AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting held on 16 June 2015 (Pages 3 - 9)**

4. **Call-in of Cabinet Decision - Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service (Pages 11 - 81)**

5. **Any other public items which the Chair decides are urgent**

6. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**
Private Business

The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). There are no such items at the time of preparing this agenda.

7. Any other confidential or exempt items which the Chair decides are urgent
Our Vision for Barking and Dagenham

One borough; one community; London’s growth opportunity

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth
Present: Cllr Peter Chand (Deputy Chair), Cllr Abdul Aziz, Cllr Edna Fergus and Cllr Adegboyega Oluwole

Apologies: Cllr Eileen Keller, Cllr Sanchia Alasia and Cllr Hardial Singh Rai

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes - To confirm as correct the minutes of the meeting held on 4 March 2015

The minutes of the meeting held on 4 March 2015 were confirmed as correct.

3. Timing of meetings

It was agreed that the start times for meetings of the Health and Adult Services Select Committee (HASSC) during the 2015-16 municipal year would be 6.00pm.

4. Joint Health Overview & Scrutiny Committee

The HASSC noted the local arrangements relating to joint health scrutiny, the terms of reference for the Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC) and the update on the issues that were on the agenda of the last JHOSC meeting.

The report asked the HASSC to agree which three of its members would represent Barking and Dagenham on the JHOSC during the 2015-16 municipal year. Members noted that in previous years the Lead and Deputy Lead Members of the HASSC had been appointed to fill two of the three vacancies and that if the Committee wished to continue this arrangement, one further member would still need to be appointed.

Members agreed to appoint Councillors Keller, Chand and Oluwole to the JHOSC to represent the HASSC during the 2015-16 municipal year.

5. BHRUT update on the Care Quality Commission's Re-inspection

Matthew Hopkins, Chief Executive of Barking, Havering and Redbridge University Trust hospitals (BHRUT) delivered a presentation which covered the following:

- Background to the Trust being placed in 'special measures' following inspection by the Care Quality Commission (CQC) in December 2013
- Publication of the Trust’s improvement plan, ‘Unlocking our Potential’
- Leadership and organisational development
- Improvements in outpatient services
- Patient care and clinical governance
Members expressed concern that should BHRUT be taken out of special measures following the re-inspection by the CQC, the Accident and Emergency (A&E) Department at King George Hospital (KGH) would be closed. Mr Hopkins stated that the view that plans around the A&E Department at KGH were entirely dependent upon whether the Trust would be taken out of special measures or not, was not correct. It was important for the Trust to achieve resilience and consistency in A&E performance before making decisions about changes to services. Once consistent performance is achieved, the plan was that the A&E Department at KGH would be changed to an urgent care centre. It was estimated that approximately 60% of those who would have attended the A&E Department at KGH would use the Urgent Care Centre, with the remaining attending the A&E Department at Queen’s Hospital. The Trust would first need to be assured that Queen’s A&E would be able to accommodate and serve these extra people.

The Corporate Director, Adult and Community Services (CDACS) stated that there was anecdotal evidence to suggest that the London Ambulance Service (LAS) was diverting ambulances away from KGH A&E, and sought clarification as to the reasons for this. Mr Hopkins stated that he had not seen any direct evidence to suggest that patients were not being taken to KGH A&E and that any policy decision by the LAS not to take patients there was not based on BHRUT. He suggested that a possible reason why some people were not being taken to KGH A&E was that the LAS staff were basing their decision on which hospital to take a patient to, on which hospital had the smallest queue. Mr Hopkins stated that he was happy to raise the issue with the LAS himself and suggested that alternatively, the Committee may wish to raise the issue in its own right.

Ms Kearns, representing Barking and Dagenham HealthWatch, asked Mr Hopkins what was being done to build on the work that had occurred to improve access for people with hearing and sight difficulties. Mr Hopkins stated that clearly the Trust had not got all processes right and there was more work to do. Recently, letter templates had been revised, for example.

In response to a question Mr Hopkins stated that staff were predominantly based at a particular location with a small degree of flexibility shown when necessary.

Members asked Mr Hopkins how the Trust was planning to improve its financial situation. Mr Hopkins stated that there were current challenges around dependency on agency staff, billing commissioners, and ineffective ways of working but that he was confident that the Trust would improve its deficit by overcoming these challenges.

The Director of Public Health asked Mr Hopkins whether the Trust was prepared to deal with the cap on agency staff pay that would be effective from October 2015. Mr Hopkins stated that he felt the Secretary of State’s announcement that a cap would be introduced was helpful. The Trust was working on ensuring that appropriate agency framework arrangements were in place. He felt that there
would still be some dependency on agency staff after the implementation of the
cap and that in his view, there was no risk that whole wards would close because
of the lack of agency staff.

Members congratulated the Trust on the achievement of the 95% regular answer
rates in Outpatients, amongst other achievements made by the Trust and thanked
Mr Hopkins for his attendance and presentation. Mr Hopkins stated that he would
be happy to attend a future HASSC meeting to update the Committee on the CQC
re-inspection outcome and further progress made by the Trust.

6. Together First's Primary Care Appointments Service

Dr Arun Sharma, Chair of Together First, a local GP Federation, delivered a
presentation explaining:

- the structure and business activity of Together First
- data on the usage of a ‘hub’ in Barking providing GP appointments for
  residents who were not able to get an appointment with their own GP, and
- arrangements for establishing a data sharing agreement.

During the presentation Dr Sharma stated that:

- There were GP federations and hubs in Redbridge and Havering too
- The data showed that the hubs had a positive impact on A&E
- Awareness of the Barking Hub was rising gradually
- 50% of those using the Barking Hub were children
- Friends and family test results showed that patient satisfaction with the
  Barking Hub was very high
- Allowing GPs to access the patients' medical records with consent was very
  important in the success of the hubs.

The HASSC asked why Barking and Dagenham was the last of the three boroughs
to receive a second hub. Dr Sharma responded that the second hubs in the other
two boroughs were in premises that used to be general practices. This made the
process to open second hubs in those areas much easier as the premises were
laid out appropriately and it also made it easier to obtain CQC approval to open
the services. Together First was in the process of identifying suitable premises in
Dagenham for the borough’s second hub and had worked with HealthWatch on
this. Suggestions had been made and a criteria had been identified which included
accessibility, facilities and affordability. There was no set date but Together first
wanted to finalise the premises as soon as possible.

Members asked what the difference was between the hubs and a walk-in centre.
Dr Sharma stated that people would need to make an appointment to be seen by a
GP at the hubs and could not just walk in. Furthermore, the hubs were serviced by
GPs whereas walk-in centres sometimes used nurses.

Ms Kearns stated that there used to be the walk-in centre in Broad Street, there
was talk of there being an urgent care centre at KGH and soon two hubs would be
providing services in the borough also. Some members of the public were
confused about where to go for their health problems. Dr Sharma stated that the
urgent care design was complicated, due to a number of initiatives arising and
being implemented. There was an opportunity to look at re-designing urgent care
services; the Clinical Commissioning Group (CCG) would be looking at
rationalising urgent care this year. He would like to see the hubs and urgent care centres become part of the same entity eventually but this would take a lot of work, including getting over IT challenges.

The Divisional Director, Adult Social Care (DDASC), asked who a resident should contact if they needed to see a GP urgently. Dr Sharma stated that the resident would first try their own GP and if they could not get an appointment with them, their GP’s reception would give them their local hub’s telephone number, which they would ring to make an appointment.

Members commented that it would be easier if people could be referred to the hub directly by their GP’s reception. Sarah See, Director of Primary Care Transformation at the CCG, stated that the London Transformation Board had a vision to create a ‘one click or one call’ system for accessing health services. Across Barking, Redbridge and Havering, commissioners were trying to streamline services to move towards this.

In response to a question, Dr Sharma stated that the telephone number for the hub would be a local number, as opposed to an ‘0845’ number, for example.

The CDACS observed that usage of the Barking hub by people over the age of 65 was limited. Given that the data showed that A&E was being used more by the older age groups, there appeared to be a strong need for the hubs to ensure that their services were accessible to this age group. It would be important for the hub and partners to understand why more older people were not using the service.

Ms See stated that the Nutfield Trust would be evaluating the hub service via interviews and surveys. The hub had only opened in Barking in January 2015 and so more time may be needed for messages around the availability of the hubs to reach all parts of the community. The CDACS stated that it was, however, important for the Committee to know the answer to the question as access to primary care for older people had implications on long term care costs for the authority and other service providers.

7. Primary Care in Barking and Dagenham

Ms See delivered a presentation on Primary Care which covered the following:

- Key policy drivers for primary care and the work of key agencies to improve primary care including NHS England, London Health Commission, Strategic Framework for Primary Care in London, the CQC and think tanks.
- The Royal College of GPs had developed a blue print for a new deal for general practice set out five overarching actions to strengthen general practice for the future:
  - Invest 11% of the NHS budget in general practice
  - Grow the GP workforce by 8,000
  - Give GPs time to focus on patient care
  - Allow GPs time to innovate
  - Improve GP premises.
- The Clinical Commissioning Group would be working on a Primary Care Transformation Strategy to improve primary care across Barking and Dagenham, Redbridge and Havering. The areas being explored for inclusion in the strategy were:
Workforce
New models of service delivery
Access
Estates and IT
Proactive system of primary care
Greater coordination for people with long term conditions.

- Local context of primary care services (some provision being funded by the Prime Minister's Challenge Fund was not being utilised because people did not appear to want to access primary care during the weekends; this needed to be looked at).
- A ‘visioning’ workshop was held in May 2015 to develop a vision for transforming primary care. Key issues such as the need to consider workforce development for a broader network of primary care teams and specialists, the role of other primary care services such as pharmacists, and the importance of succession planning were discussed.
- The common themes emerging for the vision for primary care in Barking and Dagenham.
- Timeline for developing the Strategy.
- How the HASSC could get involved.

Members asked how many GPs the borough should have and how many it in fact had. Ms See stated that projections said that there were 0.5 GPs for every 1000 people in the borough, which was short of the national rate of 1 per 1800. In response to a question she stated that it was difficult to express a view on what the standard should be because of issues relating to available data on GP numbers. The CCG would like to undertake a workforce survey to better identify the gap. It was a very important question, however, as 28 percent of GPs in the borough were over 60, much higher than the London and national percentage, which meant that there was a real need for effective succession planning. Primary care was acutely understaffed but understaffing was an issue that was common across all levels of the health service. Ms See stated that she could attend a future meeting of the Committee to give a more thorough response to this question, after she had obtained the relevant data.

The DDASC stated that two GP practices in the borough had relocated recently, as referred to in the report, and asked what the difficulties were around securing suitable premises for practices in the borough. Ms See stated that there were some challenges around available estates in the borough. NHS England had a Primary Care Infrastructure Fund, a four year £1billion investment programme to accelerate improvements in GP premises and infrastructure. The CCG would be developing an estates plan working with the Local Authority to identify and maximise on available estates in the borough.

Members asked whether there was good provision for residents who were vulnerable who needed home visits. Ms See stated that a lot of joint work had been undertaken in this regard, between organisations such as BHRUT, HealthWatch, North East London Federation Trust, The Transition Board and the CCG. More work needed to be done however, and the CCG would be looking at pathways when it undertakes its ‘frailty’ work.

In response to a question Ms See stated that the CCG was working with various organisations including other local authorities to transform primary care.
Transformation would take a long time to achieve.

Members asked what was being done to attract GPs into the area. Ms See stated that it was difficult to attract GPs to Barking and Dagenham because GPs felt there were fewer opportunities to invest and stay in the borough. Many salaried GPs did not want to be a partner. The Community Education Provider Network and the Care City Model would provide professional development opportunities for GPs which were being promoted.

The DDASC stated that Ms See talked about the potential reduction of weekend access to general practice because it was not being utilised enough during her presentation. However, this did not take into account the impact on the discharge of patients during the weekends; hospitals sometimes would not discharge the patient during the weekend because their GP was not open. Long term conditions are better managed when the patient is seen by his or her own GP and therefore any reduction in access was a concern.

Ms See stated that the seven day model would be discussed during the Urgent Care Conference to see if it could be shaped better. Also, the CCG would be looking at GP contracts to look at what they were offering that would ease access such as telephone consultation.

The CDACS stated that the two GP relocations referred to in the report were two significant changes which had occurred without the HASSC being given sufficient opportunity to comment. This was of concern as GP relocations to other boroughs, as in the case of Dr Pervez' practice, may affect the funding allocation to the Barking and Dagenham CCG as well as significantly affect residents. Ms See stated that the CCG was given late notification of these relocations too and had alerted NHSE of its concerns.

In response to comments from the HASSC Ms See provided assurance that the CCG was clearly aware of the Committee’s role and the duty of health service commissioners to consult it on proposed significant changes.

The Committee agreed to write to NHSE regarding its concerns around inadequate consultation for the two general practice relocations.

In response to questions Sharon Morrow, Chief Operating Officer for the BDCCG, stated that the Primary Transformation Strategy would be monitored via the Transformation Programme who would oversee the measures for transformation of primary care.

In response to questions the CCG clarified that the CQC had powers to inspect GP services and seek closure through the courts if a practice was failing.

Members asked how the CCG planned to join up different pieces of the picture to ensure primary care would be smoother in future. Ms See stated that the Strategy would focus on this and that one of the roles of the Transformation Board was to align primary care transformation with other transformation work, for example, urgent care and social work.

In response to questions the CCG and officers confirmed that there was no longer a compulsory retirement for workers, including GPs.
Members thanked Ms See for her presentation.

8. Scrutiny Review of Local Eye Care Services - results of staff survey

The Public Health Consultant (PHC) delivered a presentation outlining the observations made on the results of a staff survey on eye health, undertaken in April 2015 as part of the HASSC’s in-depth scrutiny review on eye health as follows:

- 88 responses had been received.
- There were clear limitations of the data
- Only half of the respondents knew to get their eyes tested every two years
- People felt a pressure to spend money on glasses
- People were sometimes not aware of whether they or a close relative had glaucoma or diabetes; this means they were not accessing free tests to which they were be entitled.

The HealthWatch representative asked if the employees who took part in the survey all lived in the borough. The PHC stated that this had not been checked as part of the survey. Ms Kearns stated that the results of the survey potentially did not tell the Committee anything about the borough’s residents. The CDACS accepted this and stated that members could survey residents at the One Borough Show on 25 July 2015 to mitigate the effect of this to an extent. The HASSC agreed to this.

Ms Kearns stated that StreetLife, a social media website for Barking and Dagenham residents, was also potentially a good place to try.

9. Intermediate Care Proposals - update

The Scrutiny Officer stated that the report updated the Committee on developments regarding the Intermediate Care proposals since its last meeting on 4 March 2015. Members noted that the Secretary of State for Health had written to Redbridge’s Health Scrutiny Committee informing them that their referral with regards to the proposals, in its current form, did not constitute a legitimate referral. Redbridge’s Health Scrutiny Committee had met since receipt of the letter to discuss its next steps and the HASSC would be updated once details of that meeting were made public.

10. HASSC Work Programme 2015/16

Members noted the report and the draft work programme. It was agreed that the Committee would undertake a review on ‘Falls’ between September 2015 and March 2016. Members stated that the scoping paper for the review would need to take into account this short time period and that it would therefore not be possible for the review to cover all the issues outlined in the ‘options’ paper. It was agreed that the scope for the review be agreed with the Lead and Deputy Lead members between now and August 2015 so that the review could be started promptly in September 2015.

The other items on the work programme were agreed.
This page is intentionally left blank
Call-in of Cabinet Decision - Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service

Report of the Monitoring Officer

Open
Wards Affected: None
Key Decision: No

Report Author: Masuma Ahmed, Democratic Services
Contact Details:
Tel: 020 8227 2756
E-mail: masuma.ahmed@lbld.gov.uk

Accountable Divisional Director: Fiona Taylor, Head of Legal & Democratic Services and Monitoring Officer
Accountable Director: Chris Naylor, Chief Executive

Summary:
This report presents details of a call-in received from Councillors Chand and Keller in respect of the report “Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service” which was considered by the Cabinet on 23 June 2015.

Attached for the Select Committee’s consideration are the following documents:

- Appendix A - The call-in form submitted by Councillors Chand and Keller
- Appendix C - The relevant extract from the minutes of the Cabinet meeting held on 23 June 2015
- Appendix D - Paper submitted by Marie Kearns, Harmony House Contract Manager for the Local Emergency Support Service
- Appendix E - The 16 February 2015 Cabinet report, “Options for Providing Support to Vulnerable Residents” and its appendix
- Appendix F – Officers’ initial response to the matters raised under the call-in

Recommendation(s)

The Select Committee may either:

(i) Refer the matter back to the Cabinet for reconsideration at its next meeting, setting out in writing the nature of any concerns and alternative recommendations;

(ii) If it considers that the decision is outside the Council’s Budget and Policy Framework, refer the matter to the Assembly after seeking the advice of the Monitoring Officer and/or Chief Finance Officer; or
(iii) Decide to take no further action, in which case the original Cabinet decision will be effective immediately.

Reason(s)
To accord with the Council’s call-in processes.

**Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>The call-in form submitted by Councillors Chand and Keller</td>
</tr>
<tr>
<td>Appendix B</td>
<td>The 23 June 2015 Cabinet report “Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service and its appendices</td>
</tr>
<tr>
<td>Appendix C</td>
<td>The relevant extract from the minutes of the Cabinet meeting held on 23 June 2015</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Paper submitted by Marie Kearns, Harmony House Contract Manager for the Local Emergency Support Service</td>
</tr>
<tr>
<td>Appendix E</td>
<td>The 16 February 2015 Cabinet report, “Options for Providing Support to Vulnerable Residents” and its appendix</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Officers’ initial response to the matters raised under the call-in</td>
</tr>
</tbody>
</table>
Appendix A

Request for Decision to be Called-In

Before completing this form, please note the following:

- In order to be considered, this form must be received by the Chief Executive within five clear working days of the publication of the decision notice.

- A request should state clear reasons for the call-in, including evidence that the decision was not taken in accordance with the “Principles of decision making” as set out in paragraph 2, Chapter 16, Part 2 of the Constitution.

- A call-in request may be rejected by the Chief Executive if it does not meet the above criteria or any other criteria set out in section 6 of Chapter 8, Part 2 of the Constitution.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Peter Chand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Seconder:</td>
<td>Eileen Keller</td>
</tr>
<tr>
<td>Date Call-In Request Submitted:</td>
<td>1st July 2015</td>
</tr>
<tr>
<td>Date of Cabinet Meeting:</td>
<td>23rd June 2015</td>
</tr>
<tr>
<td>Decision Title:</td>
<td></td>
</tr>
</tbody>
</table>

Reason(s) for Call in (please tick one or more from the criteria listed below):

- (a) Proportionality (ie the action must be proportionate to the desired outcome).
- (b) Due consultation and the taking and paying due regard to professional advice from officers, in particular any advice given by the Monitoring Officer and/or Chief Finance Officer. ✗
- (c) Respect for human rights. ✗
- (d) A presumption in favour of openness. ✗
- (e) Clarity of aims and desired outcomes (i.e. link between corporate strategy and implementation). ✗
- (f) Consistent with the Council’s Budget and Policy Framework, Contract, Financial and other Rules, legislative requirements and any other requirements set out in the Council’s Constitution. ✗
Please use the space below to outline your reason(s) in more detail, including but not limited to:

1. Whether the whole or part of the decision is being called in (if part, please state which part).
2. Clear reason(s) for call-in in respect of those selected in (a) to (f) above.
3. Written evidence that the decision was not made in line with those selected in (a) to (f) above (please list below details of any attachments to this form).

The LESS fund is being removed from current fund holders when the current contract has less than a year to run, before it is clear what the alternative provision will be.

It is not yet clear why the pilot scheme would be better placed to manage the LESS fund.

The main issue relates to point e. There is a clear lack of clarity of the aims of the new provision and that also means that the desired outcomes of any new provision is not clear in the report.

There has been a lack of consultation regarding the quality of the current provision and no consultation in relation to any new provision.

The lack of research and consultation as outlined above raises issues relating to point b.

The potential disadvantage to a strata of people in poor and desperate positions raise issues relating to human rights in point c.

Because of the lack of consultation and inadequate research issues of openness arise as listed in point d.

Continue onto separate sheet if required

What is your desired outcome of the call-in?

While there may be a good case for new provision this is not clear in the report. More work on a potential new provision should be carried out before the current provision is cancelled.

Would you like to make representation at a Select Committee meeting? Yes / No
Delete as appropriate
## Title
Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service

## Report of the Cabinet Member for Adult Social Care and Health

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wards Affected: All</td>
<td>Key Decision: Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Author: Mark Tyson, Group Manager, Integration and Commissioning</th>
<th>Contact Details: Tel: 020 8227 2875 E-mail: Mark <a href="mailto:Tyson@lbbd.gov.uk">Tyson@lbbd.gov.uk</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accountable Divisional Director: Glynis Rogers, Divisional Director of Commissioning and Partnerships</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accountable Director: Anne Bristow, Corporate Director of Adult and Community Services</th>
</tr>
</thead>
</table>

## Summary

In 2014, the Government indicated its intention to cease funding local emergency support services through the Revenue Support Grant. As a result, Cabinet, as part of its budget deliberations at its meeting on 16 December 2014, asked for further context and options for the Local Emergency Support Service into the future.

In February 2015, following considerable lobbying, the Government continuing funding at a reduced level for 2015/16. An options paper was submitted to Cabinet on 16 February 2015 and it was agreed that funding would continue for a Local Emergency Support Service, at a reduced level, for 2015-16, and to award a contract to the current provider for six months from 1st April 2015 by a waiver under the Council’s Contract Rules. A further paper on longer term options was requested for June 2015.

This paper sets out the current local welfare funds the Council administers and, in the continued context of no central Government funding being forthcoming, sets out the proposal to cease funding the Local Emergency Support Service and refocus the remaining additional revenue support grant for 2015/16.

## Recommendation(s)

The Cabinet is recommended to:

(i) Note the background information and context around welfare reform and the funds which the Council makes available to those in priority need;

(ii) Agree to cease funding a Local Emergency Support Service in Barking and Dagenham and use the remaining additional revenue support grant to develop two
Reason(s)

This paper sets out the current situation with respect to funds that are intended to assist the Council in continuing to support its most vulnerable residents. Through these initiatives residents are able to sustain tenancies, meet immediate crisis and be signposted and supported to address the issues that they are facing. In doing so these funds contribute to the achievement of the Council’s priority to:

- Encourage Civic Pride by:
  Building civic responsibility and help residents shape their quality of life.
- Enable social responsibility by:
  Supporting residents to take responsibility for themselves, their homes and their community; and
  Protecting the most vulnerable, keeping adults and children healthy and safe.

1. Introduction and Background

1.1 In the current climate of austerity, residents in Barking and Dagenham continue to face significant challenges. The new vision of “One Borough; One Community; London’s growth opportunity” and associated priorities have been developed to reflect the changing relationship between the Council, partners and the community and to seek to address the challenges together.

1.2 In February Cabinet requested that a paper be brought in June by the Strategic Welfare Reform Group looking at the Local Emergency Support Service in Barking and Dagenham in the context of the other schemes administered by the Council and the wider challenges faced by residents. This report outlines the range of schemes administered by the council and provides the opportunity for Members to make decisions about the Local Emergency Support Service and additional revenue support grant for 2015/16 in this wider context.

Demographic challenge

1.3 Barking and Dagenham has seen a significant overall population increase of 13.4% to 185,911 (2011 Census). This is 22,000 more people since 2001, including a 50% increase in 0 – 4 year olds. 30% of the population are children, placing a huge pressure on school places, housing and social care including on workloads across key agencies working with the borough’s families. The borough is also more ethnically diverse than it has ever been. The population is projected to rise from 190,600 in 2012 to 229,300 in 2022. This is a 20.3% increase and is the second largest in England after Tower Hamlets.
1.4 The borough is the 7th most deprived in London and 22nd most deprived nationally which is also reflected in the relatively poor standard of health. London’s Poverty profile shows that, when compared with other London boroughs, Barking and Dagenham still has significant challenges. For the following indicators, Barking and Dagenham is in the 4 most challenged boroughs in London (http://www.londonspovertyprofile.org.uk):

- Child Poverty
- Unemployment
- Low pay by residence (household)
- Landlord and mortgage repossessions
- Lack of qualifications at 19
- Limiting long-term illness

The overall approach to welfare reform and support

1.5 Across the borough there are a range of initiatives that seek to support residents in these challenging times as they look to take responsibility for themselves, their homes and their community. These include: housing and homelessness support; advice through the Citizen’s Advice Bureau, Council services and other partners; Discretionary Housing Payments; employment support initiatives; adult and children social care payments; children’s centres; and a wide range of other initiatives.

1.6 Within this context the authority, with its partners, is seeking to address the challenges to the Borough’s most vulnerable residents. The Strategic Welfare Reform Group within the Council has been looking at the impact of the welfare reforms on residents and will continue to do this, particularly as Universal Credit is rolled out in Barking and Dagenham in July 2015. A workshop has been held in April with statutory and voluntary sector providers and a work plan is being established to take the work forward.

1.7 The Children’s Trust is reviewing the Child Poverty Strategy for the borough and the last trust board focused on this, asking members to outline actions currently being taken and future intentions to address the issues.

1.8 The BanD Together initiative has been established with key voluntary sector providers in the borough, to co-ordinate support in tackling the complex issues that are faced by some of the borough’s residents. A Strategic Leadership Board has been established, including all partners and the Council, to take the initiative forward. To support this, the London Borough of Barking and Dagenham has identified funding for a post, to be hosted by the Barking and Dagenham Council for Voluntary Service, to co-ordinate BanD Together initiatives, including supporting Community hubs; providing information and referring residents; putting on events; and identifying need and evidencing impact.

1.9 In parallel with the BanD Together initiative and in partnership with the voluntary and community sector, the Council is developing the ‘Community Checkpoints’ and ‘Community Champions’ initiative. Community Checkpoints are any building or organisation that is willing to support local people to access services that will help them. Each Checkpoint will have at least two people (Community Champions) who have been trained and assessed in providing support to access information and
Appendix B

guidance, the majority of which will be online, in line with the Council’s ‘digital by
design’ strategy. Each checkpoint will be able to support access to the Council and
other websites. The plan is to identify 50 Community Checkpoints by December
2015.

1.10 In addition, Community Resources has been funded from within the welfare reform
grant to develop an initiative – initially called ‘CommunityConnect’ – which currently
seeks to connect people with local services. Community Resources is now
developing a website that provides individuals and practitioners with a single
diagnostic tool that takes account of multiple or complex needs and delivers
relevant and accurate signposting to appropriate services including benefits, local
agencies and other support organisations. The web-based initiative will feature the
‘BanD Together’ branding and will be called, ‘BanD Together Routemaster’. The
plot was launched on 4th June, and it will now be accessible through the Community
Checkpoints and to frontline staff across the borough.

2. National context for welfare support

2.1 The new Government has indicated its intention to continue to reform welfare
benefits and reduce the spend over the next five years by £12 billion. Local
authorities will face major financial pressures over the next parliament, with
austerity measures continuing. This will put local welfare provision under increased
pressure. Further clarity will be provided in the emergency Budget announcement
that the Chancellor of the Exchequer has earmarked for 8 July. Within this context
it would seem unlikely that the current level of funding Barking and Dagenham
received for 2015/16 will be maintained, and the expectation is that the funding will
be removed.

2.2 Currently the Department for Work & Pensions are responsible for assessing
residents’ eligibility for a number of benefits, such as Job Seeker’s Allowance,
Employment and Support Allowance, disability benefits such as Disability Living
Allowance, and pensioner benefits such as Pension Credit. The DWP also
continues to operate certain elements of the old Social Fund arrangement, including
Budgeting Loans, Funeral Payments, Sure Start Maternity Grants, Cold Weather
Payments and Winter Fuel Payments.

2.3 In July 2015 Universal Credit will begin to be rolled out in Barking and Dagenham.
This will replace the system of means tested benefits and tax credits for working
age adults including Income Support, income-related Job Seeker’s Allowance and
Employment, and Support Allowance, Working Tax Credit, Child Tax Credit and
Housing Benefit. Roll out will start with single working age people in July, with the
addition of couples and families around 6 to 18 months later. The impact of
Universal Credit is considerable as it places responsibility on claimants to budget
and manage their finances prudently.

2.4 In the Queen’s Speech, further measures for the reduction of welfare support were
signalled, which indicates that it would be wise for the Council to consider a longer-
term view on the impact of reducing welfare support. It is recommended that this
should: be led by the Strategic Welfare Reform Group; consider a time horizon of 3-
5 years; and, report (as part of Ambition 2020 work) to Cabinet later in 2015/16.
Funding for local welfare schemes

2.5 When funding for local welfare schemes (called the “Local Emergency Support Service” in Barking & Dagenham) was removed in 2014/15, a national campaign to “Save the Safety Net” was established, which contributed to the partial reinstatement of the funding for 2015/16. The campaign is being reviewed, and the lead partners in the charity sector will decide in the next month whether to continue to lobby Government for funding for local welfare schemes such as the Local Emergency Support Scheme.

2.6 In addition, the National Audit Office is now beginning a review of local welfare funds, particularly looking at the “invest to save” argument behind such support schemes. The findings of the research will not be published until the autumn. This may further influence Government thinking.

2.7 There are three main streams of funding in relation to welfare reform that the Local Authority is responsible for administering:

- Children’s and Families Section 17 Payments
- Discretionary Housing Payments
- Local Emergency Support Service (LESS)

2.8 Some information and background on these schemes is set out below, with more information on eligibility contained in Appendix 1.

Children’s and Families Section 17 Payments

2.9 Section 17 of the Children Act 1989 gives local authorities the power to provide accommodation and financial support to families with ‘children in need’, even if they have ‘no recourse to public funds’.

2.10 Section 17 payments are focused primarily on safeguarding children and seek to provide a statutory duty of child protection until it is deemed that the child is no longer in need of these services, for whatever reason. They are not time limited. The assessment of need and the criteria are entirely linked to children’s social care.

Discretionary Housing Payments

2.11 The Discretionary Housing Payments fund is intended to alleviate acute hardship. It allows residents who face a variety of challenges time to find alternative solutions to shortfalls in income. It helps with housing costs on a short term and temporary basis. There will be exceptional cases where a DHP is required in the long term. However, its primary use is as a temporary measure, and not a permanent solution. Each individual case is considered on its own merits in accordance with DHP legislation and DWP guidance.

2.12 The scheme is wholly discretionary and the claimant does not have a statutory right to payment - the level of payment will being decided by the Council and administered via the Housing Benefit System. Discretionary Housing Payments are an effective tool to prevent homelessness, to safeguard people in their homes, or enable tenants to find more suitable accommodation.
2.13 In addition, Council Tax Support is conferred to those on benefits or in work who apply for it. For 2014/2015 residents received £16,185,515.69 in Council Tax Support. From April 2015 the scheme has been amended, with a minimum contribution of 25% rather than 15% of the Council tax charge for all residents. In light of this an additional budget of £50,000 per annum has been identified through DHP as this will further impact tenants facing welfare reform changes (see Appendix 1).

Local Emergency Support Service (LESS)

2.14 On 1st April 2013, the Government delegated to local authorities the power to set up their own local welfare schemes or choose other ways of providing flexible help. The Department for Work and Pensions (DWP) paid the amount that would have been available for local welfare support for the remainder of the current spending review period (i.e. up to 2015) to local authorities thorough grants under section 31 of the Local Government Act 2003, for the financial years 2013/14 and 2014/15. There was no statutory requirement placed on local authorities to introduce these local welfare/emergency support schemes and the funding provided by the Government was not ring-fenced. However, it was expected that councils would use the funding to support those in unavoidable need.

2.15 The fund from Central Government was due to be cut for 2015/16 but after a significant lobby the Final Local Government Finance Settlement for 2015-16 provided an additional £74m to upper-tier authorities to recognise that councils have asked for additional support, including continuing support for local welfare needs. This is included in the additional Revenue Support Grant to the authority of £415,000.

2.16 On 16 February 2015, Cabinet considered a range of proposals for the additional Revenue Support Grant and agreed, alongside other proposals, that £300,000 would be allocated to a Local Emergency Support Service for Barking and Dagenham for 2015/16. The funding was in two parts: a grant fund for residents of £210,000 and a delivery cost of £90,000.

2.17 Due to the late notification from central Government, Cabinet agreed to a six month contract with the current voluntary sector provider for the reduced fund. This has now been put in place.

2.18 The LESS is a significant intervention which gives support to residents in areas such as contributing to fuel payments, food vouchers and furniture vouchers for people who have do not have funds to the support the basics of living. The LESS gives help and support to those in a situation of extreme difficulty, where the risk of harm to themselves or their family is immediate and significant. The model delivered has sought to promote dignity rather than create dependence for residents facing financial hardship by providing grants and seeks, through the CAB, to direct residents to the most appropriate fund in their individual circumstances.

2.19 However, it is important to note that there are a range of models for local welfare support in operation in other areas in the country. These range in size and perspective from schemes such as that in the London Borough of Islington, with one
Appendix B

portal for all applications within the Council for all of the local schemes described here, to boroughs where no funding is available directly to residents for some of the funds, such as in the London Borough of Bexley and Nottinghamshire County Council. Some further information on these schemes and options is included for Members’ information in Appendix 2.

3. Expenditure on local welfare schemes

3.1 Expenditure on the three main local welfare support schemes (under Section 17, Discretionary Housing Payment and the Local Emergency Support Service) is as set out in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Section 17 1</th>
<th>DHP</th>
<th>LESS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spend</td>
<td>%</td>
<td>Spend</td>
<td>%</td>
</tr>
<tr>
<td>2011/12</td>
<td>£1,186,425</td>
<td>92%</td>
<td>£105,245</td>
<td>8%</td>
</tr>
<tr>
<td>2012/13</td>
<td>£1,846,703</td>
<td>86%</td>
<td>£293,585</td>
<td>14%</td>
</tr>
<tr>
<td>2013/14</td>
<td>£2,239,793</td>
<td>54%</td>
<td>£1,289,696</td>
<td>31%</td>
</tr>
<tr>
<td>2014/15</td>
<td>£2,248,521</td>
<td>54%</td>
<td>£1,174,715</td>
<td>28%</td>
</tr>
<tr>
<td>2015/16</td>
<td>-</td>
<td>-</td>
<td>£749,453 2</td>
<td>-</td>
</tr>
</tbody>
</table>

Notes:
1 Represents combined figures on payments for no recourse to public funds and child safeguarding care management.
2 Represents reduced budget available for 2015/16.
3 LESS was launched in 2013. Figures are for the amounts disbursed in grants, excluding the management overhead.
4 Budget set for 2015/16 for LESS.
5 Total excludes amount of Section 17 funding, which is yet to be determined based on presenting need.

