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Welcome to the sixth issue of CT Brief. Aimed at organisations with which we work, the purpose of the bulletin is to keep you informed of work we're doing, trends we see emerging and elements of best practice that come our way.

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From Housing to Education

By Ian Munro

I'm a firm believer in zeitgeist, so I wasn't surprised when I bumped into the Director of Education and we both said at the same time 'I need to see you about an Academy'. That was the start of one of the more interesting journeys I have taken as Chief Executive of New Charter.

I thought leading one of the big, early, stock transfers, having one of the highest satisfaction figures and a top ten 'Best Company' rating was a pretty good place to be. But I also thought there was more to be done. Transfer HAs can provide excellent landlord services but can, and should. also build and support strong neighbourhoods and communities.

But why sponsor an Academy? It simply seemed the right move for us at the time. We were heavily involved in working with young people in a wide variety of ways, through sport, youth diversion and mentoring programmes and working with schools on interview skills. The epiphany for me came when we advertised for some trade based apprenticeships, and 1000 young people come to our office one Saturday morning for an assessment centre. Well over half failed what was a not very tough test of literacy and numeracy. These school leavers were being let down somewhere. I was also astounded at the sheer lack of aspiration our work in schools was uncovering.



New Charter Academy, Ashton-under-Lyne, Tameside: Year Group Learning Zone.

Economically, Ashton under Lyne performs poorly, with low wage levels, high deprivation and very poor health. What can make the difference must be better performing schools and higher academic achievement. We agreed to sponsor a Secondary Academy, bringing together two poorly performing schools, serving our neighbourhoods and operating in some appallingly bad accommodation, eventually moving to a brand new £42M campus. Bringing two different groups of staff together and persuading parents and others wasn't easy but our strong commitment and good local reputation really helped, as did an inspirational, founding Headteacher. With Business and Enterprise as specialisms, the relationship with a successful local business has stimulated some remarkable rethinking in the Academy.

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Attending National Housing Federation Conference?

Visit us at stand A2.

Social Housing Exhibition 2012



From Housing to Education

By Ian Munro

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In the four years we have been involved, we have seen a massive increase in performance at the Academy. Over 95% of leavers now actually have some sort of qualification where previously about a quarter left with nothing and we've improved A-C by over 10%. There is still a long way to go.

Iadmit we have been captured by the Government's simplistic academic achievement agenda. We are broadening the curriculum to ensure sport and culture are not lost in the quest for exam results but we still need to do much more to create a truly integrated learning and community resource. That part of the journey will probably never end.

Our Great Academies Education Trust now sponsors a primary academy with, further schools joining in the next few months. Being able to inspire and raise the aspirations of our next generations has been a powerful demonstration of our commitment to our locality and also New Charter's sense of purpose.



New Charter Academy, Ashton-under-Lyne, Tameside: "The Street" Multi-functional Space.

Ian Munro is the Group CE of New Charter Housing Trust. www.newcharter.co.uk



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CT Favourites Gallery



As CT arrived in Manchester for the Institute of Housing Conference we were met by a rather large bottle of Vimto.

Vimto was created in 1908 in a warehouse at 49 Granby Row, Manchester. We would not have been forgiven for thinking we were still in Harrogate.





The Work Programme - to engage

By Susan French

The last 12 months have seen a huge upheaval in attitudes and policies towards worklessness and benefits.

Social housing tenants who are not in work will feel the impact of these changes keenly, especially those living in more expensive areas. Many will face unenviable choices in managing their household budgets and social landlords are anticipating an increase in levels of real poverty amongst their tenants, as well as higher rent arrears. This will only get worse once Universal Credit is introduced in October 2013 and rent is paid to tenants rather than landlords.

Faced with this, many Registered Providers are thinking about how they can best respond and develop long terms strategies to help their tenants get into work or into better paid jobs.

The funding and delivery landscape is complex and evolving fast but understanding the opportunities offered by The Work Programme, the Coalition Government's flagship welfare to work scheme, is a good starting point.

Launched last summer with the aim of enhancing the motivations to work, the Work Programme targets the 5 million or so people of working age receiving out-of-work or incapacity benefits. Participation is mandatory once claimants have been out of work for a certain time and one quarter of social housing tenants are eventually expected to participate.

