

Welcome to the latest 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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Do you see what I see?

By Zandra Bull

Having spent more than 20 years in the Welfare to Work Sector with both private and public providers, the size, scale and significance of the changes to welfare reform are unprecedented, even for an 'old hand' like me. With the Coalition Government's clear intention and actions to reduce welfare spending, every stone has been turned to see where savings and cuts can be made. For those working in social housing, the pace of change and number of initiatives introduced from April 2013 onwards have created significant new challenges for landlords, and change and anxiety for tenants receiving benefit.

Bedroom tax, benefits cap and universal credit are just some of the changes which will impact on landlords and tenants this year. While the groundswell of opinion against these reforms increases and lobbyists and protesters become more active, the stark reality for any Government will be the urgent and continuing need to reduce welfare expenditure. This month, the Labour Party confirmed they will cap benefit spend and introduce other measures related to benefit receipts, community impact and social housing. It's no longer business as usual.

I have watched with keen interest how Local Authorities and the Social Housing sector are preparing for the challenges ahead. These include significant capital expenditure on building smaller affordable homes, discretionary funds to support shortfalls, increasing resources by employing more Income Officers, 'speed dating' for home swaps, tenancy moves outside of boroughs. While these will impact in the short and long term, from my perspective I see a different solution to investment in bricks and mortar, pots of funding and resources.



In every local authority area there is a range of welfare and skills providers, separately funded through the Department of Work & Pensions and The Skills Funding Agency to equip unemployed people to gain and stay in work. They have the resources, knowledge and experience to deliver a range of services to tenants in receipt of working age benefits to move them away from benefit dependency. These providers have a vested interest through payment by results contracts (like them or not) to keep people off benefit and in work. The commercial worlds of social housing and welfare are more closely aligned than ever.

The fewer people on benefits, the better it is for all. Having fewer people on benefits lessens the need separately to fund other initiatives. Having fewer people on benefits diminishes the impact of welfare reform. In my view, the business blueprint for the new world places engagement and deployment of effective welfare and skills provision as a fundamental element of the strategy to tackle welfare reform and an integral part of the services on offer to tenants.

To look at how your organisation can engage with the Welfare to Work agenda, please contact Sue Harvey at sueharvey@campbelltickell.com



Attending CIH Housing Conference in Manchester? Visit us at stand E25.



A quality assurance model devised by Hertfordshire-based Thrive Homes to test service provision to customers is being used as a model of best practice for other housing providers.

Thrive Homes was keen that its services should continue to be externally validated, despite the Coalition Government announcing that the Audit Commission would no longer inspect housing associations.

By developing its own stringent programme of quality assurance reviews, Thrive now has a proven system in place that identifies key strengths and weaknesses, helps to mitigate risk to the organisation, and enables the Board and senior managers to have confidence in the service they provide to residents.

Working with leading housing consultancy Campbell Tickell, the not-for-profit housing association that owns and manages more than 4,100 homes across Three Rivers District has organised a regular programme of visits to test the quality of service provision and ensure that its work is up to standard.

Since late 2011, industry specialist Campbell Tickell has carried out six quality assurance (QA) visits, examining gas safety, resident involvement, income management, voids and lettings in older person's housing, fire safety, and estate services.

The programme has been so successful that CT is now using the Thrive Homes model as a guide for best practice for others in the sector to follow.

"The brief from us was quite clear from the outset," explains Sean Hughes, Thrive's Head of Communications & Policy. "We wanted a value-for-money system with a common-sense approach that looked carefully at how well we were providing services to our tenants.

"It is important we have our services independently scrutinised in a meaningful way so that the resulting feedback and recommendations help us raise standards.

"Although we are just one year into a three-year programme, we have already found that this is a valuable, open and honest

process that gives us good information including where we can tighten up on our processes."

When a QA audit is to take place, staff are given one week's notice of the visit. The visiting inspectors spend one or two days on site, interviewing relevant staff, examining files and speaking to residents. They are supported by at least one involved resident during each review.

