Appendix A

Lightbulb: Pre Business Case for Transforming Practical Housing Support

May 2016 (Final Draft)

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Appendices:

1. Executive Summary

Lightbulb's vision is to integrate practical housing support into a single service 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 shared ambition of this integrated approach is to:

- Support health and social care integration and deliver savings by making the most of 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 support is available at the right time with the right outcome

- Provide cost savings in 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

Supported by a strong case for change, in September 2014, the County and District Councils signed an agreement and 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.

Lightbulb's target operating model centres around:

- 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 support

A number of pilot projects have been implemented to explore aspects of this model and develop an evidence base to support the transformation required to deliver the Lightbulb ambition. Work has begun to redesign services and achieve the vision for Lightbulb and a Programme Plan is in place for 2016/17 outlining key activities, including milestones and success criteria.

In advance of the full Business Case, this document is intended to allow Programme Board members to:

- Recognise the achievements and evidence to date
- Challenge and confirm the operational model for transformed housing support services
- Agree the steps required to move towards this new model
- Address issues or barriers that might delay progress towards the new model, in order that these can be addressed as part of programme development

- Identify the success criteria that will enable partners to be legally, financially and operationally assured and committed to transfer existing resources to Lightbulb

It is recommended that partners:

1. Re-affirm their commitment to the Lightbulb vision and participation in the Programme, including recognition of the scale and scope of change required

2. Undertake to work within their own organisation to prepare the way for the implementation of Lightbulb through the development of a Lightbulb Service Level Agreement

3. Support and engage in the activities outlined in the Programme Plan for 2016/17 as appropriate in order to progress the Programme

2. Introduction

This Pre Business Case sets out the vision, ambition and intent for Local Authority partners to transform practical housing support services in Leicestershire in order to maximise the contribution these services can make to the priorities of the Better Care Fund and improve the customer experience.

It sets out the evidence to date and the steps required to develop a full Business Case that will give partners the assurances required to effect this transformation.

The pre business case in context

The information contained within this Pre Business Case presents an overview of work to date to realise the vision and ambition of Lightbulb and makes recommendations to move the programme forward over the next 12 months towards the development of a full business model. It builds on the evidence and begins to take forward the activities set out in the Transformation Challenge Award (TCA) bid and should be read alongside that document (Appendix 1).

This Pre Business Case presents a point in time picture only. Notwithstanding the progress made and commitment of partners to date, it is acknowledged that a significant amount of work is still required in order to provide the evidence and assurances that will be required in order to support this level of transformation and rollout from 1st April 2017.

This document is therefore primarily intended to allow partners to:

- Recognise the achievements and evidence to date
- Challenge and confirm the operational model for transformed housing support services
- Agree the steps required to move towards this new model
- Address issues or barriers that might delay progress towards the new model
- Identify the success criteria that will enable partners to be legally, financially and operationally assured and committed to transfer existing resources to Lightbulb, so these can be addressed as part of the further development of the Business Case

3. Lightbulb; the vision and ambition

The overall vision for Lightbulb is to integrate practical housing support into a single service 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. Lightbulb will

redesign housing support as it seeks to integrate resources into a single, pooled budget that will manage, deliver and commission a holistic service.

Key elements of this vision are:

- A single access point into a range of practical housing support solutions; aligned with First Contact Plus as part of the unified prevention offer for Leicestershire

- A common, holistic housing needs assessment process

- A wider, targeted offer for customers; prevention, support, affordable warmth, handyperson services, home safety, assistive technology as well as minor and major adaptations

The shared objectives of this integrated approach are to:

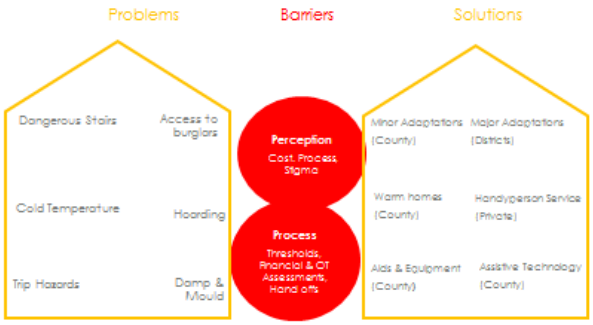
Support health and social care integration and deliver savings by making the most of the part that housing support can play in keeping people independent in their homes; helping to prevent, delay or reduce care home placements or demand for other social care services, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge

Improve the customer journey; making services easier to access and navigate and ensuring the right support is available at the right time with the right outcome

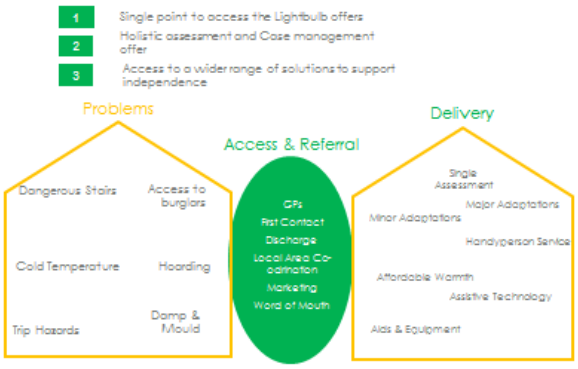
Provide cost savings in service delivery (particularly in relation to the delivery of Disabled Facilities Grants) through service redesign; capitalising on opportunities to realise economies of scale, more effective working practices, and improved processes. Ensuring specialist skills are targeted effectively and that staff are empowered to make appropriate decisions will be fundamental to this service redesign

In delivering this vision and ambition, we recognise the diverse nature of Leicestershire and its many local communities. The need for Lightbulb to be responsive to local needs and circumstances therefore runs throughout.

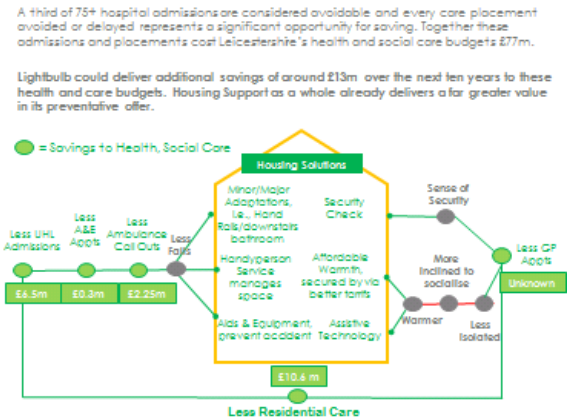
Housing Support – As Is



Housing Support – The Lightbulb Vision



Lightbulb Housing Support – The Potential



4. Background and strategic context

Leicestershire's housing offer to health and social care

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.

This work 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.

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. This offer is based upon secondary prevention; underpinned by the local definition of secondary prevention as:

Identifying people at risk and halting or slowing down any deterioration. Interventions are aimed at identifying people at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs'.

By 2018, the vision is to have a comprehensive preventative offer, funded by 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 services developed through the Lightbulb programme are fully aligned with other initiatives as part of this comprehensive preventative offer.

A unified prevention offer for Leicestershire

Lightbulb supporting the Adult Social Care Strategy

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

Preventing need:

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

Reducing need:

- Proactive targeting of 'at risk' individuals who would benefit from housing support interventions to improve their health and wellbeing, better manage existing conditions or prevent deterioration (eg 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
- Integrated, countywide processes will reduce waiting times for DFGs and be more customer focussed

Delaying need:
- Supporting timely hospital discharge through the Housing Enabler role
- Aiding recovery through the development and mobilisation of innovative, customer focussed housing support

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

Disabled Facilities Grant and the Better Care Fund 2016/17

As in 2015/16, funding for Disabled Facilities Grant will be allocated through the BCF. This 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 about 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 (DTOC). Local BCF plans are required to consider how the voluntary and community sector can contribute to reductions in DTOC and to consider whether other local stakeholders, such as housing providers have a role to play in efforts to reduce delays.

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

Demographic profiling

A demographic profiling exercise has been 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

A full summary of this analysis is provided at Appendix 2 but key considerations 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

5. The case for change

It is estimated that poor housing costs the NHS £1.4b per year[1]. Furthermore, the average housing adaptation is £6,000 compared with an annual care home cost of £26,000[2].

[1] Building Research Establishment - The Cost of Poor Housing to the NHS 2015

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 estimates that for older households (55 years or more) the cost of poor housing to the NHS (just for first year treatment costs) is £624 million[3].

