

Draft report**Business case for Lightbulb Partnership Arrangements 2024-2026****Purpose**

The Lightbulb Service provides an integrated housing offer focused on Health and wellbeing outcomes such as maximising independence in the home and preventing falls. The Lightbulb service has been running since October 2017 and the Service Level Agreements are due to be refreshed and signed in April 2024. This provided an opportunity to review service delivery following further health and social care integration, the introduction of additional grants and a new way of working post the pandemic. For more information regarding the background of Lightbulb please see the original business case and the refreshed one at Appendix 1 and 1A.

The purpose of this document is to put forward the case to secure funding for the Lightbulb Service from the 1st of April 2024 and to present options for development of the service over the 2 years from April 2024 to April 2026.

Scope

This business case discusses the following areas

- a. Opportunity to revise the SLA's, opportunity to look at where any developments in offer / efficiencies i.e., consider amalgamating of further services.
- b. Current financial pressures & cost saving opportunities
- c. Opportunity for collective smarter procurement practices such as bulk buying and common supplier list
- d. Development of more flexible DFG solutions
- e. Sharing good practice and process improvement
- f. Opportunities to engage in a consistent single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for homeowners
- g. Continued customer insight work to identify service gaps and deliver countywide improvement.
- h. Improving the self-service offer for practical housing support
- i. Embedding a new assistive technology offer as part of the Housing MOT
- j. Work towards further prevention work with existing pilots and integration in to BAU
- k. Review of the business case with children's services included

This document is requesting funding for the running of the main Lightbulb service. Although it runs in conjunction with Lightbulb and is mentioned within the business case the Housing Enablement Team is funded separately under its own business case and is therefore not included within the scope of this paper.

Current Model

The Lightbulb Service brings together a range of practical housing support into a single service providing a proactive, targeted approach via health and social care

professionals. The model allows for early assessment and triage of housing issues. Lightbulb operates a hub and spoke model with a central hub and integrated locality Lightbulb teams in each district council area offering: -

- Minor Adaptations
- DFGs
- Wider Housing support needs (warmth, energy, home security)
- Housing related health and wellbeing (AT, falls prevention)
- Planning for the future (Housing options)
- Housing related I&A

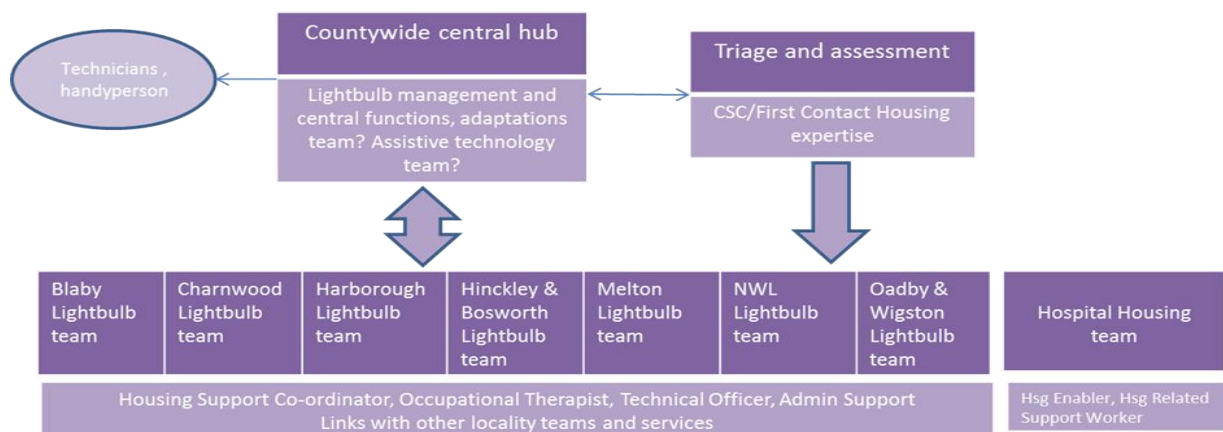
Since the last business case was agreed in 2018 the lightbulb service has continued to expand. This has included the development of a service website offering information, advice, and a pathway for public self-referral. There has also been an increase in the Regulatory Reform Order (RRO) grants on offer.

- Relocation grant
- Supporting individuals grant
- Home support grant
- Equipment grant
- Extended warranty
- Funding gap cover
- Drop curbs grant
- Hospital discharge grant
- Adaptation grant

Lightbulb has also taken over the ESPO framework for ordering equipment (stairlifts etc.). This has provided a large cost saving as it has been absorbed into the lightbulb model without any additional resource. Following provision of equipment by HSCs follow up calls have now been introduced to ensure safety, compliance and confirm use.

