





- **“A Stronger Borough Together “**

- Councillors, staff, residents, businesses, partners and stakeholders will continue to create a stronger borough by working together
- A stronger Borough that is inclusive and engaged and focuses on delivering effective services, balanced economic development, green and safe places resulting in better wellbeing for all.





- The Lightbulb Service brings together a range of practical housing support into a single service
- The offer is a targeted, proactive approach via GPs and other health/care professionals
- Early assessment and triage of housing issues at key points of entry
- Hub and spoke model - integrated locality Lightbulb team in each District Council area offering:
  - Minor adaptations and equipment
  - 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 advice, information, signposting





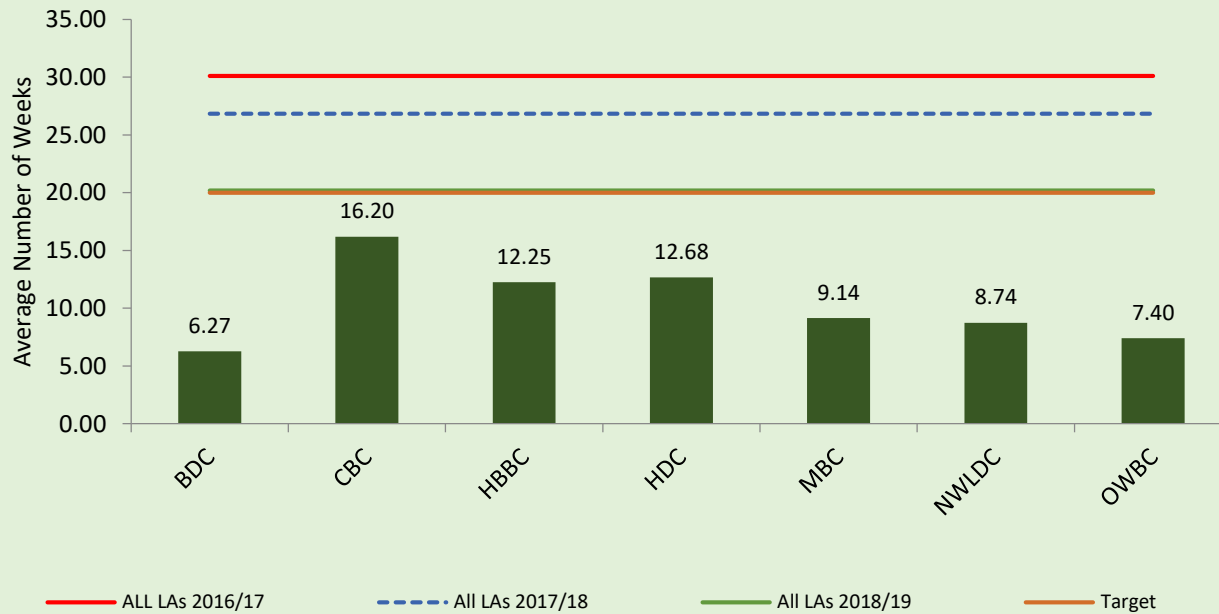
- Lightbulb's approach is to deliver benefits for partners and customers by:-
  - Supporting health and social care integration
  - Delivering savings by keeping people independent in their homes; helping to prevent, delay or reduce demand on health and social care services
  - Improving the customer journey; making services easier to access and navigate and ensuring the right support is available at the right time
  - Delivering cost savings in service delivery through redesign/process improvement
  - Part of the unified prevention offer for the Leicestershire Better Care Fund



