



Shaun Bennett
Senior associate consultant, Campbell Tickell

Social Impact Bonds, are they the answer?

Social Impact Bonds, or SIBs, are a financial product for funding outcome-based contracts in the public sector – in other words payment by results. The approach is increasingly popular in the charitable, local government and housing sectors.

There are currently about 30 SIBs across the UK, many covering health and social care interventions. This number is likely to increase significantly because the government is trying to encourage the use of SIBs through the £80 million Life Chance Fund, managed by Big Lottery, which will help to pay for interventions that tackle some of the most difficult and costly social challenges.

How SIBs work

How does the process work and what are the challenges?

Social investors fund the costs of an intervention made by a service provider and take the risk of the outcomes not being achieved. Where outcomes are achieved the public sector

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commissioner makes a payment for each outcome, including a return for the social investor.

The rationale for SIBs is that the outcome-based contract will deliver 'cashable' savings that will not only cover the costs of the SIB itself, but also result in year-on-year savings to the commissioning body and sometimes the wider public sector. The SIB structure is intended to drive performance in achieving these outcomes and often involves setting up a Special Purpose Vehicle, as illustrated →



The London homelessness SIB significantly reduced rough sleeping over a two-year period

IN THIS ISSUE

01 How Social Impact Bonds can tackle social challenges ▶

03 Eradicating homelessness: the Housing First approach ▶



04 Social return on investment ▶

05 Challenges for adult social care providers ▶

06 Case study: developing a care and support strategy ▶

07 Housing older people – black cab or uber? ▶



08 Fire safety training ▶

09 Community-based care: what works best? ▶

10 Funding for supported housing ▶

11 Q&A with Bruce Moore of Housing & Care 21 ▶

in the diagram (right).

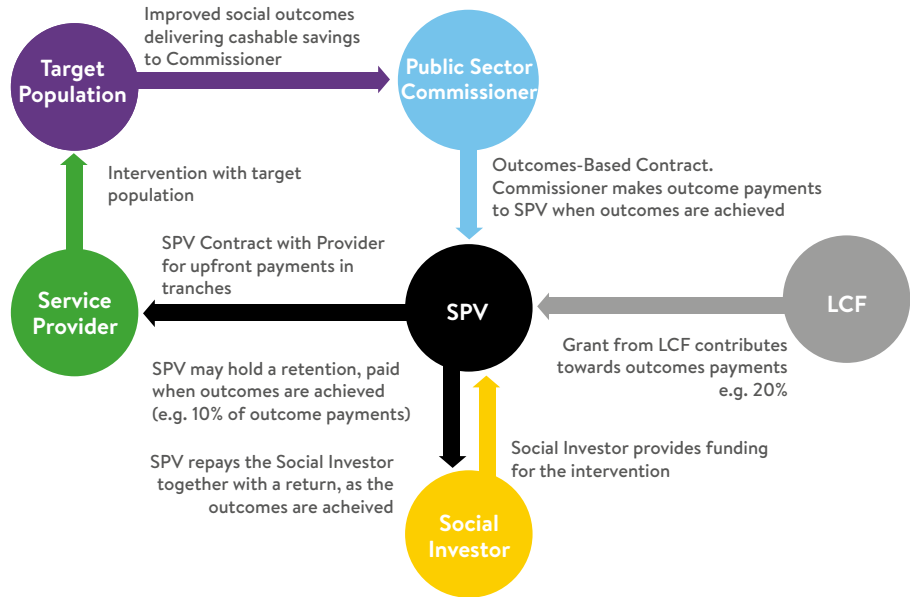
SIBs are only appropriate for social interventions that fall into the ‘Goldilocks’ zone, where risks are not too high (hot) nor too low (cold) but ‘just right’. Social investors are reluctant to fund high-risk projects and, in any case, the costs of such investments would be prohibitive. Social investment for low-risk projects cannot be justified, as the public sector can fund these interventions at a lower cost.

Alternative methods

Payment by results (PbR) as a method of commissioning services is here to stay, but does not necessarily have to be delivered through a SIB. PbR contracts can be paid partially or even primarily on the outcomes achieved, which means some risk is transferred to the service provider. Commissioners therefore need to weigh up the risks and benefits of whether to deploy a PbR contract as a commissioned service or through a SIB.

A SIB can enable providers to have much greater freedom and flexibility in how they achieve the outcomes, as commissioners do not have to specify the services required – only the outcomes. Even PbR contracts that are funded through a commissioning budget require some level of service specification, as most of the funding is for a service (e.g. 90% of the funding paid up front in tranches and 10% on the achievement of outcomes).

