

Agenda Item 5

Lincolnshire Health and Wellbeing Board – 11 December 2018

Chairman's Announcements

Joint Health and Wellbeing Strategy – Obesity Delivery Group

I am very pleased to say that in October I chaired the inaugural meeting of the delivery group which will lead on the work to tackle obesity as set out in the Joint Health and Wellbeing Strategy. Alongside officers from children's services, public health, environment and economy there were also representatives invited from West Lincolnshire Clinical Commissioning Group, Boston Borough Council and the University of Lincoln. At the meeting the group agreed to take forward the work through developing a whole system approach as this has been tested around the country (including in North Kesteven).

The group also agreed the importance of focusing the work on assets in communities, understanding what good practice there is (both in Lincolnshire and beyond) and how this learning can be shared and scaled up to achieve outcomes across Lincolnshire. To this end the delivery group will be developing a wider network of interested individuals, organisations and community groups to do some essential work in identifying examples of good practice as well as support a wider understanding of needs related to obesity within our communities and actions that will be taken to tackle the issue.

District Council Engagement

Following the publication of the Joint Health and Wellbeing Strategy in June 2018, I wrote to all the district councils offering to attend an appropriate committee or board meeting in order to share the new strategy and explore ways in which district councils might be able to work with the Health and Wellbeing Board to improve the health and wellbeing in Lincolnshire. I am pleased to report that I, along with Derek Ward and officers from Public Health, have attended meetings at South Kesteven, West Lindsey and East Lindsey, with the further meetings planned with the remaining districts in the new year. The strategy has been well received and I am encouraged by the level of interest being shown by our district colleagues to support its delivery. District councils provide a number of key local services and they are therefore keen to play a greater role in preventing ill health and supporting people to maintain their independence.

Sharing Good Practice

Through my work with the Local Government Association, I was asked to facilitate a workshop with West Sussex Health and Wellbeing Board as part of the process to refresh their Joint Health and Wellbeing Strategy. I think it is a testament to the work that we have undertaken over the past 18 months that other Health and Wellbeing Boards are looking to Lincolnshire for ideas and support. It provided an opportunity for me to not only share the learning and experiences, but also to promote the work being undertaken in Lincolnshire.

In addition, Nottinghamshire and Oxfordshire have contact officers in Public Health to learn more about the process Lincolnshire followed to refresh the Joint Strategic Needs Assessment in 2017, as well as the on-going approach Lincolnshire is taking to maintain the JSNA as a comprehensive evidence base.

National Award Nominations

I am delighted to say that two submissions to the national Local Government Chronicle Awards in relation to our work to support carers have been shortlisted in the categories of Health and Social Care, and Public/Private Partnerships. The next stage involves Panel Interviews in January with outcomes announced in March 2019.

In addition, representatives from the Lincolnshire Carers Services attended the Health Service Journal Awards in London on 21 November 2018. The Lincolnshire Carers Service was shortlisted in the 'System Led Support for Carers' category. Unfortunately the nomination was not successful but the nomination has raised the profile of the work that is being done in Lincolnshire to support carers.

Community Maternity Hubs

Public Health and Children's Services, in partnership with NHS Better Births Lincolnshire Team, have established four community maternity hubs in four Children's Centres in Lincolnshire. The pilot hub sites are in Skegness, Lincoln Birchwood, Grantham Swingbridge and Boston Norfolk Lodge. A further hub is being developed in Spalding. The hubs provide a one stop shop, enabling pregnant women and their families to access a range of services under one roof.

United Lincolnshire Hospitals NHS Trust (ULHT) – Senior Management Retirements

On 25 October 2018, Jan Sobieraj, Chief Executive of ULHT, announced that he would be retiring in 2019. Jan, who became Chief Executive December 2015, has worked for the NHS for over forty years. To ensure a smooth transition for his successor, an exact date has not yet been set for his departure, but it is expected to be in spring 2019. On behalf of the Board, I would like to thank Jan for his drive and contribution to the health and care system in Lincolnshire during this period of unprecedented demand on health services.

Karen Brown, ULHT's Director of Finance also announced her retirement at the beginning of September 2018.

National Centre for Rural Health and Care

The National Centre for Rural Health and Care (NCRHC), based in Lincoln, was formally launched at an event at the House of Commons on 16 October 2018. The NCRHC, the brainchild of health and education professionals from Lincolnshire and the East Midlands, aims to improve health and care in rural areas across the UK through research, better use of data, workforce developments and improved technology.

Ambulance Summit

On 7 November 2018, Cllr Martin Hill, Leader of Lincolnshire County Council hosted an ambulance summit with chief officers from health and emergency services to look at ways of improving ambulance services in Lincolnshire. All the organisations made a commitment to work together to identify opportunities for greater collaboration. Additional

funding for East Midlands Ambulance Service EMAS will be used to take forward a number of new and existing projects to help people access the right services, in the right place, at the right time to reduce the demand on hospital services.

