Enfield Resources

Health

Enfield Council - Income and Expenditure

Voluntary and Community Sector Funding

Carers

Additional Community Support

Contributions from Volunteers and Voluntary Organisations

Housing Partners

Impact of Welfare Reform Act 2012
Health

The National Health Service expenditure for local services was the responsibility of Primary Care Trusts (PCTs) until April 2013, when some of it was taken over by Clinical Commissioning Groups (CCG). The budgets previously held by PCTs have been split under the new arrangements mainly with CCGs, NHS England and Local Authorities.

Clinical Commissioning Group (CCG) Budget

Clinical Commissioning Groups (CCG’s) have taken some of the commissioning responsibilities that prior to April 2013 were the responsibilities of PCTs (now abolished). The CCG are groups of General Practitioners (GPs) that, are responsible for planning and designing local health services in England in collaboration with other CCGs and NHS England. They do this by ‘commissioning’ or buying health and care services including; planned hospital care, urgent and emergency care, rehabilitation care, community health services, mental health and learning disability services. CCGs have come about as a way of substantially increasing clinical involvement in commissioning processes and decision making.

Clinical Commissioning Groups will work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc) to ensure services meet local needs. CCG boards are made up of GPs from the local area with at least one registered nurse and one secondary care specialist doctor.

Clinical Commissioning Groups are also responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices have to belong to a Clinical Commissioning Group.

Enfield CCG has only taken on responsibility for those services areas previously outlined above and therefore its budget is significantly less than the previous PCT budget. Enfield CCG will still have a responsibility to work with NHS England on their commissioning portfolio to try and ensure the best services for its population.

Enfield CCG’s budget for 2013/14 is £338.8m. 61% of the budget is for acute and integrated care services with 35% for mental health and non-acute services. Corporate and estates costs and a 1% reserve/contingency make up the remaining 4% of the budget.

Enfield CCG Budget 2013/2014

- Acute & Integrated Care: these costs are mainly contained within the contracts that the CCG has with its acute providers and therefore represent the majority of the CCG budget. The CCG’s aim is to
redesign services so that there is less need for people to use hospitals in the way that they have been using them, e.g. reducing emergency hospital admissions by building an integrated care model. This means that there is likely to be a redistribution of spend across the areas within the CCG portfolio.

- Non – Acute & Mental Health Services: this also includes community health services, continuing health care and primary care prescribing. Enfield CCG is reviewing some of these services and looking at how best to commission community services to deliver integrated services for both children and adults.
- Corporate Costs: these mainly cover the running costs for CCGs and other commissioning support services provided the local

Further information on this topic is available from:

- Enfield Clinical Commissioning Group (CCG) Website
- National General Practice Profiles
- Outcomes Benchmarking Support Packs: CCG Level
- Outcomes Benchmarking Support Packs: Local Authority Level
- Spend and Outcome Factsheet Tool

**Enfield Council – Income and Expenditure**

![Enfield Council Income 2013/14](source)

Enfield Council’s total income is £1,038.8 million for 2013/14. The majority of the income is from the Government; Housing Benefit Subsidy (28%), the Dedicated Schools Grant (25%), Specific Grants (3%) and the Formula Grant (16%).

The Dedicated Schools Grant was introduced in 2006-07, and is the principal source of funding from central government for schools and related activities in England. The Dedicated Schools Grant is the largest single funding stream given to local authorities in England.

Both the housing benefit subsidy and the Dedicated Schools Grant are ring fenced so the Council has less than 50% of the remaining income to spend on all its other services.

Formula Grant is distributed using an allocation system based on need. To protect councils against excessive reductions in Formula Grant between years, there is a self-financing damping scheme: Enfield is a contributor to this arrangement and so loses Formula Grant that it should be entitled to.

The Council tax payments contribute 9% to the total income of Enfield. The income associated with the Housing Revenue Account e.g. rental income (approximately £63m) is included under "other fees / charges & reimbursements".
From 2013/14 local government finance arrangements changed. The Council's overall funding set out above has not changed but Formula Grant has been reduced and replaced by the Council keeping 30% of local business rates. Also, council tax benefits are now set under a local instead of a national scheme.

**Enfield Council Gross Spend 2013/2014**

The Council's biggest spend is housing at £289m. Housing Benefit or the Local Housing Allowance (LHA) is a payment for low income families to help with some or all of their rent.

