directors of Adult Social Services (ADASS) - Spring Survey 2023 - <https://www.adass.org.uk/media/9751/adass-spring-survey-2023-final-web-version.pdf>

Circulation under the Local Issues Alert Procedure

53. None.

Equality Implications

54. The Adults and Communities Department supports people from all diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this report.

Human Rights Implications

55. There are no Human Rights implications arising from this report.

Appendices

Appendix A – Fair Outcomes Policy for Adult Social Care

Appendix B - Managing Planned Work Trays in Leicestershire Adult Social Care

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**Adults and Communities
Care Pathway Managers Guidance
Managing Planned Work Trays in Leicestershire ASC**

Owner: Heather Pick
March 2023 Review date March 2025

Status: Agreed by DMT

Introduction

When it is not possible to immediately allocate a person's case to a social care worker it may need to be placed on a Planned Work (awaiting allocation) Tray. (PWT) This procedure explains when it may be appropriate to add the person's case to a PWT and gives general guidance on how to manage the work, including when to escalate cases to senior management.

Legislation

Care Act 2014
Mental Capacity Act 2005
Mental Health Act 1983 (Section 117)

Policy

LCC recognises that where a case cannot be immediately allocated to a social care worker it may need to be added to a PWT. Every effort should be made to establish and undertake any required actions at the initial point of contact to prevent the person's case being added to a PWT. The longer that the person is on a PWT, the more likely it is that the initial query or issue will become more complex and less simple to resolve.

Where a case is added to a PWT, it must be reviewed regularly so that any risks or changes in the person's circumstances are identified.

Principles

- Anyone with an immediate and urgent social care need will not be placed in the PWT but will be actioned from the Duty Point.
- We will review the PWT at least on a weekly basis to determine increased need and risks
- We will check in with people who are waiting for allocation and review their situation
- Urgent cases will be allocated as soon as possible with the aim of no one waiting more than 28 days for allocation to a named worker.

Procedure

Triaging cases

Prior to placing a case on a PWT, all relevant information will need to be gathered and accurately recorded on the person's LAS record. For cases being transferred from The Customer Service Centre (CSC), the Contact form and transfer summary should contain all relevant information to allow the receiving worker or team to decide on priority.

At the point of transfer, it must also be confirmed that the person is Ordinarily Resident in Leicestershire to ensure that those who are the responsibility of another Local Authority are not placed on a PWT in error. Consider any responsibilities under Section 117 of the Mental Health Act

Where a Discharge To Assess funding is in place this must be reviewed and amended as appropriate. Please see the DTA funding Guidance [here](#)

For referrals sent directly to locality and county wide teams, their duty team may need to gather further information.

Any urgent and immediate actions need to be taken before placing a case in the PWT.

Self-funders who approach LCC for assessment are entitled to do so, however, consideration should be given to whether their case should be added to the PWT where they, or others around them, are able to make any necessary care and support arrangements on their behalf. Please see the Self-funders procedure for further guidance [here](#).

In some cases, the duty team may be able to resolve outstanding issues or deal with the referral, by referring the person for Care Technology, Occupational Therapy, Reablement or another prevention service or by suggesting community based resources. The duty team may also be able to deal with more straightforward requests, for example, booking or amending respite by utilising the person's contingency in their Personal Budget. Where any actions are completed and nothing else is required until the person's next annual review, the review date should be rescheduled to 12 months' time and the case can be placed in the relevant Review tray. Where cases cannot be dealt with by the duty team or cannot be placed in the Review tray, a decision will need to be made as to whether to allocate the person's case to a practitioner or to place the case on the PWT.

Decisions around placing cases in the PTW, must be made by either a Team Manager (TM) or Team Leader (TL). When a case is added to the list, the rationale for doing so, alongside any relevant information regarding the person's circumstances should be added to the LAS Case task comments box. Adding a Management Discussion / Decision Case Note titled "PWT" to the person's LAS record detailing the reason for adding the case to the list, can support practitioners and managers when reviewing cases in the PWT.

Where a case is added to the PWT, the person or their representative, as well as the referrer where applicable, must be advised of this using their preferred communication method. The person must be given the relevant contact number for the team so that they can inform the team if their situation changes. At this point, it is also important to review the person's contact details to ensure that they are correct and record any communication needs that they may have.

It is also important to advise the person of what they can expect with regards to ongoing contact from Adult Social Care.

Safeguarding considerations

People living in vulnerable situations may or may not meet safeguarding thresholds. Practitioners should discuss this with their TM or TL and raise as a Safeguarding Enquiry, VARM or concern for welfare as appropriate. Please, find the Safeguarding Thresholds [here](#).

Recording priority and complexity and the RAG matrix

The Priority and Complexity of the Case task must also be updated in line with the Priority status as set out in LAS. Accurately recording both the Priority and Complexity of the Case task supports TM/TLs to identify higher priority cases for allocation and helps identify which practitioner should be allocated a piece of work. Consistently recording priority and complexity on the Case task also means that LAS filters can be applied to trays, which can support practitioners and managers, for example, by sorting trays into levels of priority. The Recording Priority and Complexity procedure and the LAS Task trays guidance document gives further guidance on this - [Reassign a Case](#)

As well as recording priority and complexity on the Case task, teams may find it useful to rate any cases added to the PWT using the RAG (Red Amber Green) matrix below. The RAG rating should be added to the task comments box, i.e., “RAG rating – Amber”.

	High risk of harm	Moderate risk of harm	Low risk of harm
No support	Red	Red	Amber
Moderate support	Red	Amber	Green
Full support	Amber	Green	Green

Definitions

No support – the person has no formal or informal support. For example, the person lives alone without any formal or informal support, has an appearance of need and is yet to receive an assessment. Please note, this category would also apply where the person is shortly to be without support, i.e., their care provider is giving notice.

Moderate support – the person has formal and/or informal support, however, this is not currently meeting their eligible care and support needs. For example, the person requires 4x calls a day but is currently only receiving 3x calls a day.

Full support – the person’s eligible care and support needs are being met. For example, the person requires 2x calls a day home support and this is in place, or the person is in 24 hr accommodation-based care and support which is meeting their needs.

High risk of harm – The person, or those around them, is at immediate risk of harm without the input of ASC. Any of the following circumstances give an indication that the person may be at high risk of harm (this list is not exhaustive):

- Safeguarding concerns where there are current risk factors present,
- Significant Moving and Handling issues or reported faulty OT equipment,
- Carer break down or imminent carer break down (formal or informal) resulting in the person’s personal care needs being unmet,

- There are children living in the same household as the person,
- The person lacks mental capacity around their care and support needs,
- Requests for Mental Health Act Assessments,
- Where the person has a rapidly progressive health condition (e.g., Motor Neurone Disease),
- Significant behavioural challenges,
- Disengagement from services or requests to end services the person has been assessed as needing,
- The person is at risk of imminent homelessness
- There is a significant risk of hospital admission,
- The person is wandering at night.
- The person has not been seen by health and care agencies and is living on their own

Specific Risk Factors – *Within each service or locality setting, there will be additional risk factors to be considered, e.g. hospital discharges where the assessment is needed to confirm funding/charging eligibility. This should be agreed by the relevant SSM and included by the TM when determining the level of risk to apply.*

Moderate risk of harm – The person is not at immediate risk of harm; however, it is likely that the level of risk will increase without ASC input or that the person's care and support needs will increase.

Low risk of harm – There is nothing to suggest that the person is currently at risk of harm or that the level of risk is likely to increase.

Ultimately, social care workers and their managers will need to use their professional judgement when prioritising cases, however, the RAG matrix can be a helpful tool to prioritise cases on the Holding List. Where practitioners and/or managers use their professional judgement to decide how to prioritise cases, they will need to accurately record how they have arrived at this decision on the person's LAS record.

Reviewing the PWT

Any person placed in the PWT must be contacted on a regular basis to ensure that they are safe and well and to check that it is still appropriate for their case to remain on the list. The purpose of these contacts, or 'reviews' is to:

- establish whether there have been any changes to the person's situation
- check whether the priority, complexity or RAG rating needs to be updated, and
- reassure the person that they continue to be in the PWT.

Reviews of cases on the PWT must be recorded on a LAS Case Note using the RAAN with the title "PWT" with a TM/TL notified to the Case Note.

It may be that following the review, the person's case can be removed from the PWT. Any actions taken following the review must be discussed with a TM/TL and recorded on a Management Discussion / Decision Case Note on the person's LAS record.

The frequency of reviews for cases on the PWT will depend upon the RAG rating and any other factors, such as worker absence or change of circumstances. As a guiding principle, any person on the PTW should be contacted on at least a monthly basis, however, the below list gives a recommended minimum review frequency:

Red cases – weekly contact

Amber cases – fortnightly contact

Green cases – monthly contact

Where it has not been possible to contact the person or a relevant person, then consideration should be made as to a safe and well check.

When to escalate to Strategic Service Manager / Head of Service

TM/TLs will need to advise their SSM regarding cases on the PWT. This may be where the TM/TL believes the person is at increased risk of harm, or where any red rated cases have been on the Holding List for over a month.

This discussion must be recorded on a Management Discussion / Decision Case Note on the person's LAS record.

Appendix 1 – Priority and Complexity matrices

Priority – Matrix

Consider “How soon do we need to have contact with this person?”

Priority	Indicators	Examples
High Write “ urgent ” at start of task comments if response is needed within 24 hours.	Serious harm is anticipated if a rapid response (same day or within 2-3 days) is not provided	Carer breakdown There are immediate concerns for the person’s safety Person is unable to weight bear and immediate action is needed Person is unable to access the toilet (where this is not a health responsibility) Hospital discharge with no assessment of eligibility for support
Medium	There is likely to be a deterioration, loss of independence or other negative impact if there is a significant delay.	Carer is at risk of breakdown Person placed in a care home from hospital Person with a deteriorating condition Person is having difficulty with transfers Self-funder in a care home whose money has gone below the threshold Request for NHS CHC assessment
Low	Request for assessment where there is no risk to safety, or likelihood of deterioration/negative impact.	Request for a service where there is unlikely to be a deterioration within a few weeks without it. Expression of interest in changing service

Complexity – Matrix

Consider “What is the level of skill, training or experience needed to undertake this piece of work?”

Complexity	Indicators	Examples
High	<ul style="list-style-type: none"> • Conflict • Multi-agency working • Legal issues • A sophisticated level of decision-making is needed • Complex interaction between disabilities / conditions 	<ul style="list-style-type: none"> • Cases where there are challenging family dynamics • Complex moving and handling cases, for example where the person has a fluctuating neurological condition • Supporting parents with disabilities' cases • OT assessment of a child • Assessments for people in prison • Court of Protection work • Safeguarding • AMHP work • NHS CHC assessments • MCA where this is not straightforward e.g., because there is disagreement, or the person has fluctuating capacity
Medium	<ul style="list-style-type: none"> • There is potential for disagreement, but it is anticipated that this can be resolved Single or joint agency working • Work where some specialist knowledge or understanding of processes is needed 	<ul style="list-style-type: none"> • Joint working with another agency • More straightforward MCA assessments • Direct Payments
Low	No conflict or other complicating factors	Straightforward Care Act Assessments Review of stable situations

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Fair Outcomes Policy for Adult Social Care

Adults and Communities Department



Published February 2020

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Purpose

This Fair Outcomes Policy describes existing practice in line with Leicestershire County Council's duties under the Care Act 2014. It is an update and replacement to the *Cost Effective Care Policy* (2015).

The purpose of this policy is to ensure:

- that the tasks of adult social care assessment, care and support planning and review are undertaken in a manner that is always compliant with County Council's duties under the Care Act 2014;
- fair outcomes and equity in the provision of funded care and support;
- that the County Council's duties can be achieved in a difficult economic climate whilst maintaining the quality of social care provision;
- sufficient and appropriate regard is given to individual circumstances and personal preference when determining the value of an individual's personal budget;
- people continue to have choice and control over their personalised care and support;
- that it is explicit that where people choose more expensive care and support options than their personal budget may allow, they will be required to meet the additional costs themselves.

Scope

This policy applies to adults aged 18 and over who use social care services arranged by the County Council and any other adults who may need such services in the future. This policy does not apply to individuals who are funding their own care.

It is inclusive of all client groups including but not limited to older people, working age adults, adults with learning disabilities, physical disabilities, mental health needs and people with a visual or hearing impairment.

The policy also applies to the support that the County Council provides to informal carers. An informal carer is someone that looks after a relative, friend or partner who is ill or disabled, without payment; this applies even if the person doesn't think of themselves as a carer.

The County Council recognises the vital contribution that carers make to society and therefore carers are not currently charged for their eligible support needs. However, in order to make the best use of resources the cost effectiveness of the provision must still be considered.

This policy applies to all new service users and will be applied to existing service users at the time of their next review or assessment.

The County Council will continue to provide care and support for people who have needs which meet the national eligibility framework, as set out in the Care and Support (Eligibility Criteria) Regulations 2014.

When it is clear to the assessor that the individual's needs are above the national eligibility threshold they will be offered help to find care options to meet their assessed, unmet eligible needs. The Council will then undertake a financial assessment, which may result in the individual being charged for some or all of their care.

Following review or re-assessment, if it is determined that the County Council is not required to meet the individual's needs, the individual will be provided with a written explanation for this determination and Council payments will cease. Individuals who do not satisfy the eligibility criteria requirements will be signposted to locally available universal services.

Context

The County Council is facing an increasing level of demand for social care services; at the same time there is less money available to meet this increasing level of need. The County Council therefore must think carefully about how to use the limited financial resources available so that people's eligible needs can be met.

The County Council has a legal duty to undertake an assessment for any adult with an appearance of need for care and support, which is set out in Section 9 of the Care Act 2014¹. The duty to meet an adult's eligible needs is set out subsequently in Section 18 and 20 of the Act.

The Care and Support Statutory Guidance² published in July 2016 enables the local authority to take into consideration its own finances and budgetary position when deciding how to meet needs.

¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² <https://www.gov.uk/guidance/care-and-support-statutory-guidance/first-contact-and-identifying-needs>

Policy statement

This policy aims to set out and formalise existing practice in line with the Council's duties under the Care Act 2014. The Care Act 2014 changed the way in which social care support is arranged and provided. The main focus of the Act is to promote wellbeing; the wellbeing principle underpins the whole of the Act and its associated regulations and guidance. However, the Act does not specify a set approach to determining wellbeing and as such the County Council will consider each person's case on its own merits, based upon what the person wants to achieve and how the County Council's actions will affect their wellbeing. The County Council's starting assumption is that individuals are best-placed to determine the wellbeing outcomes they want for themselves, both within their own homes and as members of their local community.

One of the ways in which individual wellbeing is promoted by the County Council is through the provision of services to meet eligible needs. The Care Act requires councils to allocate resources for the purpose of meeting the individual's unmet eligible needs, (a need that is eligible for social care but where the individual is currently not receiving support for that need), through the provision of a personal budget, and these resources must be allocated in a manner that is timely, transparent, and sufficient.

The County Council will utilise an assessment, support planning and review model to determine in conjunction with the person any unmet needs. In determining how to meet individual needs, the County Council will take into reasonable consideration its own finances and budgetary position and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the County Council is enough to meet the needs of the entire local population. The County Council will consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how (but not whether) an individual's needs should be met.

The County Council will take decisions on a case-by-case basis that weigh up the total cost of different potential options for meeting needs and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not necessarily mean choosing the cheapest option; but the one that delivers the outcomes desired for the best value. This may mean that in some cases the County Council sets a personal budget which is lower than the cost of the option that a service user prefers. However, in each case, the County Council will carefully consider the individual's circumstances and their views, wishes and feelings before reaching a decision.

The County Council will not impose an arbitrary ceiling on the value of personal budgets i.e. there is not a limit on the financial cost of care, nor will personal budgets be reduced to meet a defined level of expenditure.

In determining the value of an individual's personal budget, the County Council will consider the circumstances of the individual and have regard for their views, wishes, feelings, and beliefs. Individual preference and circumstances will not in themselves determine the personal budget value as the County Council must balance its commitments and obligation to personalise care with the principle that financial constraints within public services are such that choice in funded care cannot be limitless.

The identification and management of risk within the context of adult social services requires a balanced approach between what is seen as acceptable and recognising that the concept of risk will vary from person to person. There may be occasions when the County Council's usual positive approach to risk must be balanced with its duty to have proper arrangements in place to protect individuals who are potentially at risk of abuse or exploitation.

Principles

The Fair Outcomes Policy has been created to establish how the limited resources available to the Department are to be targeted at providing care that meets statutory responsibilities, that is cost effective and provides good value for money.

Our fundamental principle is wellbeing. Wellbeing is about ‘how we are doing’ as individuals and communities. It includes life satisfaction, and a sense of meaning or purpose. It also means that people have their needs met through the fulfilment of heritage, culture and lifelong learning. This is achieved through services and opportunities that help to improve their quality of life and that of all citizens in Leicestershire.

In addition, wellbeing is clearly defined in the Care Act 2014 Statutory Guidance. This is the definition that Leicestershire County Council uses to describe the concept of wellbeing in respect of adults who require social care and support. Wellbeing is a broad concept and is described by the guidance as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect) physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual’s contribution to society

Leicestershire County Council operates a programme of services and opportunities for specific groups and communities who may be at risk and need higher levels of support both now and in the future. This focuses on supporting individuals and communities to improve their wellbeing, achieve their aspirations and become more resilient and in this way prevent and reduce the need to access other key services in the future.

These services may be time limited and the opportunities and services offered may change over time. They will also be linked to specific national or local strategies or agendas and will identify the outcomes they are expected to achieve.

Through promoting and enhancing wellbeing we bring communities together to share in cultural activities, connect through learning, understand local cultures and heritage, and inspire individuals and groups across the county to achieve their potential.

When the County Council supports people to think about their care and support there will always be three steps:

1. First LCC will ask **what the person can do for themselves**. It is important for everyone to be as independent as possible. The more people can do for themselves, the more control they have.
2. Then LCC will ask **what role their family, friends and the local community can play in supporting them**. This helps to make sure that people are part of the community.
3. Then, if needed, LCC will think about **paid support** and services. LCC wants to make sure paid support is used when it is really needed.

People will always be able to choose to have additional support or support from more expensive services than those identified by the County Council. They can choose to pay for additional or more costly support if they wish, which is known as a 'top up'.

The County Council will ask people utilising services to think about having their Personal Budget as a Direct Payment. This is because it gives them more choice and control over their care and support.

Information and advice

Information and advice are fundamental to promoting wellbeing and enabling people to take control of and make well-informed decisions about their care and support and can also help to prevent and delay people's need for care and support. Information and advice will be available and offered to people in need of care and support irrespective of whether they have been assessed as having unmet eligible needs.

The County Council will make available to all individuals information and advice on care and support and carers through a variety of channels and formats. This includes, but is not exclusive to, face to face, telephone, online and printed media.

Safeguarding

Where the County Council has reasonable cause to suspect that a person that has a need for care and support (regardless of whether or not the County Council is meeting those needs) is experiencing, or is at risk of, abuse or neglect and as a result of those needs is unable to protect themselves against abuse or neglect or risk of it, the County Council must make whatever enquiries it considers necessary to decide what further action, if any, should be taken.

Where the adult has care and support needs the County Council will continue to carry out a needs assessment and determine whether they have eligible needs, and if so, how these will be met. The assessment for care and support will run parallel to the safeguarding enquiry. The aim will be that the enquiry will not disrupt the assessment process or prevent the County Council from meeting unmet eligible needs.

Advocacy and participation support

The County Council must always be confident that the individual is able, or is fully supported, to be involved as far as possible in the assessment process. The County Council will make any reasonable adjustments to the assessment process required to enable an individual to be fully involved. An appropriate person or independent advocate will be engaged if the individual still has substantial difficulty in any of the following areas:

- Understanding relevant information
- Retaining information
- Using or weighing the information as part of engaging
- Communicating views, wishes and feelings

Assessing capacity

It must be assumed that an individual has capacity unless it has been established that they lack capacity to make a particular decision. The Council will establish in the first instance that the individual has capacity to consent to an assessment, they will then assess to whether the individual is able to understand the potential options or outcomes that arise from the assessment process. This process will adhere to the Mental Capacity Act (MCA) 2005.

If following a mental capacity assessment, it is evident that the person lacks capacity then a best interests decision will be made by the person with the appropriate legal standing. This decision will also adhere to the Fair Outcomes Policy principles.

Equalities

The County Council will always give due consideration to people's rights as set out in the Human Rights Act 1998, such as those set out in Article 8 which gives a right to respect for private and family life.

The County Council ensures that working practices and policies comply with its duties as set out in the Equality Act 2010.

Exceptions to the policy

The County Council will always give reasonable consideration in circumstances where there is a compelling reason for a higher cost care package to be provided. For example, if there are cultural needs that require more specialist provision, or if a specially trained worker is required.

A discretionary exceptions process is in place, whereby senior managers will consider the circumstances of individual cases and provide advice and oversight regarding care packages.

Complaints

People will be informed of their right to request a review of the decision that the County Council makes about the amount of their Personal Budget. They can choose to submit further information that will be considered by the decision-maker.

They will also be informed of their right to complain using the County Council's adult social care complaints procedure and that an advocate can be provided to support them with this.

People can also contact the Local Government and Social Care Ombudsman for an independent review of their complaint if they are not satisfied with the Council's response to it.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 NOVEMBER 2023

CHARGING FOR SOCIAL CARE AND SUPPORT POLICY

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

- 1 The purpose of this report is to inform the Committee of the proposed changes to be made to the Council's Charging for Social Care and Support Policy, attached as Appendix A to this report. The revised Policy will be presented to the Cabinet for consideration at its meeting on 24 November 2023 and, subject to its approval the Policy will be the subject of a formal public consultation exercise as detailed below.

Policy Framework and Previous Decisions

- 2 The Care Act 2014 allows local authorities to charge for most care and support services. The Care and Support Statutory Guidance (the Guidance) requires that where a local authority decides to charge for services, it must follow the Care and Support (Charging and Assessment of Resources) Regulations (the Regulations) and have regard to the statutory guidance.
- 3 The Care and Support Statutory Guidance requires that local authorities should develop and maintain a policy on how they wish to apply this charging discretion locally and how it can:
 - ensure that people are not charged more than it is reasonably practicable for them to pay;
 - be comprehensive, to reduce variation in the way people are assessed and charged;
 - be clear and transparent, so people know what they will be charged;
 - promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
 - support carers to look after their own health and wellbeing and to care effectively and safely;
 - be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
 - apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
 - encourage and enable those who wish to stay in or take up employment, education or training, or plan for the future costs of meeting their needs, to do so;
 - be sustainable for local authorities in the long-term;

- 4 On 29 March 2022, the Cabinet approved the Council's current Charging for Social Care and Support Policy.

Background

- 5 The Policy sets out how the Council will undertake a financial assessment in relation to residential and non-residential care and support services including how different types of income and capital are treated and what allowances are permitted in calculating how much someone is required to contribute towards the cost of their care and support services. The Policy assists people to know what they will be charged.
- 6 In the Care and Support Statutory (CSS) Guidance it states that the Government considers that it is inconsistent with promoting independent living to assume, without further consideration, that all of a person's income above the Minimum Income Guarantee (MIG) is available to be taken in charges. The Guidance suggests that local authorities should therefore consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) which may be taken into account.
- 7 The revised Policy is designed to continue to meet the principles for charging set out in the Guidance and be sufficiently comprehensive to withstand any legal challenges to the Council's approach.

Proposed changes

- 8 The revisions provide additional wording to reflect that the Policy is pursuant to the Council exercising its discretion to charge adults towards the cost of most care and support services, under the Care Act 2014.
- 9 The Policy now highlights that the On-line Care Contribution Estimator is available, in the customer portal within the Council's external website to obtain an indicative contribution amount prior to agreeing any care and support services (<https://customerportal.leics.gov.uk/web/portal/pages/finance>).
- 10 Added clarification has been included for those situations where a person receives both short-term residential and non-residential care and support services in the same week. Charges are 1/7th of the full weekly contribution for each night of a residential stay.
- 11 As detailed in Appendix B, there are clarifications to the wording. This is not changing the principles of charging/assessments. The wording clarifications relate to:
- The arrangements under the licence agreement and the financial assessment for permanent Shared Lives placements;
 - The meaning of 'incapacitated' for a qualifying relative for a mandatory property disregard for a residential financial assessment, i.e. a relative who is in receipt of a disability benefit or has an equivalent level of disability;
 - Circumstances where a person may be allowed to retain additional income (above their personal expenses allowance) in a residential financial assessment. For example, for a dependent child, or liability for housing costs relating to their former home;

- Housing costs that could be included as an allowable expense in a non-residential financial assessment where there is legal liability on the person and proof of the costs;
 - Absences: planned care and support that are either not taken up or are not delivered. For example, if a person refuses to accept planned care and support services or if the services are not available as planned.
- 12 In addition to the above, the following provisions in the policy have been reinforced. This is not changing the principles of charging/assessments:
- Following the death of a Person, the Council is not obligated to re-assess the person's financial assessment for the benefit of their estate. The Council has discretion to do so on request.
 - That the Council can refuse a request for preferred choice accommodation in a care home where it determines, following assessment, that the top-up amount is unaffordable. Should a top-up arrangement break down, the Council will undertake a care and support assessment which may lead to moving the resident to an alternative placement which does not involve a top-up amount.
 - That the MIG applied to a non-residential financial assessment is the one applicable at the start of the assessment week (Monday–Sunday) and that any change affecting it, such as a 25th birthday, will commence at the start of the following week.
 - That a new method of ensuring non-residential and residential financial assessments will take account of the position of a partner, where the partner's income and capital details are disclosed. This replaces the existing complex couples' adjustment calculation and will reduce the need for individual waiver requests.
 - To add to the list of potential allowable disability-related expenditure in a financial assessment, Court of Protection deputyship fees and costs relating to professional Appointeeship services, where a person lacks mental capacity to manage their own property and finances.
 - To enable the Council to obtain additional evidence to consider potential disability-related expenditure.
 - The right to appeal and waivers sections have been separated out to clarify differences.

Consultation

- 13 Subject to the Cabinet's approval on 24 November 2023, the Policy will be the subject of a formal consultation exercise which is expected to commence in November 2023 and will run for eight weeks.
- 14 The consultation details are being developed, but will include an on-line survey, in paper and alternative formats and engagement with voluntary organisations within the sector. The Engagement Panel in Adults and Communities will also be involved in this process.
- 15 There is also the opportunity to promote the survey through front line staff and include as an attachment to invoices issued.

- 16 The consultation will be led by Adults and Communities Department's Adult Social Care Finance Team, in conjunction with the Council's Policy, Business Intelligence and Communications Teams.

Resource Implications

- 17 If the changes proposed are approved by the Cabinet in due course, training and awareness raising will be required within Adult Social Care Finance, the Localities and the Corporate Resources Finance Operations Teams. Initial consideration has also been explored to identify whether any amendments to the ContrOCC finance system would be required.
- 18 The changes will need to be reflected, as far as possible, on the Council's On-line Financial Assessment Tool (Care Contribution Estimator).
- 19 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable

- 20 Subject to the Cabinet's approval on 24 November 2023, the Policy will be the subject of a formal consultation exercise as outlined above which is expected to commence in November 2023 and will run for eight weeks.
- 21 It is proposed that a further report will be presented to the Cabinet on 9 February 2024 which will present the outcome of the consultation, feedback from this Committee, and seeking approval of the revised Charging for Care support Policy subject to any amendments which may emerge as a result of the consultation process. If approved the Policy will be implemented from 8 April 2024.

Conclusions

- 22 A robust, up to date and comprehensive charging policy is required to ensure that the Council is able to charge and collect contributions towards the cost of care and support services, and to support the Council in response to any future legal challenges regarding the policy.
- 23 This report sets out the proposed amendments to the Charging for Care and Support Policy from April 2024.

Recommendation

- 24 The Committee is asked to note the report and is invited to make comments on its content.

Background papers

Care and support statutory guidance – 5 October 2023

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#charging-and-financial-assessment>

The Care and Support (Charging and Assessment of Resources) Regulations 2014

<https://www.legislation.gov.uk/uksi/2014/2672/contents/made?text=care%20act#match-1>

Charging Policy for Social Care and Support

<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/1/31/lcc-charging-policy-care-act.pdf>

Report to the Cabinet: 29 March 2022 – Charging for Social Care and Support Policy

<https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6774> (item 114)

Circulation under the Local Issues Alert Procedure

25 None.

Equality Implications

- 26 All users of chargeable care and support services will have been assessed as having eligible care and support needs under the Care Act 2014. In reviewing the policy regard has been had to the Council's legal duty to have due regard to the Armed Forces Covenant.
- 27 This report is a briefing document, and as such is not subject to an Equalities and Human Rights Impact Assessment (EHRIA). However, an EHRIA screening has been completed and will be discussed at the Department's Departmental Equalities Group on 7 November 2023.
- 28 The screening indicated that there will be positive impacts for some disregards to offset against charges and partner adjustments. There will be a mixed impact as a result of financially assessing short-term residential care and support on a non-residential basis, where non-residential care and support services are also utilised in the same week. Depending on a person's individual circumstances, including their package of care and their financial assessment, this would have a positive impact but could potentially have a negative impact for some individuals.
- 29 As detailed above there is an existing dispute and appeal mechanism in the Policy, in addition to the statutory complaints process that enables people to challenge the Council's decision on their assessed contribution.

Human Rights Implications

- 30 There are no Human Rights Implications arising from this report.

Appendices

Appendix A – Proposed Charging Policy for Social Care and Support

Appendix B – Proposed changes to Social Care and Support Policy

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Leicestershire County Council**Charging Policy for Social Care and Support****INDEX**

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1. Definitions used in this policy:

Administration Fee	This is an additional amount the Council can charge to cover its costs of arranging non-residential care and support services for people with financial resources above the upper capital limit who require the Council to arrange their care and support on their behalf.
Attorney:	Enduring Power of Attorney or Lasting Power of Attorney. A legal process that lets the Person appoint one or more people (known as attorneys) to help them make decisions or make decisions on their behalf.
Capital Limits	This is the level of savings/capital when a person will be liable for the full cost of their care and support services, known as the Upper Capital Limit (£23,250) There is also a Lower Capital Limit (14,250) at which any savings/capital are not taken into account in the financial assessment.
Deferred Payment Scheme:	A national scheme whereby people can delay paying for their care and support, or part of it, until a later date (often after their death), provided they meet the eligibility for the scheme.
Deferred Payment Agreement:	The formal mechanism where the Council and the Person agree to them delaying paying part of the cost of their care and support services.
Deputy:	Deputy authorised by the Court of Protection to manage the affairs of someone who lacks the mental capacity to manage their own property and finances.

Eligible Needs:	When the Person's or Carer's needs meet the Council's criteria for council-funded care and support.
Extra Care:	The Person's own home, in a development with other older people, but with additional care and support available.
Guidance:	Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health & Social Care.
Legal Charge:	A legal document held by the Land Registry showing that the Council has a claim on the Person's property.
Light touch assessment:	In some circumstances, the Council may choose to treat a person as if a financial assessment had been carried out. This might be where the Council is satisfied that the Person can afford, and will continue to be able to afford, any charges due and the Person agrees, or where a person refuses a financial assessment.
Main home:	A Person can have only one main home at any one time. This is the home where the Person normally lives.
Person:	Person receiving or eligible for care and support services provided under the Care Act 2014.
Personal Budget:	Money that is allocated to a Person or Carer by the Council to pay for care or support to meet their eligible needs.
Provider:	Organisation or person providing care services to the Person.
Representative:	Person nominated by the person to assist them with the financial assessment process.

Person	Person receiving or eligible for care and support services provided under the Care Act 2014.
Supported Living:	An alternative to residential care or living with family that enables adults with disabilities to live in their own home, with the help they need to be independent.
The Council:	Leicestershire County Council.
Tariff income	This is an amount added to the Person's actual income in their financial assessment based on savings/capital they have between £14,250 and £23,250.
Top-up fee:	The difference between the actual costs of the preferred Care Home Provider and the amount that the Council has set in a Personal Budget to meet the Person's eligible needs.
3rd Party Payor:	Someone who agrees to pay the top-up fee for the Person. This may be a relative, friend or charity.

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2. Introduction

1. In exercising its discretion to charge in Section 14 of the Care Act 2014, the Charging Policy for Social Care and Support sets out how the Council charges adults who receive care and support services.
2. This policy is based on the requirements of the Care Act 2014 and The Care and Support (Charging and Assessment of Resources) Regulations 2014, as amended and the Care and Support Statutory Guidance.
3. For the purposes of this policy, “residential services” refers to services in a care home. “Non-residential services” refers to services in the community, in a Person’s home, day services or in prison.
4. The policy is based on the legal framework for charging set out in the Care Act 2014. Should there be any confusion or dispute as to the application of this policy clarification will be sought from the primary and secondary legislation and associated statutory guidance.
5. Unlike the NHS, social care is usually not free of charge at the point of need. A Person should expect to pay towards the cost of care and support services. The contribution amount, that a person is required to contribute will depend on their financial and personal circumstances, and it is strongly recommended that the Person seeks independent financial advice.
6. This updated policy will be applied from 8 April 2024.

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3. Policy Scope

1. The policy covers charging arrangements for adults aged 18 or over, who receive care and support services that are arranged by the Council under the Care Act 2014.
2. This includes both care provided to people living in a residential setting and to people who live in their own home in the community or in prison. The majority of the charging policy applies to both settings but the detail of how to charge in each setting is different and is set out in the sections below.
3. Top up agreements are included in this policy.

4. Deferred Payment Agreements are included in this policy.

4. Core Principles of the Policy

1. The policy adopts the following principles for charging, which are set out by the Department of Health & Social Care in the Care and Support Statutory Guidance issued under the Care Act 2014. The policy will:
 - a. Ensure that people are not charged more than it is reasonably practicable for them to pay;
 - b. Establish who will be entitled to financial support based on a means-test and who will be entitled to free care;
 - c. Be comprehensive, to reduce variation in the way people are assessed and charged;
 - d. Be clear and transparent, so people know what they will be charged;
 - e. Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
 - f. Support Carers to look after their own health and wellbeing and to care effectively and safely;
 - g. Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
 - h. Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
 - i. Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
 - j. Be sustainable for the Council in the long-term.

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5. Care and support for which the Council will not charge.

1. Intermediate care, including reablement, which will be provided free of charge for **up to** six weeks.
2. Non-chargeable assessment beds and interim beds.
3. Community equipment (aids and minor adaptations). Minor adaptations are those costing £1,000 or less.
4. Care and support provided to people with Creutzfeldt-Jacob Disease.
5. After care services / support provided under section 117 of the Mental Health Act 1983.
6. Any service or part of service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.
7. Carers own eligible support needs in respect of their caring role, including Carers One-off Payments.

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6. Sharing financial information

1. Under the Welfare Reform Act 2012, and associated regulations, the Council will share financial information with the Department for Work and Pensions and with District Councils for the purposes of completing an accurate financial assessment calculation.

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7. Start date of care charges

1. The Council has the power to charge for meeting a person's care and support needs from the moment it starts to meet those needs.
2. The Council's On-line [Care Contribution Estimator](#) is available to obtain an indicative contribution amount prior to agreeing any care and support services, [Financial Assessment \(leics.gov.uk\)](https://leics.gov.uk/financial-assessment).
3. Where the financial assessment has not been completed at the time that care starts the Council will backdate any outstanding charges to the date when it started meeting the person's care and support needs.

4. There are no set timescales in law and guidance to complete a financial assessment, however, the Council will aim to complete an assessment as soon as reasonably practical after receiving all of the required information and proofs.
5. If a Person wishes to discuss a payment plan to address any backdated charges they can contact the Council's Finance Operations Team on 0116 305 3730 Email FinOpsDebts@leics.gov.uk

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8. Contribution towards the cost of care and support services

1. The Person's assessed contribution is always the first call to pay actual care and support charges. This means that the Person's contribution will always be used first to pay for the actual care received. If in a given week the actual care received is less than that provided for in the Person's support plan, but the cost of the actual care received is equal to or greater than the Person's assessed contribution the Person will still be required to pay their full contribution. The council's contribution towards the cost of the care and support service would be reduced. If the cost of the actual care received is less than the Person's assessed contribution, they will only be required to pay the actual cost.
2. Where a Person receives both short-term residential and non-residential care and support services in the same week (Monday to Sunday) the financial assessment will be undertaken on a non-residential basis to ensure their income is not reduced below their minimum income guarantee.
3. Where a person moves to a permanent residential placement during a week (Monday to Sunday) which they also received non-residential care and support services the financial contribution for that week will be based on a residential financial assessment. Any financial contribution paid in advance for non-residential services will generate a potential credit on the final account for non-residential care and support services.
4. Where a Person receives only residential care and support services but this is for less than a full week (Monday to Sunday) and no non-residential services they will be charged only a proportion of their full weekly contribution to residential services to ensure their income is not reduced to

a level that prevents them meeting their usual weekly costs of living independently. The charges will be $\frac{1}{7}$ th of the full weekly contribution for each night of a residential stay.

E.g. If a Person has a 3 nights residential stay, in the same week and their full weekly contribution is £140.00 per week the charge would be £60.00 i.e. £140.00 divided by 7 days and multiplied by 3 nights. $\frac{£140.00}{7} = £20.00 * 3 = £60.00$.

5. If a person is in receipt of a direct payment and care agency/individual chooses to provide the care and support services is more expensive than the amounts the council agrees, the person must pay the extra costs into the direct payment account from their own funds. This is in addition to the weekly assessed contribution.
6. Any top up amount payable in relation to a residential placement is also in addition to the weekly assessed contribution.

9. Financial Representatives & Mental Capacity

1. The Person can request that the Council liaise with another person who will act as their financial representative for the financial assessment and charging process.
2. Whilst the Council will consider any request to liaise with a financial representative the legal responsibility for any invoice payment and associated debt recovery will remain with the Person.
3. If a Person lacks capacity to consent to a financial assessment or to take part in the financial assessment process the Council will liaise with the person who has legal responsibility to make financial decisions on behalf of the Person. The Council will require proof that someone has the appropriate legal standing e.g. a registered power of attorney or deputyship for property and finances, to act on behalf of the Person.
4. The Mental Capacity Act 2005 Code of Practice states: If the person who lacks capacity has no property or savings and their only income is social security benefits there will usually be no need for a deputy to be appointed. If the person has assets or savings from other sources an attorney or deputy should be appointed.
5. If a person satisfies the Council that they have applied to register a power of attorney or applied for deputyship the Council will correspond with that

person regarding the financial assessment, pursuant to the Mental Capacity Act 2005.

6. If there is insufficient information to be able to complete a financial assessment until a deputy for property and finances is appointed, the subsequent assessed contribution will be backdated to the commencement of chargeable care and support services.

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10. Financial Assessment overview

1. A financial assessment will be undertaken for all adult Persons in receipt of chargeable services. See section 5 above for care and support services which are not charged for.
2. The financial assessment applies to the Person. It is the Person's income and savings/capital, including their share of any joint income or savings/capital that is taken into account. A Person can disclose their partner's income and savings/capital if they wish to do so as this may result in a lower assessed contribution for the Person, see section 48 below.
3. Persons can decide to have a light touch financial assessment rather than a full financial assessment if they agree that their savings and capital exceeds the upper capital limit. This will result in them being liable for the full cost (maximum charge) for their care and an administration fee, if the Council still arranges the care and support, see also section 11 & 12 below.
4. The financial assessment will usually be calculated on the basis that the Person is receiving all the means-tested benefits that they have been identified as being entitled to on application, i.e. if the Person is entitled to receive income support, income-related employment and support allowance, universal credit or pension credit, but is not claiming those benefits, the financial assessment will include those benefits at the correct amount, this is known as notional income. The amounts assumed will be those payable based on the known circumstances of the individual and will not take into account claims for Disability Living Allowance, Personal Independence Payment or Attendance Allowance which have not yet been approved.

5. Where a Person is receiving residential / nursing care services and has an existing award of a disability benefit the high rate of the care component of Disability Living Allowance, the enhanced rate of the daily living component of Personal Independence Payment or Attendance Allowance will be included (notional income) until the Person is no longer entitled to claim due to being in local authority funded residential care.
6. The collection of information for the financial assessment may be undertaken by phone, by post, by a visit, on-line or by any other reasonable means deemed appropriate or effective by Leicestershire County Council.
7. To enable a financial assessment to be completed supporting information \ evidence must be provided where it is reasonably required by the Council.
8. Financial assessments will be reviewed at regular intervals as directed by Leicestershire County Council or when significant variations arise in Person / 3rd Parties financial situations.
9. The Council also reviews its arrangements with care and support providers on an annual basis. If a Person is liable to pay the full cost of their care and support services this will affect the amount charged. If the provider payments are backdated the increase in the Person's charge will also be backdated.
10. For permanent Shared Lives all the charges relating to the placement are set out in the Shared Lives Licence Agreement, which is explained to the Person prior to signing the agreement and taking up the placement. The agreement sets out that a financial assessment will need to be undertaken and this amount is notified to the Person separately and is in addition to the amounts specified for food, heating, lighting, hot water and cleaning in the licence agreement.
11. A Person/Representative or a Top-up Payor should inform the Council as soon as reasonably practicable of any change in their financial circumstances and can request a review of the financial assessment at any time.
12. Following the death of a Person the Council is not required to retrospectively re-assess the person's financial assessment, but the Council will consider any request to re-assess from the personal representatives of the estate.

