

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

Contents

1. Foreword and executive summary	4
2. Introduction	6
3. Background	8
4. Strategic context and the case for change	11
5. The customer perspective	17
6. Benefits of change and the Lightbulb model	19
7. The Lightbulb offer	32
8. Staffing, job roles and workforce development	36
9. Delivering Lightbulb	39
10. The financial model	41
11. Governance	45
12. Future direction and service development	48
13. Key milestones and timetable for implementation	51
14. Recommendations	53
Appendices:	54
1. Lightbulb outline job roles and responsibilities	

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:
 - 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)
 - Provide general advice and support around falls prevention
 - 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 APPROX DELIVERY COST

 **5** **£400** 

TIME TAKEN **14 WEEKS +** 
excluding completion of works

CONTACTS APPROX DELIVERY COST

 **2** **£200** 

TIME TAKEN **6 WEEKS** 
including completion of 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 a 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.

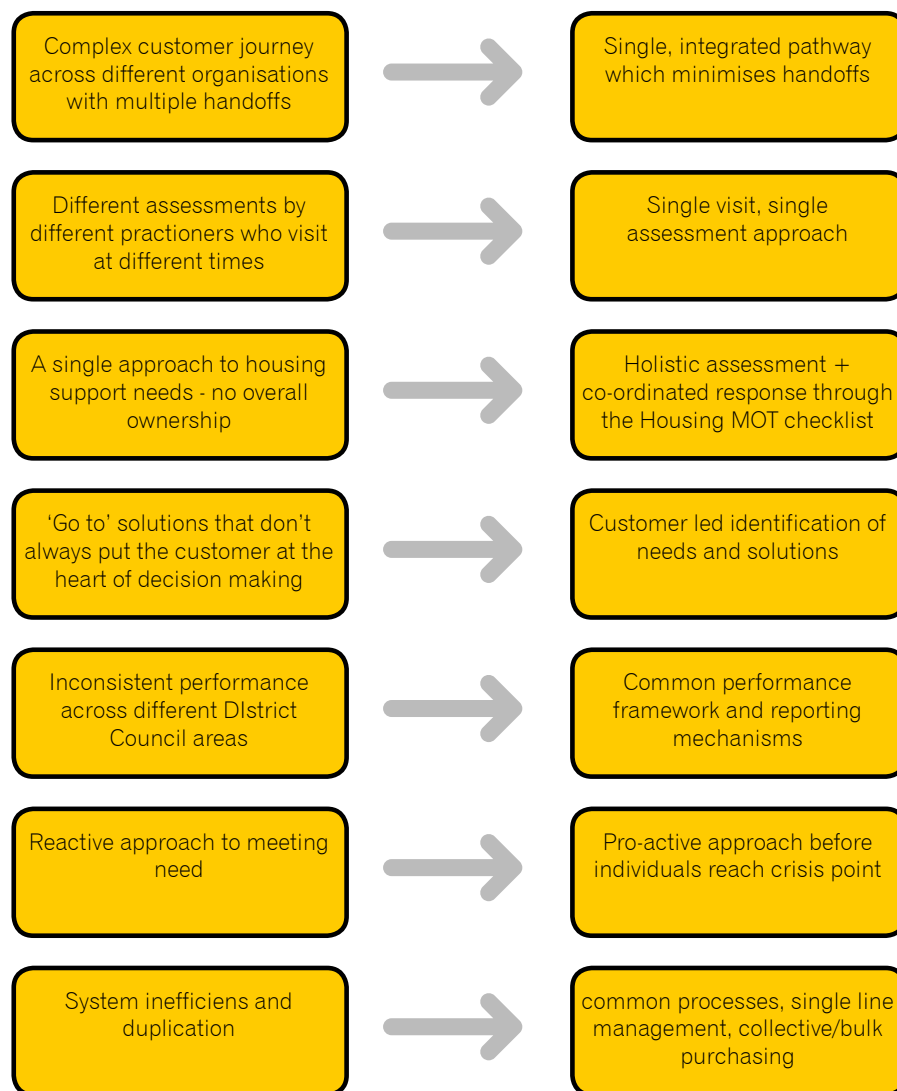
The current Disabled Facilities Grant (DFG) journey for example, typically involves an initial contact with the Adult Social Care Customer Service Centre who will gather relevant information and allocate the case to an Occupational Therapist (OT). The OT will visit the customer to carry out their assessment 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