On the final day, the review team produces a report with recommendations. This is used to draw up an action plan, which is tracked and reviewed internally.

Sean added: "Carrying out five to six visits a year, looking at different services each time, is also a different approach from the Audit Commission, which would carry out one intensive and detailed visit. This more rounded approach is one which we have benefitted from.

"The feedback given by the specialists has been valuable and insightful, enabling us to create and follow clear action plans. We are pleased that it has already brought about many positive effects here and that CT is looking to roll out the programme to other organisations who could benefit from the same approach."



Greg Campbell, Director at Campbell Tickell, said the Thrive QA model had not only helped to deliver real service improvements, but also had provided independent assurance about service quality in a cost-effective way.

“These reviews can make a valuable contribution to resident scrutiny work, and help build the capacity of active residents to conduct scrutiny reviews,” he said.

“From the perspective of helping housing associations to ensure they understand and manage all their risks, this kind of specialist audit work is a key element – alongside internal and external audit, and resident scrutiny.”

He highlighted that there was also added value in involving experienced social housing professionals who understand the services being reviewed.

“Having high levels of understanding of each area that is being investigated is absolutely essential if appropriate feedback, resulting in service improvements, is to be given to the organisation,” he continued. “We have found that our work with Thrive has delivered just that, which is of huge benefit to them and their residents.”

Alan Banton, Chair of Thrive’s Residents Scrutiny Panel said, “Getting the external feedback about these important services is reassuring. It gives me confidence that Thrive continues to challenge itself as a customer-focused organisation”.

To explore how your organisation can develop your own quality assurance model, please contact Greg Campbell at gregcampbell@campbelltickell.com.

How do you know you're any good? Business Assurance Seminars

Tuesday, 2nd July 2013 - Trafford

Tuesday, 9th July 2013 - Wakefield

Wednesday, 17th July 2013 - Spennymoor



It's all change again for housing providers. Money is tight; there's no safety net to balance the risks of diversification. The Homes and Communities Agency (HCA) is discussing changes to the Regulatory Framework to better manage risks to housing assets, the Audit Commission is not there to verify or challenge your performance; and leadership teams are being asked “how do you get sufficient assurance on the management of risks to the delivery of your strategic objectives?”

Integrating assurance with risk management and internal audit can move beyond reactive compliance testing to build confidence that reported outcomes match the reality on the ground. But it can also build bureaucratic systems that are too large to manage effectively.

This seminar will explore:

- Expectations of the HCA to better manage risk
- Assurance frameworks
- Coverage and gaps
- Achieving consistency
- Keeping up-to-date; and
- Identifying where external verification adds value

Speakers include:

- Mick Warner, Deputy Director, HCA
- Graeme Foster, Strategic Regulation Manager, HCA
- Sue Harvey, Senior Consultant, Campbell Tickell

For more information and details of how to join these events visit: www.northern-consortium.org.uk/FutureEvents or contact Sue Harvey on 0203 434 0979 or sue.harvey@campbelltickell.com.



NHS CCGs: a snapshot of a system in flux

By David Hingley and Daphne Ingham

CT's Consultant Researcher, David Hingley, talks to Senior Associate Daphne Ingham about being a Clinical Commissioning Group Lay Assessor.

What was a Lay Assessor and what was the thinking behind their creation?

Lay Assessors were members of the public recruited to contribute a fresh, independent perspective to the assessment of the 211 new Clinical Commissioning Groups (CCGs) which are now responsible for commissioning the majority of local health services. The NHS Commissioning Board, now renamed NHS England, determined each CCG's ability to perform their new role.

The process was ambitious, complicated, and conducted on a tight six-month timescale. Lay Assessors were supported by a small, dynamic and temporary NHS England team.



I heard a great example of a "virtual ward" – an innovative solution bringing healthcare to people's homes as a genuine alternative to hospital.'

Why did you become a Lay Assessor?

I applied on impulse, at the last minute, and was delighted to be accepted as one of 80 people trained (43 actually took part). I'm a fan of the NHS and I want to see it do well.

What did your work involve?