3.2 Over the first six weeks of the reduced LESS in Barking and Dagenham there have been 321 applications, of which 243 have been awarded, with a total spend on these grants of £15,900.

3.3 Taking account of the reduction in the Discretionary Housing Payment, and assuming a similar level of spend on Section 17 provision as last year, it will be seen that the reduced spend on the Local Emergency Support Service would amount to 7% of the total spent by the Council on these three forms of welfare funding. In the absence of any announced funding from central Government, to continue the current level of support would require an additional budget line to be committed for the current year (beyond October 2015) and for future years, and this would have to include the appropriate running costs for the service.

4. Proposal and issues

4.1 The government has made a number of announcements about its intentions to reduce welfare spending by £12 billion. Whilst there is not yet definitive information about how this will be achieved early announcements include reducing the benefits cap to £23,000 and withdrawing in whole or part working families tax credits. In this context the very limited funding available through the council not mitigate the impact of welfare reform in any meaningful way. The proposal is therefore to cease funding the LESS from 30 September 2015. It is proposed that final consideration is given on how to use the remaining grant after the Chancellor’s Emergency budget on 8th July 2015. However, given the need to consider across the authority as a whole
how we can best assist vulnerable residents within the funding likely to be available between now and 2020 that some of the funding is used to support that programme of work once a detailed costed programme is available.

4.2 In the context of the Council’s overall spend, the LESS in its current form is a much reduced fund and therefore the impact of removing this final tranche of funding appears to be relatively small. However, it does make a continued contribution to ameliorating the effects of welfare reform and austerity. It is not possible to assess confidently how many of the potential LESS recipients will approach the Council through other means (such as under Section 17 of the Children’s Act) if the LESS is not in place.

4.3 In ceasing to fund the LESS, it is the case that there may be alternative sources of support in some limited instances, principally rent support for tenants and support for families where children are deemed in need. However, there would be a broader cohort of individuals and families who would no longer have access to emergency funds for fuel and food, or a limited contribution towards resettlement (such as furnishing a new tenancy).

4.4 Members should also note that, since the implementation of the Care Act 2014, the Council is under a duty to prevent, reduce and delay social care needs within its resident population. For some vulnerable individuals who have benefited from the support of the Local Emergency Support Service, it is possible that their needs could be considered to fall within this duty. Therefore, social care budgets may be required to replace the support provided by the LESS for those most serious of cases.

5. Options for the remaining additional revenue support grant fund from October 2015

5.1 The following options for the additional revenue support grant from October 2015 were considered:

a) Option 1 – Retender the LESS commission for October 2015. This is not recommended due to the uncertainty of further funding from April 2016 and the budget pressures the Council is faced with. Not Recommended.

b) Option 2 – Cease funding the LESS and take the remaining budget as an in year saving. This would mean that the potential impact of the fund on addressing issues for vulnerable residents would not be achieved. Not Recommended.

c) Option 3 – Allow the current contract for the LESS to cease on 30 September 2015 with the remaining budget fund the programme of work on support for vulnerable residents and or respond to the Chancellor’s Emergency July budget. Recommended.

6. Consultation

6.1 This report was requested by Cabinet on the 16 February 2015. Within the timescales officers have consulted with partners and local authority staff to consider
Appendix B

the impact of the changes to the service. A workshop on welfare reform was convened on 29 April to look at mapping the existing support and relationships.

7. Financial Implications

Implications completed by: Roger Hampson, Finance Group Manager

7.1 This report seeks a decision from Cabinet on whether or not to fund a Local Emergency Support Service from October 2015 from within the broad parameters of the existing scheme. Given the need to assess the implications of the Budget Statement to be made on 8 July 2015, and the impact of other changes in Local Welfare support, Members may wish not to commit the authority to funding an Emergency Support Service beyond March 2016. In this event, Members are asked to consider extending the contract to the current provider for 6 months by a waiver under the council’s Contract Rules.

8. Legal Implications

Implications completed by: Kayleigh Eaton, Contracts and Procurement Solicitor, Legal and Democratic Services

8.1 This report is not currently seeking any firm recommendations from Cabinet for a procurement process to be conducted or a contract awarded. This report is seeking the advice from Cabinet Members on how they wish to proceed.

8.2 Should Cabinet Members proceed with a recommendation for a service to be outsourced then a Procurement Strategy Report will need to be prepared and approved with appropriate recommendations.

8.3 The report author and responsible directorate are advised to keep Legal Services fully informed. Legal Services will be on hand and available to assist and answer any queries that may arise.

9. Other Implications

9.1 Risk Management - The continuing maintenance of a Local Emergency Support Service at a lower level of funding than from 2014/15 has the following associated risks, which are in turn heightened by its complete cessation.

<table>
<thead>
<tr>
<th>Challenges and Risks</th>
<th>Opportunities and Mitigating Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced number of residents funded with rent deposits</td>
<td>Frontline staff will be advised of changes.</td>
</tr>
<tr>
<td>No funding for furniture to help sustain new tenancies</td>
<td>Officers and residents will be made aware of local ReUse schemes for recycled furniture options.</td>
</tr>
<tr>
<td>No emergency food and fuel services</td>
<td>Where the Council has a statutory duty this will create an additional pressure on those budgets. Other residents will</td>
</tr>
</tbody>
</table>
Residents unable to access support when and where needed

| Be referred to alternative schemes such as Food Banks where appropriate. |
| The development of CommunityConnect and the Community Checkpoints are widening the information and locations where residents will be able to access information and support. |

9.2 **Contractual Issues** - The contract for the LESS ends on 30th September 2015. So there are no contractual issues to be considered.

9.3 **Staffing Issues** - The removal of the LESS fund will result in staff within the current providers potentially being made redundant.

9.4 **Corporate Policy and Customer Impact** - An impact assessment has been completed for this report considering the potential impact of the reduced funding through the LESS in relation to race, gender, disability, sexuality, faith, age and socio economic deprivation.

If the fund is removed in its entirety this will have an adverse impact on residents facing significant challenge and will create demand pressures potentially for voluntary sector providers, revenues and benefits teams and children’s social work teams.

The providers will deliver the service in line with the Council’s policies and ensure that information is suitable protected and funding is targeted in line with the community strategy in supporting residents to take responsibility for themselves.

9.5 **Safeguarding Children and Vulnerable Adults** - Whilst there is funding available under the statutory duties in Section 17 of the Children Act, the removal of the LESS funding will put pressure on these service budgets. This will be mitigated in part by the development of the CommunityConnect online site and the Community Checkpoints.

If Cabinet is minded to remove this funding to vulnerable adults, then there will be additional pressure on adult social care budgets in terms of delivering the new Care Act 2014 duty to prevent, reduce and delay social care needs.

9.6 **Health Issues** - The removal of the Local Emergency Support Service will potentially negatively impact on meeting the health needs of vulnerable residents in crisis, including in sustaining them in homes which are well-heated and with sufficient food. In particular some of our most vulnerable residents are supported in this way.

9.7 **Crime and Disorder Issues** - There is a potential – though un-quantified – impact on crime and disorder through the reduction of destitution in adults without recourse to other sources of support, which may be considered a driver for crime.
Appendix B

Public Background Papers Used in the Preparation of the Report: None

List of appendices:
- Appendix 1: Overview of criteria for different sources of Council welfare support
- Appendix 2: Overview of best practice and other models of delivering Local Emergency Support Services.
- Appendix 3: Equalities Impact Assessment.
This page is intentionally left blank
Appendix B

Overview of criteria and data for different sources of Council welfare support

Criteria for Assistance under Section 17 of the Children’s Act

Section 17 of the Children Act 1989 (S.17) gives local authorities the power to provide financial support to families with ‘children in need’, and to provide accommodation where families with children have ‘no recourse to public funds’.

The main eligibility criterion for Section 17, established through a formal social care assessment, is whether a child is considered to be ‘in need’. The assessment is completed by a social worker and addresses all aspects of a child’s life, particular where there is a risk of significant harm to a child, or if the child is disabled. The assessments result in a ‘plan’ to reduce the likelihood of significant harm. If the harm cannot be reduced then there is the potential for the child to become looked after. In order to keep a child within the home, Section 17 funding can be provided to support the family. This support can include the following: support to parents to enable them to develop their parenting skills; funding for a specialist assessments as part of care proceedings when there is consideration of removing the child from the care of its parents; financial support for one off items such as a cot and bedding; provision of funds to a relative or family friend to support a child/children temporarily removed from their parents; or even rent deposits in exceptional circumstances. These types of actions are usually agreed through care proceedings at court to prevent children becoming looked after.

Families with children with no recourse to public funds can be provided with accommodation when they are considered to be destitute. Destitution can cause a child to be considered ‘in need’ for the purposes of Section 17 if it is likely to affect his or her development or health and well being. There is no legal definition of destitution. However, it is a high threshold (much higher than the test for welfare benefits). The test most commonly used is that there is no adequate accommodation (through general circumstances or domestic violence) or the family are unable to meet basic living needs.

Criteria for DHP

Discretionary Housing Payments are an effective tool to prevent homelessness, to safeguard people in their homes, or enable tenants to find more suitable accommodation. The criteria are that the resident should be claiming Housing Benefit (HB) or Universal Credit (UC); or has a rental liability and requires further financial assistance with housing costs. Supporting documents are required at the point at which the application is made. This will include evidence on income, outgoings and any savings. DHP seeks to help people who are: actively seeking employment - applying for jobs and attending interviews; moving towards work readiness through the gaining of employment skills; taking positive steps to reduce their overheads/outgoings; able to prove genuine hardship; and, those actively looking to downsize and move properties.
## Reasons for award of DHP

<table>
<thead>
<tr>
<th>DHP Reason for Award</th>
<th>Count</th>
<th>Sum of DHP Reason Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby due</td>
<td>3</td>
<td>£1,737.44</td>
</tr>
<tr>
<td>Benefit Cap</td>
<td>215</td>
<td>£307,586.82</td>
</tr>
<tr>
<td>Change of address</td>
<td>1</td>
<td>£1,500.00</td>
</tr>
<tr>
<td>Combination of Reforms</td>
<td>1</td>
<td>£255.00</td>
</tr>
<tr>
<td>Disability</td>
<td>10</td>
<td>£5,279.29</td>
</tr>
<tr>
<td>Income tapers</td>
<td>321</td>
<td>£267,867.05</td>
</tr>
<tr>
<td>Legislation change</td>
<td>3</td>
<td>£2,000.00</td>
</tr>
<tr>
<td>LHA reforms</td>
<td>122</td>
<td>£83,613.35</td>
</tr>
<tr>
<td>No Impact</td>
<td>68</td>
<td>£58,848.75</td>
</tr>
<tr>
<td>Non-dependent deduction</td>
<td>202</td>
<td>£175,949.03</td>
</tr>
<tr>
<td>other</td>
<td>112</td>
<td>£39,540.43</td>
</tr>
<tr>
<td>Reduction in housing benefit entitlement</td>
<td>3</td>
<td>£582.88</td>
</tr>
<tr>
<td>Removal costs</td>
<td>2</td>
<td>£2,337.80</td>
</tr>
<tr>
<td>Rent deposit</td>
<td>7</td>
<td>£16,835.00</td>
</tr>
<tr>
<td>Rent in advance</td>
<td>3</td>
<td>£2,800.00</td>
</tr>
<tr>
<td>Rent restrictions</td>
<td>86</td>
<td>£50,073.06</td>
</tr>
<tr>
<td>Social Size Criteria</td>
<td>348</td>
<td>£208,040.43</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1507</strong></td>
<td><strong>£1,224,846.33</strong></td>
</tr>
</tbody>
</table>

## DHP and Council Tax Relief

Discretionary Housing Payment (DHP) has been used in support of residents who have been in difficulty with their housing costs. In 2013/14 over 98% of the received funding was paid to claimants to support them through the Welfare reform changes. The Council is able to “top up” from its own funds up to 2.5 times the Government funding, and increase the overall DHP fund. There are proposals to look at this option as Welfare Reform continues to be a risk to households. There is also provision under S10 / 13A (1)(c) Local Government Act 2012 to reduce Council Tax liability by a discretionary hardship scheme, this further supports existing Council Tax legislation. Each case considered must be treated on its own merits, if it is assumed that there would be exceptional financial hardship.

The budget proposals for 2015/16 include a number of changes to Council Tax Collection. From April 2015 the scheme has been amended, with a minimum contribution of 25% of the Council tax charge for all residents. It was therefore recommended that a discretionary fund for exceptional hardship, **initially of £50,000** could be created. Due to the nature of a discretionary fund it is difficult to be very specific on the instances in which it could be applied but examples highlighted during the consultation meetings were for disabled residents unable to work or to assist in clearing historic debts which may have previously been covered by the backdating provisions and where the resident was meeting the ongoing payments. A policy is being developed.
Criteria for the LESS

Applications can be made to the LESS by local residents, aged 18 and over. They can be made online or via telephone provided they are supported by verification documentation. The LESS is designed for those on benefits or on an extremely low income. The criteria states that the applicant should have no savings and not be entitled to any other monies or support that would meet the presenting need. They should not be in essential or emergency need as a result of a DWP disallowance or sanction and not be subject to immigration control, and must be without sufficient resources which would cause serious risk to their own, or their family’s health or safety. The applicant must require essential assistance to establish themselves, or to remain, in the community (e.g. furniture, white goods, or the applicant must require assistance with travel costs in an emergency (e.g.: illness/emergency). Repeat applications are generally disallowed.

Following the reduction from 1 April 2015 of the grant fund by £540,000 and the delivery fund by £50,000, the funding was reprofiled around the following:

- Reduced support to applicants through the CAB
- Reduced opportunities for applications through the CAB due to changes in opening hours
- More applications referred through frontline staff to the LESS with appropriate validations on identity and need.
- Increased time from application to decision, now 48 hours on average.
- The food and fuel payments have been maintained at the previous level.
- Vouchers for furniture when moving into a tenancy, whether new or recycled goods are now at a maximum of £250.
- The fund no longer supports rent deposits for single homeless people, which has caused some challenges to teams supporting these residents in particular.

Grants under the LESS

<table>
<thead>
<tr>
<th>Type of Grant 2014/15</th>
<th>No of Applications</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>820</td>
<td>626,706</td>
</tr>
<tr>
<td>Food and Utilities (Gas/Electricity)</td>
<td>2167</td>
<td>106,916</td>
</tr>
<tr>
<td>Others</td>
<td>47</td>
<td>16,595</td>
</tr>
<tr>
<td>Total Referrals/Advice</td>
<td>3034</td>
<td>£750,217</td>
</tr>
</tbody>
</table>
Referrals from the LESS for additional support

<table>
<thead>
<tr>
<th>Type of Client Advice/Referrals 2014-15</th>
<th>Number of Clients Advised/Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare Benefits</td>
<td>504</td>
</tr>
<tr>
<td>Mental Health</td>
<td>30</td>
</tr>
<tr>
<td>Debt Advice</td>
<td>453</td>
</tr>
<tr>
<td>Housing</td>
<td>60</td>
</tr>
<tr>
<td>Food Banks</td>
<td>596</td>
</tr>
<tr>
<td>Credit Union</td>
<td>108</td>
</tr>
<tr>
<td><strong>Total Referrals/Advice</strong></td>
<td><strong>1751</strong></td>
</tr>
</tbody>
</table>

Demographic data on applicants: 2014-15

The single largest applicant group was the White population of UK origin, representing 66% of the total applications. This is about a 10% increase on last year’s 55.45% of the total applications. The census 2011 data shows this group to make up 49.46% of the population of Barking and Dagenham.

The second largest group (as with last year) are Black African and Black British of African origin who made 10.22% of all applications. This is a decrease from 13.6% applications made by this group last year. The Census data shows them to be 15.4% of the borough population.

The next largest identifiable group are Asians of Bangladeshi, Indian, Pakistani and Chinese origin and British Asians. This group totalled together made 3.27% of all applications. When combined in the same way from the Census statistics the grouping makes up 15.9% of the borough’s population. Applications from this group are also down from last year when they made 6.30% of all applications.
Overview of best practice and models of delivering Local Emergency Support Services

Local welfare provision – best practise from HM government’s Summary

The Department for Work and Pensions’ review, published on 5 November 2014 found that local authorities have used their funding to help people experiencing an unexpected emergency or crisis, or who need help and support to live independently in the community. Local authorities have used the funding to:

- Provide emergency support for vulnerable adults to move into or remain in the community;
- Help families under exceptional pressure stay together.
- Provide household goods (including furniture) to people fleeing domestic violence, care leavers or who had previously been homeless.

Many local authorities work in partnership with other agencies and have aligned support with existing services, e.g. with local credit unions, homeless charities or domestic violence charities.

This has led to the establishment of wide ranging models to deliver these services; some delivering wholly in-house using internal teams, some delivered wholly by external providers, and others a combination of the two.

Local authorities have also developed many methods to facilitate payment of provision. Some use cash-based systems (for both grants and loans) with payments being made electronically to a bank account or kiosk in a local shop. Others use alternative payment methods including pre-paid cards; vouchers; travel cards; provision of furniture/equipment; and food parcels or vouchers or via a foodbank.

What is provided?