In addition, the county council has pledged £300,000 from the funding allocated to local councils to help deal with winter pressures to develop a model of response for people who have fallen, allowing EMAS to prioritise the most life threatening calls. This pilot project is planned to be up and running before Christmas, with impacts being monitored and any improvements being made in spring 2019.

Advice Lincolnshire ASAP

The Lincolnshire NHS launched a new health app and website last September. The [Advice Lincolnshire ASAP](#) app and website provide basic information about conditions and some self-care advice where appropriate. It can also use the user's GPS tracking on their phone to provide a list of the specific treatment services as well as a map showing their location. If necessary, it can also call 999 or 111 for the user.

The ultimate goal is to help alleviate some of the pressure on our emergency departments, especially over winter, but also to ensure that patients are getting the most appropriate treatment for their needs in the fastest possible time.

Contracting arrangements for Integrated Care Providers – consultation response

Following the agreement at our last meeting, a response to the ICP consultation was prepared by Derek Ward and Alison Christie, and shared with Board Members for comment prior to approval by the Chairman. A copy of the final response, submitted on 22 October 2018, is provided in Appendix A.

Social Housing Green Paper – consultation response

Housing has been identified as a key priority area in the Joint Health and Wellbeing Strategy, in light of this, the Board agreed that a response should be submitted on behalf of the Health and Wellbeing Board. The response, drafted by the Housing Health and Care Delivery Group, was approved by the Chairman and submitted on 5 November 2018. A copy of the final response is provided in Appendix B.

Response from the Lincolnshire Health and Wellbeing Board to the draft ICP Contract Consultation (submitted online 22 October 2018)

The Lincolnshire Health and Wellbeing Board is broadly supportive of the proposals set out in the draft ICP Contract consultation document. However, to avoid perverse incentives an ICP needs to focus on whole population health management within a given geographical area, rather than dealing with individual conditions, age bands or pathways of care. Any further drive for closer integration needs to result in whole scale system change which improves the overall health and wellbeing of the local population and reduces health inequalities.

Q1: Should local commissioners and providers have the option of a contract that promotes the integration of the full range of health, and where appropriate, care services?

Yes, having the option of a contract that promotes the integration of the full range of health, and where appropriate, care services would deliver better care and outcomes, as well as breaking down silo working and reducing perverse incentives.

Q2: The draft ICP Contract contains new content aimed to promoting integration, including:

- **Incorporation of proposed features of a whole population care model, as services, included in a streamlined way with the draft ICP contract**
- **Descriptions of important feature of a whole population care model, as summarised in paragraph 30**

a) Should these specific elements be amended and if so how exactly?

No, the specific elements look appropriate. Being too prescriptive should be avoided as there needs to be flexibility in the approach to driven local improvements which are outcomes focused.

However, the Lincolnshire Health and Wellbeing Board would like clarification on how the proposals set out in paragraph 30 will align with the existing statutory powers of the Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, as well as having a duty to promote integration and joint working.

b) Are there any additional requirements which should be included in the national content of the draft ICP Contract to promote integration of services?

The introduction of a shared electronic patient record system, with the appropriate safeguards, is essential to the future effectiveness of the health and care system. Fully utilising new digital technologies will enable greater efficiency and help to reduce some of the burden which is being placed on staff to work in a more joined up way. It will also improve integration by joining up services so that they are focused on improving the outcomes for individuals.

However, the development of a shared record system will need clear national guidance and specification as this is not something that can be implemented locally in isolation. Without this, the risk is that a myriad of different systems will be developed which then don't interact with each other.

The Lincolnshire Health and Wellbeing Board would also caution against only using the term 'patient'. The potential inclusion of care and public health services, where appropriate, means that from a local government perspective, 'clients' or 'service users' is more appropriate terminology to use.

Q3: The draft ICP Contract is designed to be used as a national framework, incorporating core requirements and processes. It is for local commissioners to determine matters such as:

- **The services with scope for the ICP**
- **The funding they choose to make available through the contract, within their overall budgets**
- **Local health and care priorities which they wish to incentivise, either through the locally determined elements of the financial incentive scheme or through additional reporting requirements set out in the contract**

Have we struck the right balance in the draft ICP Contract between the national content setting out requirements for providers, and the content about providers' obligations to be determined by local commissioners?

Yes, broadly the Lincolnshire Health and Wellbeing Board is in agreement. There is a national role to have sight of the local priorities that will be incentivised as these can either drive improvements or operate as perverse incentives.

Q4: Does the bringing together of different funding streams into a single budget provide a useful flexibility for providers?