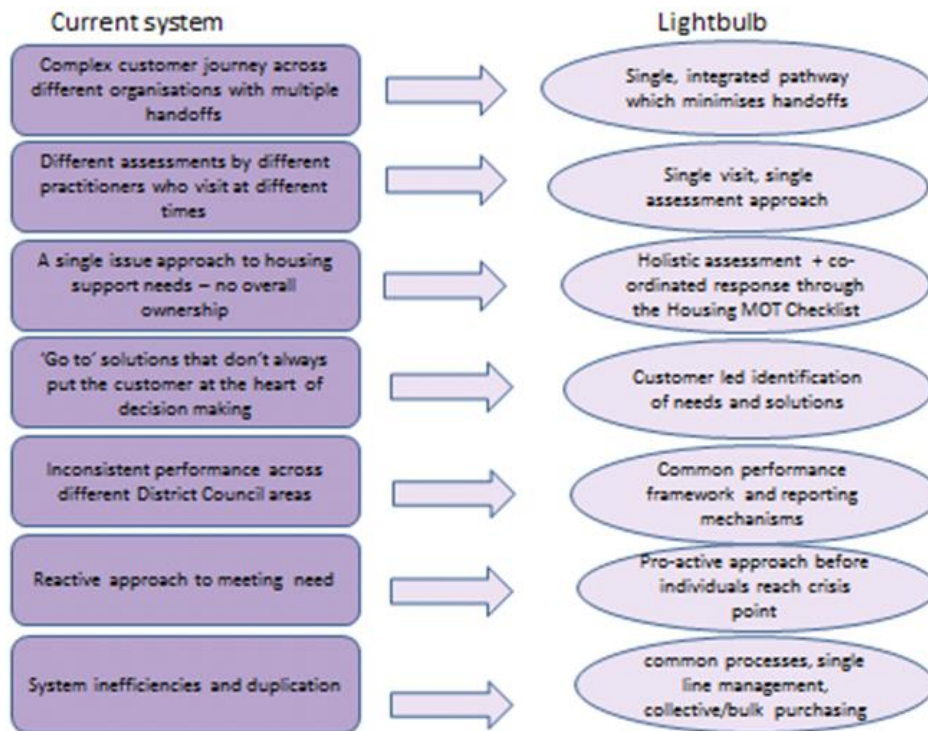
The diagram below shows the existing Lightbulb structure with the Hub and Locality Teams.

Diagram 1: Hub & Locality function – Lightbulb Business case 2016().7)



The diagram below shows the benefits of the existing lightbulb model over the previous model where support was funded and managed across two tiers of eight local authorities.

Diagram 2: Benefits afforded to the new Lightbulb model – Lightbulb business case 2016(0.7)



NB: The diagram is a demonstration from the original business case and so the 'current system' will refer to the pre lightbulb system.

Charnwood currently contribute to the Hub element of Lightbulb and manage their Locality team internally. The original model was set up with the plan for full Charnwood integration to the model long term.

This full integration is required to ensure parity across all districts. Currently Charnwood residents do not get the same 'Lightbulb' offer and there are often peaks in case work however Charnwood are unable to share the load via other locality teams which results in regular one-off interventions at an additional cost to Charnwood or Lightbulb or both.

As Lightbulb expands its preventative arm of works and given that resources are tight the current partial integration of Charnwood cannot continue.

The table overleaf shows the current costs and contribution distribution across the district councils and Leicestershire County Council.

Table 1: Current 22/23 budgeted contributions from partners

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

The following table gives further explanation of how the funding supports different processes between the hub and localities.

Table 2: Functions of the Hub & Localities – Lightbulb Business Case 2016 (0.7)

The Lightbulb offer and what happens where

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

Demand & Performance

Demand:

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

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

For this business case the demand totals for HSC cases, OT cases, DFGs have been evaluated and adjusted based on average service workload for the last 4 years of operation alongside the population of over 65's for 2020. Population numbers have been included in this refresh as it was included in the demand calculations for the original business case. The original business case stated that to make a true comparison this data should also be used in any refresh.

65+ Population levels are also a good indication as to which localities may show future increases in workload for adaptations, particularly minor ones delivered by HSC's. As these types of adaptations are not means tested, demand is more likely to increase based on the population and not necessarily those eligible for Adult Social Care services in general.

The table below is the calculated demand per area based on current data and includes a predicted demand which is set to increase over the next 5 years.

(%)	18/19 demand	19/20 demand	April 19 - March 23	Predicted demand April 29
Blaby	13	14	14	14
CBC	26	24	23	22
Harb	10	17	14	14
HBBC	18	17	17	17
Melton	9	8	8	8
NWL	15	14	14	15
OWBC	9	9	9	7

Table 3: Comparison of demand calculations for each district

Demand distribution across the districts remains unchanged from the distribution calculated in the November 2018 Business Case refresh.

