



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**11 NOVEMBER 2019**

**LIGHTBULB SERVICE**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND**  
**BLABY DISTRICT COUNCIL**

**Purpose of report**

- 1 The purpose of this report is to provide the Committee with an update on the Lightbulb Service.

**Policy Framework and Previous Decisions**

- 2 On 10 October 2017, the Cabinet agreed the delegation of Adult Social Care functions to be undertaken under the Lightbulb Programme pathway to Blaby District Council.
- 3 The Lightbulb Service went live and was rolled out to all Leicestershire districts in October 2017.
- 4 The County Council has a Service Level Agreement with Blaby District Council which expires on 31 March 2022.

**Background**

- 5 The Lightbulb Service offer includes setting out how local housing services can support and promote the health and wellbeing of Leicestershire citizens; offering to concentrate the collective efforts of all the Leicestershire districts and County Council on developing services to help health and social care partnerships achieve the Better Care Fund (BCF) objectives.
- 6 The Lightbulb Service aims to provide a less complex and fragmented service, with reduced handoffs and waiting times for customers, delivered through a Hub and Spoke model in integrated locality Lightbulb teams based in each district. Customers are provided with a holistic assessment of need through completion of a 'Housing MOT'. This includes:
  - Minor adaptations and equipment;
  - Disabled Facilities Grants (DFGs);
  - Wider housing support needs (warmth, energy, home security);
  - Housing related health and wellbeing (Assistive Technology, falls prevention);
  - Planning for the future (housing options);
  - Housing related advice, information, signposting.

### Service performance and improvements

- 7 Since the full roll out of the Lightbulb Service in October 2017, Housing Support Coordinators (HSCs) have completed approximately 5,449 cases for the benefit of customers across Leicestershire.
- 8 The Business Case provided in 2018 calculated that the average overall delivery of a case by HSCs would be 36 days which is significantly less than the 42 days taken prior to roll out of the service. The average length of time taken has further reduced to 28 days.
- 9 The additional productivity has also had an impact on Occupational Therapists (OTs), allowing them to concentrate on delivering more complex caseloads. The OTs that operate to support the Lightbulb model have completed an additional 37% of cases than projected to be delivered prior to full roll out of the service.
- 10 This means that across these roles, the service has been significantly more productive and efficient than initially projected with an improvement on delivery by approximately two weeks in comparison with the previously held contract.
- 11 In terms of DFG service delivery, performance continues to improve. By the end of Quarter 4 2018/19, two of the seven districts had reached the target of DFG delivery within the 20 weeks target (this is the time taken from valid application to completion), and by the end of Quarter 1 2019/20, all seven districts had achieved this target. This is due to the more streamlined processes being embedded.

### Customer impact

- 12 The customer insight work conducted prior to the development of the original business case showed that 95% of customers wished to have a single point of contact. This principle has been developed within the service for all cases that do not involve a DFG. Where a DFG is required, there is a single hand off to a Technical Officer. As part of the roll out of the trusted assessor model, HSCs have become the single point of contact for some DFG categories, helping to fulfil the ideology developed in the customer insight work.
- 13 In addition, the Lightbulb Service has been able to undertake targeted prevention work with vulnerable individuals with the aim of reducing or delaying their need to access more costly services and have also signposted them to wider prevention through Leicestershire's First Contact. Appendix A sets out some case studies.
- 14 Further customer insight work is programmed into the future developments phase over the next five years.
- 15 The Lightbulb Service has been recognised for its successful partnership working by receiving three national awards and this is fully embedded in the ethos, culture and ambition of the service. This is exemplified by representatives of different local authorities leading on different work-streams and the drive to continually improve the service, successes include:
  - Implementation of the Regulatory Reform Order (RRO). In 2002, the Government introduced the RRO (Housing Assistance) (England and Wales) Order 2002, which enabled local authorities more freedom to address wider, local housing

issues. In 2008-2009, the range of the RRO increased to include DFG money, which enables the local authorities to use the funding for wider purposes. This has meant that local authorities can be more flexible with DFG's for uses that are not covered using mandatory DFG's. Lightbulb has taken the opportunity to put together an offer for the residents of Leicestershire;

- Obtaining concurrent funding for the Hospital Enablement Team, which is a Housing Team based in the three main hospitals, who work alongside partners to prevent delayed transfers of care and repeat hospital admissions;
- Agreement of a five year Service Level Agreement with all partners;
- Development of Technical HSCs;
- Transfer of County's major adaptations service to Lightbulb Service;
- Inclusion as good practice in the Royal College of Occupational Therapists journal article '*Adaptations Without Delay: a guide to delivering adaptations*'.