Yes, this is a fundamental tenet for an ICP or integrated care system. To drive improvements across the health and care system funding needs to be pooled into a single budget.

Q5: We have set out how the ICP Contract contains provisions to:

- **Guarantee service quality and continuity**
- **Safeguard existing patient rights to choice**
- **Ensure transparency**
- **Ensure good financial management by the ICP of its resources.**

a) Do you agree or disagree with our proposal that these specific safeguards should be included?

No comment

b) Do you have any specific suggestions for additional requirements, consistent with the current legal framework, and if so what are they?

No, already covered under current legislation.

Q6:

a) Should we create a means for GPs to integrate their services with ICPs, whilst continuing to operate under their existing primary care contracts?

Yes, GPs must be able to be integrated within the ICP. The proposal to allow ICPs to hold GMS or PMS is sensible and there should also be the opportunity for ICPs to employ clinicians as appropriate.

b) If yes, how exactly do you think we should create this?

Secondary care consultant contracts may be a suitable model for input into the ICP.

c) Are there any specific features of the proposed options for GP participation in ICPs that could be improved?

No comment

Q7: Do you think that the draft ICP Contract adequately provides for the inclusion of local authority services (public health services and social care) within a broader set of integrated health and care services?

Unsure, the draft proposals are heavily focused on 'health' and do not adequately reflect an integrated approach which recognises the equal importance of wider partners within a complex health and care system. Local authorities, specifically social care, provide services to support local people and communities, as well as acting as advocates for the local area. The ICP proposals do not necessarily recognise and support the role of local authorities within an integrated system.

Currently, the Health and Wellbeing Board is the only statutory forum which has the democratic mandate to discuss and agree system integration, as well as holding the authority to recommend integration of public health and social care services. Therefore meaningful engagement of Health and Wellbeing Board in the development and sign off of ICPs is essential.

Q8: The draft ICP Contract includes safeguards designed to help contracting parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP:

- **It provides a framework within which decisions can be taken by the ICP, based on a defined scope of services which the commissioners require the ICP to deliver**
- **It includes a number of specific protections, outlined in paragraph 83, which together prohibit the provider from carrying out any activity which may place commissioners in breach of their statutory duties.**

Are there any other specific safeguards we should include to help the parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP?

No comment

Q9: The draft ICP Contract includes specific provisions, replicating those contained in the generic NHS Standard Contract, aimed at ensuring public accountability, including:

- Requirements for the involvement of the public as explained in paragraph 89-93
- Requirement to operate an appropriate complaints procedure
- Complying with the 'duty of candour' obligation

a) Should we include much the same obligations in the ICP Contract on these matters as under the generic NHS Standard Contract?

Yes

b) Do you have any additional, specific suggestions to ensure current public accountability arrangements are maintained and enhanced through the ICP Contract?

Yes, as stated in the response to Question 7, engagement of and sign off by the statutory Health and Wellbeing Board provides an existing vehicle for public accountability at a system level and also provides local democratic accountability that the NHS can't provide.

Q10: It is our intention to hold ICPs to a higher standard of transparency on value, quality and effectiveness, and to reduce inappropriate clinical variation. In order to achieve this the draft ICP Contract builds on existing NHS standards by incorporating additional provisions describing the core features of a whole population model of care and new requirements relating to financial control and transparency:

a) Do you think that the draft ICP Contract allows ICPs to be held to a higher standard of value, quality and effectiveness and to reduce inappropriate clinical variation?

Unsure, the model is unproven at this stage.

b) Do you have any additional, specific suggestions to secure improved value, quality and effectiveness, and reduce inappropriate clinical variation?

Yes, open book accounting, with local scrutiny through the local authority's Health Scrutiny function.

Q11: In addition to the areas covered above, do you have any other suggestions for specific changes to the draft ICP Contract, or for avoiding, reducing or compensating for any impacts that introducing this Contract may have?

Yes, changes need to happen at pace. The concept needs to be tested and a best practice approach then implemented. To start with the requirements for the ICP need to be quite prescriptive, once locally the ICP can demonstrate improvements then there needs to be the opportunity to request additional freedoms and flexibilities.

Q12: Are there any specific equality and health inequalities impacts not covered by our assessment that arise from the national provisions within the draft ICP Contract?

Yes, the ICP Contract needs to include an explicit understanding that there will be appropriate clinical variation but that this should only be to address health inequalities.

Additional comments:

In order to realise the ambition and opportunities offered by the ICP Contract consultation it needs to take account of the national policy context for health and social care. Therefore these proposals need to be considered and developed within context with the new NHS Five Year Forward View and the Social Care Green Paper.