There have been mixed reviews about whether SIBs work in practice, although there have been some positive results. The SIB in



A SIB can enable providers to have much greater freedom and flexibility in how they achieve the outcomes

Peterborough was discontinued in 2015 due to the introduction of reforms in the probation service and the creation of Community Rehabilitation Companies (CRCs). The SIB had succeeded in reducing reoffending by 9%, against a Ministry of Justice target of 7.5% and gave investors a 3% per annum return.

A positive result

A recent evaluation of the London Homelessness SIB, for a cohort of 831 rough sleepers with complex needs, found the intervention significantly reduced rough sleeping over a two-year period and had a positive impact on the number of people moving into long-term accommodation. This was when compared with a well-matched comparison group (<https://www.gov.uk/government/>

publications/london-homelessness-social-impact-bond-evaluation).

One commentator observed that, “The jury is still out. If they are well-managed, with a reliable provider, SIBs offer the ability for councils to engage in complex, long-term projects that would otherwise be hard to fund. But for other social care projects, particularly those without a hard financial return, the additional cost and management overheads make them harder to justify.” *Shaun Bennett was previously strategic commissioning manager at the Greater London Authority and was responsible for commissioning the London Homelessness SIB.*

To discuss the issues raised in this article, contact

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Sarah Walters
 Development manager, Shelter

Solving chronic homelessness the Housing First way



Housing First is everywhere. An announcement from Sajid Javid, secretary of state for housing, communities and local government, of £28 million for pilots in Greater Manchester, the West Midlands and Liverpool City Region, has chimed with many stories in the press of complex individuals being housed successfully, including women and those with multiple challenges around addiction, mental health and offending.

Inspiring Change Manchester (ICM), a programme led by Shelter, funded by the Big Lottery Fulfilling Lives Programme, has now published interim evaluations from its Housing First pilot. We work with and for those who have experienced multiple disadvantages. The pilot has been running since April 2016 and seeks to test whether Housing First, run close to proven principles, works in Manchester for a group of people with poor housing histories and often chaotic lives.

Unconditional approach

Housing First is a practical approach to solving chronic homelessness underpinned by philosophical principles including housing as a human right, and tenants being given choice and control. The provision of a tenancy is fundamentally unconditional and there is no requirement to engage with support conditions in order to retain it. A Housing First tenant is treated the same as any other tenant; no additional clauses around behaviours or engagement, no sanctions for not meeting support appointments.

The approach has been used nationally and internationally. It began in New York in the 1990s and has now been adopted across the US and wider world. In Europe and the

In numbers: Housing First

£28 million

Funding announced for Housing First pilots in Greater Manchester, the West Midlands and Liverpool City Region

85-90%

Proportion of Housing First tenants in Europe and the UK who sustain their tenancies over a 12-month period, compared with a success rate of around 40% under a traditional stepped approach

17

Number of people housed successfully under the Inspiring Change Manchester programme's Housing First pilot

“Housing First recognises that in order to begin to address some of the issues which have caused complex dependency, it is vital that someone has a place they can call home.”

UK, 85-90% of tenants sustain their tenancies over a 12-month period. The traditional ‘stepped’ method requiring abstinence, sobriety and tenancy readiness has a success rate of around 40%. The numbers remain impressively consistent across countries.

And yet these are often tenants with very poor or non-existent housing histories. They are almost certainly not ‘tenancy-ready’ in any recognised sense. Housing First takes away this requirement and recognises that in order to begin to address some of the issues which have caused complex dependency, it is vital that someone has a place they can call home.

At ICM, our small cohort of 17 housed so far shows a current

tenancy sustainment rate of 100% in private and social housing. Where someone had moved on because of personal choice or circumstance, it has been planned and considered, rather than an emergency eviction.

The benefits to the individuals are great. ICM provides opportunities to mix with others, addressing social isolation as well as giving volunteering opportunities. The psychological impact of having a home, sometimes for the first time, is huge for tenants, bringing benefits around stability and wellbeing. The support offered is vital. Person-centred, flexible in terms of delivery, not time-limited, holistic and taken at the pace of the tenant, it is a lot more than floating support. Support workers and peer mentors are infinitely patient, committed, trauma-informed and in for the duration. Often they have lived experience of homelessness. It makes a huge difference.

Cost-effective approach

And it works for the public purse too. The evaluation shows cost benefits to the public purse in adopting a Housing First approach with savings already identified for health, criminal justice and housing. We expect that the final evaluations will confirm our expectation that Housing First saves money across the system as well as changing the lives of those who benefit from it.

We know the approach works. Lives, at best, are saved through the provision of housing; they are all improved and stabilised. The challenge now is to take it to scale, keeping it true to the principles that underpin it, remaining focused on those who need it most.