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11. Refusal to co-operate with a financial assessment

1. If a Person refuses to co-operate with a financial assessment they will be required to pay the full cost of their care and support services from the start date of their services unless information as to their capital and income is already available to the Council in which case those figures may be used to inform the assessment. If subsequently the Person does provide the required information the contribution payable will be reassessed and **may** be backdated.

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12. Non-Disclosure of Financial Details

1. Persons have the right to choose not to disclose their financial details for example where they can afford, and will continue to be able to afford, any charges due. If this right is exercised, they will be required to pay the full cost of their care and support services and the administration fee.

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13. Where a financial assessment would be detrimental to the Person's wellbeing

1. Although the financial assessment process aims to ensure that Persons are charged only what they can afford to pay, there may be cases when it is believed that undertaking a financial assessment would be detrimental to the Person's wellbeing.
2. In these circumstances the Council will attempt to complete a financial assessment from available information and/or the requirement to contribute towards the cost of care **may** be waived. Waiving of on-going charges will be reviewed periodically. See section 53 below.

14. Cancellation of service due to the charging policy

1. If a Person wishes to cancel their service due to the level of the contribution a social care worker will contact the Person to discuss the matter.

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15. Benefits Information

1. A benefits check will be offered to all Persons who are subject to a financial assessment. The benefits check may be undertaken during the financial assessment process, during a phone call, by post, by a visit or by any other reasonable means deemed appropriate and effective by Leicestershire County Council.
2. The benefits check will consider the Person's actual income and calculate whether the Person may be entitled to any means tested or non-means tested benefits based on their individual circumstances. The benefits check will only consider the Persons circumstances at the time of the benefits check; the accuracy of the advice given will be dependent on the information given by the Person.
3. Persons will be advised of their possible entitlement to benefits and encouraged to make appropriate claims and confirmed in writing. Information on how to make a claim will be given to the Person. In some cases, assistance to make appropriate claims may be offered.
4. Persons must notify the Council's Adult Social Care Finance Section of any changes in benefit income as soon as they occur. The Person's financial assessment will then be reviewed to take into account the changes in benefit income; the revised calculation will be backdated to the start of the change in benefit payment or the date of the first financial assessment, whichever is the later.

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1. Where Person is entitled to means-tested benefits, on application, additional income will be included in the financial assessment from the date that chargeable care and support services start. This is known as notional income, see section 36.
2. If under-claiming of benefits is identified the Person will be notified in writing and advised of the benefit entitlement, based on financial information provided to the Council.

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1. Person.
3. Where additional income from means-tested benefits is secured and backdated the contribution payable will be reassessed throughout the period of backdating where a chargeable service was in place.
2. If a benefit overpayment is identified the Person will be advised of the probable overpayment in writing. Information on organisations who may be able to assist with resolving the overpayment and agreeing any repayment figures will be offered and the Person will be advised to contact the relevant part of the DWP / District Council to correct the overpayment.

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16. Treatment of Capital

1. Only the capital of the Person, including their share of any joint savings/capital, will be taken into account in the financial assessment of what they can afford to contribute towards their care and support.
2. Where the Person has a beneficial interest in capital held in someone else's name, e.g. their partner, the Person's share will be included in the assessment of their capital. Where a person has joint beneficial ownership of capital, except where there is evidence that the person owns an unequal share, the total value will be divided equally between the joint owners and the person should be treated as owning an equal share

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17. Capital Limits

1. Capital limits are set nationally by central government. The current capital limits can be found on the Council's website.
2. The financial limit, known as the “**upper capital limit**” exists for the purposes of the financial assessment. If a person has capital at or below this limit, they may be entitled to financial assistance towards the cost of care and support services from the Council.
3. A person with more than the upper capital limit can ask the Council to arrange their care and support for them. However, they are not entitled to receive any financial assistance from the Council and must pay the full

cost of their care and support, and the administration fee, until their capital falls below the upper capital limit or they complete a deferred payment agreement.

4. If a person clearly has capital in excess of the upper capital limit the Council will undertake a “light touch” financial assessment if the person agrees.
5. If a person has capital below the “**lower capital limit**” their capital is disregarded in their financial assessment and they will not need to contribute to the cost of their care and support from their capital.
6. Where a person has assets between the upper and lower capital limits the Council will apply **tariff income**. This assumes that for every £250 of capital, or part thereof, a person has £1 per week additional income.
7. In some circumstances a person may be treated as possessing a capital asset even where they do not actually possess it. This is called **notional capital**. Notional capital may be capital which:
 - a. Would be available to the person if they applied for it (see section 28):
 - b. Is paid by someone else to a 3rd Party in respect of the person.
 - c. The person has deprived themselves of it in order to reduce the contribution they have to pay for their care (see section 37).
8. Where a person has been assessed as having notional capital the value of this will be reduced over time. The value of notional capital will be reduced weekly by the difference between the weekly rate the person is paying for their care and the weekly rate they would have paid if notional capital was not applied. This is known as the diminishing notional capital rule.

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18. Disregarded Capital

1. The following capital assets will be disregarded:
 - a. Property in specified circumstances – see Disregarded Property section 19.
 - b. The surrender value of any:
 - i. Life insurance policy

- ii. Annuity
- c. Payments of training bonuses of up to £200
- d. Payments in kind from a charity
- e. Any personal possessions such as paintings or antiques most mobile homes, unless they were purchased with the intention of reducing capital in order to avoid care and support charges.
- f. Any capital which is to be treated as income or student loans
- g. Any payment that may be derived from:
 - i. The Macfarlane Trust
 - ii. The Macfarlane (Special Payments) Trust
 - iii. The Macfarlane (Special Payment) (No 2) Trust
 - iv. The Caxton Foundation
 - v. The Fund (payments to non-haemophiliacs infected with HIV)
 - vi. The Eileen Trust
 - vii. The MFET Trust
 - viii. The Independent Living Fund (2006)
 - ix. The Skipton Fund
 - x. The London Bombings Relief Charitable Fund
 - xi. A Child abuse payment for the purpose of providing compensation in respect of historic institutional child abuse in the United Kingdom
 - xii. A Windrush payment made under the Windrush Compensation Scheme (Expenditure) Act 2020
 - xiii. Payment for compensation or support in respect of the Grenfell Tower fire
 - xiv. Payment for compensation or support in relation to the failings of the Post Office Horizon computer system
 - xv. Payment under the vaccine Damage Payments Act 1979

- h. The value of funds held in trust or administered by a court which derive from a payment for personal injury to the person. For example, the vaccine damage and criminal injuries compensation funds.
- i. The value of a right to receive
 - i. Income under an annuity
 - ii. Outstanding instalments under an agreement to repay a capital sum
 - iii. Payment under a trust where the funds derive from a personal injury
 - iv. Income under a life interest or a life-rent
 - v. Income (including earnings) payable in a country outside the UK which cannot be transferred to the UK
 - vi. An occupational pension
 - vii. Any rent. Please note however that this does not necessarily mean the income is disregarded.
- j. Capital derived from an award of damages for personal injury which is administered by a court or which can only be disposed of by a court order or direction.
- k. The value of the right to receive any income under an annuity purchased pursuant to any agreement or court order to make payments in consequence of personal injury or from funds derived from a payment in consequence of a personal injury and any surrender value of such an annuity.
- l. Periodic payments in consequence of personal injury pursuant to a court order or agreement to the extent that they are not a payment of income and are treated as income (and disregarded in the calculation of income).
- m. Any Social Fund payment.
- n. Refund of tax on interest on a loan which was obtained to acquire an interest in a home or for repairs or improvements to the home.
- o. Any capital resources which the person has no rights to as yet, but which will come into his possession at a later date, for example on reaching a certain age.

- p. Payments from the Department of Work and Pensions to compensate for the loss of entitlement to Housing Benefit or Housing Benefit Supplement.
- q. The amount of any bank charges or commission paid to convert capital from foreign currency to sterling.
- r. Payments to jurors or witnesses for court attendance (but not compensation for loss of earnings or benefit)
- s. Community charge rebate / Council tax rebate / Council tax reduction.
- t. Money deposited with a Housing Association as a condition of occupying a dwelling.
- u. Any Child Support Maintenance Payment
- v. The value of any ex-gratia payments made on or after 1st February 2001 by the Secretary of State in consequence of a person's, or person's spouse or civil partner's imprisonment or internment by the Japanese during the Second World War.
- w. Any payment made by a local authority under the Adoption and Children Act 2002 (under section 2(b)(b) or 3 of this act)
- x. The value of any ex-gratia payments from the Skipton Fund made by the Secretary of State for Health to people infected with Hepatitis C as a result of NHS treatment with blood or blood products.
- y. Payments made under a trust established out of funds provided by the Secretary of State for Health in respect of persons suffering from variant Creutzfeldt-Jakob disease to the victim or their partner (at the time of death of the victim)
- z. Any payments under Section 2,3 or 7 of the Age-Related Payments Act 2004 or Age-Related Payments Regulations 2005 (SI No 1983)
- aa. Any payments made under section 62(6)(b) of the Health Services and Public Health Act 1968 to a person to meet childcare costs where he or she is undertaking instruction connected with the health service by virtue of arrangements made under that section
- bb. Any payment made in accordance with regulations under Section 14F of the Children Act 1989 to a resident who is a prospective special guardian or special guardian, whether income or capital.

- cc. Unsecured loans owed to 3rd parties are not disregarded in the financial assessment.

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19. Disregarded Property

1. In the following circumstances the value of the person's **main or only** home must be disregarded.
 - a. Where the person is receiving care in a setting that **is not** a residential care home
 - b. If the person's stay in a care home is temporary and they:
 - i. Intend to return to that property and that property is still available to them; or
 - ii. Are taking reasonable steps to dispose of the property in order to acquire another more suitable property to return to.
 - c. Where the person no longer occupies the property but it is occupied in part or whole as their main or only home by any of the people listed below, the mandatory disregard only applies where the property has been continuously occupied since before the person went into a care home
 - i. The person's partner, former partner or civil partner, except where they are estranged
 - ii. A lone parent who is the person's estranged or divorced partner
 - iii. A relative of the person or member of the person's family who is:
 - Aged 60 or over, or
 - Is a child of the resident aged under 18, or
 - Is incapacitated, see section 19. 3 below.
2. A member of the person's family is defined as someone who is living with the qualifying relative as part of an unmarried couple, married to or in a civil partnership.

3. For the purposes of the disregard the meaning of “incapacitated” is not closely defined. However, the Council will consider that a relative is incapacitated if either of the following conditions apply:
 - a. The relative is receiving one (or more) of the following benefits: armed forces independence payment, attendance allowance, constant attendance allowance, disability living allowance, employment and support allowance, incapacity benefit, personal independence payment, severe disablement allowance, Universal Credit on the grounds of limited capability for work, or a similar benefit; or
 - b. The relative does not receive any disability related benefit but their degree of incapacity is equivalent to that required to qualify for such a benefit. Medical or other evidence may be needed before a decision is reached.
 - c. If a person’s incapacity is temporary and they subsequently recover the property disregard will no longer be applicable from the date they are no longer incapacitated.
4. In determining whether the property is occupied the Council will consider the following factors:
 - a. Does the relative currently occupy another property?
 - b. If the relative has somewhere else to live do they own or rent the property
 - c. If the relative is not physically present is there evidence of a firm intention to return to or live in the property?
 - d. Where does the relative pay Council tax?
 - e. Where is the relative registered to vote?
 - f. Where is the relative registered with a doctor?
 - g. Are the relative’s belongings located in the property?
 - h. Is there evidence that the relative has a physical connection with the property?
5. A property will be disregarded where the relative meets the qualifying conditions and has occupied the property as their main or only home since

before the resident entered the care home. The property disregard will no longer be applicable if the relative no longer occupies the property as their main or only home.

6. A property can also be disregarded where there are exceptional circumstances and the Council considers it reasonable to do so.

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20. 12-week property disregard

1. The Council will disregard the **value** of a person's **main or only** home when the value of their non-housing assets is below the upper capital limit for 12 weeks in the following circumstances:
 - a. When they first enter a care home, Extra Care services or a supportive living scheme as a permanent resident; or
 - b. When a property disregard other than the 12-week property disregard unexpectedly ends because the qualifying relative has died or moved into a care home.
 - c. A 12-week property disregard **will not apply** where a person has been self-funding their placement for a period in excess of 12 weeks.
2. The 12-week property disregard can also be applied when there are exceptional circumstances and the Council considers it reasonable to do so.

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21. 26-week Capital disregard

1. The following capital assets will be disregarded for at least 26 weeks in a financial assessment.
 - a. Assets of any business owned or part-owned by the person in which they were a self-employed worker and has stopped work due to some disease or disablement **but intends to take up work again when they are fit to do so**. Where the person is in a care home, this should apply from the date they first took up residence.
 - b. Money acquired specifically for repairs to or replacement of the person's home or personal possessions provided it is used for that

purpose. The 26-weeks will apply from the date the funds were received.

- c. Premises which the person intends to occupy as their home where they have started legal proceedings to obtain possession. This will be from the date legal advice was first sought or proceedings first commenced.
 - d. Premises which the person intends to occupy as their home where essential repairs or alterations are required. The 26-weeks will apply from the date the person takes action to effect the repairs.
 - e. Capital received from the sale of a former home where the capital is to be used by the person to buy another home. The 26-weeks will apply from the date of completion of the sale.
 - f. Money deposited with a Housing Association which is to be used by the person to purchase another home. The 26-weeks will apply from the date on which the money was deposited.
 - g. Grant made under a Housing Act which is to be used by the person to purchase a home or pay for repairs to make the home habitable. The 26-weeks will apply from the date the grant is received.
2. A longer disregard may be applied where the Council considers it reasonable to do so, i.e. where a person is taking legal steps to occupy premises as their home but the legal processes take more than 26 weeks to complete. Any extension of the disregard period will be reviewed periodically

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22.52-week Capital disregard

1. The following payments of capital will be disregarded for a maximum of 52 weeks from the date they are received.
 - a. The balance of any arrears of or any compensation due to non-payment of:
 - i. Mobility supplement
 - ii. Attendance Allowance
 - iii. Constant Attendance Allowance

- iv. Disability Living Allowance / Personal Independence Payment
- v. Exceptionally Severe Disablement Allowance
- vi. Severe Disablement Occupational Allowance
- vii. Armed forces service pension based on need for attendance
- viii. Pension under the Personal Injuries (Civilians) Scheme 1983, based on the need for attendance.
- ix. Income Support / Income-related Employment and Support allowance / Income-based Jobseeker's Allowance / Pension Credit
- x. Minimum Income Guarantee
- xi. Working Tax Credit
- xii. Child Tax Credit
- xiii. Housing Benefit
- xiv. Universal Credit
- xv. Special payments to pre-1973 war widows
- b. Payments or refunds for:
 - i. NHS glasses, dental treatment or patient's travelling expenses
 - ii. Cash equivalent of free milk and vitamins
 - iii. Expenses in connection with prison visits.
- c. Personal Injury Payments

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23. 2-year Capital disregard

1. The Council will disregard payments made under a trust established out of funds by the Secretary of State for Health in respect of vCJD to:
 - a. A member of the victim's family for 2 years from the date of death of the victim (or from the date of payment from the trust if later); or
 - b. A dependent child or young person until they turn 18.

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24. Other Capital disregards

1. In some cases a person's assets may be tied up in a business that they own or part own. Where a person has ceased to be engaged as a self-employed earner and is taking steps to realise their share of the assets, these will be disregarded during the process. However, the person will be required to show that it is their clear intention to realise the asset as soon as practicable. The Council will, therefore, request the following information:
 - a. A description of the nature of the business asset.
 - b. The person's estimate of the length of time necessary to realise the asset or their share of it.
 - c. A statement of what, if any, steps have been taken to realise the asset, what these were and what is intended in the near future, and
 - d. Any other relevant evidence, for example the person's health, receivership, liquidation, estate agent's confirmation of placing any property on the market.
2. Where the person has provided this information to show that steps are being taken to realise the value of the asset, the Council will disregard the value for a period that it considers to be reasonable. In deciding what is reasonable the Council will take into account the length of time of any legal processes that may be needed.
3. Where the person has no immediate intention of attempting to realise the business asset, its capital value will be taken into account in the financial assessment. Where a business is jointly owned, this will only apply to the person's share.

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25. Treatment of investment bonds

1. If a person has an investment bond which includes one or more element of life insurance policies that contain cashing-in rights by way of options for total or partial surrender, the value of those rights will be disregarded as a capital asset in the financial assessment.

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26. Capital treated as income

1. The following capital payments will be treated as income:
 - a. Any payment under an annuity.
 - b. Capital paid by instalment where the total of:
 - i. The instalments outstanding at the time the person first becomes liable to pay for their care, and
 - ii. The amount of other capital held by the person is over £16,000. If it is £16,000 or less, each instalment will be treated as capital.

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27. Income treated as capital

1. The following types of income will be treated as capital.
 - a. Any refund of income tax charged on profits of a business or earnings of an employed earner; any holiday pay payable by an employer more than 4 weeks after the termination or interruption of employment.
 - b. Income derived from a capital asset, for example, building society interest or dividends from shares. This will be treated as capital from the date it is normally due to be paid to the person.
 - c. Any advance of earnings or loan made to an employed earner by the employer if the person is still in work. This is because the payment does not form part of the employee's regular income and would have to be repaid.
 - d. Any bounty payment paid at intervals of at least one year from employment as:
 - i. A part time fireman
 - ii. An auxiliary coastguard
 - iii. A part time lifeboat man
 - iv. A member of the territorial or reserve forces

- e. Charitable and voluntary payments which are neither made regularly nor due to be made regularly, apart from certain exemptions such as payments from AIDS trusts. Payments will include those made by a 3rd Party to the person to support the clearing of charges for accommodation.
- f. Any payments of arrears of contributions by a local authority to a custodian towards the cost of accommodation and maintenance of a child.

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28. Capital available on application (Notional Capital)

1. In some instances a person may need to apply for access to capital assets but has not yet done so. In such circumstances this capital will be treated as already belonging to the person (notional capital) except in the following instances:
 - a. Capital held in a discretionary trust
 - b. Capital held in a trust derived from a payment in consequence of a personal injury
 - c. Capital derived from an award of damages for personal injury which is administered by a court
 - d. Any loan which could be raised against a capital asset which is disregarded, for example the home.
2. The Council will distinguish between
 - a. Capital already owned by the person but which in order to access they must make an application for. For example:
 - i. Money held by the persons' solicitor;
 - ii. Premium Bonds;
 - iii. National Savings Certificates;
 - iv. Money held by the Registrar of a County Court which will be released on application; and
 - b. Capital not owned by the person that will become theirs on application, for example and unclaimed Premium Bond win. This will be treated as notional capital.

3. Where the Council treats capital available on application as notional capital it will do so only from the date at which it could reasonably be acquired by the person.
4. When applying notional income to a defined contribution pension the Council will calculate this as the maximum income that would be available if the person had taken out an annuity.

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29. Treatment of Income

30. Common issues

1. Only the income of the Person will be taken into account in the financial assessment of what they can afford to contribute towards their care and support.
2. Where the Person receives means-tested benefit income as one of a couple the value will be divided equally.
3. Income is net of any tax or National Insurance contributions.
4. Employed and self-employed earnings are fully disregarded.
5. In order to protect the minimum income of a couple the council will apply a (non-statutory) 'couple's adjustment' as set out in paragraph 61.

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31. Benefits Income

1. Any income from the following sources will be fully disregarded:
 - a. Direct Payments
 - b. Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme
 - c. The mobility components of Disability Living Allowance and Personal Independence Payments and any Mobility Supplement.
 - d. Armed Forces Independence Payments and Mobility Supplement
 - e. Child Benefit, except where the accommodation is arranged under the Care Act in which the adult and child both live.

- f. Child Tax Credit
 - g. Council Tax Reduction Schemes where this involves a payment to the person
 - h. Mobility Supplement
 - i. Christmas bonus
 - j. Dependency increases paid with certain benefits
 - k. Guardian's Allowance
 - l. Social Fund payments (including winter fuel payments)
 - m. War Disablement Pension, with the exception of Constant Attendance Allowance from 10/04/2017 onwards.
 - n. War widows and widowers' special payments
 - o. Working Tax Credit, except where care is arranged in a care home.
2. Any income from the following benefits will be taken into account:
- a. Attendance Allowance (for people receiving care and support other than in a care home the difference between the higher rate and lower rate is disregarded if LCC is not commissioning night-time care and support)
 - b. Bereavement Allowance
 - c. Carers Allowance
 - d. Constant Attendance Allowance
 - e. Disability Living Allowance care component (for people receiving care and support other than in a care home the difference between the higher rate and middle rate is disregarded if LCC is not commissioning night-time care and support)
 - f. Employment and Support Allowance and Incapacity Benefit
 - g. Exceptionally Severe Disablement Allowance where care and support is provided in a care home.
 - h. Income Support
 - i. Industrial injuries Disablement Benefit or equivalent benefits
 - j. Jobseeker's Allowance
 - k. Maternity Allowance

- l. Pension Credit Guarantee Credit
 - m. Personal Independence Payment daily living component
 - n. Severe Disablement Allowance
 - o. State Pension
 - p. Universal Credit
3. Where any Social Security benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, the amount taken into account will be the gross amount of the benefit before reduction.
 4. Compulsory deductions from social security benefits for child maintenance will be disregarded as income.
 5. The first £10 per week of War Widows and War Widowers pension is disregarded as income.

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32. Other income that will be fully disregarded

1. Any income from the following sources will be fully disregarded:
 - a. Child Support Maintenance Payments, except where the accommodation is arranged under the Care Act in which the adult and child both live.
 - b. Discretionary Trust
 - c. Gallantry Awards
 - d. Income frozen abroad
 - e. Income in kind
 - f. Personal injury trust, including those administered by a Court
 - g. Resettlement benefit
 - h. Pension Credit Savings credit disregard
 - i. Pension Credit Savings credit for people receiving care and support other than in a care home
 - j. Any payments received as a holder of the Victoria Cross, George Cross or equivalent

- k. Any grants or loans paid for the purposes of education; and
- l. Payments made in relation to training for employment
- m. Any payment from the:
 - i. Macfarlane Trust
 - ii. Macfarlane (Special Payments) Trust
 - iii. Macfarlane (Special Payment) (No 2) Trust
 - iv. Caxton Foundation
 - v. The Fund (payments to non-haemophiliacs infected with HIV)
 - vi. Eileen Trust
 - vii. MFET Limited
 - viii. Independent Living Fund (2006)
 - ix. Skipton Fund
 - x. London Bombings Relief Charitable Fund
 - xi. A Child abuse payment scheme for the purpose of providing compensation in respect of historic institutional child abuse in the United Kingdom
 - xii. A Windrush payment made under the Windrush Compensation Scheme (Expenditure) Act 2020
 - xiii. Payment for compensation or support in respect of the Grenfell Tower fire
 - xiv. Payment for compensation or support in relation to the failings of the Post Office Horizon computer system
 - xv. Payment under the vaccine Damage Payments Act 1979

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33. Annuity and pension income

- 1. The Council will take **fully** into account any income from an annuity except where it is:
 - a. Purchased with a loan secured on the person's main or only home;
 - or

- b. A gallantry award such as the Victoria Cross Annuity or George Cross Annuity.
- 2. Where the Person is in a care home and paying half of the value of their occupational pension, personal pension or retirement annuity to their spouse or civil partner the Council will disregard 50% of its value.
- 3. In order to qualify for this disregard one of the annuitants must still be occupying the property as their main or only home. This may happen where a couple has jointly purchased an annuity and only one of them has moved into a care home. If this is not the case the disregard will not be applied.
- 4. Where the disregard is applied only the following aspects will be disregarded:
 - a. The net weekly interest on the loan where income tax is deductible from the interest; or
 - b. The gross weekly interest on the loan in any other case.
- 5. For the disregard to be applied the following conditions must be met:
 - a. The loan must have been made as part of a scheme that required that at least 90% of that loan be used to purchase the annuity;
 - b. The annuity ends with the life of the person who obtained the loan, or where there are two or more annuitants (including the person who obtained the loan), with the life of the last surviving annuitant;
 - c. The person who obtained the loan or one of the other annuitants is liable to pay the interest on the loan;
 - d. The person who obtained the loan (or each of the annuitant where there are more than one) must have reached the age of 65 at the time the loan was made;
 - e. The loan was secured on a property in Great Britain and the person who obtained the loan (or one of the other annuitants) owns an estate or interest in that property; and
 - f. The person who obtained the loan or one of the other annuitants occupies the property as their main or only home at the time the interest is paid.

6. Where the person is using part of the income to repay the loan, the amount paid as interest will be disregarded. If the payments the person makes on the loan are interest only and the person qualifies for tax relief on the interest they pay the net interest will be disregarded. Otherwise the gross interest will be disregarded.
7. The Council will assess pension income for the purposes of charging in the following way:
 - a. If a person has removed the funds and placed them in another product or savings account the funds will be treated according to the rules for that product.
 - b. If a person is only drawing a minimal income, then the Council will apply notional income according to the maximum income that could be drawn. When the maximum notional income is applied the actual income will be disregarded to avoid double counting. See section 36.
 - c. If a person is drawing an income that is higher than the maximum available under an annuity product the actual income will be taken into account.

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34. Mortgage protection insurance policies

1. Where the income from a mortgage protection policy is specifically intended to support the person to acquire or retain an interest in their main or only home or to support them to make repairs or improvements to their main or only home it will be disregarded. However, the income must be being used to meet the repayments on the loan.
2. The amount of income from a mortgage protection insurance policy that will be disregarded is the weekly sum of:
 - a. The amount which covers the interest on the loan; plus
 - b. The amount of the repayment which reduced the capital outstanding; plus
 - c. The amount of the premium due on the policy.

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35. Charitable and voluntary payments

1. A charitable or voluntary payment which is not made regularly is treated as capital.
2. Charitable and voluntary payments that are made regularly will be fully disregarded as income.

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36. Notional income

1. In some circumstances a person may be treated as having income that they do not actually have. This is known as notional income. This may include, for example, income that would be available on application but has not been applied for, income that is due but has not been received or income that the person has deliberately deprived themselves of for the purpose of reducing the amount they are liable to pay for their care.
2. In all cases the Council will satisfy itself that the income would or should have been available to the person.
3. Notional income will also be applied where a person who has reached retirement age and has a personal pension plan but has not purchased an annuity or arranged to draw down the equivalent maximum annuity income that would be available from the plan.
4. Notional income will be calculated from the date it could reasonably be expected to be acquired if an application had been made.
5. The following are exemptions and will not be treated as notional income:
 - a. Income payable under a discretionary trust;
 - b. Income payable under a trust derived from a payment made as a result of a personal injury where the income would be available but has not yet been applied for;
 - c. Income from capital resulting from an award of damages for personal injury that is administered by a court;
 - d. Occupational pension which is not being paid because:
 - i. The trustees or managers of the scheme have suspended or ceased payments due to an insufficiency of resources; or

- ii. The trustees or managers of the scheme have insufficient resources available to them to meet the scheme's liabilities in full.
- e. Working Tax Credit.
- 6. When the Council determines whether deliberate deprivation of income has occurred it will consider:
 - a. Whether it was the person's income?
 - b. What was the purpose of the disposal of the income?
 - c. The timing of the disposal of the income? At the point the income was disposed of could the person have a reasonable expectation of the need for care and support.
- 7. If the income has been converted into capital the Council will consider what tariff income may be applied to the capital and whether the subsequent contribution is less or more than the person would have paid without the change.

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37. Deprivation of Assets

- 1. The Council may identify circumstances that suggest that a person may have deliberately and intentionally deprived themselves of, or decreased, their assets in order to avoid or reduce the level of their contribution towards their care.
- 2. The Council will consider deprivation where the person ceases to possess assets that would have otherwise been taken into account for the purposes of the financial assessment or has turned the asset into one that is now disregarded.
- 3. In deciding whether deprivation or the purpose of avoiding care and support charges has occurred the Council will consider:
 - a. Whether avoiding the care and support charge was a significant motivation.
 - b. The timing of the disposal of the asset. At the point the capital was disposed of could the person have a reasonable expectation of the need for care and support.

- c. Whether the person had a reasonable expectation of needing to contribute to the cost of their eligible care needs?
- 4. Where the council has reasonable grounds to suspect someone has deprived themselves of an asset in order to avoid or reduce the level of their contribution towards their care the Council will require proof of the reasons why they no longer have the asset. If the reasons are not acceptable, the Council will assess the person as if they still had the asset.
- 5. For capital assets, acceptable evidence of their disposal would be:
 - a. A trust deed
 - b. Deed of gift
 - c. Receipts for expenditure
 - d. Proof that debts have been repaid
 - e. A person can deprive themselves of capital in many ways, but common approaches may be:
 - f. A lump-sum payment to someone else, for example as a gift.
 - g. Substantial expenditure has been incurred suddenly and is out of character with previous spending.
 - h. The title deeds of a property have been transferred to someone else.
 - i. Assets have been put into a trust that cannot be revoked.
 - j. Assets have been converted into another form that would be subject to a disregard under the financial assessment, for example personal possessions.
 - k. Assets have been reduced by living extravagantly, for example gambling.
 - l. Assets have been used to purchase an investment bond with life insurance.
- 6. The Council may decide to conduct its own investigations into whether deprivation of assets has occurred rather than relying solely on the declaration of the person. If this is the case the Council will have regard to the Regulation of Investigatory Powers Act 2000 and associated guidance and legislation.

7. The Person or their legal representative will be informed of the information that the Council is relying on in writing and be given the opportunity to explain the circumstances and the motivation at the time of the disposal(s).
8. If the Council decides that a person has deliberately deprived themselves of assets in order to avoid or reduce a charge for care and support, the Council may seek to charge the person as if the deprivation had not occurred, i.e. assume that the person still owns the asset and treat it as notional capital.
9. Where a resource has been converted into another of lesser value the Council will treat the person as notionally possessing the difference between the value of the new resources and the one which it replaced.
10. Where a person has transferred the asset to a third party to avoid the charge, the third party is liable to pay the local authority the difference between what it would have charged and did charge the person receiving care. As with any other debt, the Council will use the County Court process to recover debts when other avenues have been exhausted.
11. For more information please also see the Council's [Care Home Funding Booklet](#) and the [Capital and Gifting](#) factsheet.

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38. Residential Care financial assessment

39. Personal expenses allowance (PEA)

1. The Council will always allow a Person to retain a minimum amount of income. This is known as the Personal Expenses Allowance and is specified by central government in the Care and Support (Charging and Assessment of Resources) Regulations
2. A person may retain more of their income, above their personal expenses allowance, if this is necessary given their particular circumstances, for example:
 - a. Where a person has a dependent child.

- b. Where a person is paying half their occupational or personal pension or retirement annuity to a spouse or civil partner who is not living in the same care home.
 - c. Where a person is temporarily in a care home and is a member of a couple any social security benefit awarded to pay for home commitments.
 - d. Where a person's property has been disregarded a person's share of the related costs. For example; mortgages, rent, Council Tax, building insurance, utility costs and reasonable property maintenance costs.
3. If the Person has no income the Council is not responsible for providing funding for personal expenses but will support the Person to access any relevant social security benefits.

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40. Temporary or respite care in care home financial assessment

- 1. A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.
- 2. If a temporary stay becomes permanent the "temporary care financial assessment" will apply until the date that the care plan is amended and agreed with the person or their representative at which time the "permanent care financial assessment" will apply.
- 3. This allowance will be increased by any additional amounts the person may need so that they can maintain their home during their temporary stay so that it is in a fit condition for them to return to. These may include but are not limited to, ground rent, service charges, water rates or insurance premiums.
- 4. A temporary or respite stay in a week where non-residential care and support services are also utilised will be charged on a non-residential financial assessment basis to ensure the person's income is not reduced below their minimum income guarantee.

5. A temporary stay which covers a whole week (Monday – Sunday) will be charged on a residential financial basis.
6. The person's main or only home will be disregarded where the person:
 - a. Intends to return to that property as their main or only home and it remains available to them.
 - b. Has taken steps to dispose of the home in order to acquire one that is more suitable and intends to return to that property.
7. Any other capital assets will be treated in the same way as for permanent residents.
8. Where Attendance Allowance, the care component of Disability Living Allowance or the daily living component of Personal Independence Payment is being received it will be completely disregarded. However, any additional amounts included in means-tested benefits associated to these payments will be taken into account whilst they remain in payment.
9. Other income and earnings will be treated in the same way as for permanent residents.
10. Where one member of a couple enters a care home and one remains in the main home the Council will ensure that the partner remaining at home is left with at least a weekly income equal to basic Income Support/Pension Credit for a single person and any premiums/additions to which they may be entitled in their own right. This may involve a voluntary agreement by the partner to disclose the required information to achieve this.
11. The Council will also disregard any other payment the person receives in order to meet the cost of their housing and / or to support independent living. This may include payments to provide warden support, emergency alarms or the meeting of cleaning costs where the person or someone in the household is unable to do this themselves.

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41. Allowable household expenses for residential care placements

1. Short stays/respite - Allowable household expenses will be included in the financial assessment for the duration of the stay but will be subject to review.
2. If the person does not usually live alone the following will apply:
 - a. lives in someone else's household and pays board – no expenses allowed
 - b. lives with spouse/partner only – expenses usually divided equally
 - c. non-dependants live with SU – expenses divided equally as there is a reasonable assumption that they contribute towards the household costs
 - d. a spouse/partner remaining at home can access information from agencies such as Age UK, please see a link to their [Fact Sheet No: 39 – Paying for care in a care home if you have a partner](#) (PDF)
3. The Council will also disregard any other payment the person receives in order to meet the cost of their housing and / or to support independent living. This may include payments to provide warden support, emergency alarms or cleaning.

Allowable household expenses for residential care placements	Short stays/respite	Permanent Care – Property (main home) taken in to account – weeks 1 – 12	Permanent – Rented property – weeks 1-4 only (Exceptions for Shorthold tenancy agreements and disregarded properties)
Water Rates	✓	✓	✓
Council Tax	✓	x Council Tax Exemption available from district council	x Council Tax Exemption available from district council

Rent/Mortgage	✓	✓	✓
Ground Rent/Service Charge	✓	✓	✓
Home Buildings Insurance	✓	✓	✓
Gas/Electricity (see below)	✓	✓	✓
Lifeline Fees	✓	✓	✓
Court Orders (Maintenance)	✓	✓	✓

4. Standard amounts are allowed for gas and electricity usage depending on whether the property is occupied or empty and therefore only requires frost protection. The amounts are based on average consumption figures originally published by British Gas and uprated in line with inflation. Where a property is occupied the cost should usually be met by the occupants.
5. No expenses are allowed for a property taken into account as notional capital, see paragraph 37 above.
6. Exceptions or any requests for additional costs will be considered on their merits.

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42. Top-up payments:

43. Introduction:

1. Where care and support is provided in an accommodation setting, i.e. residential / nursing care, extra care or supportive living scheme, the Council must ensure that at least one option is available that is affordable within a person's Personal Budget.
2. Only when a person has chosen a more expensive accommodation alternative can a top-up payment be sought. The use of top-ups is optional

and cannot be as a result of the Council being unable to commission suitable accommodation at a lower price.

3. Any top-up payment, first or third party, arrangement is payable in addition to the Person's assessed contribution.
4. The top-up payment or additional cost is the difference between the actual costs of the preferred Provider and the amount that LCC would have set in a Personal Budget.
5. For the purposes of agreeing a top-up the Council will consider what Personal Budget it would have set at the time care and support is needed. It will not automatically default to the cheapest rate or to any other arbitrary figure.

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44. Top-up agreement(s)

1. The Person may meet the additional costs of their care and support from contributions from themselves and/or one or more 3rd parties. A top-up arrangement can only be implemented with a written agreement between LCC and the top-up payors.
2. The Council will provide the top-up payors with sufficient information and advice to support them to understand the terms of the proposed written agreement before entering into it.
3. The top-up payors is/are also recommended to take appropriate independent advice, e.g. legal and or financial, prior to entering into the top-up agreement.
4. Where more than one party are responsible for the top-up payment an individual agreement will be completed for each Payor. By signing this agreement the Payor undertakes to continue the top-up payment for the likely duration of the residential placement, recognising that this may be for some time into the future.
5. The **Council can only enter into a top-up arrangement** if it is satisfied that the Payor(s) are able and willing to pay the additional cost of the preferred accommodation for the period during which the local authority expects to meet the Person's needs by providing or arranging for the

provision of that accommodation, recognising that this may be some time into the future. Each Payor will need to assure the local authority of this.

6. Where the Council determines that a person is unable to afford a top up, it may refuse the request.
7. The Council should not be at risk of having to meet the costs of any top ups in cases where the payor(s) becomes unable to pay. Therefore, a person may be considered unable to afford a top-up, based on financial information provided and budgeted care needs, if there is a reasonable expectation that the top-up will not be affordable for the duration of the Person's expected care journey.
8. Where a local authority has allowed a top up, it will review such evidence at least annually to ensure that any agreed top up remains affordable.

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1. The Top-up Payor(s) must inform LCC of any change in their circumstances which will mean that they are unable to continue to meet the agreement as soon as they are aware of the change.
2. Where the Person has a change in circumstances that requires a new financial assessment and this results in a change in the level of assessed contribution the Person makes, this may not reduce the need for a 'top-up' payment.
3. The Council will consider increases in the cost of the residential accommodation commissioned for Social Care by way of the annual Fee Review process, details of which are published on the Council's website.
4. Where the Service Provider wishes to vary the amount of a Top-up amount then the Service Provider should apply in writing to the Council setting out the details surrounding the proposed variation and the Council will, following consultation with the Payor undertake to inform the Service Provider of the decision of the payor as to the proposed variation.
5. Where there is an agreed change to the top-up amount, a revised agreement will be completed

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1. If there is a break down in the arrangement to meet the cost of the top-up the Council will undertake a new care and support assessment including

identifying an alternative accommodation which would be suitable to meet their needs and affordable within the Personal Budget.

2. More information is available in the Council's factsheet – 'Top up Payments for care home residents'. See Appendix A.

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45. Deferred Payment Scheme

1. The Council operates a Deferred Payment Scheme (DPS); the DPS means that people who are eligible should not be forced to sell their home during their lifetime to pay for their care. By entering into a deferred payment agreement (DPA) a person can "defer" or delay paying the costs, or part of, of their care and support until a later date.
2. Before entering into a DPA the Council will provide information regarding the Council's DPS to the Person or their legal representative and will also recommend that Person or their representatives seek appropriate independent (e.g. legal and / or financial) advice.
3. Persons, who are eligible for, and receiving or going to receive, residential care services, extra care services or supportive living services can apply under the DPS.
4. In order to apply under the DPS the Person must be able to manage their own finances or someone else must have a legal power to act on their behalf.
5. The amount that can be deferred will depend on the amount the Person will be paying from the other sources. At a minimum the Person will be allowed to defer their "core care costs" (Personal Budget amount) net of the on-going assessed weekly contribution from their income.
6. If a Person also wishes to defer the cost of a top-up to meet the cost of more expensive accommodation the council can only agree to this if the agreement would be sustainable, taking into account when the 'equity limit' will be reached and that the top-up amount will need to be paid on an on-going basis in other ways for the same placement.

7. In order to offer a deferred payment agreement the Council must ensure that adequate security is in place for the amount being deferred so that it can be confident that the deferred debt will be repaid in the future. This is usually by placing a first legal charge on the Person's property with HM Land Registry.
8. If it is not possible to secure the debt by way of a first legal charge on a property the Council will consider whether it is able to obtain any other type of adequate security based on the merits of each case such as; a second or subsequent legal charge, alternative assets or funds sufficient to secure the deferred costs, signed undertaking from a conveyancing solicitor instructed for a sale of a property security provided by a guarantor.
9. A deferred payment agreement is not completed until it is signed by all the applicants and the Council's Legal Services Team. Until then, following any 12-week property disregard period, the Person will be liable for the full cost of their care and support services.
10. Administration fees and interest are chargeable under the DPS, details of these are set out in the DPS Information sheet and on the Council's [website](#)
11. More information about the Deferred Payment Scheme is available in the Councils' [Deferred Payment Scheme Information Sheet](#). See Appendix B.

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46. Non-residential care financial assessment

47. Minimum Income Guarantee (MIG)

1. The Council will ensure that a person's income is not reduced below the equivalent of the value specified by central government in the Care and Support (Charging and Assessment of Resources) Regulations.
2. The MIG is designed to cover a person's usual general living costs such as food, shopping, heating and lighting, pet care, hobbies, usual internet and phone costs, social activities and contributions towards household costs, for example from a non-dependent living in someone else's home.
3. The MIG applied for a financial assessment will be the one applicable at the start of the assessment week (Monday to Sunday). Any change of

circumstance affecting the MIG during a week, such as a change in age, will be applicable to the financial assessment for the following week i.e. the Monday after the change occurs.