There is also an opportunity to look wider than just social care and public health; consideration should be given to the role of other statutory agencies that provide services aimed at helping people to maintain their independence and remaining living in their own home. Specifically in two tier areas, District Councils have an important role to play in the wider prevention agenda through for example; their statutory housing role, adaptations and disability facility grants (DFGs).

**Lincolnshire Health and Wellbeing Board Response to "A New Deal for Housing"
Consultation (submitted online 5 November 2018)**

Chapter 1: Ensuring homes are safe and decent	
<p>1. How can residents best be supported in this important role of working with landlords to ensure homes are safe?</p>	<p>Local authorities have a history of effective engagement and the application of this process to Registered Providers is to be welcomed.</p> <p>Tenants need to be informed of safety measures their landlord should be complying with and be provided with guidance on issues that could make a home unsafe. Tenants need to know the responsibilities landlords have in regard to rectifying issues. The tenant needs to be made aware of what they can do if the landlord is failing to keep the property in a safe condition. This could include speaking to the landlord or agent in the first instance and then to contact the local authority Housing Standards team if advice and support is required. Guidance also needs to include information about their rights if the landlord subsequently serves a notice to quit and whether they can withhold rent until the issues are rectified</p> <p>It is important to recognise that not all residents will have a strong enough voice on their own to raise concerns about safety, particularly in supported housing. Arrangements locally need to ensure that any contract with the landlord includes clear lines of communication, and who in the locality can support if required.</p>
<p>2. Should new safety measures in the private rented sector also apply to social housing?</p>	<p>The same measures should apply across all rented housing to provide consistency. The private sector standards for smoke, CO2 and electrical testing are already best practice within local authorities. Extending these to Registered Providers is welcome, although more clarity is needed on some standards such as wired linked alarms.</p>
<p>3. Are there any changes to what constitutes a Decent Home that we should consider?</p>	<p>A significant issue is around proposals on energy efficiency and whether social housing should be upgraded to Energy Performance Certificate Band C by 2030. This is a good aspiration, but is likely to be extremely costly and potentially unachievable in the short term. Bringing all levels of housing stock up to Band C Energy Performance will require significant capital investment. Councils would either need additional capital grant for this, more flexibility on setting appropriate rent levels or the ability to use right to buy receipts without restriction (e.g. no time limit on when it can be spent or longer time to spend and/or the ability to use receipts to fund 100% of the scheme value and not just 30%). Even with these measures, some properties, which are very popular with their tenants, would be uneconomic to improve.</p> <p>There is currently no enforcement of letting lower EPC performance housing. If Registered Providers do not advertise the EPC rating or if they let properties without formally advertising these, such enforcement would need action by Trading Standards teams which are not likely to have enough capacity to deliver this given the funding pressures and reductions to Trading Standards services.</p>
<p>4. Do we need additional measures to make sure social homes are safe and decent?</p>	<p>No comments.</p>
Chapter 2: Effective resolution of complaints	
<p>5. Are there ways of strengthening the mediation opportunities available for landlords and residents to resolve</p>	<p>Providing a resolution and mediation service may help resolve some complaints, but it feels some complainants' goal is to get a complaint to the Ombudsman and cannot be reasoned with during the complaints process.</p> <p>A link in supported housing mediation could be to make sure mental health patients and their landlords have a local appropriate contact for housing support from</p>

disputes locally?	someone skilled in mental health. This would be very beneficial.
6. Should we reduce the eight week waiting period to four weeks, or should we remove the requirement for the “democratic filter” stage altogether?	The democratic filter should either be removed or timescales reduced. For some complaints such as severe disrepair or anti-social behaviour a quick resolution is required. Therefore, the complaints process needs to be simplified with a quicker response provided.
7. What can we do to ensure that the “designated persons” are better able to promote local resolutions?	Designated persons need to know the process the landlord should have followed, and what standards they should be working to. Where the designated person considers this is not being achieved, they should know who to escalate the issue to within the registered provider / local authority for the situation to be reviewed. A link is needed in supported housing mediation to make sure mental health patients and their landlords have a local appropriate contact for housing support from someone skilled in mental health.
8. How can we ensure that residents understand how best to escalate a complaint and seek redress?	Residents need to be aware of how to make a complaint and be confident that doing so is worthwhile. Some residents may think it is not worthwhile to make a complaint because nothing will change. Some residents may not make a complaint because they consider this will result in negative treatment. This is a myth and needs to be overcome. If residents could make the initial complaint to an independent Government organisation possibly via Gov.uk they might be more confident of achieving a positive outcome, but this could be resource intensive. We are occasionally told by housing applicants who have been provisionally offered a property that they won't make a complaint about the condition of the property because they believe they will be refused the property and be put to the bottom of the waiting list.
9. How can we ensure that residents can access the right advice and support when making a complaint?	Ensuring a consistent standard for Local Authorities and Registered Providers in dealing with complaints would be welcome. Tenants should be given details of the complaints process and their rights by the landlord upon taking up the tenancy. Awareness will then increase amongst tenants, and landlords will feel more inclined to deal with matters more quickly, as they know the tenant has access to the complaints process. More in-depth information could be provided on Gov.uk than is currently provided. There needs to be an independent advocacy service for tenants who need support to make a complaint, for example via Citizens Advice Bureau or Shelter.
10. How can we best ensure that landlords' processes for dealing with complaints are fast and effective?	National guidance could be produced that all landlords have to follow, with compensation for the tenants if the landlords do not adhere to the procedure/timeframe.
11. How can we best ensure safety concerns are handled swiftly and effectively within the existing redress framework?	Social housing landlords need to be provided with timescales to respond, with shorter timescales for urgent matters such as health and safety concerns. We suggest the government advises social housing landlords and the Ombudsman of appropriate timescales. The Ombudsman could then take these timescales into account when dealing with a complaint.
Chapter 3: Empowering residents and strengthening the Regulator	
12. Do the proposed key performance indicators cover the right areas? Are there any other areas that should be	The proposed indicators cover the right areas but could be expanded as set out below. The current regulatory standards also cover most areas but are too brief and offer little guidance to residents about the standards they can expect from their landlord.