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John Glenton
 Director of operations for care and support services, Riverside

Social return on investment



During the 25 years I have worked in the housing sector, I have seen many challenges and opportunities. One critical threat was the proposal to restrict rents to the local housing allowance cap. I am proud to be part of a sector that successfully lobbied the government to help ministers see the devastating impact this policy would have had. For me a key outcome of this lobbying is a greater understanding of the role of supported housing and how it can improve quality of life for individuals and offer value for money to the public purse.

Rising homelessness

Our services are needed more than ever – Homeless Link recently reported that since 2010 rough sleeping in England has increased by 134%, while according to The Homelessness Monitor the number of statutory homeless acceptances increased by 44% in the same period.

Many entrenched rough sleepers have multiple complex issues relating to mental health, substance misuse, or other medical conditions. These issues can make it difficult for people to work their way through the traditional, target-driven supported housing system.

In the US and Europe the Housing First method of support has successfully supported formerly homeless individuals with complex needs to sustain their housing (see page 3). The model provides a person with a stable home with no conditions and intensive personalised support. High success rates have led to pilots being run across the UK.

Last year Riverside Care and Support worked with 11,000 people who had experienced homelessness or were at risk of becoming homeless, supporting 5,000 to move into permanent accommodation.

At our Newbury First project in

**In numbers:
Newbury First**

88%
Rate of accommodation retention among Newbury First customers

£3.83
Social return on investment for every £1 spent on the Newbury First service

£383,000
Return on investment for every £100,000 spent on the Newbury First service

Manchester, while retaining some transitional elements, we have adopted Housing First principles. Customers of Newbury First are provided with accommodation and support workers engage intensively with them, offering long-term, personalised support. Many of the traditional rules associated with supported housing have been removed from Newbury First with the focus being on harm reduction and risk management.

Significant impact

Our evaluation of the impact and effectiveness of the service showed an 88% rate of accommodation retention for customers living within the service. Although many had struggled to adapt from life on the streets, all the customers who were interviewed valued the safety, privacy and warmth of their flats.

Customers valued the relationship with their support worker and felt they could access them when they needed to. Most customers noted improvements in their general wellbeing and self-esteem, and felt more motivated and optimistic about the future.

Homeless Link recently reported that since 2010 rough sleeping in England has increased by 134%

The evaluation calculated a social return on investment which showed that for every pound spent on the service there is a return of £3.83. This calculation took into account the costs of the average rough sleeper on public funding, including costs to the NHS and criminal justice system. This means that for every £100,000 invested in the Newbury House service there is a return of around £383,000.

Despite not strictly adhering to the principals of Housing First, Newbury First demonstrates that the model is adaptable, and the principles have a positive impact for customers.

Our evaluation provides further evidence of the value of supported housing, and its offer of a better alternative to rough sleeping, prison or life in some form of institution – outcomes that can be all too common for those who find themselves homeless.

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Annie Field
 Policy and research officer, Campbell Tickell

More data, more concerns?

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The Adult Social Care Activity and Finance Report published in 2017, draws together for the first time official data on local authority adult social care activity and finances.

Considering the upcoming Green Paper on social care for older people, this data shows clear areas where policy changes and funding increases may be particularly beneficial. The direct comparison between finance and activity will better support an understanding of current social care provision and challenges. Although not emphasised in this report, challenges lurk ominously below the surface in three key areas.

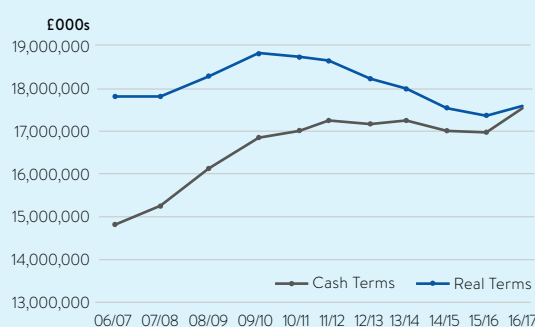
Funding priorities

First, expenditure levels. Gross current expenditure on adult social care by local authorities rose by £556 million from 2015-16. While appearing positive, on closer look it isn't much to shout about. Government funding priorities clearly do not lie with local authority social care provision, as that increase accounts for only a quarter of the additional £2 billion recently provided by the government to meet social care needs. It is also just a 1% increase in real terms, the only real term increase since the financial crash.

Local authorities are spending less in real terms on adult social care than in 2006-07. Even if this is the beginning of a trend, annual 1% increases are unlikely to be enough to prepare for the demands of an ageing population.