Current system

 Lightbulb


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

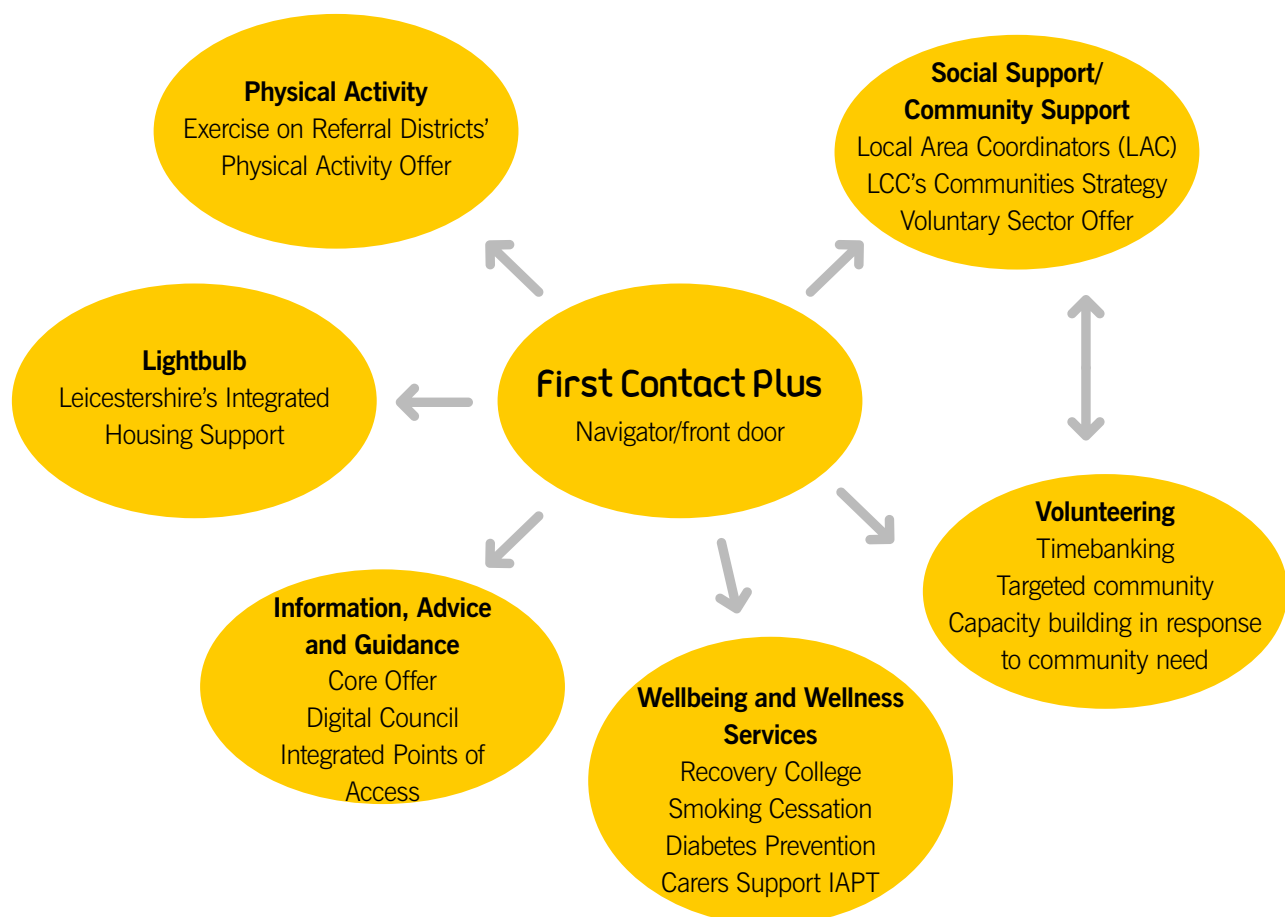
Lightbulb as part of the Unified Prevention Offer

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.

1. Prevent 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.

2. Reduce 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

3. Delay 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

4. 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 (DTC). Local BCF plans are required to consider how the voluntary and community sector can contribute to reductions in DTC 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 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.

¹ Leicestershire Joint Strategic Needs Assessment, 2015

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

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)

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 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

⁶ Leicestershire JSNA (2015)

⁷ Leicestershire JSNA (2015)

⁸ Leicestershire JSNA (2015)

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

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

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

- 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).

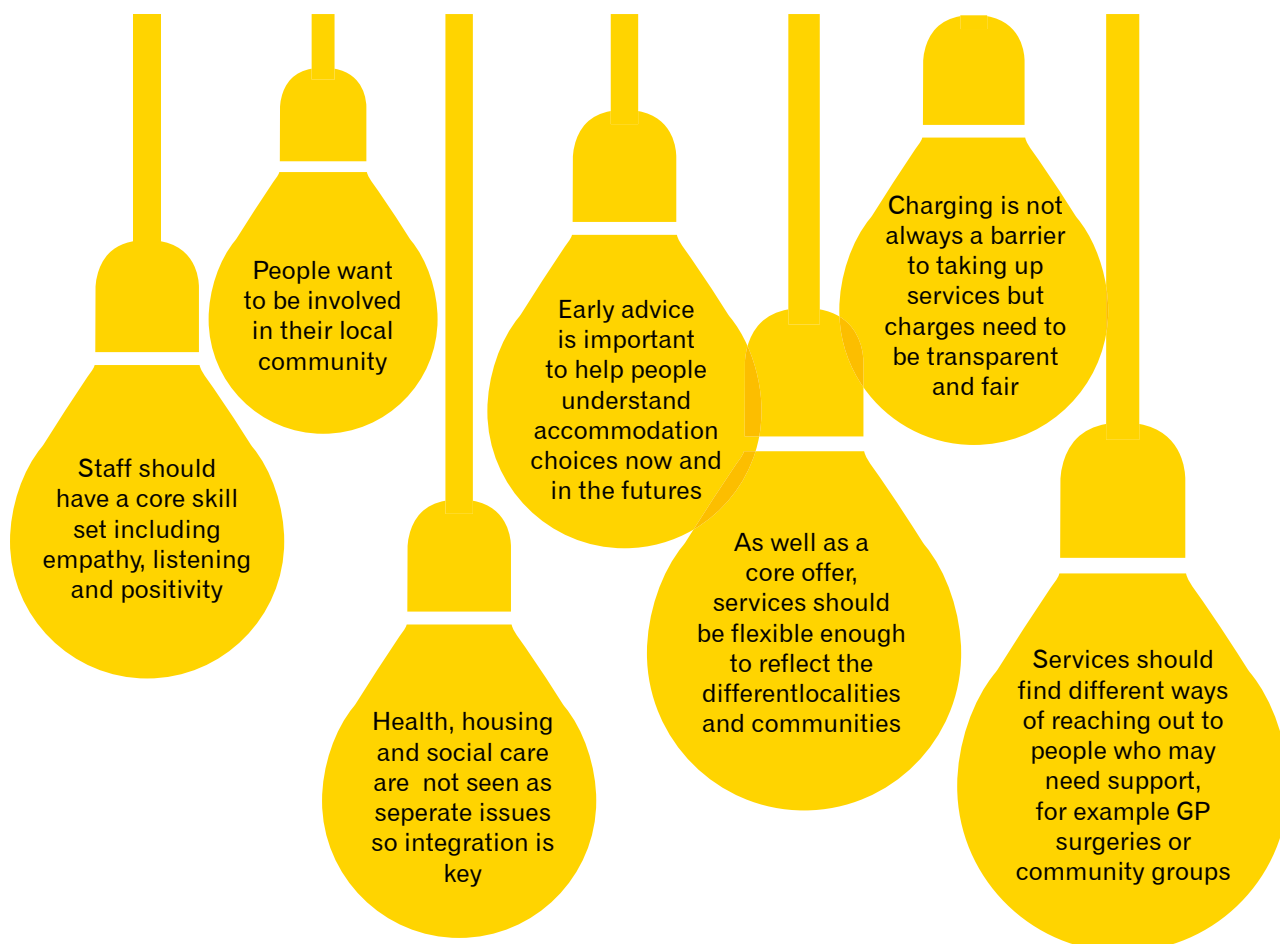
Key facts; strategic context and the case for change