As you would expect with each local authority designing its own model, what the provision is used for varies although there are some common themes:

- Food
- Utilities
- Travel
- Clothes
- White goods
- Household items

A number of areas have formed partnerships to bulk buy items, negotiate discounts with large retailers or provide a full installation service of white goods. Since white goods and beds are most commonly requested buying in bulk has reduced costs.
Appendix B

Pre-paid food gift cards with some major supermarkets have also been provided, with some areas negotiating a discount on the cash face value of the cards.

A number of the local authorities also use the provision for rent in advance; making the link to preventing and reducing homelessness as well as speeding up tenancies by being able to provide household goods.

Who has been helped?

Each area will have its own criteria but most include some or all of the following:

- Be resident in the local authority area or been placed in another area by the local authority
- Resident in the country for at least 6 months.
- 16 years old or over
- Frail elderly (for example, reliant on carer(s), not independently mobile, suffering from dementia)
- Disabled
- Chronically sick
- Terminally ill
- Leaving institutional or residential care or undergoing resettlement
- Pregnant
- Responsible for children or young people
- A carer
- Suffering domestic abuse/fleeing domestic violence
- People being treated for severe and enduring mental illness
- Families under exceptional financial pressure
- People who are homeless or rough sleepers
- People moving to supported accommodation / independent living
- People who are leaving prison or detention centres
- People with alcohol or drug issues
- People with learning difficulties

Partnership Working

Several local authorities work in partnership with local Credit Unions or the Money Skills Agency (or similar service) to help educate claimants to budget in the longer term; sometimes only granting an award after the claimant had received advice from them.

Some places have established a referral route to the provision through social landlords who are trained and have access to an online system to make applications on behalf of their tenants. Some local authorities have also made the link to other areas of their core business, e.g. preventing homelessness.
Other examples include working in partnership with:

- Citizens Advice Bureaux (CAB)
- Children’s Centres
- Social Services
- Homeless charities/agencies
- Domestic Violence charities

**Accessing support**

How claimants access the provision varies. Some accept on-line applications only, where others provide either telephone based system, a face to face system or a combination of these routes including postal applications. For online applications some local authorities provide access to computers or support from their Welfare Reform Advisers, whilst others encourage applications to be supported by the claimants support worker.

Local authorities have developed innovative approaches to facilitate payment of provision. Whilst a few use cash based systems (for both grants and loans) with payments being made by BACS, faster BACS or by PayPoint. Other Local Authorities use alternative payment methods, including:

- Cash via pre-paid cards
- All Paid cards (a card credited with a certain amount that can be used to buy goods or withdraw cash)
- Clothing vouchers
- Supermarket vouchers or on-line shopping delivered direct to the individual
- Top up credit/pay point vouchers for utilities
- Food banks
- Travel cards
- Household items via a voucher system direct with the supplier
- Furniture, household and white goods provided directly by various organisations/contractors, with some contractors providing an element of choice through “vouchers”
- Several source “recycled” or “pre- loved” household items through external contractors

**Summary of the ‘Islington Model’**

1. Islington’s Resident Support Scheme offers temporary financial support to residents facing severe difficulties as a result of government cuts to welfare benefits. It helps them to improve their situation, for example by moving into employment or moving
home.

2. The Council works in partnership with Cripplegate Foundation – a local independent charitable fundraising organisation - to integrate their grant making resources and experience into the scheme.

3. The Resident Support Scheme brings together a number of different funding streams to try to ensure effective targeting of spend, reduce duplication of support and ensure that the appropriate funds are used. This includes elements of the Department for Work and Pensions’ Social Fund which were devolved to local authorities in April 2013, Discretionary housing payments and the section17 fund.

4. The Resident Support Scheme targets those at risk rather than those simply in need. It will have universal eligibility criteria that will determine whether a resident qualifies for support.

5. In order to respond to the expected high demand for support there is referral-only access into the Resident Support Scheme which is administered by the Council. However, there are a number of access points, including through the council’s Statutory Services, through ‘Trusted Partners’ and through identified referral agencies including other council services.

6. The council’s statutory services - Housing, Adult Social Services and Children’s Services and some key partner organisations such as Housing Associations will be able to recommend Islington residents for financial support from the Residents Support Scheme if they identify a need through their existing assessment processes. Each of the statutory services and partner organisations will be allocated a notional budget which they will manage and make recommendations of spend on behalf of service users.

7. The Council also enables designated local referral organisations, such as the Citizens Advice Bureau to make applications on behalf of a resident. These organisations will not have notional budgets in order to prevent conflicts of interests with their role as advocates for individuals who ask for their assistance.

8. The Resident Support Scheme is administered by a team based in the Council’s Financial Operations service. The team will verify and process recommendations and referrals, and make award decisions.

9. The Resident Support Scheme will use a number of payment methods including a payment card, payment direct to suppliers, payment direct to landlords/housing associations, reducing council tax liability, grocery vouchers and fuel payments.

10. The Resident Support Scheme will offer residents additional support that will attempt to improve their long-term circumstances and help build their financial resilience. There is an opportunity to link them to financial capability advice, the credit union, advice agencies, employment services, the Income Maximisation Team and other support services.
Summary of the ‘Redbridge Model’

1. Redbridge’s Emergency Support Scheme (RESS) offers financial support in two ways to residents facing severe difficulties:
   a. Where urgent short term help is needed in exceptional circumstances, for example after an emergency or disaster, or to prevent serious risk to a person's or their immediate family's health or safety.
   b. Where a person needs help to establish themselves in Redbridge after being in institutional care, as part of a planned resettlement programme, for example after leaving prison or residential care.

2. RESS can also provide free advice and information on income maximisation and how residents can make their budgets go further.

3. Applicants must be:
   a. Aged 18 or over
   b. Have lived continuously in Redbridge for at least 6 weeks, or will be returning to Redbridge after leaving care, unless exceptional circumstances apply.
   c. Are on a low income (see qualifying benefit information box) or will be getting one within the next eight weeks if leaving care.
   d. Are unable to get help from any other source (for example from own savings, family, friends, other public or voluntary organisation)
   e. Are able to claim public funds i.e. not subject to immigration controls.
   f. Have not received an emergency support from RESS or any Local Authority for any reason in the previous 6 months or for the same reason in the previous 12 months.
   g. Are not subject to a DWP sanction or disallowance
   h. Have not been housed in Redbridge by another council

4. RESS will help in different ways depending on the type of support needed. For example, the following may be provided:
   a. Recycled furniture or reconditioned white goods may be provided
   b. Essential household items such as crockery, cutlery, kitchen utensils, towels and bedding
   c. Gift vouchers or payment cards for certain supermarkets and shops
   d. Income maximisation and money management advice
5. No cash payments will be made unless exceptional circumstances apply.

6. The RESS received 856 applications in 2013/14 and made 658 awards for a total spend of £149,313. The service was retendered for 2015/17 and per annum the grant fund budget is up to £200,000 and the delivery fund up to £85,000.

**Summary of the ‘Portsmouth Model’**

1. The Local Welfare Assistance scheme in Portsmouth provides for help for people following a disaster or crisis and in respect of community care type needs. In respect of its crisis assistance, there is no need for people to be in receipt of a qualifying benefit, although people seeking help with community care requirements do need to be in receipt of Income Support, Income based Jobseekers Allowance, Income related Employment Support Allowance, Pension Credit or Housing Benefit – or have received a payment on account of one these benefits following a new claim.

2. Crisis support is provided in respect of daily living costs, including food, fuel and travel, whilst community care support is focused on furniture, white goods and essential household items.

3. The Portsmouth scheme has a number of specific restrictions. The maximum number of awards is two in any 12 month period, and there are maximum amounts for both crisis (£250) and community care (£1,400). It is also notable that the scheme specifically states that the scheme is the ‘last port of call’ and that consideration should be given to whether or not the applicant can access Short Term Budgeting Advances, Budgeting Loans and “any sources of credit such as cash cards, store cards, credit cards, cheque cards, cheque accounts, overdraft facilities, and loan arrangements”.

4. The scheme is administered by Northgate Public Services on behalf of the Council and in 2013/14 the number of applications the scheme received totalled just 2,271: only one fifth of the number of Crisis Loan and Community Care Grant applications made in the city in 2010/11. Further to this, the refusal rate was high, with only 706 awards made (just 31 percent of all applications).

5. In 2013/14, Portsmouth spent three quarters of its allocation for local welfare, with £440,000 spent on crisis and community awards and a further £27,000 allocated to food banks. The average award was £600 per application.

**Summary of the ‘Barking and Dagenham Model’**

1. The service is designed to be delivered in two parts. Referrals are made through the Citizens Advice Bureau, where help in completing the form can be provided and documentation confirming proof of eligibility is verified, or through trusted professionals.

2. All paperwork is then passed to the Assessment Officers at Harmony House for a
decision. Officers from Harmony House may call the client for further clarification. Visits to Harmony House are not available to the applicants, as it is purely an administrative centre not able to deal with the public on site.

3. Applicants are advised of their decision by the Assessment Officer directly.

4. When awarded emergency cash the applicant is advised, through their mobile phone, of a code number which can be presented at any local Paypoint outlet in exchange for the cash amount. The CAB office has a phone which can be used by applicants who don’t have their own mobile phone.

5. If appropriate gift vouchers, exchangeable at a local supermarket for food only, will be posted to the applicants house on the same day.

6. The Assessment officers will make arrangements to pay large bills or rent deposits directly to the supplier.

7. Furniture, white goods and household goods are provided through a local supplier. All the suppliers we used are based in the borough: with one also having a small factory in the borough making the furniture that is supplied to L.E.S.S. applicants. In this way monies spent on the support service are reinvested in the borough.

8. Following their initial application to the Citizen’s Advice Bureau applicants will, if appropriate, be offered debt advice or help with financial budgeting.

9. Where appropriate applicants are encouraged to open a savings account with the local Credit Union. The L.E.S.S. has a fast track referral system for these clients and provides them with the initial £5 deposit needed to open the account. When an applicant has saved £30 of their own money the L.E.S.S. will add a further £30 to help them establish a habit of regular saving.

10. Applicants who have a negative decision may appeal against that decision to the Support Service’s Independent Appeals Officer.
This page is intentionally left blank
APPENDIX 3

Equality Impact Assessment - Local Emergency Support Service

Section 1: General information

1a) Name of the savings proposal: Local Emergency Support Service

1b) Services Area: Adult and Community Services

1c) Divisional Director: Glynis Rogers

1d) Name and role of officer/s completing EIA: Joe Gillam, Commissioning Manager - Market Development.

Section 2: Information about changes to the services

2a) In brief please explain the proposals and the reason for this change:

The Local Emergency Support Service (LESS) in Barking and Dagenham provides grants to residents in crisis for various reasons. Grants range from £40 for food or fuel through to vouchers for furniture for a new tenancy.

The Local Emergency Support Service is one of a range of options by which local residents can be supported in times of extreme hardship and need. Referrals are taken from Council frontline staff, the local voluntary sector and directly through the Citizen’s Advice Bureau. In each case other emergency support services available are considered in conjunction with the referral.

Funding from Central Government has substantially reduced, and this EIA looks at the impact of a reduced scheme being funded by the Council.

The contract for the provision of the service is with Harmony House until the 30th September 2015. They are the lead organisation and have a sub-contractual relationship with the Barking and Dagenham Citizens Advice Bureau.

The Cabinet on 16 December 2014 asked for a further report in June 2015 on options for continuing the Local Emergency Support Service from 2015/16 following the confirmed removal of specific funding for the Local Welfare Provision by Central Government. The report will consider the future of the LESS given the reduction in funding, and its context within the myriad of schemes designed to support vulnerable people in the borough. The EIA is an appendix to the aforementioned June report which considers the options for funding and the
associated implications for Barking and Dagenham residents.

2b) What are the equality implications of your proposals

This EIA is being conducted to consider the impact of a reduction of the fund, rather than a removal. The Council will continue to fund this service, up until September 2015 in a reduced way. However a reduction in funding will still impact on the most vulnerable.

The model currently delivered has sought to promote dignity rather than create dependence for residents facing financial hardship by providing grants and seeks through the CAB to direct residents to the most appropriate fund in their individual circumstances as well as signposting to debt advice, money management courses and encouraging the opening of a savings account with Liberty Credit Union.

Section 3. Equality Impact Assessment.

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal.

<table>
<thead>
<tr>
<th>Race</th>
<th>Will the change in your policy/ service have an adverse impact on specific ethnic groups?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the effect of the policy on different racial groups</td>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
</tbody>
</table>

According to the 2011 Census just over half (50.5%) of the population in Barking and Dagenham are from Black and Minority Ethnic (BME) groups.¹ The largest single BME category in Barking and Dagenham is Black African at 15.4% of the population. The next largest is Other White (7.8%), followed by Pakistani (4.3%), Bangladeshi (4.1%) and Indian (4.0%). Black/Black British categories make up 20.0% of the population, and are the largest non-White group, followed by Asian/Asian British (15.9%).

Service monitoring by ethnicity Apr 2014- March 2015

<table>
<thead>
<tr>
<th>ETHNIC GROUP</th>
<th>Total</th>
<th>% of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Asian British: Bangladeshi</td>
<td>65</td>
<td>1.8</td>
</tr>
<tr>
<td>Asian/Asian British: Chinese</td>
<td>4</td>
<td>0.1</td>
</tr>
<tr>
<td>Asian/Asian British: Indian</td>
<td>41</td>
<td>1.2</td>
</tr>
<tr>
<td>Asian/Asian British: Pakistani</td>
<td>49</td>
<td>1.5</td>
</tr>
<tr>
<td>Asian/Asian British: Other Asian</td>
<td>30</td>
<td>0.9</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British: African</td>
<td>387</td>
<td>9.2</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British: Caribbean</td>
<td>184</td>
<td>4.4</td>
</tr>
</tbody>
</table>

¹ BME includes White Irish, Gypsy and Irish Traveller, and Other White categories
<table>
<thead>
<tr>
<th><strong>Ethnic Group</strong></th>
<th><strong>Count</strong></th>
<th><strong>%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African/Caribbean/Black British: Other Black</td>
<td>37</td>
<td>1.0</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: White and Asian</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: White and Black African</td>
<td>53</td>
<td>1.5</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: White and Black Caribbean</td>
<td>208</td>
<td>3.1</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: Other Mixed</td>
<td>34</td>
<td>1.1</td>
</tr>
<tr>
<td>Other ethnic group: Arab</td>
<td>12</td>
<td>0.3</td>
</tr>
<tr>
<td>Other: Any other ethnic group</td>
<td>186</td>
<td>5.8</td>
</tr>
<tr>
<td>Traveller – Romany</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Traveller - White Irish</td>
<td>5</td>
<td>0.2</td>
</tr>
<tr>
<td>White: English/Welsh/Scottish/Northern</td>
<td>2503</td>
<td>66.0</td>
</tr>
<tr>
<td>White Irish</td>
<td>12</td>
<td>0.4</td>
</tr>
<tr>
<td>White Other</td>
<td>67</td>
<td>1.5</td>
</tr>
</tbody>
</table>

The data for the service in the period above shows that the service is accessed by all groups within the community and is reflective of the proportional make up for each group. White, (English, Welsh, Scottish, Northern Irish, and British) and African (Black, African, Caribbean, Black, British) respectively make up 66% and 16.3% of the individuals that accessed the service. This shows that based on population data there is a proportionately higher usage of the service by the White British community.

However, the service is accessed across by residents across the demographic profile of the borough and therefore a reduction in this service will therefore have a **negative impact** on the all ethnic groups, particularly African (Black, African, Caribbean, Black British).

<table>
<thead>
<tr>
<th><strong>Disability</strong></th>
<th><strong>Identify the effect of the policy on different disability groups</strong></th>
<th><strong>Will the change in your policy/ service have an adverse impact on disabled people?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The 2011 census indicated that 30,460 people described themselves as having a long term health problem or disability which limits their day-to-day activities either a little (14,876) representing 8% of the population or a lot (15,584) representing 8.4% of the population.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A snapshot from May 2014- March 2015 shows the breakdown of applicants in receipt of Disability Living Allowance, (DLA), or Personal Independence Payment (PIP).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>% of applicants</strong></th>
<th><strong>Not working and not receiving DLA/PIP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95.2</td>
</tr>
</tbody>
</table>
The data in the table above shows that 4.23% of applicants in 2014 - 15 were in receipt of DLA/PIP. This reflects the number of people that are claiming the DLA/PIP. However, it does not reflect the total number of people who described themselves as having a long term health problem or disability, which limits their day-to-day activities.

The provider estimates that the number of applicants who have approached the LESS may identify themselves as having a long term health problem or disability, which limits their day to day activities is around 50%. This would therefore mean that a higher proportion of people with disabilities have been supported by the service and therefore a reduction in the service would have a negative impact on people with disabilities.

<table>
<thead>
<tr>
<th>Starting work</th>
<th>0.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not working and in receipt of DLA/PIP</td>
<td>4.3</td>
</tr>
</tbody>
</table>

**Gender**

**Identify the effect of the policy on different gender (inc Trans) groups**

**Will the change in your policy/service have an adverse impact on men or women?**

Please describe the analysis and interpretation of the evidence to support your conclusion

The 2011 Census shows that 48.5% of the local population are male and 51.5% are female.

The LESS data shows that between April 2014 – March 2015 the breakdown by gender of applicants is shown as:

- 49% male
- 51% female

This is reflective of the population breakdown for the borough therefore there is no particular impact on the reduction of this service on gender.