Predicted demand distribution for 2030 has been calculated using the predicted increase in the 65+ population to adjust demand figures by the same percentage increase. This prediction is showing a potential shift of demand away from Oadby and Wigston towards Harborough and North West Leicestershire. However, these amounts are only small and do not suggest requirement for major shift of resources.

Following the start of lockdown restrictions and the Covid pandemic in March 2020 there was a significant impact on the demand levels for the HSC service. As shown in chart 1 the demand on the HSC service dropped considerably. There was also a small drop in demand on Technical Officers and an increased demand on Occupational Therapy.

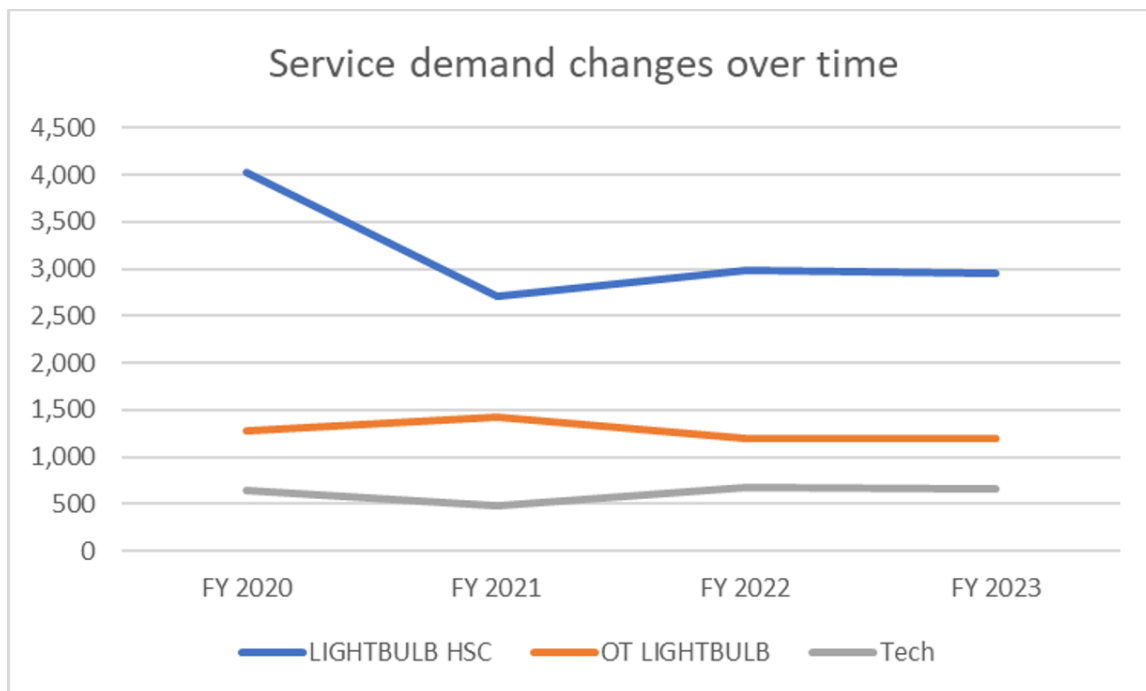


Chart 1: Service demand over time

These demand changes are not unexpected. OT cases are more complex and likely to be more urgent and considered a higher priority by those requesting it in terms of their ability to complete daily tasks and the impact on their quality of life. They are therefore likely to have been requested with the same frequency despite impact of the pandemic. HSC cases are less complex and may be more preventative in nature. During the pandemic when people were nervous about allowing others into their homes, they would be less likely to pursue preventative or non-urgent interventions.

Following the pandemic OT and Technical Officers new demand appears to have returned to their pre-pandemic levels. HSC demand has started to rise again however the increase is slow and has not returned to pre-pandemic levels.

Performance:

The chart below shows the cases started per month from Lightbulbs start to current time. The trend shows that all cases for HSC and OT have increased since the original business case. Cases dipped during the pandemic as industry came to a halt

and then start to steadily increase again and are close to the 19/20 figures pre pandemic.

As mentioned, cases are now more complex, post health complications from the pandemic and there are more people who had no interaction with the NHS or ASC being referred to services.