16 Work-streams currently being developed include:

- A procurement framework for builders;
- Promotional video of the Lightbulb Service;
- Apprenticeship Scheme;
- Dementia friendly properties in conjunction with Loughborough University;
- Self-referral pathway;
- Digital development of support for adaptations and mental health and hoarding support.

### **Resource Implications**

17 With regard to funding, Central Government increased the DFG allocation from 2016/17 to 2017/18 by 20% and then by 10% from 2017/18 to 2019/20. The current grant for 2019/20 is £3,919,000. Further additional funds were allocated at the end of the calendar year; with conditions for spend which differ from the BCF allocated DFG funds. The allocation for 2020/21 will be released later this year. Nationally, Councils appear to be working on the assumption that the amount allocated will be the same amount as this year.

18 Comparatively from 2017/18 and 2018/19 there has been a significant increase in BCF DFG funding. The actual spend has also increased, but only slightly in comparison with the funding increase.








19 This is due to a combination of issues:

- It was known that there would be an increase in funding, but the actual allocation was not known until the figures were published. It was anticipated that as the funds were allocated via the BCF that this would allow for more flexibility in spend, in reality this requires a change in policy.
- Due to the additional funds being allocated within a limited time frame, there was not enough time to develop the requisite infrastructure to accommodate increased referrals.

20 The introduction of the Trusted Assessor role to carry out more preventative interventions, i.e. by providing equipment and assessment of the property via a 'Housing MOT', has negated some of the need for costly DFGs (a reduction of 43%).

- 21 The 20% increase in the BCF DFG allocation followed by a 10% increase in the following year, was provided without an infrastructure to allow spend.
- 22 The table set out below, summarises the change (increase or decrease) in actual spend from 2017/18 to 2018/19. Although there is a general trend in the spend increasing, this is only based on data for one year only. On average, there is a 27% increase in spend across the districts; with two districts showing a decrease in spend.
- 23 The figures for Oadby and Wigston Borough Council are based on actual spend, however it must be noted that the actual spend for 2019/20 Quarter 1 is already higher than total spend in 2018/19, indicating that the 69% reduction is an anomaly.

***The increase/decrease in actual spend on DFG applications per District***

District	% Increase or decrease in spending from 2017/18 – 2018/19
Blaby District Council	 4%
Harborough District Council	 18%
Charnwood Borough Council	 32%
Melton Borough Council	 35%
North West Leicestershire District Council	 50%
Hinckley & Bosworth Borough Council	 28%
Oadby & Wigston Borough Council	 69%

- 24 The challenges of spending DFG funding is reflected nationally and referred to in the government's review of DFGs published last year, which highlights the lack of revenue funding, more complex cases and higher cost of work as being major contributory factors.
- 25 The County Council contributed £421,600 for this financial year and all partner contributions are reviewed annually.
- 26 The Director of Corporate Resources has been consulted on the content of this report.

**Conclusions**

- 27 The Committee are asked to note the contents of this report

**Background Papers**

- Report to the Cabinet: 10 October 2017 – Delegation of Adult Social Care Functions to Blaby District Council (Lightbulb Programme) <https://bit.ly/2qm5gVE>
- Summary of DFG and other Adaptations External Review: December 2018 <https://bit.ly/2GU9cF3>

**Circulation under the Local Issues Alert Procedure**

28 None.

### **Equality and Human Rights Implications**

29 An Equality Impact and Needs Assessment was undertaken by Blaby District Council and actions monitored by the Service Programme Board.

### **Other Relevant Impact Assessments (if applicable)**

#### **Partnership Working and Associated Issues**

30 Partnership working is pivotal to this service and sustained good partnership is dependent on this service arrangement continuing into the future.