Second, future challenges are revealed in the distribution of expenditure. The area of care with the largest increase in expenditure was long-term support: it increased by £539 million to £13.6 billion, counting for 77.6% of gross

Change in gross current expenditure on adult social care by local authorities, in cash and real terms, 2006-07 to 2016-17



Source: ASC-FR Collection, 2016-17, NHS Digital

expenditure. Further details give rise to several concerns:

- Those receiving long-term support are predominantly older: 58 in 1,000 adults aged 65 and older received long-term support, compared with nine in 1,000 aged 18-64. This raises concerns over future demands from our ageing population.

- Despite the higher proportion of older people receiving long-term support, the expenditure is split almost equally between those aged under and over 65. This is because those aged 18-64 requiring long-term support typically have more complex needs, with data showing they predominantly have learning disabilities. Life expectancies for people with learning disabilities are lower than that of the general population but they are increasing. As more people with learning disabilities live to older age, the resources required to support them adequately will increase.

- Areas with higher income deprivation have higher rates of people receiving long-term support from local authorities. This increases pressure on

local authorities with the highest concentrations of poverty, which research shows receive lower amounts of central government funding.

Increased costs

Finally, despite this increase in expenditure, levels of activity haven't risen over the past year.

Local authorities attributed this to increased costs in the provision of care, including the introduction of the National Living Wage and higher numbers of people requiring support for complex needs. The cause for concern comes from other factors which are likely to further increase the cost of care provision. Although the final decision is currently delayed, the government plans to require care providers to pay minimum wage for sleep-in shifts.

Additionally, Brexit may impact staffing levels. EU workers make up 7% of the social care workforce, and this number had been consistently increasing until the referendum. With ongoing staff shortages, any reduction or stagnation in the number of European social care workers is likely to result in the costly use of agency staff.

Overall, the report provides a lot of interesting data, which unfortunately highlights and adds to existing concerns. There are many issues to be tackled in the social care Green Paper and many that will remain outstanding given the Green Paper will not focus on working age provision. The upside is that having this information should better equip us to deal with upcoming challenges. To end on a cliché: better the devil we know.

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Case Study

Developing a care and support strategy

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Liz Zacharias
 Senior consultant,
 Campbell Tickell



Demographic change, rent reductions and uncertain funding threaten the viability of supported housing. Effective engagement between supported housing and health is a challenge.

We have worked extensively with care and support providers, as well as charities, housing associations, local authorities and commercial organisations. Our team includes experts in supported, sheltered and extra-care housing, who bring knowledge of funding arrangements, service delivery models and business development.

Our previous work has included: developing older peoples' housing strategies; reviews of sheltered housing provision; service quality audits and evaluations; competitor analysis, partner mapping and merger support; homelessness and rough-sleeping reviews; business development assistance; strategic and market positioning reviews.

Project outline

Campbell Tickell reviewed the care and support portfolio of a housing association to enable the organisation to make decisions

regarding its future strategy. The organisation had a mixture of agency-managed schemes for people with mental health issues, young people and those experiencing homelessness. It also directly managed services for older people (both sheltered and extra-care housing) and provided domiciliary care in its extra-care schemes, as well as to the wider community.

Our approach

Our team reviewed the agency management arrangements and recommended changes to ensure risk and governance issues were improved, giving the board the right level of assurance across key risk areas.

We reviewed the organisation's care provision and provided three options for continuing, improving and expanding it or withdrawing from the provision of care. Our appraisal included exploring the market for care and support services for older people, in their key geographic areas of operation, as well as researching good practice examples and conducting anonymised interviews with peer

We reviewed the organisation's care provision and provided three options for continuing, improving and expanding provision or withdrawing from the provision of care

organisations to test their approach to care and support provision and identify innovative approaches.

Outcome

The new care and support strategy has enabled provision to focus on the organisation's strengths and the withdrawal from some services. This has mostly been achieved through discussions with commissioners and selectively choosing contracts for renewal.

We used a number of data sources to better understand hourly rates for care paid by local authorities in different regions. We also reviewed the care offer of other providers in the organisation's areas of operation. This work demonstrated that that board needed to make a fundamental strategic decision about whether the organisation should continue to provide care services, and whether it could do so at the prevailing market rates.

To find out how we can assist your organisation call 020 3434 0985 or email

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Kevan Forde
Head of Innovation, Hanover

Thriving in a new world



At Hanover we aren't unique in imagining what the world will look like in the medium and long term for our residents, and how we need to change to help them to thrive in that world. Part of this process has been to try to move beyond the facts of demographic change – older people living longer with multiple conditions – and ask what this means for the way we relate to and work with older people, and how our skills and behaviour will need to change.

The advent of driverless cars, which current projections suggest will be widespread in 15 years' time, set me thinking on this topic. How will people who currently rely on driving for a living need to prepare for this new world?