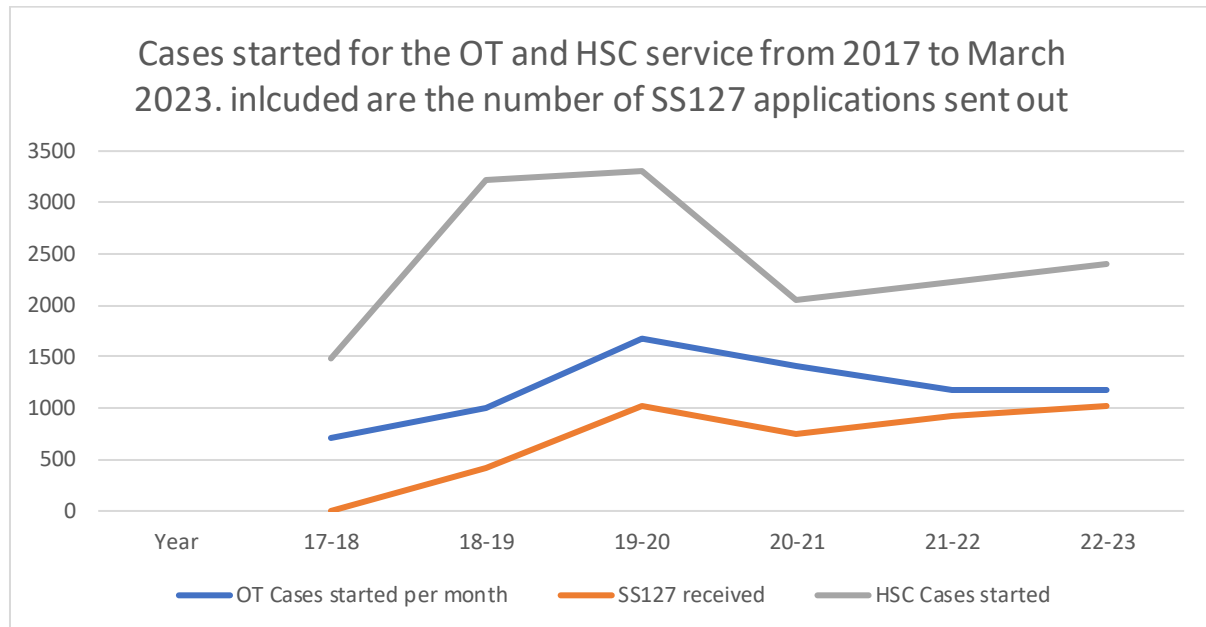


Chart 2: Representation of the cases started by OT and HSC, included is the number of referrals sent over to Technical Officers. NB: This doesn't include the open cases already on the Officers case load.

The table below shows that the total cases started between OT & HSC has increased by over a third. Case work averages out at a roughly 70% HSC cases and 30% OT case split.

Growth rate year on year shows the year before the pandemic and 2 years after Lightbulb goes live, growth for OT cases increases by 69%. During 20-21 and 21-22 the growth rate decreases year on year as expected with this data anomaly. 22-23 data shows a steady increase again slightly higher for HSC case work.

Overall growth rate from 22/23 figures to that of 17-18 shows overall growth of 41% for both HSC and OT. This is broadly in line with the predicted growth estimated for 2029 staffing levels with the aging population.

Since 17-18 the staffing levels have remained at the same level with an introduction of a hub manager to support flow of all the additional works taken on outside the scope of the last business case.

Year	OT Cases started per month	SS127 received	HSC Cases started	Total cases	OT as % overall	HSC as % Overall	HSC growth rate calculation	OT growth rate calculation	Over all case growth rate	OT growth rate compared to 2017	HSC growth rate compared to 2017	Overall growth rate compared to 2017
17-18	710	0	1483	2193	32%	68%						
18-19	992	411	3225	4217	24%	76%	54%	40%	117%	40%	117%	92%
19-20	1676	1012	3306	4982	34%	66%	2%	69%	3%	97%	57%	66%
20-21	1418	755	2046	3464	41%	59%	-62%	-15%	-38%	42%	17%	26%
21-22	1167	929	2218	3385	34%	66%	8%	-18%	8%	32%	36%	34%
22-23	1177	1021	2404	3581	33%	67%	8%	1%	8%	40%	42%	41%

Table 4: Demand percentages year on year for OT's and HSC's demonstrating growth rates as well as comparisons of growth from 2017 for both.

DFG completion times:

- Naturally the increase in referrals (SS127s) from HSC or OT will affect the number of DFG cases.
- This has had a knock-on effect on the end-to-end delivery times along with a few other reasons, see chart below: -