### **Officers to Contact**

Jon Wilson  
Director of Adults and Communities  
Adults and Communities Department  
Telephone: 0116 305 7454  
Email: [jon.wilson@leics.gov.uk](mailto:jon.wilson@leics.gov.uk)

Heather Pick  
Assistant Director, East  
Adults and Communities Department  
Email: [Heather.Pick@leics.gov.uk](mailto:Heather.Pick@leics.gov.uk)

Quin Quinney  
Housing and Community Services Group Manager  
Blaby District Council  
Telephone: 0116 272795  
Email: [quin.quinney@blaby.gov.uk](mailto:quin.quinney@blaby.gov.uk)

### **Appendix A**

Case study examples

**APPENDIX A****CASE STUDY 1 – LIGHTBULB HOUSING SUPPORT CO-ORDINATOR**

One of the HSC's visited Miss X in September 2019.

Miss X was struggling to manage her personal care and management of her home which was observed to be somewhat chaotic. She is a lone parent of two sons with disabilities.

She had contacted Lightbulb as she found stairs and bathing difficult, due to a result of her debilitating health conditions. She also suffers with anxiety and depression.

It was observed by the HSC that she hadn't got the mental or physical health to be able to organise and prioritise the families and her own needs.

The HSC sat and listened to Miss X about her life and what was making it difficult, she explained she used to go swimming but wasn't able to do this alone due to anxiety. The HSC was mindful that physical activities would be beneficial for Miss X's physical and mental health.

The HSC completed a full MOT and explained what she could provide. Miss X agreed to an additional stair rail to enable her to use the stairs safely and easily, an over bath shower was recommended to enable safe and independent bathing, along with a grab rail. Grab rails were also fitted to the wall beside the front door so that she could transfer more safely out the house. An adjustable toilet frame was requested to aid transfers from the toilet. Miss X was really pleased with this and said it would help.

The HSC explained other support she could offer and a referral was made to First Contact Plus for information on groups and transport as Miss X was somewhat isolated and a request for an assessment was submitted to Adult Social Care with a view to obtaining a Personal Budget.

Adult Social Care has been in contact with Miss X and will visit and complete a care and support assessment which may offer her a personal budget. This would enable her to employ a Personal Assistant to help long term to support her with accessing the community and to assist with organisation within the home.

The actions of the HSC visit have afforded Miss X independence, confidence in her ability to self care and raised her self esteem to afford a better quality of life for her and her family.

## CASE STUDY TEMPLATE

<b>NAME OF PROJECT:</b>	<b>LIGHTBULB</b>
<b>DATE SUBMITTED:</b>	<b>26/06/2019</b>
<b>LOCALITY TEAM:</b>	<b>Melton</b>
<b>SOURCE OF REFERRAL AND REASON FOR REFERRAL: Customer Service Centre/ Stairs and bathing</b>	
CSC / Bathing, Toilet Transfers, Access, Perching Stool.	
<b>HOW LONG DID YOU WORK WITH THE INDIVIDUAL?</b>	
Start Date: 12/06/2019 End Date: 13/06/2019	
<b>WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? ( E.G. IDENTIFIED BY THE MOT CHECKLIST)</b>	
<ul style="list-style-type: none"> <li>• Only able to stand for so long and then need to rest. Food preparation is managed sitting at the dining table. Now having to purchase frozen veg as becoming too painful to chop food.</li> <li>• Difficulties with front access due to a porch and thresholds at different heights. Step at back door is helpful but Ms C needs to pull on the door handle to get up the step.</li> <li>• Armchair appeared to be appropriate height until sat in and then the cushions sink a long way. Ms C considering an additional cushion to sit on. Currently gets up by leaning forwards and pressing back with her elbows on the chair arms.</li> <li>• Toilet transfers are managed by putting left hand flat on the window ledge (grip in left hand is poor) and pulling on the shower cubicle door handle.</li> <li>• Currently holding onto the door handles of the curved front shower cubicle for support when stepping in/out of the shower. Washing lower body is difficult as Ms C struggles to bend over without holding onto the door handle. Cubicle too small for a shower chair.</li> <li>• Standing at the shower room sink when carrying out personal care in the evening.</li> <li>• Able to lift legs into bed but when getting up from the bed, Ms C needs to press down on the bedside cabinet.</li> </ul>	
<b>WHAT ACTIONS WERE TAKEN?</b>	
<p>Minor Adaptations form completed to request:</p> <ul style="list-style-type: none"> <li>• Installation of a 12" grab rail at the porch door.</li> <li>• Wood half step for outside the porch door (non-slip top and edges painted white).</li> <li>• Wood plinth for between the porch door and front door (non-slip top).</li> <li>• Installation of a 12" grab rail at the back door.</li> <li>• 18" grab rail to be fitted just under the window in the shower room. Discussed turning slightly on the toilet as this will allow both hands to reach the rail before getting up from the toilet.</li> <li>• Discussed floor to ceiling pole next to the shower door to aid transfers – declined at this time but Ms C remains eligible.</li> <li>• 18" grab rail in the shower cubicle to assist when washing self especially lower body.</li> </ul>	