covered?	<p>The Tenancy Standard needs to include measures to ensure the best use of stock is made including identifying tenants who are under-occupying or overcrowded and what should be offered to resolve both situations.</p> <p>The following standards are also required:</p> <ul style="list-style-type: none"> • Allocation of accommodation – most Social Landlords now expect housing applicants to pay rent in advance. This is not always possible, and may result in applicants missing out on an offer or taking out a loan they may not be able to afford. Guidance is required to ensure consistency across the country, including how much the advance should be and circumstances when it should be reduced or removed. • Supporting tenants – due to the digital era some residents will no longer have the level of interaction they once had with their landlord. Housing Officers are less visible and Rent Collection rounds probably no longer exist meaning issues can go unnoticed and can escalate. Measures should be put in place to ensure landlords do estate walkabouts and speak to their residents. This could be included in the indicator “respectful and helpful engagement with residents”. • Preventing homelessness – separate guidance is required to ensure social landlords try to prevent their tenants from becoming homeless. This should include measures they can take, plus when to make a referral such as to Social Care, Citizens Advice Bureau or to the local housing authority for assistance, and where assistance is not forthcoming from such organisations, how to escalate this.
13. Should landlords report performance against these key performance indicators every year?	Yes.
14. Should landlords report performance against these key performance indicators to the Regulator?	Yes.
15. What more can be done to encourage landlords to be more transparent with their residents?	<p>Most, if not all, landlords will have some information on their websites, but it is inconsistent and often lacking in detail and doesn't comply with current regulations.</p> <p>Provide guidance to landlords outlining what is expected of them in regard to transparency and how to inform their tenants. All landlords could be asked to have a webpage showing the required national service standards, previous performance against these standards, how to make a complaint, how to obtain support in making a complaint. This information could also be provided annually with the rent statement.</p> <p>The Ombudsman should check the website when dealing with a complaint and if it is below standard, the Ombudsman should set a timescale for it to be rectified.</p>
16. Do you think that there should be a better way of reporting the outcomes of landlords' complaint handling? How can this be made as clear and accessible as possible for residents?	<p>Provide guidance to landlords outlining what is expected of them in regard to transparency and how to inform their tenants. All landlords could be asked to have a webpage showing the required national service standards, previous performance against these standards, how to make a complaint, how to obtain support in making a complaint. This information could also be provided annually with the rent statement.</p> <p>The Ombudsman should check the website when dealing with a complaint and if it is below standard, the Ombudsman should set a timescale for it to be rectified.</p>
17. Is the Regulator best placed to prepare key performance indicators	Yes. A single regulator would ease tenants' concerns over who to approach. However, there are different considerations and obligations for Local Authorities and Registered Providers, and a regulator would need to take this into account.