Adapt to survive

Cab drivers are a good example. They already face disruption in a market where Uber has a huge presence in cities. In London it's estimated there are 25,000 black cab drivers compared with 40,000 Uber drivers. Black cab drivers hate Uber, but they have had to adapt to the way Uber works (e.g. by promoting booking apps and taking card payments). However, both black cab drivers and Uber drivers will face the same challenges when driverless vehicles

become the norm.

One argument suggests changes in technology create new roles and opportunities and we have to be flexible in adapting. This includes looking at our customers differently and building different types of relationships with them, especially given that they will be from the baby boomer generation. Baby boomers are more likely to be used to challenging authority and established practices. They will not want to be told to do something if they don't like it and will want to be consulted on decisions. How geared up are we for this change in attitude?

To plan for this change we need to look at new ways of involving residents in the running of their homes.

Working together

Co-producing services may be part of the way forward. Co-production harnesses the creativity of everyone involved so that everyone feels a stake in the outcomes and in many cases more of a sense of ownership. It works best when everyone

Black cab drivers hate Uber, but they have had to adapt to the way Uber works. However, both black cab drivers and Uber drivers will face the same challenges when driverless vehicles become the norm

understands what the ultimate goal is and then works together to achieve it.

Some changes may be even more fundamental. For older people living in social housing, the model of estate living may change. Some may want to take more control of their own living environment.

Hanover acted as developers for the award-winning co-housing scheme New Ground in Barnet, north London. There's increasing evidence that communities such as these, where people choose who they want to live with, but which are managed by organisations like ours, will become more popular.

In these situations each individual will have a lot vested in their community and how it is run. As such, the relationship with the managing organisation will need to reflect this. Communities that define themselves in this way are an area we will be looking at in the near future.

A similar approach to developing different services among older people who want to downsize to a more affordable home that is easier to run, meant that we started to develop downsizer homes. Support is still offered but staff on-site can also offer practical help like changing lightbulbs, gardening and minor repairs. Designing services that customers want rather than services we think they need will be key in the future.

The impact of technology

Returning to driverless cars, how will they affect the way older people live? Will parking problems on estates be better or worse, or →



have no effect at all? Will they make older people more independent?

Technology and its benefits is an area being explored by many housing providers and the argument of benefits for older people seems inescapable (see box, Key facts: technology and older people), but it's important to remember that's not just about putting in systems but evaluating how people want to interact with those systems.

The right device

A comparison with the mobile phone market could be to take the sort of approach that Doro takes rather than Samsung, by simplifying controls and focusing on the usability of a device rather than how it looks. For example, we're going to give a sample of residents Amazon Alexa and Google Home devices to see how they use them and how useful they find them. This will then

Key facts: technology and older people

- **Office for National Statistics (ONS)** data on internet use shows that of the 4.8 million people in the UK who have never used the internet, nearly 80% are over the age of 65 and 92% of people who have never used the internet are over 55. However, the ONS also reports that recent internet use in the 65-74 age group has increased by a 68.7% since 2011.
- **The HACT Social Value Bank** attaches a value of £1,875 to individuals being online. This is the financial gain that can be achieved from doing things like paying bills and shopping online.
- **The Good Things Foundation** (formerly Tinder foundation) estimates that health inequalities account for more than £5.5 billion to the NHS annually. Based on a cost to the NHS of £45 per GP visit, ensuring everyone has the basic digital skills to access health information online would provide savings of £121 million a year by 2025.

“We’re going to give a sample of residents Amazon Alexa and Google Home devices to see how they use them and how useful they find them.”

inform whether and how we might consider adopting these technologies more widely.

I can imagine that driverless cars could have many benefits for older people, but until we find out how they would use them, we shouldn't make any assumptions. We need to take the same approach when designing services for the future.

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David Coleman
Associate, Campbell Tickell

Fire safety courses

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“Quite simply the most enjoyable and informative course I have been on in over 30 years.”

“An excellent course and well delivered.”

“David was very knowledgeable and calm in delivering the course. The course afforded me the opportunity to expand my fire safety knowledge.”

Recent feedback from a Level 4 course delivered to Hanover Housing.

Following the Grenfell Tower tragedy, organisations are acutely aware of the significant risk fire poses in the housing, care and supported housing sectors. Campbell Tickell associate, David Coleman, has a wealth of knowledge and experience and offers many fire-related services, including the following courses, both of which are Ofqual certified:

Level 4 Certificate for Fire Risk Management in Complex Residential Properties: The course enables delegates to understand requirements for assessing fire risks within complex residential properties, gain knowledge of relevant guidance, evaluate fire hazards and risks and specify solutions to minimise fire risk, understand and apply legislative and organisational requirements regarding fire safety.

Level 3 Award for Reporting Fire Risk in Residential Properties: The course enables delegates to identify significant fire hazards, understand organisational and legal requirements for reporting fire hazards and risks, understand the consequences of failing to identify hazards and control risks, understand their roles and responsibilities and that of others in relation to fire safety.