**Sexual orientation**

**Identify the effect of the policy on members of the LGB community**

**Will the change in your policy/service have an adverse impact on gay, lesbian or bisexual people?**

Please describe the analysis and interpretation of the evidence to support your conclusion

There is no information LGB community requesting welfare support services as this is not monitored. However, as these services are available to all residents irrespective of their sexual orientation, it is anticipated that there will there is negative impact in terms of sexual orientation on accessing financial support in an emergency.
## Religion and belief / those of no belief

**Identify the effect of the policy on different religious and faith groups**

<table>
<thead>
<tr>
<th>Will the change in your policy / service have an adverse impact on people who practice a religion or belief? Please describe the analysis and interpretation of the evidence to support your conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to the 2011 Census the people living in Barking and Dagenham identify themselves to be predominantly Christian (56.0%). Those with no religion make up 18.9% of the population and 13.7% are Muslim. The remaining 11.4% includes those who prefer not to say (6.4%), Hindu (2.4%), Sikh (1.6%), Buddhist (0.5%), other religions (0.3%) and Jewish (0.2%). There is no information regarding the religion or belief of people requesting emergency support, however given the demographic characteristics of the residents accessing the service and 81% of residents in the census stated they had a faith it is likely that there this service will have a <strong>negative impact on people with the full range of religions and beliefs locally.</strong></td>
</tr>
</tbody>
</table>

## Age

**Identify the effect of the policy on different age groups**

<table>
<thead>
<tr>
<th>Will the change in your policy / service have an adverse impact on specific age groups? Please describe the analysis and interpretation of the evidence to support your conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are 185,911 people living in Barking and Dagenham based on the latest population estimates, of whom 10.4% (19,321) are aged 65 plus.² Barking and Dagenham has the highest proportion of children aged 0 to 4 years and 0 to 14 years in England with one in four of the population under the age of 15, and one in ten under the age of five years.³ The data for April 2014- March 2015 shows that the service is accessed by all age groups; however the age group with the largest number of applications are for 20-49 years old making up 78.3% of the applications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>LESS Applicants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>2.8</td>
</tr>
<tr>
<td>20-29</td>
<td>29.4</td>
</tr>
<tr>
<td>30-39</td>
<td>28.1</td>
</tr>
<tr>
<td>40-49</td>
<td>20.7</td>
</tr>
<tr>
<td>50-59</td>
<td>14.5</td>
</tr>
<tr>
<td>60+</td>
<td>4.3</td>
</tr>
</tbody>
</table>

The borough is among the four worst boroughs for half of the poverty indicators in the London Poverty Profile. Child poverty in the borough for 2013

² Mid-2012 Population Estimates (ONS, 2013)  
³ Public Health Annual Report 2012
runs at 30.2% as compared to Child Poverty for London of 23.5%.

Working towards reducing child poverty is particularly important in Barking and Dagenham. Comparative assessments of neighbouring boroughs show that the child poverty figures for Havering (18.5%) and Redbridge (19.3%) are significantly lower when compared to Barking and Dagenham which is significantly higher at 30.2%.

Although data is not collected on individual children the data for LESS shows that there are:
- 34% of applicants with children
- 66% of applicants without children

Although there are more applicants without children, the numbers of applicants with children generally have more than one child and are supported with basic items such as furniture and white goods, when being accommodated. A reduction in this service will have a **negative impact on the children** of the borough.

| Socio-economic | Will the change in your policy/service have an adverse impact on people with low incomes?
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the effect of the policy in relation to socio-economic inequalities</td>
<td><strong>Please describe the analysis and interpretation of the evidence to support your conclusion</strong></td>
</tr>
</tbody>
</table>

The London Poverty profile demonstrates the heightened levels of deprivation in Barking and Dagenham.

Barking and Dagenham was the London borough hit hardest by the recession[^4]. In the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking of its areas (LSOAs’ rank of average rank), the borough is ranked 8th worst in England[^5].

In Barking and Dagenham a total of 12,370 residents have been claiming out of work benefits for one year or more. This represents 10.4% of the working age population, compared to the London figure of 7.3%. Over the last 10 years the rate in the borough has consistently been at least 3% higher than the London figure. Almost 6,000 residents have been claiming for five years or more. More recently there has been a rise in people in work who are in poverty as wages are lower than the living wage.


When Barking and Dagenham is compared to other London boroughs across the series of indicators reported by the London Poverty Profile, it is amongst the worst four boroughs for 10 (almost half) of the indicators, this is summarised in the table below:\(^6\): Further comparisons have been made with both Havering and Redbridge to give a local perspective. In all the comparisons Barking and Dagenham remains the borough with the highest percentage across all indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>LBBD</th>
<th>London</th>
<th>Havering</th>
<th>Redbridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children in poverty (2012)</td>
<td>30.2</td>
<td>23.5</td>
<td>18.5</td>
<td>19.3</td>
</tr>
<tr>
<td>Modelled Percentage of unemployment (July 2013 – June 2014)</td>
<td>11.2</td>
<td>7.4</td>
<td>6.4</td>
<td>7.7</td>
</tr>
<tr>
<td>Percentage of low pay by residence (those paid under the London living wage, 2011-2013)</td>
<td>27</td>
<td>20</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Landlord repossession (per 1,000 households) for 2011Q4 to 2012Q3</td>
<td>23.5</td>
<td>14.0</td>
<td>9.1</td>
<td>11.8</td>
</tr>
<tr>
<td>Mortgage repossession orders (per 1,000 households buying homes with mortgage)2010/11</td>
<td>15</td>
<td>8</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Percentage of childhood obesity 2013/13</td>
<td>26.3</td>
<td>22.4</td>
<td>20.5</td>
<td>22.9</td>
</tr>
<tr>
<td>Percentage of people with a limiting long-term illness or disability (limited daily activity), 2011</td>
<td>8.4</td>
<td>6.7</td>
<td>8.2</td>
<td>7.0</td>
</tr>
<tr>
<td>19 year olds lacking level 3 (equivalent to A-levels) qualifications, 2013</td>
<td>47</td>
<td>37</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Percentage of people receiving Job seekers allowance. Claimant count 13(^{th}) November 2014</td>
<td>3.6</td>
<td>2.6</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Proportion claiming out of work benefits (may 2014)</td>
<td>13.7</td>
<td>9.6</td>
<td>8.5</td>
<td>7.9</td>
</tr>
<tr>
<td>Percent of household claiming LHA(Local Housing Allowance), 2013</td>
<td>48</td>
<td>27</td>
<td>39</td>
<td>34</td>
</tr>
</tbody>
</table>

The percentage of households claiming Local Housing Allowance, (LHA), in 2013 is the highest for Barking and Dagenham (48%) when compared to both London (27%) and neighbouring boroughs of Havering (39%) and Redbridge (34%). This means that just under half of the borough’s population is in receipt of LHA based on this data. As applicants that are eligible for support under

\(^6\) Health and Wellbeing Board 250314 - London Poverty Profile 2013  
### Other

Identify if there are groups other than those already considered that may be adversely affected by the policy e.g. Carers

<table>
<thead>
<tr>
<th>Will the change in your policy/service have an adverse impact on any other people (e.g. carers/ socio-economic wellbeing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
</tbody>
</table>

**Carers**

In Barking and Dagenham there are at least 16,201 carers. The Government’s national carers’ strategy, ‘Carers at the heart of 21st-century families and communities’,[7] and ‘Recognised, valued and supported: the next steps for the Carers Strategy’,[8] includes amongst others the following priorities:

- Carers will be supported so that they are not forced into financial hardship by their caring role
- Supporting carers to remain mentally and physically well

Although data on carers is not collected for this service, given the number of carers identified in the borough a reduction in the service will have a **negative impact on carers in the borough**.

**Prison Discharges**

Between April and December 2014 the service has supported 56 vulnerable individuals who have left prison and potentially reduced re-offending behaviour in this cohort due to the delays in accessing benefit payments on discharge.

A reduction in the service could potentially lead to re-offending behaviour as the individual waits for welfare payments to come through for food and gas and electricity. With the other vulnerabilities associated with the offenders, this may also result in an increase in associated negative behaviours such as

---


[8] Recognised, valued and supported: Next steps for the Carers Strategy 2010
anti-social behaviour.

A reduction in the LESS service will have a **negative impact** on prison leavers and remove a support at a time when the individual could be support to have a positive outcome.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Will the change in your policy /service have a particular adverse impact on staff from any of the equalities categories?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify if there are any staff groups that maybe adversely affected by the policy</td>
<td><em>Please describe the analysis and interpretation of the evidence to support your conclusion</em></td>
</tr>
</tbody>
</table>

Not applicable

### Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact. If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact. You will be required to provide updates on the actions until they are completed, so it is important they are SMART.

<table>
<thead>
<tr>
<th>Adverse impact</th>
<th>Please describe the actions that will be taken to mitigate impact</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>On people with the protected characteristics of: race, disability and socio-economic deprivation</td>
<td>Work with the current providers to support relevant referrals</td>
<td>A reduced number of residents receive a service, but this is focused on those with greatest need</td>
</tr>
<tr>
<td>Reduced number of residents demonstrating the protected characteristics funded with rent deposits</td>
<td>The Strategic Welfare reform group will look at the funding to residents through various sources to residents accessing support schemes</td>
<td>Increased coordination of the support residents facing financial challenges receive</td>
</tr>
<tr>
<td>Reduced number of residents</td>
<td>Frontline staff will be advised of changes in the fund level and criteria will be revised as appropriate</td>
<td>Residents will be signposted to the most appropriate funds, to seek to mitigate the impact</td>
</tr>
<tr>
<td></td>
<td>The service provider will</td>
<td>Impact of the fund maximised</td>
</tr>
<tr>
<td>demonstrating the protected characteristics receive furniture or rent deposits to help sustain new tenancies</td>
<td>continue to work with voluntary sector and businesses to achieve the most economically viable options for the provision of furniture and white goods</td>
<td>Access to the fund improved</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Reduced funding to deliver the service therefore less accessible</td>
<td>Further work will be done to look at the use of online applications and referrals via professionals and key times for staffing the service will be identified to minimise impact.</td>
<td></td>
</tr>
</tbody>
</table>

**Section 5: Future Review and Monitoring.**

Please explain how and when the impact of these changes will be reviewed

- The LESS contract will be monitored on a quarterly basis, and part of the monitoring will be the number of rejections and where residents have been signposted
- The Council’s strategic and Local Welfare Reform Groups will look at the impact of all funds to residents to ensure maximum benefit for residents.
Relevant extract from the minutes of the Cabinet meeting on 23 June 2015

13. Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service

(The Chair agreed to bring forward consideration of this item in view of the attendance of representatives of Harmony House and the Council for Voluntary Services.)

Marie Kearns, Harmony House Contract Manager for the Local Emergency Support Service (LESS), and Erica Jenkins, Barking and Dagenham Council for Voluntary Services (BDCVS), were invited to address the Cabinet on their response to the proposals contained within the report. Ms Kearns advised that she was also speaking on behalf of Pip Salvador-Jones, Director of the Barking and Dagenham Citizen’s Advice Bureau who were a delivery partner of the LESS, who was unable to attend the meeting.

Ms Kearns referred to her email to the Council of 19 June 2015 in which she highlighted a number of issues and sought clarification on several aspects of the report. She explained that over 3,000 vulnerable local people apply for support each year and the cessation of the LESS would place considerable pressures on other statutory services provided by the Council and voluntary sector partners. The role out of further Government welfare reforms, including the Universal Credit, would bring additional pressures on many individuals and families who were already finding it extremely difficult to manage with the little money that they had. Ms Kearns stressed that resilience work was essential and the current model of delivery was founded on that.

Ms Jenkins reiterated the concerns regarding the changes to the benefits system and felt that it was crucial for the LESS to continue while the support agencies and businesses put in place additional arrangements to meet the inevitable pressures arising from those changes. Both Ms Jenkins and Ms Kearns acknowledged the difficult position that the Council had been placed in by the withdrawal of Central Government funding for the LESS and the other cuts to statutory services that support the vulnerable in the community, but suggested secondary safety nets such as the LESS were vital and should continue.

The Cabinet Member for Adult Social Care and Health introduced the report and similarly expressed her frustration at the impact that the Government’s austerity measures were having on local authorities and the voluntary sector agencies that support local communities. The Cabinet Member reminded her colleagues that the decision taken by Cabinet under Minute 101 (16 February 2015) was to extend the
current contract for a further six months from 1 April 2015, funded from the Council’s Revenue Support Grant settlement, and that the proposal in today’s report was to discontinue the project at the end of that extension in favour of alternative arrangements to support vulnerable residents and build resilience in the community.

The Cabinet Member referred to the Chancellor of the Exchequer’s Emergency Budget expected in July 2015, which was predicted to make £12 billion cuts to the welfare budget, and stressed that it was vital for the Council to retain as much flexibility as possible in the lead-up to that announcement. The funding of £300,000 that the Council was able to allocate to the LESS would not properly address the level of need, so it was necessary to look at how any available funding could be best used in the longer term. Reference was also made to the delivery costs of approximately £90,000 for the LESS.

Cabinet Members spoke in support of the need to retain as much flexibility at the present time and welcomed the further work that would be undertaken by the Council’s Strategic Welfare Reform Group which would inform a report to Cabinet towards the end of 2015.

Cabinet resolved to:

(i) Note the background information and context around welfare reform and the funds which the Council makes available to those in priority need;

(ii) Agree to cease funding a Local Emergency Support Service in Barking and Dagenham and use the remaining additional revenue support grant to develop two pilots to support identified cohorts of vulnerable residents to build self reliance; and

(iii) Request that the Strategic Welfare Reform Group complete a further, more holistic assessment of welfare support across employment, housing, and general assistance, as part of the Ambition 2020 proposals, with a 3-5 year timeline, to return to Cabinet later in the year.
Local Emergency Support Service –
Equalities Impact Assessment [EIA] Concerns

Further to the concerns outlined in my paper to Cabinet members on the 22nd of June 2015, I am writing to draw attention to the Equality Impact Assessment (EIA), attached as appendix 3, to the Cabinet paper of the 23rd June 2015 titled: Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service. This EIA is an update for the Cabinet since the last EIA of February 2015 which the Cabinet considered on 16 February 2015 when voting to reduce the LESS fund that 3500 people a year rely on by 66%.

Paragraph 4.1 of the June 2015 report to Cabinet says, “The proposal is therefore to cease funding the LESS from the 30th September 2015”

Despite the Cabinet decision to cease the service, the June 2015 EIA only refers to the consequences of a reduction in service; section 2 (2b) states, “This EIA is being conducted to consider the impact of a reduction of the fund, rather than a removal”.

The February 2015 EIA Action plan at Section 4 required a review and monitoring of the impact of proposed mitigation steps on these groups of the 66% reduction in the LESS fund from 1 April 2015. This has not been carried out and the Cabinet on 23 June did not consider this.

Both EIAs in February and June 2015 identify at Section 3 that 78% of people accessing the fund are of working age; a reduction in service will negatively impact on local children, the disabled, carers, all racial and ethnic groups (a significant proportion of the White British community also access the fund), the full range of religions and beliefs locally and LGBT communities. Both EIAs state that “a two thirds reduction in the LESS fund will have a negative impact on people on low incomes”

This leads to the conclusion that much of June 2015 EIA is in fact the one that was drawn up in February 2015 this year, when it was put to the Cabinet what the effect of the two thirds reduction in service, as then proposed, would be.

In addition Section 4, the June 2015 EIA Action Plan, is identical to the one presented in February 2015 when the service was to be reduced. It does not address the issues to be faced when the most vulnerable residents have no access to support in a crisis. We fully accept that community checkpoints and BanD Routemaster might help local people to build resilience but neither the June 2015 report to cabinet or EIA explain how such pilot schemes will be effective in a crisis. The impact on vulnerable communities of a total reduction in the LESS Fund has not been considered.
A number of questions and requests for further information were sent to the author of the original Cabinet paper on 18 June 2015 which have not been responded to. We would like to hear from you as soon as possible.

Due to the significant concerns raised above we ask that the Scrutiny Panel ask the Cabinet to review their decision of 23 June 2015, that the February 2015 Equalities Impact Assessment be updated in line with the action plan set out therein. This will ensure that the Cabinet can be aware of the impact of their February 2015 decision to reduce the fund by 66% and their June 2015 decision to cease the service.

Further and finally, I would like to draw the Scrutiny Panel’s attention to a judgement of the High Court of Justice in February 2014: R(Christian Jump) v (1) The Secretary of State for Work and Pensions and (2) Secretary of State for Communities and Local Government CO/1838/2014.

A link to the judgement can be found at: http://www.cpag.org.uk/content/lwas-intervention

This Judicial Review was won by the Child Poverty Action Group and the DWP were required to “consider the impact on equality and discrimination” and “complete the ongoing review of local welfare provision” before they made a decision to cease funding Local Welfare Assistance Schemes. As a result the welfare scheme was funded for a further year.

Marie Kearns
Harmony House Dagenham
Summary

In 2014, the Government indicated its intention to cease funding through the Revenue Support Grant local emergency support services. As a result, Cabinet, as part of its budget deliberations at its meeting on 16 December 2014, asked for an options paper.

Since then, and following considerable lobbying, the Government has now announced (in February 2015) continuing funding at a reduced level in 2015/16.