- 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**

Age UK report 13 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.

¹² Care & Repair England - Cost benefits of adapting homes to reduce falls by older people, July 2015
¹³ <http://www.ageingwellinwales.com/Libraries/Documents/Stop-Falling---Start-Saving-Lives-and-Money.pdf>

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:

- 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.

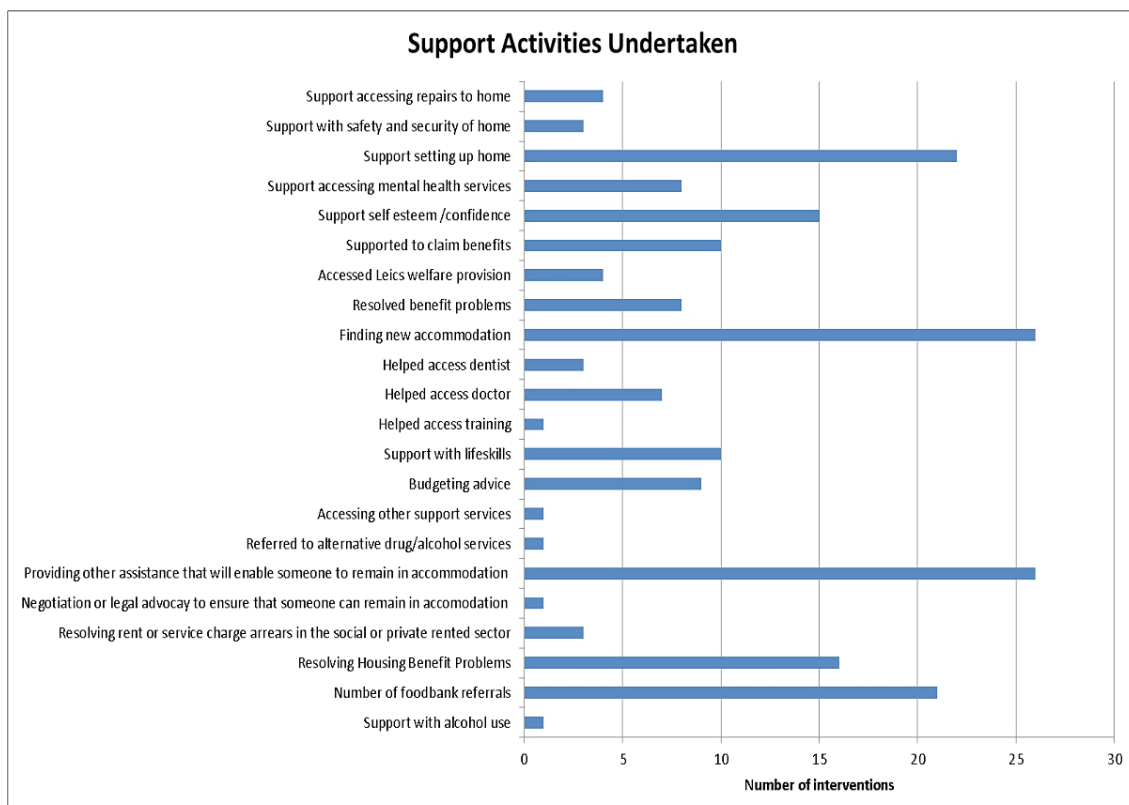
The Price Activity Matrix (PAM) allocates daily patient costs at £238 at the Bradgate Unit. Using PAM we know that:

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.