The strategic, financial and economic case for changes is set out in the Transformation Challenge Award bid and can be summarised as follows:

- The housing support offer is currently too complex, too bureaucratic and too narrow to effectively meet need

- The customer journey is currently complicated, involves too many hand offs and currently excludes many people who need support and advice

- There is scope to better target housing support services towards those that would benefit most from an early and effective housing intervention. Often these are the same people who provide the greatest savings to health and social care budgets

- Opportunities to maximise the contribution that housing can make to health and social care are being missed as a result of complexities in the current system

- There are opportunities to maximise the impact of housing support by targeting services towards specific groups, for example those at risk of falls

- A more integrated approach to housing support has the potential to 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 to the health and social care of approximately £13m over a 10 year period as a result of transforming the housing support offer

- The 7 District Councils in Leicestershire and the County Council are committed to delivering change and, within this process, have a strong track record of collaborative, partnership working to build on

- The Housing Offer to Health and subsequent Unified Prevention Offer work has ensured that housing priorities are firmly aligned to both Better Care Fund priorities and the Adult Social Care Strategy; providing a strong building block from which to move forward

[2] Age UK - Housing in Later Life 2014
[3] Building Research Establishment – Homes and Ageing in England - 2015

- The integration of housing support services also provides potential opportunities for savings in terms of service delivery costs through simplified and improved contact points, smarter referral routes, a case management offer, smarter procurement and reduced management costs

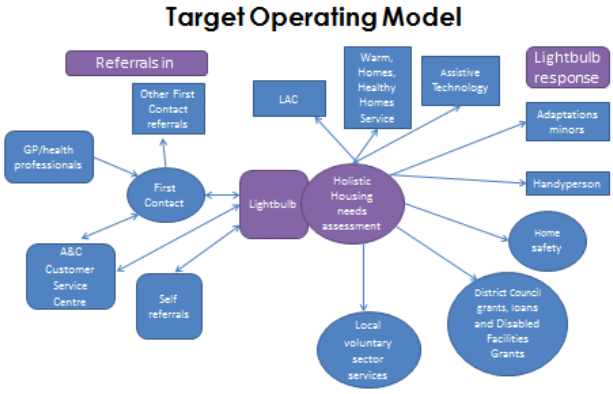
- Leicestershire's aging population is likely to place increasing pressure on health and social care services. A more integrated, targeted and efficient housing support offer can contribute to demand management strategies by making the most of cost effective, preventative solutions such as home adaptations (avoiding more costly alternatives such as residential care)

Data gathered to support the 2016 Better Care Fund Plan Refresh shows that, from April 2015 to December 2015, 44% of all emergency admissions at University Hospital Leicester (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 also shows the profile healthcare costs of Leicestershire's population with long term conditions in the over 70 age group. This 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 in 2015, almost 62,000 (46% adults aged 65 or over were predicted to have at least one limiting long-term illness (JSNA 2015).

6. A target operating model for Lightbulb

Building on the these strategic drivers and the case for change we have developed a target operating model for Lightbulb as outlined below:



This is underpinned by a set of strategic design principles::

- **Improving outcomes** for customers by:

    - providing a single point of access to a range of housing support solutions; 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

- 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 related commissioning activity among partners
    - transforming existing processes and structures

- **Supporting the 'left shift'** away from mainstream health and social care services by
    - targeted and early identification of people who could benefit from housing support
    - looking at and responding to a persons housing support needs in a holistic way
    - aligning with other prevention services as part of the unified prevention offer

- 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

7. Building on and testing the target operating model

A number of pilots have been established during 2015/16 to test out elements of the target operating model. These projects have largely built on presenting opportunities and will be supplemented by ongoing customer insight and specific modelling work. Appendix 3 details the scope, objectives and progress to date of each pilot.

The evidence to date

The pilots have been supported by a robust performance framework that aims to demonstrate how Lightbulb can be developed to deliver the shared vision and ambition. The table below sets out evidence gathered to date from the pilots and how it contributes to the three objectives set out in the Lightbulb vision:

Performance framework theme	Link to Lightbulb objectives
Integrated DFG processes	BCF
• District Council DFG completion times measured as part of Pilot 1 have reduced against baseline data both for the Districts covered by the pilot and against the average performance of all districts	
• At the same time as improving DFG delivery times, District Council staffing resources supporting the delivery of the service through Pilot 1 have reduced by 0.4 fte compared to those in place for the baseline data	£
• DFG delivery times have remained the same for Blaby despite an increase in DFG's of 34% from the added applications from North West Leicestershire which were combined to form the Lightbulb service in July 2015 to March 2016. This has been achieved through streamlining of processes partly enabled by a co-located team of Technical Officers and Occupational Therapists. This has enabled quicker access to joint visits, open discussions around types of adaptations required and reduced and speedier handoffs between professionals.	£
• As such, the costs of delivery of DFG's have reduced significantly. The cost per unit of delivery of each DFG has fallen by around 17%. If this was to be replicated across Leicestershire this has the scope to save in excess of £65,000, per year, to the cost of DFG delivery based on costs provided by 5 districts for 2015/16.	£
• The DFG delivery time for North West Leicestershire has reduced by 12 weeks when compared to 2014/15 baseline data. In the previous financial year NWLDC delivery time was 36 weeks. In Lightbulb this is now 24 weeks.	
• Lightbulb is looking at improving the customer experience across the whole system. As such the end to end times for delivery of services have been measured from initial enquiry through to completion of a DFG. The delivery time has been reduced from a baseline of 270 days in 2014/15 to 243 days in 2015/16. A reduction of 27 days per average across all DFG types. We plan to do further work to reduce this including look at the referral times from the Adult Social Care Customer Service Centre. Working to receive these referrals more directly could significantly reduce the end to end times.	
• Breaking down delivery times further, the programme is looking to streamline the services of OT's within the DFG delivery system to ensure expertise is used in the right place at the right time. A baseline has been developed measuring time from OT assessment to SS127 (referral to the District Council) from April 2015 to July 2015 for comparison. Prior to Lightbulb the average time taken from referral to OT assessment to SS127 was 59 days. This has been reduced for cases in Lightbulb (July 15 to March 16) to 40 days on average across all case types. Furthermore, the largest decrease has been in the time taken on category B DFG's with a	£

decrease of 24 weeks on average, from OT assessment to SS127 (68 weeks to 44 weeks). This is likely to be the impact of joint visits, reduced handoffs between OT's and Tech officers and an increase in direct communications. • Delivery times from OT assessment to SS127 for Category A DFG's (equipment, e.g. stair-lifts, through-floor lifts, wash dry toilets), has also decreased from 46 days to 31 days. As well as the co-location of the teams, this has likely to be decreased by the streamlining of processes which has reduced the need for OTs working within Lightbulb to refer simple cases such as these to a senior OT for approval and sign off. • Time reductions have also been recorded from SS127 to approval of the DFG. Again, we have attributed this to a reduction in process and the co-location of the team. On average, times have reduced across all categories by 14 days, with Category A delivery reducing by 10 days and Cat B reducing by 7. Incidentally the delivery time from DFG approval to completion of work has not changed over this time. This period of delivery is largely governed by the construction and building times and the availability of contractors. • Despite the encouraging reductions in delivery times, we recognise that there is still work to do to reduce these further. For customers there is still an average wait of around 8 months from an initial enquiry to completion of a case. It is hoped that the encouraging start shown so far measuring the impact of the changes made, partners will be confident in working with us to further speed up the delivery of adaptations.	  
Targeted preventative approach	
• We have introduced Housing Support Co-ordinators (HSCs). As they look at earlier intervention that is more appropriate to meet the needs of customers at an earlier stage in intervention, we have recognised a fall in the amount of category B DFG's (building works up to £10k, e.g. Level access showers, ramps, hard standing) that have been completed. We will monitor this further, but initial findings are that Lightbulb has completed 11 fewer category B's than in the previous year (including projection of completions from April – mid July 2015). This may be because HSCs can now offer alternative, customer led options as opposed to standard adaptation works. As an example, each level access shower is on average £6000 which represents a saving of approx. £66,000 to this category for delivery. Category A DFG's have remained the same as the previous year. • If this was replicated across Leicestershire, a reduction of 13% of category B DFG's could represent a saving of £216,000 (based on numbers of category B completions for 2014/15). To show a true reflection of potential savings, further calculations to the cost of other options will be deducted when more data is available. • Since the start of 2016, the Housing Support Co-ordinators have worked with 13 patients with some form of housing need from GP surgeries. This	 