# Disabled Facilities Grants (DFG) Performance Benchmarking



Chart 1: DFG Completion Times YTD by No of Weeks



## Disabled facilities grants (DFG) – Cases OWBC



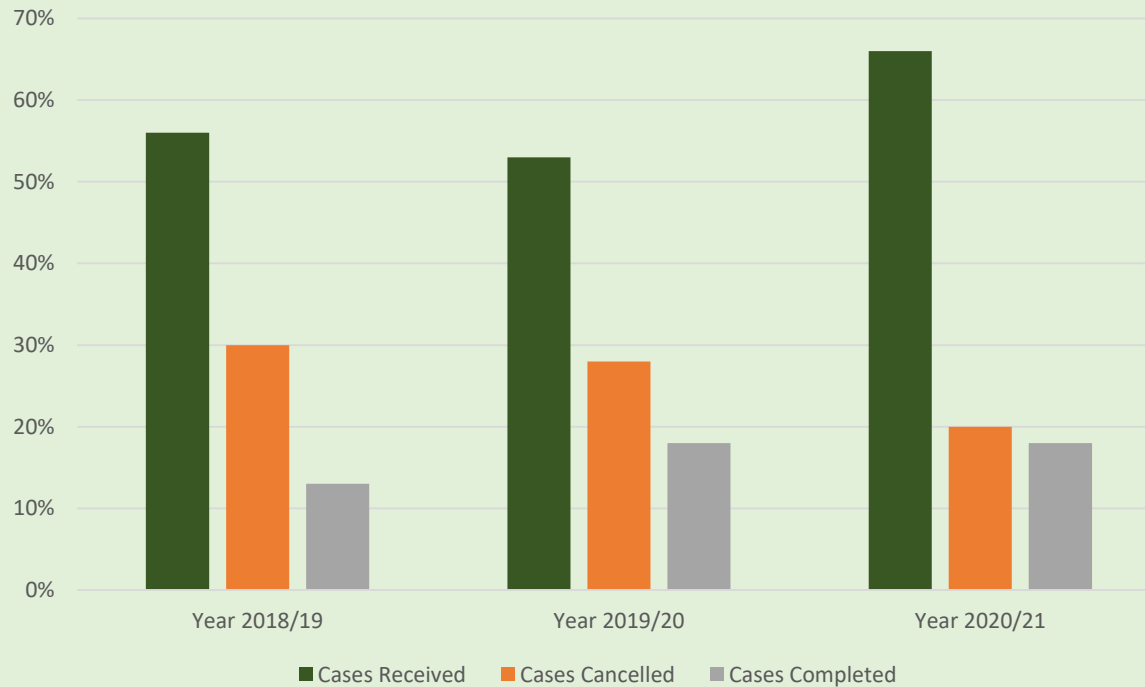
Cases	Year 2018/19	Year 2019/20	Year 2020/21
Cases Received	86	106	75
Cases Cancelled	47	57	24
Cases Completed	20	37	14



