

The Light Bulb Project

The Light Bulb Offer

- **What is the Light Bulb Project?**

The Light Bulb Project will 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 need not an organisation's processes.

Light Bulb will include access to the traditional housing support offer - i.e. a housing based assessment which could identify a minor adaptation such as a hand rail or a major change such as a downstairs bathroom. Where Light Bulb differs is the assessment wouldn't limit itself to just those options and may also suggest a handyman service, access to cheaper recycled furniture and offer affordable warmth advice – anything basically that could make a home safer, and improve an individual's health and wellbeing.

Light Bulb would manage this offer of support differently in three key ways by

- 1) Having a single point of contact or referral;
- 2) Providing a single, broader assessment process which will be accompanied by a case management service;
- 3) Offering a wider variety of housing support and advice

There will be no hand offs between organisations; no bureaucracy to negotiate. Light Bulb has the potential to make all housing support services easier to access, better targeted, stigma free, tenure neutral, more efficient and more effective.

- **Why are we doing this?**

Emma's story highlights why change is needed.

**Emma lived alone, struggling to heat her home and get out. Her carpets were worn and she had a lot of furniture packed into tight spaces. The inevitable happened - Emma became ill and had a fall. She accessed step-up care for 46 days, went home for two days, but became ill again and ended up in hospital. After five days Emma was transferred to a nursing home where she remains.*

Emma didn't need to go to hospital or end up in care had the Light Bulb Project been in place as an integrated part of her care plan. In 2013/14, Emma was one of approximately

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20,000, 75+ A&E attendances and became one of the 1,700 publicly funded residential care placements in Leicestershire. Emma was one of the 7,000 over 75s that were avoidable admissions to A&E.

- **What's wrong with what we currently have/why do we need a new system?**

At present housing support in Leicestershire is too complex, too bureaucratic and the offer too narrow to be able to help people (like Emma) as much as it might. This support is funded and managed across two tiers of eight local authorities and delivered by a multitude of public, private, voluntary and landlord based providers.

For someone like Emma or someone acting on Emma's behalf, it is difficult to know where to start.

This is why we want a single point of contact for housing support.

Then, once "in" there are various inconvenient handover points to other organisations.

This is why we want to develop a case management offer for someone like Emma.

And once assessed and an option chosen, all the options may not have been considered.

This is why we want to design a different assessment process which points to a different set of options for Emma.

The current offer presents as too complicated but it also excludes many who need support and advice, such as the isolated elderly in their own homes with assets but little income. Elderly people like Emma.

This is why we want to encourage as many people to access Light Bulb's offer of advice and assessment.

- **Who will the project help?**

The Light Bulb Project will help all residents in Leicestershire who access housing support. Although targeted at older, vulnerable people like Emma, this will by no means be the exclusive group of people we will be working with. For example, Disabled Facilities Grants for children will continue irrespective and could form part of the Light Bulb offer.

- **What are the main benefits of Lightbulb?**

Benefits to Emma –Light Bulb would help people like Emma remain in their own home rather than going into hospital and ending up in care. Emma will only have to use one phone

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number from start to end, will have to go through a single assessment process and potentially benefit from a case management service which will manage the delivery of this support.

We still need to know more about how we could help someone like Emma, the earlier the better as this will help secure the most benefit to Emma and the most savings to the system.

For example, we know that many people consider the sort of changes to their home Light Bulb could manage on receiving a medical diagnosis. We don't know whether at this stage people are receiving the right kind of advice and support then, rather than later, when it might have been more helpful.

Case by Case financial savings - The savings made by following this new model are significant. For example Emma's home care would cost around £5,000 per year with a relatively high one off adaptation cost of £11,500. In total this is £10,000 less than one year of residential care and £15,000 less than a year of nursing home costs.

Benefits to Leicestershire's health and social care economies – At present a third of 75+ hospital admissions are considered avoidable and every social care placement avoided or delayed represents a significant opportunity for saving. Together these admissions and placements cost Leicestershire's health and social care budgets approximately £77m and this is likely to rise with an ageing population. Light Bulb could deliver savings of around £13m over the next ten years to these health and care budgets, including additional savings for example secured by reducing the number of calls to the East Midlands Ambulance Service.

