



Switching onto Integration



BACKGROUND

- 2013 – report commissioned from CIOH
- £1m Transformation Challenge award monies to support transformation of housing support, including hospital discharge enabler against a backdrop of national and local drivers
- 2015 – customer insight informed the development of a Housing MOT
- Successful pilots lead to the approval of the Lightbulb business case by all districts and LCC
- Full rollout scheduled for 2nd October 2017 based on a hub and spoke model
- Hospital Housing Enabler started in 1 hospital and with 1 Housing Support Officer

THE LIGHTBULB OFFER

- New Housing Support Co-ordinator (HSC) role encompasses functions currently carried out across District and County Councils - supported by OT and technical officer expertise (the locality team)
- HSC job role will include trusted assessor element, supported by competency framework – countywide training package being developed
- Customer focussed assessment and solutions through the Housing MOT checklist
- Offer supports both step down from hospital and step up in community settings
- Integrated working with other key stakeholders such as community fire and rescue/home safety teams also in place



THE LIGHTBULB OFFER

- Lightbulb staffing model based on demand analysis across the county
- Includes recognition of Leicestershire demographic trends (e.g. population aged 65-85 is projected to grow by 56% by 2037 and 85+ population by 156%) and an assumption of some proactive uplift in demand, due to new service offer/channels.
- Funding model based on **redirecting existing resources** , which currently sit across different organisations/contracts/services.
- This includes historical staffing resources associated with processing DFGs.
- Key funding streams were identified across Adult Social Care and District Councils that will form the 'Lightbulb pot' which are being redistributed based on the new offer and demand model.
- Lightbulb Programme Board and Steering Group critical to developing the model and funding approach across multiple partners



BENEFITS OF CHANGE TO THE SYSTEM

- Lightbulb delivery costs, including Hospital Housing team approx £1m pa against a potential £2m pa saving to the Leicestershire £ and wider health economy
- Pilot Lightbulb service evidences measurable savings to health and social care through
 - Reduction in service utilisation (health and social care)
 - Reduced admissions
 - Reduction in A&E attendance
 - Reduction in Delayed Transfers of Care
 - Falls prevention
 - Targeting patients with long term conditions
- Projected savings on DFG delivery costs through more efficient processes and staffing efficiencies



BENEFITS TO CUSTOMERS

- One clear, consistent offer across Leicestershire
- Simplified journey with less waiting time
- Wider offer through the Housing MOT checklist
- Evidence of improved outcomes across a number of domains through Lightbulb pilot:
 - Physical and mental health
 - The home environment (repairs, hoarding, suitability)
 - Home security (risk of crime, safety measures)
 - Personal safety in the home (fire safety, phone access, lighting)
 - Getting around the home and garden (risk of falls)
 - Managing in the home (AT, aids, equipment, adaptations)



BENEFITS ILLUSTRATION

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

The Current Journey



- More handoffs and longer waiting time
- Single issue approach

The Lightbulb Journey



- Positive customer experience
- Holistic assessment included support to claim attendance allowance, falls prevention advice



Evidence of outcomes – Housing support co-ordinators

- Over a period of 18 months, the Housing Support Co-ordinator pilot helped 265 residents with support for their housing needs
- On average each resident benefited from 3 housing support interventions (excluding advice and signposting)
- 11% cases analysed using the NHS number and PI's Care and Health Trak tool
- This showed a reduction in service usage of 66%
- 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**
- 18 cases analysed where residents had previously fallen. 17 reported no falls since they received their interventions
- 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
- All reported feeling safer and more confident around the home



HOSPITAL HOUSING ENABLER TEAM

- Central part of Lightbulb Offer
- Targeted to a key Better Care Fund aim and metric e.g. delayed transfers of care
- Housing Enablers & Community Support workers based in hospital settings, both acute and mental health
- Quickly established as essential members of integrated discharge team
- Seek a wide variety of innovative and pragmatic housing solutions
- Access to budgets to help with rent deposits, furniture and, house clearance
- Formal evaluation using PI care and Health data and simulation modelling
- Links with wider Lightbulb offer and Housing Support Coordinator role
- Excellent results!



Evidence of outcomes – Hospital Housing Enabler

- In 2016 / 17 UHL service received 349 referrals and Bradgate Mental Health unit received 151
- Primary reasons for referral for UHL were homelessness and home no longer suitable and for Bradgate Homelessness and family refusing return

UHL service three months post intervention analysis on 357 patients saw:

- - 57% reduction in A&E attendances
- - 54% reduction in A&E admissions
- - 27% increase in no activity
- - 84% reduction in NHS costs for this cohort of patients 3 months post intervention – saving £222,000, scaled up this could mean a potential £550,000 saved over 12 months

172



115 patients at the Bradgate Unit analysed saw:

- **920** delayed bed days saved
- Of 40 service users who continued to receive support in the community following discharge only one was readmitted
- Over 12 months the projected housing DTOC costs would be £175,000 compared to £650,000; a potential reduction of £475,000
- Referrals to the Bradgate Unit have risen by 67% in last 6 months. In contrast resolution times have reduced by 60% meaning despite the rise in referral patients are receiving a speedier service reducing the chance of delays



Next Steps / Future Opportunities

- Community hospitals
- Integration with other teams in the hospitals
- County-wide Assistive Technology offer
- Customer insight into why patients are unable to return home
- Development of Move-on accommodation for Bradgate Patients





- Winner APSE Best Collaborative Initiative Award 2017
- Shortlisted finalist Home Improvement Agency Awards 14th September for Collaboration

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