The task was to take part in a tightly-structured one-day visit as a lay member of an eight-strong

multi-disciplinary NHS team. Assessors were sent on a one-day training session to demystify the mountain of background papers accompanying each CCG's application. Before each visit, we had to selectively read a lot of information, focusing on identified Key Lines of Enquiry. Each team was chaired by an experienced NHS senior manager.

The visits were quite an event: those from the CCG were understandably nervous of their hard work being in vain. Each visit began with a presentation from the CCG, in a room full of GPs, CCG staff, and others. A series of smaller focused sessions then followed.

119 assessment criteria sat under six 'domains': clinical and multi-professional focus; engagement with patients and carers; finance; governance; collaboration with other commissioning bodies; and quality of leadership. The panel recommendations were subsequently moderated by the NHS England decision-makers.

Afterwards I communicated with other lay assessors, and collected some of their comments.

What was the strongest impression you gained from the experience?

The energy and enthusiasm of CCG teams at all levels was impressive given the massive challenges they face.

Did you come across any innovative or interesting ideas?

Many GPs and other staff, frustrated with NHS over-reliance on hospitals, had a vision of a better way. I heard a great example of a 'virtual ward' – an innovative solution bringing healthcare to people's homes as a genuine alternative to hospital.

All CCGs have a qualified safeguarding nurse on the Board, and one assessor noted how they emerged as a superb source of ideas and commitment to improvement.

One assessor confirmed his view that clinicians will successfully use their detailed understanding of health needs to improve the NHS in ways that PCTs have not achieved. I saw real examples of this potential taking shape.

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What else did you learn?

The focus was on applying a competency baseline, with appropriate rigour and robust enquiry, while appreciating that the CCGs were at the start of a long journey. Assessors were struck by the enormous variation between CCGs and the disparity in their size and state of readiness.

The geography of the CCGs outside London lacks a coherent logic. Some cities have one CCG but others have several. Devon has the biggest CCG, but other counties have six or more. Some are so small they will surely lack clout with the large hospital trusts.

Most GPs have little experience of overseeing the governance of equivalent organisations to the CCGs they are now leading.

Integrated care remains a tough challenge, although CCGs are hopeful and Local Authorities keen. One assessor met a CCG that had not engaged at all with one Local Authority where 5% of its population lived.

What are the lessons for CT's clients?

With GPs so determined to shift care to the home, there will be opportunities for housing organisations









NEW (Northern Eastern Western) Devon has the biggest CCG, responsible for commissioning £1.1bn of healthcare services.

that can build NHS relationships. Provider Trusts are big players here; ultimately they need to help, not hinder, the long-term trend. Social landlords, often with intimate knowledge of their local areas and needs, could be key partners for Trusts developing innovative offers – but such link-ups will need to deliver cash savings.

David Hingley is a Consultant Researcher and Daphne Ingham a Senior Associate Consultant with Campbell Tickell.

CT updates its economic forecast...

After an extensive and in-depth exercise to examine all material macroeconomic and other relevant indicators. We are now pleased to provide our comprehensive forecast of the UK's economic health over the coming period.

2010	2012	2013	2014	2015	2016	2017
						

To discuss the outlook for the economy and our sophisticated forecasting methodology please contact Sue Harvey on 07813 826 148 or sue.harvey@campbelltickell.com.



Building links between Housing and Health - Part 2

By Brian Cox

In a follow up article to 'Housing and the new NHS: Time to take action?' (CT Brief 6, September 2012) Brian Cox examines the potential of the new NHS Clinical Commissioning Groups (CCGs) and Health and Well-Being Boards (HWBB), focussing on their importance for the future landscape of housing and support.

CCGs are groups of local GPs, nurses and other professionals that since April 2013 have taken over commissioning community health services from primary care trusts. They control c.80% of the NHS's £110bn annual budget.

The Health and Social care Act 2012 establishes Health and Well-being boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

There is a number of ways in which housing providers can gain greater access and influence with the new commissioning environment of CCGs and HWBBs. This approach focusses on providing answers and opening new avenues. HWBBs in particular are desperate for expert connections in housing.