NRS Equipment					
<ul style="list-style-type: none"> <li>• Perching Stool for the kitchen and bathroom.</li> <li>• 3" armchair raise.</li> <li>• Bed lever.</li> </ul>					
Assistive Technology		Adaptations	X	First Contact Plus	
OT		Adult Social Care		Local Area Coordinator	
Voluntary Sector		Other (please state)		NRS/Equipment	X
<b>HOW HAS LIGHTBULB'S INPUT BENEFITED THE RESIDENT? – Outcomes, Risks reduced?</b>					
<p>Adaptations at the front door will make stepping in/out more easily managed and safer. The grab rail at the back door will prevent Ms C putting herself at risk by holding onto the door handle. Toilet and Shower cubicle transfers will be safer and Ms C will be at less risk of slipping over in the shower.</p>					
<b>WHO ELSE WAS INVOLVED?</b>					
None					
<b>ANY ONGOING SUPPORT?</b>					
None.					
<b>ANY OTHER RELEVANT INFORMATION:</b>					
<p>Ms C states her chair raise is extremely helpful, as are the Perching Stools. She isn't sure if the Bed Lever will be of assistance because she thinks she may knock herself on it. Ms C is prepared to try it for a few nights before deciding.</p> <p>Ms C stated: "I didn't expect this level of service and thank you for all you have done". She stated she didn't realise there was so much available to someone in her position.</p>					
<b>NAME:</b>	JS				
<b>DATE:</b>	26/06/2019				



**CASE STUDY TEMPLATE**

<b>NAME OF PROJECT:</b>	<b>LIGHTBULB</b>				
<b>DATE SUBMITTED:</b>	<b>18/07/2019</b>				
<b>LOCALITY TEAM:</b>	<b>North West Leicestershire</b>				
<b>SOURCE OF REFERRAL AND REASON FOR REFERRAL: Customer Service Centre/ Stairs and bathing</b>					
Customer Service Centre					
<b>HOW LONG DID YOU WORK WITH THE INDIVIDUAL?</b>					
Start Date: 07/05/2019					
End Date: 14/06/2019					
<b>WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? ( E.G. IDENTIFIED BY THE MOT CHECKLIST)</b>					
SU found stairs, bathing and coping in general difficult as a result of her debilitating health conditions. She was living in an unclean, cluttered environment and had no motivation.					
<b>WHAT ACTIONS WERE TAKEN?</b>					
A cleaner was called with the SU's consent and she agreed to them decluttering the home and to carry out a deep clean. The SU was motivated by this and went on to purchase new carpets, chair and a bed.					
Because of complex health conditions, it was agreed with the OT that her case would be transferred.					
Referrals made to;					
Assistive Technology		Adaptations		First Contact Plus	
OT	x	Adult Social Care		Local Area Coordinator	
Voluntary Sector		Other (please state)		NRS/Equipment	
Cleaning company					
<b>HOW HAS LIGHTBULB'S INPUT BENEFITED THE RESIDENT? – Outcomes, Risks reduced?</b>					
Actions have afforded the service user independence, motivation and raised her self esteem.					
<b>WHO ELSE WAS INVOLVED?</b>					
Case was passed to Lightbulb OT					
<b>ANY ONGOING SUPPORT?</b>					
OT at present					
<b>ANY OTHER RELEVANT INFORMATION:</b>					

<b>NAME:</b>	JL
<b>DATE:</b>	18/07/2019