has been based on approximately 10 half day clinics held. It is worth noting that HSCs fill in first contact forms so the social benefit to patients gaining access to additional services is greater than just the number needing a housing intervention. It is too early to record whether there has been a reduction in appointments for the patients helped to access our service, but work is underway with the practice to scale up the targeting of patients with long term conditions and a system to record a reduction in demand for GP appointments. • In addition to First Contact, HSC's are working with other partners, so far receiving referrals from Private Sector Housing Teams, Social Workers, Technical officers, OTs, Clinical Care Co-ordinators / Integrated Care Co-ordinators and the Royal Voluntary Service and others. So far this has culminated in 83 referrals to the service, averaging 21 referrals per month across the pilot project areas.	BCF BCF
Delivering the wider offer	BCF
• In the cost benefit analysis (CBA) tool submitted with the TCA bid, Lightbulb projected that it was looking to reduce the amount of over 65's in non-decent housing. This would include cold homes and interventions to reduce falling. The Housing Support Co-ordinators have so far helped 17 customers since December 2015 with interventions to reduce the likelihood of falls. This has the potential to reduce admittance to hospital. The unit fiscal benefit in the CBA tool was recorded to be £1,713 per reduction in falling leading to an admission. From the 17 interventions so far this has the potential to have saved the NHS around £30,000. Data such as this will be ratified using the PI tool which will help to show the reduction in acute care interventions by customers that have been supported by the Housing Support Co-ordinators. • The use of First Contact as a front door is integral to the Unified Prevention Offer. Housing Support Co-ordinators have received 38 referrals so far from First Contact and have filled out 8 referral forms where this has not been the referral source; in effect using it as an onward referral strategy to ensure other customer needs are met.	BCF £ BCF

8. A redesigned model of practical housing support; the Lightbulb offer

We have continued to work with partners through the Lightbulb programme governance structures to develop the target operating model into a clear operational model for Lightbulb and the Lightbulb offer as set out below:

Who?
Lightbulb will work with people:

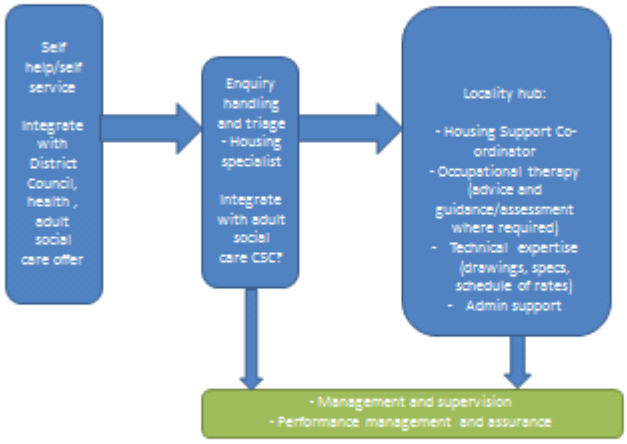
- Who may be vulnerable for a range of reasons, for example, age, disability, lack of life skills or risk of abuse or neglect and;
- Who are in need of practical housing support, regardless of tenure

What?
Practical housing support will include a range of issues such as:

- Keeping the home warm in a way that is affordable
- Home security to give people peace of mind and minimise risk
- Avoiding trips and falls in the home
- Aids adaptations and equipment to support people to be independent in the home
- Assistive technology to help manage risk, support independence and provide peace of mind to carers
- Major adaptations to the home; enabling people to stay in their own home rather than having to move
- Small handyperson jobs around the home
- Advice and support to choose the right housing option
- Getting out and about in the local community
- Information and signposting to other services; in particular providing a read across to other services that form part of the BCF Unified Prevention Offer such as Local Area Co-ordination

How?
At the centre of the outline Lightbulb service model is a holistic housing needs assessment (the *Housing MOT*) covering the key issues listed above. Lightbulb will act as a central point for practical housing support, taking referrals sourcing, signposting and helping to arrange a variety of solutions in response to the Housing MOT. These could be provided by local organisations, District or County Council or directly provided through Lightbulb itself.

An operational process design diagram outlining how Lightbulb will be delivered is included at Appendix 4. The process design diagram both builds on and incorporates the strategic design principles and target operating model outlined above. A proposed delivery structure is presented below:



Enquiry, triage and locality hub model

Key features of the Lightbulb offer include:

A targeted, proactive approach BCF

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, integrated care teams and linking with primary care risk stratification data.

The inclusion of the Hospital Housing Team 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 delayed discharge of care.

Evidence from the pilots to date, although limited, 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 prevention BCF £

This will see referrals coming through a centralised housing specialist triage role with the aim of:

- Promoting self help and the self serve offer
- Providing housing based advice, information and guidance
- Dealing with straightforward cases eg by making referrals into other services where this resolves the presenting issue

- Determining cases to move to the locality hub stage (for a Housing MOT)

A Task and Finish Group have considered how best to deliver the preventative element, including the option of siting this resource within the existing First Contact plus and the Customer Service Centre. Resource will be located in both service areas as part of an integrated enquiry and triage approach.

Customer focussed assessment and solutions 

Locality based Housing Support Co-ordinators will receive cases from the triage point and complete the Housing MOT 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 HSC 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.

Customer insight work will continue to develop the Housing MOT to reflect and support this customer focussed approach.

An integrated and co-ordinated service offer 

The Lightbulb offer will include:

- Services that can be delivered directly by the Lightbulb team, as core services:
    - Preventative information and advice
    - Affordable warmth
    - Minor adaptations and equipment
    - DFG processes
    - Housing choices
    - Home safety check (falls prevention)
    - Fire safety and security

- Services that can form part of the Lightbulb service offer through direct commissioning arrangements:
    - Handyperson

- Services that are delivered outside of Lightbulb but can be utilised through referral as part of the casework/co-ordinator approach:
    - Local housing grants and loan schemes
    - VCS housing support services
    - Assistive technology

Central to the delivery model, Housing Support Co-ordinators will be skilled to deliver core services and utilise commissioned or referred into services as part of a

caseworker/co-ordinator approach. They will work alongside other specialists in the locality hub where expert advice or guidance is required.

A locality approach 

This will see locality 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. The Housing Support Co-ordinator role will be at the centre of the locality hub, with access to other specialist roles including occupational therapy and technical support for the DFG process.

Lightbulb pilots are already utilising the Housing Support Co-ordinator role as a 'trusted assessor' and this is working well as part of a more holistic and customer focussed approach. Further work will explore roles and responsibilities within the locality hub in more detail with a view to gaining the maximum benefit from specialist roles and using demand data to inform potential staffing levels within the new delivery model. There will be flexibilities between locality hubs (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 also be identified, for example the potential to have management arrangements that cover more than one hub.

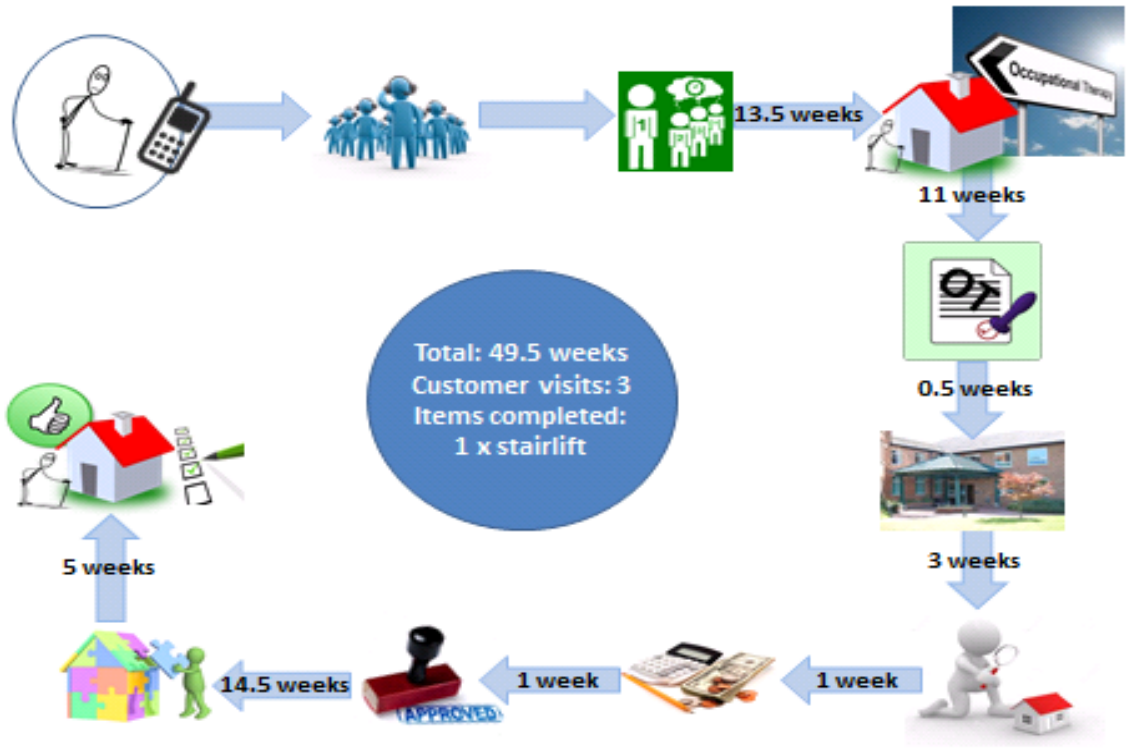
To support this model, further work will also be undertaken to develop a single DFG process, drawing on good practice nationally and locally, that each locality hub would follow.