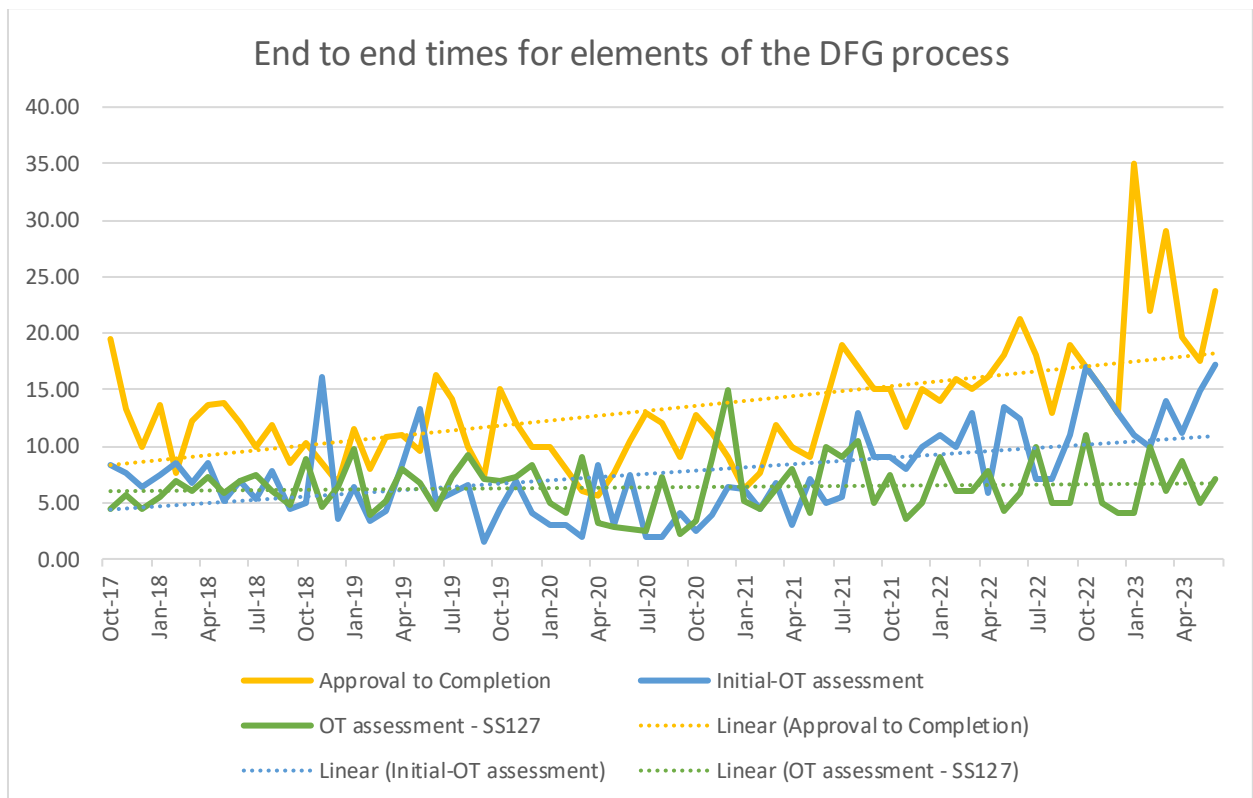


Chart 3: Breakdown of end-to-end times over the years for the DFG

The Governance group set a KPI of 20 weeks for approval of a DFG application to completion of works which is monitored quarterly. Since the pandemic we have seen several reasons for this being breached, such as: -

- Wait lists for contractors – or over stretched contractors
- Reduction in availability of materials
- Increased complexity of cases

Post pandemic and Brexit has not only affected the DFG completion times but also the processing of applications as demonstrated by the blue and green lines. This is monitored regularly by internal management and mitigations applied including: -

- Application of alternative grants through the RRO to support
- Escalation process to deal with urgent referrals which was not needed originally as community services only dealt with routine cases.

It is worth noting that Lightbulb has links with Foundations, the national body who provides advice on the DFG. This is the trend nationally not just locally.