Payment by results

It is delivered by 18 'prime contractors' on a payment-by-results basis. Referrals come via Jobcentre Plus with contractors providing a range of services to help get people into work, from general skills training to highly specialised barrier resolution to address specific employability issues.

So far, the programme has met with mixed reviews and has attracted much negative publicity (remember A4E and G4S?). It has also got off to a slow start with some prime contractors experiencing cash flow problems and several high profile companies withdrawing from the scheme.



Given this, the temptation may be to steer well clear. However, we would argue that now is a good time for landlords to engage with the programme in the interests of their residents.

Registered Providers have a level of access to, and knowledge of, their residents and communities that is very valuable, as well as strong local partnerships. They can also offer employment opportunities (apprenticeships or work placements) or act as advocates for tenants. For their part, prime contractors have networks, expertise and, crucially, resources (up to £13,700 for some long term claimants).

While a few RPs have signed up as formal delivery partners, others are choosing to engage with prime contractors in other ways. A number of social landlords have already got together under the 'Give Us a Chance' banner to form local consortia and run pilot work placement schemes for young people (a replacement for the successful Future Jobs Fund model). Others are reshaping their employment and training offers to complement the Work Programme.

Social landlords have just 12 months to prepare for the impact of Universal Credit. Prime contractors are under real pressure to deliver. This provides a strong impetus to work together on a 'win-win' basis, help get residents into work and mitigate the risks of benefit cuts.

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Housing and the new NHS:

Time to take action?

By Daphne Ingham & Sue Harvey

Can you name your local Clinical Commissioning Group (CCGs)? Are you involved with local Health and Wellbeing Boards (HWBs)? What do the Joint Strategic Needs Assessments (JSNAs) say about the health needs of your local populations? Are some of your local NHS services now run by private companies or social enterprises? And are your local health providers looking for housing partners — not only to be efficient and save money, but possibly to help win future competitive tenders?

Better outcomes

Addressing these kinds of questions has in the past been a low priority for many social housing providers. Yet since the Health and Social Care Act has become law, new acronyms are breeding fast and CCGs have real and pressing incentives to manage budgets and reduce hospital admissions. At the same time as reducing health inequalities remains high on the agenda, the links to social deprivation are well established and risk increasing alongside rising unemployment and welfare benefit changes. Social landlords are well aware of these growing pressures on their tenants' quality of life and are seeking creative responses and new ways of working in partnership. Perhaps not openly acknowledged are also the benefits of building new alliances at a time when social housing is finding less political favour.

All in all "health and housing" is rapidly gaining attention and a steady stream of policy and research reports in recent months have urged action. These often feature case studies of health and housing partnerships that deliver better outcomes for local people and savings to the public purse (see Health & Housing Reading List - page 7).



Who's doing your local commissioning?



Neighbourhood Care Teams are important contributors to reducing emergency admissions.

Most of the recently-reported case studies focus either on older people, or those with mental health problems and complex needs. Economic benefits are primarily expressed in terms of reductions in both the number of admissions to, and the length of stay in, expensive hospital beds. In mental health, high-support specialist housing services that offer "step-down" high-support accommodation from hospital are demonstrably cost-effective; many people have spent unnecessarily long periods of time in acute services or out of area placements. For older people, a recent King's Fund report suggests potential for savings of up to £462m nationally through reduced hospital bed use.

Meanwhile an area where the potential for social landlords to play a key role in partnerships has yet to be recognised is in long-term conditions (LTCs) such as diabetes, heart disease and COPD (a collection of respiratory conditions). The Department of Health reports that LTC's account for 70% of both total health and care spend in England and of (expensive) inpatient bed days and they are therefore a critical part of the NHS's aim to save £20bn over the coming years.

Community support and empowering patient self-management are key strands to national policy and telecare and Neighbourhood Care Teams are recognised as important contributors to reducing emergency admissions. It is only a short step from these initiatives to a role for housing providers and we believe that the first experiments in this area could deliver considerable benefits and gain national attention.