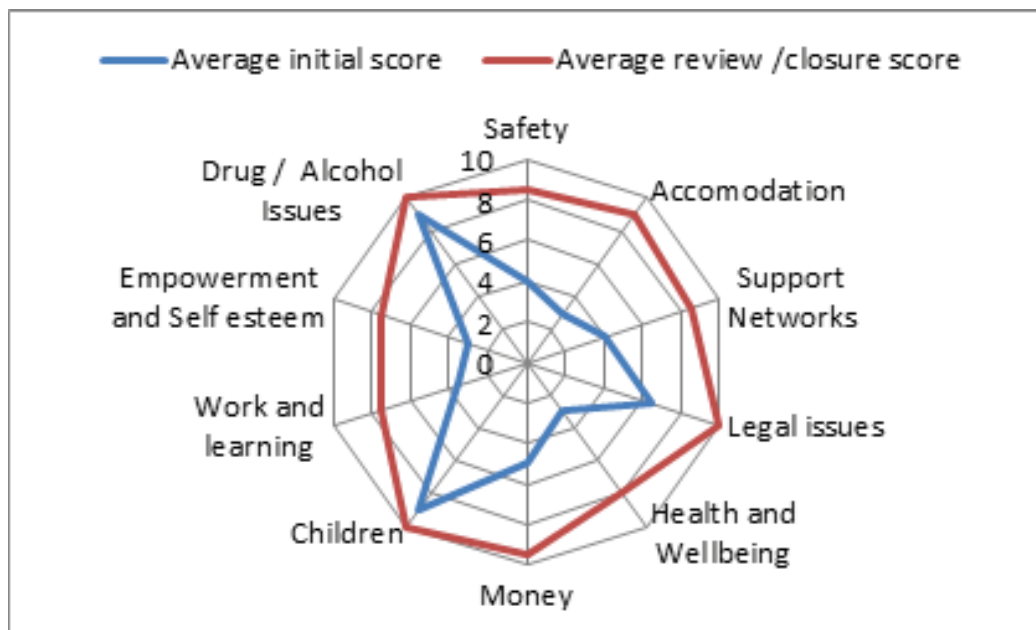
The diagram below provides a summary of number and type of support intervention carried out by the Hospital Housing Enabler service within the Bradgate Unit:

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)

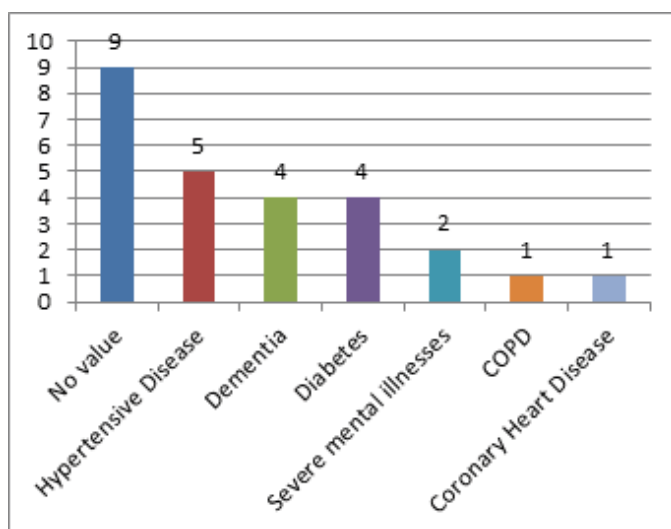
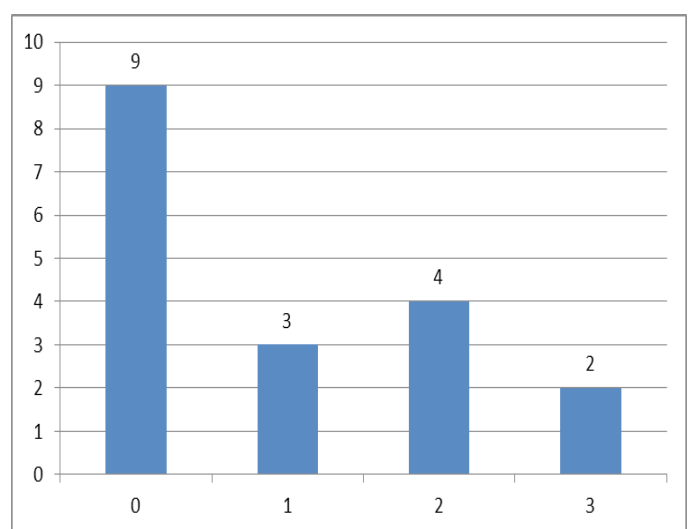


Diagram 7 – Number of patients with quantity of LTCs (Housing Support Co-ordinators)



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)