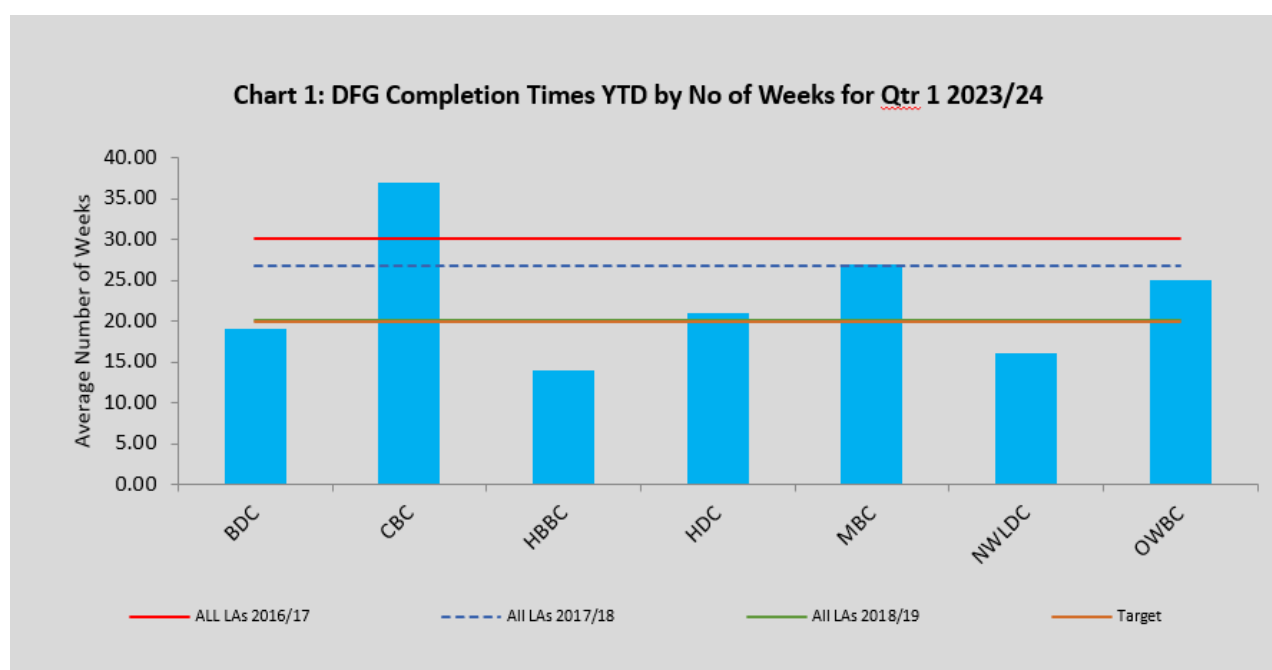


Chart 4: Taken from the Quater1 dashboard for DFG 22-23

Proposal

The initial scope when the review began was to look at a 5-year plan. The demand data has not moved that significantly from the initial calculations however what was evident is that there are several factors affecting the demand calculations which need to be explored in more detail: -

- **Impact of the pandemic:** Following the pandemic demand into the lightbulb service dropped considerably and HSC staff were redeployed to assist with hospital discharges. Demand has now started to rise again but the rise is

slow, and it is difficult to predict if/when demand will return to pre-pandemic levels. Whilst the reduced demand means that the required staffing levels have been calculated lower than in the previous business case these staff levels are currently being required to reduce long waiting lists which built up during the pandemic whilst staff were redeployed. If demand does return to pre-pandemic levels, then equally the previous staffing levels will still be required. A further 2 years with the existing staffing levels will allow for removal of the waiting lists that have built up. It will also allow further modelling to predict the rate of demand increase following the pandemic and the “return to normal”

- **Existing Pilots:** There are currently multiple pilots being run by Lightbulb which will be evaluated within in the next 2 years and either added into business as usual or stopped. At the end of the 2-year period there will be a clearer picture of what additional services are going to be included long term within the Lightbulb service and what requirements that has for funding and staff levels
- **Integration of Minor Adaptations:** A proposal is being put forward by Leicestershire County Council for the minor adaptations service to be integrated into the Lightbulb model. The outcome of this proposal is not yet known so it is difficult to make a long-term plan for what the integration of this service might look like. If it is agreed, then within the next 2 years plans can be made for the transfer of the service and once implemented careful monitoring of performance can help to shape recommendations for future structure and processes.
- **Recent changes to Occupational Therapy Processes:** As of April 2023, there has been a change in the allocation of cases to ASC occupational Therapists (OTs). Prior to this any housing related referrals requiring OT inputs were sent directly to Lightbulb OTs for assessment and completion. The new process focuses on reablement and ensuring low-cost interventions have been trialled before escalating to the more expensive resource. Under this process referrals for residents who have not received ASC before are allocated to the Reablement OT team who will provide interventions and support to try and resolve issues through a reablement approach before moving on to DFGs if necessary. This has helped to reduce the long waiting lists which have built up throughout the pandemic. The change has however, not been in place long enough to analyse the impact on demand and capacity in the Lightbulb OT team once the waiting lists have been cleared.
- **Gathering the voice of the person:** Whilst there is Quantitative data to demonstrate demand and workflow on the service there is currently little data to reflect the voice of the person. It is recommended that during the next 2 years a review of performance data monitoring is completed including work to incorporate the voice of the person. This will allow better insight into the achievements and gaps within the service allowing for better modelling of a long-term plan.
- **Changes to governance within the districts following local elections –** work has started to provide training on the Lightbulb partnership / service in

induction events. Likely will raise more questions at cabinet / committee meetings.

- **Charnwood BC** – are carrying out an independent review of the Lightbulb arm with a view to come up with an options paper for their future. Outcome of this has not been determined yet.