This paper sets out proposals for a number of short term measures. These, if approved, will continue at a reduced level a local emergency support scheme, whilst investing in some key BanD Together initiatives to accelerate system change.

A wider review of how the local ‘safety net’ provisions can be improved is under way and a further report will be presented to Cabinet in the Summer.

Recommendation(s)

The Cabinet is recommended to:

(i) Agree the continued funding of a Local Emergency Support Service, at a reduced level of £300,000 for 2015-16, using the additional Revenue Support Grant in the local government financial settlement issued on 3 February 2015;

(ii) Agree to the funding of the development of the CommunityConnect knowledge platform to support the Community Checkpoints model being developed and to agree to waive the Council’s Contract Rules for this pump priming in recognition of the development work that has already been completed on this initiative;

(iii) Agree that a fixed term post be established to accelerate progress on the development of alternative proposals for a local safety net;
Appendix E

(iv) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Cabinet Member for Adult Social Care and Health, the Head of Legal and Democratic Services and the Chief Finance Officer, to award:

- The contract with Harmony House for one year from 1 April 2015 by a waiver under the Council’s Contract Rules.
- Funding towards the development of CommunityConnect knowledge platform for not more than £80,000 and to waive the Council’s Contract Rules accordingly.

Reason(s)

The proposal is intended to assist the Council in continuing to support its most vulnerable residents. Through the initiatives to support vulnerable residents and the grants through the LESS fund residents will be enabled to sustain tenancies, meet immediate crisis and be signposted and supported to address the issues that they are facing. In doing so the fund contributes to the achievement of the Council’s priority to:

Encourage Civic Pride by
- Building pride respect and community cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life

Enable social responsibility by
- Supporting residents to take responsibility for themselves, their homes and their community
- Protecting the most vulnerable, keeping adults and children healthy and safe.

1. Introduction and Background

1.1 In the current climate of austerity residents in Barking and Dagenham continue to face significant challenges. The new vision of “One Borough; One Community; London’s growth opportunity” and associated priorities have been developed to reflect the changing relationship between the Council, partners and the community and to seek to address the challenges together.

1.2 Barking and Dagenham has seen a significant overall population increase of 13.4% to 185,911 (2011 Census). This is 22,000 more people since 2001, including a 50% increase in 0 – 4 year olds. 30% of the population are children, placing a huge pressure on school places, housing and social care including on workloads across key agencies working with the borough’s families. The borough is also more ethnically diverse than it has ever been. The population is projected to rise from 190,600 in 2012 to 229,300 in 2022. This is a 20.3% increase and is the second largest in England after Tower Hamlets.

1.3 The borough is the 7th most deprived in London and 22nd most deprived nationally which is also reflected in the relatively poor standard of health. London’s Poverty profile shows that when compared with other London boroughs Barking and
Appendix E

Dagenham still has significant challenges. For the following indicators, Barking and Dagenham is in the 4 worst boroughs in London:

- Child Poverty
- Unemployment
- Low pay by residence (household)
- Landlord and mortgage repossessions
- Lack of qualifications at 19
- Limiting long-term illness

http://www.londonpovertyprofile.org.uk/

1.4 Across the Borough there are a range of initiatives that seek to enable residents in these challenging times to take responsibility for themselves, their homes and their community. These include: Housing and homelessness support, advice through the Citizen’s Advice Bureau, Council services and other partners, discretionary housing payments, employment support initiatives, adult and children social care payments, children’s centres and a wide range of other initiatives.

1.5 Within this context the authority with its partners is seeking to address the challenges to the borough’s most vulnerable residents. The proposal outlined in this report seeks to join some of the current initiatives that are in place to develop a more robust approach. The current initiatives are outlined below.

1.6 The Strategic Welfare Reform Group within the Council has been seeking to look at the impact of the welfare reforms on residents and will continue to do this, particularly as Universal Credit is rolled out in Barking and Dagenham in June 2015.

1.7 The Band Together initiative has been established with key voluntary sector providers in the borough to seek to coordinate the support to residents in the borough in tackling the complex issues that face the borough. The initiative has established a Strategic Leadership Board to take the initiative forward in partnership with partners, including the Council. To support this the London Borough of Barking and Dagenham has identified funding for a PO1 post, hosted by Barking and Dagenham Council for Voluntary Service to coordinate their initiatives including:

- Supporting Community hubs
- Information and referrals
- Events and celebrations
- Identifying need and evidencing impact

1.8 In parallel with the Band Together initiative the Council is developing, with partners a Community Checkpoints and Champions initiative. Community Checkpoints are any building or organisation that is willing to support local people to access Barking and Dagenham information and services. Each Checkpoint will have at least two people (Community Champions) who have been trained and assessed in providing information and guidance for using our Community portals (not necessarily full time). Each checkpoint will be able to provide access to the Council and other websites and guidance for residents on how to use the Community portal. Each checkpoint will be linked to a community hub, will be locally accredited and receive
Appendix E

Community Network information and training. The plan is to identify 50 Community Checkpoints by December 2015.

1.9 In addition Community Resource has developed an initiative called “CommunityConnect” which currently seeks to connect people with local services. It provides information around advice, direct support and groups and networks. There are approximately 80 service or groups/activities listed, which are regularly checked and updated. Below is the link to the current website:

http://www.communityconnect.today/

1.10 Another part of the range of support has been the Local Emergency Support Service locally, which has been funded through the delivery of new local provision to replace the Department for Work and Pensions’ Community Care Grants and Crisis Loans. This change was part of the Government’s overall policy of localism.

1.11 The funding was distributed to upper tier authorities on the basis of historical Crisis Loan and Community Care Grant demand and spend data by local authority area.

1.12 From April 2013, local authorities could therefore set up their own local welfare schemes or choose other ways of providing flexible help. The Department for Work and Pensions paid the amount that would have been available for Community Care Grants and Crisis Loans for the remainder of the current spending review period (i.e., to 2015) to local authorities thorough grants under section 31 of the Local Government Act 2003 for 2013/14 and 2014/15.

1.13 In Barking and Dagenham it was felt that the voluntary sector had the necessary skills and experience to deliver such a service so the Council advertised for interested parties to deliver a Local Emergency Support Service (LESS) for residents (18+) experiencing extreme financial hardship in the borough. The contract for the provision of the service was put in place April 2013 - March 2015.

1.14 Following completion of the procurement process the contract has been awarded to Harmony House, a local community interest company. Harmony House are the lead organisation but have a sub-contractual relationship with the Barking and Dagenham Citizens Advice Bureau (CAB). For local residents requiring emergency support Barking and Dagenham CAB is the access point for help and advice.

1.15 As with the previous model adopted by the DWP, decisions about applications were made away from the point of application. Applicants were contacted and informed about the outcome of their application. In addition this model enabled the CAB to support residents facing financial challenges by offering debt advice and support as well as addressing the immediate crisis.

1.16 Over the 21 months of the contract to December 2014 the LESS in Barking and Dagenham has:

- Awarded grants to 5502 individual residents or families
- Awarded grants totalling £1,195,919

1.17 As part of the Spending Round 2013, the Government provided for a number of areas of local authority spending, including local welfare provision, to be funded
from within Revenue Support Grant, rather than being the subject of separate grants. Central Government intended that, from April 2015, local welfare provision would be funded from general grant to Local Government, instead of an identifiable sum being made available specifically for this purpose. Local authorities would continue to decide what local provision to provide and at what cost, as the view was that they are best placed to understand the needs of their local communities. However additional funding to do this would be removed.

1.18 This decision was challenged in judicial review proceedings by members of the “Keep the Safety Net” campaign which have now been settled. The Government committed to making a fresh decision as to how local welfare provision should be funded in 2015/16 and ran a consultation over 6 weeks to which it received 5,603 responses.

1.19 The Final Local Government Finance Settlement for 2015-16 was announced on 3 February 2015. This Settlement provides an additional £74M to upper-tier authorities to recognise that councils have asked for additional support, including continuing support for local welfare needs. This is included in the additional Revenue Support Grant to the authority of £415,000.

1.20 The Cabinet meeting of the 16 December 2014 was asked to approve the end of the Local Emergency Support Scheme (LESS) from 2015/16 following potential withdrawal of Central Government funding for the service as detailed in paragraph 2.4 of the Cabinet report or agree a further allocation from reserves for a revised scheme to be delivered.

1.21 Cabinet requested that an options paper for the continuation of the Local Emergency Support Service in Barking and Dagenham be brought back to Cabinet early in 2015 for consideration. This report considers the continuation of the Local Emergency Support Service in a wider context and contains related proposals.

2. Proposal and Issues

2.1 The proposal is to fund from the additional Revenue Support Grant in 2015/16 the following:

- A reduced Local Emergency Support Service for one year;
- A fixed term Commissioning Manager post to accelerate progress on the development of responses to welfare reforms including BanD Together initiatives;
- The pump priming of “CommunityConnect” to develop an online information and advice hub that will be available through the Community Checkpoints and other websites.

To fully fund all the proposals will require £430,000. The £15,000 shortfall can be met from the Adult and Community Services budgets for 2015/16.

2.2 In addition the Strategic Welfare Reform group will bring a report reviewing the range of welfare benefits available, including the LESS, back to Cabinet in the Summer with options for consideration once the impact of Universal Credits and continued austerity in the borough is becoming clearer.

2.3 Due to the lateness of the Central Government decision it will not be possible to retender the Local Emergency Support Service for April 1 2015 and so officers are
Appendix E

recommending that the current providers continue to deliver the service for one year within a reduced cost window through the award of a one year contract.

2.4 The current model, as outlined at 1.13, is based on a grant fund per annum to residents of £750,000 and the cost of delivering the current service model is £140,000. Through this model in 2013-14, 2737 residents were funded, with an average grant of £229 and up to the end of December in 2014-15 2194 residents have been funded.

2.5 The model delivered has sought to promote dignity rather than create dependence for residents facing financial hardship by providing grants and seeks through the CAB to direct residents to the most appropriate fund in their individual circumstances as well as signposting to debt advice, money management courses and encouraging the opening of a savings account with Liberty Credit Union.

2.6 The chart below shows the different forms of support provided. The greatest demand has been from residents needing a contribution for food, gas or electricity to see them through an immediate hardship. To date the Local Emergency Support Service has provided money for food, gas and electricity to 2,539 residents, who otherwise would have had to go without. The Local Emergency Support Service provide supermarket vouchers for food, so people do not feel stigmatised and can choose the food they want.

Breakdown of LESS spend April 13 to December 14

- Food, Gas or Electricity: 64%
- Furniture: 30%
- Other: 6%

2.7 The proposed funding from the additional revenue support grant resource to continue a reduced service is for a grant fund for residents of £210,000 and a delivery cost of £90,000. It is recognised that the scheme management costs require too high a proportion of the funds available. However, identifying lower cost solutions cannot be achieved between now and 1 April 2015. They will however be central to the approach designed for April 2016. If Cabinet agrees this level of funding for one year officers will work with the current providers to ensure the best service possible within the budget. This will include:

- Consideration of the staffing and hours of the current delivery model
- A review of the criteria for applicants to ensure the reduced fund is having the maximum impact.
- The continued signposting and referral of applicants to other funds and support to help them develop financial resilience.
- Continuing to explore the most cost effective way of furnishing properties where people are taking up unfurnished tenancies to continue to support tenancy sustainment.

2.8 The reduction of the grant fund by £540,000 and the delivery fund by £50,000 will impact on residents. With regard to the delivery and accessibility of the service the providers will work with partners to ensure online applications are utilised and appropriate supporting evidence submitted. It will not be possible to maintain the same level of open access for the service within the reduced funding allocation and therefore potentially the grant assessment time will increase, although this will be mitigated where possible by working differently.

2.9 In relation to the grant fund officers with the provider will monitor the criteria and applications in the first two months of 2015-16 and further revise the fund as necessary to ensure provision throughout the year. However it will not be possible to fully mitigate the reduction in the number and size of the grants to residents. In addition there will not be the same resilience within the fund to respond to disaster situations that may occur locally.

2.10 The fixed term proposed fixed term post will be for 1 year at an indicative cost of £50,000 including on costs to:
- Ensure that the Council is coordinating its initiatives internally and with partners in response to the current challenges face by residents.
- Review the LESS fund in relation to other welfare schemes to align and ensure a robust process.

2.11 For the “CommunityConnect” to be developed to the stage where it can provide the knowledge platform an initial pump priming investment of approximately £80,000 will be required.

2.12 The CommunityConnect provides individuals and practitioners with a single tool that takes account of multiple or complex needs and delivers relevant and accurate signposting to appropriate services including benefits, local agencies and other support organisations. Once developed this would be accessible through the Community Checkpoints and to frontline staff across the borough and it is considered that it has the potential to significantly decrease the time currently required in supporting residents to access the right services and support. It would be of particular value to non specialist staff and/or volunteers.

3. Options Appraisal

3.1 The following options for the additional revenue support grant were considered:

a) Option 1 – Do nothing allowing the current contract for the LESS to cease on 31 March 2015.
This would mean that there would be no local provision for LESS for residents facing particular financial hardship. Not Recommended.
b) Option 2 – Retender the LESS commission for April 2015.
   This is not possible within the timescales that have been given by Central
   Government and would mean that a viable scheme would not be in place for
   April 1 2015. *Not Recommended.*

c) Option 3 - Fund the LESS to the full level of the additional revenue support
   grant.
   This would mean that the options proposed to sit alongside the LESS fund for
   2015/16 to ensure the wider benefit would not be achieved. *Not Recommended.*

d) Option 4 – Fund the LESS at the level previously provided by Central
   Government.
   In light of the pressure on Local Government finances this was not deemed
   possible, and whilst this might be optimal, measures can be put in place to
   mitigate some of the impact by continuing with a reduced scheme. *Not
   Recommended.*

e) Option 5 – Fund: the LESS at £300,000 total; a fixed term post in Integration and
   Commissioning and part pump prime “CommunityConnect” to develop an online
   information and advice hub.
   This is the preferred option for maximising the impact of the time limited funding
   through the additional revenue support grant. *Recommended.*

4. Consultation

4.1 This report was requested by Cabinet on the 16 December 2014. Within the
   timescales officers have consulted with the current providers and local authority
   staff to consider the impact of the changes to the service. It was also considered by
   the Strategic Welfare reform group on the 19 January 2015.

4.2 There has been ongoing consultation on the LESS in relation to other welfare
   benefits programme and advice through BanD Together and the local welfare
   reform group that Harmony House and the Citizen’s Advice Bureau attend as
   standing partners.

5. Financial Implications

Implications completed by: Roger Hampson, Group Manager Finance, Adult and
Community Services

5.1 The proposal in this report is to continue the Local Emergency Support Service in
   2015/16 at a total cost of £300k, including the contract for the service with Harmony
   House and grants to residents. In addition it is proposed to fund one fixed term post
   for a year (£50k) and provide pump priming funding of £80k for CommunityConnect.
   This cost can largely be met from additional Revenue Support Grant announced on
   3 February 2015 of £415,000 within the Final Local Government Finance
   Settlement. The shortfall in funding of £15k will be met from the Adult and
   Community Services budget.

5.2 As the level of funding beyond 2015/16 is unclear, during the coming year, the
   Strategic Welfare Reform Group will develop options for 2016/17 and beyond. The
cost of any proposed scheme may need to be funded from offsetting savings across the Council unless additional funding becomes available from Central Government later in the year.

6. Legal Implications

Implications completed by: Kayleigh Eaton, Contracts and Procurement Solicitor

6.1 Part of this report concerns the possible award of a contract for a Local Emergency Support Service in Barking and Dagenham, directly to the current provider, Harmony House.

6.2 Legal Services note that the proposed contract is not subject to the Public Contracts Regulations 2006 (“the Regulations”) meaning that there is no legal requirement to competitively tender this contract in the Official Journal of the European Union.

6.3 Contract Rule 28.5 of the Council’s Contract Rules requires that all contracts with an estimated value of £50,000 or more must be subject to a competitive tendering process. However, Contract Rule 6.5 advises that a chief officer may issue a waiver of any of the Contract Rules where the contract value is below £500,000.

6.4 The report author and responsible directorate are advised to keep Legal Services fully informed. Legal Services will be on hand and available to assist and answer any queries that may arise.

7. Other Implications

7.1 Risk Management – The maintenance of a Local Emergency Support Service at a lower level of funding than from 2013-15 will have the following associated risks:

<table>
<thead>
<tr>
<th>Challenges and Risks</th>
<th>Opportunities and Mitigating Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced number of residents funded with rent deposits</td>
<td>Frontline staff will be advised of changes in the fund level and criteria will be revised as appropriate.</td>
</tr>
<tr>
<td>Reduced level of funding for furniture to help sustain new tenancies</td>
<td>The service provider will continue to work with voluntary sector and businesses to achieve the most economically viable options for the provision of furniture and white goods.</td>
</tr>
<tr>
<td>Reduced funding to deliver the service therefore less accessible</td>
<td>Further work will be done to look at the use of online applications and referrals via professionals and key times for staffing the service will be identified to minimise impact.</td>
</tr>
<tr>
<td>Residents unable to access support when needed</td>
<td>The development of CommunityConnect and the Community Checkpoints will widen the information and locations where residents will be able to access information and support.</td>
</tr>
</tbody>
</table>
7.2 **Contractual Issues** - The contract for the LESS ends on March 31, 2015. The contract for the service is currently for £140,000 and the grant funding to residents administered through the scheme is for £750,000. The proposed new contract will be for one year, 2015-16, for a reduced amount of £90,000 for the delivery of the service and £210,000 in grants to residents.