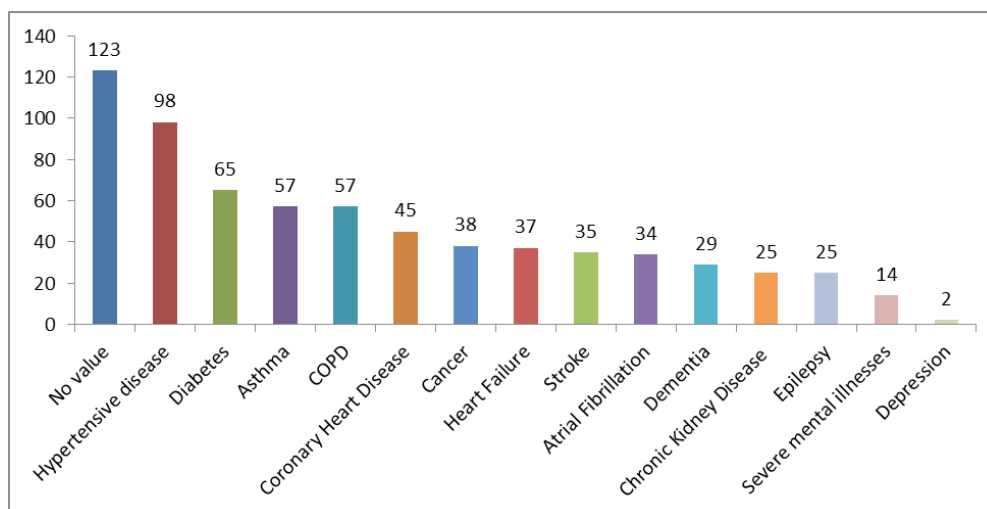
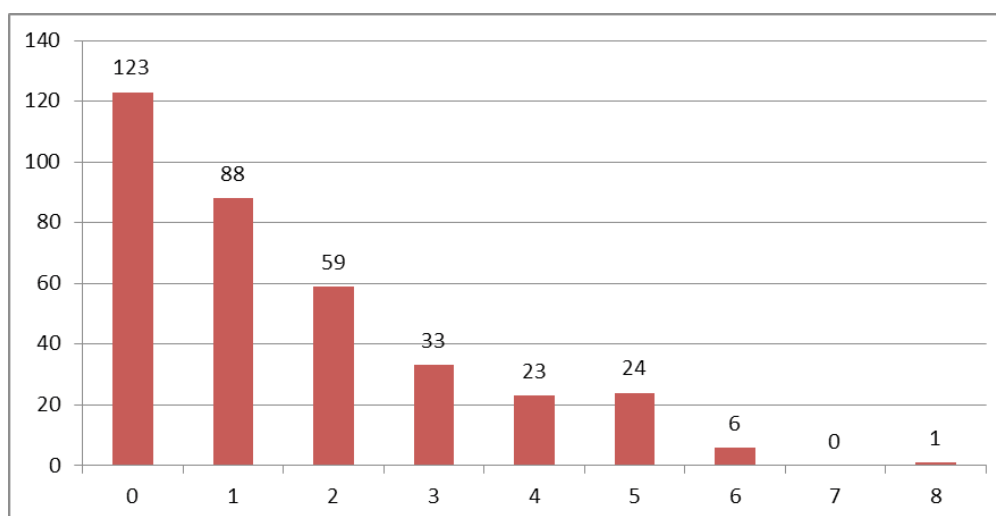


Diagram 9 - Numbers of patients with quantity of LTC's (UHL Hospital Housing Enabler service)



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

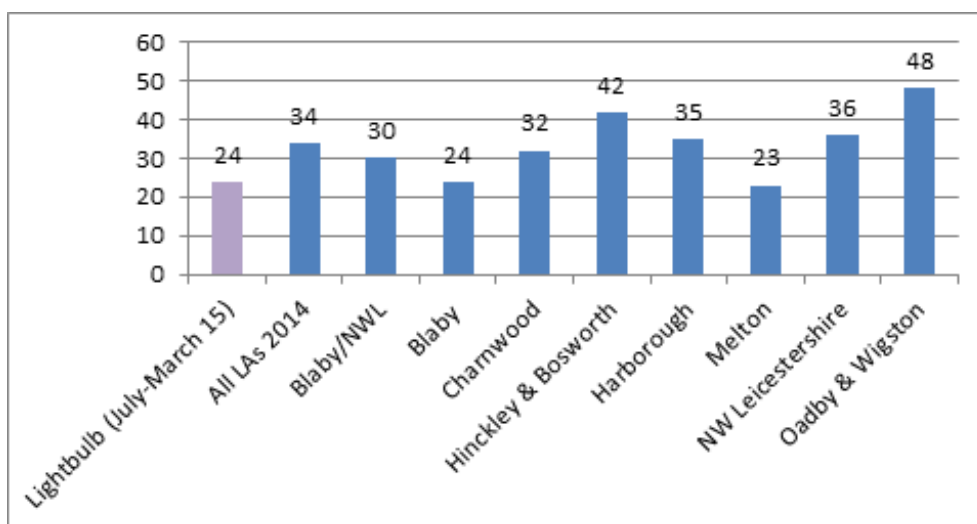
Evidence shows that existing services are not necessarily meeting the needs of customers. In Leicestershire our analysis tells us:

- 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

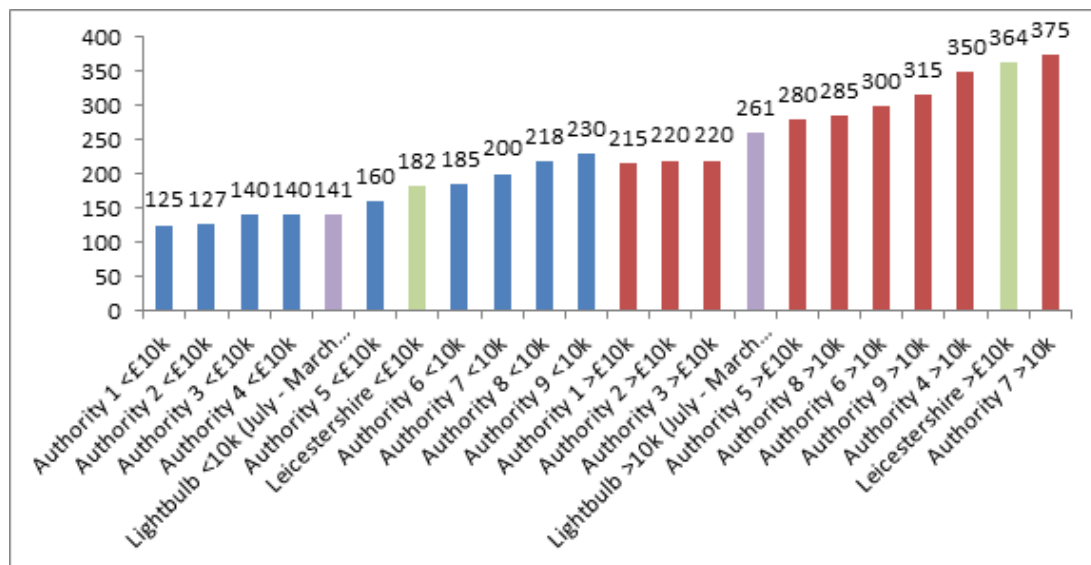
53% of customers waiting for an Occupational Therapist (OT) to visit could be dealt with directly at an earlier point through the Lightbulb model via improved triage or a trusted assessor approach, avoiding the need to wait for an OT visit and reducing the waiting list significantly

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



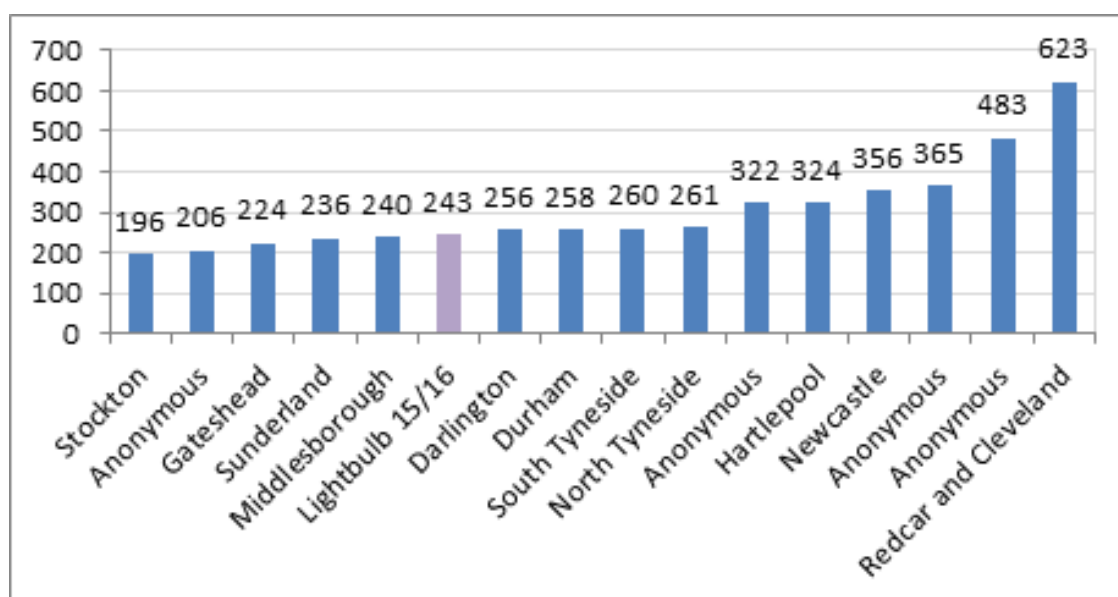
The chart above shows average DFG completion times across the different District Council areas of Leicestershire and compares to performance within the Lightbulb integrated DFG pilot across Blaby and North West Leicestershire areas. Data does not include the Adult Social Care part of the process. The 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**

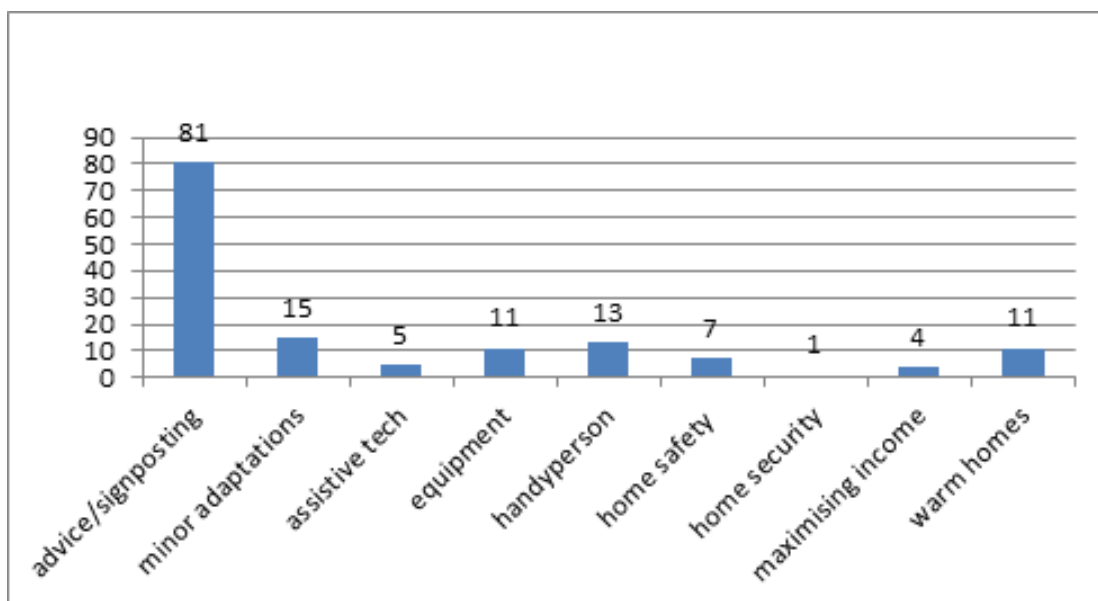
This has included a **reduction in the time taken for an Occupational Therapist assessment** from 59 days in 2014/15 to 40 days (July 2015 to March 2016)