4. The MIG will be calculated after housing costs such as rent and Council Tax (net of any benefits provided to support these costs) and after any disability related expenditure, see section 49.
5. To include housing costs as an allowable expense the Person must have a legal liability to pay the costs, such as a mortgage, tenancy or licence agreement and also provide proof of payment.
- 6.

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48. Partner's Adjustment

1. There is no obligation to disclose income and individual capital of the Person's partner. However, if these details are disclosed it may lead to a lower financial contribution for the Person. It will not lead to a higher contribution.
2. Where the information is disclosed, the Council will consider the implications of the financial assessment for the Person's partner for both residential and non-residential care and support services
3. In order to protect the minimum income of a couple the council will apply a (non-statutory) 'partner's adjustment'.
4. Couples include married, registered civil partners and co-habiting couples which would be treated as such by the DWP for benefit purposes. If two people maintain separate financial arrangements and would not be treated as a couple by the DWP then they will be treated as individuals for the purpose of the financial assessment.
5. The 'partner's adjustment' is calculated using the following guidelines:
 - a. The partner should usually retain sufficient income equivalent to the standard / personal allowance of universal credit or pension credit for a single person per week.
 - b. All housing costs such as rent and Council Tax will be allowable expenses in the 'partner's adjustment' and will be apportioned

between the Person and partner. Proof of liability to pay and actual payment of rent will be required.

c. Income of the partner from the following sources will be disregarded for the purposes of the couple's adjustment:

- i.
- ii. Armed Forces Compensation Scheme
- iii. Armed Forces Independence Payments
- iv. Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
- v. Disability Living Allowance
- vi. Personal Independence Payment

d. Where a partner has capital in their own right:

- i. Up to £14,250 of capital will be disregarded.
- ii. Above £14,250 and up to £23,250, 'tariff income' at a rate of £1.00 per week for each £250 or part thereof above £14,250 will be applied to the couple's adjustment.
- iii. Above £23,250 no couple's adjustment will be applied.

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49. Disability-related Expenditure

1. Where Attendance Allowance, Disability Living Allowance or Personal Independence Payment is taken into account as income, the Council will allow the Person to keep enough of the benefit to meet the costs of necessary disability-related expenditure which is incurred to meet needs which are not being met by the local authority.
2. Disability-related expenditure can include any reasonable additional costs directly related to a person's age, medical condition or disability; examples will include:
 - a) Extra heating costs
 - b) Community alarm system

- c) Special dietary needs
 - d) Costs of basic garden maintenance, cleaning, or domestic help
 - e) Additional costs of bedding, for example, because of incontinence
 - f) Extra laundry costs
 - g) Incontinence aids
 - h) Privately arranged care services
 - i) Prescription charges
 - j) Chiropody
 - k) Reasonable transport costs, only costs over and above the mobility component of DLA or PIP where one of these is in payment.
 - l) Special clothing or footwear
 - m) Purchase, hire, maintenance, and repair of disability-related equipment
 - n) Court of Protection Deputyship costs
 - o) Costs related to professional appointeeship services
3. The Council operates a 'self-assessment' approach to disability-related expenditure. A Person can specify which of three threshold bands the cost of their disability-related expenditure falls within, currently:
- a. No disability-related expenditure
 - b. under £5.00 per week
 - c. between £5.00 to £10.00 per week
 - d. between £10.00 to £15.00 per week
4. If a Person has disability-related expenditure over £15.00 per week they can request a full assessment of their costs. The Council will require proof of the expenses incurred.
5. The lowest cost alternative should usually be utilised e.g. NHS prescription prepayment, Severn Trent's 'WaterSure Scheme'. All allowable costs will be divided by the number of adults in the household who receive a benefit

from the purchased item or service. Exceptional circumstances will be considered on their merits.

6. The Council will have regard to the Person's care and support assessment in for considering what is necessary disability-related expenditure but will also consider, or may require, additional medical or other evidence that the expenditure is linked to the Person's disability.
7. If an item of expenditure could be considered as part of a person's personal budget a referral will be made for this to be reviewed.
8. The outcome of the full assessment will be the amount of disability-related expenditure allowed per week whether this is more than or less than £15.00 per week.
9. If a review of disability-related expenditure leads to an increased allowance this will usually be backdated to the earliest date that there is evidence to support the need for the expenditure.
10. More information is available in the Council's [Disability-related Expenditure Factsheet](#)

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50. Calculation of Actual Charge for non-residential care services

1. The actual charge for each Person will be the lower of:
 - a. The individual assessed weekly contribution calculated from the financial assessment and
 - b. The agreed Personal Budget.

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51. Absence

1. Non-Residential Services -

If a Person does not receive all of the planned care and support in a week a credit may apply to the next possible invoice, if the cost of the care and support to the council is less than your maximum assessed contribution. See section 8 above.

For example:

- a. If the care and support is cancelled in advance, this will not be counted as care and support received in that week.
- b. If the care and support provider does not attend as planned, this will not be counted as care and support received in that week.
- c. If the care and support provider does attend and you decline the service, this will still count as care and support received in that week as the council will be liable to pay the provider.
- d. If the care and support cannot be provided due to an emergency hospital admission this will not be counted as care and support received in that week.

2. Permanent Shared Lives - If there is an absence from the Shared Lives Placement and no other chargeable service occurs a 100% remission of assessed charge will be applied for up to 21 days during a year (April – March) a 50% reduction will apply to any further absences, over 21 days, in the same year.

4. Permanent Residential Services -

- a. Leave Remission, a 100% remission of assessed charge will be applied for up to 21 days during a year (April – March) a 50% reduction will apply to any further absences, over 21 days, in the same year.
- b. Hospital Admissions, the full residential assessed contribution will continue to apply unless you are liable for the full cost of the placement or have a completed deferred payment agreement in place. In these cases the assessed contribution will reduce to the amount payable to the care home under the council's contract.

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52. Right to appeal

1. If the Person disagrees with the assessed contribution calculation because they feel the council has not applied its policy correctly or is not compliant with the Care Act Regulations and Guidance, they have the right to appeal against the amount of their assessed contribution.
2. An appeal may result in one of three outcomes:

- a) The maximum weekly contribution is increased; or
 - b) The maximum weekly contribution remains the same; or
 - c) The maximum weekly contribution is decreased.
3. The Person can request that the assessment is reviewed by the council. This review will be undertaken by an officer who wasn't involved in the original decision. The outcome of the review will be notified in writing.
 4. The request to review should identify the element of the assessment that has not been calculated in accordance with the Council's Policy or legislation.
 5. If the Person is still not satisfied with the outcome, they can lodge an appeal against the decision.
 6. The appeal will be determined by the Council's Complex Case and Appeal Panel. This Panel consists of the Head of Service – Access and Digital, Adult & Communities and an Operational Service Manager. The panel can seek advice from other council officers and external sources. The Person can meet the panel to explain why they think the decision is incorrect if they wish to.
 7. If the decision appealed against was previously referred to the Complex Case and Appeal Panel e.g. a discretionary disregard, the panel members will be replaced by the Assistant Director Integration, Access and Prevention & an Operational Head of Service.
 8. The decision on the appeal will be sent in writing to the Person.

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53. Waivers

1. If a Person agrees that the assessment is correct but they feel it is unaffordable they can request that the charge, or part of it, is waived.
2. A waiver is usually only agreed where there are exceptional circumstances which mean that the charge would have a significant detrimental impact on the Person or their dependents.
3. A request for a waiver will be determined under the Council's Waiver Process. A request for a waiver must be supported by a Social Care Worker in the locality.

4. Any waiver decision will be evidenced and case recorded including the steps which need to be taken to remove the need for the waiver on an on-going basis.
5. If a waiver is agreed it can be for part or all of the assessed charge, for a specific period of time and subject to review as part of the social care annual review of needs for care and support.
6. All waivers will end on the expiry of the agreed waiver period.
7. Any extension to an existing waiver must be authorised by a Head of Service or an Assistant Director. Only one waiver can be authorised within a 52-week period unless there is a change of circumstances.
8. A waiver will not be applied as an alternative to a writing off a due debt.
9. The decision on the request for a waiver will be sent in writing to the Person or their representative including the steps which need to be taken to remove the need for the waiver on an on-going basis.

54. Complaints

1. If the Person wishes to complain about this policy this will be considered by the Council under the Council's statutory complaints procedure.
2. All disagreements and concerns about the assessed contributions will be dealt with through the appeals process.
3. Should the Payor wish to make a complaint about the top-up arrangement this will be considered by the Council under the Council's statutory complaints procedure.
4. Any complaints should be addressed to the Customer Relations Manager, Corporate Resources Department, County Hall, Glenfield, Leicester, LE3 8RL. Tel: 0116 305 7422. Email complaints@leics.gov.uk

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Appendix A: Top Up Factsheet



Third party top up
payments factsheet J:

<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/1/24/Third-party-top-up-payments-factsheet.pdf>

Appendix B: Deferred Payment Scheme Information Sheet



Deferred-Payment-Scheme-Information-Sheet

<https://www.leicestershire.gov.uk/sites/default/files/2022-12/deferred-payment-scheme-information-sheet.pdf>

Appendix C: List of all Financial Assessment Factsheets

- [Care and Support at home or in the community - paying for your care](#)
- [Paying for social care at home or in the community – Disability-related expenditure](#)
- Financial Assessments - Key Facts
- [Capital and gifting of assets](#)
- [Funding care in a care home booklet](#)
- [Living permanently in a care home - Paying for your care](#)
- [Living permanently in a care home - Savings over the upper threshold](#)
- [Living permanently in a care home - Savings over the upper threshold but no access to funds](#)
- [Living permanently in a care home - Do you own a property?](#)
- [Living permanently in a care home - 12-week property disregard](#)

Proposed changes to the Social Care and Support Policy

1	Definitions used in the policy	Additional definitions have been added for the following; Administration Fee for non-residential care and support services, Capital Limits and Tariff Income. The term 'Service User' has been replaced by 'Person'.
2	Introduction	Additional wording to reflect that the policy is pursuant to the Council's discretion under Section 14 of the Care Act 2014.
3	Start date of care charges	<p>Highlights that the On-line Care Contribution Estimator is available to obtain an indicative contribution amount prior to agreeing any care and support services pursuant to paragraph 11.3 of the Care and Support Statutory Guidance and the report of the Local Government & Social Care Ombudsman 22 014 590, 13 June 2023. https://www.lgo.org.uk/decisions/adult-care-services/charging/22-014-590</p> <p>Reference regarding making arrangements for a payment plan with the Corporate Resources Finance Operations Team in line with the report of the Local Government & Social Care Ombudsman 19 008 359, 18 March 2020. https://www.lgo.org.uk/decisions/adult-care-services/charging/19-008-359</p>
4	Contribution towards the cost of care and support services	<p>An expanded section providing for a non-residential financial assessment where a person receives both short-term residential and non-residential care and support services in the same week. The discretion for this is set out in Annex F, Paragraph 8 of the Guidance and the requirement to ensure that a person's income is not reduced below their minimum income guarantee due to residential respite is outlined in the report of the Local Government & Social Care Ombudsman 19 020 393, 22 December 2020.</p> <p>This section also clarifies the current position where a person receives only residential care and support services but this is for less than a full week (Monday to Sunday) they are charged only a proportion of their full weekly assessed contribution to residential services to ensure their income is not reduced to a level that prevents them meeting their usual weekly costs of living independently. The charges are 1/7th of the full weekly contribution for each night of a residential stay.</p>

5	Financial representatives & mental capacity	Additional wording to confirm that if a person lacks capacity to consent to a financial assessment but another person satisfies the Council that they have applied to register a power of attorney or applied for deputyship the Council will correspond with that person regarding the financial assessment, pursuant to the Mental Capacity Act 2005.
6	Financial Assessment overview	<p>Amended wording regarding charges for permanent Shared Lives placements in line with the report of the Local Government & Social Care Ombudsman 17 017 352, 18 September 2018.</p> <p>Also clarifies that following the death of a Service User the Council does not owe a duty to the person's estate to retrospectively re-assess the person's financial assessment, for example where the person refused to provide their financial information. But also the Council does have a discretion to do so on request and such requests will be considered on their merits in line with the reports of the Local Government & Social Care Ombudsman 19 008 004 02 January 2020 and 19 021 185 13 July 2020.</p> <p>https://www.lgo.org.uk/decisions/adult-care-services/charging/19-008-004 https://www.lgo.org.uk/decisions/adult-care-services/charging/19-021-185</p>
7	Disregarded income and capital	<p>Provision for disregarding as income and / or capital three new compensation schemes and any compulsory deduction from social security benefits for child maintenance:</p> <ul style="list-style-type: none"> • Compulsory reduction from social security benefits for child maintenance • Payment for compensation or support in respect of the Grenfell Tower fire • Payment for compensation or support in relation to the failings of the Post Office Horizon computer system • Payment under the vaccine Damage Payments Act 1979
8	Mandatory property disregard	Clarification of the meaning of 'incapacitated' for a qualifying relative for a mandatory property disregard for a residential financial assessment.
9	Deprivation of capital	<p>Detailing of the enquiry process undertaken where there is a potential deprivation of capital in line with the Local Government & Social Care Ombudsman's Deprivation of Capital: guidance for adult social care practitioners, August 2022.</p> <p>https://www.lgo.org.uk/assets/attach/6292/DoA-F.pdf</p>

10	Personal Expenses Allowance	Additional wording to clarify circumstances where a person may be allowed to retain additional income in a residential financial assessment in line with the paragraph 46 of Annex C of the Guidance.
11	Top-up agreement(s)	Clarification that the council can refuse a request for preferred choice accommodation in a care home where it determines that the top-up amount is unaffordable. Also that if a top up arrangement breaks down the council will undertake a care and support assessment with a view to moving the resident to an alternative placement which does not involve a top up amount in line with paragraph 33 of Annex A of the Guidance.
12	Deferred Payment Scheme	Detailing of other types of security for a deferred debt that can be considered where it is not possible to obtain a first legal charge on a property at HM Land Registry in line with the report of the Local Government & Social Care Ombudsman 21 014 290 27 June 2022. https://www.lgo.org.uk/decisions/adult-care-services/charging/21-014-290
13	Non-residential financial assessment	Additional wording to clarify that the minimum income guarantee (MIG) applied to a non-residential financial assessment is the one applicable at the start of the assessment week (Monday – Sunday) and that any change affecting the MIG during the course of a week, such as a 25 th birthday, will commence at the start of the following week.
14	Housing costs	Clarification that to be included as an allowable expense in a non-residential financial assessment a person must have a legal liability to pay the housing costs and provide proof of payment in line with the reports of the Local Government & Social Care Ombudsman 16 015 034 20 August 2018 and 22 009 538 13 April 2023. https://www.lgo.org.uk/decisions/adult-care-services/charging/22-009-538
15	Partner's adjustment	Provides a new method of ensuring non-residential and residential financial assessments take account of the position of a partner, where the partner's income and capital details are disclosed as set out in Annex F paragraph 3 & Annex C paragraph 5 of the Guidance.
16	Disability-related expenditure	Adds to the list of potential disability-related expenditure Court of Protection deputyship fees and costs relating to professional appointeeship services, in line with reports of the Local Government & Social Care Ombudsman 19 008 474 13 May 2021 and Cornwall Council 20 005 073 10 September 2021. https://www.lgo.org.uk/decisions/adult-care-services/charging/20-005-073

		<p>Also wording to clarify that the Council may require additional evidence to consider potential disability-related expenditure and that if additional disability-related expenditure is allowed this will usually be backdated to the earliest date there is evidence to support the need for the expenditure.</p> <p>Clarification that if an item requested as disability-related expenditure could be considered as part of a person's personal budget a referral will be made for this to be reviewed in line with the report of the Local Government & Social Care Ombudsman 18 014 578, 8 August 2019. https://www.lgo.org.uk/decisions/adult-care-services/assessment-and-care-plan/18-014-578</p>
17	Absences	<p>Revised wording to clarify the position in relation to planned care and support services that are either not taken up or are not delivered.</p> <p>Any potential absence could only reduce a person's contribution if they are liable for the full cost of their care and support services or the cost of the services that are received is lower than their assessed weekly contribution. In any other case the person would still be liable for their usual assessed contribution, see section 8.1 of the policy 'Contribution towards the cost of care and support services'.</p> <p>The policy strives to strike a balance between the Care and Support Statutory Guidance which states that a local authority must not charge more than it costs to provide or arrange for the service, facility or resource, paragraph 2.59 and also to ensure that people are not charged more than it is reasonably practicable for them to pay paragraph 8.2.</p> <p>The policy details circumstances where planned care and support services that do not take place are still counted as part of a person's weekly care and support or are excluded. In particular:</p> <p>a. If the care and support is available as planned and a Person declines the service / or does not attend, without good reason, this will still count as part of the care and support received in that week as the council will be liable to pay the care provider.</p> <p>b. If the planned home or day service care and support cannot be provided due to an emergency hospital admission this will be considered a good reason for an absence and will not be counted as part of the care and support received in that week.</p>

		c. Long Term Shared Lives Leave Remission - If there is an absence from the Shared Lives Placement and no other chargeable care and support service occurs a 100% remission of assessed charge will be applied for up to 21 days during a year (April – March) a 50% reduction will apply to any further absences, over 21 days, in the same year.
18	Right to appeal and waivers	These sections have been separated out to clarify the difference between making an appeal against the financial assessment decision and consideration of any exceptional circumstances that might justify a temporary waiver of the assessed contribution, or part thereof.
19	Financial assessment factsheets	A list of the factsheets available on various aspects of financial assessments has been added as an appendix to the policy.

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 NOVEMBER 2023

LIGHTBULB SERVICE - BUSINESS CASE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to advise the Committee of a review of the Lightbulb Service and to present options for development of the service over the two years from April 2024 to April 2026.

Policy Framework and Previous Decisions

2. On 10 October 2017, the Cabinet agreed the delegation of Adult Social Care functions to be undertaken under the Lightbulb Service pathway to Blaby District Council.
3. The Lightbulb Service went live and was rolled out to all Leicestershire districts in October 2017.
4. The County Council has a Service Level Agreement with Blaby District Council which expires on 31 March 2024.
5. The relevant business cases are:
 - Lightbulb Business Case for Transforming and Integrating Practical Housing Support in Leicestershire 2016 (attached as Appendix A);
 - Lightbulb Business Case Refresh November 2018 (attached as Appendix B).

Background

6. The Lightbulb Service provides an integrated housing offer focused on health and wellbeing outcomes, such as maximising independence in the home and preventing falls.
7. The Lightbulb Service brings together a range of practical housing support into a single service providing a proactive, targeted approach via health and social care professionals. The model allows for early assessment and triage of housing issues. Lightbulb operates a hub and spoke model with a central hub and integrated locality Lightbulb teams in each district (excepting Charnwood) council area offering:
 - Minor Adaptations;
 - Disabled Facilities Grants (DFGs);
 - Wider Housing support needs (warmth, energy, home security);

- Housing related health and wellbeing (Assistive Technology [AT], falls prevention);
 - Planning for the future (Housing options);
 - Housing related Information and Advice.
8. Charnwood Borough Council (BC) currently contribute to the Hub element of Lightbulb and manage their locality team internally. The original model was set up with the plan for full Charnwood integration to the model long term.
 9. This full integration is required to ensure parity across all districts. Currently Charnwood BC residents do not get the same 'Lightbulb' offer and there are often peaks in case work. However Charnwood are unable to share the case work via other locality teams which results in regular one-off interventions at an additional cost to Charnwood or Lightbulb, or both.
 10. The review of the Business Case, attached as Appendix C to this report, encompasses the following areas:
 - a) Opportunity to revise the service level agreements (SLAs), to look at where any developments in offer/efficiencies i.e., consider amalgamating of further services.
 - b) Current financial pressures and cost saving opportunities.
 - c) Opportunity for collective smarter procurement practices such as bulk buying and common supplier list.
 - d) Development of more flexible DFG solutions.
 - e) Sharing good practice and process improvement.
 - f) Opportunities to engage in a consistent single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for homeowners.
 - g) Continued customer insight work to identify service gaps and deliver countywide improvement.
 - h) Improving the self-service offer for practical housing support.
 - i) Embedding a new AT offer as part of the Housing MOT.
 - j) Work towards further prevention work with existing pilots and integration into business as usual.
 - k) Review of the Business Case with Children and Family Services included.
 11. For this current Business Case proposal, the demand totals for Housing Support Coordinators (HSC) cases, Occupational Therapy (OT) cases and DFGs have been evaluated and adjusted based on average service workload for the last four years of operation alongside the population of over 65's for 2020. Population numbers have been included in this refresh as it was included in the demand calculations for the original business case.
 12. Full demand, activity, performance and financial information is contained within the review document, attached at Appendix C. Demand distribution across the districts remains largely unchanged from the distribution calculated in the November 2018 Business Case refresh.
 13. Following the start of the Covid pandemic in March 2020, the demand on the HSC service dropped considerably, there was also a small drop in demand on Technical

Officers and an increased demand on Occupational Therapy services (OT). Following the pandemic OT and Technical Officers new demand appears to have returned to their pre-pandemic levels.

Proposals/Options

14. Based on the data available it is recommended that the SLAs in place are extended for two years with a review at the end of year two which will allow further insight into the following:
 - The demand on the OT service now Children and Family Services cases are being processed.
 - To monitor the long-term effects of the pandemic on workflow.
 - Gain a greater understanding of the demand on the OT service following service redesign.
 - Further investigation into the pilot work and their efficiencies on the wider economy.
 - Be able to realise actual savings to adult social care.
15. The County Council have requested that the minor adaptations service be fully integrated into the Lightbulb Service This may be on the basis of a transfer of service or on the basis that the service continues as is, but is funded and co-ordinated through Lightbulb.
16. Set out in the table below are the Lightbulb Management Board's three proposed options for the future of the Lightbulb Service following review of the Business Case.

Option	Description
Option 1: Continue baseline model	Lightbulb Service continues in its current structure for a year (April 2024–March 2025) as is, and continues to gather data on the pilots and integrate them into the service from 2025 onwards. If the proposal for integration of minor adaptations is approved, plans will be made to integrate minor adaptations to the Lightbulb model from April 2026. Charnwood BC would withdraw from the model, as going forward Blaby District Council are unable to sustain the current part in, part out model.
Option 2: Lightbulb Service incorporates Minor adaptations service	Minor adaptations is transferred from the County Council into the core Lightbulb model. Charnwood BC withdraw from service model. This would have to be a phased approach over 2024-2026.
Option 3: All in	Minor adaptations is transferred from the County Council to the core Lightbulb model. Charnwood BC fully adopt service model. This would be a phased approach between April 2024-April 2026.

17. At this time the option to be recommended to Blaby District Council and the County Council is likely to be Option 3.

18. If Charnwood BC withdraw from the model, there are several potential options which each have their own cost implications. These are being looked at by finance colleagues but would have a significant impact on the current County Council OT arrangements which would require a separate service model delivery for Charnwood residents. This would increase costs for the County Council and would have to be found from the current contribution to Lightbulb.
19. Given the current financial position, any option which does not include cost savings to the County Council is likely to be unacceptable to Council.

Consultation

20. No formal public consultation is needed to continue the service. However the views of people who use the services and partner agencies have been gathered as part of the Business Case review and are set out in the report, attached at Appendix C.

Resource Implications

21. The table below shows the 2022/23 contributions made across district councils and County Council. Uplifts for 2023/24 are currently being costed by Blaby District Council.

	Hub Contribution (£)	Locality Contributions (£)
Blaby District Council	21,618	74,888
Charnwood Borough Council	37,058	0
Harborough District Council	21,617	51,983
Hinckley & Bosworth Borough Council	26,250	82,114
Melton Borough Council	12,353	40,417
North West Leicestershire District Council	21,617	61,138
Oadby & Wigston Borough Council	13,897	38,891
Sub-total District Council Contributions	154,410	349,431
Leicestershire County Council	131,534	362,059 (inc CBC)
Total Budgeted Contributions 2023/24	285,944	711,490

22. In addition, the Council pays a contribution to Blaby District Council for DFG admin staff cover. In 2023/24 this was £25,400.
22. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

23. The proposal needs to be finalised and put forward to each district and borough and the County Council's Cabinet for consideration and agreement.

24. The review of the business case will be considered by Blaby District Council's Chief Officers in January 2024.
25. A report will be presented to the County Council's Cabinet on 9 February 2024 to seek approval of the revised Business Case.
26. The agreed option for the Lightbulb Service partnership arrangements to continue will need to be in place for April 2024.

Conclusions

27. The Lightbulb partnership arrangement is one to be celebrated as a nationally recognised model that brings together housing partners and the Local Authority Adult Social Care Occupational Therapy support to the residents of Leicestershire.
28. The current arrangements include the delegation of powers to Blaby District Council as the hosts for the service on behalf of the County Council's Adults and Community Department.
29. The County Council are major financial contributors to the service, and in addition provide a team of Occupational Therapists to work alongside the Lightbulb staffing.
30. The Lightbulb Service has been running since October 2017 and the SLAs are due to be refreshed and signed in April 2024. This provides an opportunity to review service delivery following further health and social care integration, the introduction of additional grants and a new ways of working post the pandemic.
31. Charnwood BC are carrying out an independent review of the Lightbulb Service delivered for Charnwood. Once completed the outcome of this review will be used to formulate options for its future. If Charnwood BC chose not to fully commit or continue to be part of the Lightbulb Service, this will have a significant impact on the Service as a whole, as this will reduce the financial contributions made to the Service by the County Council. This is because the Adults and Communities Department would need to use a proportion of its contribution to fund an alternative arrangement for Charnwood BC.

Recommendation

32. The Committee is asked to note the contents of the report and is invited to make comments on the options presented.

Circulation under the Local Issues Alert Procedure

33. A copy of this report will be circulated to all members of the County Council.

Equality Implications

34. The current arrangements have Equality Impact Assessments in place and the final Business Case will include a refresh of all appropriate Impact Assessments.

Human Rights Implications

35. There are no human rights implications arising from the recommendations in this report.

Other Relevant Impact Assessments

36. Lightbulb brings together resources within local Councils and NHS partners to ensure people can get the right level and type of support at the right time to help prevent, delay or reduce the need for on-going support and maximise their independence.
37. DFGs are funded through the Better Care Fund and managed within Lightbulb to encourage areas to think strategically about the use of home adaptations and technologies to support people in their own homes and to take a joined up approach to improve outcomes across health, social care and housing.
38. Agreement of a revised Business Case and an agreed future funding model is essential if the partnership is to continue.

Appendices

Appendix A – Lightbulb Business Case for Transforming and Integrating Practical Housing Support in Leicestershire 2016

Appendix B – Lightbulb Business case Refresh November 2018

Appendix C – Business case for Lightbulb Partnership Arrangements 2024-2026 (Draft)

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Lightbulb Business Case for Transforming and Integrating Practical Housing Support in Leicestershire

September 2016 (0.7)

Amendment History:

Version	Date	Author	Changes
0.2	30.8.16	Tracey Montgomery	Edits from Cheryl Davenport and Quin Quinney
0.3	7.9.16	Tracey Montgomery	Programme team review and edits
0.4	12.9.16	Tracey Montgomery/ Lisa Carter	Update and edits following Planning Team review
0.5	15.9.16	Tracey Montgomery	Programme team review and edits
0.6	20.9.16	Tracey Montgomery	Review and edits from Sarah Pennelli
0.7	11.10.16	Tracey Montgomery	Minor revisions (s9 and s14) following Programme Board meeting 28.9.16

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1. Foreword and executive summary

This business case is the culmination of 18 months work to transform housing support in Leicestershire. In the context of our County wide Integration Programme, housing, health and social care partners recognised a major opportunity to radically redesign housing support, moving away from a historically fragmented set of services and constructing a new integrated housing offer focused on health and wellbeing outcomes, such as maximising independence in the home and preventing falls.

The Lightbulb programme has benefited from a £1m transformation grant from the Department for Communities and Local Government, with a view to our local learning being shared for the benefit of other parts of the country as an exemplar.

The programme has also benefited from a dedicated programme team who have worked intensively with stakeholders to break down barriers to change, co-produce solutions, and challenge the system, across a very complex (national and local) policy landscape for health and care.

The business case has been constructed from the following core components of work:

- Demand analysis across a wide range of services and client groups
- Customer insight analysis
- Applying lean methodology to end to end processes and challenging existing practices
- Comparing housing support processes across different localities (for example examining the variation in the delivery of adaptations funded by Disabled Facilities Grants and how this could be streamlined)
- Testing components of the integrated offer and measuring their impact in different settings - e.g. integrated housing support for hospital discharge pathways, referrals from GP practice risk stratification lists, social prescribing for vulnerable people
- Developing performance metrics and dashboards to assess the impact of delivery - both operationally in terms of housing services performance, and strategically in terms of tracking the impact of housing support across the health and care system as a whole
- Developing the workforce and skill mix assumptions associated with the new model of service - crucially setting out how a more holistic “housing MOT” could be delivered, and how integrated housing support could be coordinated via case management in the future
- Developing a hub and spoke model of service with locality based teams, supported by a central hub

- Developing a costed model of the service, based on commissioning the new service offer from within existing funding sources
- Seeking agreement by stakeholders/commissioners to the new model of care and locality based costing model, with a view to implementation from 2017/18

The findings are ground breaking and innovative. Our work to date means we can now present compelling evidence that, through our transformed “Lightbulb” Housing Service:

- Citizens of Leicestershire will benefit from a greatly improved service offer in the future
- Commissioners can deliver this new integrated hub and spoke model from within existing resources
- Partners across the health and care system, (who are already seeing the dramatic impact of the housing discharge enabler service), can have confidence that measurable system wide benefits are generated when housing support is fully embedded in health and care pathways.

Cheryl Davenport
Director of Health and Care Integration
Lightbulb Programme Sponsor

Jane Toman
Chief Executive, Blaby DC
Lightbulb Programme Sponsor

Key facts – overview

- The transformation of housing support services is supported by a number of national and local strategic drivers
- Evidence and analysis show Lightbulb offers significant potential savings to the local health and care economy by helping to reduce falls, emergency admissions and length of hospital stay. Pilot projects have already demonstrated the potential to save around £1.9m annually
- Remodelling and integrating services through Lightbulb will deliver process efficiencies for partners with potential to reduce the delivery cost of Disabled Facilities Grants by working collaborative across Leicestershire
- Lightbulb will improve the customer journey, reducing handoffs and waiting times and putting the customer at the heart of the process. Customers will have access to a wider and consistent offer of housing support across Leicestershire
- A targeted, proactive approach will ensure Lightbulb is supporting the shift towards prevention
- The locality based delivery model will enable Lightbulb to align with and support the development of locality integrated health and social care teams

2. Introduction

Lightbulb's vision is to integrate practical housing support into a single service across Leicestershire that is available to all, easier to access, easier to use and will provide support shaped around an individual's needs not an organisation's processes.

The Lightbulb approach – making a difference

The case study below maps an actual customer journey undertaken through the Lightbulb pilot service and compares it to a typical journey through the current system:

Mr T was discharged from hospital following aortic valve replacement surgery. Mr T's wife contacted Customer Service Centre (CSC) for assistance with bathing:

The current journey:

- Telephone customer service centre
- Referred for an assessment visit
- Bathing assessment completed and equipment ordered (4-6 weeks)
- Referred back to CSC for an OT visit if the case was considered more complex
- Considered by CSC OT (2 weeks)
- Referred to locality OT team
- OT visits to assess Mr Ts needs and provides advice about a stairlift (4-6 weeks)

The Lightbulb journey:

- Telephone customer service centre
- Referred to Housing Support Co-ordinator (HSC) who arranged a joint visit with an OT
- Housing MOT checklist completed by HSC who was able to:
 - o Arrange a number of minor adaptations and equipment to help both Mr and Mrs T manage better around their home (not just focused on bathing)
 - o Provide general advice and support around falls prevention
 - o Instigate an application for Attendance Allowance
- During the same visit the OT considered both Mr and Mrs Ts needs and provided advice and guidance regarding a stairlift. Mr and Mrs decided not to consider a stairlift at this time but felt informed to make this choice and now knows what to do if their needs change

Contacts: 5

Approx delivery cost: £400

Time taken: 14 weeks plus, excluding completion of works

Contacts: 2

Approx delivery cost: £200

Time taken: 6 weeks, including completion of all works

As well as cost and efficiency benefits, the benefits to the customer are clear in terms of reduced contacts, timely solutions and a customer focused approach. Mr and Mrs T (in common with many customers within the Lightbulb pilots) reported a positive customer experience, felt in control and informed to make decisions in the future as their needs change. Customer experience within the current system with frequent hand offs and delay is often not so positive.

The shared ambition and key objectives of this integrated approach are to:

- Support health and social care integration and deliver savings by maximising the part that housing support can play in keeping people independent in their homes; helping to prevent, delay or reduce care home placements or demand for other social care services, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge.
- Improve the customer journey; making services easier to access and navigate and ensuring the right solution is available at the right time with the right outcome.
- Provide efficient, cost effective service delivery (particularly in relation to the delivery of Disabled Facilities Grants) through service redesign; capitalising on opportunities to realise economies of scale, more effective working practices, and improved processes to create greater capacity.

This Business Case presents an integrated solution for housing services – “Lightbulb” - which will see health, social care and housing partners working together to deliver:

- A single access point into a range of practical housing support solutions
- A common, holistic housing needs assessment process
- A broader, targeted offer of practical housing advice, information and support, including self help and self service options

This integrated model will ensure the customer has the choice and control to manage their own lives and maintain their independence in a home environment that is safe, warm and meets their needs.

The Lightbulb business case is aimed primarily at local authority partners - County and District councils in Leicestershire – who will need to make the changes required to realise the aims and ambitions of the Lightbulb Programme. It also presents evidence to health colleagues and commissioners of the benefits of an integrated, targeted approach to housing support to the wider health and social care economy.

3. Background

Leicestershire has a strong track record of collaborative work around housing issues. In 2013 Leicestershire's Housing Services Partnership developed the Housing Offer to Health in conjunction with the Chartered Institute of Housing, which was adopted by the Leicestershire Health & Wellbeing Board.

The Housing Offer to Health set out how housing services can support and promote the health and wellbeing of residents across the County and offered to concentrate the collective efforts of the 7 District Councils on developing services to help health and social care partners achieve their Better Care Fund (BCF) priorities. The concept of Lightbulb was one of a number of practical opportunities to emerge from the Housing Offer to Health; now part of the BCF Unified Prevention Offer.

In September 2014, the County and District Councils made a partnership bid to the Department for Communities and Local Government and were successfully awarded a £1m Transformation Challenge Award grant to develop the Lightbulb concept. A Programme team was appointed in 2015 to work with partners and take this concept forward.

The existing model of service delivery in Leicestershire is both fragmented and complex to navigate. Support is funded and managed across two tiers of eight local authorities meaning it is difficult for customer to know where to start. There are frequent handoffs and different housing support needs are often assessed and dealt with in isolation by different agencies, involving a range of different practitioners.

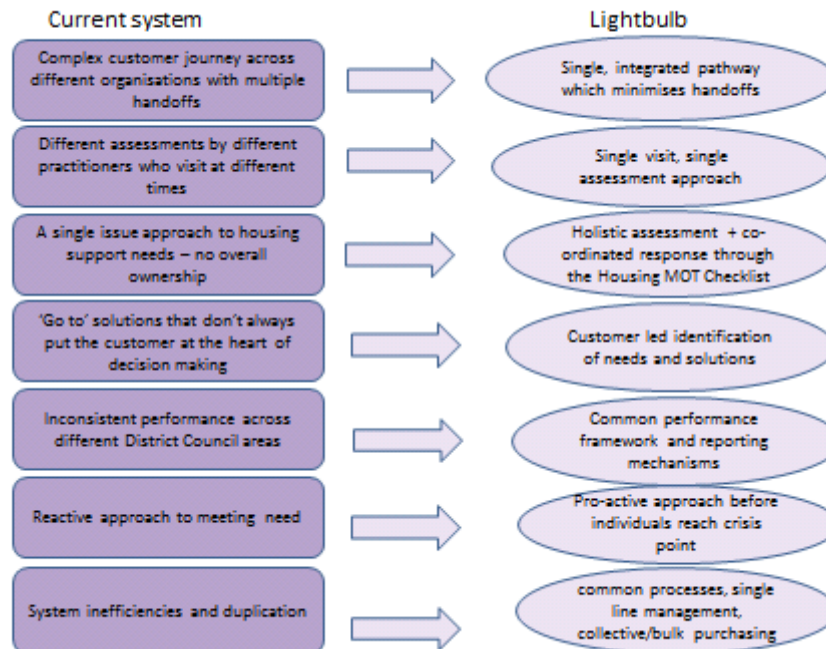
The current Disabled Facilities Grant (DFG) journey for example, typically involves an initial contact with the Adult Social Care Customer Service Centre who will gather relevant information and allocate the case to an Occupational Therapist (OT). The OT will visit the customer to carry out their assessment and make a recommendation to the relevant District or Borough Council to assess for a DFG. A District Council representative will then visit the customer to carry out their assessment before determining eligibility for assistance. At the same time, the customer may receive visits from other services to assess for eligibility or provide information, advice and assistance with other housing support services.

Waiting times within the various parts of the system can be lengthy and uncoordinated delaying the social, health and economic benefits to be gained from supporting individuals to continue to live independently in their homes, and missing opportunities for more holistic solutions.

Lightbulb will create an integrated, customer focused pathway across Leicestershire using a new Housing Support Co-ordinator role and the locally developed Housing MOT Checklist to identify a range of non complex housing support needs and deliver and co-ordinate solutions. As well as reducing the complexity and handoffs associated with the current system, Housing Support Co-ordinators will work with customers and carers to

identify their own needs and preferred solutions; supporting the shift towards a lower cost, lower intervention and preventative approach, and one which is ultimately more person-centred.

Diagram 1 – Benefits of transformation and service redesign



The Hospital Housing Enabler Service

The Lightbulb Housing Service will incorporate the existing Hospital Housing Enabler service. Funded through local Better Care Fund investment in both the County and Leicester City and a contribution from Leicestershire Partnership NHS Trust, the Hospital Housing Enabler service involves housing specialists working directly with patients and hospital staff to identify and resolve housing issues that are a potential barrier to timely discharge and to help prevent re-admissions. The service works across the 3 UHL hospital sites and the Bradgate mental health unit.

Community based low level housing related support is also available through the project to assist with the transition from hospital to home, for example to provide support with setting up new tenancies or managing within the existing home. Project staff have access to funding for furniture packs and rent deposit/rent in advance where required and appropriate to facilitate discharge. The service also offers house clearing and cleaning where necessary for care to continue in the home.

"I seriously wouldn't survive living on the streets again, without your help I wouldn't have found accommodation and would have ended up back in hospital or worse. I'm more than happy, thank you for your help. "

The alignment of this service with the transformation of other housing support services through Lightbulb will further consolidate the role of housing within existing health and social care pathways and contribute to the overall objectives of the Programme.

Case Study

Miss S is 76 years old and was admitted to Glenfield Hospital on 13th June 2016 with a chest infection. Prior to being admitted she had lived with two friends for over fifty years, both in their 80's who now cannot cope as their own health is failing. Miss S suffers from Emphysema and early stages of Dementia but is able to wash and dress herself. The Housing Enabler Team received the referral on the 22nd June and:

- confirmed with friends that she could not go back to them even with care in place
- completed a choice based letting application with supporting documentation
- arranged an advocate through Age Concern to help her manage her finances
- looked into interim residential care options for her
- Identified two potential extra care schemes for a permanent move

As the Housing Enabler Team had been able to find Miss S an interim residential placement which she self funded she was able to be discharged on the 19th July. The Team continued to support her to find a permanent housing solution and she made a permanent move to her preferred extra care scheme on 23rd August. Due to the Housing Enabler Team being involved this meant that Miss S could be discharged as early as possible to an interim housing solution and then helped onto permanent housing, saving a potential 34 unnecessary hospital bed days.

4. Strategic context and the case for change

Lightbulb as part of the Unified Prevention Offer

Lightbulb sits alongside a range of other initiatives as part of Leicestershire's developing Unified Prevention Offer, ensuring a co-ordinated approach to preventative services both across the county and different stakeholder organisations.

By 2018, the vision is to have a comprehensive preventative offer, bringing together all the resources available to Local Councils and NHS partners. Through this offer, every opportunity will be taken to improve health and wellbeing, support vulnerable people, maintain people's independence, manage demand, and address the wider determinants of health and wellbeing.

The strategic direction provided by the Unified Prevention Board will ensure that the integrated housing pathway developed through the Lightbulb Programme is fully aligned with other initiatives as part of this comprehensive preventative offer.

Diagram 2 – Emerging unified prevention offer for Leicestershire



Lightbulb supporting the Adult Social Care Strategy

Leicestershire's Adult Social Care Strategy builds on the vision to '*make the best use of available resources to keep people in Leicestershire independent*'. Lightbulb's integrated approach to housing support directly aligns with this vision and will support the model for future service delivery; helping to ensure people can get the right level and type of support at the right time to help prevent, delay or reduce the need for ongoing support and maximise their independence.