A stronger focus on the broader determinants of health provides a significant opportunity for housing organisations to bring expertise and understanding



Photograph: Richard Gardner / Rex Features

into the mix – not just for their own organisational benefit but, more importantly, to further the interests and voice of their residents and communities.

Take the High Road - voice, choice and control: As a housing provider, you can provide a helpful conduit for direct engagement between the HWBB and some of the most disadvantaged people in your area. Demonstrating your own strengths in terms of voice and personalisation will help counter any suspicion that your organisation is just another provider pleading a special interest. You may wish to partner with other housing providers to take this forward.

Demonstrate specialist connectivity: Housing providers can access parts of the population that are hard to reach for other professions. If you have a particular resident and client population, become the champion and conduit for your residents. People with

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Or scan the QR code (left).

Find out more about QR codes by following link for below:

http://en.wikipedia.org/wiki/QR_code

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disabilities, mental health problems, addiction, older persons with long-term conditions, homeless and so on, are a long way from the HWBBs' current strategy focus. So getting access to excluded groups will be a real opportunity for the Board.

Build the case for funding through innovation as a provider: It is providers that introduce the most interesting and appropriate innovation. Where you have best practice and responsive services, show commissioners what can be done and in time this will become a commissioning commonplace.

Focus on 'Place': Housing providers offer a context and setting for health and social care interventions which combine individual, group and neighbourhood solutions. This will be attractive to HWBBs, which are struggling to connect high level strategy with practical and 'funding-ready' delivery. Show how your services and housing stock can be a venue and a channel for health and care delivery.

Integration in action: The integration of health and care services has long been a policy priority. In the current climate, this is seen as a way of both saving money and improving quality. Housing providers having been integrating at the front end for a long time. Show Boards what this means in reality, particularly where you have strong partnerships across employment, training, health and care.

Bring your residents to the HWBB table: Whilst Boards have been setting themselves up, there has been little engagement with excluded groups who

have the most pressing health and well-being needs. Why not offer to create a forum for engagement or a working group with the Board or its officers to explore what health and well-being means for your residents? You may also want to offer to host meetings, visits and events with your residents for the HWBB.

Help expand the notion of well-being: The headline priorities that have emerged in the HWBBs' early work has largely focussed on familiar public health issues like smoking and obesity. These are important but they don't get under the skin of what really drives health and social inequality and, in themselves, are unlikely to provide the kind of sustainable approach to building wellbeing for local communities and individuals. Housing has work to do to gain the ear of many HWBBs but it is closer to providing the deep, long term answers to what wellbeing really means. It's time to be brave and grab the agenda.

If you know of examples of successful intervention with Health & Well-Being Boards, please tell us about them. Your comments on how we can help further will be greatly appreciated.

Brian Cox is an Associate with the Office of Public Management and the Health Services Management Centre.

To discuss how your organisation can link up with health providers, contact Daphne Ingham at daphneingham@campbelltickell.com.

Avoid expensive mistakes in recruitment

CT has a first rate track record in sourcing high quality interim managers, permanent executives and non-executive board members. Over recent years, we have successfully helped over 250 organisations recruit to more than 600 senior or specialist roles. Our recruitment activity has a national spread. The range of organisations we work with encompass housing associations, councils, ALMOs, care and support providers and charities.

It is easy to make expensive mistakes in recruitment. Our networks are second to none. Our success rate in helping organisations fill permanent vacancies first time is over 95%. Our first time success rate filling non-executive board roles is nearly 100%.

To discuss how we can help meet your recruitment needs, please contact Gera Patel on 020 8830 6777, gera@campbelltickell.com.





The next big change in pensions

By David Oldham

What's happening?

The laws governing pensions provided to staff by employers are changing. All employees will be enrolled in the pension scheme unless they specifically opt out, in contrast with the current situation where all employees are offered the pension scheme but must apply to join it. The new regime is called "auto-enrolment".

What effect will it have on my organisation?