The Process for developing Light Bulb

- **How will the project be funded?**

Light Bulb aims to integrate £8m worth of housing services across the eight local authorities, which would form the bulk of the project's budget. This would be approximately £5m from district budgets and £3m from the County Council.

The following funds have been identified to support the implementation of the project:

- Better Care Fund £100k (non-recurrent) has been allocated in 2014/15 to continue the work that has already started in developing the service.

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- Leicestershire County Council (Adults and Communities department) £240k (recurrent) has been committed to support both the implementation and ongoing costs of the Light Bulb Project.

In addition to this a bid has been submitted to the Transformation Challenge Award for £1m, which if successful, will be used to manage and deliver the service integration and transformation.

- **When will the project launch? What is the likely timescale?**

2015-16 – A pilot scheme of the project is scheduled. By April 2016 local authority stakeholders will be legally and financially assured and persuaded operationally to transfer existing resources to Light Bulb. The Light Bulb Project is switched on.

2016-17 – Light Bulb is fully operational, and in a position to demonstrate the redesigned service has alleviated pressure on high cost A&E admissions. It will seek to secure additional investments from Clinical Commissioning Groups through the Better Care Fund as an “invest to save” approach to the Light Bulb Project.

2017-18 – Light Bulb, now able to make a business, political, financial and operational case for its approach, considers its own business model and whether to expand structurally into the market and/or geographically to cover the whole of Leicester, Leicestershire and Rutland.

The aim is that by April 2018, all health, social care and housing stakeholders will recognise and support the Light Bulb Project – politically, operationally and financially, and the Light Bulb model will be considered viable for expansion into the market and/or a larger geography.

- **What are the risks?**

All partnership ventures pose a certain type of risk and in Leicestershire we have a good track record of managing this risk. Already in this county we have delivered, in partnership, significant change to public services to improve outcomes for residents.

In regards to the Light Bulb Project, we have identified risks, planned a phased integration to manage these risks and are utilising well established and effective governance structures and processes to ensure delivery.

The risks that have been identified are:

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- Managing the transfer of responsibility of the Disabled Facilities Grant from local authorities to the Better Care Fund.
 - Not securing agreement for a pooled budget from all eight local authorities.
 - Demand increases for housing support in excess of the capacity we have reintegrated and redesigned.
- **Who will lead on the project? Where will it be based?**

Blaby District Council is leading on the development of the Light Bulb Project as its Chief Executive is the District's strategic lead on health, housing and wellbeing. However Leicestershire, as a place, is committed to supporting Blaby to develop the Light Bulb Project, and the project is part of the joint Better Care Fund plan between local partners.

- **Who are the other key stakeholders/partners involved?**

Blaby District Council, Charnwood Borough Council, East Leicestershire Clinical Commissioning Group, Harborough District Council, Hinckley and Bosworth Borough Council, Leicestershire County Council, Leicestershire Partnership Trust, Melton Borough Council, North West Leicestershire District Council, Oadby and Wigston District Council, University Hospitals of Leicester NHS Trust, West Leicestershire Clinical Commissioning Group.

- **Are there plans to roll the Light Bulb project out further afield/nationally?**

The aim is by April 2018, all health, social care and housing stakeholders in Leicestershire will recognise and support the Light Bulb Project – politically, operationally, and financially, and the Light Bulb model will be considered viable for expansion into the market and/or a larger geography.

Potentially by 2018, Light Bulb will not just have helped people and agencies in Leicestershire. With financial responsibility for Disabled Facilities Grants at this stage transferred to the Better Care Fund, and health and social care economies all across England trying to manage down demand on expensive health and care settings, Light Bulb will have been able to provide guidance and transformational learning to other local authorities.

Getting Involved

- **How will key stakeholders/partners/authorities be kept informed and updated?**

We will be establishing a thorough governance structure and communication strategy.

Governance

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We will establish a place where decisions are made (a board) and a forum where the information required to make good decisions can be shared and developed.

As we seek to both enable the change required and develop the offer we want to provide residents we need this input to redesign a key service around user needs not a system to meet budget flows. To do this we need to utilise the expertise of back office, front line and residents.