Fire management review: David can also undertake an in-depth review of your fire management systems to ensure they are fit for purpose and where necessary make recommendations for improvement. The review covers all aspects of fire safety including fire risk assessor competency, servicing and maintenance requirements, training, resident engagement, record keeping and day-to-day management of fire safety.

Fire risk assessments: David is registered under the BAFE SP205 Life Fire Risk Assessors scheme and has undertaken a vast number of assessments for housing, care and supported housing organisations.

For more information, please call Liz Zacharias on 020 3434 0985 or email liz.zacharias@campbelltickell.com



Liz Zacharias
Senior consultant, Campbell Tickell

Providers at the heart of health in the community

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Moving care into the community has been a goal for health policy in England for a long time, and is a key element of many of the Sustainability and Transformation Plans (STPs) and the newly minted approach of ‘accountable care’.

Where does the latest policy thinking leave housing and care providers in terms of their role of supporting the delivery of effective community-based care and what opportunities does it present?

The King’s Fund has defined accountable care as aiming “to improve population health by tackling the causes of illness and the wider determinants of health. Some forms of accountable care involve local authorities and the third sector alongside NHS organisations in working towards these objectives”.

Review of care initiatives

A report from the Nuffield Trust (March 2017) makes for interesting reading in this context. *Shifting the Balance of Care, Great Expectations* reviewed STPs and carried out an in-depth literature review of 27 initiatives that were moving care out of hospitals, to see what their impact had been, particularly on cost.

The report looked at five areas of healthcare initiatives:

- changes in the elective care pathway;
- changes in the urgent and emergency care pathway;
- time-limited initiatives aimed at avoiding hospital admissions or facilitating early patient discharge;
- managing ‘at-risk’ populations including end-of-life care and people in nursing homes;
- support for patients to care for themselves and access community resources.

The last three of these points are of interest to housing providers and are where the sector has many

The most successful initiatives for moving care out of hospitals

- Improved GP access to specialist expertise
- Ambulance/paramedic triage in the community
- Condition-specific rehabilitation
- Additional clinical support to people in nursing and care homes
- Improved end of life care in the community
- Remote monitoring of people with certain long-term conditions
- Support for self-care.



istock

examples of success.

The review looked at academic research and robust evidence from randomised control trials and other accepted methodologies for systematic objective review. It showed that the most positive evidence was for six initiatives (see box: The most successful initiatives for moving care out of hospitals).

The report makes the point that: “There are 15 million people living with long-term conditions and over 2 million with multiple long-term conditions. Together they account for 55% of GP appointments and 77% of inpatient bed days.”

Initiatives that reduce the call on health services, by promoting self-care, can therefore provide significant savings. However the report highlights that for this to work a change in mindset is required among professionals and patients, as well as greater digital literacy.

One area where there is emerging positive evidence of an initiative that saves costs and improves health outcomes is ‘social prescribing’. This is where GPs refer patients with social, emotional

or practical needs to a range of local non-clinical services, often provided by the voluntary and community sector, rather than giving a medical prescription. The report found mixed evidence on other areas such as ‘hospital at home’ initiatives and shared care models, as well as intermediate care services. Success here is much more about local implementation, having clear referral criteria, and integrated working between health and social care.

The challenges ahead

The Nuffield Trust also set out a raft of challenges in delivering economic benefit and system-wide savings. These include the use of prices to calculate savings rather than costs, assuming that overhead or fixed costs can be fully taken out. Initiatives aimed at reducing over-use can also have the effect of stimulating demand by uncovering unmet need.

There is an important lesson here for housing and care providers. It may be tempting to press the merits of a good housing-based model (such as reablement, or intermediate care). However, organisations must remember the jury is still out on the actual savings that can be made.

At present, it may be more effective to alter the approach towards tenants and service users to focus on developing people’s ability to take control of their health and wellbeing and make better use of digital resources.

Community-based healthcare provision clearly has a large role to play in future, and housing and care providers need to be savvy to ensure they are seen as being at the heart of this solution.

It may be more effective to alter the approach towards tenants and service users to focus on developing people’s ability to take control of their health and wellbeing and make better use of digital resources

To discuss the issues raised in this article, contact

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Derek Long
 Director, arc4

The windmills of your mind



No, it's not your age! The government really has launched another consultation on funding supported housing – just 12 months after the last one. Precipitated by the rethink on local housing allowance caps, the latest version links the concession on revenue to a formal regime of local strategic plans. And there the fun starts!