<p>in consultation with residents and landlords?</p>	
<p>18. What would be the best approach to publishing key performance indicators that would allow residents to make the most effective comparison of performance?</p>	<p>Each landlord could provide their performance annually as part of one of their current returns and this data be published on Gov.uk.</p> <p>The use of league tables needs further clarity. All local authorities have priorities that are set in their locality. Not all housing organisations are set up or operate in the same way so a blanket ranking may not inform relative performance. That said, it would be helpful to have a set of core performance indicators (preferably 5-10, not 20-30) and for these to be monitored by a regulator. The contact details for the regulator need to be well publicised and clear to promote access and use.</p>
<p>19. Should we introduce a new criterion to the Affordable Homes Programme that reflects residents' experience of their landlord? What other ways could we incentivise best practice and deter the worst, including for those providers that do not use Government funding to build?</p>	<p>Yes. Landlords who do not look after their tenants or properties to an acceptable standard should receive less Affordable Homes Programme funding.</p> <p>Funding could be linked into tenant satisfaction levels which would incentivise Housing Associations to achieve a higher level of satisfaction.</p>
<p>20. Are current resident engagement and scrutiny measures effective? What more can be done to make residents aware of existing ways to engage with landlords and influence how services are delivered?</p>	<p>This is largely unknown. We suggest they are possibly not, particularly with social housing providers who cover a very large geographical area. How do they ensure the views of all residents are heard when, for example, the local office could be a 100 miles away from where the tenant lives and face to face contact is very minimal? Information and surveys can be posted, but response rates are traditionally low.</p>
<p>21. Is there a need for a stronger representation for residents at a national level? If so, how should this best be achieved?</p>	<p>No comments.</p>
<p>22. Would there be interest in a programme to promote the transfer of local authority housing, particularly to community-based housing associations? What would it need to make it work?</p>	<p>No comments.</p>
<p>23. Could a programme of trailblazers help to develop and promote</p>	<p>Yes, but there is a need to ensure urban, rural and deprived areas are included as well as including people of varying backgrounds and vulnerabilities.</p>

options for greater resident-leadership within the sector?	
24. Are Tenant Management Organisations delivering positive outcomes for residents and landlords? Are current processes for setting up and disbanding Tenant Management Organisations suitable? Do they achieve the right balance between residents' control and local accountability?	No comments.
25. Are there any other innovative ways of giving social housing resident's greater choice and control over the services they receive from landlords?	No comments.
26. Do you think there are benefits to models that support residents to take on some of their own services? If so, what is needed to make this work?	No. Managing this would be too complex and time consuming and not achieve value for money.
27. How can landlords ensure residents have more choice over contractor services, while retaining oversight of quality and value for money?	We suggest it is more important to make sure a single, cost effective service is provided. Introducing competition can potentially lead to additional on-costs for the residents.
28. What more could we do to help leaseholders of a social housing landlord?	No comments.
29. Does the Regulator have the right objective on consumer regulation? Should any of the consumer standards change to ensure that landlords provide a better service for residents in line with the new key performance indicators	<p>The current regulatory standards cover most areas, but are too brief and offer little guidance to residents about the standards they can expect from their landlord. They also allow housing providers too much scope for interpretation. Tenants should also be asked whether they are aware of these standards. We expect the majority are not aware because their landlord has not told them.</p> <p>The Tenancy Standard needs to include measures ensuring the best use of stock is made, including identifying tenants who are under-occupying or overcrowded and what should be offered to resolve both situations.</p> <p>The following standards are also required:</p> <ul style="list-style-type: none"> - Allocation of accommodation – most Social Landlords now expect housing

<p>proposed, and if so how?</p>	<p>applicants to pay rent in advance. This is not always possible, and may result in applicants missing out on an offer or taking out a loan they may not be able to afford. Guidance is required to ensure consistency across the country, including how much the advance should be and circumstances when it should be reduced or removed.</p> <ul style="list-style-type: none"> - Supporting tenants – due to the digital era some residents will no longer have the level of interaction they once had with their landlord. Housing Officers are less visible and Rent Collection rounds probably no longer exist meaning issues can go unnoticed and can escalate. Measures should be put in place to ensure landlords do estate walkabouts and speak to their residents. This could be included in the indicator “respectful and helpful engagement with residents”. - Preventing homelessness – separate guidance is required to ensure social landlords try to prevent their tenants from becoming homeless. This should include measures they can take, plus when to make a referral such as to Social Care, Citizens Advice Bureau or to the local housing authority for assistance, and where assistance is not forthcoming from such organisations, how to escalate this.
<p>30. Should the Regulator be given powers to produce other documents, such as a Code of Practice, to provide further clarity about what is expected from the consumer standards?</p>	<p>Either the current standards need to include examples of what “good” means in regard to a type of service or standard of accommodation, or additional guidance should be provided.</p>
<p>31. Is “serious detriment” the appropriate threshold for intervention by the Regulator for a breach of consumer standards? If not, what would be an appropriate threshold for intervention?</p>	<p>A landlord could continually provide a poor service to its tenants but never meet the serious detriment threshold. We understand that only a very small percentage of complaints currently meet the threshold which would suggest it needs to be reviewed. A lower threshold could be included which would call upon the regulator to inspect the landlord concerned once a set number of complaints had been reached. This would encourage landlords to provide a good service.</p>
<p>32. Should the Regulator adopt a more proactive approach to regulation of consumer standards? Should the Regulator use key performance indicators and phased interventions as a means to identify and tackle poor performance against these consumer standards? How should this be targeted?</p>	<p>Yes. There is a consensus that we do not know whether landlords are meeting the current standards, which indicates there is not enough publicity of the landlord’s performance.</p> <p>Responsive repairs appear to be the biggest area of complaint that the Housing Ombudsman receives from tenants. Therefore, there needs to be performance indicators for this area of work. The regulator could set timescales landlords should meet, and monitor performance against these timescales.</p> <p>However, tenants need to feel empowered to make a complaint and this be registered in some way so the regulator is aware of the complaint. Could there be a national system where tenants could log the complaint and the landlord be informed and given a set period of time to respond. The regulator would then have access to all complaints and obtain statistical information helping inform the landlords to be targeted.</p>
<p>33. Should the Regulator have greater ability to</p>	<p>Yes. The same performance indicators and scrutiny process should apply to housing associations and local authorities who manage properties.</p>