The need to retain local accountability within a redesigned service model is recognised and options for delivery of the locality hub services will be explored in more detail in preparation for implementation. This might include integrating Lightbulb locality teams into existing District Council arrangements supported by a partnership SLA, hosting arrangements or externalised provision.

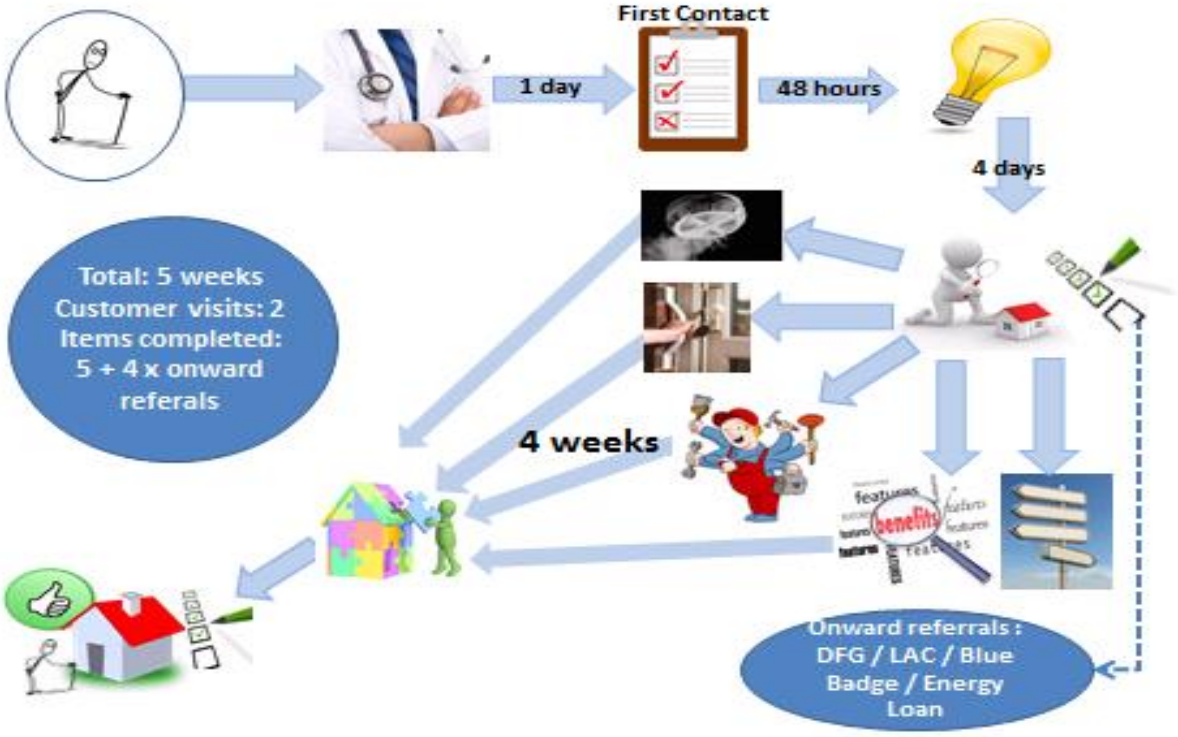
In any event, the development of a performance framework for the Programme will incorporate as a key feature, the requirement to collect and report information (including financial information) at District Council level.

The customer journey

Actual customer journeys have been mapped to show the current processes and delivery times for DFG's against the delivery and timescales for the work of the Housing support co-ordinators. The DFG delivery 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 that this is a lengthy process that is designed to deal with one element of householders' needs.



The offer that HSC's deliver 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.



9. Implementing the Lightbulb offer; next steps and actions

While we now have a clearly defined operational model and service offer for Lightbulb, it is recognised there is still work to do to prepare for and implement this across Leicestershire. This section sets out a number of key activities we will be working on over the coming months to:

- better understand demand for a Lightbulb service
- align existing commissioning activity and service delivery
- prepare for implementation within partner organisations
- take the Lightbulb offer forward and realise its full potential

Understanding demand

To build a successful service for the future we are incorporating current and projected demand into the design of the service. This looks at what we already know about services and levels of demand that could form part of Lightbulb in the future. Knowledge about future customer contacts and their predicted needs is crucial to building a service with sufficient resources to deliver an efficient and effective preventative offer.

Work with partners and through our Customer Insight workstream has provided a solid foundation for understanding demand. We will continue to build on this as we move towards wider implementation.

DFG activity across the County is recorded and reported systematically, including numbers, types and times taken. 2014-15 activity is set out in the table below, by District Council area:

	Total DFG activity	Lifts	Level access shower/WC	>£10k	Child cases
Blaby	93	26	54	6	7
Charnwood	132	36	71	12	13
Harborough	66	11	44	6	5
Melton	25	3	17	2	3
Hinckley and Bosworth	78	27	39	6	6
North West Leicestershire	38	6	28	3	1
Oadby and Wigston	41	14	22	4	1

It is estimated that approximately 2000-2500 cases pa are currently dealt with through the Adult Social Care Customer Service Centre and referred to the Community Assessment Team that are capable of being case managed by trusted assessors, with oversight and guidance from an Occupational Therapy (OT) role. These are defined as typically older people with low level, age related conditions.

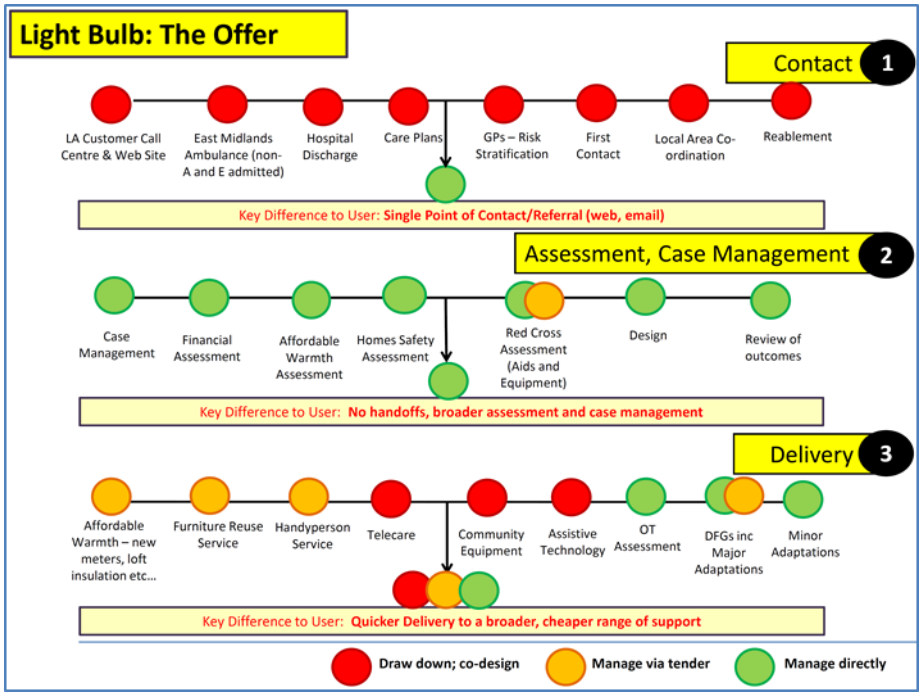
In addition to this, a study looking at OT workload over the month of September 2015 showed that approximately a third of cases, by outcome, could have been dealt with by a trusted assessor.

Typically the Hospital Housing Enablers make contact with between 30 and 40 patients per month in the Leicester Royal Infirmary and Glenfield Hospital sites. Numbers within the Bradgate Unit are smaller but case management is more intensive.

Understanding aligned commissioning and service delivery

The service redesign and integration work required to deliver Lightbulb's vision will impact on a range of partners, including within its scope alignment with services directly provided or commissioned by local authorities and links into services provided by the voluntary and community sector.