➤ *Preventing need:*

- Housing expertise will support the advice and information offer; enabling individuals to make informed choices about their accommodation options and plan effectively for their future
- Lightbulb will be the vehicle for the development of a countywide approach to preventative housing solutions such as equity release, independent financial advice and planning
- The development of self help options will be informed by a real understanding of the home environment and its impact on health and wellbeing, helping to maximise the preventative benefits of this approach and minimise hazards within the home environment.

➤ *Reducing need:*

- Proactive targeting of 'at risk' individuals who would benefit from housing support interventions to improve their health and wellbeing, better manage existing conditions or prevent deterioration (for example through work with GP practices, environmental health teams, risk stratification etc)
- Effective triage that utilises housing expertise at point of enquiry
- A holistic approach to housing support that is able to identify the right option at the right time and make best use of available solutions, including a focus on innovative, customer led solutions and integration with other offers such as Assistive Technology.
- Integrated, countywide processes that reduce waiting times for DFGs and are more customer focussed

➤ *Delaying need:*

- Supporting timely hospital discharge and preventing re-admissions through the Housing Enabler service with the overall Lightbulb model
- Aiding recovery through the development and mobilisation of innovative, customer focussed housing support

➤ *Meeting need:*

- Help ensure the best use of resources; delivering efficiencies through, for example, integrated procurement, use of the trusted assessor role, making the most effective use of specialist skills and roles

"If it hadn't been for (the Housing Support Co-ordinator) I probably would have not been able to stay in my home in the long term, they have helped me so much. I now feel quite confident compared to what I use to."

Disabled Facilities Grant and the Better Care Fund

Statutory funding for major adaptations in the home is allocated in the form of Disabled Facilities Grant (DFG). Since 2015/16 these allocations have been made through Better Care Fund (BCF) plans which are pooled budgets operating between NHS and LA partners in each upper tier authority area. The rationale for the DFG allocations to be included within the BCF plans/pooled budgets is to encourage areas to think strategically about the use of home adaptations and technologies to support people in their own homes and to take a joined up approach to improve outcomes across health, social care and housing.

The Government's Spending Review (November 2015), outlines a commitment to increase the amount given to local authorities for DFG from £200m in 2015/16 to £500m nationally in 2019/20. The BCF, coupled with the Regulatory Reform Order, provides the opportunity to look more flexibly at how DFG funding is spent, including strengthening links to health and social care priorities.

In addition to increased DFG allocations, the revised BCF Policy Framework and planning guidance for 2016/17 introduces a new national condition requiring local areas to develop a clear, focused action plan for managing delayed transfers of care from hospital (DTOC). Local BCF plans are required to consider how the voluntary and community sector can contribute to reductions in DTOC and to consider whether other local stakeholders, such as housing providers have a role to play in efforts to reduce delays.

Coupled with the continued emphasis on avoided hospital admissions and readmissions, these developments both support the Lightbulb vision and act as a further driver for change.

Demographic profiling

A demographic profiling exercise was completed as part of the customer insight work to inform the development of Lightbulb. This considered factor such as:

- Population
- Age
- Caring responsibilities
- Ethnicity
- Income deprivation and poverty, including fuel poverty
- Household characteristics including analysis of tenure and property characteristics
- Urban/rural classification
- Health conditions and disability, including excess winter deaths
- Hoarding
- Usage of social care services

Headline findings from this analysis include:

- Oadby and Wigston have the highest proportion of people aged 65+; the highest proportion of informal carers; and the highest proportion of people aged 65+ requiring help with self-care
- North West Leicestershire has the highest proportion of households without central heating; and also a high proportion of fuel poor households
- North West Leicestershire ranks highest in deprivation, has the largest proportion of people who are income deprived, the second highest of those aged over 60 who are income deprived - and also the highest proportion of those aged 65+ in rented council or social housing
- Oadby and Wigston ranks lowest on median income; highest on the proportion of those aged 60+ who are income deprived - but lowest on the % of those aged over 65 in rented council or social housing
- Charnwood has the highest rates of alcohol and drug dependency, and ranks second highest on the deprivation score
- Melton has the highest proportion of those aged 65+ living alone, and also a high proportion of those aged 65+ requiring help with domestic tasks
- Blaby and Charnwood ranked low for lone older households and lowest on levels requiring help with domestic tasks

Leicestershire's Joint Strategic Needs Assessment (JSNA)¹ sets out demographic projections in relation to the local older population:

- The population of Leicestershire is growing, and it is growing more quickly in the older population than in the overall population
- Between 2012 and 2037, the total population is predicted to grow by 15%
- The population growth in people aged 85 years and over is predicted to be nearly 190%, from 15,900 to 45,600 people
- The population aged 65-84 is predicted to grow by 56%, from 106,000 to 164,900 people

The case for change

It is estimated that poor housing costs the NHS £1.4 billion per year². The Building Research Establishment (BRE) estimate two million older people live in homes that fail to meet the Decent Homes Standard, with 1.3 million in a home with a serious hazard, resulting in high costs to the NHS, particularly due to cold related health problems and

¹ Leicestershire Joint Strategic Needs Assessment, 2015

² Building Research Establishment - The Cost of Poor Housing to the NHS (2015)

falls. The BRE also estimate that for older households (55 years or more) the cost of poor housing to the NHS (just for first year treatment costs) is £624 million³.

Falls and fall related injuries are a common and serious issue for older people, with 30% of people over 65 and 50% of people over 80 falling at least once a year. As well as the human cost of falling, distress, pain, loss of confidence and independence, falls are estimated to cost the NHS more than £2.3 billion per year⁴. Among the over-65s, falls and fractures account for 4 million hospital bed days each year⁵.

Locally, it estimated that approximately 15,000 people in Leicestershire call East Midlands Ambulance Service as a result of a fall each year. Approximately 7,000 of these calls result in a patient being conveyed to hospital and approximately 2,000 are admitted⁶.

Data gathered to support the 2016/17 Leicestershire Better Care Fund Plan refresh shows that, from April 2015 to December 2015, 44% of all emergency admissions at University Hospitals of Leicester NHS Trust (UHL) for Leicestershire residents have been for patients aged 70 and over. For those aged 70 and over, length of stay tends to be longer, and admissions for this age group account for 60% of the bed days, and 56% of the health service costs.

This analysis shows that most of the costs (63%) for emergency admissions to UHL for those aged 70 and over are for patients with between two and four long-term conditions. This amounts to over £13.5 million of costs for April - December 2015. In Leicestershire, almost 62,000 (46%) of adults aged 65 or over were predicted to have at least one limiting long-term illness in 2015⁷.

On average there are a total of 358 excess winter deaths per year in Leicestershire, nearly 50% of which occur in the over 85 age group. Leicestershire's excess winter deaths index (based on excess winter deaths between August 2009 and July 2012) is significantly worse than the England average⁸.

A significant number of the older population in Leicestershire are affected by disability and need additional help to continue to live safely in their homes. Foundations research⁹ reports DFG work enables older people to stay in their own homes and postpone moving into a care home by an average of four years following their home adaptation. With an average DFG cost of less than £7,000 compared to a residential

³ Building Research Establishment – Homes and Ageing in England (2015)

⁴ National Institute for Health and Social Care Excellence – CG161, Falls in Older People: Assessing Risk and Prevention (2013)

⁵ Royal College of Physicians – Falling Standards, Broken Promises (2011)

⁶ Leicestershire JSNA (2015)

⁷ Leicestershire JSNA (2015)

⁸ Leicestershire JSNA (2015)

⁹ Foundations – Linking Disabled Facilities Grants to Social Care Data, 2015

care placement cost of around £29,000¹⁰, the benefits of adaptations to health and social care budgets as well as to the individuals themselves are very clear.

A report by Leonard Cheshire Disability¹¹ found:

- Every year, around 4,000 disabled people wait longer than they should for a decision about their DFG
- Every year almost 2,500 disabled people wait over a year to get vital funding to make their homes accessible

Locally, the strategic, financial and economic case for changes is set out in the Transformation Challenge Award bid for Lightbulb; summarised as follows:

- The housing support offer is currently too complex, too bureaucratic and too narrow to effectively meet need and be preventative meaning opportunities to maximise the contribution that housing can make are being missed
- The customer journey is currently complicated, involves too many hand offs and excludes many people who could benefit from simple support, advice and solutions
- There is scope to better target housing support services towards those that would benefit most from an early and effective housing intervention for example those at risk of falls. Often these are the same people who consume the greatest amount of resource within the health and care system, and where the biggest opportunities can be found to reduce this expenditure by prevention or early intervention.
- A more integrated approach to housing support can benefit the health and social care economy in terms of avoided hospital admissions/readmissions, avoided or delayed care placements and delayed transfers of care. Cost benefit analysis has quantified a potential saving of approximately £13m over a 10 year period and early findings from the Hospital Discharge Enabler service are already showing significant reductions in emergency admissions
- The integration of housing support services provides opportunities for savings in terms of service delivery costs through simplified and improved contact points, smarter referral routes, smarter procurement and reduced management costs
- Leicestershire's aging population will place increasing pressure on health and social care services. A more integrated, targeted and efficient housing support offer can contribute to demand management strategies by making the most of cost effective, preventative solutions such as home adaptations (avoiding more costly alternatives such as residential care/hospital admission).

¹⁰ Foundations – Linking Disabled Facilities Grants to Social Care Data, 2015

¹¹ Leonard Cheshire Disability – The Long Wait For a Home, 2015

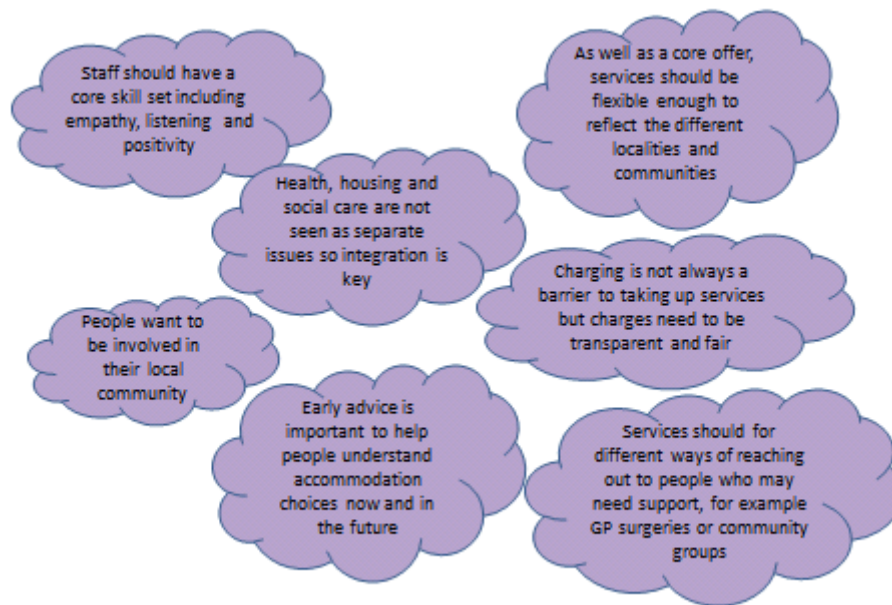
Key facts; strategic context and the case for change

- Service transformation is supported by a number of national and local strategic drivers
- A growing body of evidence is demonstrating that savings can be achieved from a targeted, preventative and holistic housing support offer
- Leicestershire's ageing population will increase the pressure on health and social care services, driving the need to find more integrated, targeted and efficient service solutions such as Lightbulb
- A more integrated approach to housing support will improve the customer journey and support the challenges faced by the local health and social care economy

5. The customer perspective

An initial customer and carer insight engagement exercise was completed in 2015. Key findings from this work have helped shape the redesigned service model from a customer perspective:

Diagram 3 – Customer Insight: Key Themes



From additional work with customers through our customer insight survey, we know that:

- 95% of respondents would prefer to deal with one individual rather than a range of different organisations
- Over 80% would be willing to pay for services that could help to keep them independent in their homes for longer
- The handyperson type role is much valued but is often a gap in current services
- Over 90% would welcome a proactive approach to housing support through their GP via a targeted mailshot
- 70% would be happy to speak to their GP directly about accessing housing support during a visit
- Over 30% feel their voice would not be listened to in identifying solutions or interventions to help them remain independent at home
- Over 70% feel they should wait no longer than 4 months for a Disabled Facilities Grant

"Some nights I would sleep on the settee because I didn't have the strength to get up the stairs and was worried that I would fall. The extra stair rail and the grab rail at the top of the stairs have made me feel more confident and mean I spend more nights in my own bed. They also offered me other support but I have said I will consider this for the future."

Informed by this customer insight work, we have developed a set of strategic design principles to underpin service redesign:

- **Improving outcomes** for customers by:
 - providing a single point of access to a range of practical housing advice, information and support solutions; with solutions that are led and informed by customers
 - minimising the number of different professionals customer need to tell their story to
 - supporting and enabling people to remain independent in their home for longer, including self help and self serve solutions
- Joining up work across local authorities and other partners to **provide services in the most effective way** by:
 - providing a single process for the delivery of DFGs
 - being the delivery vehicle for other housing related commissioning activity among partners
 - transforming existing processes and structures into a single, co-ordinated pathway based on “lean principles”
- **Shifting demand and reconfiguring** health and social care services to a more preventative approach by:
 - targeted and early identification of people who could benefit from housing support
 - looking at and responding to a person’s housing support needs in a holistic way, maximising housing intervention to maintain independence
 - aligning with other prevention services as part of the unified prevention offer in Leicestershire
- Being **responsive to local needs** and circumstances by:
 - delivering services in a locality setting
 - complimenting and utilising the strengths of existing local services and organisations including community based assets

Key facts: customer perspective

- The current housing support offer is complex, fragmented and bureaucratic, making it difficult for customers to navigate
- Customers want a joined up approach that puts them at the centre and cuts down the number of different organisations they come into contact with
- The Lightbulb model has been informed by customer insight

6. Benefits of change and the Lightbulb model

The strategic case for change is set out above and supports the key objectives of the Lightbulb programme. Pilot projects have been running to test out elements of the overall Lightbulb approach, supported by an agreed performance framework to measure impact, success and capture learning points. Using this and other analysis we have been able to identify a number of quantitative and qualitative benefits to support the case for transformation.

Benefits to the health and care economy

Falls

As part of the Housing MOT approach every Lightbulb customer has the potential to receive falls prevention advice and home safety checks to assess and address risk.

A Care and Repair report from 2015¹² evidences that home modifications led to a 26% reduction in injuries attributable to home falls that needed medical treatment.

As part of the proactive approach to service delivery, Housing Support Co-ordinators have been working with Leicestershire residents referred from Health settings:

- Out of 162 cases there were 18 people with a history of falls (11% of all customers)
- Post intervention only one person had fallen again
- 17 reported no falls since they received their interventions
- All reported feeling safer and more confident around the home

A reduction of 1 fall per year for these 17 people alone would result in a cost saving of **£21,000 per year** for the local health and care economy ¹³

Scaling this up to estimated annual projected demand across Leicestershire that will be dealt with by Housing Support Co-ordinators in the new Lightbulb model means a potential 491 people with a reduction in falls per annum (11% of 4460 projected cases).

491 reduced falls per annum equates to a saving of £614,000 per year

¹² Care & Repair England - Cost benefits of adapting homes to reduce falls by older people, July 2015

¹³ Building Research Establishment - The Real Cost of Poor Housing, 2010

Age UK report ¹⁴ that a fall costs the ambulance service £115 per call out. In respect of the above projections, East Midlands Ambulance Service has the **potential to save £55,000** per year in reduced attendance and conveyance costs.

Reduction in service utilisation

As part of the evaluation of the Lightbulb pilots we have used the Care Trak PI tool, to capture customer usage of Adult Social care, hospital, community and ambulance services pre and post Lightbulb intervention. 18 Housing Support Co-ordinator cases were analysed using this methodology.

When comparing the usage of services one month post and prior Lightbulb intervention it showed:

- A 72% reduction in service utilisation overall
- A reduction in the number of different services involved (from 16 to 4)
- A reduction in the total number of interventions from (47 to 13)
- An increase in the number of people requiring no intervention from 3 (6%) to 8 (62%)

Three months prior and post Lightbulb intervention sees a similar picture:

- 18 people used 19 services on a total of 71 occasions
- Post intervention this fell to 8 services used on a total of 24 occasions
- This represents a reduction in service usage of 66%
- No activity rose from 2 (3%) occasions prior to intervention to 6 post (25%)
- Two months post intervention saw adult social care costs reduced by 23%

Scaled up to include all potential Housing Support Co-ordinator cases, this could lead to cost savings of up to **£250,000 to Adult Social Care per year**

Data from the UHL based Hospital Housing Enabler service has also been analysed using this methodology. When comparing the usage of services one month post and prior Hospital Housing Enabler intervention it showed:

¹⁴ <http://www.ageingwellinwales.com/Libraries/Documents/Stop-Falling---Start-Saving-Lives-and-Money.pdf>

- A fall in emergency admissions from 232 to 69; a reduction of 70%
- A&E attendances fell from 179 to 78 a reduction of 56%
- There is a 50% rise in 'no activity' from 40 service users prior to Housing Enabler intervention to 80 service users post intervention

Three months prior and post Housing Enabler intervention sees a similar picture:

- There was a reduction in emergency admissions from 257 to 110; a reduction of 57%
- A&E attendances fell from 246 to 114 – a reduction of 54%
- No activity rose from 37 to 51 patients; a rise of 27%
- 84% reduction in NHS costs for this cohort of patients in the three months post intervention

The reduction in emergency admissions alone from this cohort of patients at the three month point indicates a **saving to the health economy around £220,000**

NHS costs for the 357 patients **could be reduced by approximately £550,000** in the 12 months post intervention

Reducing length of stay

Part of the Hospital Housing Enabler service is located in the Bradgate Unit dealing with patients with mental health issues whose housing needs are preventing or delaying discharge. 115 patients were assisted within the first 12 months of the service, resulting in:

- **920** delayed bed days saved that were classified as a housing delayed transfer of care (DTOC)
- Of 40 service users who continued to receive support in the community following discharge; of these only one was readmitted to the Bradgate Unit.

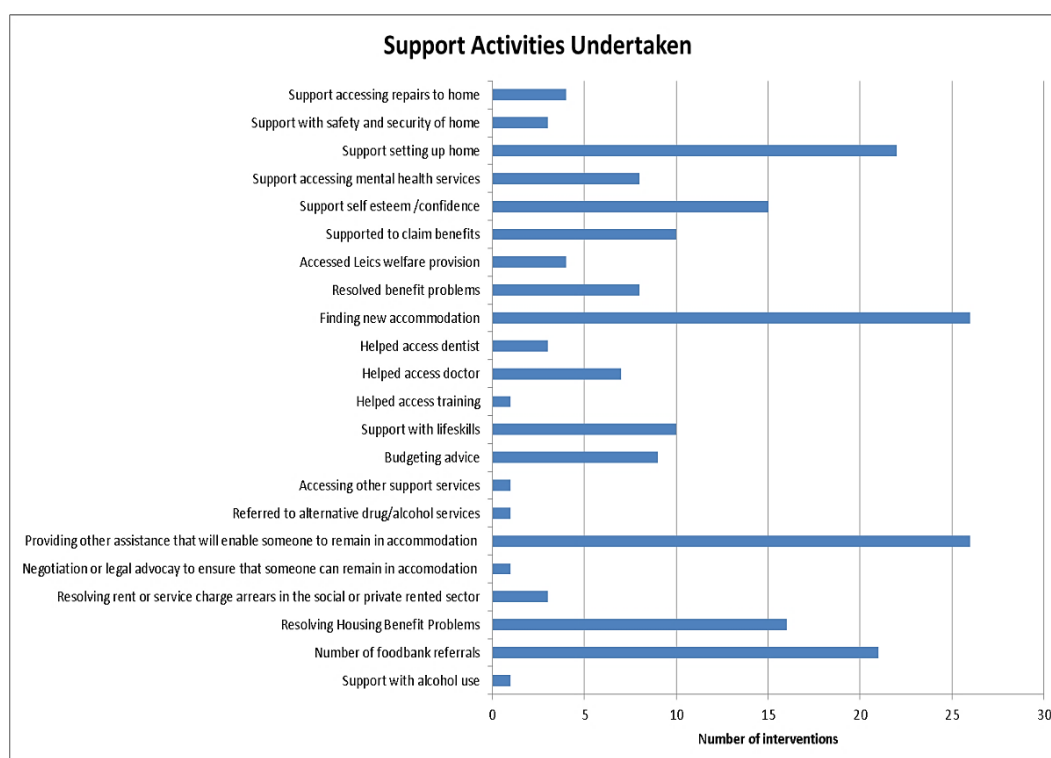
The Price Activity Matrix (PAM) allocates daily patient costs at £238 at the Bradgate Unit. Using PAM we know that:

Over 12 months the projected housing DTOC costs would be £175,000 compared to £650,000; a **potential reduction of £475,000**

The service isn't only working to reduce the total number of DTOC bed days. Within the cases that have been referred, only 13 had any delays at all and 32 had no delays.

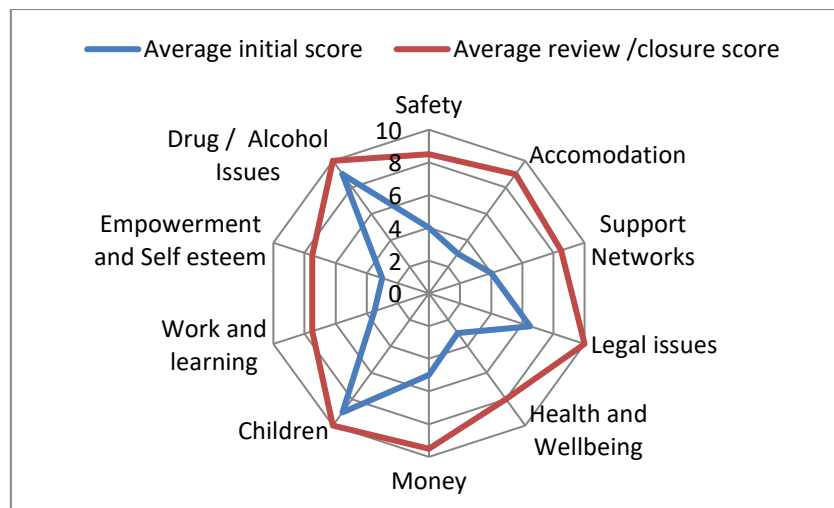
The diagram below provides a summary of number and type of support intervention carried out by the Hospital Housing Enabler service within the Bradgate Unit:

Diagram 4 – Types of support (Bradgate Unit service)



The service uses the Outcomes Star as a tool to measure progress made by the patient whilst receiving support. Patients are asked to score the level of support needed on a range of support areas at the beginning of support and at review/closure (with 1 being high need for support and 10 being no need for support):

Diagram 5 – Outcomes star results (Bradgate Unit service)



Long-term conditions (LTC's)

Care Trak data from the Lightbulb pilots shows 50% of Housing Support Co-ordinator cases analysed through Care Trak have one or more long-term conditions. This equates to a projected 2230 residents per year across Leicestershire in poor housing and with one or more long-term conditions that Lightbulb could reach (based on current demand mapping). The charts below shows the types of long-term conditions and how many service users analysed through Care Trak had each, including those with multiple long term conditions:

Diagram 6 – Types and number of LTC's (Housing Support Co-ordinators)

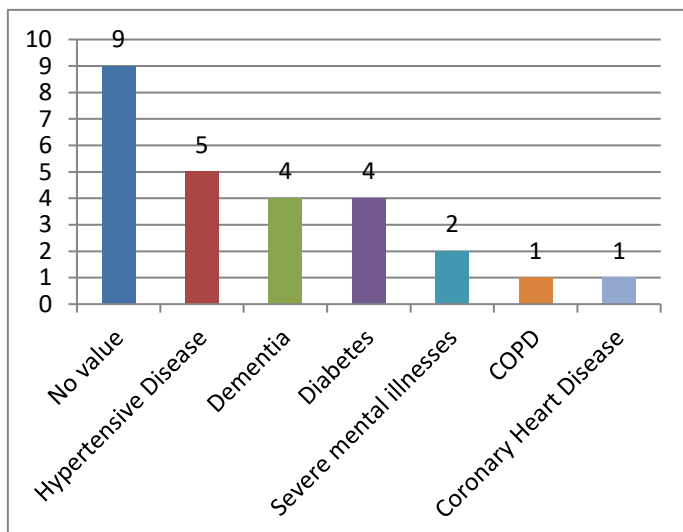
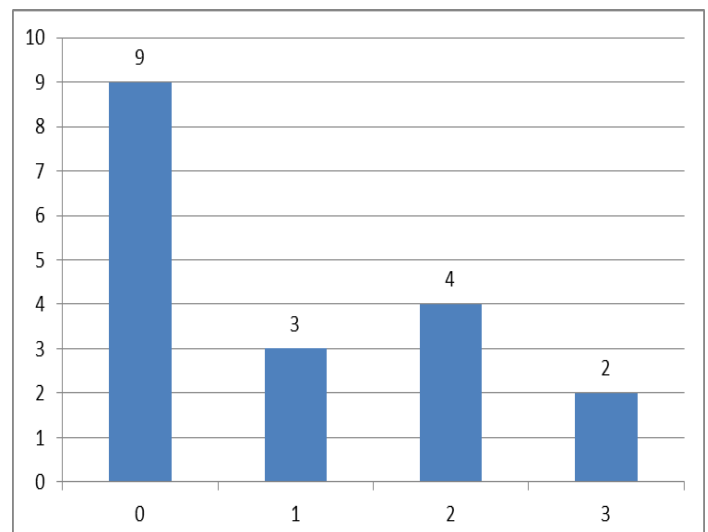


Diagram 7 – Number of patients with quantity of LTCs (Housing Support Co-ordinators)



This is even more evident when analysing data from the UHL Hospital Housing Enabler service. 234 of the 357 patients (66%) seen by the team had one or more long-term conditions and were in need of some sort of housing intervention. The charts below show information about the types and frequency of long-term conditions:

Diagram 8 – Types and numbers of LTC's (UHL Hospital Housing Enabler service)

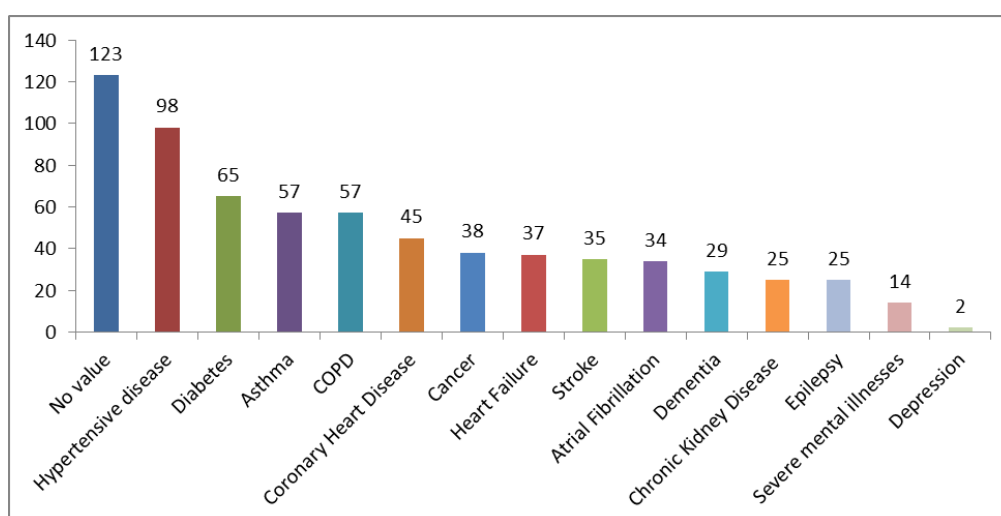
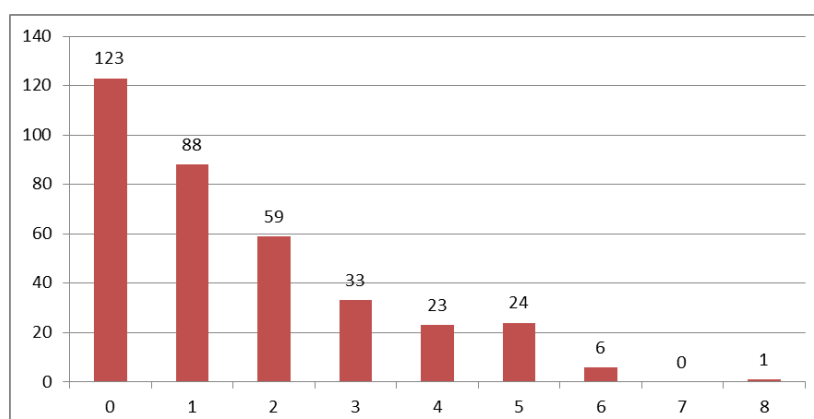


Diagram 9 - Numbers of patients with quantity of LTC's (UHL Hospital Housing Enabler service)



Key benefits to the health and care economy

- Evidence and analysis show Lightbulb offers significant potential savings to the local health and care economy
- Pilot projects have already demonstrated the potential to save around £1.9m annually for health and social care
- Savings are projected to arise from reduced falls, emergency admissions and ambulance call-outs, integrated service delivery and reduced length of hospital stay

Delivering process improvement and efficiencies

Cost savings

Existing service pathways for the assessment and completion of Disabled Facilities Grant are complex and lengthy, for example:

- The existing process for assessing and installing a stairlift incorporates 24 different stages with approximately 8 handoffs
- The existing process for assessing and installing a level access shower incorporates 27 different steps and 9 handoffs

The Lightbulb model will greatly reduce processes, both saving time for customers and providing efficiencies for all organisations involved in respect of staff time and costs. New, integrated processes will see:

- The number of stages for assessment and installation of a stairlift reduced to 9 with only two handoffs
- A similar reduction in the journey for a level access shower to 13 stages and 5 handoffs
- Where there are handoffs in these processes, they will be co-ordinated by the Housing Support Co-ordinator role to ensure a more customer focused service

Improvements to the process for assessment and installation of a stairlift have the potential to **reduce the current unit cost of this activity by 11%** (from £2429 to £2164 (approx) and for level access showers **by 4%** from £5408 to £5210 (approx)

Across the 162 stairlifts and 246 level access showers fitted in Leicestershire in 2015/16 this would equate to an **annual cost saving of £92,000** for the authorities involved

As Lightbulb develops and is able to capitalise on partnership opportunities such as collective procurement, there is clearly potential for even greater cost savings across this type of activity.

Evidence from the Lightbulb pilot projects has also demonstrated further potential savings from collaborative delivery of services:

Lightbulb pilot projects have seen **a reduction in staffing resources by 0.4 fte** by working together across two pilot areas to deliver DFGs; equating to a 34% increase in productivity at no additional cost

A resulting **17% reduction in the delivery cost per unit** of DFGs which equates to potential savings of **£65,000 per year to DFG delivery** across Leicestershire

Improved waiting times for customers

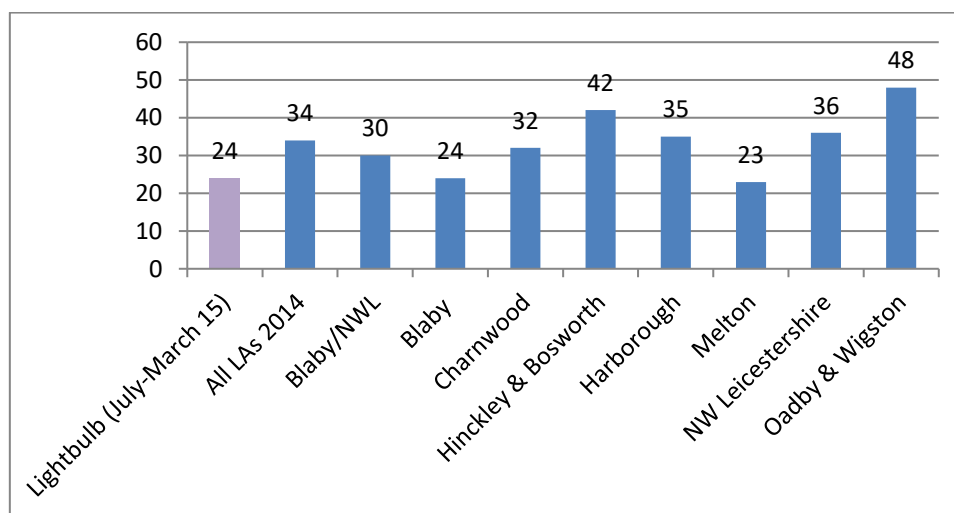
Evidence shows that existing services are not necessarily meeting the needs of customers. In Leicestershire our analysis tells us:

- As at 31 August 2016, customers were waiting an average of 9 weeks for a housing related Occupation Therapy assessment, with the longest wait being 16 weeks and the shortest being 4 weeks
- At the same time, there were 157 cases awaiting a housing related assessment by an Occupational Therapist
- End to end times for the DFG process are currently running at around an average of 327 days and are set across at least two organisations

53% of customers waiting for an Occupational Therapist (OT) to visit could be dealt with directly at an earlier point through the Lightbulb model via improved triage or a trusted assessor approach, avoiding the need to wait for an OT visit and reducing the waiting list significantly

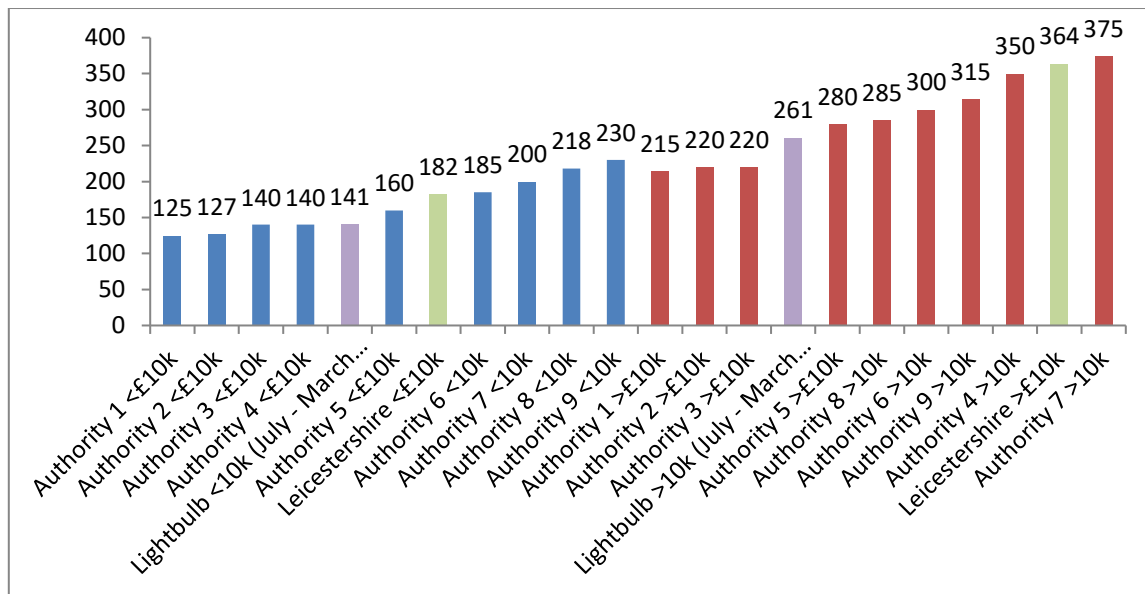
Completion times for DFGs are currently variable across the county and wider benchmarking shows an equally fluctuating picture.

Diagram 10 – DFG Completion Times (weeks); a Local Picture 2014/15



The chart above shows average DFG completion times across the different District Council areas of Leicestershire and compares to performance within the Lightbulb integrated DFG pilot across Blaby and North West Leicestershire areas. Data does not include the Adult Social Care part of the process. The chart below compares average DFG completion times across a number of authorities, split by Grants under and over £10k (not including the Adult Social Care part of the process) and including Lightbulb pilot and Leicestershire average performance:

Diagram 11 – DFG Completion Times (days); a National Picture 2014/15

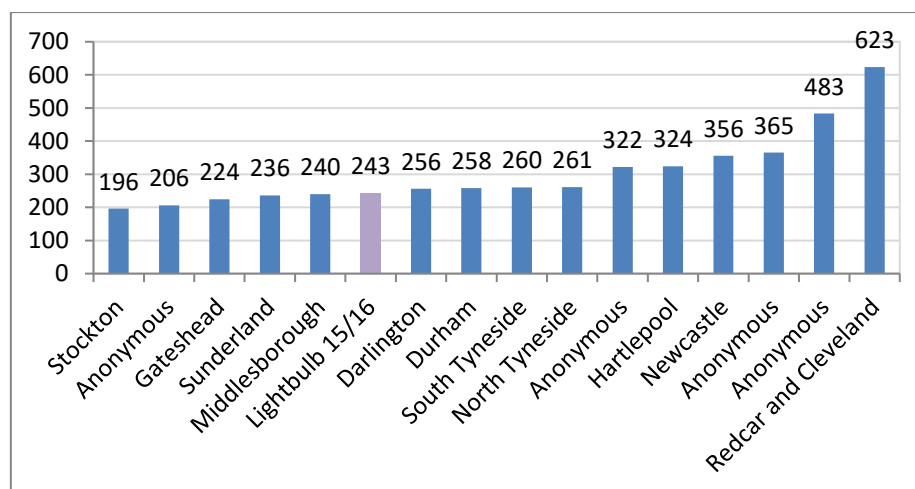


While Leicestershire average performance shows room for improvement, Lightbulb DFG pilot data compares more favourably with the overall picture of performance when benchmarked against other authorities.

The chart below maps performance from the Lightbulb DFG pilot, against other unitary authorities and includes the Adult Social Care part of the process for complete end to end performance. This shows Lightbulb performance already compares well with unitary authorities who do not have the two tier structure that currently exists in Leicestershire and which often builds delays into the system.

Given that the Lightbulb DFG pilot does not fully reflect the whole system transformation set out in this business case, there is clearly potential to improve performance still further through the implementation of Lightbulb across the county.