scrutinise the performance and arrangements of local authority landlords? If so, what measures would be appropriate?	
34. Are the existing enforcement measures set out in Box 3 adequate? If not, what additional enforcement powers should be considered?	Yes.
35. Is the current framework for local authorities to hold management organisations such as Tenant Management Organisations and Arm's Length Management Organisations to account sufficiently robust? If not, what more is needed to provide effective oversight of these organisations?	No comments.
36. What further steps, if any, should Government take to make the Regulator more accountable to Parliament?	No comments.
Chapter 4: Tackling stigma and celebrating thriving communities	
37. How could we support or deliver a best neighbourhood competition?	No comments.
38. In addition to sharing positive stories of social housing residents and their neighbourhoods, what more could be done to tackle stigma?	<p>Traditional council homes tend to have a specific look, whereas new build social housing often looks the same as owner occupied properties which might help to reduce some of the stigma from now on.</p> <p>We assume social housing contains more vulnerable people per head than any other sector and without sufficient support services including adult social care and mental health which are being cut year on year the issues will increase and so will the stigma.</p> <p>There are opportunities to link with local initiatives through existing public sector work streams to develop communities. Tackling stigma associated with mental health for is a national driver for mental health organisations. How do programmes associated with this link with social housing development?</p>
39. What is needed to further encourage the professionalisation of housing management	This should be managed by managers within each organisation and not require any external intervention, unless the issues are not being dealt with. Providing a good and polite service to tenants should be common practice. This could be monitored by the regulator, if a national complaints system was put in place as per question

<p>to ensure all staff deliver good quality of services?</p>	<p>32 above.</p>
<p>40. What key performance indicator should be used to measure whether landlords are providing good neighbourhood management?</p>	<p>Does the performance sit with the landlord alone? Good neighbourhoods are about more than premises management. How do local authorities and wider partners support the measure of safe, well communities and allocate resource to respond to need?</p>
<p>41. What evidence is there of the impact of the important role that many landlords are playing beyond their key responsibilities? Should landlords report on the social value they deliver?</p>	<p>No comments.</p>
<p>42. How are landlords working with local partners to tackle anti-social behaviour? What key performance indicator could be used to measure this work?</p>	<p>Some landlords are slow to react to complaints of antisocial behaviour and take minimal action if the complainant does not follow up the complaint with evidence, such as diary sheets.</p> <p>Sometimes antisocial behaviour is linked to ill health, addictions and vulnerability for which landlords need additional and sometimes expert support to manage the issue. Access to support is continually being reduced and can result in landlords having to evict the tenant as the only means to resolve the problem. Where support is required and not provided, this should be recorded.</p> <p>The number of complaints and percentage of positive / negative outcomes should be monitored including how the antisocial behaviour was resolved. Any learning can then be shared through good practice guidance. The data should be by Social Landlord and not be broken down to estate level, as this could increase stigma.</p>
<p>43. What other ways can planning guidance support good design in the social sector?</p>	<p>Greater importance should be given through the planning process to ensure that affordable properties are integrated into developments and to ensure that the properties are of an appropriate size and design to meet the housing needs. If a developer refuses to meet these requirements, it should be grounds for a planning refusal. Local Authorities can be reluctant to use these reasons as the sole ground for a planning refusal when in reality it has a significant impact on the scheme.</p> <p>Higher grant rates could also be made available to improve the quality of design on fully affordable sites. When cost to value is marginal, it is difficult to provide a higher standard of accommodation as it is likely to mean that a site is unviable.</p> <p>Many Registered Providers do build well, but as they have been required to be more commercial and to build more new properties, there is a concern that they may in future build to a lower standard and potentially invest less in maintaining the quality of their existing stock.</p> <p>We absolutely agree with the need to tackle stigma. This needs a well thought-through approach from national government onwards. In particular the language needs to change: 'social housing', 'benefits', as this supports existing stereotypes and attitudes.</p> <p>This is also a much wider 'place' issue' which requires effort from a very wide range of organisations. The same level of care needs to be required of all agencies including utility companies, railways, etc. in undertaking repairs and maintenance in</p>