Further to the announcement of the additional revenue support grant on 3 February, the funding for the contract will be for the totality of this fund.

The contract performance will be monitored through meetings, reports, performance improvement and escalation where necessary. The standard Council terms and conditions are proposed.

Delivery of the expected and required services with maximum utilization of the resources, ensuring that at all times appropriate service delivery is available within the contract.

7.3 **Staffing Issues** - The reduced funding for the delivery of the service will require the providers to reduce staff hours.

7.4 **Corporate Policy and Customer Impact** - An impact assessment has been completed for this report considering the potential impact of the reduced funding through the LESS in relation to race, gender, disability, sexuality, faith, age and socio economic deprivation and is attached as appendix 1.

In addition the provider will deliver the service in line with the Council’s policies and ensure that information is suitable protected and funding is targeted in line with the community strategy in supporting residents to take responsibility for themselves.

7.5 **Safeguarding Children** - This proposal will continue, in a reduced way, to support vulnerable families in crisis and through funding to furnish new tenancies with basic equipment that helps tenancy sustainment. However the reduction in the fund will put pressure on other service budgets, which will be mitigated in part by the development of the CommunityConnect online site and the Community Checkpoints.

7.6 **Health Issues** - The proposal will impact positively on health issue in supporting people with rent deposits and furniture to sustain new tenancies who might otherwise not have accommodation. In particular some of our most vulnerable residents are supported in this way.

7.7 **Crime and Disorder Issues** - This proposal will continue to fund vulnerable residents in crisis to meet their basic needs such as food. This potentially reduces petty crime in the borough.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:**
- Appendix 1: Equalities Impact Assessment
Equality Impact Assessment

Section 1: General information

1a) Name of the savings proposal:  
Local Emergency Support Service

1b) Services Area:  
Adult and Community Services

1c) Divisional Director:  
Glynis Rogers

1d) Name and role of officer/s completing EIA:  
Arabjan Iqbal, Commissioning Manager - Market Development.

Section 2: Information about changes to the services

2a) In brief please explain the proposals and the reason for this change

The Local Emergency Support Service (LESS) in Barking and Dagenham provides grants to residents in crisis for various reasons. Grants range from £40 for food or fuel through to £1,000 for furniture for a new tenancy.

The Local Emergency Support Service is one of a range of options by which local residents can be supported in times of extreme hardship and need. Referrals are taken from Council frontline staff, the local voluntary sector and directly through the Citizen’s Advice Bureau. In each case other emergency support services available are considered in conjunction with the referral.

Funding from Central government is being removed and this EIA looks at the impact of a reduced scheme being funded by the Council.

The contract for the provision of the service, 1 April 2013 to 31 March 2015, is with Harmony House. They are the lead organisation and have a sub-contractual relationship with the Barking and Dagenham Citizens Advice Bureau. Central Government is proposing to remove this funding from April 1 2015.

The Cabinet on 16 December 2014 asked for a further report on options for continuing the Local Emergency Support Service from 2015/16 following the
confirmed removal of the funding for the Local Welfare Provision by Central Government in order to continue, although in a reduced way, a fund for residents in hardship. This report considers the recommended option for the fund and the associated implications for Barking and Dagenham as this service is essential for the wellbeing of residents.

2b) What are the equality implications of your proposals

This EIA is being conducted to consider the impact of a reduction of the fund, rather than a removal. The Council will continue to fund this service, for one year in the first instance, in a reduced way. However a reduction in funding will still impact on the most vulnerable.

The model currently delivered has sought to promote dignity rather than create dependence for residents facing financial hardship by providing grants and seeks through the CAB to direct residents to the most appropriate fund in their individual circumstances as well as signposting to debt advice, money management courses and encouraging the opening of a savings account with Liberty Credit Union.

The revised model will look at the criteria to access the service as well as looking at better ways of working across the welfare streams. Proposals are currently being worked up with the providers to increase other forms of access to the service including telephone and internet support.

Section 3. Equality Impact Assessment.

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the savings proposal

<table>
<thead>
<tr>
<th>Race</th>
<th>Will the change in your policy/service have an adverse impact on specific ethnic groups?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
</tbody>
</table>

According to the 2011 Census just over half (50.5%) of the population in Barking and Dagenham are from Black and Minority Ethnic (BME) groups.¹ The largest single BME category in Barking and Dagenham is Black African at 15.4% of the population. The next largest is Other White (7.8%), followed by Pakistani (4.3%), Bangladeshi (4.1%) and Indian (4.0%). Black/Black British categories make up 20.0% of the population, and are the largest non-White group, followed by Asian/Asian British (15.9%).

---

¹ BME includes White Irish, Gypsy and Irish Traveller, and Other White categories
<table>
<thead>
<tr>
<th>ETHNIC GROUP</th>
<th>Total</th>
<th>% of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Asian British: Bangladeshi</td>
<td>51</td>
<td>1.8</td>
</tr>
<tr>
<td>Asian/Asian British: Chinese</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Asian/Asian British: Indian</td>
<td>33</td>
<td>1.2</td>
</tr>
<tr>
<td>Asian/Asian British: Pakistani</td>
<td>41</td>
<td>1.5</td>
</tr>
<tr>
<td>Asian/Asian British: Other Asian</td>
<td>24</td>
<td>0.9</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British: African</td>
<td>286</td>
<td>10.2</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British: Caribbean</td>
<td>124</td>
<td>4.4</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British: Other Black</td>
<td>29</td>
<td>1.0</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: White and Asian</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: White and Black</td>
<td>86</td>
<td>3.1</td>
</tr>
<tr>
<td>Caribbean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups: Other Mixed</td>
<td>30</td>
<td>1.1</td>
</tr>
<tr>
<td>Other ethnic group: Arab</td>
<td>7</td>
<td>0.3</td>
</tr>
<tr>
<td>Other: Any other ethnic group</td>
<td>161</td>
<td>5.8</td>
</tr>
<tr>
<td>Traveller – Romany</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Traveller - White Irish</td>
<td>5</td>
<td>0.2</td>
</tr>
<tr>
<td>White: English/Welsh/Scottish/Northern</td>
<td>1819</td>
<td>65.0</td>
</tr>
<tr>
<td>White Irish</td>
<td>11</td>
<td>0.4</td>
</tr>
<tr>
<td>White Other</td>
<td>42</td>
<td>1.5</td>
</tr>
</tbody>
</table>

The data for the service between April – December 2014 (above) shows that the service is accessed by all groups within the community and is reflective of the proportional make up for each group. White, (English, Welsh, Scottish, Northern Irish, and British) and African (Black, African, Caribbean, Black, British) respectively make up 65.4% and 20.3% of the individuals that accessed the service. This shows that based on population data there is a proportionately higher usage of the service by the White British community.

However the service is accessed across by residents across the demographic profile of the borough and therefore a reduction in this service will therefore have a negative impact on the all ethnic groups, particularly African (Black, African, Caribbean, Black, British).
Will the change in your policy/service have an adverse impact on disabled people?

Please describe the analysis and interpretation of the evidence to support your conclusion.

The 2011 census indicated that 30,460 people described themselves as having a long term health problem or disability which limits their day-to-day activities either a little (14,876) representing 8% of the population or a lot (15,584) representing 8.4% of the population.

A snapshot from May to December 2014 shows the breakdown of applicants in receipt of Disability Living Allowance, (DLA), or Personal Independence Payment (PIP).

<table>
<thead>
<tr>
<th>% of applicants</th>
<th>Not working and not receiving DLA/PIP</th>
<th>94.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting work</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Not working and in receipt of DLA/PIP</td>
<td>5.2</td>
<td></td>
</tr>
</tbody>
</table>

The data in the table above shows that 5.2% of applicants between May to December 2014 were in receipt of DLA/PIP. This reflects the number of people that are claiming the DLA/PIP however it does not reflect the total number of people who described themselves as having a long term health problem or disability which limits their day-to-day activities.

The provider estimates that the number of applicants who have approached the LESS may identify themselves as having a long term health problem or disability which limits their day to day activities is around 50%. This would therefore mean that a higher proportion of people with disabilities have been supported by the service and therefore a reduction in the service would have a negative impact on people with disabilities.
<table>
<thead>
<tr>
<th>Gender</th>
<th>Identify the effect of the policy on different gender (inc Trans) groups</th>
</tr>
</thead>
</table>
| Will the change in your policy/service have an adverse impact on men or women?  
*Please describe the analysis and interpretation of the evidence to support your conclusion* |
| The 2011 Census shows that 48.5% of the local population are male and 51.5% are female.  
The LESS data shows that between April – December 2014 the breakdown by gender of applicants is shown as  
- 48% male  
- 52% female  
This is reflective of the population breakdown for the borough therefore there is **no particular impact** on the reduction of this service on gender. |

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Identify the effect of the policy on members of the LGB community</th>
</tr>
</thead>
</table>
| Will the change in your policy/service have an adverse impact on gay, lesbian or bisexual people?  
*Please describe the analysis and interpretation of the evidence to support your conclusion* |
| There is no information LGB community requesting welfare support services as this is not monitored; however as these services are available to all residents irrespective of their sexual orientation; it is anticipated that there will there is **negative impact in terms of sexual orientation** on accessing financial support in an emergency. |

<table>
<thead>
<tr>
<th>Religion and belief / those of no belief</th>
<th>Identify the effect of the policy on different religious and faith groups</th>
</tr>
</thead>
</table>
| Will the change in your policy/service have an adverse impact on people who practice a religion or belief?  
*Please describe the analysis and interpretation of the evidence to support your conclusion* |
| According to the 2011 Census the people living in Barking and Dagenham identify themselves to be predominantly Christian (56.0%). Those with no religion make up 18.9% of the population and 13.7% are Muslim. The remaining 11.4% includes those who prefer not to say (6.4%), Hindu (2.4%), Sikh (1.6%), Buddhist (0.5%), other religions (0.3%) and Jewish (0.2%).  
There is no information regarding the religion or belief of people requesting emergency support, however given the demographic characteristics of the residents accessing the service and 81% of residents in the census stated they had a faith it is likely that there this service will have a **negative impact on people with the full range of religions and beliefs locally**. |
Will the change in your policy/service have an adverse impact on specific age groups? Please describe the analysis and interpretation of the evidence to support your conclusion.

There are 185,911 people living in Barking and Dagenham based on the latest population estimates, of whom 10.4% (19,321) are aged 65 plus. Barking and Dagenham has the highest proportion of children aged 0 to 4 years and 0 to 14 years in England with one in four of the population under the age of 15, and one in ten under the age of five years.

The data for April-December 2014 shows that the service is accessed by all age groups; however, the age group with the largest number of applications are for 20-49 years old making up 78.3% of the applications.

<table>
<thead>
<tr>
<th>Age</th>
<th>LESS Applicants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>2.7</td>
</tr>
<tr>
<td>20-29</td>
<td>30.2</td>
</tr>
<tr>
<td>30-39</td>
<td>27.2</td>
</tr>
<tr>
<td>40-49</td>
<td>20.9</td>
</tr>
<tr>
<td>50-59</td>
<td>14.4</td>
</tr>
<tr>
<td>60+</td>
<td>4.6</td>
</tr>
</tbody>
</table>

The borough is among the four worst boroughs for half of the poverty indicators in the London Poverty Profile. Child poverty in the borough for 2013 runs at 30.2% as compared to Child Poverty for London of 23.5%.

Working towards reducing child poverty is particularly important in Barking and Dagenham. Comparative assessments of neighbouring boroughs show that the child poverty figures for Havering (18.5%) and Redbridge (19.3%) are significantly lower when compared to Barking and Dagenham which is significantly higher at 30.2%.

Although data is not collected on individual children the data for LESS shows that there are:
- 35% of applicants with children
- 65% of applicants without children

Although there are more applicants without children, the numbers of applicants with children generally have more than one child and are supported with basic items such as furniture and white goods, when being accommodated. A reduction in this service will have a negative impact on the children of the borough.

---

2 Mid-2012 Population Estimates (ONS, 2013)
3 Public Health Annual Report 2012
<table>
<thead>
<tr>
<th>Socio-economic</th>
<th>Will the change in your policy/service have an adverse impact on people with low incomes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the effect of the policy in relation to socio-economic inequalities</td>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
</tbody>
</table>

The London Poverty profile demonstrates the heightened levels of deprivation in Barking and Dagenham.

Barking and Dagenham was the London borough hit hardest by the recession. In the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking of its areas (LSOAs’ rank of average rank), the borough is ranked 8th worst in England.

In Barking and Dagenham a total of 12,370 residents have been claiming out of work benefits for one year or more. This represents 10.4% of the working age population, compared to the London figure of 7.3%. Over the last 10 years the rate in the borough has consistently been at least 3% higher than the London figure. Almost 6,000 residents have been claiming for five years or more. More recently there has been a rise in people in work who are in poverty as wages are lower than the living wage.

When Barking and Dagenham is compared to other London boroughs across the series of indicators reported by the London Poverty Profile, it is amongst the worst four boroughs for 10 (almost half) of the indicators, this is summarised in the table below: Further comparisons have been made with both Havering and Redbridge to give a local perspective. In all the comparisons Barking and Dagenham remains the borough with the highest percentage across all indicators.

---


<table>
<thead>
<tr>
<th>Indicator</th>
<th>LBBD</th>
<th>London</th>
<th>Havering</th>
<th>Redbridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children in poverty (2012)</td>
<td>30.2</td>
<td>23.5</td>
<td>18.5</td>
<td>19.3</td>
</tr>
<tr>
<td>Modelled Percentage of unemployment (July 2013 – June 2014)</td>
<td>11.2</td>
<td>7.4</td>
<td>6.4</td>
<td>7.7</td>
</tr>
<tr>
<td>Percentage of low pay by residence (those paid under the London living wage, 2011-2013)</td>
<td>27</td>
<td>20</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Landlord repossession (per 1,000 households) for 2011Q4 to 2012Q3</td>
<td>23.5</td>
<td>14.0</td>
<td>9.1</td>
<td>11.8</td>
</tr>
<tr>
<td>Mortgage repossession orders (per 1,000 households buying homes with mortgage)2010/11</td>
<td>15</td>
<td>8</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Percentage of childhood obesity 2013/13</td>
<td>26.3</td>
<td>22.4</td>
<td>20.5</td>
<td>22.9</td>
</tr>
<tr>
<td>Percentage of people with a limiting long-term illness or disability (limited daily activity), 2011</td>
<td>8.4</td>
<td>6.7</td>
<td>8.2</td>
<td>7.0</td>
</tr>
<tr>
<td>19 year olds lacking level 3 (equivalent to A-levels) qualifications, 2013</td>
<td>47</td>
<td>37</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Percentage of people receiving Job seekers allowance. Claimant count 13th November 2014</td>
<td>3.6</td>
<td>2.6</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Proportion claiming out of work benefits (may 2014)</td>
<td>13.7</td>
<td>9.6</td>
<td>8.5</td>
<td>7.9</td>
</tr>
<tr>
<td>Percent of household claiming LHA(Local Housing Allowance), 2013</td>
<td>48</td>
<td>27</td>
<td>39</td>
<td>34</td>
</tr>
</tbody>
</table>

The percentage of households claiming Local Housing Allowance, (LHA), in 2013 is the highest for Barking and Dagenham (48%) when compared to both London (27%) and neighbouring boroughs of Havering (39%) and Redbridge (34%). This means that just under half of the borough's population is in receipt of LHA based on this data. As applicants that are eligible for support under LESS would also be eligible for support from the LHA, (Housing Benefit) there is a direct correlation.

Due to the multiple indices above in relation to Barking and Dagenham residents it is clear that the borough has a significantly higher number of people on low incomes. The LESS funding is targeted at these residents and referrals are made by agencies that work primarily with people on lower incomes with the CAB, LBBD housing services and the Job Centre being the highest referral agencies.

Based on the information above a two thirds reduction in the LESS fund will have a **negative impact on people on low incomes**.
### Other

Identify if there are groups other than those already considered that may be adversely affected by the policy e.g. Carers

<table>
<thead>
<tr>
<th>Will the change in your policy/service have an adverse impact on any other people (e.g. carers/ socio-economic wellbeing)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
<tr>
<td>Carers</td>
</tr>
</tbody>
</table>
In Barking and Dagenham there are at least 16,201 carers. The Government’s national carers’ strategy, Carers at the heart of 21st-century families and communities<sup>7</sup>, and Recognised, valued and supported: the next steps for the Carers Strategy<sup>8</sup>, includes amongst others the following priorities;

- Carers will be supported so that they are not forced into financial hardship by their caring role
- Supporting carers to remain mentally and physically well

Although data on carers is not collected for this service, given the number of carers identified in the borough a reduction in the service will have a negative impact on carers in the borough.

### Prison Discharges

Between April and December 2014 the service has supported 56 vulnerable individuals who have left prison and potentially reduced re-offending behaviour in this cohort due to the delays in accessing benefit payments on discharge.

A reduction in the service could potentially lead to re-offending behaviour as the individual waits for welfare payments to come through for food and gas and electricity. With the other vulnerabilities associated with the offenders, this may also result in an increase in associated negative behaviours such as anti-social behaviour.

A reduction in the LESS service will have a negative impact on prison leavers and remove a support at a time when the individual could be support to have a positive outcome.