Diagram 12 – DFG Completion Times (End to End) 2014/15



The Lightbulb pilot service has seen a **reduction in completion times for DFGs against the previous year and against other districts**

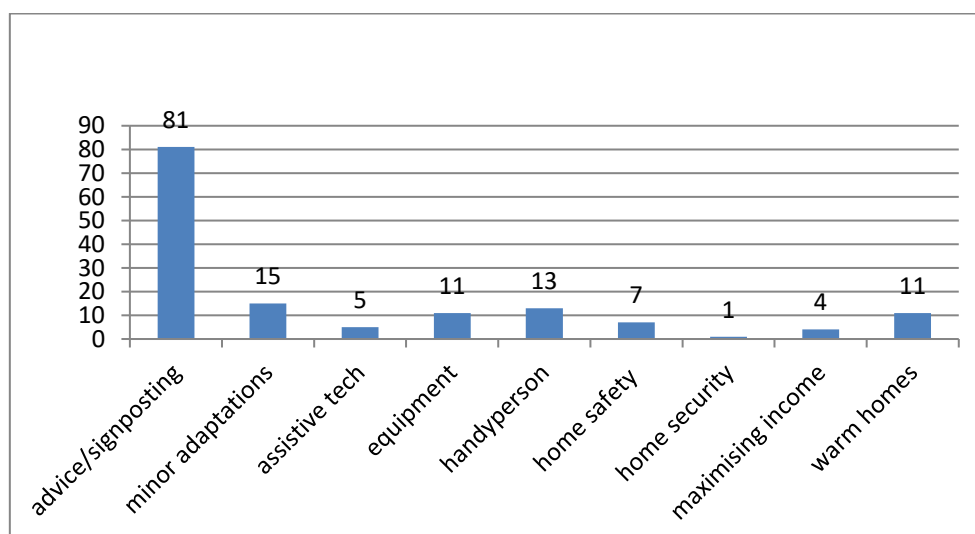
This has included a **reduction in the time taken for an Occupational Therapist assessment** from 59 days in 2014/15 to 40 days (July 2015 to March 2016)

Benchmarking and early process modelling work suggest room to **reduce DFG delivery times even further** through integration and process improvement

A wider, holistic housing offer

Of around 100 referrals to the Lightbulb pilot service between October 2015 and May 2016, (excluding those who only required advice and signposting), the average number of housing support interventions that each customer benefited from is 3. This is in contrast to the existing picture of provision, which is more likely to see services take a single issue approach to housing support, and where the benefits of a more holistic assessment are clearly being missed. The chart below highlights the variety of interventions addressed through the Lightbulb pilot projects:

Diagram 13 – Lightbulb Pilot Interventions by Type



Key benefits to partner organisations

- Remodelling and integrating services through Lightbulb will deliver process efficiencies for partners
- There is potential to reduce the delivery costs of DFG's by working collaboratively through Lightbulb
- Service redesign will see increased availability of services at a local level

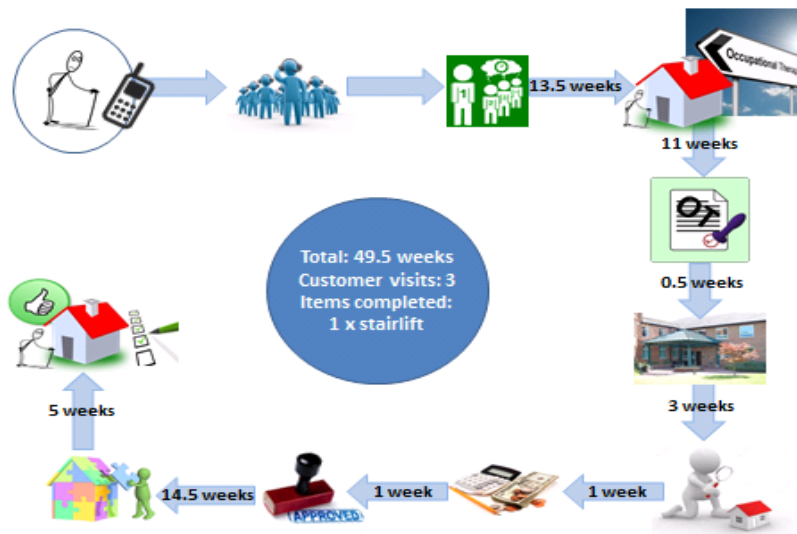
Customer impact

The Lightbulb pilots have not only been key in helping to design the future model but have also helped measure the customer impact of offering the Lightbulb service. Pilots have included a more proactive, holistic approach to identifying housing support needs via GPs; and working with customers to identify and co-ordinate a range of different solutions using the Housing MOT checklist. Feedback from customers who have been part of this pilot work has demonstrated significant improvement in a number of aspects of their lives. Customers were asked to identify before and after scores in key areas where the pilot service had provided interventions. The percentage of customers experiencing positive improvement in each area is set out below:

Theme	% of customers experiencing improvement following intervention
Physical and mental health	89%
How you feel about your home	78%
Home safety	56%
Personal safety in the home	50%
Getting around the home and garden	71%
Managing in the home	63%

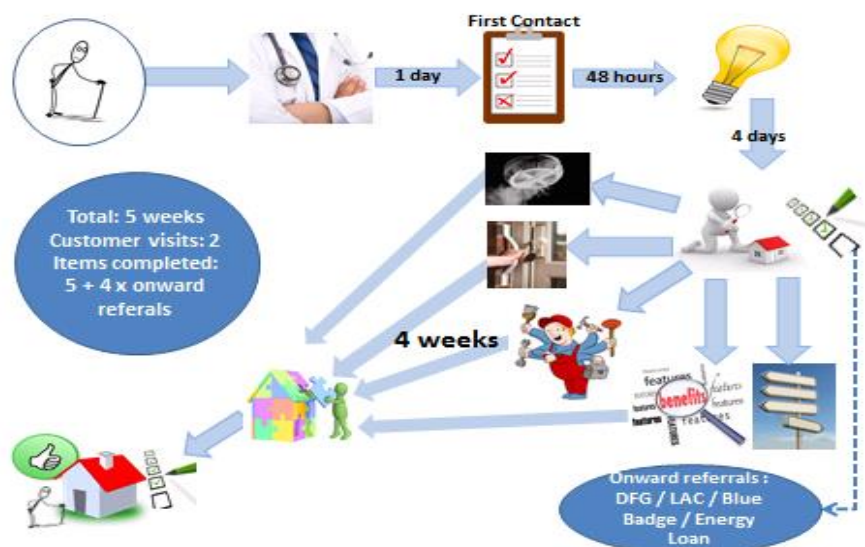
Actual customer journeys have been mapped to show current processes and delivery times for DFG's against delivery and timescales for the work of the Housing support co-ordinators offered through the Lightbulb pilots. This shows the process from customer call through to OT visit and sign-off to technician and delivery of works then through to completion. It shows a lengthy process designed to deal with one element of householders' needs:

Diagram 14 - The Current Customer Journey



The offer delivered by the Housing Support Co-ordinators is detailed below and shows the differing referral route that is more prevention targeted and the wider range of services that can be organised and delivered in a quicker and more efficient way. It is important to note that a DFG may also be required but this becomes only one option from a range of interventions.

Diagram 15 – The Lightbulb Customer Journey



Customers report the holistic approach provided through the Housing Support Co-ordinator has been one of the key benefits; this is born out in the customer insight questionnaire, as mentioned earlier, 95% of people consulted with said they would prefer to deal with one individual.

Some customers supported through the pilots have been known to services, however a significant proportion have not been known, apart from visiting their GP and Lightbulb

has been able to undertake targeted prevention work with these individuals with the aim of reducing or delaying their need to access more costly services.

Case Study

Mr C contacted the Lightbulb Team about his elderly parents, seeking help specifically for his mother. The Housing Support Coordinator (HSC) visited within 48 hours to complete a Housing MOT Checklist.

Mrs C had problems with walking due to arthritis; which had affected her hips; she was clinging onto furniture to move from room to room and was worried about falling. Mr C also mentioned he had sight problems following a stroke.

The HSC arranged a number of minor adaptations and a perching stool to make it easier for Mrs C to prepare meals. It was also apparent she was struggling to get in and out of bed so advice was given about a bed lever and Mrs C said this was something that she would try. Mr Cs sight problems meant he was unable to use the telephone so a phone with bigger buttons was provided.

The Housing MOT Checklist also identified they needed help to claim the right benefits, so support was provided to claim Attendance Allowance and a referral made for an energy tariff check. The HSC discussed a Lifeline and joining a local exercise programme to reduce the chance of her falling and Mrs C said she would consider this for the future.

It has been three months since the adaptations and equipment were installed in the property and during this time Mrs C has not had a fall. She reports she feels much more confident about getting around her own home.

what they didn't want to take up at that current time. A key element of the case studies detailed throughout this business case is not only a reduction in the customer journey time but a much improved journey in terms of the range and focus of help that has been offered.

Case Study

Mrs B is 59 years of age and has numerous health conditions which affect her mobility. She and her husband are owner occupiers and a recommendation for ground floor sleeping and bathing facilities through a Disabled Facilities Grant (DFG) was in place.

The Housing Support Coordinator (HSC) was able to work with Mr & Mrs B to help them obtain two quotes from builders. Mrs B qualified for a nil contribution to the DFG work; however both quotes came in over the maximum £30,000 Grant. Mrs B could not afford to contribute anything to the cost of the works.

The HSC spoke with Mr & Mrs B's daughter who agreed to make a small contribution and alongside this the couple were helped to complete a charity application which was successful to cover the remainder of the costs. This meant that the work could go ahead and Mrs B could remain living independently in her own home.

Although this pilot is not the full Lightbulb model it does show the benefits of staff working together to assist Mr & Mrs B, without the support provided they would not have not been able to go ahead with their Disabled Facilities Grant and could have potentially been looking for alternative accommodation.

Key benefits to customers

- Lightbulb will improve the customer journey, reducing handoffs and waiting times and putting the customer at the heart of the process
- Customers will have access to a wider and consistent offer of housing support across Leicestershire

7. The Lightbulb offer

Through the Lightbulb Programme Board and Steering Group structure, local authority and wider stakeholder partners have worked together to redesign and integrate existing service provision. The Lightbulb Housing Service will enable customers and their carers to access information, advice and support to make informed choices about their housing needs; delivering the right solution at the right time, including the development of self help and self serve options. The inclusion of the Hospital Housing Enabler service within the overall scope of Lightbulb will ensure that, for patients that do enter acute services, housing issues are identified and addressed at the earliest possible opportunity, preventing housing related delayed discharges and readmissions.

Key features of the Lightbulb offer include:

➤ ***A targeted, proactive approach***

Working through First Contact Plus and as part of the unified prevention offer, the service will actively seek referrals through GP practices, community health teams and locality based integrated care teams; linking with primary care risk stratification data to target the offer.

Evidence from the pilots suggests this approach is able to identify individuals at risk of escalating into main stream services, with potential to deliver a return on investment through prevention.

➤ ***A focus on early assessment and triage***

This will see a strengthening of housing expertise at the main contact and triage points of First Contact Plus and the Adults and Communities Dept Customer Service Centre which will enable:

- Promotion of the self help and the self serve offer for housing solutions
- Providing housing based advice, information and signposting to resolve low level issues at first point of contact
- Determining cases to move to the locality based Lightbulb team for more detailed support with case management

➤ ***Customer focussed assessment and solutions***

Locality based Housing Support Co-ordinators will receive cases from the triage point and complete the Housing MOT checklist needs assessment through a soft handoff. Staff will be skilled in person centred approaches; seeking solutions informed by the individual rather than standard or historic practice.

The Housing Support Co-ordinator role will act as the primary point of contact for individuals through a case management approach, engaging specialist input where required and ensuring service solutions are co-ordinated and meeting need.

➤ ***An integrated and co-ordinated service offer***

Skills and activities currently carried out across different organisations and practitioners will come together within the Housing Support Co-ordinator role. Alongside more specialist colleagues (Occupational Therapists and Technical Officers) this will enable the Lightbulb team in each locality to deliver a joined up service for customers. Housing Support Co-ordinators will act as ‘trusted assessors’ with support from other specialists in the team where expert advice or guidance is required or appropriate.

The Housing MOT checklist provides an opportunity to look at a range of housing support needs, not just the presenting or primary issue. The checklist covers the key domains of:

- Health and wellbeing
- Home environment
- Home security
- Warmth
- Personal safety and mobility around the home (e.g. fire safety, slips, trips)
- Managing in the home
- Accessing the local community
- Identification of other key needs for onward referral (income and finance, carer needs, specialist, non housing advice or support)

➤ ***A locality approach***

This will see locally based Lightbulb teams delivering the housing support offer, ensuring Lightbulb is able to respond to local needs and conditions and capitalise on existing local networks and services. From the local team, staff will be able to offer:

- Assessment and ordering of minor adaptations and equipment
- Assessment and delivery of DFGs
- Assessment and resolution of wider practical housing support needs
- Support with housing related health and wellbeing needs
- Support with planning for future housing needs
- Advice, information and signposting to specialist organisations or services

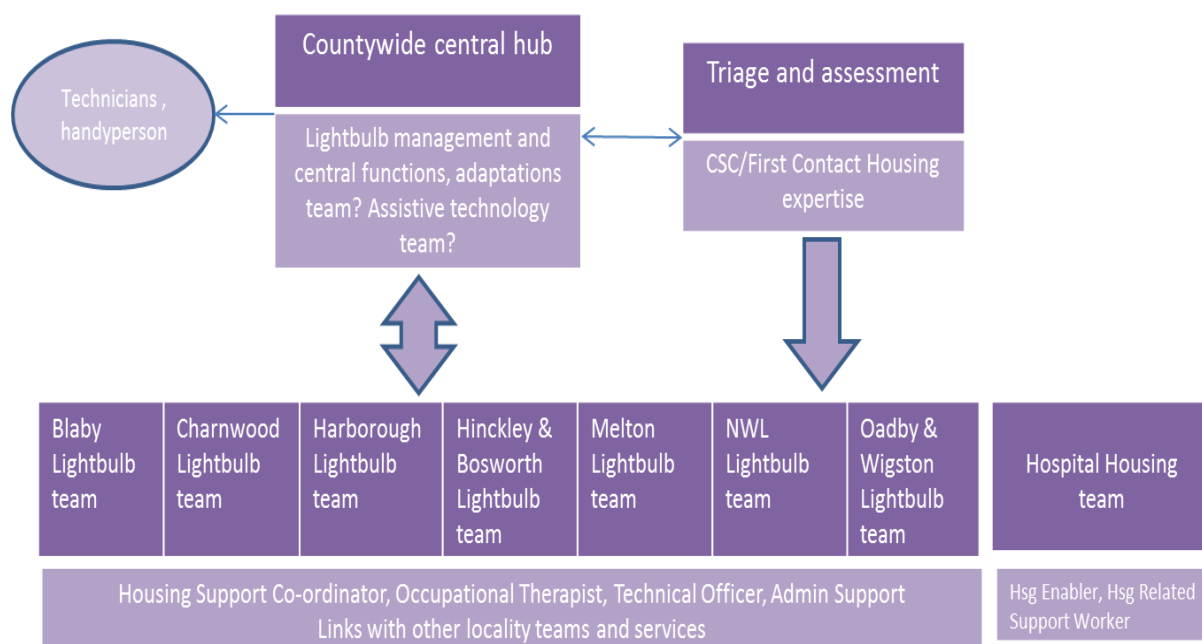
There will be flexibilities between teams (the potential to move staff between localities at critical points for example) in order to build resilience into the model. Aspects that could deliver efficiencies through centralised delivery will be placed within a central hub.

The locality based approach for Lightbulb will align with the development of integrated health and social care teams, also on a locality basis.

“The person who came round to see me sorted everything. I have some rails which help me get around my house, a stool for the kitchen which means I can help my husband cook and wash up. A handyperson came and put my curtain rail back up and they helped us claim some benefits. The lady sorted all this and our garden within three visits. “

A structure chart for the Lightbulb service across Leicestershire, incorporating these key features is presented below:

Diagram 16 – Lightbulb structure chart



Action: to support the transformation into a new Lightbulb Housing Service each partner will need to agree the offer and commit to adopting the structure outlined above

Tasks and functions to be carried out through this new structure are set out below and will ensure commonality across all areas of the County and a single customer journey pathway for customers:

The Lightbulb offer and what happens where

Contact and triage - Adult Social Care Customer Service Centre and First Contact:	Locality Lightbulb team:	Supported centrally by a countywide hub:
<ul style="list-style-type: none"> Housing expertise based at earliest point of contact (Adult Social Care Customer Service Centre/ First Contact) Housing informed triage, managing out simple cases at this point of contact and before they reach the locality An enhanced self help prevention offer, including housing (through CSC and First Contact) Suitable cases are passed to the locality following triage Links and referrals with other District council teams Hospital Housing team; resolving housing issues to avoid delayed transfers of care 	<ul style="list-style-type: none"> Assessment and ordering minor adaptations and equipment <ul style="list-style-type: none"> Bathing aids Ramps Grab rails Stair rails Bed chair raisers Perching stools Trolleys Assessment and delivery of DFGs <ul style="list-style-type: none"> Trusted Assessor OT Technical work Assessment and resolution of wider practical housing support needs <ul style="list-style-type: none"> Warm homes Energy efficiency Handyperson Home security Housing related health and wellbeing <ul style="list-style-type: none"> Assistive technology Falls prevention Advice and signposting Accessing local support services Planning for the future <ul style="list-style-type: none"> Housing choices and options Advice, information, signposting <ul style="list-style-type: none"> LAC First Contact 	<ul style="list-style-type: none"> Overall management of the Lightbulb pathway (Lightbulb Service Manager) <ul style="list-style-type: none"> Strategic oversight and management of locality hubs Links with wider prevention offer Proactive targeting/offer to health Countywide operational management of locality teams (Senior HCS x2) <ul style="list-style-type: none"> Resilience planning, staff cover Line management of HSCs (matrix management arrangements) Clinical supervision of trusted assessor function Performance management <ul style="list-style-type: none"> Gathering and analysis of agreed datasets Production of reports for local accountability Lightbulb development <ul style="list-style-type: none"> Single supplier lists Countywide SLA for RSLs Cost effective solutions (eg modular ramping) Admin and processing of minor adaptations works Management of handyperson service management of any externalised contracts/supplier lists etc Warm homes specialism? Assistive technology?
Customer focused, preventative solutions		

Key facts: the Lightbulb offer

- A targeted, proactive approach will ensure Lightbulb is supporting the shift towards prevention
- Service solutions and interventions will be customer focused and include support to self help
- The Housing MOT checklist will provide a tool for identifying and responding to a range of housing needs in a holistic way
- A hub and spoke Lightbulb model will ensure effective links with other locality services and functions and enable housing support to be fully integrated with health and social care teams in each area

8. Staffing, job roles and workforce development

As outlined earlier, the integrated Lightbulb offer is based around a new job role of Housing Support Co-ordinator (HSC). These roles will operate in locally based delivery teams aligned with District Council areas and act as the key contact point and case manager for customers through the Lightbulb pathway. HSC's will be trained trusted assessors; using the Housing MOT checklist as a tool for identifying a range of housing support needs as outlined above and working with customers to identify solutions. HSCs will deliver the full range of Lightbulb functions, including responsibilities which are currently carried out by the County Council such as minor adaptations and equipment, and less complex assessments to support applications for Disabled Facilities Grant (embedded within the new Housing Support Co-ordinator trusted assessor role).

"The level of independence is immeasurable and makes us feel much better. We are grateful for all the help we received and impressed how quickly things got done. Our lives are much improved."

The HSC role will be complemented in each local Lightbulb team by the more specialist roles of Occupational Therapist (for complex assessments, advice, guidance and specialist supervision of the trusted assessor element of the HSC role) and Technical Officer (to support the Disabled Facilities Grant process).

Outline job roles are attached at Appendix 1. The introduction of the HSC role will be underpinned by the development of a new competency framework and skills matrix to support both workforce development and quality and ensure consistency across delivery teams.

Mapping demand and resources for Lightbulb

Using existing information about the demand for services and learning from the Lightbulb pilots, it has been possible to quantify the staffing resources required to deliver the Lightbulb offer across the different District Council areas. Demand mapping has included all key elements of the holistic Lightbulb offer currently being undertaken by partners:

- Minor adaptations
- Major adaptations
- Cases currently passed to Occupational Therapists (not included in the above) but that could be resolved by a trusted assessor
- First Contact housing referrals
- Warm homes; low level advice and guidance

And also including:

- Proactive demand and targeted cases to support the shift toward early identification and prevention

This work presents an overall picture of Lightbulb demand across the county, broken down by District Council area as follows:

District Based Localities	% of total Lightbulb demand
Blaby	13
Charnwood	26
Harborough	10
Hinckley & Bosworth	18
Melton	9
NW Leicestershire	15
Oadby & Wigston	9
Total	100

By mapping this demand against the HSC, Occupational Therapist and Technical Officer roles, the following staffing resources are anticipated across each local Lightbulb team and within the central hub:

District Based Localities	HSC FTE	Technical Officers FTE	Admin FTE
Blaby	1.7	0.7	0.5
Charnwood	3	1.0	0.5
Harborough	1.2	0.4	0.4
Hinckley & Bosworth	2.3	0.6	0.5
Melton	1	0.3	0.4
NW Leicestershire	1.8	0.3	0.4
Oadby & Wigston	1	0.3	0.4
Leicestershire (locality based)	12	3.6	3.1
OT resource will also be part of the Lightbulb team in each locality			

Centrally based (hub)	Senior HSC FTE	Service Manager FTE	Admin FTE
Lightbulb hub	2	1	1

The key access and triage points into Lightbulb (Adults Social Care Customer Service Centre and First Contact Plus) will remain as is but, as part of the implementation of Lightbulb, we will work to ensure housing expertise is embedded into these points to facilitate effective and timely referrals into the locality Lightbulb teams. This will be supplemented by an improved Adult Social Care self help offer (including housing support) to ensure those customers that can self serve are enabled and assisted to do so in the first instance.

Action: to support the transformation into a new Lightbulb Housing Service each partner will need to review existing staffing resources and make the shift towards the roles and responsibilities outlined above

9. Delivering Lightbulb; a business model

During the scoping and development of Lightbulb both partners and customers emphasised the need for a local focus to service delivery. This has clear benefits in terms of:

- Ensuring Lightbulb is able to respond to particular local needs or circumstances and providing a link into wider locally provided services (for example local VCS services, groups and forums)
- Providing customers with a recognisable and easier to access service
- Enabling local Lightbulb staff teams to build up and utilise an in depth knowledge of local services to complement Lightbulb and ensure it is not duplicating existing provision
- Providing a mechanism for local needs or issues to be fed back into wider Lightbulb strategic development
- Enabling clear and close links with other District Council or local teams and services to further improve the customer journey and ensure Lightbulb is a key element of local strategies and plans

The Lightbulb service model outlined above is responsive to these factors but in considering a business delivery model it is also important to recognise:

- The need to provide consistency in terms of the Lightbulb service offer across all areas of the County, both through initial implementation and ongoing service delivery
- The need for flexibility across the localities to respond to particular issues or problems and build resilience across the whole system
- Some District Councils do not currently deliver DFG services 'in house' and there is varying appetite to directly deliver in the future

The proposed business model is therefore for partners (the County and District Councils) to enter into a shared service arrangement whereby County and District Councils work together to deliver relevant functions in an integrated way.

- One District authority will act as host for the central Lightbulb hub to deliver the centralised service on behalf of all partners and the full service for District Councils wanting to delegate the locality element (including secondment or TUPE of existing staff where appropriate)
- Those District Councils that wish to directly employ their locality based Lightbulb team and deliver the service directly in their area will do so (led by the central hub to ensure consistency of operating procedures and resilience in the overall system)

Occupational Therapists will be located within each Lightbulb team but will continue to be employed by Leicestershire County Council in order to maintain links with other Adult Social Care services and receive appropriate clinical supervision and management.

As well as addressing the factors outlined above and providing a pragmatic delivery model that meets the requirements of all partners, this business model also provides:

- Flexibility for partners to continue to change and develop the Lightbulb service model
- The opportunity to build on existing skills and expertise within the workforce
- A sound basis from which to continue to drive forward cultural change and meet future service demands
- Democratic accountability and transparency
- A mechanism for continued joint oversight and governance by all partners

Action: to support the transformation into a new Lightbulb Housing Service partners will need to:

- **Agree a host authority**
- **As District/Borough Council's, determine whether the Lightbulb locality team will be delivered directly or through the host authority**
- **Enter into the necessary service level and delegation agreements to support the business model of a shared service arrangement**
- **Manage the shift from any existing contractual arrangements into the new business model**
- **Engage in cultural and organisational development activities to ensure new ways of working are adopted and sustained**

Key facts: staffing and delivery

- Staffing and resources requirements for Lightbulb are backed by robust data mapping and analysis
- Lightbulb will require partners to undertake significant transformational change within their existing services including review of staffing and financial resources
- The shared service business model and hub and spoke approach provides flexibilities for District Councils to have services delivered through a host authority or directly deliver services at local level, as well as capitalising on efficiencies through joining together common functions

10. The financial model

A costed model for Lightbulb

In broad terms and based on the staffing resources outlined above, the new Lightbulb model has been revenue costed as follows:

Indicative staffing costs (whole county)	
HSC (locality based) x 12	385,300
Technical Officers (locality based) x 3.6	143,600
Senior HSC (centrally based) x 2	79,800
Service Manager (centrally based) x 1	55,500
Admin support (locality based) x 3.1	70,000
Admin Support (centrally based) x 1	22,500
Other employee costs/supplies and services (notional amount across localities)	17,000
Other employee costs/supplies and services (notional amount central hub)	3,000
Total Lightbulb staffing costs	£776,700

The costed Lightbulb hub and spoke model will require resources in the region of £777k per annum (as above), based on meeting existing demand. The costed model assumes the new Lightbulb service offer will be implemented from within existing funding sources, which currently sit across different partner organisations and are already directed towards meeting this demand but in a fragmented and ineffective way. Lightbulb will bring this funding together to support a new, integrated and cost effective service model.

Sitting alongside the hub and spoke Lightbulb model, the Hospital Housing Enabler service has already secured funding through local Better Care Fund and other NHS investment for the next three years in Leicestershire. This service, which operates across Leicester and Leicestershire, has an annual cost of £259k.

Medium and longer term benefits, potential financial return and opportunities for savings through Lightbulb (including both the new hub and spoke model and the Hospital Housing Enabler service) are outlined in sections 4-6 of this business case and summarised below:

	Benefit to	Savings
Reduction in Falls	Health and Social Care	£614,000
Falls call-out and conveyances	EMAS	£55,000
Housing Support Co-ordinator role	Adult Social Care	£250,000
UHL Hospital Housing Enabler*	Health	£550,000
Bradgate Unit Housing Enabler*	Health	£475,000
DFG process reduction	District Council's	£92,000
DFG delivery cost reduction	District Council's	£65,000
	Total	£2,101,000

*These services operate across both Leicester and Leicestershire and benefits are therefore across the wider, local health economy

The above projections are drawn from evidence gathered from the Lightbulb pilot projects and Hospital Housing Enabler service to date and are supported by our 'case for change' analysis.

Future demand challenges in respect of population growth, together with opportunities to develop the offer in response to these are set out in section 12 and will form part of the strategic development and future direction of the Lightbulb service.

Funding streams to support Lightbulb

Lightbulb service redesign has been based on using existing resources to form an integrated, targeted and more efficient, customer focused pathway. Based on existing functions that are directly aligned to the functions to be carried out through the new Lightbulb hub and spoke service model, it is possible to identify the key funding streams that comprise the existing funding 'pot' and that can be redirected to support this service:

- Funding that currently supports the delivery/administration of Disabled Facilities Grants (i.e. excluding capital grant expenditure; district council funding stream)

For those District Councils that utilise DFG grant monies to fund the administration of DFGs, advice has been sought that suggests this practice may continue, however, Councils will be required to ensure their own external auditors are in agreement with this practice during the transformation.

- Funding that currently supports the delivery and processing of assessments for minor adaptations and equipment (Leicestershire County Council funding stream)
- Funding that currently supports the housing based advice, information and signposting offer (Leicestershire County Council funding stream)
- A proportion of existing Occupational Therapy funding, freed up as a result of a move towards a trusted assessor model through the HSC role (Leicestershire County Council funding stream)

Capital Disabled Facilities Grant expenditure (including District Council 'top up funding') will be delivered through the Lightbulb service model but does not form part of the funding pot for these purposes and will continue to be allocated in line with Better Care Fund guidance and engagement with District Councils.

Sizing the existing funding pot through these funding streams is challenging since functions are currently carried out in many different places, in different ways and by different practitioners across County and District Councils. This work is well underway but will require County and District Councils to:

- Confirm the amount of existing revenue funding associated with the above funding streams
- Work together to redirect these resources away from the existing model of service delivery to support the new, integrated Lightbulb model

Action: to support the transformation into a new Lightbulb Housing Service each partner will need to confirm the amount of existing funding associated with delivering the Lightbulb offer and work together to redirect these resources into the new Lightbulb service model.

Locality apportionment and partner contributions to Lightbulb

The overall revenue cost and staffing models for Lightbulb can be broken down by District Council area in line with our analysis of demand data across the county:

District Based Localities	HSC FTE	Technical Officers FTE	Admin FTE	Indicative cost of local Lightbulb team	Indicative contribution to central hub based on % of overall demand
Blaby	1.7	0.7	0.5	96,790	20,910 (13%)
Charnwood	3	1.0	0.5	151,000	41,820 (26%)

Harborough	1.2	0.4	0.4	65,510	16,080 (10%)
Hinckley & Bosworth	2.3	0.6	0.5	112,060	28,950 (18%)
Melton	1	0.3	0.4	54,600	14,480 (9%)
NW Leicestershire	1.8	0.3	0.4	81,290	24,130 (15%)
Oadby & Wigston	1	0.3	0.4	54,600	14,480 (9%)
total				615,850	160,850 (100%)

While it is anticipated that the overall existing funding pot will be sufficient to support the overall shift; at local level this will present practical challenges in terms of:

- There is currently a wide disparity of revenue funding supporting the delivery of Disabled Facilities Grants across the seven District Councils
- Existing County Council funding streams are not currently broken down or allocated to District Council level
- It is therefore difficult to evidence the extent to which existing funding aligns to the pattern of demand across the District Council areas

Once existing funding resources to form the overall pot have been confirmed (during October), partners will need to work together and agree a demand based funding allocation model with robust financial governance arrangements in place to ensure the future sustainability of the service.

Action: to support the transformation into a new Lightbulb Housing Service partners will need to work together to agree a transparent funding allocation model for existing resources that is based on demand across the different District Council localities and underpinned by robust governance arrangements

Financial risk

Overall Programme risks are outlined in section 11 and include the particular risks associated with moving towards a new funding model for Lightbulb:

- That the Lightbulb service costs more than the agreed financial envelope and cannot get buy in from budget holders
- That budget holders cannot agree a demand based funding allocation to support the hub and spoke Lightbulb service model

The work and actions outlined above will mitigate these risks and is already in progress, in collaboration with County and District Finance Officers and Section 151 Officers; to be completed within the first quarter of implementation (September – December 2016).

Sign off of this business case will see partners agreeing the model and committing to carry out the practical work to move towards implementation of Lightbulb, including the work outlined above. Refreshed Programme governance structures outlined in section 11 will oversee this work; including ensuring the new funding model is supported by appropriate and robust financial governance and agreements.

Key facts: finance model

- The projected benefits of Lightbulb are greater than indicative delivery costs
- The Lightbulb service model is based on existing demand and will be resourced by redirecting the funding currently meeting that demand and using it more effectively
- The funding model presents challenges that partners will need to work together to address to ensure resources are based on demand across the county

11. Programme governance

The programme to date has been supported by a dedicated Programme Board comprising senior level representation from the seven District Councils, the County Council's Adult Social Care and Public Health services and the Director of Health and Social Care Integration. A Steering Group supports the Programme Board and has responsibility for the development and delivery of the operational service design, programme plan, and programme risks. The programme governance structure also ensures a formal link into the countywide Unified Prevention Board which, in turn reports through the Integration Executive to the Leicestershire Health and Wellbeing Board and to District Council decision making and governance.

It is timely to review these arrangements at this point and it is proposed that, following approval of this business case, a Management Board is established to oversee the transition/implementation process at strategic level and, in the longer term, maintain oversight and accountability for the Lightbulb service. This would replace the existing Lightbulb Programme Board but maintain links into the Unified Prevention Board and wider health and social care governance structures as above.

During the transition/implementation process, it is proposed that the Management Board is supported by a Delivery Group, replacing the existing Lightbulb Steering Group, and responsible for ensuring the operational shift within each partner organisation.

Programme risks and risk management

As part of the project management approach, the Lightbulb programme has in place a framework for management of risks and issues. A risk register captures key strategic, operational, stakeholder, ICT and financial risks together with a risk score based on impact and likelihood and mitigating actions and controls.

Risks and issues are reviewed by the programme team and reported to each Programme Board and Steering Group meeting; with a formal review of the risk register by the Steering Group taking place on a quarterly basis.

A summary of current risk and status is outlined below:

Risk status	Current risk (number)
Red	6
Amber	14
Green	10

The programme contains a number of significant 'red' risks for which mitigations are in place as set out below:

Risk description	RAG/score	Mitigation
Organisational culture is change resistant and not able to implement Lightbulb effectively or to timescales	Red: 20	Develop and implement a continual cycle and programme of engagement. Develop robust business case to capture benefits and outcomes of Lightbulb. Organisations to undertake readiness audit and transition plan following sign off of business case.
Lack of buy-in from Elected Members means the business case does not get signed off, preventing implementation of the Lightbulb service	Red: 20	Regular engagement with Members to raise awareness and promote benefits of Lightbulb both for partner organisations and customers. Communications Plan to identify opportunities to engage with Members.
An effective integrated IT and data sharing system/ process cannot be developed to support the Lightbulb model across partner organisations	Red: 20	Complete a full system review of current systems highlighting new requirements and existing capabilities. Engage IT specialist resource to identify and resolve issues.
Commissioning partners are not able to agree and implement Lightbulb in time to effectively manage the shift from existing contractual arrangements	Red: 20	Develop Lightbulb Business Case for sign off by all partners (sept 16) Partners who are commissioning aligned services to have a decision making/action plan in place based on receiving Business Case in Sept.
There are insufficient resources/skills within the PMO and/or partner organisations to implement the transformation required into the new Lightbulb model	Red: 20	Identify requirements across PMO and partner organisations together with an agreed plan for meeting these across the partnership.
Budget holders cannot agree a demand based funding allocation to support the hub and spoke Lightbulb service model	Red: 20	Develop Business Case setting out benefits to all partners of the Lightbulb model and use this to engage with officers and Members. Engage with financial officers from partner organisations to develop the financial model.

To support sign off of this business case and the move into implementation phase of the Lightbulb programme, the Programme team will be developing a further Project Initiation Document (PID) setting out key deliverables and timescales for this phase. The PID and accompanying implementation work plan will seek to address these and other identified risks from the programme risk register to ensure successful transition into the Lightbulb service.

Equality Impact and Needs Assessment

Alongside our continued engagement with customers and user groups, an initial equality impact and needs assessment (EINA) has been completed, to support the development and implementation of the Lightbulb service. This will enable us to identify any negative or adverse impact on particular groups and put actions in place to minimise or remove such impact as part of the programme plan.

The Lightbulb Programme Board will consider how best to take this forward as a joint impact assessment across partners organisations as part of the sign off of this business case. The programme will continue to be informed by ongoing customer engagement to ensure the EINA remains fit for purpose.

12. Future direction and service development

Leicestershire's population growth patterns have implications for the provision of services for older people in particular. An increasing number of older people with complex care needs will mean more pressure on health and social care services. Supporting people to maintain their independence and manage their own health and care needs will be key to managing demand on these resources.

The Government's commitment to increase funding for Disabled Facilities Grants through the Better Care Fund will, in itself, present challenges in terms of resources required to deliver additional activity and the development of Lightbulb will see Leicestershire well placed to respond.

Lightbulb's offer to health

The potential benefits of Lightbulb to the wider health and social care economy in Leicestershire are outlined earlier in this document, including evidence of significant achievements to date, for example from the Hospital Housing Enabler service.

As part of the Unified Prevention Offer for Leicestershire, Lightbulb will help support the shift towards early identification and targeted early help; working to prevent, reduce and delay the need for more costly interventions. The Lightbulb pilot project in Hinckley and Bosworth has illustrated the potential benefits from working closely with GPs and other community health teams to proactively identify individuals whose housing may be impacting on their health and wellbeing, particularly those patients with long term conditions.

Lightbulb's practical offer to health

For patients at risk of falls:

- A **home safety check** to identify and address risks and hazards in the home
- **Handyperson** services eg:
 - clearing garden paths
 - fixing down rugs, carpets or trailing electrical leads
 - changing lightbulbs
 - moving /re-arranging furniture for safer passage around the home or to change the use of rooms
- A wide range of **assistive technology** equipment and gadgets to help manage risk, support independence and give peace of mind to carers
- Minor **adaptations** to the home such as grab rails and threshold strips to enable people to move safely around and in and out of their home
- Help with **major adaptations** such as level access showers and stairlifts
- Support and help to address **hoarding** issues

For patients with long term conditions, including respiratory and cardio vascular:

- Advice and support to **keep the house warm** in a way that is affordable, including simple remedies such as draught proofing to boiler replacement
- Access to funding for **free central heating and/or insulation** for people who have long term conditions and live in cold homes they struggle to heat (some other conditions apply)
- **Benefits and/or debt advice** to help people maximise their income in order to heat their home
- Minor and major **adaptations** to the home where appropriate

- **Assistive technology** to help manage risk and support independence
- **Handyperson services** for small jobs that make a real difference

For patients with frailty/mobility issues:

- Help with minor and major **adaptations** to enable people to stay in their own home rather than having to move
- **Handyperson services** to carry out small jobs around the home and minimise risk
- **Assistive technology** equipment to help ensure the home environment is supporting independence and managing risk
- Advice and support about **housing options** and **future housing** plans

For patients with wider health and wellbeing needs:

- Help with **security measures** such as door and window locks, chains and spyholes to give peace of mind and minimise risk
- Links into **social groups and activities** to combat social isolation or to services such as Local Area Co-ordination
- **Handyperson services** to help with smaller jobs that make a real difference
- Link with District Councils, GP practices, multidisciplinary health and care teams, and domiciliary care providers operating in each locality to **ensure housing MOT support is targeted proactively to most vulnerable groups**

The Lightbulb model embeds the learning and good practice from the Hinckley and Bosworth pilot and provides a vehicle to roll out this proactive, targeted approach across Leicestershire by:

- Enabling GPs and community health teams to access the Lightbulb housing offer through the existing First Contact Plus service for presenting patients as part of a social prescribing approach
- Providing an opportunity to target the Lightbulb housing offer to 'high risk' patients including using practice based data and case management information to identify target cohorts of people for this service

Case Study

Mr & Mrs G were seen by the Housing Support Coordinator (HSC) at the GP practice drop in session. Mrs G has dementia and is incontinent; her husband is her main carer. Mr G recognised he needed some help but was concerned about agencies "poking their nose in."

The HSC visited the couple within three days of the initial contact and completed a Housing MOT Checklist. This identified that Mrs G would benefit from assistive technology, which was ordered and installed. A referral was also made for an incontinence assessment. The HSC recognised that Mr G would benefit from some respite and with his agreement made a referral for a Community Care Assessment for respite support/carers relief. The HSC assisted with claims for both Attendance Allowance and Carer's Allowance. Mr G also recognised that he would benefit from linking into some community groups so information was provided to him about local dementia support groups and carers groups.

Mr G said "I am grateful for all the support my wife and I have received it has made life better for both of us. We are receiving extra benefits and although initially reluctant I have found the dementia support group helpful."

Lightbulb will provide a sound infrastructure and performance framework to further build the body of evidence around the contribution of this integrated and proactive approach towards housing support to the health and social care economy; placing partners in a strong position to engage with health colleagues around support for growth through the Better Care Fund.

As part of the implementation phase of Lightbulb, a full service specification is being developed which will enable operational roll out of the model outlined in this business case. Key milestones and timescales for this and other implementation work are outlined in section 13 below.

Service development

The development of Lightbulb as an integrated service delivery vehicle presents a number of opportunities for authorities to work collaboratively to achieve efficiencies and further improve the customer experience. A number of opportunities have been highlighted during the development phase of Lightbulb and the model includes scope within the central hub to explore and address these further in a co-ordinated and integrated way, including:

- Collective, smarter procurement practices such as bulk purchasing and common supplier lists
- Development of more flexible DFG solutions
- Sharing good practice and process improvement
- Opportunities to engage in a consistent, single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for home owners
- Continued customer insight work to identify services gaps and delivery countywide improvement
- Developing and improving the self serve offer for practical housing support

13. Key milestones and timescales for implementation

Following approval of this business case, Lightbulb's new, integrated housing offer will be implemented during 2017/18. It is recognised that partners will be at different states of readiness and it is important to reflect this, for example by considering a phased approach. However, to maintain momentum and ensure any double running costs associated with a phased approach are minimised it will be essential for all partners to undertake the shift into a new service model by October 2017.

Action: to support the transformation into a new Lightbulb Housing Service each partner will need to undertake a state of readiness audit and determine the earliest point at which the new service model can be implemented within their organisation in line with the October 2017 timetable

High level milestones to achieve implementation of the new Lightbulb Housing Service, incorporating the actions outlined throughout this business case, are set out below:

September – December 2016		
<i>Milestone</i>	<i>Responsible</i>	<i>Output</i>
Agree Lightbulb business case and recommendations through partner governance bodies	District and County Council Programme Board representatives. Support available from Lightbulb Sponsors or Programme team	Approved Business Case
Develop and agree financial plan and governance to support implementation of Lightbulb including: a) Identification of existing revenue funding that will be redirected to support Lightbulb and funding arrangements for year 1 (17/18) b) A transparent funding allocation model based on demand across different district council localities	District and County Council financial officers and Section 151 Officers, Lightbulb Programme team	Approved Financial Plan supported by appropriate governance agreements between partner organisations
Undertake a state of readiness audit and organisational transformation plan with implementation date across all partner organisations.	District and County Council Programme Board representatives. Support available from Lightbulb Programme team	Robust District and County Council state of readiness audits
Develop PID for Lightbulb implementation phase based on above	Lightbulb Programme team	Approved PID
Agree business structure for Lightbulb, including host authority and local delivery arrangements	District and County Council Programme Board representatives. Support available from Lightbulb Sponsors and Programme team	Identified host authority and delivery arrangements
Implement new governance arrangements for Lightbulb implementation phase	Lightbulb Programme team Partner representatives	Management Board and Delivery Group in place
Scope ICT requirements	Lightbulb Delivery Group, Lightbulb Programme team	Agreed ICT action plan
January 2016 – March 2017		
Finalise operational processes and service standards for Lightbulb (the Lightbulb specification)	Programme team, District and County Council representatives	Approved operational processes

Implement PID to manage organisational transformation plans and support the shift towards Lightbulb	District and County Council representatives. Support available from Lightbulb Programme team	Organisational change within partner organisations
Develop formal agreements to support business structure	District Legal Officers, Lightbulb Programme team	Approved governance agreements
Develop Lightbulb central hub and ICT solutions	Lightbulb Programme team Lightbulb Delivery Group	Hub arrangements and implementation plan in place supported by ICT
Develop trusted assessor training and general induction package for Lightbulb staff	Lightbulb Programme team Lightbulb Delivery Group	Agreed training package and training plan for Lightbulb staff
Consider feasibility of phased approach to implementation dependent on state of readiness audits	District and County Council representatives Lightbulb Programme team	Approved implementation timetable
April – October 2017		
Implementation from existing arrangements into new Lightbulb operating model	District and County Council representatives Lightbulb Programme team	Lightbulb service operational across the county

These milestones will be underpinned by a programme of cultural change and communication.