Based on the data available it is recommended that the service level agreements in place are extended for 2 years (in total 5) with a review at the end of year 2, which will allow further insight into the following: -

1. The demand on the OT service now Children’s cases are being processed.
2. To monitor the long-term effects of the pandemic on workflow
3. Gain a greater understanding of the demand on the OT service following service redesign.
4. Further investigation into the pilot work and their efficiencies on the wider economy.
5. Be able to realise actual savings to ASC

All options presented in this paper would include a phased programme of works to get to the 2-year mark review point.

Thereafter the further insight will allow options to be put forward for

1. Cost effective processes and integrations
2. Intelligence from the pilot work to be incorporated into business as usual or stopped.
3. Review of the staffing requirements against predicted demand.

Options

Option 1: Continue baseline model

Description: Lightbulb service continues in its current structure for a year (April 2024 – March 2025) as is and continues to gather data on the pilots and integrate them into the service from 2025 onwards. If the proposal for integration of minor adaptations is approved, plans will be made to integrate Minor adaptations to the Lightbulb model from April 2026. Charnwood would withdraw from the model, as going forward BDC unable to sustain the current part in, part out model.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Model has been tested during the pandemic and works well • Able to deliver core statutory services well • Model supports the workflow from integration of health and social care services • Proven excellent service for partners and customers in the past five years including a pandemic • Nationally recognised as best practice model 	<ul style="list-style-type: none"> • Currently at capacity in terms of innovation work • Not a fully integrated model – goes against ethos to have variance in levels of offer across districts 	<ul style="list-style-type: none"> • To save money and work more efficiently with preventative work • To look at development of the preventative work via pilots to provide intelligence about the future of Leicestershire’s provisions • To support health inequalities work – data gathering will help with this work • Long term savings to ASC • If minors are with Lightbulb - CBC interactions have to be with BDC - possible contract 	<ul style="list-style-type: none"> • Lack of investment

Table 5: SWOT analysis of Option 1

Table 6: Assumptions and dependencies summary

Costs:

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> Excluded the costs of CBC being in the full model. ASC & Blaby would have to negotiate individual contracts with CBC. More work on the minor adaptations service to get to a point of integration of service. Consideration to be made to delivery of palliative equipment, ceiling track hoists and legacy maintenance. 	<ul style="list-style-type: none"> Agreement via all partners to continue to contribute and no other partner wants to host the service. All partners have budgeted for the standard uplift in salaries and pay increase. Will require some work on TUPE arrangements and update of Service level agreements

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline (Table 1). These costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

If Charnwood withdraw from the model, there are several potential options which each have their own cost implications. These are being looked at by finance: -

Option 1: LCC ASC reduce funding and set up their own contracts and agreements with Charnwood.

Option 2: Funding from ASC remains at current level and alternative contracts are arranged between Blaby and Charnwood. If this option is taken forward Charnwood contract charges might cover the gap in budget left by their withdrawal meaning that increased contributions from other partners are not needed.

Risks:

Risk	Impact	Rag status	Mitigation
System not being able to absorb the cost implications of Charnwood drop out	Unable to fund running of existing model – restructure and reduced offer	High	Will have to be a phased approach, supported by the 2-year review model
Unable to get approval through Councils in time	SLAs expire and are service funding ceases	High	Legal to look at rolling forward existing contracts to bridge gap

Table 7: associated risk summary for Option 1

Option 2: Lightbulb Service incorporates Minor adaptations service.

Description: Minor Adaptations is transferred from LCC into the Core Lightbulb model. Charnwood withdraw from service model. This would have to be a phased approach over 2024- 2026.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> •Model has been tested during the pandemic and works well •Able to deliver core statutory services well •Model supports the workflow from integration of health and social care services •Have already successfully adsorbed the equipment contract •Good for customers to have all adaptations under one roof 	<ul style="list-style-type: none"> •Currently at capacity 	<ul style="list-style-type: none"> •To save money and work more efficiently with preventative work •To make savings for ASC with integration of minors into main Lightbulb service 	<ul style="list-style-type: none"> •Lack of investment •No access to existing contracts LCC has procured •Charnwood residents having no alternative model.

Table 8: SWOT analysis of Option 2

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> • Excluded the costs of CBC being in the full model • ASC & Blaby would have to negotiate individual contracts with CBC • Explore the use of DFG to pay for capital for minor adaptations, delivery is adsorbed into the existing model – savings to ASC. • Potential for workflow to move but not staff. • Need a full review of the palliative equipment, Ceiling track hoists and legacy maintenance 	<ul style="list-style-type: none"> • Agreement via all partners to continue to contribute and no other partner wants to host the service. • All partners have budgeted for the standard uplift in salaries and pay increase. • LCC will need to consider redeployment of team. • Consideration of how Blaby distribute works.