---

### Staff

Identify if there are any staff groups that maybe adversely affected by the policy

<table>
<thead>
<tr>
<th>Will the change in your policy/service have a particular adverse impact on staff from any of the equalities categories?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the analysis and interpretation of the evidence to support your conclusion</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

---

<sup>7</sup> Carers at the heart of 21st-century families and communities 2008

<sup>8</sup> Recognised, valued and supported: Next steps for the Carers Strategy 2010
**Section 4: Equality Impact Assessment Action Plan**

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact. If you consider it likely that your proposal will have an adverse impact on a particular group(s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact. You will be required to provide updates on the actions until they are completed, so it is important they are SMART.

<table>
<thead>
<tr>
<th>Adverse impact</th>
<th>Please describe the actions that will be taken to mitigate impact</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>On people with the protected characteristics of: race, disability and socio-economic deprivation</td>
<td>Work with the current providers to support relevant referrals</td>
<td>A reduced number of residents receive a service, but this is focused on those with greatest need</td>
</tr>
<tr>
<td>Reduced number of residents demonstrating the protected characteristics funded with rent deposits</td>
<td>The Strategic Welfare reform group will look at the funding to residents through various sources to residents accessing support schemes</td>
<td>Increased coordination of the support residents facing financial challenges receive</td>
</tr>
<tr>
<td>Reduced number of residents demonstrating the protected characteristics receive furniture or rent deposits to help sustain new tenancies</td>
<td>Frontline staff will be advised of changes in the fund level and criteria will be revised as appropriate</td>
<td>Residents will be signposted to the most appropriate funds, to seek to mitigate the impact</td>
</tr>
<tr>
<td>Reduced funding to deliver the service therefore less</td>
<td>The service provider will continue to work with voluntary sector and businesses to achieve the most economically viable options for the provision of furniture and white goods</td>
<td>Impact of the fund maximised</td>
</tr>
<tr>
<td></td>
<td>Further work will be done to look at the use of online applications and referrals</td>
<td></td>
</tr>
<tr>
<td>accessible via professionals and key times for staffing the service will be identified to minimise impact.</td>
<td>Access to the fund improved</td>
<td></td>
</tr>
</tbody>
</table>

**Section 5: Future Review and Monitoring.**

Please explain how and when the impact of these changes will be reviewed

- The LESS contract will be monitored on a quarterly basis, and part of the monitoring will be the number of rejections and where residents have been signposted
- The Council’s strategic and Local Welfare Reform Groups will look at the impact of all funds to residents to ensure maximum benefit for residents.
This page is intentionally left blank
Appendix F

Response to Call-in of Report to Cabinet, 23 June 2015:
Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents, with
options for the Local Emergency Support Scheme

1. The decision taken at Cabinet, 23 June 2015

1.1 On 23 June 2015, Cabinet received a report presenting options for the future of the
already much-reduced Local Emergency Support Scheme, placing this decision in the
wider context of welfare reform and other options for statutory support to those in
crisis. The current scheme had been contracted for a six month period following a
decision at Cabinet in February 2015, and the options presented there were a
response to a budget saving proposal put forward to Cabinet’s December meeting.

1.2 The decision taken in June was to allow the current contract to run its course, to
30 September 2015, and not to take the option to extend it for a further six months.
Therefore, there would not be a Local Emergency Support Scheme in its current form
from 30 September 2015.

Context for the decision

1.3 The minutes of the Cabinet discussion record the difficult context in which this decision
was taken (provided elsewhere in this report pack). The Cabinet Member
acknowledged the scale of the challenge around welfare reform, when compared to the
relatively modest funding that the Council could make available for the LESS, and
further reminded her colleagues of the July emergency budget which had been
predicted to (and, indeed, did) identify further reductions in the welfare budget of £12bn
nationally.

1.4 The Cabinet Member also emphasised the extent to which the Council had further
developed its overall approach to providing support to the local community. Since the
decision to fund the LESS for a further six months, the Council had committed to the
development of BanD Together, and embarked on a programme to rethink the way it
delivers its services, under the banner of Ambition 2020.

1.5 The reductions in the Council’s budget are already known for the coming two years,
and modelled for a period following that. On 25 November 2015, the Chancellor will
announce the results of the Comprehensive Spending Review which is widely
expected to contain further challenges for the Council and local partners to meet. As
the Council’s spending power further reduces over coming years, having already been
very substantially reduced over the past four years, it is essential that resilience, self-
reliance and sustainable approaches to welfare support are prioritised. It is also
important that this work begins as soon as possible if it is to have impact over the next
two years of budget reduction, and if it is to be underway as we consider the impact of
the Comprehensive Spending Review which will fix the financial terms for the future of
local services.
Other elements of the decision

1.6 The decision to cease the LESS was not taken in isolation. In order to move forward with new approaches to welfare support provision, a number of alternative developments were proposed and agreed:

i) Firstly, that the Strategic Welfare Reform Group would lead on developing the new approach to more sustainable welfare support for residents, grounded in resilience and self-reliance, rather than crisis intervention. This would draw on work around BanD Together, Ambition 2020 and the Growth Commission;

ii) To inform this work, two pilot schemes for up to £65,000 each would look to apply this approach to addressing the challenges faced by two cohorts of identified vulnerable residents, shaping the Strategic Welfare Reform Group’s longer term programme; and

iii) To ensure that the understanding of impact is robust, an independent review of these initiatives by an appropriate research body would be commissioned, working alongside the funded providers as they develop their pilots.

1.7 Details of future service provision are not yet finalised, in part due to awaiting any final decision being taken following call-in, but examples of mentoring schemes, debt management advice, and social empowerment are being reviewed in order to inform the approach to be taken if agreed.

1.8 Prior to the Cabinet meeting a number of matters were raised by the current holder of the LESS contract, some of which are addressed through this report, but specifically:

i) Policy or research setting out solutions as to how low income people, who have hit hard times through no fault of their own and are caught in a crisis, can be helped to become self reliant?

There is a wealth of research, pilot projects and other evaluative material to draw on, and this will be for the Welfare Reform Group to continue to assemble as part of the development of the pilot programme that is proposed.

ii) How do people overcome an immediate crisis with the promise of help for the future?

In short, it is intended that the sources of advice, including those identified in the follow-up to this question such as the Credit Union, income maximisation work and benefits checks, can work through the crisis as much as a short-term cash support which is not sustainable in the future.

iii) How are the alternative solutions more cost effective than the LESS?

It will be for the pilots to established cost-effectiveness as they unfold and why we are investing in having them evaluated. We will be looking for long-term impact rather than short-term funds to resolve immediate financial problems.
iv) Has any modelling been done to show the effect that cutting the LESS will have on the Statutory Services? What numbers of extra requests for help are likely to come to both Adult and Children’s Social Care Teams? Will applicants meet the criteria for help under the Care Act or Sec. 17 of the Children Act?

There are a number of pressures on these services, and it will be difficult to model any additional pressure from a specific source. However, elsewhere in the submissions made it is acknowledged that the LESS is the only source of support available in many cases, DHP and S17 having more restrictive criteria, so the extent of diversion to other funds will always be limited. Care Act prevention duties will apply specifically where there are social care needs to be prevented, reduced or delayed, but these are again longer-term evaluations rather than only about an immediate financial problem. The extent to which an average crisis payment of around £50 for food/fuel, or £750 for furniture, will be the solution to the problems evidenced by people falling within these duties will be limited.

v) What information and data was used to conclude that the relationship between the DHP and the LESS would allow the DHP to absorb LESS demand?

The report doesn’t say that the DHP will absorb LESS demand. It presents the context of the Council’s spend on DHP and S17, relative to LESS, as part of the evaluation of LESS’s impact.

vi) I understand that the vast majority of Sec 17. money is used to support families who have no recourse to public funds. It is a legal requirement and it is right that those families should be treated with dignity. Can you confirm that £2.5 million pounds was spent in this category last year and that these families were given adequate resources to live on and not required to feed themselves from food banks? We fully appreciate that asylum seekers and others in this category are in crisis through no fault of their own. We ask that the people of Barking and Dagenham, who have fallen on hard times through no fault of their own, be treated with at least the same dignity for the short period of time they find themselves in difficulty.

There are different criteria for Children Services’ Section 17 spend and there are many facets to it. Spend can be on subsistence and accommodation for some families who have children in need for a variety of reasons, and some of these would come under the category of ‘No Recourse to Public Funds’ but detailed monitoring data has not been available to confirm the proportion. In terms of the question of dignity, the Council would always seek to ensure that the crisis needs of people within our borough are met wherever possible, regardless of their status but always within the regulations that are laid down for us and the resources available. LBBD is seeking to pilot programmes for local emergency support that will specifically identify and target those who are most vulnerable. These schemes will be specifically designed to build dignity, self-reliance and self empowerment.
2. Specific questions raised in the Call-in

The LESS Fund is being removed from current fund holders when the current contract has less than a year to run, before it is clear what the alternative provision would be

2.1 The contract is not being terminated or ‘removed’; it is ending at its agreed end date. The option to extend is not being exercised.

2.2 It was agreed in February 2015, following a previous Cabinet report, that the Local Emergency Support Service (LESS) would be contracted for six months from 1 April 2015 to 30 September 2015. The current contract therefore ceases on 30 September. Whilst the current provider’s concern is understandable, this was the clear intention of Cabinet, and there was no commitment beyond the six month contract. Within this period it was made clear that there would be a further report submitted to Cabinet which would outline what the future provision for local emergency support would be. The report of the 23 June 2015 has now made its recommendation, noted at minute 13, regarding future of emergency support in Barking and Dagenham, and it was completed within publicly agreed timescales.

2.3 The Cabinet report of 23 June 2015 acknowledges that demand for emergency support may be deferred to other funds, but the Cabinet decision was to remove this fund and seek to develop initiatives that would build resilience for vulnerable residents rather than continue to give short term support which is unsustainable.

It is not yet clear why the pilot scheme would be better placed to manage the LESS fund

2.4 The budget of £300,000 for the year was agreed by Cabinet in February 2015, up to £150,000 of this will be spent through the LESS by 30 September 2015. The remaining budget will fund two initiatives outlined in the report, approximately £65,000 each, from October 2015 for six-nine months. The Voluntary and Community Sector will be invited to bid for the funding to deliver two pilot projects to cohorts of vulnerable residents.

2.5 Traditional approaches to welfare support have tended to foster dependency rather than self-reliance and these pilot initiatives seek to develop the latter, building on this to encourage and build social responsibility and capacity rather than provide ongoing emergency support. The proposed pilot schemes will re-define the model of delivery for support to residents in tough times seeking to build community resilience and capacity. The proposed initial pilot programme will identify and address the challenges faced by two small cohorts of identified vulnerable residents who are not served by other emergency funds currently and will be worked up in conjunction with both the Strategic and Local Welfare Reform groups and BandD Together in partnership with the voluntary sector locally.

2.6 The pilot work and evaluation from these two projects will be central to the longer term work that the Strategic Welfare Reform Group is leading on in terms of the challenges of welfare reform.
2.7 Full details and specifications for future service provision are not yet finalised. However, we are looking at examples of mentoring schemes, debt management advice and social empowerment initiatives, as a possible way forward. These will be aimed at certain cohorts, especially those identified as being vulnerable to some of the changes in the welfare benefits system (such as those labelled as young single non-priority homeless) and those identified by the EIA as being impacted most by removal of the LESS, which is likely to include families. The structure of these schemes may involve a certain amount of targeted intervention work. The programmes will have a research element standing alongside them which will feed into the long term work that the Strategic Welfare Reform Group is undertaking on emergency support.

The main issue relates to point E i.e. that there is a clear lack of clarity of the aims of the new provision and that also means that the desired outcomes of any new provision is not clear in the report.

2.8 The report has described the context for the Council, particularly in terms of the reduction of both its own budget and the welfare support available for residents, and has set out the intention behind the pilot projects that will be developed in place of the LESS. Due to the changes that are currently taking place and the challenge of budget reductions it is no longer possible to support models that encourage dependency and do not seek to promote/encourage self reliance and resilience. The alternative provision that the Council will seek to develop with third sector partners will address the challenges faced by specific cohorts, and will shift the emphasistowards the targeting of groups and individuals who are marginalised from support, who are perhaps most in need and who are experiencing the most stigma and isolation. The emphasis on community resilience and targeted intervention aligns with the move in general social care (and health and well-being) services towards more preventive and personalised services which are more responsive to diverse community needs. Support will enhance wellbeing and recovery in the community and will tackle the stigma and social exclusion that stand in the way of this. The London Borough of Barking and Dagenham has and will continue to seek to understand the most effective interventions for our residents in the light of significant welfare reform.

2.9 Work on the identification for the cohorts will be through the Welfare Reform Groups alongside BandD Together. The pilots would seek to develop a more sustainable model for Barking and Dagenham residents going into 2016-17.

2.10 The budget remaining from the additional revenue support that can be utilised is approximately £150,000 - £180,000. This will only be confirmed when the Local Emergency Support ends in September, however the minimum budget available will be £150,000

There has been a lack of consultation regarding the quality of the current provision and no consultation in relation to any new provision.

2.11 This is not a debate about the quality of current provision, and therefore no consultation on this point is necessary to inform the decision. The quality of the service provision by the current providers, Harmony House (and the Citizen’s Advice
Appendix F

Bureau’s sub-contract), has not been brought into question. Through the contract monitoring and performance management process we have assured the providers that we have been content with how the service has been delivered in Barking and Dagenham and there is no criticism implied within this process. The decision not continue with the service once the contract comes to an end on 30 September was centred on whether the model of the actual service was the right one for the London Borough of Barking and Dagenham.

2.12 There has been ongoing consultation on the welfare reform and the impact of the changes through the Strategic and Local Welfare Reform groups and BanD Together. The LESS providers, Harmony House and the Citizen’s Advice Bureau, have attended both the Local Welfare Reform Group and BandD Together as standing partners. Partners have been aware of on-going policy developments and have been given opportunity to feedback on this, particularly in view of the changing landscape for welfare reform, and will continue to do so through the Comprehensive Spending Review in November and into the challenging years ahead.

2.13 As outlined above the proposed pilot projects will be shaped by the intelligence we have with our partners around welfare reform, as well as national research evidence and policy advice, and the voluntary sector will have the opportunity to contribute to the rollout of the pilot schemes. It is proposed that the pilot schemes will be evaluated independently so that the learning can shape future initiatives going forward.

The lack of research and consultation as outlined above raises issues relating to point B (re consultation and advice)

2.14 An Equalities Impact Assessment was conducted to advise and consider the impact of a reduced fund for emergency support, however it is not possible to fully mitigate the impact of budget reductions for residents in the ongoing environment of Local Government budget reductions and the EIA acknowledges this. The Council will continue to fund other facets of emergency support, e.g. Discretionary Housing Payments and Section 17 funding for families with children in need. It is the case that the assessment of equality impact in the February and June reports are substantially the same, and the decision to cease rather than maintain a reduced fund does not require a substantially changed equality analysis. The Equalities Impact Assessment clearly sets out the negative impacts created by the reduction and cessation of the LESS represents an extension of these same impacts. The purpose of the revised model targeting specific cohorts is to seek to enable those most in need to access services, together with looking for better ways of working across all welfare streams. However, the nature of the interventions from the new pilots will be different.

2.15 Again, it should be emphasised that consultations have been taken into account through a considered process and advice has been sought before any recommendations have been made. On 29 April the Council ran a Welfare and Advice Mapping Workshop and invited all its partners. At that workshop the idea of running pilots around small cohorts, e.g. single homeless, families at risk, and those particularly affected by welfare reform, was raised by various partners.
Appendix F

The potential disadvantages to a strata of people in poor and desperate positions raise issues relating to human rights in point C (re- respect for human rights).

2.16 The cessation of this service is not a question of diminishing peoples' human rights, but how best to support residents in challenging times. Whilst it is regrettable that sources of local support for vulnerable residents are being reduced, there remains in place a comprehensive national social security system which provides minimum entitlement levels and thereby upholds basic human rights.

2.17 The model currently being delivered has perhaps created a degree of dependence for residents facing financial hardship, with a level of repeat presentations and, fundamentally, the response to crisis placed ahead of the longer-term response to people’s social circumstances and their personal capacities and resilience. New initiatives will aim to promote dignity for residents; and foster self-reliance and empowerment. The Council will retain other emergency support services (DHP, Section 17), thus providing the statutorily-mandated safety net. It is also investing in information technology such as ‘BanD Together Routemaster’, a new on-line signposting tool, which will seek to support all those who are entitled to benefits in receiving the requisite information to claim them. It will also open up access to debt advice, employment training, money management courses, and practical support (including food banks) for people who meet the eligibility criteria for these services.

Because of the lack of consultation and inadequate research issues of openness arise as listed in point D (a presumption in favour of openness).

2.18 As mentioned, the Strategic Welfare Reform Group has been an open forum on welfare reform more widely to consult with service providers and voluntary and community groups. This report was requested by Cabinet on the 16 February 2015. Within wholly transparent timescales officers have consulted with partners and local authority staff to consider the impact of the changes to the service.

2.19 A workshop on welfare reform was convened on 29 April to look at mapping the existing support and relationships. The Strategic Welfare Reform Group will again be considering the wider impact of the different schemes administered by the Council and the wider challenges faced by residents, and it will report in due course on the strategic direction for Barking and Dagenham in regard to this. It will retain its open consultation policy and consider all views from partners on how our most vulnerable residents can be supported.
This page is intentionally left blank