# Disabled facilities grants (DFG) – Demand OWBC



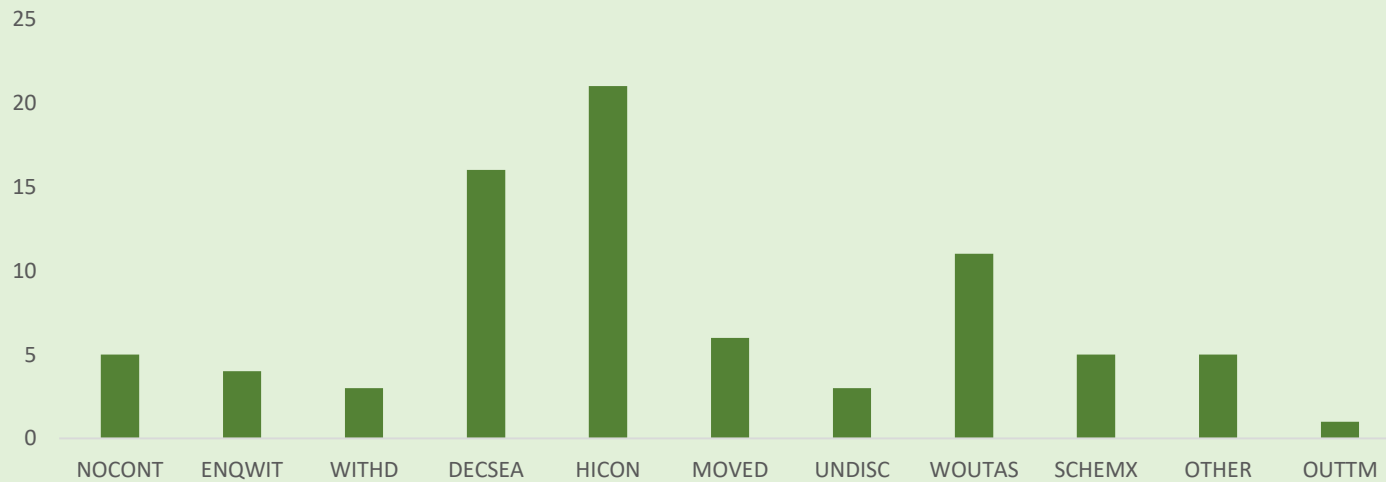
Referrals as a % from 2018 - 2021



# Disabled facilities grants (DFG) – OWBC Withdrawn cases



Reasons for the cases that are withdrawn for OWBC DFG applications,  
2019 - 2020