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We also note that our Health colleagues are taking a growing interest in housing and that health and housing leaders and providers have presented at each other's conferences over the summer. Richard Humphreys, Senior Fellow at the influential health think-tank the King's Fund spoke at the NHF Housing and Social Care Conference in April and declared that "Close integration of the NHS and social care is shooting up the policy agenda, but the prize will be even bigger if housing forms the third leg of the integrated care tripod". He urges housing providers to "use your local knowledge, get involved, and keep delivering". Sean Clee, Chair of the Mental Health Network, speaking at the NHS Confederation's June conference noted that NHS Foundation Trust capital receipts can be pooled with social housing resources and that "the only limit on this is ambition".



"use your local knowledge, get involved, and keep delivering"

Richard Humpries, encourages housing providers at the NHF Housing and Social Care Conference in April.

Provider partnerships between NHS Trusts and housing providers are surely set to grow, and as a clear signal two mixed-activity associations, Midland Heart and One Housing Group, joined the NHS Confederation Mental Health Network earlier this year. Recent work at Campbell Tickell to scope regional provider markets for housing clients has identified real potential for partnership and synergy with NHS providers.

Whilst calls for better integration between the NHS, social care, and housing are not new, the new Act does signal a radical change and new opportunities as well as risks. Housing providers, grounded in their local areas and often with capacity to innovate, could play a key role in making this happen.

We recommend that organisations consider the opportunities that Health partnerships could deliver on a geographical basis. Envisage the following first steps:

- Improving your understanding of the prevalence of disability, LTCs and mental health issues among your residents, alongside any age or ethnicity dimensions;
- Understanding the importance of your residents, needs within the local JSNAs;
- Mapping the providers of health, care and support services in your areas, including NHS foundation trusts, clinical commissioning groups, the social enterprises recently spun out of the PCT provider arms, voluntary sector agencies and private companies;
- Reviewing how your existing skills in supporting vulnerable people (in the widest sense) can link into the health agenda;
- Discussing the potential for partnerships with a selected group of those providers, be it joining the HWBs, discussing LTC management strategies with CCGs or developing effective signposting mechanisms for your residents;
- Considering investing some funds in a wellstructured pilot, with good baseline and impact measures and a results-dissemination plan.

After the hiatus of the policy pause, the new health landscape is emerging fast. NHS leaders are aware that there is no top-down, imposed way to integrate care and they are looking outside their own organisations to help achieve better health outcomes for local people. Campbell Tickell believes that for some housing providers, now is the time to step forward and seize the day!

To discuss how to develop your strategy for developing health partnerships contact:

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See page 7 for further reading.

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Unpicking Benefit Reform

By Radojka Milevic

Let me hazard a guess that welfare reform is on your risk register. Social housing landlords have been deliberating about it for months — from understanding the current Heath Robinson structure of benefits to stress testing the impact of the reforms on business plans. The refrain 'What is to be done?' sounds in one Boardroom after another.

No sensible person would argue that the welfare system didn't need changing. Indeed a number of changes were initiated by the previous Government. We also know how politics works – too much of one hue, policy gets tired, the desire for change grows, and the other hue arrives, pumped up, repositioning our debates, challenging sacred assumptions.

There's a question of timing though and of the severity of welfare cuts against a wider background of public sector spending cuts, rising food and fuel costs, and job losses (particularly in regions damaged by the loss of heavy manufacturing in the past). There's also an anxiety about how far a right-leaning repositioning of the Cabinet might take these changes, given the somewhat punitive instincts of the Coalition Government, and given where public opinion seems to be at the moment (The National Centre for Social Research's last British Social Attitudes Survey found that 63% of respondents thought parents not wanting to work was one of the reasons for them needing state help).



People must be supported to manage their own lives and afforded that self-respect and trust.

But some challenges to the liberal left obtain - that the welfare system has encouraged dependency, that people have sometimes chosen not to work because it didn't pay to work, perhaps that people get alienated from their sense of responsibility by never coming into contact with the money paid for their rent. I remember watching a film of a tenant talking about welfare reform and saying that he wouldn't be affected because he didn't pay rent. That's how distorted social housing world had become. It didn't feel right.

What is to be done?