If a significant majority of your staff are already members of the staff pension scheme, the change will make very little difference other than to change the induction for new employees. However for many organisations where staff have traditionally not joined the pension scheme, this change could increase your staff costs in line with the employer contribution to the scheme – which for employers operating a final salary scheme could be as much as 20%.



'all employees will be enrolled in the pension scheme unless employees specifically opt out of it.'

When does it happen?

The change is being rolled out, starting with the largest employers, over the next five years. Your staging date will depend upon the number of employees registered for PAYE purposes and the PAYE reference code you use for paying tax and National Insurance. For employers with fewer than 50 employees, the roll-out starts in two years' time.

What do I need to do?

First, you need to make sure that your staff pension scheme qualifies for registration for auto-enrolment. There is a tool to help you on the Pensions Regulator's website, www.thepensionsregulator.gov.uk.

Secondly, you need to look at what it would cost if everyone entitled were a member of the pension scheme, and then compare that with what you are paying now. This will give you a view of the potential extra cost the organisation will have to take on after auto-enrolment.

Next you need to think about how many of your staff are likely to opt out of the scheme. Remember that you are not permitted by law to encourage employees to opt out, so people have to make an application to do so. You may feel that this will mean an unacceptable increase in costs. In that case, you need to plan very carefully what you do next, and you will probably need specialist advice.

Then you have to work out when you will need to make the change. This is called the staging date. There is guidance on this on the Pensions Regulator website.

Once you know your staging date, you can then start to plan implementation. You will have to:

- Decide whether you want to continue with your existing pension, or change to a new one with revised terms;
- Plan how you are going to tell your staff about the change;
- Prepare changes to your induction for new employees, so they are told about the pension arrangements when they join, and contributions are deducted from their pay and paid to your pension provider from the start of their employment;
- Set a process for those who wish to opt out of the pension scheme;
- Appoint a point of contact which must be notified to the Pensions Regulator;

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- Start automatically enrolling staff into the scheme from the staging date and paying contributions over to the pension provider;
- Register the pension scheme with the Pensions Regulator.

Changing your pension scheme

You may decide that your current pension scheme is not suitable for auto-enrolment.

In this case you will need to take advice from an expert pensions adviser. You will need to aim for a pension scheme which will:

- Be affordable to you as an employer;
- Be affordable to your staff; and
- Meet the pensions Regulator's conditions for auto-enrolment.

Remember that in order to be acceptable to the Regulator, there will need to be minimum employer contributions of 3% of scheme members' salaries, and minimum total contributions of 8%.

Next, you will need to think about what to offer to those already in the existing scheme. You'll need to consult your staff and take their views into consideration when you make your decision. You need to allow at least three months for this.

Conclusion

The arrangements around auto-enrolment are complicated. It's important to make sure you understand the implications for your business, cost the options, and leave yourself enough time to make alternative arrangements if necessary. This could involve extensive consultations with your employees or their representatives. It's worth starting your planning now to allow enough time to make a well-considered choice.

David Oldham is an Interim Finance Director and Associate Consultant with Campbell Tickell.

For advice on how the pensions changing could affect your organisation contact Sue Harvey on 0203 434 0979, sue.harvey@campbelltickell.com

CT Favourites Gallery

Selected highlights from a recent Campbell Tickell team awayday to a somewhat cloudy Brighton.



It's a jungle out there

The environment for development and growth is increasingly complex: housing markets down and up; development grant squeezed; public funding cut; institutional investment; for-profit RPs; private rented sector; councils building again; Supporting People slashed; welfare reform; NHS property disposals.

Developers and housing providers need to understand where markets are going, seeking potential partnerships, and managing risks while maximising sustainable growth.

CT works across the country with housing associations, councils, ALMOs, care providers, developers and contractors. Our recent work includes:

- Development and growth strategy
- Assessment of financial capacity
- Private rented sector analysis
- Prospective partner mapping
- Strategic asset management
- Care services viability review
- Joint venture establishment
- RP registration support
- Project management
- Bid writing