The TCA funding bid identified potential commissioning and delivery arrangements for the Lightbulb offer:



This has been further refined as the offer has developed and as outlined on p20. The table below maps out existing services and commissioning arrangements that are aligned to the Lightbulb offer:

Service area	Funding source	Delivery arrangements
DFG funding	BCF	DFG funding is allocated to District Councils to meet their statutory duty
District Council DFG 'top up' funding	District Councils	Top up funding is a local District Council decision. The amount of top up funding varies across each Council
DFG service delivery costs (technical and grant	District Councils	Delivery costs vary across each District Council. 5 District Councils deliver DFGs in house and

officer resource)		delivery is outsourced in two areas, with existing contracts ending on 31st March 2017
DFG service delivery costs (OT resource)	LCC Adults and Communities	OT resource for housing related issues (including DFGs) is provide as part of the wider LCC in house OT service
Minor adaptations service	LCC Adults and Communities	LCC in house service
Hospital Housing Team	BCF	BCF funding secured until 31st March 2019. Directly delivered, in house service, hosted by Blaby DC
Warm Homes, Healthy Homes	LCC Public Health	Commissioned service with the existing contract ending on 31st March 2017
Home Improvement Agency	LCC Adults and Communities	Commissioned service with the existing contract ending on 31st March 2017
Hospital to Home	LCC Adults and Communities/BCF	Commissioned service with the existing contract ending on 31st March 2017
Hospital discharge handyperson	CCGs	Commissioned service with the existing contract ending October 2016
Lightbulb handyperson	TCA funding	Delivered as part of wider LCC Technician service. Funded until 31st March 2017 to support Lightbulb pilot projects
Community Assessment (adaptations)	LCC Adults and Communities	Commissioned service with the existing contract ending on 31st March 2017

The delivery of Disabled Facilities Grant (DFG) has always been a central component of the Lightbulb vision. Better Care Fund DFG funding is set out below, including information about local top up per District to provide an overall picture of available spend for DFG in Leicestershire in 2016/17:

District Council area	Better Care Fund DFG element	District DFG allocation ('top up')	Total DFG funding
Blaby	£256,068	£200,000	
Charnwood	£		
Harborough	£199,085		
Hinckley and Bosworth	£250,493		
Melton	£133,306		
North West Leicestershire	£298,046	£135,380	
Oadby and Wigston	£		
Countywide BCF funded DFG activity			
Leicestershire total	**£3,067,448**		

(this table is awaiting information)

Work will continue through the Lightbulb partnership to explore opportunities to align these services and associated funding, as the Lightbulb offer moves towards implementation.

Work will continue to further build the full picture for future and potential demand for Lightbulb services to support implementation of the new model. This will include Customer Service Centre call types and failure demand, Minor adaptations types and frequency of use, Handyperson services within the community and linked to Hospital discharge and affordable warmth activity demand. Also we will be drawing on good

practice models from other areas that will show the added demand for services based on more flexible models.

Preparing for implementation

The Lightbulb Programme Plan (Appendix 5) sets out future activity for 2016/17, including key milestones and success criteria. This work will be led by the Programme team but will require engagement and commitment from all partners. Specific actions and activity required from partners at this stage is outlined below:

- Agree the Pre Business Case and direction of travel it sets out
- Consider how the changes required might impact on your organisation and what might be required locally to support this service transformation, both in the medium and longer term, for example, reviewing job roles and responsibilities, commissioning activity
- Continue to contribute to the Tasks and Finish Groups and further work to develop and deliver a new service model for housing support services
- Develop a communications plan and/or other arrangements for your organisation that ensures key individuals (including elected Members) are kept fully informed and engaged in the Programme as it moves forward
- Identify any commissioning activity by your organisation for housing support services and agree with the Programme Board how this could be aligned to Lightbulb
- Assist with the development of the full Business Case by providing relevant baseline information, for example in respect of current delivery costs or performance
- Make any asks of the Lightbulb team which will help support this transformation

These will form the basis of the first Lightbulb Service Level Agreement (SLA), covering the 2016/17. The Lightbulb Programme Board has identified a working group to scope and progress this SLA in the first instance.

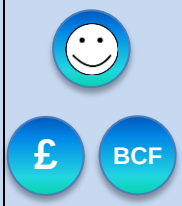
Progress against the Programme Plan will be reported through the Lightbulb governance structure outlined in Section 11 below.

An incremental approach

The TCA bid and work to date has recognised the significant scale of transformation required and commitment from partners that will be needed to support this. As part of the Task and Finish Group work, consideration will be given to the scale and pace of change and options for a phased or incremental approach. This will enable the Programme Board to make informed decisions that are sensitive to the needs and requirements of all partners.

10. Measuring success; evaluation and performance monitoring

A performance framework has already been developed to support the Lightbulb pilots. These performance measures will develop and strengthen as the pilot projects develop and will both help inform our service redesign work and provide quantitative and qualitative evidence to capture and evaluate the benefits of service redesign. The performance framework is broken down into a number of elements as outlined below:

Performance measure	Link to LB objectives
An agreed performance dashboard captures key areas of high level performance including: • DFG completion times, including a breakdown of different stages, against benchmark information • DFG completion types • Volume and variety of housing support interventions • Handyperson activity • Referral and contact information	
Lightbulb will make use of the *PI Care and Health Trak* tool to demonstrate impact and outcomes to the healthcare system. It is anticipated the tool will be able to support analysis of: • Whether Lightbulb housing support interventions result in fewer hospital admissions or readmissions (and, as the tool develops, this will be extended to GP appointments) • Patient pathways prior to a Lightbulb intervention to determine the potential for earlier intervention • Outcomes for Lightbulb customers against a matched cohort who did not have access to Lightbulb interventions Qualitative information will be collected through the use of: • Individual case studies to illustrate the kind of activities, support and outcomes the service delivers • Self assessment/distance travelled measures to capture progress made in the eyes of the individual	 

These pilot performance measures are monitored through the Lightbulb governance structure and will form a robust basis from which to develop an overarching performance framework for the Lightbulb model going forward.

Appendix 6 presents the performance dashboard as at March 2016 and case studies from the pilot projects are presented at Appendix 7.

In addition, we will be considering external evaluation to validate this ongoing performance monitoring.

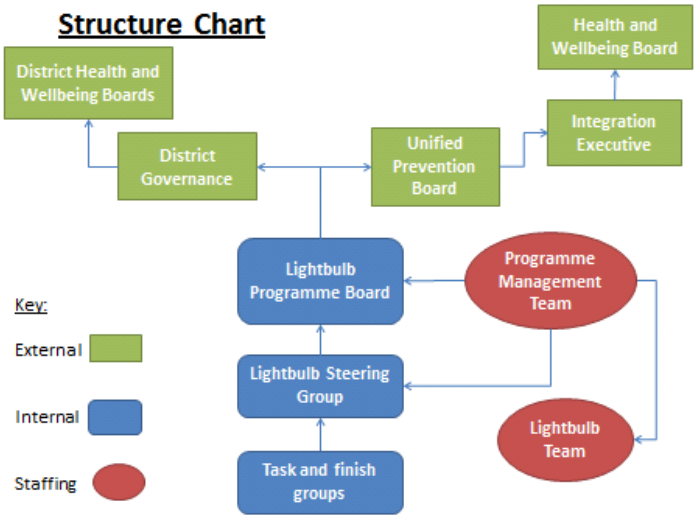
11. Programme governance

In order to provide the assurance required from partners to oversee the transformation required from Lightbulb, a programme management approach is in place.

The programme is 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 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.



12. Engagement and customer insight

The Lightbulb programme has undertaken initial customer insight work to support the development of a new service model for Lightbulb. This included information gathering about:

- Current and potential service users and their needs and preferences
- Experience of existing housing support services
- The barriers and motivations that Lightbulb will need to address in order to extend the reach of housing support services
- The most important outcomes for residents, carers and communities

Key findings from this insight work, together with actions to address them are outlined below:

Customer insight project report key findings and recommendations	**What will we do now?**
Each locality is different therefore a locally tailored service to meet local needs is key for Lightbulb rather than a one size fits all approach	a) Use existing demographic and needs information to inform the development of Lightbulb b) Carry out additional locality based customer engagement to identify particular needs, strengths and gaps
In order to overcome barriers with accessing existing services, Lightbulb should: • Consider varied and non traditional routes into Lightbulb services eg through GPs, pharmacists, community groups, and carers support groups • Have staff with key skills including empathy and a positive, reassuring approach in order to engage customers effectively • Focus on developing and/or strengthening links between healthcare, personal care, housing support and the voluntary sector as people do not see these issues in isolation	a) Look for opportunities to engage further with community groups, carers support groups etc as Lightbulb develops b) Some testing of non traditional routes is being undertaken as part of the Lightbulb pilots (eg working with GP practices) and these will be evaluated to inform the future shape of Lightbulb c) Develop a key skill set for staff to inform recruitment, induction and training for Lightbulb staff
Lightbulb should develop strong links with existing service providers to ensure it doesn't duplicate what is already being done well	a) Continue to work with key partners, including service providers in localities through the Lightbulb pilot projects and as Lightbulb develops
Early housing options advice is important to help people understand the choices available and the cost implications to help financial planning for the future	a) Explore this further with customers to help determine the type of information and advice that would be useful and how best to incorporate this into the Lightbulb service
People want to be actively involved in services in their local area so opportunities for things like volunteering, time banks or buddying should be considered	a) Explore this further with customers and look for opportunities to build this into the Lightbulb service
Services that seem to be hard to find at the moment such as someone to carry out small household tasks and helping to identify risks around the home should be included in the Lightbulb offer	a) These services are being explored as part of the Lightbulb pilot projects in order to test out demand in more detail b) Carry out more engagement with customers to gather more information about what these services should look like and any other, similar gaps
Build on the engagement undertaken as part of the customer insight project, including specific work to gather the views of under represented groups to continue to inform the development of Lightbulb	a) Identify existing groups or forums Lightbulb could engage with to gather additional views and insight, particularly faith, culturally specific and disability groups b) Set up a Customer Reference Group to act as an ongoing engagement mechanism for Lightbulb, including the specific issues arising from this action plan
Charging is not always a barrier to people taking up services but, if services (eg handyperson service) are chargeable there needs to be a simple, fair and transparent approach	a) Ensure the views of customers are included when developing any charging arrangements

Work will continue to ensure that customer engagement forms an ongoing part of the development of Lightbulb.

13. Recommendations

It is recommended that partners:

1. Re-affirm their commitment to the Lightbulb vision and participation in the Programme, including recognition of the scale and scope of change required

2. Undertake to work within their own organisation to prepare the way for the implementation of Lightbulb as outlined in Section 9 above, through the development of a Lightbulb Service Level Agreement

3. Support and engage in the activities outlined in the Programme Plan for 2016/17 as appropriate in order to progress the Programme

Appendix 1 – Lightbulb Transformation Challenge Award Bid

This is a large document that can be made available separately

Appendix 2 -Demographic profiling information

This is a large document that can be made available separately

Appendix 3 – Lightbulb Pilots

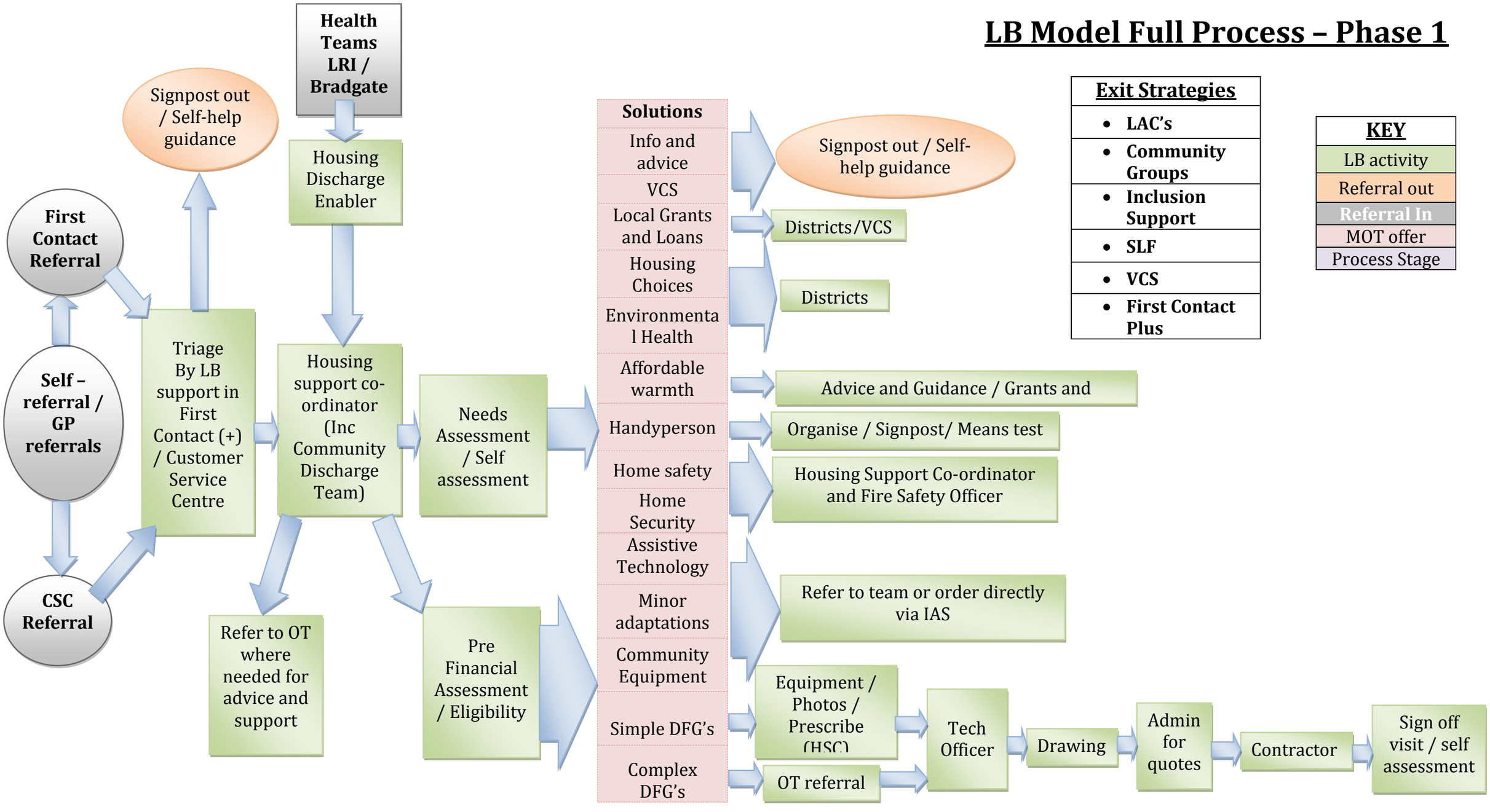
Overview	Objectives	Outcomes
Pilot 1 (Blaby and North West Leicestershire)		
This pilot is focusing on adaptations processes, exploring: • Joining up processes currently delivered at County/district level • Consolidating processes across districts • Removing blockages, duplication and delay points • Identifying opportunities to triage and target calls and enquiries by extending the offer • Improving self help options through advice and information • Linking with/utilising other solutions (handyperson, assistive technology, affordable warmth etc) • Exploring opportunities for smarter procurement	• Improve outcomes for customers (speedy, simple and personable services which can offer the right solution for the individual) • Contribute to the prevention of hospital admissions/readmission and support timely hospital discharge • Contribute to the reduction or avoidance of admissions to residential or nursing care • Achieve better value for money	• Anecdotal information from co-located team is positive • Process improvements identified and are being tested out • Handyperson scheme and Housing Support Co-ordinators (HSC) in place • Support Co-ordinators now able to assess for minor adaptations and order Community Equipment to support the provision of a more holistic Lightbulb service • Pilot arrangements to take referrals from CSC now agreed to commence with 2 cases per week to increase to 4 • Support co-ordinators now working with individuals to identify housing needs holistically and source co-ordinated solutions • Oadby & Wigston have agreed for three cases to be picked up by Lightbulb as a pilot • Number of referrals at March 16 is 29, of which 3 from health • HSC's to commence collection of qualitative performance data to show the difference the service has made • Agreement signed for Blaby to continue to undertake DFG's on behalf of NWL for a further year to 31st March 2017
Pilot 2 (Hinckley and Bosworth)		
This pilot aims to focus around a GP practice in the Hinckley area and will explore: • The development of a broader housing support officer informed by clinical input and customer insight • Shaping a housing support offer that can respond to specific health related issues eg respiratory disease, risk of falls	• Contribute to the prevention of hospital admissions/readmission and support timely hospital discharge • Contribute to a reduction in GP visits • Improved outcomes for customers • Better targeting of resources by linking the Lightbulb offer to specific health conditions	• Joint work with First Contact to agree the interface with Lightbulb completed and process in place to identify and make appropriate referrals from First Contact to Lightbulb • Lightbulb Offer to Health drafted • Links made with LAC to explore 'who does what' • HSC running the drop in clinic at Barwell Surgery • Need to look at a system for providing feedback to the GP's on referrals they have made