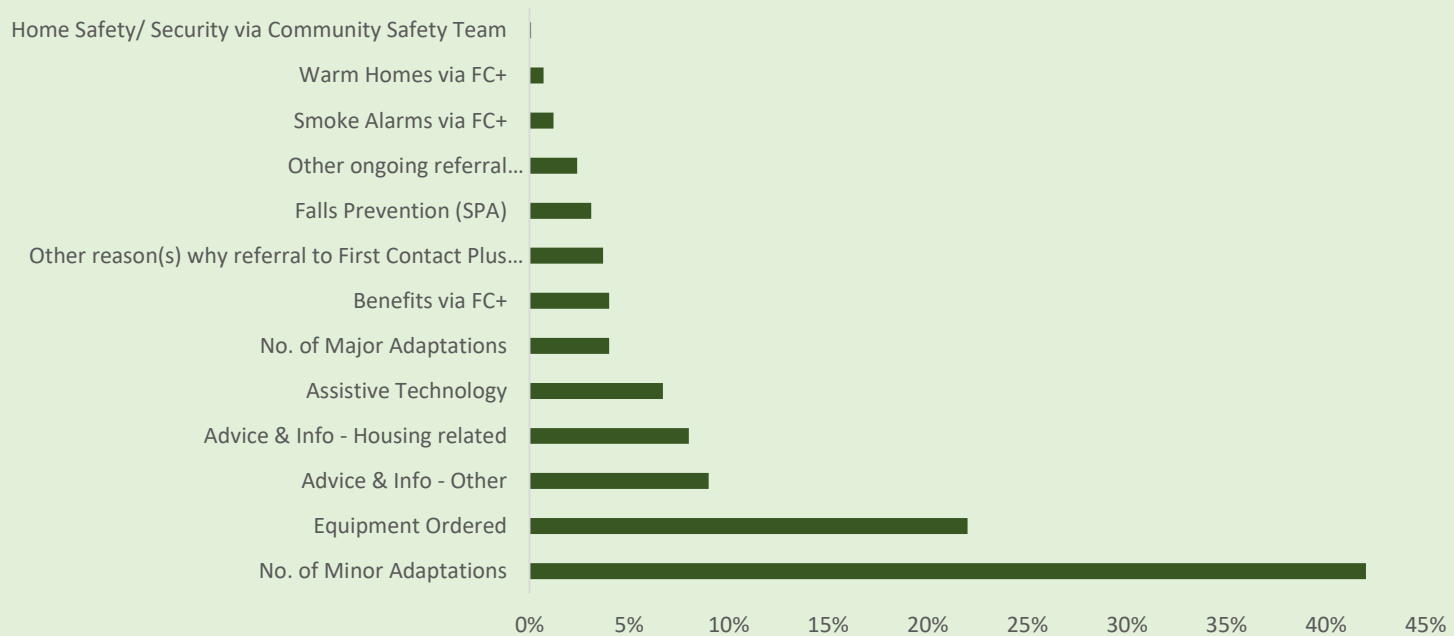




# Housing Support Coordinators (HSC)



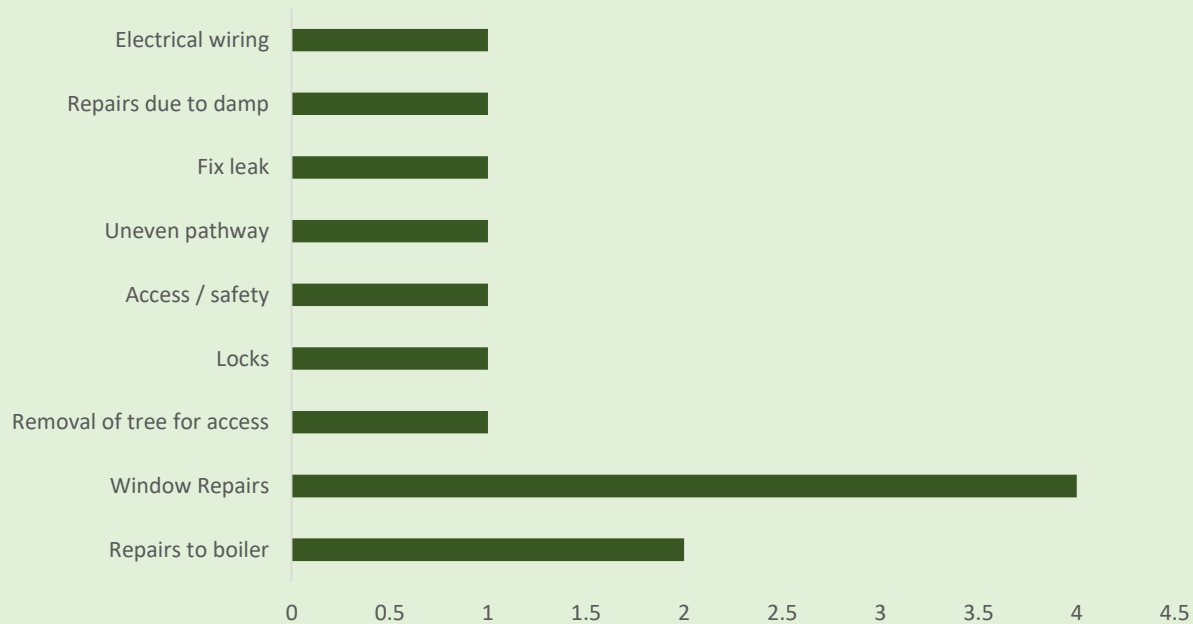
Referral by types for residents in OWBC by Trusted assessors over the last 2 financial years (2019 - 2021) as a %



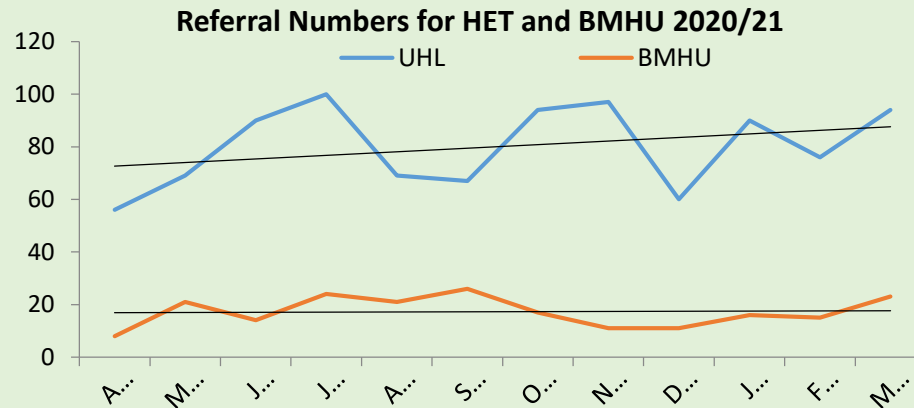
# Regulatory Reform Order Policy for additional assistance



Referrals for additional support from the Regulatory Reform Order Policy (2019 - 2020)



## Hospital Housing Team (HET)



- The Hospital housing Team provide a bedside service, to enable discharge for patients experiencing housing related issues. These are often complex and the patients may not be eligible for statutory services.
- The team have seen an increase in referrals, last year in April there were 64 referrals across acute and mental health hospitals. By March 2021 that had risen to 110.
- There are 7 staff members and they cover the Leicester City and Leicestershire County
- Main outcomes include cleaning / clearing a property for patients return so professionals can provide care at home and furniture moved to create a downstairs existence.
- Other outcomes include support to find a new property and supporting with deposits and furniture to accessing temporary solutions or mediating to maintain current living arrangements.
- More recent examples of support the team have provided are for victims of modern days slavery as well as those with tuberculosis and require long term treatment but are homeless

What do Customers think?