Table 9: Summary of assumptions and dependencies for option 2

Costs:

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline. These

costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

Transfer of the minor adaptations service into the Lightbulb model could be partially funded through the additional DFG money however this would only fund the equipment required to deliver the service. If funding is required to provide additional staffing resource this will have to be funded separately.

Risk	Impact	Rag status	Mitigation
System not being able to absorb the cost implications of Charnwood drop out	Unable to fund running of existing model – restructure and reduced offer	High	CBC adsorb the costs for contract renegotiation
Unable to get approval through Councils in time	SLAs expire and are service funding ceases	High	Advice needed from legal on temporary extensions
Minor Adaptations is not able to be absorbed without increase cost to Lightbulb	Lightbulb will need to request additional funding from partners for transfer to proceed	Medium	Need time to investigate fully – supported by phased approach

Table 10: summary risk table for option 2

Option 3: All in

Description: Minor adaptations service is transferred in from LCC to the core Lightbulb model. Charnwood fully adopt service model. This would be a phased approach between April 2024-April 2026

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Model has been tested during the pandemic and works well • Able to deliver core statutory services well • Model supports the workflow from integration of health and social care services • Proven excellent service for partners and customers in the past five years including a pandemic • Nationally recognised as best practice model 	<ul style="list-style-type: none"> • Currently at capacity within Lightbulb model 	<ul style="list-style-type: none"> • To save money and work more efficiently with preventative work • To look at development of the preventative work via pilots to provide intelligence about the future of Leicestershire's provisions • To support health inequalities work – data gathering will help with this work • Long term savings to ASC • Consistent for customer 	<ul style="list-style-type: none"> • Lack of investment • Backlog of work • TUPE costs

Table 11: SWOT analysis of option 3

Assumptions	Dependencies & Interfaces
<ul style="list-style-type: none"> • Charnwood will be phased into the existing model to prevent surge in backlog of cases. • Within the 2-year period existing pilots will also be reviewed to confirm if transferring to BAU • Need a full review of the palliative equipment, Ceiling track hoists and legacy maintenance 	<ul style="list-style-type: none"> • TUPE implications and possible backlog of work from Charnwood • Consideration of the LCC model and would it involve TUPE or adsorption into the existing model delivered in a different way.

Table 12: assumptions and dependencies for option3

- **Costs:**

Actual figures are still being confirmed with finance however under this option, the costs taken to run Lightbulb for this year (23/24) could be taken as a baseline. These costs will increase due to inflation, pay grade increases, pension etc, actual increase to be confirmed before taking business case to cabinet.

Transfer of the minor adaptations service into the Lightbulb model could be partially funded through the additional DFG money however this would only fund the equipment required to deliver the service. If funding is required to provide additional staffing resource this will have to be funded separately.

Transfer of the CBC Lightbulb Localities will come with TUPE costs and resettlement of staff.

Risk	Impact	Rag status	Mitigation
Backlog of work from Charnwood	Affects KPIs in terms of delivery and wait times	Medium	Phased approach to help clear back log gradually
Minor adaptations and Charnwood integration are not completed within 2 years	Affects ability to review and put forward business case in 2026	Low	Once plans approved a clear time plan for the phased introduction will be produced

Table 13: Risk summary for Option 3

Implementation plan:

To Implement the agreed option, there are a few processes that will need to run alongside BAU for Lightbulb. One will be to look at the data requirements to inform the review at 2 years. The other is the integration of services. This has been broadly mapped in the 2 charts below as a start point and can be modified by the presiding oversight officer(s).

1. Data to inform future requirements.

Task - Data Capture	Apr-24	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1. Establish aims & strategy for data mining	█	█										
2. Recruit / find capacity for research	█	█										
3. Start work with performance teams to collect data			█	█	█							
4. Reviw the data collected and what its showing					█	█						
5. Report to Governance group						█	█					
6. Decide what more is need						█	█					
7. Impliment any changes and monitor							█	█	█	█	█	
8. Finalise plan with stakeholders for following year											█	█

Chart 1: GANT chart for implantation of data capture and review year 1

2. Integration of services

Task - Integration of Services	Qtr1 23/24	Qtr2 23/24	Qtr3 23/24	Qtr 4 23/24	Qtr1 24/25	Qtr2 23/24	Qtr3 23/24	Qtr 4 23/24
1. Review of existing services to get baseline of	█							
2. Review LB services for capacity	█							
3. revview of internal systems and requirements	█	█						
4. Review HR requirements staffing	█	█	█					
5. Begin transfer process			█	█				
6. review of process and check on further requirements					█	█		
7. Full implementation							█	█
8. Review of integration							█	█

Recommendation:

The preferred option by Blaby is Option 3.