Communications

As well as making decisions and gathering information, we will be sharing information through briefings, focus groups, one-to-one meetings and a range of opportunities for residents to provide their input. However, we need to be clear about the need to communicate to partners and stakeholders in the development stages and then to the wider public once we have developed the offer, managed the change and made the case for the Light Bulb approach.

- **How will the public be informed about Lightbulb?**

A media campaign will be carried out to initially promote the launch of Light Bulb, but to then run alongside the duration of the project. It will target key audiences using local media and trade press, leading on to national exposure.

Following a similar structure to the Supporting Leicestershire Families promotional campaign, press releases will be issued at key times, media opportunities will be arranged involving key partners and stakeholders, and service users will feature as case studies to highlight the improvements and changes Light Bulb is having on service users.

- **How can I become involved with Light Bulb?**

As mentioned above there will be opportunities which will be clearly set out to contribute to the development of the Light Bulb Project but if you have any queries please e-mail danny.myers@leics.gov.uk.

The Potential Impact of Light Bulb on Partners

- **What is the potential impact on existing staff?**

Inevitably there is potential for existing staffing structures to change. No change will be considered however without the opportunity for relevant and affected staff to input into

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the design of the Light Bulb Project and any service change that affects the employment arrangements for teams and individuals will be subject to statutory processes including consultation and TUPE where applicable.

- **What are the potential benefits to all local authorities?**

There are potential benefits to all authorities involved as the aim is to provide a better level of housing support to all residents in Leicestershire across all seven districts. The impact of housing on other pressure points within the health and social care is already well explored within the bid and further knock on benefits for all eight local authorities will continue to be explored as the business model is refined and piloted.

- **What happens if a partner pulls out of Light Bulb?**

If a partner drops out of Light Bulb, this would impact on where or what we offer through Light Bulb, but the principles of the approach can be applied across any geographical area or range of services. However, we must stress that we will be striving to ensure that any concerns that any partner has can be addressed in the design and development stage.

The costs of Light Bulb

- **What will be the costs to my authority?**

The aim is to integrate £8m worth of housing services across the eight local authorities – approximately £5m from district budgets and £3m for the County Council.

As local authorities are under pressure to identify savings within their organisation, consideration will be given to fund Light Bulb (in full or in part) from the Better Care Fund on an ongoing basis.

It is programmed into the development of the Light Bulb Project that such a decision would be sought in 2016-17 once any integration has been successfully managed and there is tangible evidence that the service is generating savings to the health and social care economy.

- **What savings will be potentially made by using this new model? What is the current system costing us?**

A third of 75+ hospital admissions are considered avoidable and every care placement avoided or delayed represents a significant opportunity for saving.

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Together these admissions and placements cost Leicestershire's health and social care budgets approximately £77m. Light Bulb could deliver savings of around £13m over the next ten years to these health and care budgets.

It is also estimated that poor housing costs the NHS £600m per year. The average housing adaptation is £6,000 compared with an annual care home cost of £26,000.

From a service user's perspective, if Emma was to remain at home it would cost around £5,000 per annum with a relatively high one off adaptation cost of £11,500. This in total is £10,000 less than one year of residential care and £15,000 less than a year of nursing home costs.

- **How much money are other partners contributing?**

We have resources already identified and committed from both Leicestershire County Council and the Better Care Fund (the health and social care integration fund). The bulk of contributions in the long run is likely to involve existing resources coming under the Light Bulb umbrella rather than identifying additional resources from budgets which are already under significant pressure.

- **What if there is more demand for services than the money will cover?**

The demand for increased housing support in excess of the capacity that has been reintegrated and redesigned has been identified as a risk.

We want more people to receive housing support if we are to demonstrate effectively that by making a home comfortable, warm and safe, we reduce the demand on expensive health and social care settings. As part of the project work, we are undertaking modelling to analyse the activity in terms of demand and capacity.

By clearly demonstrating how the Light Bulb Project has alleviated pressure on high cost A&E admissions, we will be able to confidently request from health partners that the part of the savings accredited to Light Bulb should be used to further build the capacity of the project.

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