## Oadby & Wigston, CASE STUDY 1 (HSC)

### **WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? ( E.G. IDENTIFIED BY THE MOT CHECKLIST)**

Initial referral was made for bathing from Customer service Centre (CSC)

### **WHAT ACTIONS WERE TAKEN?**

Resident was unable to bathe safely, unable to lift legs into the shower cubicle and step over the high threshold. Multigenerational household (9 family members) sharing bathroom.

Assessment carried out during third lockdown using Attend Anywhere to complete a home assessment with family member supporting. Stair assessment completed as well as layout of the bathroom and family supported with measurements.

Decision made to look at long term needs and bathroom adaptations passed to OT and Technical Officer. Family involvement to ensure all needs are met across the generations

### **WHO ELSE WAS INVOLVED**

Occupational Therapist and Technical Officer



## Oadby & Wigston, CASE STUDY 2 (HSC & DFG)

### **WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? ( E.G. IDENTIFIED BY THE MOT CHECKLIST)**

Resident was referred via Adult Social Care for a bathing assessment

### **WHAT ACTIONS WERE TAKEN?**

Resident is 7ft tall with Learning difficulties (LD) and showering was used as a therapy. Residents behaviour had deteriorated due to discomfit from having to bend in shower and bath. Main carer is mum, in her 70's who had a recent hip replacement and struggling with providing care.

MOT completed using Attend anywhere and Carer was able to take measurements with guidance.

### **WHO ELSE WAS INVOLVED**

Case discussed with Occupational Therapist and deemed as urgent. Referral made for level access bathing facilities to support care and help resident remain independent. Case is being progressed by contractors with support from Technical officer and Occupational therapist.

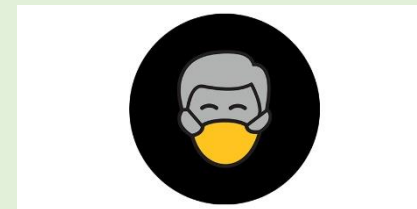




### Barriers to service delivery

- Sudden restrictions
- Tier restrictions
- All Officers working from home
- Construction industries shutting down and opening with backlogs
- Residents concern about allowing access to properties
- Restriction in building materials being available
- Backlogs in OT and Tech and reduced workforce
- Workforce being directly or indirectly affected by Covid19
- Risk of residents becoming stuck in hospital or placements
- Residents experiencing direct and indirect affects of COVID19





### Mitigations

- Introduced telephone and virtual assessments
- All staff provided PPE & risk assessments
- Extra resource obtained (time limited)
- Adapted service to allow longer time periods for works to be completed
- Lightbulb staff supported Social Care colleagues with discharge follow up calls to ensure customers were linking in with community services

### Recovery

- Keep efficient processes i.e telephone and virtual assessments
- Work closely with Health and Social care to ensure there is wrap around residents from early intervention all the way to hospital admission and discharge
- Utilise digital open days to allow customers to engage and ask questions



# Lightbulb Future works

- Smooth pathways for customers by ensuring Lightbulb are involved with Health and Social care in service redesign
- Review service and improve links Community Hospitals to improve customers journey
- Development of Hospital Enablement Team into Community and Rehab Hospitals
- Improve links with Social Prescribers and Primary care
- Extension of Programme across all Tenures

Recent approval of workflows for year 21/22 work plan for lightbulb will include further development and introduction of some new initiatives

- A Housing Occupational Therapist to develop out trusted assessor training
- Extension to the Hoarding pilot
- Introduction of Dementia specific services especially relating to use of assistive technology
- Review of the preventative assistive technology offer and ensure links with current provision from Districts and Adult Social Care