We need to guard against the same distortions that brought a form of paternalism to the landlord-tenant relationship in framing the sector's responses to the changed state of affairs. (Let's put the thorny issue of how 'vulnerability' is categorised to one side – clearly this is an area on which the Department for Work and Pensions needs to issue further guidance). If we accept the principle that reducing dependency is good for a number of reasons, then people must be supported to manage their own lives and afforded that self-respect and trust. Landlords need to do what any great business in the private sector learns to do – know the customer base inside out.

We've noticed the changing policy landscape having a significant effect on staffing structures over the last 18 months or so. In particular, as tenancy management has accelerated as a priority, patch sizes have become smaller to allow for more intensive customer care and gathering of insight (though our sense is that there's still a way to go on the insight). Providers are getting closer to the ground on income collection and monitoring, and have been investing in income specialists and welfare rights advisors to help keep the focus on income maximisation (tenants' and theirs). Some confess to over-resourcing. There's also a recognition that enforcement of tenant responsibilities needs to be tighter. As one Chief Executive said, "in this period of change it's a bit like the first days of school. You need to begin with a firm sense of discipline to set the parameters in which people are expected to behave."

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Of course everyone has been turning their mind to how to encourage tenants' financial independence and management. Some of this is self-interest (getting the income in from direct debit arrangements to Credit Unions and jam-jar accounts), but many have also been investing in the longer term sustainability of their tenants and communities through skills training and job creation.

A question mark still hovers over how easily tenants can digest the scale of change that's coming: again, it's personalisation that's likely to make the difference here, rather than general newsletter communications.

While there may be much that is wrong – timing, phasing, cutting, targets, blunt instruments, unintended consequences – the reframing of the landlord-tenant relationship was probably much needed.



It's personalisation that's likely to make the difference here, rather than general newsletter communications.

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Housing and the new NHS: Time to take action? - Continued from page 5.

Housing & Health Reading List

- A foot in the door: a guide to engaging housing and health, Northern Housing Consortium with Gentoo, December 2011. www.northern-consortium.org.uk/assets/policy/a%20foot%20in%20the%20door%20 a%20guide%20to%20engaging%20housing%20and%20health%20final.pdf
- How to develop quality housing and health partnerships, CIH, April 2012. www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/How to housing and health.pdf
- On the Pulse How housing is critical to better health and social care for older people. NHF, June 2012. www.housing.org.uk/publications/find_a_publication/care_and_support/on_the_pulse.aspx
- Long Term Conditions Compendium of Information, Department of Health, May 2012. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134486.pdf
- Mental health implementation framework, Department of Health with Turning Point, July 2012. http://www.dh.gov.uk/health/2012/07/mentalhealthframework/
- Shaping the concrete before it sets: Building effective health & housing partnerships, Housing LIN Network, June 2012. www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Viewpoints/Viewpoint24_Leadership.pdf
- The Home Cure the role of social housing providers in reablement, Demos and Midland Heart, June 2012. www.demos.co.uk/projects/puttingsocialhousingintoreablement
- Under One Roof, Demos with the Home Group, May 2012. www.demos.co.uk/publications/underoneroof



The big question for Boards and Execs

How do you know you're any good?

It's all change again for housing providers. Regulation is now co-regulation, focusing on self-assessment. Routine inspection is no more. Government and regulator are provider-neutral. Money is tight. There's no safety net for failure. Meanwhile the sector is diversifying, as providers take on a wider range of services and competition becomes tougher.

Intelligent risk identification and management are now the name of the game. Boards and Executives can no longer rely on traditional sources of assurance. Internal audit can't cut it alone. There is a crucial role for resident scrutiny, customer inspectors and mystery shoppers. This may still not be enough: many organisations see the need for quality assurance or specialist support. And there's still the question of how to manage it all to make sure nothing falls through the gaps. In short, are you sure you have all angles covered, and how do you know you're any good?

A new approach to Business Assurance is needed, which keeps control firmly where it should be – in your hands. Have you cracked it yet? We are working with housing providers across the country to help them develop effective systems to identify and manage risk. To discuss how to firm up your Business Assurance, give us a call.



At the Heart of Housing and Care