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

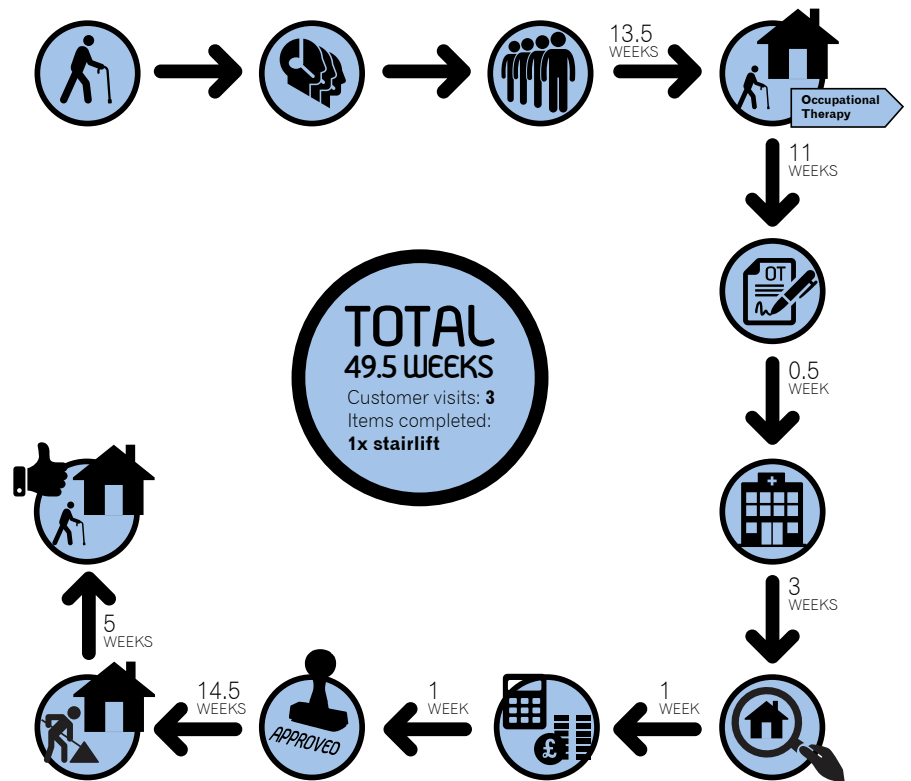
The Lightbulb pilots have not only been key in helping to design the future model but have also helped measure the customer impact of offering the Lightbulb service. Pilots have included a more proactive, holistic approach to identifying housing support needs via GPs; and working with customers to identify 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.

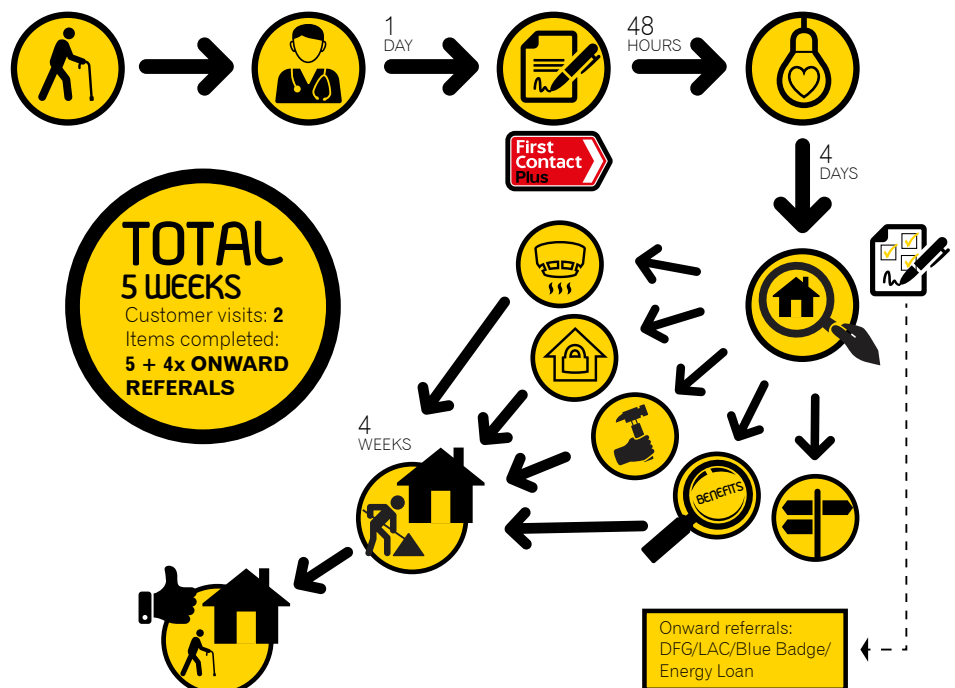
This shows the process from customer call through to OT visit and sign-off to technician and delivery of works then through to completion. It shows a lengthy process designed to deal with one element of householders' needs:

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.

