



Keeping you and your home healthy

Transforming Housing Support Across Leicestershire



HOUSING OFFER TO HEALTH

- *Housing Offer to Health 2013* - Housing Services Partnership commissioned work from CIOH
- Leicestershire's HWB Board recognises opportunities to capitalise on the part housing plays in maximising health, wellbeing and independence in the home.
- £1m Transformation Challenge Award from DCLG - to transform housing support into a new integrated offer – including a new Hospital Housing Enabler service specifically to support hospital discharge
- National and local strategic drivers support the case for Lightbulb service transformation
 - Areas being encouraged to think strategically about use of home adaptations and technologies through the BCF
 - Leicestershire's ageing population; increased demand on services
 - Costs to NHS of poor housing, falls and LTC are significant
 - DFG work can delay the need for residential care and is cost effective but DFG process can be unnecessarily lengthy
 - Unified Prevention Offer in Leicestershire's Better Care Fund
 - Leicestershire Adult Social Care Strategy; *preventing, reducing, delaying need*



Our vision for Health and Care Integration in Leicestershire

We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens.



LIGHTBULB AND CUSTOMER EXPERIENCE

Initial customer insight project 2015 followed by ongoing engagement through insight questionnaire:

- 30% don't feel their voice would be heard about how best to meet their needs
- Health, housing and social care not seen as separate services; 95% of respondents want a joined up approach & less people to deal with
- Customers would welcome a proactive approach
- Local dimension to services is important
- People are prepared to pay for what they need if charges are fair and transparent



THE LIGHTBULB OFFER

- The lightbulb philosophy, offer, operating model and all processes within it have been co-designed with Districts
- The offer is a targeted, proactive approach including via GPs and other health/care professionals such as those in integrated locality teams
- 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
- Common functions (management, performance, Lightbulb development etc) will sit within the central 'hub'



THE LIGHTBULB OFFER

- New Housing Support Co-ordinator (HSC) role encompasses functions currently carried out across District and County Councils - supported by OT and technical officer expertise (the locality team)
- HSC job role will include trusted assessor element, supported by competency framework – countywide training package being developed
- Customer focussed assessment and solutions through the Housing MOT checklist
- Offer supports both step down from hospital and step up in community settings
- Integrated working with other key stakeholders such as community fire and rescue/home safety teams also in place



THE LIGHTBULB OFFER

- Lightbulb staffing model based on demand analysis across the county
- Includes recognition of Leicestershire demographic trends (e.g. population aged 65-85 is projected to grow by 56% by 2037 and 85+ population by 156%) and an assumption of some proactive uplift in demand, due to new service offer/channels.
- Funding model based on **redirecting existing resources** , which currently sit across different organisations/contracts/services.
- This includes historical staffing resources associated with processing DFGs.
- Key funding streams were identified across Adult Social Care and District Councils that will form the 'Lightbulb pot' which are being redistributed based on the new offer and demand model.
- Lightbulb Programme Board and Steering Group critical to developing the model and funding approach across multiple partners



TESTING THE NEW MODEL

- We have tested :
 - A targeted, preventative approach, including with GPs
 - Integrated processes for the delivery of Disabled Facilities Grants (based on lean principles)
 - Our new holistic *Housing MOT* with a wider, joined up support offer
- Pilots have helped to:
 - Inform the final operating model for the integrated service pathway and processes
 - Develop the performance framework, KPIs and data capture to evaluate the impact of housing interventions on an ongoing basis
 - Capture measurable benefits, including savings for housing, health and social care and the benefits to individuals
 - Seek political and managerial buy in, based on evidence, including via case studies
 - Inform the financial model for the service and the under pinning demand management analysis



BENEFITS OF CHANGE TO THE SYSTEM

- Lightbulb delivery costs, including Hospital Housing team approx £1m pa against a potential £2m pa saving to the Leicestershire £ and wider health economy
- Pilot Lightbulb service evidences measurable savings to health and social care through
 - Reduction in service utilisation (health and social care)
 - Reduced admissions
 - Reduction in A&E attendance
 - Reduction in Delayed Transfers of Care
 - Falls prevention
 - Targeting patients with long term conditions
- Projected savings on DFG delivery costs through more efficient processes and staffing efficiencies