By 2020 (so start working now), local authorities will be required to show how they will meet the housing needs of “vulnerable people across a spectrum of support services, including preventative services, support in people’s own homes and other services”, and supported housing. So, this is no ‘build it and they will come’ 1970s strategic plan, but an austerity-driven statement of how funding is to meet identified local needs.

Where there is rationing (in the economic sense), there will be challenge by users (including legal ones). And with challenge, comes the necessity for unimpeachable evidence of need.

So what are the key considerations for local authorities?

Key considerations

For some groups such as older people, quantifying need is comparatively straightforward. We know where those households live. We understand projections and attrition rates. Issues arise when we move beyond that. When do individuals graduate into extra care? When do residents expect to move? What sort of housing do residents anticipate moving into? Which tenure?

Light-touch qualitative analysis – “we spoke to our local interest group” – will no longer be enough, to address these questions. So where to turn? We often undertake primary research, via mail or phone, for Strategic Housing Market

Assessments (SHMAs), but it can be expensive at large volumes.

One way out is to mine data. We are increasingly using our shared database of residents’ responses (equivalent to a sampling frame for 1.8 million residents) to inform local analysis. But even this will be of limited use for niche or hard-to-reach groups, such as those who have experienced domestic violence.

Niche providers

It is likely that some hard-pressed local authorities may outsource the burden of modelling niche demand onto the shoulders of the niche providers. Our experience of quantifying demand in dozens of Gypsy and Traveller analyses and modelling former service personnel numbers suggests that approaches bespoke for the client group offer the best chance of accuracy.

Predicting how residents will move between the three funding streams of short-term supported housing, long-term housing and sheltered/extra-care housing, will have to be tracked from experience. Similarly, quantifying those with multiple complex needs will require careful thought and engagement with partner agencies.

So why can't I get the 1969 Oscar-winning song Windmills of Your Mind, out of my head?

On top of business-as-usual austerity, Sajid Javid, secretary of state for housing, communities and local government, has just confirmed the end of central government revenue support in 2020. This will mean even fewer specialist staff and limited survey work in many authorities.

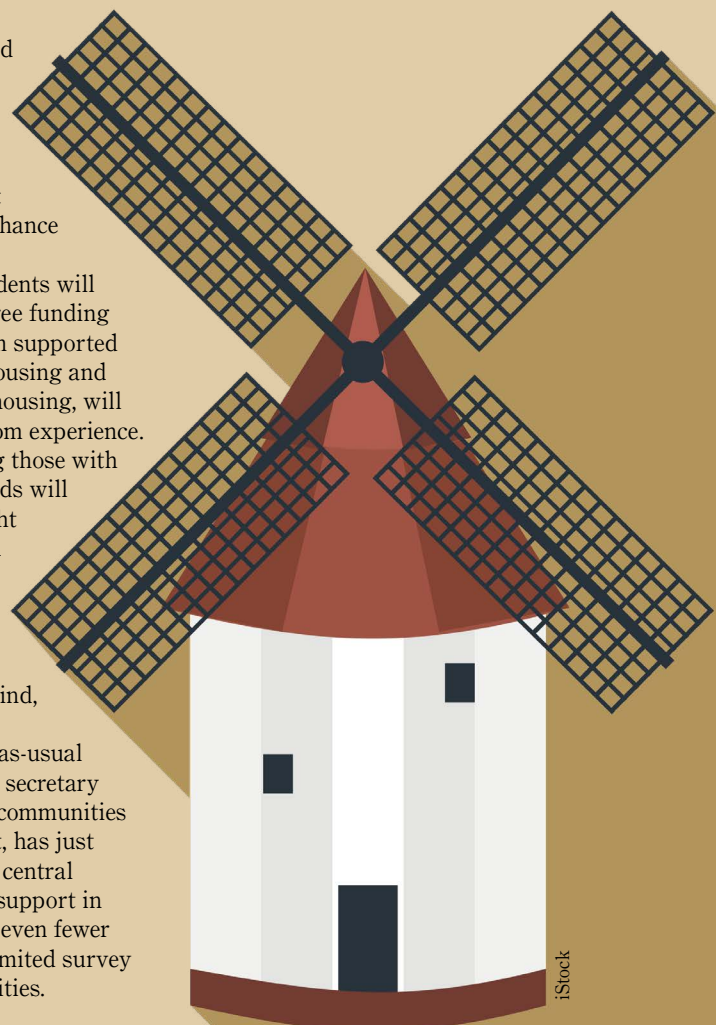
Why can't I get the 1969 Oscar-winning song Windmills of Your Mind, out of my head?

Weakened planning could be followed by unanticipated demand which overtops budgets, thereby creating unanticipated demand in another part of the system and so on. Just look at how A&E departments and hospitals are struggling again.