In feedback provided by our Lightbulb pilot customers, the main impact for them has been the ability to be able to choose what help and support they wanted to access and 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

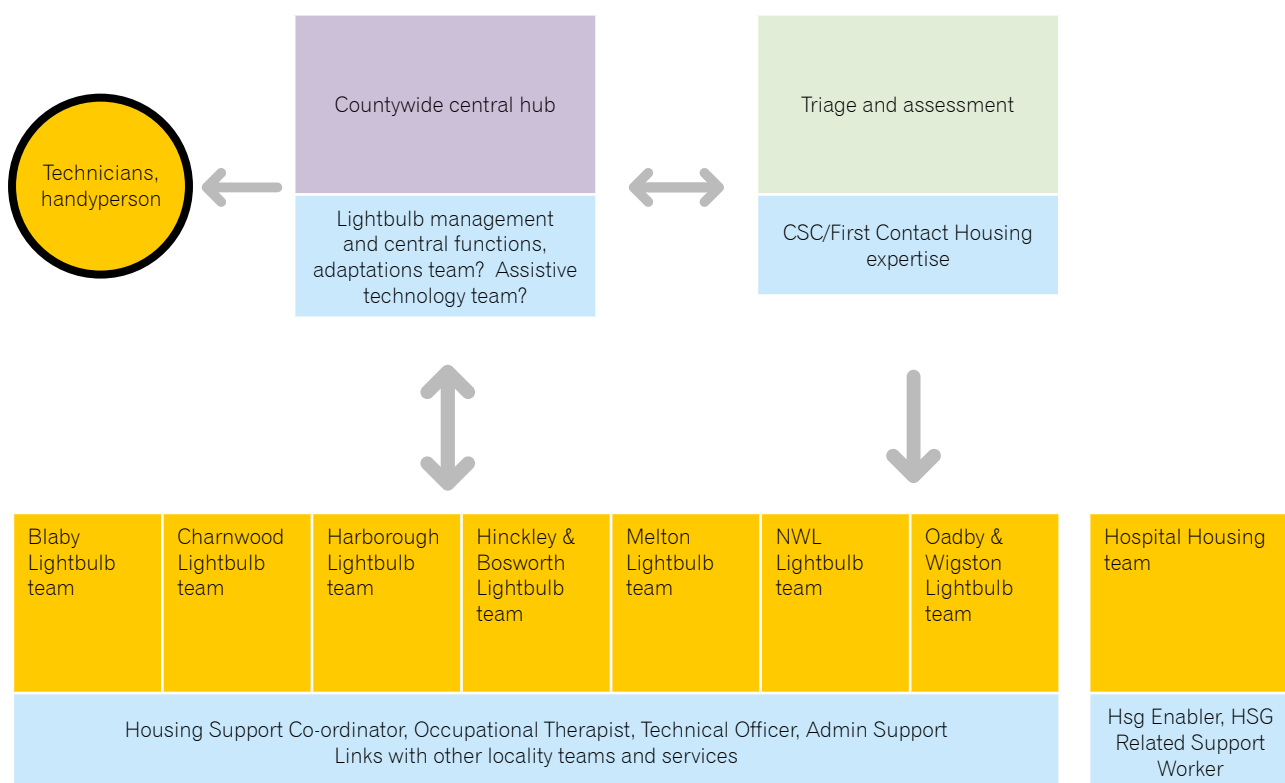
There will be flexibilities between teams (the potential to move staff between localities at critical points for example) in order to build resilience into the model. Aspects that could deliver efficiencies through centralised delivery will be placed within a central hub.

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:

Contact and triage - Adult Social Care Customer Service Centre and First Contact Plus

- 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 transfer of care

Locality Lightbulb team:

- Assessment and ordering minor adaptations and equipment
 - Bathing aids
 - Ramps
 - Grab rails
 - Stair rails
 - Bed chair raisers
 - Perching stools
 - Trolleys
- Assessment and delivery of DFGs
 - Trusted Assessor
 - OT
 - Technical work
- Assessment and resolution of wider practical housing and support needs
 - Warm homes
 - Energy efficiency
 - Handy person
 - Home security
- Housing related health and wellbeing
 - Assistive technology
 - Falls prevention
 - Advice and signposting
 - Accessing local support services
- Planning for the future
 - Housing choices and options
- Advice, information, signposting
 - LAC
 - First Contact

Supported centrally by a countrywide hub:

- Overall management of the lightbulb pathway (Lightbulb Service Manager)
 - Strategic oversight and management of locality hubs
 - Links with wider prevention offer
 - Proactive targeting/offer to health
- Countrywide operational management of locality teams (Senior HCS x2)
 - Resilience planning, staff cover
 - Line management of HSCs (matrix management arrangements)
 - Clinical supervision of trusted assessor function
- Performance management
 - Gathering and analysis of agreed datasets
 - Production of reports for local accountability
- Lightbulb development
 - Single supplier lists
 - Countrywide SLA for RSLs
 - Cost effective solutions (eg modular ramping)
- Admin and processing of minor adaption works
- Management of handyperson service
- Management of any externalised contracts/supplier lists etc
- Warm homes specialism?
- Assistive technology?

Customer focussed, 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 sits 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 revenue 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 finance 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		
Milestone	Responsible	Output
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 Co-ordinators, 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.