14. Recommendations

Through this business case partners are requested to:

1. Note the achievements to date and future benefits and potential of service transformation and redesign through Lightbulb
2. Agree the Lightbulb service model as the mechanism for delivering the housing support offer across Leicestershire for implementation no later than October 2017
3. Note the other practical actions and implementation milestones set out in the business case that will support the transformation into a new Lightbulb Housing Service and agree to take these forward across partner organisation including:
 - a. Agree to enter into refreshed governance arrangements to support the implementation and ongoing delivery of Lightbulb
 - b. Confirm the revenue funding assumptions associated with delivering the Lightbulb offer in each local authority by end October 2016 and commit to using these resources within the new Lightbulb service model
 - c. Work together to agree a funding allocation model that is based on demand modelling across the different District Council localities by the end of December 2016

This work will be supported and directed by the preparation of an Implementation Phase Project Initiation Document, for sign off by the Lightbulb Programme Board in December 2016.

4. Support early engagement with health regarding the benefits and potential savings of the Lightbulb model and opportunities to recognise this through the Better Care Fund plan

Appendix 1: Lightbulb Outline Job Roles

Please note the full Lightbulb job descriptions are currently being developed, alongside more detailed business processes, and we will be consulting with representatives from all partners on these.

Housing Support Coordinator

- To work with individuals in need to identify and access a range of housing support solutions that will enable them to remain independent and healthy in their home.
- To work closely with specialists within the Lightbulb team (including occupational therapists and technical officers); facilitating a holistic approach to housing support and supporting their work by offering individuals access to a wider range of housing support services.
- To work in partnership with other organisations and colleagues to facilitate a joined up approach to meeting identified need and issues
- Provide advice and information on, and recommend as appropriate the provision of equipment and adaptations which will enable people to maximise their independence within their home environment.
- Prescribe minor equipment and adaptations to meet assessed need
- Make recommendations for the provision of non complex major adaptations required to meet assessed need.
- Referring on to an Occupational Therapist where necessary
- To case manage customers through the Disabled Facilities Grant process, including carrying out financial assessments with the service user to determine Grant entitlement and detail any customer contribution required.
- To undertake follow up visits to confirm suitability of equipment/adaptations provided
- Maintain case records of involvement with the service user and action undertaken.
- To determine with customers any entitlement to other grants and loans on their homes.
- Provide support and cover for other Housing Support Coordinators across Leicestershire during annual leave, sickness and at other times.

Technical Officer

- Providing advice and support to customers and their families on the technical aspects of carrying out improvements and adaptations to properties
- To receive and examine applications for Disabled Facilities Grants, carry out inspections at all stages of work to ensure compliance with relevant legislation and standards.
- To liaise with other members of the Lightbulb team (Housing Support Coordinators, Occupational Therapists) in respect of Disabled Facilities Grant applications and to facilitate a more holistic approach to housing support
- To visit customers in their own homes and assess the building work required

- To write schedules of work and provide sketches/technical drawings
- Producing drawings with relevant documentation to local authorities for permission of planning, building control and ensure that all statutory notices are dealt with expeditiously according to statutory requirements.
- Liaising with Housing Support Co-ordinators, Occupational Therapists, Architects, Landlords, customers and other relevant colleagues to obtain agreement to schemes of work.
- To consider amendments to specifications, variations and applications for revised grants and keep control of the construction, maintaining effective working relationships with all parties.
- Carry out interim and final inspections to establish values and standards of works carried out to authorise release of interim and final payments.
- Provide support and cover for other technical officers across Leicestershire during annual leave, sickness and at other times.

Admin support

- To provide a full range of administrative support to the Lightbulb Team as required. This includes contacting customers, chasing up quotes, liaising with builders re dates for work to commence,
- To work closely with other teams and colleagues for example Assistive Technology and minor adaptations to support a joined up approach to housing support
- To contact customers/professionals in respect of referrals to Lightbulb ensuring we have all the information needed for colleagues to undertake home visits.
- To deal with all telephone enquiries as the first point of contact, this includes dealing with vulnerable individuals regarding sensitive issues such as their health.
- Deal with any enquiries from customers, on a right first time basis, by taking ownership of the resolution of the query where appropriate, this includes managing the Lightbulb mailbox.
- To maintain databases and filing systems and diary management on behalf of the team.
- To receive, process and administer recommendations for Disabled Facilities Grants in line with Council procedures
- To be responsible for inputting, processing payments and purchase orders and accessing financial systems for the Lightbulb Team.
- To gather and collate performance information providing monthly reports to the service manager.



Lightbulb Business Case

for Transforming and Integrating Practical
Housing Support in Leicestershire

November 2018 (0.7)



Amendment History:

Version	Date	Author	Changes
0.1	11.10.18	Lisa Carter / Richard Smeeton	Deleted unnecessary text from original doc
0.2	29.11.18	Lisa Carter / Richard Smeeton	Incorporated comments from J Toman, Q Quinney, Tara Bhaur, C Davenport and N Brown
0.3	2.12.18	John Richardson	Executive Summary and Recommendations
0.4	3.12.18	Lisa Carter	Revisions to tables, incorporated text from Quin Quinney
0.5	4.12.18	John Richardson	Final amends following conference call with Lisa Carter
0.6	13.12.18	Lisa Carter / Richard Smeeton	Further amendments to financial tables

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1. Foreword

This document represents a scheduled refresh of the original business case for the Lightbulb service that transformed housing support in Leicestershire and which began in October 2017. In the context of our County wide Integration Programme, housing, health and social care partners recognised a major opportunity to radically redesign housing support, moving away from a historically fragmented set of services and constructing a new integrated housing offer focused on health and wellbeing outcomes, such as maximising independence in the home and preventing falls.

The Lightbulb service originally benefited from a £1m transformation grant from the Department for Communities and Local Government, with a view to local learning being shared for the benefit of other parts of the country as an exemplar.

The original business case was constructed from the following core components of work.

- Demand analysis across a wide range of services and client groups
- Customer insight analysis and lean methodology applied to end to end processes to challenge existing practices
- Comparing housing support processes across different localities (for example examining the variation in the delivery of adaptations funded by Disabled Facilities Grants and how this could be streamlined)
- Testing components of the integrated offer and measuring their impact in different settings - e.g. integrated housing support for hospital discharge pathways, referrals from GP practice risk stratification lists, social prescribing for vulnerable people
- Developing performance metrics and dashboards to assess the impact of delivery - both operationally in terms of housing services performance, and strategically in terms of tracking the impact of housing support across the health and care system as a whole
- Developing the workforce and skill mix assumptions associated with the new model of service - crucially setting out how a more holistic “housing MOT” could be delivered, and how integrated housing support could be coordinated via case management in the future
- Developing a hub and spoke model of service with locality based teams, supported by a central hub
- Developing a costed model of the service, based on commissioning the new service offer from within existing funding sources
- Seeking agreement by stakeholders/commissioners to the new model of care and locality based costing model, with a view to implementation from 2019 onwards

The first year of the service has presented an opportunity to evaluate demand against the original costed projections, adjust the development of process delivery, measure performance and benefits to customers and lastly to investigate future opportunities for the service.

Cheryl Davenport
Director of Health and Care Integration
Lightbulb Programme Sponsor

Jane Toman
Chief Executive, Blaby DC
Lightbulb Programme Sponsor

Key facts – Overview

- The transformation of housing support services is supported by a number of national and local strategic drivers
- Evidence and analysis show Lightbulb offers significant savings to the local health and care economy by helping to reduce falls, emergency admissions and length of hospital stay. Pilot projects have already demonstrated the potential to save around £1.9m annually
- Remodelling and integrating services through Lightbulb delivers process efficiencies for partners with potential to reduce the delivery cost of Disabled Facilities Grants
- Lightbulb improves the customer journey, reducing handoffs and waiting times and putting the customer at the heart of the process. Customers have access to a wider and consistent offer of housing support across Leicestershire
- A targeted, proactive approach ensures Lightbulb is supporting the shift towards prevention
- The locality based delivery model enables Lightbulb to align with and support the development of locality integrated health and social care teams

2. Executive Summary

Lightbulb is part of Leicestershire's Unified Prevention Offer and Adult Social Care Strategy which brings together resources within Local Councils and NHS partners to ensure people can get the right level and type of support at the right time to help prevent, delay or reduce the need for on-going support and maximise their independence.

Disabled Facilities Grants are funded through the Better Care Fund and managed within Lightbulb to encourage areas to think strategically about the use of home adaptations and technologies to support people in their own homes and to take a joined up approach to improve outcomes across health, social care and housing.

As part of the original evaluation of Lightbulb it showed potential savings of £250,000. In addition the transfer of caseload management from Occupational Therapists to Housing Support Co-ordinators has realised an additional saving of £110,000 within the first year of service.

Further savings are projected to arise from reduced falls, emergency admissions and ambulance call outs and by integrating service delivery. Reducing length of stay in hospitals can also realise significant savings and synergies have been identified with the hospitals Housing Enablement Team.

Lightbulb has been operating as a single team since April 2018 and has faced significant challenges including:

- Bringing together a new team from a variety of agencies through TUPE which has resulted in a considerable turnover of staff
- Establishing a central administrative hub, contrary to the agreed business case
- Inheriting a sizeable backlog of cases
- The replacement of the service manager (following promotion)
- Difficulties with access to IT systems and the replacement of the performance management system

Despite the above challenges, Lightbulb has successfully managed to deliver the expected improvements during the first year of delivery, including:

- Reduced handoffs from 8 to 3 for assessment and installation of stairlifts and reduced costs by 11%
- Reduced stages from 27 to 13 for level access showers and reduced costs by 4%
- Managing a significant increase in demand across the board
- Transferred lower threshold work from high cost Occupational Therapists (OT's) to Housing Support Co-ordinators allowing OT's to focus on complex cases resulting in increased capacity for that team, enabling them to deal with an additional 37% case work increase
- Improved DFG delivery times in all but one District, achieving the stretch target of 20 weeks in two Districts
- Trained Housing Support Co-ordinators to become Trusted Assessors - this will further speed up delivery times as we move forwards

- Outcome star showing significant improvement in all areas from pre to post Housing MOT
- 96% customers answering yes to 'has the service achieved everything you wanted'
- Inclusion of Home Support Grant through increased flexibility by adopting Regulatory Reform Order

The initial funding for Lightbulb draws to an end on 31st March 2019 and, as such, it is timely to review the resources allocated for 2019/20. In order to do this, financial options have been prepared for consideration:

- Option 1 - existing staffing structure with an indicative 11% increase in service running costs, covering salary increases etc. This also includes the reallocation of costs to reflect demand in each area including central hub and operational officers
- Option 2 - Option 1 plus an Office Manager position to manage the administration officers and deliver requirements around performance, support back office systems and processes and proposed service improvements listed below
- Option 3 - Option 1 plus increases in Housing Support Co-ordinators and Technical Officers to address demand
- Option 4 – To financially support all options 1-3 above

It is recommended that partners sign up to a new 5 year Legal Agreement to provide service and staffing stability based on option 1, 2, 3 or 4.

In signing up to the continuation of Lightbulb for Leicestershire the Management Board will continue to strive for further public sector cost savings and customer service improvements through the following;

- Future Integration of Adaptations and Assistive Technology
- Enabling GP's and community health teams to access Lightbulb through First Contact Plus
- Investigating how Lightbulb can be used to target 'high risk' patients using practice based data and case management information
- Collective and smarter procurement practices
- Development of more flexible DFG solutions
- Engagement with social housing providers to discuss potential delivery of home adaptations in their stock
- Continued customer insight and sharing of best practice
- Development of a self serve offer for practical housing support

Next Steps

- Management Board to agree which option to progress through a collective governance process
- Partners to take a standardised report through individual governance processes to enable Legal and Information Sharing Agreements to be finalised prior to year 2 start date of 1 April 2019

3. Introduction

Background

Leicestershire has a strong track record of collaborative work around housing issues. In 2013 Leicestershire's Housing Services Partnership developed the Housing Offer to Health in conjunction with the Chartered Institute of Housing, which was adopted by the Leicestershire Health & Wellbeing Board.

The Housing Offer to Health set out how housing services can support and promote the health and wellbeing of residents across the County. The concept of Lightbulb was one of a number of practical opportunities to emerge from the Housing Offer to Health; now part of the BCF Unified Prevention Offer.

In September 2014, the County and District Councils made a partnership bid to the Department for Communities and Local Government and were successfully awarded a £1m Transformation Challenge Award grant to develop the Lightbulb concept. A Programme team was appointed in 2015 to work with partners and take this concept forward.

The previous model of service delivery in Leicestershire was fragmented and complex to navigate. Support was funded and managed across two tiers of eight local authorities meaning it was difficult for customers to know where to start. There were frequent handoffs and different housing support needs were often assessed and dealt with in isolation by different agencies, involving a range of different practitioners.

Waiting times within the various parts of the system were lengthy and uncoordinated delaying the social, health and economic benefits to be gained from supporting individuals to continue to live independently in their homes, and missed opportunities for more holistic solutions.

In October 2017, the Lightbulb service began, integrating practical housing support into a single service across Leicestershire. Lightbulb created an integrated, customer focused pathway across Leicestershire using a new Housing Support Co-ordinator role and the locally developed Housing MOT Checklist to identify a range of non-complex housing support needs and to deliver and co-ordinate the solutions. As well as reducing the complexity and handoffs associated with the current system, Housing Support Co-ordinators work with customers and carers to identify their own needs and preferred solutions; supporting the shift towards a lower cost, lower intervention and preventative approach, and one which is ultimately more person-centred.

The service delivers:

- A single access point into a range of practical housing support solutions
- A common, holistic housing needs assessment process

- A broader, targeted offer of practical housing advice, information and support, including self-help and self-service options
- An improvement in the Disabled Facilities Grant (DFG) process and delivery times

The shared ambition and key objectives detailed in the original business case have been rolled out to teams supporting each Leicestershire district locality. The key drivers of this integrated approach are to:

- Support health and social care integration and deliver savings by maximising the part that housing support can play in keeping people independent in their homes
- Helping to prevent, delay or reduce care home placements or demand for other social care services
- Avoid unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge
- Improve the customer journey; making services easier to access and navigate and ensuring the right solution is available at the right time with the right outcome
- Provide efficient, cost effective service delivery (particularly in relation to the delivery of Disabled Facilities Grants) through service redesign; capitalising on opportunities to realise economies of scale, more effective working practices, and improved processes to create greater capacity

This refresh of the Lightbulb business case is aimed primarily at local authority partners - County and District councils in Leicestershire – who will need to review the changes proposed since the original business case to realise and sustain the aims and ambitions of the Lightbulb Programme for the next 5 years of service delivery. It also presents important evidence to health colleagues and commissioners of the benefits of an integrated, targeted approach to housing support to the wider health and social care economy and evidences transformation of service delivery.

Key facts – Overview

- The concept of Lightbulb was one of a number of practical opportunities to emerge from the Housing Offer to Health; now part of the BCF Unified Prevention Offer.
- In October 2017, the Lightbulb service began, integrating practical housing support into a single service across Leicestershire
- This refresh business case presents important evidence to health colleagues and commissioners of the benefits of an integrated, targeted approach to housing support to the wider health and social care economy and evidences transformation of service delivery.

4. Strategic Context

Lightbulb as part of the Unified Prevention Offer

Lightbulb sits alongside a range of other initiatives as part of Leicestershire's Unified Prevention Offer, ensuring a co-ordinated approach to preventative services both across the county and different stakeholder organisations.

This represents a comprehensive preventative offer, bringing together resources available to Local Councils and NHS partners. Through this offer, every opportunity is taken to improve health and wellbeing, support vulnerable people, maintain people's independence, manage demand, and address the wider determinants of health and wellbeing.

The strategic direction provided by the multi-agency Unified Prevention Board ensures that the integrated housing pathway is developed through the Lightbulb Programme and is fully aligned with other initiatives as part of this comprehensive preventative offer.

Diagram 2 –Unified prevention offer for Leicestershire



Lightbulb supporting the Adult Social Care Strategy

Leicestershire's Adult Social Care Strategy builds on the vision to '*make the best use of available resources to keep people in Leicestershire independent*'. Lightbulb's integrated approach to housing support directly aligns with this vision and supports the model for future service delivery; helping to ensure people can get the right level and type of support at the right time to help prevent, delay or reduce the need for ongoing support and maximise their independence. The below shows how the Lightbulb model meets the various strategic needs of the Adult Social Care Strategy.

5. *Preventing need:*

- Housing expertise supports the advice and information offer; enabling individuals to make informed choices about their accommodation options and plan effectively for their future
- Lightbulb is a vehicle for the development of a countywide approach to preventative housing solutions such as equity release, independent financial advice and planning
- The development of self-help options is informed by a real understanding of the home environment and its impact on health and wellbeing, helping to maximise the preventative benefits of this approach and minimise hazards within the home environment.

6. *Reducing need:*

- Proactive targeting of 'at risk' individuals who would benefit from housing support interventions to improve their health and wellbeing, better manage existing conditions or prevent deterioration (for example through work with GP practices, environmental health teams, risk stratification etc)
- Effective triage that utilises housing expertise at point of enquiry
- A holistic approach to housing support that is able to identify the right option at the right time and make best use of available solutions, including a focus on innovative, customer led solutions and integration with other offers such as Assistive Technology.
- Integrated, countywide processes that reduce waiting times for DFGs and are more customer focussed

7. *Delaying need:*

- Supporting timely hospital discharge and preventing re-admissions through the Housing Enablement service within the overall Lightbulb model
- Aiding recovery through the development and mobilisation of innovative, customer focussed housing support

8. *Meeting need:*

- Help ensure the best use of resources (including equipment); delivering efficiencies through, for example, integrated procurement, use of the trusted assessor role, making the most effective use of specialist skills and roles

Disabled Facilities Grant and the Better Care Fund

Statutory funding for major adaptations in the home is allocated in the form of the Disabled Facilities Grant (DFG). Since 2015/16 these allocations have been made to District Councils through the Better Care Fund (BCF) plans and their pooled budgets operating between NHS and LA partners in each upper tier authority area. The rationale for the DFG allocations to be included within the BCF plans/pooled budgets is to encourage areas to think strategically about the use of home adaptations and technologies to support people in their own homes and to take a joined up approach to improve outcomes across health, social care and housing.

The Government's Spending Review (November 2015), outlined a commitment to increase the amount given to local authorities for DFG from £200m in 2015/16 to £500m nationally in 2019/20. The BCF, coupled with the Regulatory Reform Order, provides the opportunity to look more flexibly at how DFG funding is spent, including strengthening links to health and social care priorities.

In addition to increased DFG allocations, the revised BCF Policy Framework and planning guidance for 2016/17 introduced a new national condition requiring local areas to develop a clear, focused action plan for managing delayed transfers of care from hospital (DTOC). Local BCF plans are required to consider how the voluntary and community sector can contribute to reductions in DTOC and to consider whether other local stakeholders, such as housing providers have a role to play in efforts to reduce delays.

Coupled with the continued emphasis on avoided hospital admissions and readmissions, these developments both support the Lightbulb vision and act as a further driver for change.

Key facts; strategic context and the case for change

- Service transformation is supported by a number of national and local strategic drivers, including the BCF and national targets to improve hospital discharge.
- A growing body of evidence is demonstrating that savings can be achieved from a targeted, preventative and holistic housing support offer
- Leicestershire's ageing population will increase the pressure on health and social care services, driving the need to find more integrated, targeted and efficient service solutions such as Lightbulb
- An integrated approach to housing support improves the customer journey and support the challenges faced by the local health and social care economy
- The opportunity of additional funding is leading to increased innovation and transformation.

5. The Lightbulb Service

Benefits to the health and care economy

The original business case showed that the Lightbulb service would provide savings to the local health and care economy through the new service offer. Pilot projects undertaken prior to Go Live demonstrated the potential to save around £2m annually for health and social care.

As part of the original evaluation of the potential savings, measured within the Lightbulb pilots, 18 Housing Support Co-ordinator cases were analysed looking at pre and post Lightbulb intervention. This showed the potential costs savings to Adult Social care of £250,000 per year. In addition, the redistribution of caseload management from Occupational Therapy to Housing Support Coordinators has realised an actual saving to Adult Social Care of £110k, in the first year of service.

Further savings are projected to arise from reduced falls, emergency admissions and ambulance call-outs, integrated service delivery and reduced length of hospital stay.

The Lightbulb service will therefore be one of a number of contributory factors to achieving improved performance on these metrics.

Medium and longer term benefits, potential financial return and opportunities for savings through Lightbulb are outlined below:

	Benefits to	Savings
Reduction in Falls	Health and Social Care	£614,000
Falls call-out and conveyances	EMAS	£55,000
Housing Support Co-ordinator role	Adult Social Care	£250,000
UHL Hospital Housing Enabler*	Health	£550,000
Bradgate Unit Housing Enabler*	Health	£475,000
DFG process reduction	District Council's	£92,000
DFG delivery cost reduction	District Council's	£65,000
	Total	£2,101,000

* These services operate across both Leicester and Leicestershire and benefits are therefore across the wider, local health economy

Sitting alongside the hub and spoke Lightbulb model, is the Hospital Housing Enabler service (HET) which is seeking mainstream funding as part of its own business case. This service operates across Leicester and Leicestershire. Savings projected as part of this service to the health economy are included in the table above.

Delivering process improvement and efficiencies – year one

Lightbulb service redesign is based on existing functions that were directly aligned to the functions to be carried out through the Lightbulb hub and spoke service model. Key revenue funding streams were identified and comprise the existing funding ‘pot’:

- Funding that currently supports the delivery/administration of Disabled Facilities Grants (i.e. excluding capital grant expenditure; district council funding stream)
- For those District Councils that utilise DFG grant monies to fund the administration of DFGs, advice has been sought that suggests this practice may continue, however, Councils will be required to ensure their own external auditors are in agreement with this practice during the transformation.
- Funding that currently supports the delivery and processing of assessments for minor adaptations and equipment
(Leicestershire County Council funding stream)
- Funding that currently supports the housing based advice, information and signposting offer (Leicestershire County Council funding stream)
- A proportion of existing Occupational Therapy funding, freed up as a result of a move towards a trusted assessor model through the HSC role (Leicestershire County Council funding stream)

The model was based on demand totals for workload that was to be included in the service and staffing resources employed according to the needs evidenced in this demand. However, at go live, there were several hundred cases as an inherited backlog hadn’t been accounted for that the Lightbulb service had to complete. This caused initial underperformance in terms of predicted timescales for delivery so it is worth noting that the good performance detailed below has been with a backdrop of excessive additional upfront workload.

It was agreed that demand would be evaluated and adjusted based on current service demands for the first full year in operation and this business case would include any increase in staffing costs and overheads and any additional changes to the percentage contribution each district makes which could arise from any changes to the original demand model.

Original demand was mapped as per the below table. This table includes the revised demand based on the first year of service and any increases:

District Based Localities	Previous % Demand	Revised % demand	Variance
Blaby	13	14	+1
Charnwood	26	24	-2
Harborough	10	14	+4
Hinckley & Bosworth	18	17	-1
Melton	9	8	-1
NW Leicestershire	15	14	-1
Oadby & Wigston	9	9	0

The Lightbulb service has greatly reduced processes, saving time for customers and provides efficiencies for all organisations involved in respect of staff time and costs.

New, integrated processes have delivered reduced steps in the processes for delivery of certain types of DFG's (shown in the table below. Consequently this has reduced the number of handoffs for customers representing a better service.

	Number of steps prior	Number of steps post	Number of handoffs prior	Number of handoffs post
Stair lifts	24	10	8	3
Level access showers	27	13	9	5

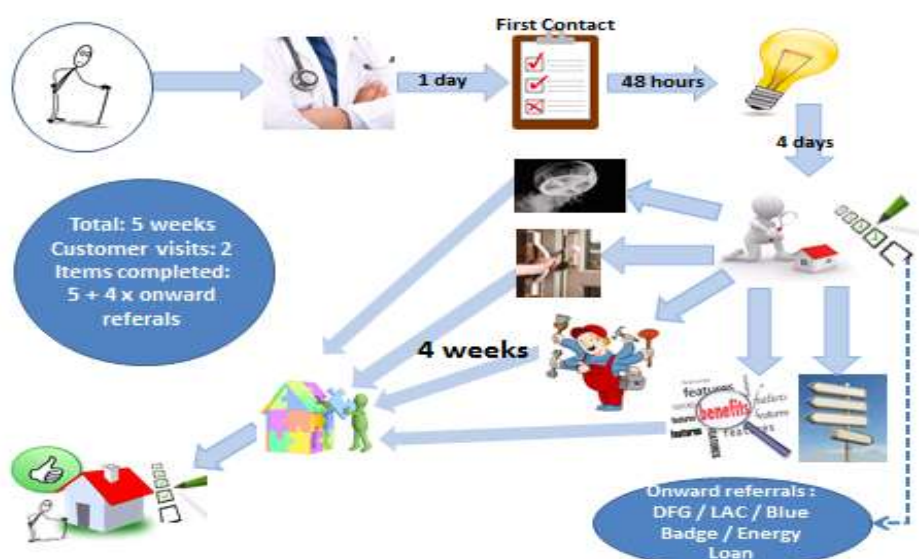
It is important to note the following:

- Where there are handoffs in these processes, they are co-ordinated by the Housing Support Co-ordinator role to ensure a more customer focused service with one point of contact.
- The business case for the Lightbulb service calculated that improvements to the process for assessment and installation of a stair lift would **reduce the current unit cost of this activity by 11%** (from £2429 to £2164 (approx.) and for level access showers **by 4%** from £5408 to £5210 (approx.). It was predicted that this would save £92000 in year one. The actual saving is £96000 based on 158 stair lifts and 275 level access showers being fitted in Leicestershire between October 2017 and September 2018.

Role of the Housing Support Co-ordinators

The offer delivered by the Housing Support Co-ordinators is detailed below and shows the differing referral route that is more prevention targeted and the wider range of services that can be organised and delivered in a quicker and more efficient way. It is important to note that a DFG may also be required but this becomes only one option from a range of interventions.

The Lightbulb Customer Journey



Since the full roll out of Lightbulb in October 2017, the service has completed approximately 4300 housing support coordinator cases for the benefit of customers across Leicestershire. This represents an increase of around 50% to the projected workload. The previous demand was based on the throughput and productivity of cases through the previous CAT contract held by Adult Social Care and the projected number of OT cases that could have been completed within the HSC role.

The additional productivity shown by the Housing Support Coordinators, over and above that was projected, will have also had an impact on Occupational Therapists allowing them to concentrate on delivering more complex caseloads, representing a better return on investment for Adult Social Care. The OTs that operate to support the Lightbulb model have completed an additional 37% of cases than projected to be delivered prior to full roll out of the service.

This means that across these roles, the service has been significantly more productive and efficient than initially projected. Analysis of HSC cases during the first year of delivery is shown in the table below:

District	HSC case delivery times (days)
Blaby	29
Charnwood	93
Harborough	23
Hinckley & Bosworth	26
Melton	23
NW Leicestershire	27
Oadby & Wigston	33
Average	36

Timescales show the average overall delivery of a case is 36 days. This is measured from date of referral from source (e.g. CSC, First Contact) to the date that the case is closed. The average for Charnwood is significantly larger than for the other districts. This is due to the increased backlog that occurred at the start of go live when HSC recruitment was delayed.

Delivery of this workload is largely comparable to the CAT contract that was in place prior to the start of the Lightbulb service. Average delivery timescales for these cases were around 42 days, meaning the new delivery of the service is around 1 week quicker.

"If it hadn't been for (the Housing Support Co-ordinator) I probably would have not been able to stay in my home in the long term, they have helped me so much. I now feel quite confident compared to what I use to."

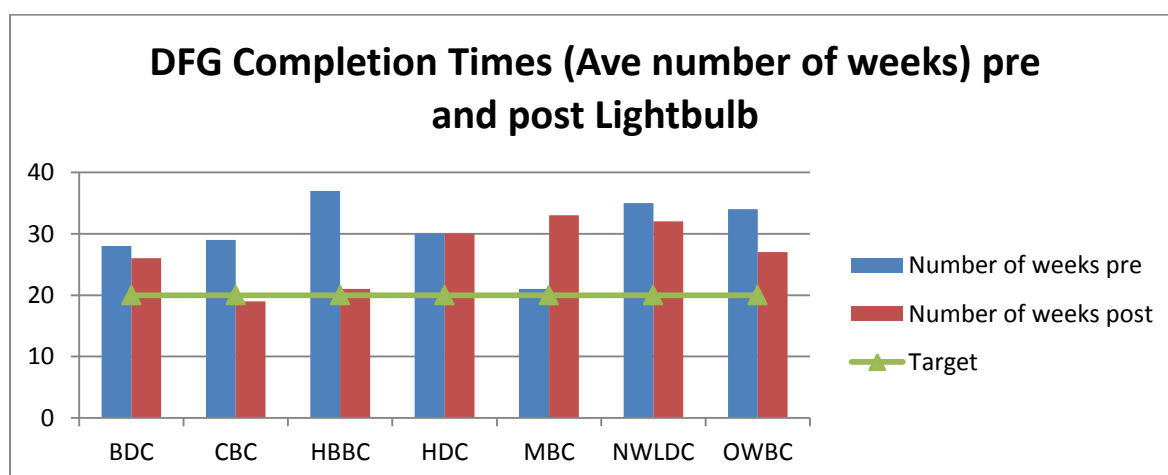
Disabled Facilities Grants delivery

Prior to go live, existing service pathways for the assessment and completion of Disabled Facilities Grant were complex and lengthy, for example: Initial analysis for the original business case showed that

- The previous process for assessing and installing a stair lift incorporated 24 different stages with approximately 8 handoffs
- The previous process for assessing and installing a level access shower incorporated 27 different steps and 9 handoffs

Throughout the year the number of cases being referred for a DFG has reduced by 43%. This is partially due to the predicted shift from major adaptations to minor adaptations delivered by HSC's and is in line with the objectives of the original business case and the prevention ambitions of local and central government.

During the pilot phase, DFG delivery times were monitored regularly as part of the performance framework. The chart below compares average DFG completion times in weeks since go live, to completion times for 2016-17, the last full financial year of data available. An overall target for Leicestershire of 20 weeks for DFG end to end times was set at Go Live:



The chart shows that, so far, two districts, have reached the DFG delivery target with one district slightly above target. All districts but one have achieved improved delivery times with Melton being the outlier. Delivery times for Melton are an outlier due to historical caseload backlog that came into the Lightbulb service at go live. When the data for completion times is broken down since go live, it can be seen clearly, that performance has significantly improved and is now in line with the target of 20 weeks. Quarter 3 2017/18, shows an average completion time of 36 weeks. Quarter 4 saw this reduce to 26 weeks and by Quarter 1 of 2018/19, this has reduced further to 20 weeks. This is in line with the target and the service is confident this will be maintained.

Analysis of DFG performance shows that historical cases have had an impact on projected delivery timescales. As with Melton it is anticipated that this will improve as more existing cases follow the new pathways for delivery.

Throughout the 2018/19 financial year it is forecast that DFG delivery times will improve with the advent of Housing Support Coordinators becoming Trusted Assessors for category A DFG's (stair lifts). Alongside this, the service is working towards creating a framework for contractors which will speed up the process around quotes for services, particularly relevant for level access showers.

The below table charts DFG spend against allocation for the 2018/19 financial year as at October 2018. It details the allocation for DFG spend from the Better Care Fund 18/19, the actual spend to date, what the predicted spend will be once all DFG's that are currently in the system have been completed and the agreed contributions to the Regulatory Reform Order. The last column shows what allocation is likely to remain for each district taking into account projected spend and the cost of the RRO:

District	Allocated funding 18/19	Actual spend on DFG's to date	Predicted spend on jobs in workflow	RRO allocation	*Estimated costs of jobs not started by area	Predicted DFG Allocation at end of 18/19
BDC	£542,165.00	£161,225.75	£273,108.00	£30,000.00	£221,138.00	-£143,306.75
NWLDC	£621,202.00	£200,389.34	£133,669.00	£30,000.00	£23,225.00	£228,918.66
MBC	£281,543.00	£92,519.88	£73,150.00	£30,000.00	£77,683.00	£18,190.12
HDC	£418,476.00	£86,506.05	£227,058.00	£30,000.00	£226,111.00	-£151,199.05
HBBC	£472,848.00	£191,227.00	£316,084.00	£30,000.00		-£64,463.00
CBC	£920,160.00	£115,941.03	£128,350.00	£30,000.00		£645,868.97
OWDC	£375,897.00	£70,406.42	£144,317.22	£30,000.00	£202,946.00	-£61,772.64

DFG capital funding has increased within the Better Care Fund, however, revenue remains the same, meaning that unless the number of requests for DFG's increases, capital expenditure cannot be fully utilised. However, under the Regulatory Reform Order (Housing Assistance) (England and Wales) Order 2002, local authorities can use DFG funding in a preventative way to promote independence for service users in their own homes.

It is proposed that this additional assistance to customers includes:

- Relocation Grant – where a property cannot be adapted and relocation is the most cost effective option
- Supporting individuals with diagnosed Mental Health or learning disability to remain in their own home
- Home support Grant – for essential repairs to help people remain safe in their homes
- Ceiling track hoists / Equipment for long term diagnosed conditions
- Extended warranty cover on equipment
- Module Ramping / suitcase / folding ramps to support hospital discharge
- Cover funding gaps
- Drop kerbs

This work will help the service shift to a preventative model offering further scope to deliver additional needs to customers in their home. This is aligned to the expansion options in the below section of the document.

Customer impact

The customer insight work conducted prior to the development of the original business case showed that 95% customers wished to have a single point of contact. This principle has been developed within the service for all cases that do not involve a DFG. Where a DFG is required there is a single hand off to a Technical Officer. As part of the roll out of the future trusted assessor model, Housing Support Coordinators will become the single point of contact for some DFG categories, helping to fulfil the ideology developed in the customer insight work.

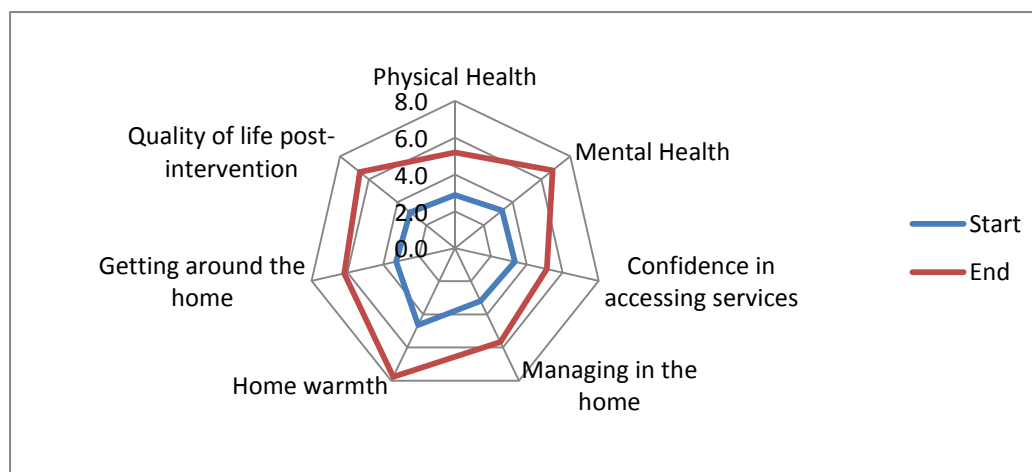
Some Lightbulb customers have been known to services, however a significant proportion have not been known, apart from visiting their GP, Lightbulb has been able to undertake targeted prevention work with these individuals with the aim of reducing or delaying their need to access more costly services and can signpost customers very effectively to Leicestershire's wider prevention offer via First Contact.

Further customer insight work is programmed into the future developments phase over the next five years.

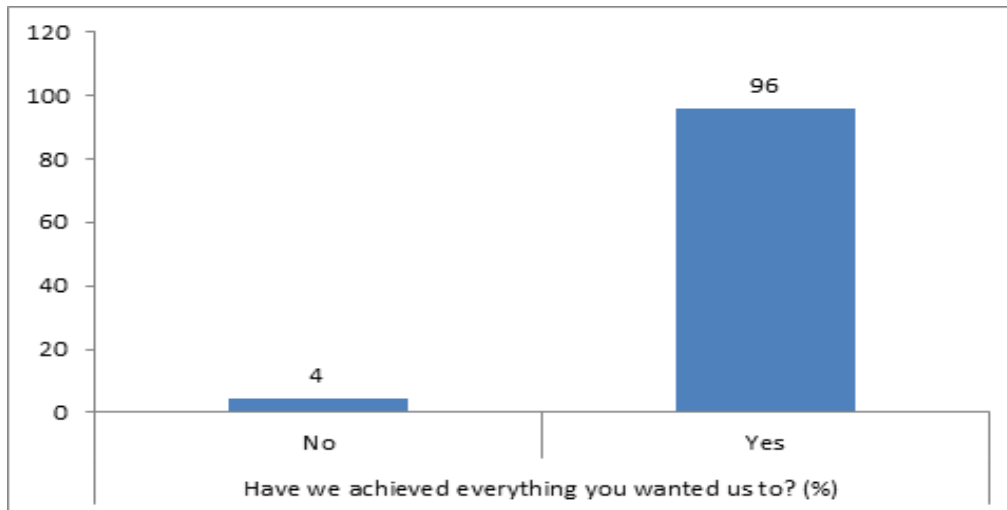
Service Model – A customer perspective

The Lightbulb service involves the measuring how outcomes have improved for customers post intervention. Housing Support Coordinators work with residents to evaluate the impact of interventions; scoring themselves against a set of outcomes to track improvements. The outcomes star below shows how customers score themselves on a scale of 1-10 for each element. The scores are averaged from 100 Lightbulb customers, before and after intervention. The start line shows the average scores against each outcome at the beginning of the Housing MOT with the end line showing how customers ranked themselves at the end of the process.

The biggest impact was against the quality of life post-intervention and mental health outcomes, followed by home warmth and managing in the home.



Housing Support Coordinators ask customers if the service has achieved everything they wanted us to do. Overwhelming, 96% customers answered 'yes' to this question.



"The level of independence is immeasurable and makes us feel much better. We are grateful for all the help we received and impressed how quickly things got done. Our lives are much improved."

Key facts: The Lightbulb Service

- A targeted, proactive approach ensures Lightbulb is supporting the shift towards prevention. Lightbulb is delivering services in an efficient and productive way.
- Service solutions and interventions are customer focused and include support to self-help.
- The service is delivering excellently against customer expectations.
- The Housing MOT checklists provide a tool for identifying and responding to a range of housing needs in a holistic way
- A hub and spoke Lightbulb model ensures effective links with other locality services and functions and enable housing support to be fully integrated with health and social care teams in each area

6. The financial model

It is important to note that within the financial options costs are indicative at this stage. Accurate salary and establishment costs are being drafted along with forecasted increases on additional expenditure for example, car allowances, small supplies and service provision. The approximate 11% uplift is an estimate as to what this will equate to and has been used to enable initial costings to be calculated. This business case will be updated with finalised costings for 19/20 as soon as they become available.

The Lightbulb service and associated financial contribution model was predicated on partners paying a percentage of the costs according to the demand in workload and over 65 population statistics for each locality prior to October 2017. Each locality's proportion of the overall share of the demand across Leicestershire was then used to calculate both their overall contribution and the proportion from that, would be used to fund services within the central hub.

For this refresh, the demand totals have been evaluated and adjusted based on current service workload for the first full year in operation along with predicted population for over 65's by 2020.

Population numbers have been included in this refresh as it was included in the demand calculations for the original business case. Therefore, to make a true comparison it should also be used in any refresh. Secondly, it gives a good indication as to which localities may show future increases in workload for adaptations, particularly minor ones delivered by HSC's. As these types of adaptations are not means tested, demand is more likely to increase based on the population and not necessarily those eligible for Adult Social Care services in general.

It is important to note that the percentage figures are only approximate and will be adjusted annually based on the same formula and that these are used for financial contributions and not to determine levels of required staffing.

Table 1:

	BDC	CWD	HDC	HBBC	MBC	NWLDC	OWBC	<u>Totals</u>
HSC cases	636	1204	410	705	397	610	374	4336
OT cases	178	264	146	266	132	194	98	1278
Non-complex DFG's	121	168	75	78	41	86	42	611
Complex DFG's	26	30	18	5	6	7	14	106
First Contact	38	157	27	123	23	103	23	494
Population over 65	20900	34800	21000	25500	12200	21100	12600	148100
<u>Total</u>	21752	36425	21583	26594	12752	22007	13095	154208
% demand	14	24	14	17	8	14	8	100

The revised percentages can be seen in the table below:

Table 2: Lightbulb Service Demand for 18/19 and 19/20

District Based Localities	Previous % Demand (18/19)	Revised % demand (19/20)	Variance
Blaby	13	14	+1
Charnwood	26	24	-2
Harborough	10	14	+4
Hinckley & Bosworth	18	17	-1
Melton	9	8	-1
NW Leicestershire	15	14	-1
Oadby & Wigston	9	9	0

Option 1 – Current level of service

Option 1 of the business case shows the indicative additional contributions required from partners to meet the proposed increase of 11% for 2019/20. This percentage covers rises to reflect basic salary increases and overheads of around 11% on average, which takes into account any increments and the already agreed pay award alongside additional costs to service delivery.