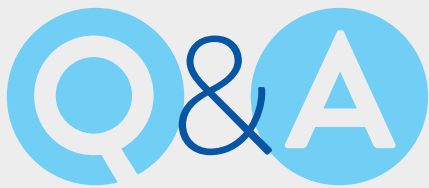
This won't be the last consultation paper for funding supported housing. Or, as the song goes: “Round like a circle in a spiral. Like a wheel within a wheel.”

To discuss the issues raised in this article, contact

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Technology has a vital role to play in housing older people



Bruce Moore
 Chief executive,
 Housing & Care 21

“There are still some concerns about the certainty of funding for some short-term supported housing services, but generally the proposed changes are good news.”

Q: What are your views on the government’s revised funding proposals for supported housing?

A: I know there are still some concerns about the certainty of funding for some short-term supported housing services, but generally, and for older people’s housing in particular, the proposed changes are good news. They remove the risk that the previous local housing allowance and top-up arrangements would have inevitably led to a loss of vital preventative services.

The government has recognised that without the support and care that retirement and extra-care housing offer to many older people, there would be even greater pressures and costs for social care and health services.

Q: Will health, social care and housing ever be fully linked up?

A: Despite this having been talked about for as long as I can remember, regrettably it still seems a long way off. As we saw recently in the report *Housing for Older People* by the Communities and Local Government select committee, the case for integration appears obvious and compelling. But I fear there may be too many vested interests

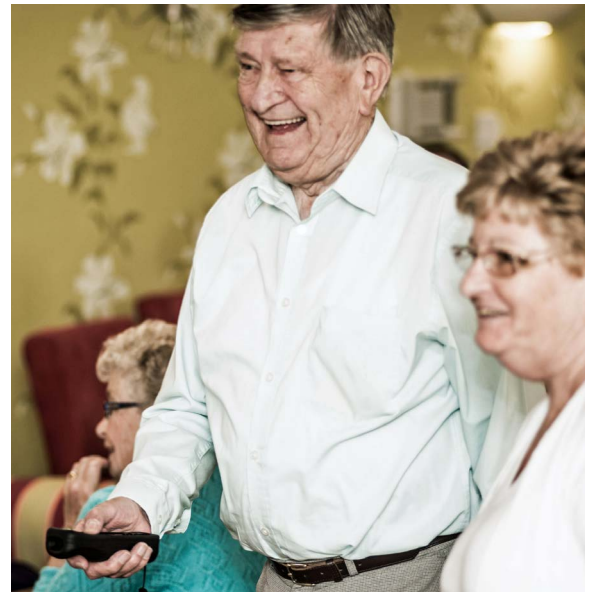
and perverse incentives that prevent this from occurring. The health service is still too focused on medicines and mortality. Rather than spending vast sums to just keep people alive and treating the symptoms of multiple conditions, surely it would be better to put more emphasis on helping people live longer, healthy lives? This is why good housing is essential.

Now that social care and health are represented in the same government department, maybe they will become more joined up? But rather than wait, Housing & Care 21 intends to press ahead with new developments by engaging with social service authorities and providing them with 100% nomination rights.

Q: How will technology influence the provision of care and support for older people?

A: Technology can have a positive impact but it can also disrupt existing models of service and provision. We need to question ‘why’ we do something and not get caught up in just repeating the ‘what’ and ‘how’ of current ways of working.

One of my frustrations has been the reliance on ‘red string’ and analogue emergency call systems which left our service offer in the dark ages – 90-second connection delays, limited line



We still need to do much more to catch up with the technological revolution and the potential this provides to allow people to exercise more choice and control over their lives

capacity and one-way speech.

I am pleased that Appello has now introduced a genuine digital offer that we have installed in 70 sites, but this is just the start. We still need to do much more to catch up with the technological revolution and the potential this provides to allow people to exercise more choice and control over their lives and the services they receive.

Q: What’s next for your services and the care and support sector?

A: The best way to prepare for the future is to question everything, but also learn lessons from the past. I don’t know exactly what the future will bring but I am optimistic that if we are guided by our clarity of purpose to provide contemporary and quality services for older people of modest means, we will ultimately be able to find a way to overcome any challenges and take advantage of opportunities.

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Optimising Care & Support Services

Ensuring your offer meets client needs can mean rethinking your service model. Your Board must understand the risks you face and have assurance that you meet regulatory requirements, including in

rent-setting and fire safety. We can help you develop new investment models and your business growth strategy, ensure digital transformation enhances customer experience, and much more.

“CT reviewed Southwark’s homeless hostels sensitively and professionally, giving us detailed options for improving pathways for homeless people. By understanding the range of our stakeholder requirements, CT delivered a first-class report and platform for going forward.”

Paul Langford, Director of Resident Services, Southwark Council

**FIND OUT HOW
WE CAN HELP:**

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