• Better targeting of housing support services (eg links to CCG risk stratification work) • Links with other prevention initiatives such as First Contact and Local Area Co-ordination • Links with wider CCG plans to reshape community health services in Hinckley	• Contribute to an increased use of assistive technology as a preventative measure • Development of a comprehensive housing needs assessment to support the delivery of Lightbulb services • Improved links/integration with local VCS services	• GP practice in South Wigston has agreed to become part of the pilot. • Process in place for capturing the NHS number to assist with performance collection and data sharing • Work to be undertaken to identify the links with Adult Social Care • Met with staff at Hinckley Community Hospital to look at identifying patients who could benefit from Lightbulb
Pilot 3 (Melton)		
This pilot aims to demonstrate the cost benefits of remedying poor housing (as identified through the HHSRS) and will: • identify 'poor' housing linked to NEA funding bid and Housing Health and Safety Rating System (HHSRS) • Identify caseload of homes for targeted actions • Utilise NEA/other resources to undertake remedial measures and eliminate hazards • Measure and project potential benefits to health and wider society using established methodology (BRE Housing Health Cost Calculator)	• Reduction in overall cost to the NHS over time is modelled • 'payback' period of different remedial works is modelled • Reduction in costs to wider society over time is modelled	• NEA/Lightbulb capital funding aligned to pilot proposal • Process being finalised (through Delivery Group) to support implementation of pilot • Possibility of evaluating benefits through LLR PI tool rather than BRE tool being explored • Two cases completed
Pilot 4 (Charnwood)		
This pilot will take a similar shape as Pilot 2 but be linked to the Older Person's Unit in Loughborough. It aims to: • Develop a housing support offer that can respond to specific health related issues, linked to key presenting issues as identified by OPU clinicians • Develop a referral mechanism from the OPU into Lightbulb and a holistic housing needs	• Contribute to the prevention of hospital admissions/readmission and support timely hospital discharge • Contribute to a reduction in GP visits in the longer term • Improved outcomes for customers • Better targeting of resources by linking the Lightbulb offer to specific health	• Local offer agreed, including input from VCS – proposal is to signpost to First Contact as part of discharge arrangements • Support Co-ordinator now based in Charnwood two days a week and taking referrals • OPU visit undertaken with positive response to pilot proposal • The joint presentation with First Contact to the Older Persons Unit took place on the 24th February, agreed to amend the posters to suit the audience.

assessment • Use the Housing Support Co-ordinators to co-ordinate a range of solutions based on the housing needs assessment	conditions • Contribute to an increased use of assistive technology as a preventative measure • Contribute to the reduction or avoidance of admissions to residential or nursing care	• HSC to link in with the Therapy team at the OPU • Number of referrals to date 6, of which 4 are from Charnwood Borough Council, 1 from a social worker and 1 from the The Bridge. • To consider widening the pilot to GP Practices as we may not receive enough referrals from the Older Persons Unit
Pilot 5 (hospital discharge)		
This pilot follows similar processes to Pilots 2 and 4 but is linked to hospital discharge. It aims to: • Develop a pathway into the Lightbulb offer to support hospital discharges • Use the Housing Support Co-ordinators to co-ordinate a range of solutions based on the housing needs assessment	• Contribute to the prevention of hospital readmission and support timely hospital discharge • Contribute to a reduction in GP visits in the longer term • Improved outcomes for customers • Better targeting of resources by linking the Lightbulb offer to specific health conditions • Contribute to an increased use of assistive technology as a preventative measure Contribute to the reduction or avoidance of admissions to residential or nursing care	• Will initially link to Discharge Pathway 2 via the health commissioned handyperson scheme • Meeting held with Papworth Trust (who operate the discharge handyperson scheme) to agree referral arrangements into Lightbulb • Support Co-ordinators in place to take referrals • Further opportunities to extend this pilot outside of the immediate link with handyperson scheme to be explored • To align the housing enablers to housing support coordinators to ensure robust pathways are in place • Recruitment completed for the six posts available across LRI, Glenfield and the Bradgate Unit. (1 Team Leader, 3 x housing enablers and 2 Housing related Support)

Appendix 4 – Operational Process Map

LB Model Full Process – Phase 1



Exit Strategies
• LAC's
• Community Groups
• Inclusion Support
• SLF
• VCS
• First Contact Plus

KEY
LB activity
Referral out
Referral In
MOT offer
Process Stage

Assessment | **Case Management**

Appendix 5 – Programme Plan 2016-17

Operational programme plan			Version:		
Updated					
	BRAG status	milestones/workstream	Milestones & Working Dates		accountable
LB1	Demand mapping completed to inform Business Case		Start (week)	End (week)	Owner
		Overall milestone	6	15	LC
		Demand mapping - ASC	6	14	LC
		Demand mapping - First Contact Plus	6	10	LC
		Demand mapping - targeted demand	9	13	LC
		Demand mapping - customer insight	9	10	TN
		Align Lightbulb model with demand mapping	10	15	LC
LB2	Performance data/evaluation in place to inform Business Case		Start (week)	End (week)	Owner
		Overall milestone	1	18	LC
		collate benchmark data based on current services (First Contact Plus, CSC, minor adaptations, OT referrals, Red Cross)	6	13	LC
		Establish reporting pathway for CareTrak	6	9	LC
		Collate and analyse dashboard information over 6 month period	1	13	LC
		consider options for external evaluation	14	18	LC
LB3	Countywide major adaptations process established as part of Lightbulb model		Start (week)	End (week)	Owner
		Overall milestone	9	16	LC
		review best practice	9	10	LC
		consider and evaluate design options	10	12	LC
		agree single process based on evaluation of options	12	13	LC
		establish implementation plan aligned to roll out of wider Lightbulb offer	14	16	LC
LB4	Implementation of assessment and triage redesign		Start (week)	End (week)	Owner
		Overall milestone	1	40	TN
		Agree principles of service redesign through T&F Group	1	8	LC
		agree operational implementation with ASC/First Contact Plus	9	12	TN
		appoint HSC (assessment/triage focus)	12	20	TN
		establish operational processes with CSC and First Contact Plus	12	18	TN
		establish processes for handling health referrals including targeted patients	12	18	TN
		establish overarching finanical assessment tool	12	18	TN
		embed HSC role within CSC/First Contact Plus	21	30	TN
		develop monitoring framework to support the Business Case	12	18	LC
		align assessment and triage with wider Lightbulb model	22	40	TN
LB5	Customer insight work completed to inform Lightbulb model		Start (week)	End (week)	Owner
		Overall milestone	1	1	TN
		develop action plan from Customer Insight Project	1	1	TN
		to be completed…			
LB6	Locality model established		Start (week)	End (week)	Owner
		Overall milestone	1	52	TN
		agree principles of locality element of Lightbulb model through T&F Group	1	9	TN
		explore application of these principles within each locality	9	14	TN
		develop options and timetable for roll out in each locality with partners	9	18	TN
		develop implementation plan within each locality	18	28	TN
		develop workforce plan within each locality to support aligned to implementation	18	28	TN
		Implement workforce plan	29	52	TN
		Roll out of Lightbulb locality model in line with implementation plan	40	52	TN
LB7	Pilot projects - ongoing workstream		Start (week)	End (week)	Owner
		Overall milestone	1	52	TN
		establish data collection processes to ensure information from pilots is able to contribute to the Business Case (qualitative and quantitative)	1	9	LC
		action plan to support each pilot project, including development opportunities (HSC)	1	9	TN
		establish opportunities to incorporate pilots as part of locality modelling workstream	9	28	TN
		transition pilots into full implementation of Lightbulb	29	52	TN
			1	52	