This option does not include any increases in establishment staffing to meet any increase in workload demand (this is detailed in options below).

Current costs for the Lightbulb service are £791,063 for 2018/2019. In July 2018, the Management Board for Lightbulb agreed to an indicative uplift to costings to the threshold of 11% which equates to an additional £91,767 for Option 1, making a total of £882,830.

The below table shows the revised total contributions for each partner. This contribution includes contributions to the central hub, based on the suggested 11% increase in service running costs and has been reapportioned to the revised demand percentages for each area as detailed in the table 1 above:

Table 3: Contribution for Frontline Staffing for 18/19 and 19/20

District	Current contribution	Future Contribution inc service costs adjusted by demand (11%)	Variance
Blaby	£74,251	£77,640	£3,389
Charnwood *	£103,833	£107,635	£3,802
Harborough	£48,216	£56,503	£8,287
Hinckley & Bosworth	£67,679	£86,246	£18,567
Melton	£38,601	£42,207	£3,606
NW Leicestershire	£54,182	£65,057	£10,875
Oadby & Wigston	£38,601	£41,442	£2,841
LCC	£365,700	£406,100	£40,400
Total	£791,063	£882, 830	£91,767

*Charnwood's contribution equals £25,122 to the central hub only.

Table 4: Partner Contribution to the Central Hub 18/19 against 19/20

District	Current contribution to central hub based on prev demand %	Future Contribution to central hub based on revised demand %	Variance
Blaby	£13,529	£14,341	£812
Charnwood *	£23,166	£23,838	£672
Harborough	£9,707	£10,600	£893
Hinckley & Bosworth	£15,576	£16,191	£615
Melton	£8,292	£8,620	£328
NW Leicestershire	£12,723	£13,226	£503
Oadby & Wigston	£8,292	£8,707	£415
LCC	£79,413	£83,384	£3,971
Total	£170,698	£178,907	£8,209

Option 2 –inclusion of the role of Office Manager

In addition to Option 1, this option includes introducing the role of Office Manager. This addition to the Central Hub establishment is required to line manage additional admin staff (allocated to each locality) that partners requested be included in the establishment. The alternative to this would be to manage admin at a local level by individual organisations. The benefit of having all admin staff together enables efficiencies of scale and resilience especially relevant when locality admin posts are not full time.

The post would also support delivery of the Major Adaptions service which is currently provided by LCC and will be transferred to Lightbulb in February 2019 along with additional administrative resource provided by LCC to meet current service demand; and will oversee the administration derived from the newly implemented Home Support Grant.

Management Board are aware of the difficulties that the Central Hub have had in providing performance data and it will be this Officer's duty to undertake all performance data requirements and supervision of all Administrators.

Expansion and future developments to the service and will release capacity from the Service Manager to deliver more strategic elements as part of the 5 year forward view. Additional information on the developments for the next 5 years is detailed in a section below.

The cost of this post to each locality and to the County Council is shown in table 5 below:

Table 5:

District	Option 1 contribution	Option 2 Contribution inc Office Manager	Variance to option 1
Blaby	£77,640	£80,187	£2,547
Charnwood *	£107,635	£112,002	£4,367
Harborough	£56,503	£59,050	£2,547
Hinckley & Bosworth	£86,246	£89,339	£3,093
Melton	£42,207	£43,663	£1,456
NW Leicestershire	£65,057	£67,604	£2,547
Oadby & Wigston	£41,442	£43,079	£1,637
LCC	£406,100	£421,600	£15,500
Total	£882, 830	£916,524	£33,694

*Charnwood's contribution equals £29,489 to the central hub only.

The Officer Manager post is essential to create the resilience for the service and support the Administrators who book all appointments for the HSC's (of which this is approximately 50% of their work) as well as collect and disseminate data on HSC performance from IAS and an internal database. This post is also instrumental in making sure referrals are processed and appointments made and customers update by ensuring the coordination of resource across the County.

Option 3 –increase of Technical Officers and Housing Support Co-ordinators

As mentioned previously, Lightbulb staffing resources are mapped to meet the current demand in workload. As part of the refresh for the business case, the resources required from April 2019 onwards have been calculated in the same way as the original business case, by using existing information about the demand for services to quantify the staffing resources required to deliver the Lightbulb service overall.

This has been refreshed based on the first year caseload of referrals both completed and awaiting completion. This level of analysis is used to determine what staffing resources will be needed to meet the demand.

Demand mapping has included all key elements of the holistic Lightbulb offer currently being undertaken:

- Housing Support Coordinator workload
- Occupational Therapist caseload
- Non-complex disabled facilities grant
- Complex disabled facilities grants
- First Contact referrals

This will include the 11% additional staffing costs. This level of funding will ensure the increased and existing demand is met without detriment to service standards and

it is anticipated that service standards will improve further with the proposed increase in resources.

By mapping this demand against the HSC, Occupational Therapist and Technical Officer roles, the following staffing resources are anticipated across each local Lightbulb team and within the central hub. This work presents an overall picture of Lightbulb demand across the county, broken down by District Council area as follows:

Table 6:

District Based Localities	Current HSC FTE	Future HSC FTE	Current Technical Officers FTE	Future Technical Officer FTE	Current Admin FTE	Future Admin FTE
Blaby	1.7	1.9	0.7	1.1	0.5	0.5
Charnwood	3.0	3.7	1.0	1.2	0.5	0.5
Harborough	1.2	1.2	0.7	0.7	0.4	0.5
Hinckley & Bosworth	2.3	2.1	0.6	0.5	0.5	0.5
Melton	1.0	1.4	0.3	0.2	0.4	0.3
NW Leicestershire	1.8	1.7	0.4	0.6	0.4	0.5
Oadby & Wigston	1.0	1.2	0.3	0.4	0.4	0.3
Leicestershire (locality based)	12	13.2	4*	4.7	3.1	3.1
OT resource are also part of the Lightbulb team in each locality						

*an additional 0.4 fte is employed to work across the localities to support delivery

There is additional HSC requirement, firstly due to increased demand but also when the increased demand for stair lifts (to be undertaken by HSC's in a trusted assessor role) is included in the HSC workload, staffing at this level increases by 1.2 FTE. The Technical Officer resource across Leicestershire currently equates to 4.4 FTE. Due to the shift in stair lift workload this will increase to 4.7, as per the above table.

This increase in resource is in large part required due to the backlog of cases that were inherited and carried over from the CAT contract, from Papworth and from some Districts as part of the DFG integration into Lightbulb. Also, HSC's have only just achieved trusted assessor qualification and the spreadsheet is calculated on the basis of work completed and pieces of work in the system. The increase in resource would also help achieve the 20 week aspiration for all Districts quicker and allow increased capacity for RRO opportunities as they evolve. The spreadsheet and formulas are the same as used in the initial Lightbulb business case and can be further explained at Delivery Group/Management Board.

The costs for the service with apportioned additional staffing to deliver the increase in demand for 2019/20 is shown in table 6 below. As workload demand could be calculated annually and staffing levels adjusted to meet this, the proposed additional

staffing could be for a fixed term only and readjusted once any backlog is cleared or delivery targets are being consistently met.

Table 7:

District	Option 1 contribution	Option 3 Contribution inc TO and HSC	Variance to option 1
Blaby	£77,640	£86,466	£8,826
Charnwood *	£107,635	£122,755	£15,120
Harborough	£56,503	£65,323	£8,820
Hinckley & Bosworth	£86,246	£96,956	£10,710
Melton	£42,207	£47,247	£5,040
NW Leicestershire	£65,057	£73,877	£8,820
Oadby & Wigston	£41,442	£47,112	£5,670
LCC	£406,100	£422,100	£16,000
Total	£882, 830	£961,830	£79,000

*Charnwood's contribution equals £26,227 to the central hub only.

Option 4 – 11% salary uplift, addition of an Office Manager and increase in Technical Officers and Housing Support Co-ordinators

This is the combination of options 1, 2, and 3 detailed above. This option gives the service greater opportunity to reduce the backlogs that currently exist and to provide greatest resilience, ability to focus management and leadership on the strategic elements and expansion of the service creating a truly preventative approach to all housing related services across Leicestershire.

The financial contributions for this option are shown below in table 8.

Table 8:

District	Option 1 contribution	Option 4 Contribution inc TO and HSC and OM	Variance to option 1
Blaby	£77,640	£89,007	£11,367
Charnwood *	£107,635	£127,122	£19,487
Harborough	£56,503	£67,870	£11,367
Hinckley & Bosworth	£86,246	£100,049	£13,803
Melton	£42,207	£48,703	£6,496
NW Leicestershire	£65,057	£76,424	£11,367
Oadby & Wigston	£41,442	£48,749	£7,307
LCC	£406,100	£437,600	£31,500
Total	£882, 830	£995,524	£112,694

*Charnwood's contribution equals £30,642 to the central hub only.

7. Future direction and service development

Service development

The development of Lightbulb as an integrated service delivery vehicle presents a number of opportunities for authorities to work collaboratively to achieve efficiencies and further improve the customer experience. A number of opportunities were highlighted during the development phase of Lightbulb and the model includes scope within the central hub to explore and address these further in a co-ordinated and integrated way, including:

- Collective, smarter procurement practices such as bulk purchasing and common supplier lists
- Development of more flexible DFG solutions
- Sharing good practice and process improvement
- Opportunities to engage in a consistent, single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for home owners
- Continued customer insight work to identify services gaps and deliver countywide improvement
- Developing and improving the self-serve offer for practical housing support
- Embedding a new assistive technology offer as part of the Housing MOT.

Leicestershire's population growth patterns have implications for the provision of services for older people in particular. An increasing number of older people with complex care needs means more pressure on health and social care services. Supporting people to maintain their independence and manage their own health and care needs are key to managing demand on these resources.

The Government's commitment to increase funding for Disabled Facilities Grants through the Better Care Fund does, in itself, present challenges in terms of resources required to deliver additional activity and the continuation of the Lightbulb service sees Leicestershire well placed to respond.

The Lightbulb service is developing a 5 year future development plan in order to help create a preventative approach to care across Leicestershire that aims to support people in their own homes and further meet their needs.

The service is investigating incorporating the following into future service delivery:

- Merge and manage the work of the adaptations team
- Lead Assistive Technology initiatives
- Manage additional DFG Funding
- Co-ordinate further engagement with Public Health
- Lightbulb RRO – to procure modular ramping, hoists etc
- Dementia Friendly Homes
- Extension of Hospital Housing Enablement Team
- Extension of Programme across all Tenures
- Incorporating the work on major adaptations currently undertaken by the County Council

- Targeted work for identified cohorts i.e. Integrated Locality Teams patient cohorts including those who are frail and with 5 or more long-term conditions

The Lightbulb model is also working to embed the learning and good practice from the Hinckley and Bosworth integrated locality teams pilot and provides a vehicle to roll out this proactive, targeted approach across Leicestershire by:

- Enabling GPs and community healthcare teams to access the Lightbulb housing offer through the existing First Contact Plus service for presenting patients as part of a social prescribing approach
- Providing an opportunity to target the Lightbulb housing offer to 'high risk' patients including using practice based data and case management information to identify target cohorts of people for this service (those that are frail or multi-morbid, for example)

Lightbulb provides a sound infrastructure and performance framework to further build the body of evidence around the contribution of this integrated and proactive approach towards housing support to the health and social care economy; placing partners in a strong position to engage with health colleagues around support for growth through the Better Care Fund.

Key facts: Future Direction and Service Development

- The Lightbulb service is required to support ongoing pressures and demand for housing services.
- Opportunities exist for even greater efficiencies around procurement, more flexible DFG solutions, process improvement, fit for purpose home adaptations, customer self-service and new technology in the home

8. Programme governance

Since go live, the programme has been supported by a dedicated Management Board comprising senior level representation from the seven District Councils, the County Council's Adult Social Care and Public Health services and the Director of Health and Social Care Integration. A Delivery Group supports the Management Board operationally and has responsibility for the development and delivery of the operational service design, programme plan and programme risks.

The programme governance structure also ensures a formal link into the countywide Unified Prevention Board which, in turn reports through the Integration Executive to the Leicestershire Health and Wellbeing Board.

The lightbulb programme has clear governance links to the decision making and governance in each district council, the County Councils Adult Social Care department and Cabinet and the Members Advisory Group for Health and Housing.

Equality Impact and Needs Assessment

Alongside our continued engagement with customers and user groups, an initial equality impact and needs assessment (EINA) has been completed, to support the development and implementation of the Lightbulb service. This enables us to identify any negative or adverse impact on particular groups and put actions in place to minimise or remove such impact as part of the programme plan.

The Lightbulb Programme Board will consider how best to take this forward as a joint impact assessment across partners organisations as part of the sign off of this business case. The programme continues to be informed by ongoing customer engagement to ensure the EINA remains fit for purpose.

9. Recommendations

The initial funding for Lightbulb draws to an end on 31st March 2019 and, as such, it is timely to review the resources allocated for 2019/20. In order to do this, financial options have been prepared for consideration:

- Option 1 - existing staffing structure with an indicative 11% increase in service running costs, covering salary increases etc. This also includes the reallocation of costs to reflect demand in each area including central hub and operational officers
- Option 2 - Option 1 plus an Office Manager position to manage the administration officers and deliver requirements around performance, support back office systems and processes and proposed service improvements listed below
- Option 3 - Option 1 plus increases in Housing Support Co-ordinators and Technical Officers to meet increased demand
- Option 4 – To financially support all options 1-3 above

It is recommended that partners sign up to a new 5 year Legal Agreement to provide service and staffing stability based on Option 2.

It is recommended that Option 3 be dealt with outside of the main contributions as this is a temporary measure. The total of another Technical Officer is £44,306 for which the costs can be capitalised. The total cost for the additional HSC resource would be £34,694 which if split 7 ways would equate to £4,956 each. (Over a 12 month period).

In signing up to the continuation of Lightbulb for Leicestershire the Management Board will continue to strive for further public sector cost savings and customer service improvements through the following;

- Future Integration of Adaptations and Assistive Technology
- Enabling GP's and community health teams to access Lightbulb through First Contact Plus
- Investigating how Lightbulb can be used to target 'high risk' patients using practice based data and case management information
- Collective and smarter procurement practices
- Development of more flexible DFG solutions
- Engagement with social housing providers to discuss potential delivery of home adaptations in their stock
- Continued customer insight and sharing of best practice
- Development of a self-serve offer for practical housing support

10. Next Steps

- 1, Management Board to agree which option to progress through a collective governance process.
2. Partners to take a standardised report through individual governance processes to enable Legal and Information Sharing Agreements to be finalised prior to year 2 start date of 1 April 2019.

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Draft report**Business case for Lightbulb Partnership Arrangements 2024-2026****Purpose**

The Lightbulb Service provides an integrated housing offer focused on Health and wellbeing outcomes such as maximising independence in the home and preventing falls. The Lightbulb service has been running since October 2017 and the Service Level Agreements are due to be refreshed and signed in April 2024. This provided an opportunity to review service delivery following further health and social care integration, the introduction of additional grants and a new way of working post the pandemic. For more information regarding the background of Lightbulb please see the original business case and the refreshed one at Appendix 1 and 1A.

The purpose of this document is to put forward the case to secure funding for the Lightbulb Service from the 1st of April 2024 and to present options for development of the service over the 2 years from April 2024 to April 2026.

Scope

This business case discusses the following areas

- a. Opportunity to revise the SLA's, opportunity to look at where any developments in offer / efficiencies i.e., consider amalgamating of further services.
- b. Current financial pressures & cost saving opportunities
- c. Opportunity for collective smarter procurement practices such as bulk buying and common supplier list
- d. Development of more flexible DFG solutions
- e. Sharing good practice and process improvement
- f. Opportunities to engage in a consistent single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for homeowners
- g. Continued customer insight work to identify service gaps and deliver countywide improvement.
- h. Improving the self-service offer for practical housing support
- i. Embedding a new assistive technology offer as part of the Housing MOT
- j. Work towards further prevention work with existing pilots and integration in to BAU
- k. Review of the business case with children's services included

This document is requesting funding for the running of the main Lightbulb service. Although it runs in conjunction with Lightbulb and is mentioned within the business case the Housing Enablement Team is funded separately under its own business case and is therefore not included within the scope of this paper.

Current Model

The Lightbulb Service brings together a range of practical housing support into a single service providing a proactive, targeted approach via health and social care

professionals. The model allows for early assessment and triage of housing issues. Lightbulb operates a hub and spoke model with a central hub and integrated locality Lightbulb teams in each district council area offering: -

- Minor Adaptations
- DFGs
- Wider Housing support needs (warmth, energy, home security)
- Housing related health and wellbeing (AT, falls prevention)
- Planning for the future (Housing options)
- Housing related I&A

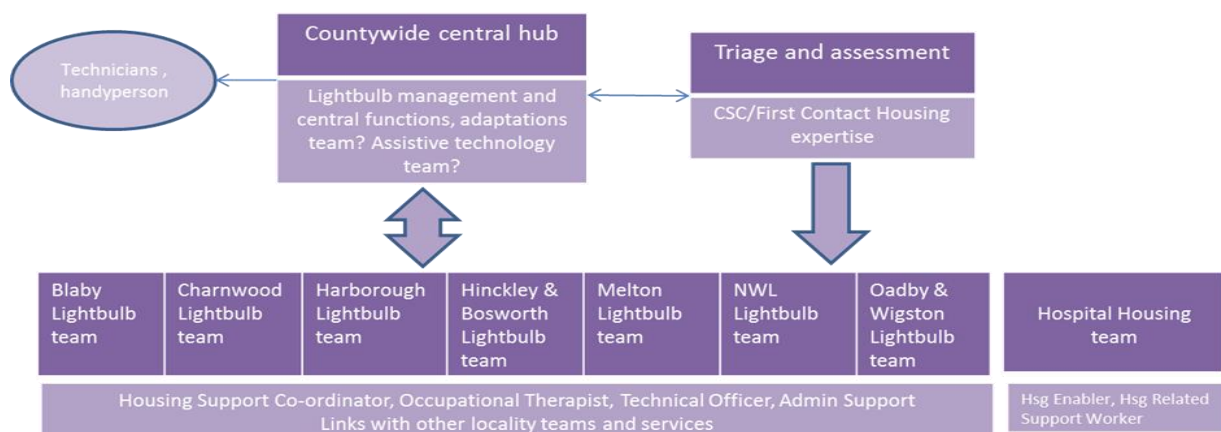
Since the last business case was agreed in 2018 the lightbulb service has continued to expand. This has included the development of a service website offering information, advice, and a pathway for public self-referral. There has also been an increase in the Regulatory Reform Order (RRO) grants on offer.

- Relocation grant
- Supporting individuals grant
- Home support grant
- Equipment grant
- Extended warranty
- Funding gap cover
- Drop curbs grant
- Hospital discharge grant
- Adaptation grant

Lightbulb has also taken over the ESPO framework for ordering equipment (stairlifts etc.). This has provided a large cost saving as it has been absorbed into the lightbulb model without any additional resource. Following provision of equipment by HSCs follow up calls have now been introduced to ensure safety, compliance and confirm use.

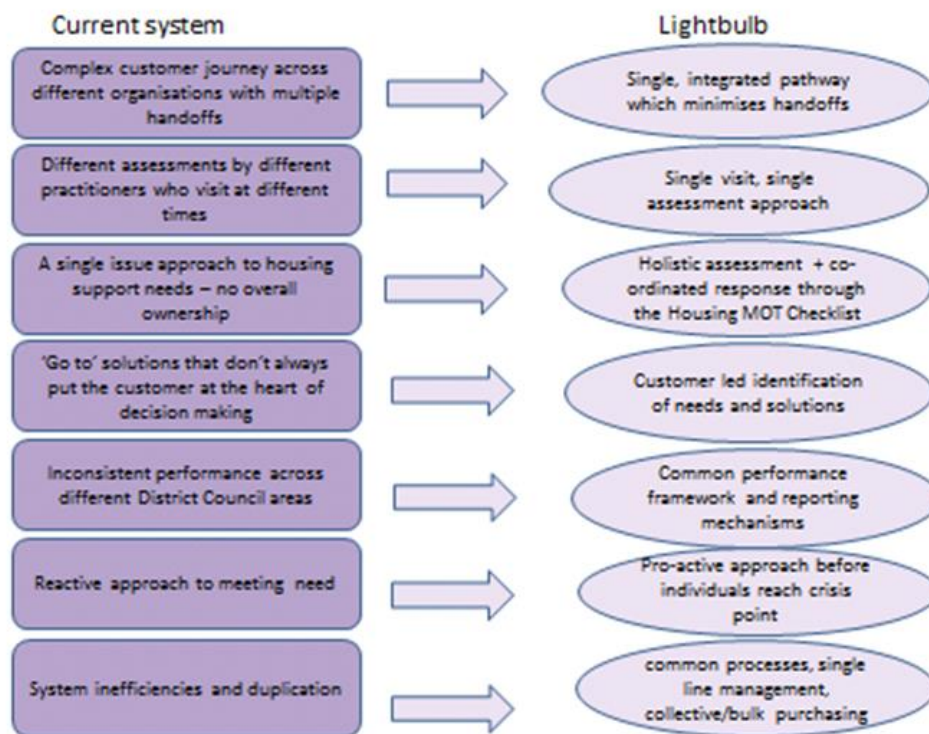
The diagram below shows the existing Lightbulb structure with the Hub and Locality Teams.

Diagram 1: Hub & Locality function – Lightbulb Business case 2016().7)



The diagram below shows the benefits of the existing lightbulb model over the previous model where support was funded and managed across two tiers of eight local authorities.

Diagram 2: Benefits afforded to the new Lightbulb model – Lightbulb business case 2016(0.7)



NB: The diagram is a demonstration from the original business case and so the 'current system' will refer to the pre lightbulb system.

Charnwood currently contribute to the Hub element of Lightbulb and manage their Locality team internally. The original model was set up with the plan for full Charnwood integration to the model long term.

This full integration is required to ensure parity across all districts. Currently Charnwood residents do not get the same 'Lightbulb' offer and there are often peaks in case work however Charnwood are unable to share the load via other locality teams which results in regular one-off interventions at an additional cost to Charnwood or Lightbulb or both.

As Lightbulb expands its preventative arm of works and given that resources are tight the current partial integration of Charnwood cannot continue.

The table overleaf shows the current costs and contribution distribution across the district councils and Leicestershire County Council.

Table 1: Current 22/23 budgeted contributions from partners

	Hub Contribution (£)	Locality Contributions (£)
Blaby District Council	21,618	74,888
Charnwood Borough Council	37,058	0
Harborough District Council	21,617	51,983
Hinckley & Bosworth Borough Council	26,250	82,114
Melton Borough Council	12,353	40,417
North West Leicestershire District Council	21,617	61,138
Oadby & Wigston Borough Council	13,897	38,891
Sub-total District Council Contributions	154,410	349,431
Leicestershire County Council	131,534	362,059 (inc CBC)
Total Budgeted Contributions 2023/24	285,944	711,490

The following table gives further explanation of how the funding supports different processes between the hub and localities.

Table 2: Functions of the Hub & Localities – Lightbulb Business Case 2016 (0.7)

The Lightbulb offer and what happens where

Contact and triage - Adult Social Care Customer Service Centre and First Contact:	Locality Lightbulb team:	Supported centrally by a countywide hub:
<ul style="list-style-type: none"> Housing expertise based at earliest point of contact (Adult Social Care Customer Service Centre/ First Contact) Housing informed triage, managing out simple cases at this point of contact and before they reach the locality An enhanced self help prevention offer, including housing (through CSC and First Contact) Suitable cases are passed to the locality following triage Links and referrals with other District council teams Hospital Housing team; resolving housing issues to avoid delayed transfers of care 	<ul style="list-style-type: none"> Assessment and ordering minor adaptations and equipment <ul style="list-style-type: none"> Bathing aids Ramps Grab rails Stair rails Bed chair raisers Perching stools Trolleys Assessment and delivery of DFGs <ul style="list-style-type: none"> Trusted Assessor OT Technical work Assessment and resolution of wider practical housing support needs <ul style="list-style-type: none"> Warm homes Energy efficiency Handyperson Home security Housing related health and wellbeing <ul style="list-style-type: none"> Assistive technology Falls prevention Advice and signposting Accessing local support services Planning for the future <ul style="list-style-type: none"> Housing choices and options Advice, information, signposting <ul style="list-style-type: none"> LAC First Contact 	<ul style="list-style-type: none"> Overall management of the Lightbulb pathway (Lightbulb Service Manager) <ul style="list-style-type: none"> Strategic oversight and management of locality hubs Links with wider prevention offer Proactive targeting/offer to health Countywide operational management of locality teams (Senior HCS x2) <ul style="list-style-type: none"> Resilience planning, staff cover Line management of HSCs (matrix management arrangements) Clinical supervision of trusted assessor function Performance management <ul style="list-style-type: none"> Gathering and analysis of agreed datasets Production of reports for local accountability Lightbulb development <ul style="list-style-type: none"> Single supplier lists Countywide SLA for RSLs Cost effective solutions (eg modular ramping) Admin and processing of minor adaptations works Management of handyperson service management of any externalised contracts/supplier lists etc Warm homes specialism? Assistive technology?
Customer focused, preventative solutions		

Demand & Performance

Demand:

The Lightbulb service and associated financial contribution model has previously been predicated on partners paying a percentage of the costs according to the demand in workload and over 65 population statistics for each locality. Each locality's proportion of the overall share of the demand across Leicestershire is then used to calculate both their overall contribution and the proportion from that, would be used to fund services within the central hub.

It is important to note that the percentage figures are only approximate and will be adjusted annually based on the same formula and that these are used for financial contributions and not to determine levels of required staffing.

For this business case the demand totals for HSC cases, OT cases, DFGs have been evaluated and adjusted based on average service workload for the last 4 years of operation alongside the population of over 65's for 2020. Population numbers have been included in this refresh as it was included in the demand calculations for the original business case. The original business case stated that to make a true comparison this data should also be used in any refresh.

65+ Population levels are also a good indication as to which localities may show future increases in workload for adaptations, particularly minor ones delivered by HSC's. As these types of adaptations are not means tested, demand is more likely to increase based on the population and not necessarily those eligible for Adult Social Care services in general.

The table below is the calculated demand per area based on current data and includes a predicted demand which is set to increase over the next 5 years.

(%)	18/19 demand	19/20 demand	April 19 - March 23	Predicted demand April 29
Blaby	13	14	14	14
CBC	26	24	23	22
Harb	10	17	14	14
HBBC	18	17	17	17
Melton	9	8	8	8
NWL	15	14	14	15
OWBC	9	9	9	7

Table 3: Comparison of demand calculations for each district

Demand distribution across the districts remains unchanged from the distribution calculated in the November 2018 Business Case refresh.

Predicted demand distribution for 2030 has been calculated using the predicted increase in the 65+ population to adjust demand figures by the same percentage increase. This prediction is showing a potential shift of demand away from Oadby and Wigston towards Harborough and North West Leicestershire. However, these amounts are only small and do not suggest requirement for major shift of resources.

Following the start of lockdown restrictions and the Covid pandemic in March 2020 there was a significant impact on the demand levels for the HSC service. As shown in chart 1 the demand on the HSC service dropped considerably. There was also a small drop in demand on Technical Officers and an increased demand on Occupational Therapy.

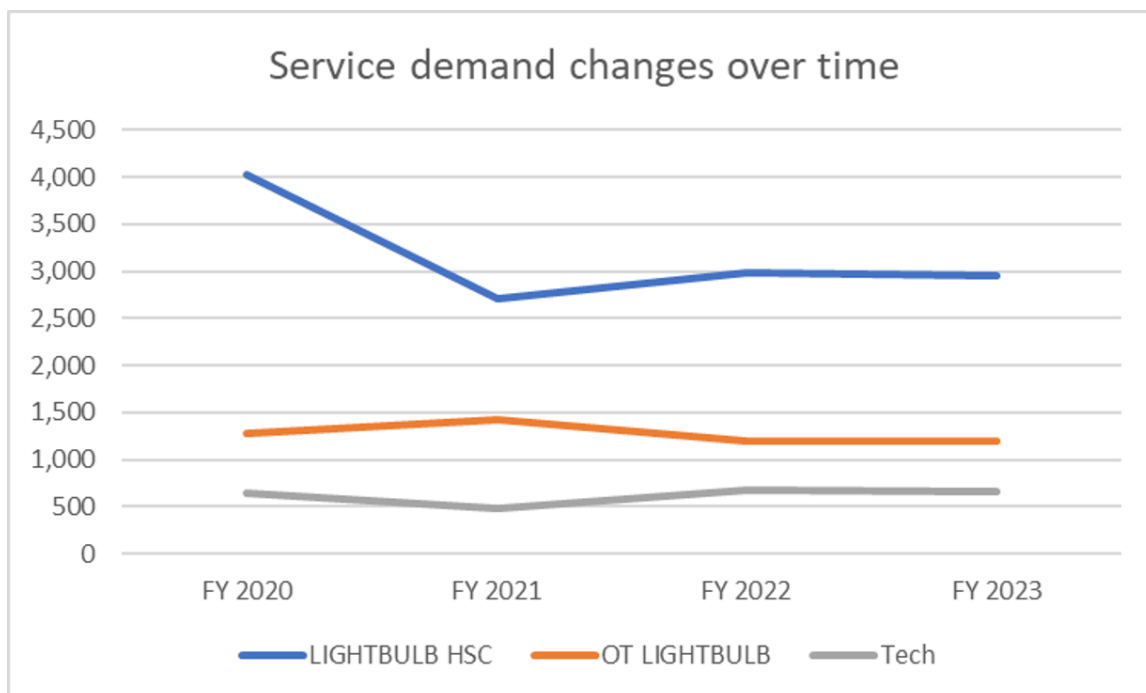


Chart 1: Service demand over time

These demand changes are not unexpected. OT cases are more complex and likely to be more urgent and considered a higher priority by those requesting it in terms of their ability to complete daily tasks and the impact on their quality of life. They are therefore likely to have been requested with the same frequency despite impact of the pandemic. HSC cases are less complex and may be more preventative in nature. During the pandemic when people were nervous about allowing others into their homes, they would be less likely to pursue preventative or non-urgent interventions.

Following the pandemic OT and Technical Officers new demand appears to have returned to their pre-pandemic levels. HSC demand has started to rise again however the increase is slow and has not returned to pre-pandemic levels.

Performance:

The chart below shows the cases started per month from Lightbulbs start to current time. The trend shows that all cases for HSC and OT have increased since the original business case. Cases dipped during the pandemic as industry came to a halt

and then start to steadily increase again and are close to the 19/20 figures pre pandemic.

As mentioned, cases are now more complex, post health complications from the pandemic and there are more people who had no interaction with the NHS or ASC being referred to services.

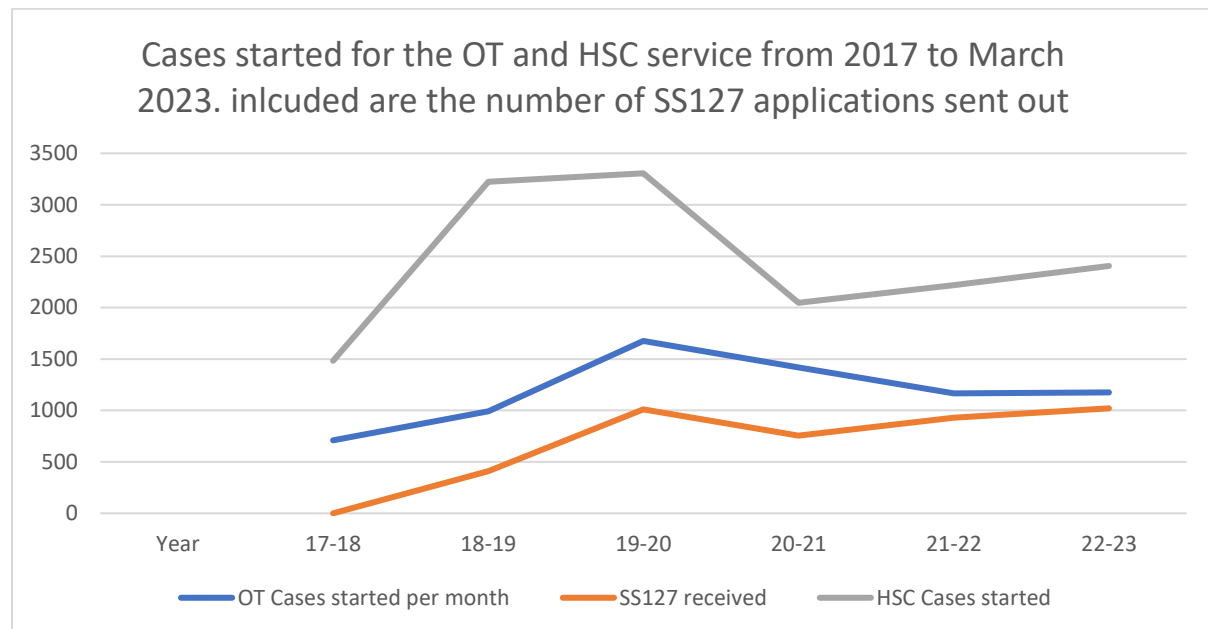


Chart 2: Representation of the cases started by OT and HSC, included is the number of referrals sent over to Technical Officers. NB: This doesn't include the open cases already on the Officers case load.

The table below shows that the total cases started between OT & HSC has increased by over a third. Case work averages out at a roughly 70% HSC cases and 30% OT case split.

Growth rate year on year shows the year before the pandemic and 2 years after Lightbulb goes live, growth for OT cases increases by 69%. During 20-21 and 21-22 the growth rate decreases year on year as expected with this data anomaly. 22-23 data shows a steady increase again slightly higher for HSC case work.

Overall growth rate from 22/23 figures to that of 17-18 shows overall growth of 41% for both HSC and OT. This is broadly in line with the predicted growth estimated for 2029 staffing levels with the aging population.

Since 17-18 the staffing levels have remained at the same level with an introduction of a hub manager to support flow of all the additional works taken on outside the scope of the last business case.

Year	OT Cases started per month	SS127 received	HSC Cases started	Total cases	OT as % overall	HSC as % Overall	HSC growth rate calculation	OT growth rate calculation	Overall case growth rate	OT growth rate compared to 2017	HSC growth rate compared to 2017	Overall growth rate compared to 2017
17-18	710	0	1483	2193	32%	68%						
18-19	992	411	3225	4217	24%	76%	54%	40%	117%	40%	117%	92%
19-20	1676	1012	3306	4982	34%	66%	2%	69%	3%	97%	57%	66%
20-21	1418	755	2046	3464	41%	59%	-62%	-15%	-38%	42%	17%	26%
21-22	1167	929	2218	3385	34%	66%	8%	-18%	8%	32%	36%	34%
22-23	1177	1021	2404	3581	33%	67%	8%	1%	8%	40%	42%	41%

Table 4: Demand percentages year on year for OT's and HSC's demonstrating growth rates as well as comparisons of growth from 2017 for both.

DFG completion times:

- Naturally the increase in referrals (SS127s) from HSC or OT will affect the number of DFG cases.
- This has had a knock-on effect on the end-to-end delivery times along with a few other reasons, see chart below: -

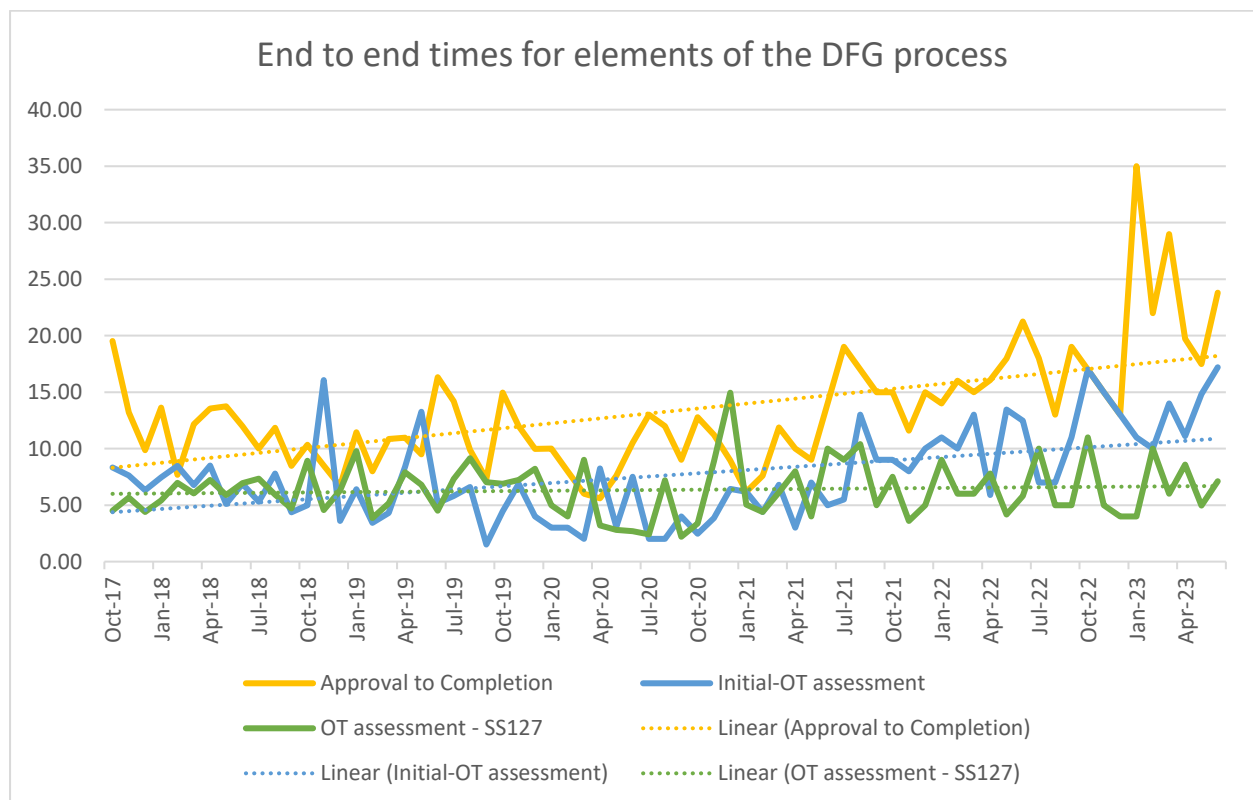


Chart 3: Breakdown of end-to-end times over the years for the DFG

The Governance group set a KPI of 20 weeks for approval of a DFG application to completion of works which is monitored quarterly. Since the pandemic we have seen several reasons for this being breached, such as: -

- Wait lists for contractors – or over stretched contractors
- Reduction in availability of materials
- Increased complexity of cases

Post pandemic and Brexit has not only affected the DFG completion times but also the processing of applications as demonstrated by the blue and green lines. This is monitored regularly by internal management and mitigations applied including: -

- Application of alternative grants through the RRO to support
- Escalation process to deal with urgent referrals which was not needed originally as community services only dealt with routine cases.

It is worth noting that Lightbulb has links with Foundations, the national body who provides advice on the DFG. This is the trend nationally not just locally.