BENEFITS TO CUSTOMERS

- One clear, consistent offer across Leicestershire
- Simplified journey with less waiting time
- Wider offer through the Housing MOT checklist
- Evidence of improved outcomes across a number of domains through Lightbulb pilot:
 - Physical and mental health
 - The home environment (repairs, hoarding, suitability)
 - Home security (risk of crime, safety measures)
 - Personal safety in the home (fire safety, phone access, lighting)
 - Getting around the home and garden (risk of falls)
 - Managing in the home (AT, aids, equipment, adaptations)



BENEFITS ILLUSTRATION

Mr T was discharged from hospital following aortic valve replacement surgery. Mr T's wife contacted the Customer Service Centre for assistance with bathing:

The Current Journey



- More handoffs and longer waiting time
- Single issue approach

The Lightbulb Journey



- Positive customer experience
- Holistic assessment included support to claim attendance allowance, falls prevention advice



Evidence of outcomes – Housing support co-ordinators

- Over a period of 18 months, the Housing Support Co-ordinator pilot helped 265 residents with support for their housing needs
- On average each resident benefited from 3 housing support interventions (excluding advice and signposting)
- 11% cases analysed using the NHS number and PI's Care and Health Trak tool
- This showed a reduction in service usage of 66%
- Two months post intervention saw adult social care costs reduced by 23%
- Scaled up to include all potential Housing Support Co-ordinator cases, this could lead to cost savings of up to **£250,000 to Adult Social Care per year**
- 18 cases analysed where residents had previously fallen. 17 reported no falls since they received their interventions
- A reduction of 1 fall per year for these 17 people alone would result in a cost saving of **£21,000 per year** for the local health and care economy
- All reported feeling safer and more confident around the home



HOSPITAL HOUSING ENABLER TEAM

- Central part of Lightbulb Offer
- Targeted to a key Better Care Fund aim and metric e.g. delayed transfers of care
- Housing Enablers & Community Support workers based in hospital settings, both acute and mental health
- Quickly established as essential members of integrated discharge team
- Seek a wide variety of innovative and pragmatic housing solutions
- Access to budgets to help with rent deposits, furniture and, house clearance
- Formal evaluation using PI care and Health data and simulation modelling
- Links with wider Lightbulb offer and Housing Support Coordinator role
- Excellent results!



- In 2016 / 17 UHL service received 349 referrals and Bradgate Mental Health unit received 151
- Primary reasons for referral for UHL were homelessness and home no longer suitable and for Bradgate Homelessness and family refusing return

UHL service three months post intervention analysis on 357 patients saw:

- - 57% reduction in A&E attendances
- - 54% reduction in A&E admissions
- - 27% increase in no activity
- - 84% reduction in NHS costs for this cohort of patients 3 months post intervention – saving £222,000, scaled up this could mean a 550,000 saved over 12 months



115 patients at the Bradgate Unit analysed saw:

- **920** delayed bed days saved
- Of 40 service users who continued to receive support in the community following discharge only one was readmitted
- Over 12 months the projected housing DTOC costs would be £175,000 compared to £650,000; a potential reduction of £475,000
- Referrals to the Bradgate Unit have risen by 67% in last 6 months. In contrast resolution times have reduced by 60% meaning despite the rise in referral patients are receiving a speedier service reducing the chance of delays



STAKEHOLDER MANAGEMENT & GOVERNANCE

- Constant, intensive engagement with individual districts including regular:
 - Member engagement
 - Programme Board Officers
 - District CEs and s151 Officers
- Maximum use of TCA grant spanning 2 financial years
- Complexity of (conflicting) DFG guidance and associated allocations issues during the programme period
- Recognition of local factors and differences
 - Different historical arrangements for DFG processing and cultural differences in service offer
 - Different starting points/appetites for change
 - Different levels of demands and financial pressures





CHANGING LIVES



Further Information

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