Strategic programme plan

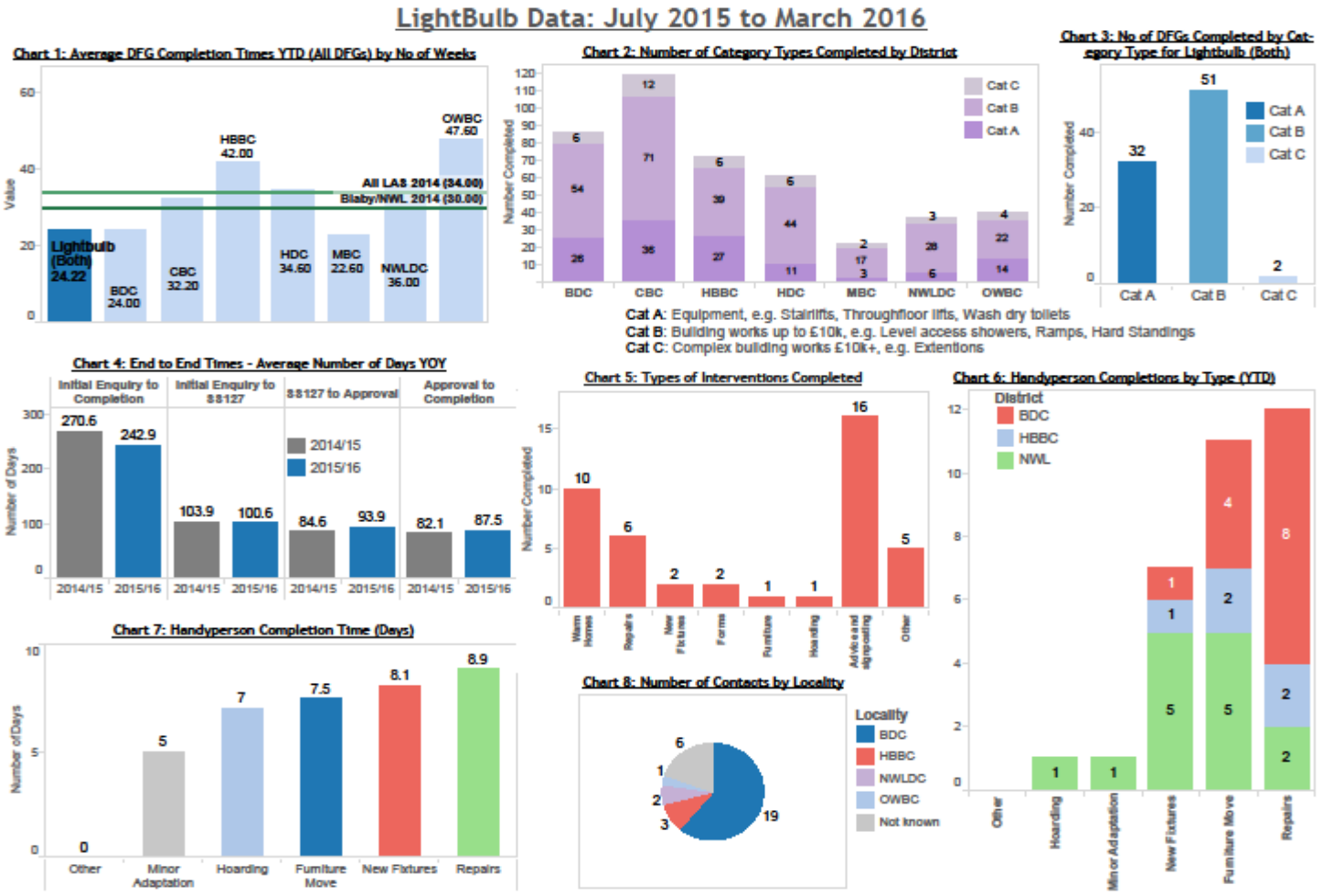
Version:

Last updated

	BRAG status	Milestones/workstreams	Milestones & Working Dates		accountable
LB8		**Pre Business Case signed off by Programme Board**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**2**	**8**	**TM**
		First draft for circulation to Project Sponsors	2	2	TM
		Reviewed by project team	3	3	TM
		final draft completed	4	5	TM
		circulation to Programme Board	6	6	TM
		Sign off by Programme Board at 25th May meeting	8	8	PB
LB9		**Business Case signed off by Programme Board**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**8**	**39**	**TM**
		collate Programme Board comments from Pre Business Case to inform development of	8	10	TM
		review outcome of demand mapping workstream (LB1)	16	17	TM
		review outcome of performance data and evaluation workstream (LB2)	18	19	TM
		update service model using information from workstreams LB3,4,5,6	18	19	TM
		review information from commissioning activity workshop (LB9)	17	18	TM
		review outcome of workstream LB6	18	19	TM
		First draft for circulation to Project Sponsors	19	19	TM
		Reviewed by project team	19	20	TM
		final draft completed	22	22	TM
		circulation to Programme Board	22	22	TM
		Feedback from Programme Board members	22	23	PB
		Sign off by Programme Board at meeting w/c 12th Sept (including any agreed final amendments)	24	24	PB
		Signed off/final version available	25	25	TM
		Business Case agreed through partner governance structures	26	39	PB
LB10		**Commissioning activity is aligned with Lightbulb model**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**2**	**17**	**TM**
		identify aligned services and dependencies	2	5	TM
		establish commissioning intentions with commissioning partners	6	10	TM
		develop options for future service delivery aligned to Lightbulb model	10	13	TM
		establish implementation plan to support preferred option(s)	14	17	TM
LB11		**Lightbulb SLA in place with partners**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**1**	**39**	**TM**
		establish SLA working group	1	1	TM
		SLA working group agree key areas for SLA to focus on for 2016/17	6	6	TM
		draft SLA developed by working group	7	10	TM
		2016/17 draft SLA circulated to partners	11	12	TM
		2016/17 SLA agreed by Programme Board at 28th July meeting	17	17	PB
		SLA working group develop 'steady state' SLA for 2017/18 and beyond	10	22	TM
		Steady State draft SLA circulated to partners	22	22	TM
		Steady State SLA agreed by Programme Board (with Business Case)	24	24	TM
		Steady State SLA signed off through parnter governance structures (with Business Case)	26	39	TM
LB12		**ICT systems in place to support implementation of Lightbulb**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**1**	**39**	**TM**
		explore feasibility of IAS with LCC	1	25	TM
		establish ICT solutions to support pilot projects	1	4	TN
		evaluate pilot ICT solutions	14	17	TN
		explore ICT solutions as part of locality modelling (LB6)	9	28	TN
		establish ICT options to support implementation based on above work	25	39	TM
LB13		**Communications - ongoing workstream**	**Start (week)**	**End (week)**	**Owner**
		Overall milestone	**10**	**52**	TM
		review communications plan for the programme	10	15	TM
		updated communications plan agreed by Programme Board at 28th July meeting	17	17	PB
		implement communications plan	18	52	TM

B	**BRAG Status**: Indicates Work is Complete
G	**BRAG Status**: Indicates Work is Progressing to Plan
A	**BRAG Status:** Indicates Work is Delayed/at Risk of Delay; effective mitigation in place
R	**BRAG Status:** Indicates Work is Delayed / at Risk of Delay with no mitigation

Appendix 6 – Performance Dashboard March 2016



Appendix 7 – Case Studies

Case study 1

The Lightbulb Housing Support Coordinator (HSC) met Mr C on 29/1/16 while she was based at the Barwell surgery promoting the Lightbulb Service. Mr C had seen the posters displayed and approached the HSC requesting some help as he felt his wife would benefit from having some grab rails to help her at home. Mr C had not been in touch with any services previously and both Mr and Mrs C have long term health conditions.

The Housing Support Co-ordinator visited the home on 02/02/2016 to complete the Housing MOT checklist. From the initial visit, multiple interventions were identified and co-ordinated such as;

- A home safety check and advice
- Minor adaptations (grab rails) to the home to reduce the risk of falls and enable Mrs C to move around the home more independently and safely
- Handyperson services to complete small jobs around the home, including repairs to the shower
- Maximising income
- Advice & signposting to local community groups to enable Mr and Mrs C to be part of the community
- Smoke alarm check

On final visit to check works completed, further referrals were made;
- Energy loan for replacement windows
- Blue Badge application

In total Lightbulb was able to co-ordinate all the assistance Mr and Mrs C required within 4 weeks of initial contact.

Case study 2

Mrs V (80 years old) made contact with the Housing Support Co-ordinator at the Barwell Surgery. She lives with her husband in their own home but was struggling to get around due to limited mobility. She has had several falls and suffers from other long term medical conditions.

Mr and Mrs V have been 'managing' around their home but have not sought help or advice previously other than for medical conditions. The Housing Support Co-ordinator visited Mr and Mrs V and completed the Housing MOT. From this visit, which included a home safety check, a number of interventions were identified and co-ordinated:

- Assistive technology pager system to enable her husband to be alerted in the event of a fall (Mrs V did not want a Lifeline pendant as she felt this would make her feel less independent so the pager option was a more customer focussed solution)
- Motivational Support to loose weight (Mrs V has diabetes and was interested in receiving help to improve her lifestyle and loose weight in order to better manage this condition)
- A referral into Deaf and Hard of Hearing Services (Mrs V is hard of hearing but doesn't always wear her hearing aids and would welcome advice about how to better manage her hearing loss)
- Support with income maximisation; Attendance Allowance and Carers Allowance
- Smoke alarms
- Window locks to enable Mr and Mrs V to feel safer in their home (they have been victims of burglary twice in the past)
- Warm homes advice and support to help with Mrs Vs respiratory problems
- Minor adaptations; grab rails and half steps to ensure Mrs V is able to move safely around her home and minimise the risk of further falls

These low level preventative measures will support Mrs Vs general health and wellbeing, help her manage her medical conditions and assist her in living safely and independently in her home.