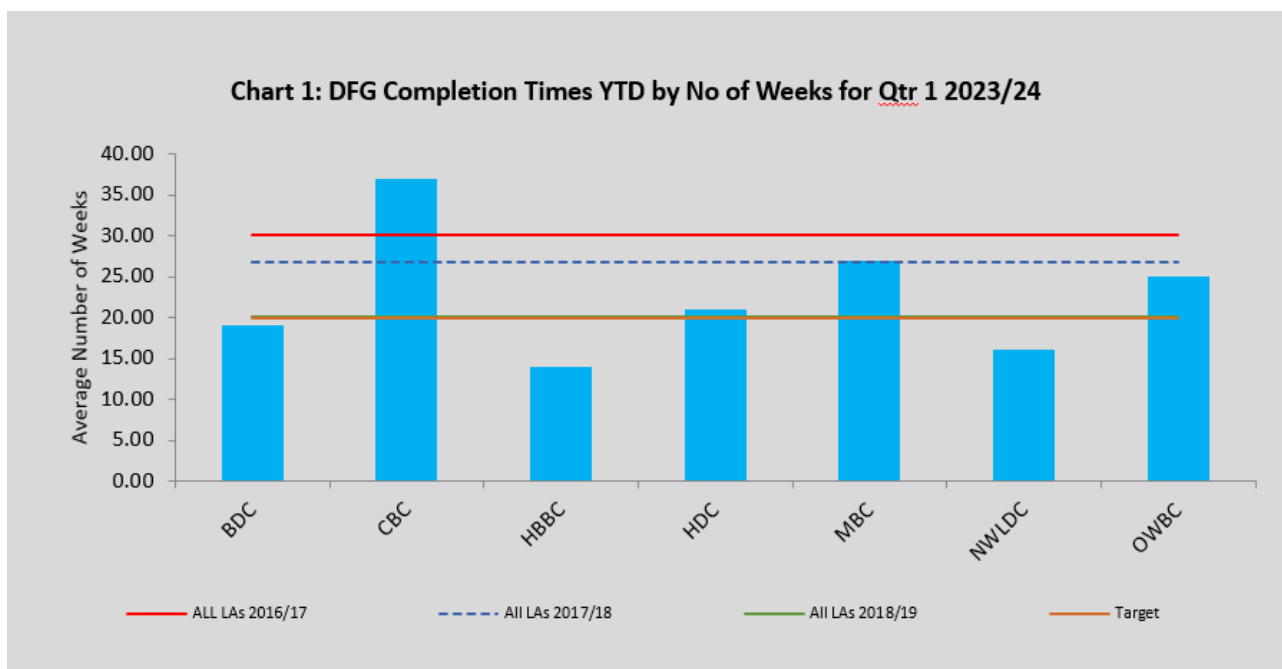


Chart 4: Taken from the Quater1 dashboard for DFG 22-23

Proposal

The initial scope when the review began was to look at a 5-year plan. The demand data has not moved that significantly from the initial calculations however what was evident is that there are several factors affecting the demand calculations which need to be explored in more detail: -

- **Impact of the pandemic:** Following the pandemic demand into the lightbulb service dropped considerably and HSC staff were redeployed to assist with hospital discharges. Demand has now started to rise again but the rise is

slow, and it is difficult to predict if/when demand will return to pre-pandemic levels. Whilst the reduced demand means that the required staffing levels have been calculated lower than in the previous business case these staff levels are currently being required to reduce long waiting lists which built up during the pandemic whilst staff were redeployed. If demand does return to pre-pandemic levels, then equally the previous staffing levels will still be required. A further 2 years with the existing staffing levels will allow for removal of the waiting lists that have built up. It will also allow further modelling to predict the rate of demand increase following the pandemic and the “return to normal”

- **Existing Pilots:** There are currently multiple pilots being run by Lightbulb which will be evaluated within in the next 2 years and either added into business as usual or stopped. At the end of the 2-year period there will be a clearer picture of what additional services are going to be included long term within the Lightbulb service and what requirements that has for funding and staff levels
- **Integration of Minor Adaptations:** A proposal is being put forward by Leicestershire County Council for the minor adaptations service to be integrated into the Lightbulb model. The outcome of this proposal is not yet known so it is difficult to make a long-term plan for what the integration of this service might look like. If it is agreed, then within the next 2 years plans can be made for the transfer of the service and once implemented careful monitoring of performance can help to shape recommendations for future structure and processes.
- **Recent changes to Occupational Therapy Processes:** As of April 2023, there has been a change in the allocation of cases to ASC occupational Therapists (OTs). Prior to this any housing related referrals requiring OT inputs were sent directly to Lightbulb OTs for assessment and completion. The new process focuses on reablement and ensuring low-cost interventions have been trialled before escalating to the more expensive resource. Under this process referrals for residents who have not received ASC before are allocated to the Reablement OT team who will provide interventions and support to try and resolve issues through a reablement approach before moving on to DFGs if necessary. This has helped to reduce the long waiting lists which have built up throughout the pandemic. The change has however, not been in place long enough to analyse the impact on demand and capacity in the Lightbulb OT team once the waiting lists have been cleared.
- **Gathering the voice of the person:** Whilst there is Quantitative data to demonstrate demand and workflow on the service there is currently little data to reflect the voice of the person. It is recommended that during the next 2 years a review of performance data monitoring is completed including work to incorporate the voice of the person. This will allow better insight into the achievements and gaps within the service allowing for better modelling of a long-term plan.
- **Changes to governance within the districts following local elections –** work has started to provide training on the Lightbulb partnership / service in

induction events. Likely will raise more questions at cabinet / committee meetings.

- **Charnwood BC** – are carrying out an independent review of the Lightbulb arm with a view to come up with an options paper for their future. Outcome of this has not been determined yet.

Based on the data available it is recommended that the service level agreements in place are extended for 2 years (in total 5) with a review at the end of year 2, which will allow further insight into the following: -

1. The demand on the OT service now Children's cases are being processed.
2. To monitor the long-term effects of the pandemic on workflow
3. Gain a greater understanding of the demand on the OT service following service redesign.
4. Further investigation into the pilot work and their efficiencies on the wider economy.
5. Be able to realise actual savings to ASC

All options presented in this paper would include a phased programme of works to get to the 2-year mark review point.

Thereafter the further insight will allow options to be put forward for

1. Cost effective processes and integrations
2. Intelligence from the pilot work to be incorporated into business as usual or stopped.
3. Review of the staffing requirements against predicted demand.

Options

Option 1: Continue baseline model

Description: Lightbulb service continues in its current structure for a year (April 2024 – March 2025) as is and continues to gather data on the pilots and integrate them into the service from 2025 onwards. If the proposal for integration of minor adaptations is approved, plans will be made to integrate Minor adaptations to the Lightbulb model from April 2026. Charnwood would withdraw from the model, as going forward BDC unable to sustain the current part in, part out model.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> Model has been tested during the pandemic and works well Able to deliver core statutory services well Model supports the workflow from integration of health and social care services Proven excellent service for partners and customers in the past five years including a pandemic Nationally recognised as best practice model 	<ul style="list-style-type: none"> Currently at capacity in terms of innovation work Not a fully integrated model – goes against ethos to have variance in levels of offer across districts 	<ul style="list-style-type: none"> To save money and work more efficiently with preventative work To look at development of the preventative work via pilots to provide intelligence about the future of Leicestershire's provisions To support health inequalities work – data gathering will help with this work Long term savings to ASC If minors are with Lightbulb - CBC interactions have to be with BDC - possible contract 	<ul style="list-style-type: none"> Lack of investment

Table 5: SWOT analysis of Option 1

Table 6: Assumptions and dependencies summary

Costs:

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> Excluded the costs of CBC being in the full model. ASC & Blaby would have to negotiate individual contracts with CBC. More work on the minor adaptations service to get to a point of integration of service. Consideration to be made to delivery of palliative equipment, ceiling track hoists and legacy maintenance. 	<ul style="list-style-type: none"> Agreement via all partners to continue to contribute and no other partner wants to host the service. All partners have budgeted for the standard uplift in salaries and pay increase. Will require some work on TUPE arrangements and update of Service level agreements

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline (Table 1). These costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

If Charnwood withdraw from the model, there are several potential options which each have their own cost implications. These are being looked at by finance: -

Option 1: LCC ASC reduce funding and set up their own contracts and agreements with Charnwood.

Option 2: Funding from ASC remains at current level and alternative contracts are arranged between Blaby and Charnwood. If this option is taken forward Charnwood contract charges might cover the gap in budget left by their withdrawal meaning that increased contributions from other partners are not needed.

Risks:

Risk	Impact	Rag status	Mitigation
System not being able to absorb the cost implications of Charnwood drop out	Unable to fund running of existing model – restructure and reduced offer	High	Will have to be a phased approach, supported by the 2-year review model
Unable to get approval through Councils in time	SLAs expire and are service funding ceases	High	Legal to look at rolling forward existing contracts to bridge gap

Table 7: associated risk summary for Option1

Option 2: Lightbulb Service incorporates Minor adaptations service.

Description: Minor Adaptations is transferred from LCC into the Core Lightbulb model. Charnwood withdraw from service model. This would have to be a phased approach over 2024- 2026.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> •Model has been tested during the pandemic and works well •Able to deliver core statutory services well •Model supports the workflow from integration of health and social care services •Have already successfully adsorbed the equipment contract •Good for customers to have all adaptations under one roof 	<ul style="list-style-type: none"> •Currently at capacity 	<ul style="list-style-type: none"> •To save money and work more efficiently with preventative work •To make savings for ASC with integration of minors into main Lightbulb service 	<ul style="list-style-type: none"> •Lack of investment •No access to existing contracts LCC has procured •Charnwood residents having no alternative model.

Table 8: SWOT analysis of Option 2

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> • Excluded the costs of CBC being in the full model • ASC & Blaby would have to negotiate individual contracts with CBC • Explore the use of DFG to pay for capital for minor adaptations, delivery is adsorbed into the existing model – savings to ASC. • Potential for workflow to move but not staff. • Need a full review of the palliative equipment, Ceiling track hoists and legacy maintenance 	<ul style="list-style-type: none"> • Agreement via all partners to continue to contribute and no other partner wants to host the service. • All partners have budgeted for the standard uplift in salaries and pay increase. • LCC will need to consider redeployment of team. • Consideration of how Blaby distribute works.

Table 9: Summary of assumptions and dependencies for option 2

Costs:

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline. These

costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

Transfer of the minor adaptations service into the Lightbulb model could be partially funded through the additional DFG money however this would only fund the equipment required to deliver the service. If funding is required to provide additional staffing resource this will have to be funded separately.

Risk	Impact	Rag status	Mitigation
System not being able to absorb the cost implications of Charnwood drop out	Unable to fund running of existing model – restructure and reduced offer	High	CBC adsorb the costs for contract renegotiation
Unable to get approval through Councils in time	SLAs expire and are service funding ceases	High	Advice needed from legal on temporary extensions
Minor Adaptations is not able to be absorbed without increase cost to Lightbulb	Lightbulb will need to request additional funding from partners for transfer to proceed	Medium	Need time to investigate fully – supported by phased approach

Table 10: summary risk table for option 2

Option 3: All in

Description: Minor adaptations service is transferred in from LCC to the core Lightbulb model. Charnwood fully adopt service model. This would be a phased approach between April 2024-April 2026

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Model has been tested during the pandemic and works well • Able to deliver core statutory services well • Model supports the workflow from integration of health and social care services • Proven excellent service for partners and customers in the past five years including a pandemic • Nationally recognised as best practice model 	<ul style="list-style-type: none"> • Currently at capacity within Lightbulb model 	<ul style="list-style-type: none"> • To save money and work more efficiently with preventative work • To look at development of the preventative work via pilots to provide intelligence about the future of Leicestershire's provisions • To support health inequalities work – data gathering will help with this work • Long term savings to ASC • Consistent for customer 	<ul style="list-style-type: none"> • Lack of investment • Backlog of work • TUPE costs

Table 11: SWOT analysis of option 3

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> • Charnwood will be phased into the existing model to prevent surge in backlog of cases. • Within the 2-year period existing pilots will also be reviewed to confirm if transferring to BAU • Need a full review of the palliative equipment, Ceiling track hoists and legacy maintenance 	<ul style="list-style-type: none"> • TUPE implications and possible backlog of work from Charnwood • Consideration of the LCC model and would it involve TUPE or adsorption into the existing model delivered in a different way.

Table 12: assumptions and dependencies for option3

- **Costs:**

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline. These costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

Transfer of the minor adaptations service into the Lightbulb model could be partially funded through the additional DFG money however this would only fund the equipment required to deliver the service. If funding is required to provide additional staffing resource this will have to be funded separately.

Transfer of the CBC Lightbulb Localities will come with TUPE costs and resettlement of staff.

Risk	Impact	Rag status	Mitigation
Backlog of work from Charnwood	Affects KPIs in terms of delivery and wait times	Medium	Phased approach to help clear back log gradually
Minor adaptations and Charnwood integration are not completed within 2 years	Affects ability to review and put forward business case in 2026	Low	Once plans approved a clear time plan for the phased introduction will be produced

Table 13: Risk summary for Option 3

Implementation plan:

To Implement the agreed option, there are a few processes that will need to run alongside BAU for Lightbulb. One will be to look at the data requirements to inform the review at 2 years. The other is the integration of services. This has been broadly mapped in the 2 charts below as a start point and can be modified by the presiding oversight officer(s).

1. Data to inform future requirements.

Task - Data Capture	Apr-24	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1. Establish aims & strategy for data mining												
2. Recruit / find capacity for research												
3. Start work with performance teams to collect data												
4. Review the data collected and what its showing												
5. Report to Governance group												
6. Decide what more is need												
7. Implement any changes and monitor												
8. Finalise plan with stakeholders for following year												

Chart 1: GANT chart for implantation of data capture and review year 1

2. Integration of services

Task - Integration of Services	Qtr1 23/24	Qtr2 23/24	Qtr3 23/24	Qtr 4 23/24	Qtr1 24/25	Qtr2 23/24	Qtr3 23/24	Qtr 4 23/24
1. Review of existing services to get baseline of								
2. Review LB services for capacity								
3. revbiew of internal systems and requirements								
4. Review HR requirements staffing								
5. Begin transfer process								
6. review of process and check on further requirements								
7. Full implementation								
8. Review of integration								

Recommendation:

The preferred option by Blaby is Option 3.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 NOVEMBER 2023

UPDATE ON ARCHIVES, COLLECTIONS AND LEARNING CENTRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide an update and seek the views of the Committee on the work undertaken to develop an Archives, Collections and Learning (ACL) Centre.

Policy Framework and Previous Decisions

2. This project supports a number of outcomes within the County Council's Strategic Plan 2018–2022. In particular, 'Great Communities', by helping ensure "cultural and historical heritage and the natural environment are enjoyed and conserved. 'Clean and Green', by reducing energy consumption, increasing the use of renewable energy, and reducing carbon emissions. Supports "Improving Opportunities" by enabling the Council to continue to provide high quality and targeted cultural and historic resources to schools and young people which will be facilitated through the Centre.
3. The project supports the Council's Strategic Property Energy Strategy 2020-2030 and is designed to help achieve the climate emergency declaration to become a net zero Council by 2030.
4. The project supports the Adults and Communities Directorate's ambition to "save and make accessible the cultural and historic heritage of the county", which is also a key commitment in the Adults and Communities Strategy "Delivering Wellbeing and Opportunity 2020–2024".
5. The statutory basis of the Archive Service rests on the Local Government Act 1972 s224-229. Section 224 instructs principal authorities (which includes the County Council) to make 'proper arrangements' for the safekeeping of their records and records in their custody.
6. A statutory Code of Practice issued under the Freedom of Information Act 2000 states that archives of public authorities should only be transferred to institutions with 'adequate storage and public access facilities'.
7. On 12 June 2018, the Cabinet agreed to develop proposals for an ACL Hub (now referred to as the ACL Centre).

8. The Committee received a report on this matter on 11 March 2019 and requested further updates as the business case developed.

Background

9. The ACL Centre brings together the County Council's Museum collections, Creative Learning Service (CLS) resources and the archive collections of the Record Office for Leicestershire, Leicester, and Rutland (ROLLR) in one building, with conservation and technical facilities, public access spaces including the ROLLR search rooms, and flexible space to enable a wide variety of public activities. The Museum Service and the ROLLR are Accredited services, recognised by Arts Council England and The National Archives (TNA) respectively. Alongside its core function, the CLS delivers the learning offer for museum collections and ROLLR which is a requirement of Accreditation for both services.
10. The ACL Centre proposal would also accommodate Registration Service documents which have similar storage and security requirements and are covered by a statutory duty. The General Registration Office has highlighted that the current storage solution for these documents is not compliant.
11. The Cabinet's decision to develop proposals for an ACL Hub in 2018, recognised a single site facility as being the most efficient way to address the multiple challenges faced in terms of collection care, storage and public access to these unique cultural assets, and the lack of suitability of current buildings and capacity for growth. This was informed by an options appraisal and outline business case, which explored a range of options, with this project being the preferred approach.
12. This work was paused in March 2020 due to the Covid-19 pandemic. In 2022, following an internal review, the proposals were revived, and work began to develop a costed design solution. This included:
 - Accurate spatial analysis, planning and measured surveys for archive records and museum collections;
 - Commissioning of surveys to inform the design;
 - Review and agree the sustainability requirements of the project;
 - Stakeholder engagement, including the Local Planning Authority;
 - Development of the specialist racking design;
 - Develop the overall design including engagement with architects, structural, civil, mechanical, and electrical engineers;
13. The Royal Institute of British Architects (RIBA) Stage 1 design estimates the refurbishment of the Eastern Annex and new build external strong room to deliver the ACL Centre to have an upper cost estimate of £38m, assuming a construction start date of September 2025.
14. The plan, attached as Appendix A, to this report visualises the proposed design which shows the refurbished Eastern Annex and new-build archive strong rooms (colours are illustrative at this stage and yet to be determined). Figure 1 is the proposed main entrance; Figure 2 is an aerial view; Figures 3 and 4 show the ground floor and first floor design layouts showing spatial allocations and adjacencies; and Figures 5 and 6 show the double-decker mobile racking which will be used in the Archive Strongroom.

15. The design proposal demonstrates the ability to consolidate and reduce the current space allocated to the elements that would be accommodated within the ACL Centre from 12,500 sqm to 10,529 sqm and reducing from seven sites to one. The proposal also addresses the TNA requirement for an additional 25 years of expansion for the Record Office strong room and will accommodate the Registration Office requirement. There is no expansion allocation for museum collections.
16. There is no expansion allocation for museum collections. Since 2018, the Museum Service has had an active programme of rationalisation and disposal, resulting in significant reductions in the collections held, including large quantities of coal-mining and other objects; bulk finds from the archaeological archive and the Reid and Sigrist aircraft. This has reduced the museum storage requirement by an additional 1,200 sqm.
17. There is potential for income generation in the new proposed building, which is not currently possible due to a lack of appropriate facilities. This may include formal and informal learning activity, shared spaces outside of core hours, workshops, tours, and summer holidays activities.
18. Given the 25 years growth allocation for archival storage there is potential to temporarily lease this space at a commercial rate on a fixed term basis. Early conversations have taken place with an interested party regarding this.

Accreditation

19. The ongoing challenge for the care, management, and access of collections within current buildings will jeopardise the County Council's ability to retain Accredited status for its Archive and Museum services, as secure and fit for purpose buildings are a core requirement of both schemes.
20. The Record Office strong rooms have exceeded capacity and the temporary overflow storage at the Eastern Annexe fails to meet required standards for archive collections and has also now reached capacity.
21. The Record Office must submit its accreditation return in November 2023 and requires clear statements on how it will address its lack of storage space and how it will ensure buildings meet required standards. The lack of storage space was flagged as an area of concern in the last return (2017) and the service is expected to be able to respond on progress.
22. The Museum Service expects to be informed of the timetable for its accreditation return this year and will need to provide similar information. At the current time, the service regards the physical state of some of its storage facilities and their associated environments to be below the required standards for accredited museum collections.
23. It is worth noting that the service restructure in 2020 was based on the number of storage sites reducing from seven to one. However, as this has not progressed a now reduced staff team is required to service multiple sites spread across the County. Essential collections management and care, security and environment checks are therefore challenging and the ability to respond to access requests has been either reduced or is no longer possible under current arrangements.

24. If the ACL Centre does not progress, the challenges over the condition of collections facilities and the urgent requirement for future storage space for the Record Office collection will remain.
25. The ROLLR and the Museum Service need to meet accreditation standards for the care and access of collections. TNA will assess the ROLLR compliance as part of the accreditation review. They have previously flagged serious concerns over the lack of storage space and there is therefore a risk it could conclude the ROLLR no longer meets this standard.

Partnership arrangements

26. In 1997 legal partnerships were established for the management and operation of the ROLLR, involving Leicester City Council and Rutland Council. The County Council operates the service on behalf of the partnership and costs are shared on a proportionate basis. TNA considers the partnership approach to be a best practice model.
27. The County Council makes a 55% (£362,576) contribution to the overall revenue cost of the service, Leicester City Council makes a 35% contribution, and Rutland Council makes a 10% contribution. These contributions are based on proportionate population and related archival holdings. Contributions increase or decrease in line with actual costs.
28. In September 2019, a workshop with the ROLLR partners and facilitated by TNA, concluded that the ROLLR partnership was effective in supporting each partner to deliver its statutory duties and acknowledged all partners were committed to the partnership. As a result, it was agreed that the ROLLR storage and public access provision would be an integral part of the development on the County Hall site.
29. Engagement with Leicester City Council and Rutland Council, as the partners in the Record Office, continues to understand their commitment to the project and establish their proportionate capital contribution towards the Record Office elements of the ACL Centre.
30. Local authorities have a statutory responsibility to care for and make accessible the public record. The existing partnership arrangements addresses this responsibility for the three authorities. If these arrangements ceased, each authority would need to individually make new arrangements to meet its statutory responsibilities and the cost of replicating the current provision individually is likely to exceed current contributions.

Environmental Implications

31. The new project will be designed and built to be very energy efficient and contribute to the County Council's Net Zero Carbon commitment. The crucial and most important element of the building will be the new strong room which will be designed with thermal mass principles to ensure any temperature fluctuations are minimised. A new building management system will automatically control dedicated air handling equipment to ensure the required temperature and humidity. Reducing temperature fluctuations will minimise the energy used to heat the building thus reducing its carbon impact.

32. It is intended that electricity will be used for heating and hot water when the Eastern Annexe is refurbished. Approximately half of the Eastern Annexe's roof will be fitted with photovoltaic panels to help generate a targeted 5% of renewable energy.
33. It is intended that the new ACL Centre will have an energy performance certificate rating of 'B'. This is compared to the current Corporate Asset Management Plan (CAMP) 2022-26 Asset Challenge minimum requirement of 'D' or better for any asset currently held or occupied. The Asset Challenge is an evidence based process within the CAMP to determine the retention, re-use, or disposal of a property asset. The existing liquefied petroleum gas tank will be removed, and underfloor heating disconnected. The reduction in Carbon emissions will be calculated at RIBA Stage 4, a later design stage.
34. A Passivhaus design approach (which is a rigorous energy efficient design standard to maintain an almost constant building temperature) will be adopted utilising heat recovery and natural light into the building, with additional smart lighting controls in areas where there is no natural light. LED lighting will be provided with photocells and a dimmable function where appropriate.
35. Thermal mass heat retention has also been proposed to prevent significant fluctuations in temperature in conjunction with a new Building Management System to maintain automatic control. Where required dedicated air handling units will be installed to control temperature and humidity.
36. A full environmental impact assessment will be part of the further development of the project.

Risk Assessment

37. As highlighted above in paragraphs 19-25 of this report failure to resolve the current storage situation is likely to jeopardise the accreditation status of the Archive and Museum services.
38. In the event a satisfactory solution cannot be achieved it is possible that the TNA may decide to remove the ROLLR's status as an accredited place of deposit. The impact of this decision would be that the County Council (and the ROLLR partners) would be required to remove the public record from the Record Office in Wigston to a location which is compliant. The costs of this would need to be provided by each authority.
39. The reputational impact of loss of accreditation would be significant. In addition, the Archive and Museum Service would be excluded from access to certain funding streams, including Arts Council England National Portfolio Funding. The County Council is currently a National Portfolio Organisation (NPO) in receipt of an NPO contribution of £780,000 for its museum and library service (April 2023 and March 2026).
40. Comprehensive building, site, floor slab and foundation surveys have been completed and included as part of the value engineering exercise. These would normally be undertaken at a later RIBA stage but have helped reduce the level of unquantified risks at this early stage of development.

41. Should any of the partners not wish to contribute to the delivery of a single ACL Centre it would be necessary for the collections and staff to be disaggregated in line with the partnership agreement. This would be carried out in a similar way to the disaggregation of assets and services following the re-organisation of local government in Leicestershire, Leicester, and Rutland in 1997, namely, by proportion of service costs/budget and detailed analysis of collections and their relevance.
42. Some aspects of this work would be relatively straightforward (local government records etc). However, some would be complex, for example, NHS records where a professional view would have to be taken about how to divide these.
43. The cost of disaggregation is not covered by the partnership agreement and therefore funding and associated resource to deliver this work would need to be identified and financed by each authority.

Consultation

44. Record Office partners are currently being consulted on the proposal.
45. A full consultation and engagement plan will be developed if a decision to progress the scheme is reached.

Resource Implications

46. There is no budget in the latest approved Medium Term Financial Strategy 2023-2027 for the proposed ACL Centre. The project has been identified as a scheme potentially requiring funding, as a Future Development of the Capital Programme.
47. The RIBA Stage 1 design estimates the cost for the refurbishment of the Eastern Annex and new build external strongroom to deliver the ACL Centre to have an upper cost estimate of £38m. This cost also includes:
 - the specialist archive and museums' collections racking requirements and a measured survey of collections undertaken as part of design work has informed a comprehensive analysis of need.
 - the removal and transport of assets and temporary accommodation during the build period.
 - reflects increases in inflation and are based on industry forecasts.
48. Costs of £0.3m have been incurred to date, primarily relating to consultants' preliminary design work, and have been funded from Council's capital funding reserve.
49. The building running costs will change as a result of moving from seven units to one new unit, including the rateable value, insurance costs and utilities. These are and will continue to be investigated as the design develops. Temporary storage during construction period assumed to be within County Council or partner buildings to minimise costs where possible.
50. The estimate of the investment required for this scheme will continue to develop before any final decision on the scheme can be made. Further costs will need to be

incurred to develop the designs (explain what the next stage of work takes us up to e.g. is it planning permission).

Savings if a new scheme is developed

51. The creation of a new ACL centre would enable six sites, currently costing in the region of £309,000 per annum to run, to be decommissioned, leases terminated, or buildings sold. Whilst this project will never be justified on a spend to save basis it is important to make the most of the opportunities to rationalise buildings.
52. Additionally, as two of these form part of the Investing in Leicestershire Programme they can be leased out and a further £17,000 per annum can be generated as income.
53. If the sites continue to be used there is a maintenance and repair cost that will need to be dealt with within the next five years. The amount will depend upon the future use of the sites, for example the office accommodation in the Eastern Annexe is unlikely to be required irrespective of this project's outcome.
54. The current Record Office in Wigston and Sherrier Centre in Lutterworth have a current asset value of £800,000. It is anticipated that the two buildings will be sold as part of this project and deliver a capital receipt.
55. There will be dilapidation costs once leased properties are vacated. These costs have not yet been evaluated. Whilst six out of the seven properties are County Council owned, there will still need to be an element of cost allocated to the dilapidations.

Legal Issues

56. Paragraphs 26-30 outline the existing partnership arrangements for the ROLLR. If partners confirm their ongoing commitment to the ROLLR partnership and their intention to make proportionate capital contribution to the elements of the ACL Centre which directly benefit them, it is expected that additional legal agreements will need to be put in place to reflect each authority's interests during the development and delivery of the new ACL Centre.
57. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

58. The additional investment required to develop the project is being put forward for consideration as part of the County Council's capital programme and a report will be taken to the Cabinet as part of the Medium Term Financial Plan process for a decision on whether to progress the scheme through the RIBA design processes.

Conclusions

59. The ACL Centre would represent a major capital commitment for the County Council at a time of financial challenge. However, it offers a long-term solution to a significant challenge for the authority, and its partners in the Record Office, in terms of its

commitment to care for and make accessible the cultural and historic heritage of the County.

Recommendation

60. The Committee is asked to comment on the proposal to help inform and shape its development.

Background papers

Leicestershire County Council Strategic Plan 2022-26

<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>

Strategic Property Energy Strategy 2020-30

<https://politics.leics.gov.uk/documents/s160429/Appendix%20-%20Strategic%20Property%20Energy%20Strategy%202020-2030.pdf>

Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-2024

<https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2020/9/30/Vision-and-Strategy-for-Adults-and-Communities-Department-2020-2024.pdf>

Local Government Act 1972 s224-229 -

<https://cdn.nationalarchives.gov.uk/documents/information-management/local-government-act1972.pdf>

Report to the Cabinet: 12 June 2018 – Archives, Heritage and Learning Collections Hub

[http://cexmodgov01/documents/s138163/6_June_Heritage%20Mus%20and%20Records%20Collections%20Hub%20final.pdf?\\$LO\\$=1](http://cexmodgov01/documents/s138163/6_June_Heritage%20Mus%20and%20Records%20Collections%20Hub%20final.pdf?LO=1)

Report to Adults and Communities, Overview and Scrutiny Committee: 11 March 2019 - Collections and Learning Hub and Museum Service Collections

[http://cexmodgov01/documents/s144829/2_March_Collections%20Hub.pdf?\\$LO\\$=1](http://cexmodgov01/documents/s144829/2_March_Collections%20Hub.pdf?LO=1)

Corporate Asset Management Plan 2022-26

[https://politics.leics.gov.uk/\(S\(bceou120k23rqv55d2qvfa3d\)\)/documents/s171212/Appendix%20-%20CAMP%202022-26.pdf](https://politics.leics.gov.uk/(S(bceou120k23rqv55d2qvfa3d))/documents/s171212/Appendix%20-%20CAMP%202022-26.pdf)

Circulation under the Local Issues Alert Procedure

61. None.

Equality Implications

62. There are no equality implications arising from the recommendations in this report, as the proposal will improve the access arrangement for archive, museum and learning collections. Should a decision be taken to proceed the Equality Improvement Assessment will be reviewed and updated.

Human Rights Implications

63. There are no human rights implications arising from the recommendations in this report.

Appendix

Proposed design of ACL Centre

Officer(s) to Contact

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APPENDIX A

Proposed Archives, Collections and Learning Centre

Architect/Design Visuals including Ground and First Floor Layouts
and Specialist Archive Storage Double Decker Mobile Shelving

Figure 1: Proposed **Entrance Area** showing sectional overhead doors for large objects in the museum collections, public entrance to the building and glazed area to the ROLLR searchrooms. Part of ROLLR new-build strongroom visible to the right. (Colours are illustrative at this stage and are to be confirmed)

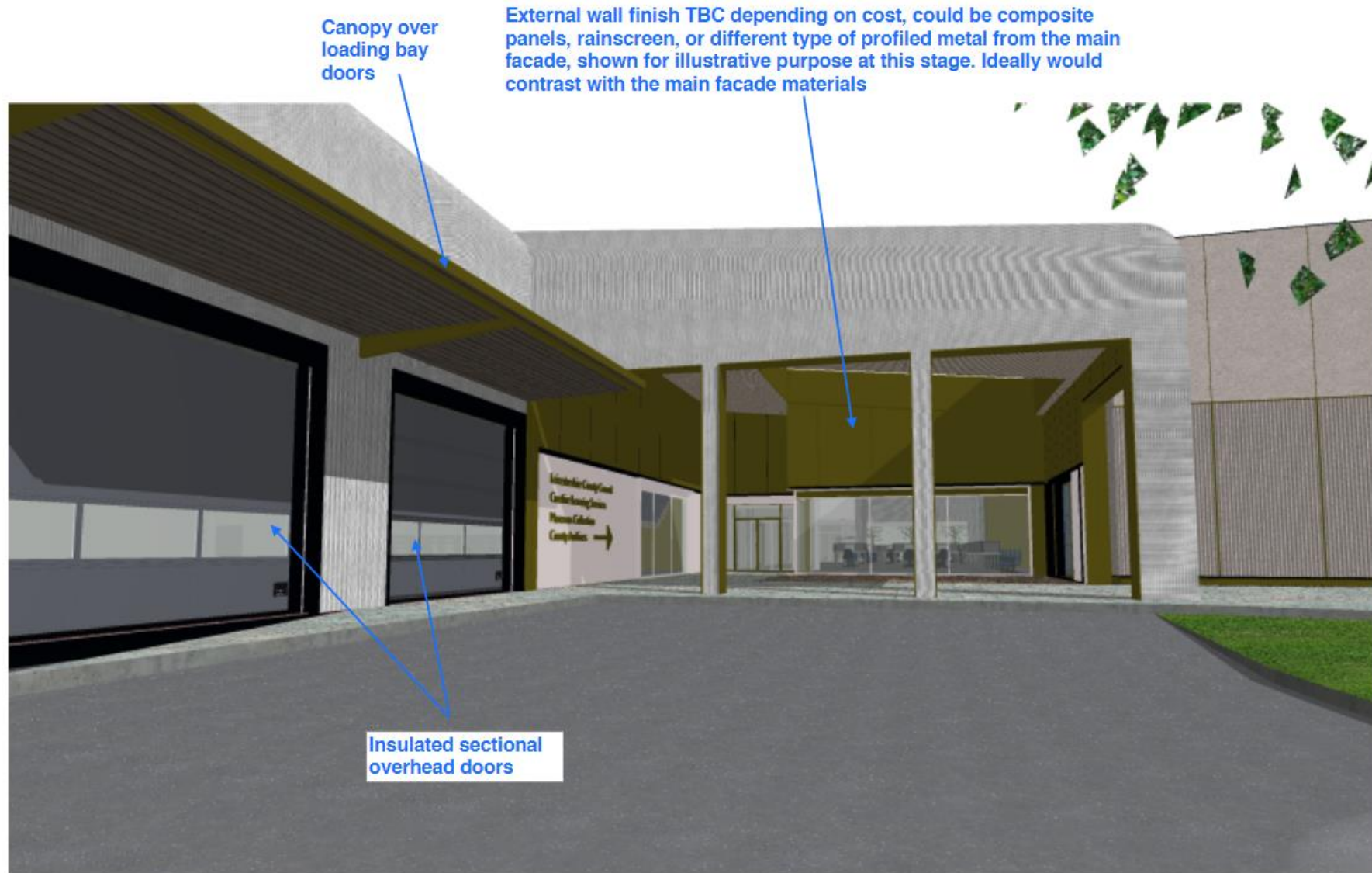


Figure2: Proposed Archive, Collections and Learning Centre – **Aerial View** (south facing aspect) Showing refurbished Eastern Annex on existing footprint and new-build archive strongroom. (Colours are illustrative at this stage and are to be confirmed)

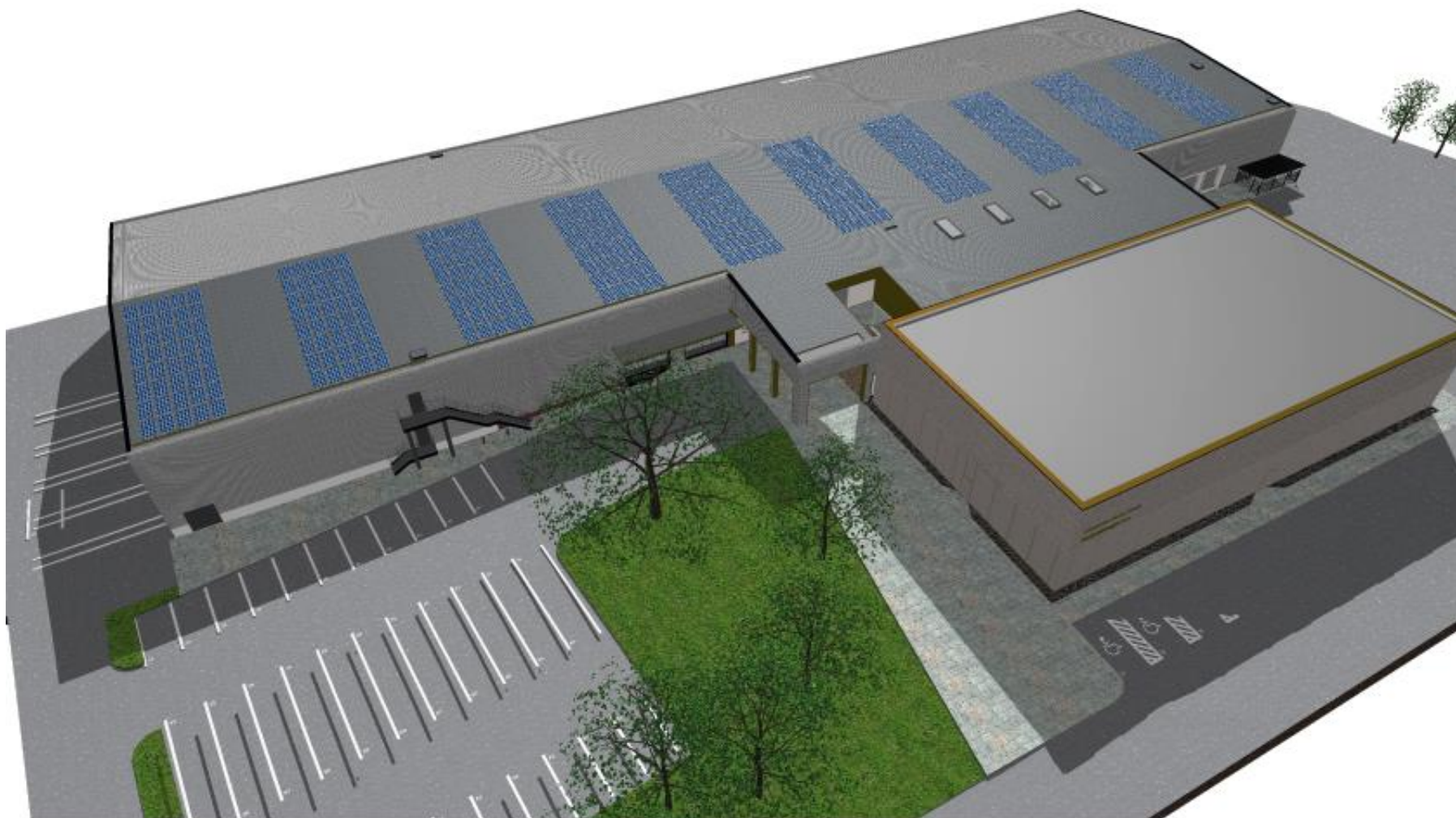


Figure 3: Proposed Archive, Collections and Learning Centre – **Ground Floor** layout design showing spatial allocations and adjacencies.

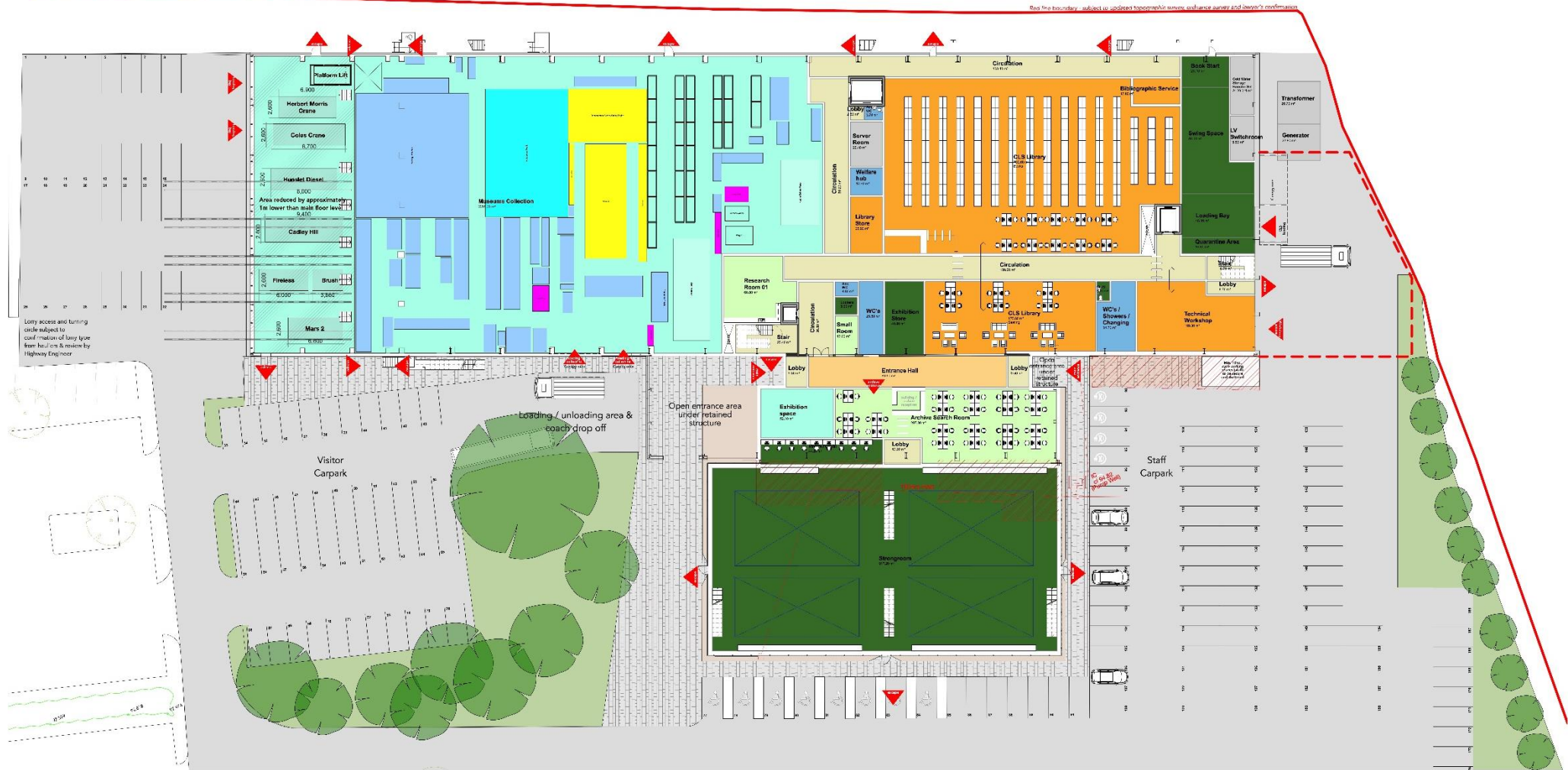


Figure 4: Proposed Archive, Collections and Learning Centre – **First Floor** design layout showing spatial allocations and adjacencies



Figure 5: Specialist Archive Standard Double-Decker Mobile Racking for use in the ROLLR Strongroom



Figure 6: Specialist Archive Standard Double-Decker Mobile Racking for use in the ROLLR Strongroom



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