	<p>all locations. The quality of finish is sometimes noticeably poorer in areas of high social housing. This is a collective responsibility. Even where old social housing is cleared or renovated, the area retains its stigma. All of our towns have an area known as 'council housing' or 'sink estate'.</p> <p>We are concerned that stigma for residents will continue in any system where the preferred option / aspiration from government are that home ownership is always the best option. This creates a wider culture that rented accommodation is second class, and that social rented housing is beneath that.</p> <p>Housing management is a key component of tackling stigma. Many Registered Providers have been required to be commercial in their approach, moving more to being developers and rent-collectors than good landlords engaging with their tenants, supporting community activity, etc.</p>
<p>44. How can we encourage social housing residents to be involved in the planning and design of new developments?</p>	<p>This could potentially be achieved through liaison with the Housing Associations Tenant Participation Officers for existing tenants. As part of new affordable housing developments it could be beneficial to hold community consultation events which would enable local residents and potential new social housing tenants to have an involvement in the planning process.</p> <p>The focus on community events / community pride is welcome but this needs funding and support / facilitation. Many Council and Registered Provider funds for such activities and support have been lost in recent times due to budget pressures.</p>
<p>Chapter 5: Expanding supply and supporting home ownership</p>	
<p>45. Recognising the need for fiscal responsibility, this Green Paper seeks views on whether the Government's current arrangements strike the right balance between providing grant funding for housing associations and Housing Revenue Account borrowing for local authorities.</p>	<p>Stock transfer authorities have for some years been unable to borrow through the Housing Revenue Account. Councils considering new development would like as much flexibility as possible to be able to do this. We very much welcome the recent announcement that the government's position may change and look forward to further information on this.</p> <p>Councils are also not currently eligible to apply for grant funding which is also restricting new development.</p> <p>The recent announcement to scrap plans to require Councils to sell their most valuable homes as they become vacant, in order to fund the extension of the right to buy to all housing association tenants is a very welcome move for local authorities.</p> <p>The separate consultation on giving Councils new flexibilities to spend the money raised from right to buy sales on new homes is helpful. Such flexibilities would be very welcome move for local authorities.</p> <p>We welcome the move to ensure that where an existing secure/assured tenant needs to move as a result of domestic abuse, they are always able to retain their lifetime tenancy.</p>
<p>46. How we can boost community-led housing and overcome the barriers communities experience to developing new community owned homes?</p>	<p>Community Led Housing is very positive but is difficult to achieve without the community having the right skill set and long term commitment. It is also very difficult to achieve a consensus of opinion within a community which can lead to schemes not progressing. Overcoming this is sometimes possible but time consuming.</p> <p>The new NPPF definition for affordable housing is too restrictive for Community Led Housing because communities are unlikely to register to become a Registered Provider for the small number of houses that they wish to deliver. This is likely to prevent schemes progressing.</p> <p>In Lincolnshire, there have been a few successful community-led housing schemes but others are not working. Making these work requires significant support from the</p>

	<p>Council. The main benefit is the lack of opposition for development proposals. This could be achieved with good community engagement outside community-led models. Community-led models require considerable time and expertise from local community members. This exists in some areas, but less so in sparse rural areas and/or where people are already involved in volunteering activity, have work or childcare commitments, are unwell, or have no experience or skills to undertake the longer term management tasks required.</p>
<p>47. What level of additional affordable housing, over existing investment plans, could be delivered by social housing providers if they were given longer term certainty over funding?</p>	<p>The level of housing that could be delivered is not known however longer term funding is likely to be beneficial to Providers as it would enable them to plan for the longer term and look at future pipeline schemes with more confidence that the scheme can be funded.</p>
<p>48. How can we best support providers to develop new shared ownership products that enable people to build up more equity in their homes?</p>	<p>The Government could create a savings scheme to work alongside the rental element of the Shared Ownership property. This way every time a tenant makes their monthly payment, part of the money could be set aside to increase the equity in the property.</p> <p>It is important to enable residents to increase the equity in their home but it is also important to ensure that the overall stock of affordable housing does not decrease as a result of this. Registered Providers should be made to ensure that a replacement dwelling is provided in the same settlement as often units are being provided within a much wider area and often not even in the original district.</p> <p>Whilst this is welcome and better shared ownership options may help to reduce stigma, this also still implies that people are and should be working towards the preferred option / aspiration that home ownership is always best.</p>