**Impact of funding reduction for local authorities**

Recent work by the Local Government Association and supported by further London specific analysis by London Councils shows that if current trends continue, the cost of social services and statutory environmental services may require other Council spending to decrease by 66% in cash terms (80% in real terms) by the end of the decade. If capital financing and concessionary travel is included the cash reduction is 90% (which in real terms would substantially impact on other services).

The figure below demonstrates the potential impact for Enfield:
In this context it is useful to look in a little more detail at the expenditure within Adult Social Care and separately at Schools and Children’s Services (including Education)

**Adult Social Care**

12% or £124m of the total council budget is allocated to the Health, Housing and Adult Social Care (HHASC) department for Adult Social Care services. In May 2013 Community Care (trade magazine) reported ‘The latest Association of Directors of Adult Social Services survey finds councils on course to have cut £2.68bn from adult care since 2011, with worse predicted in the next two years. Almost twenty per cent has been wiped off adult social care budgets in England since the coalition government’s programme of spending cuts began in 2011. Its latest budget survey found that councils have reduced their adult social care budgets by £800m in 2013-14, bringing the total level of real-terms spending cuts to £2.68bn since 2011, almost one-fifth of the £14.6bn that was spent by councils in 2010-11, net of client contributions’.

In addition to these specific measures, Enfield has the fourth largest population in London, over 300,000. This figure is expected to increase to 330,000 by 2022. In addition the number of people over 65 is expected to increase significantly, so there will be an increase in demand for adult social care services.

The charts below show the percentage distribution of total gross current expenditure (including on costs) on adult social services by client group in 2011/12. Enfield’s percentage distribution of total gross expenditure on adult social services by client group is in line with England and its comparator group.

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1 Community Care 8 May 2013
2 GLA projection
Percentage Distribution of Total Gross Current Expenditure on Adult Social Services by Client Group, in Enfield, the NASCIS Comparator Group and England: 2011-2012

**Enfield**

- Older People (Aged 65 or Over)
- Adults with Learning Disabilities (Aged 18 - 64)
- Adults with a Physical Disability (Aged 18 - 64)
- Adults with Mental Health Needs (Aged 18 - 64)
- Other Adult Services (Aged 18 - 64)

Source: NASCIS The “Use of Resources 2011-12 Report” by the National Adult Social Care Intelligence Service (NASCIS) the percentage PSS-EX1. All values are in percentages.

**Comparator group**

- Older People (Aged 65 or Over)
- Adults with Learning Disabilities (Aged 18 - 64)
- Adults with a Physical Disability (Aged 18 - 64)
- Adults with Mental Health Needs (Aged 18 - 64)
- Other Adult Services (Aged 18 - 64)

Source: NASCIS The “Use of Resources 2011-12 Report” by the National Adult Social Care Intelligence Service (NASCIS) the percentage PSS-EX1. All values are in percentages.
Public Health (PH)³

On 1st April 2013 local authorities took over public health responsibility from the NHS, for improving the health of their local population under the legislative framework of the Health and Social Care Act 2012. Public Health has the responsibility to:

1. Improve significantly the health and wellbeing of local populations
2. Carry out health protection functions delegated from the Secretary of State
3. Reduce health inequalities across the life course, including within hard to reach groups
4. Ensure the provision of population healthcare advice.

The ring fenced grant for public health functions is £12.961m and this will fund the provision of the mandatory and discretionary services for 2013/14. This will rise by 10% to £14.257m in 2014/15.

The chart below shows the expenditure on inherited contracts, mandatory functions, NHS prescribing costs, contracts for school nursing, drug and alcohol treatment, smoking cessation services, staffing costs and other activities.

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Breakdown of Local Authority Public Health Spend: 2012/2013

- Contracts and Mandatory Activities - 36%
- Inherited Contracts - Drug and Alcohol - 27%
- Staff - 14%
- Inherited Contracts - School Nursing - 8%
- NHS Prescribing - 7%
- Other - 6%
- Inherited Contracts - Smoking - 2%

The breakdown of the Public Health budget set out below:

<table>
<thead>
<tr>
<th>Categories for Reporting Local Authority Public Health Spend</th>
<th>2013/14 £’000</th>
<th>2014/15 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Leadership, Including Special Projects</td>
<td>1,615</td>
<td></td>
</tr>
<tr>
<td>Information and Intelligence Team</td>
<td>218</td>
<td></td>
</tr>
<tr>
<td>Prescribed Functions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Sexual Health Services - STI Testing and Treatment</td>
<td>2,656</td>
<td></td>
</tr>
<tr>
<td>2) Sexual Health Services - Contraception</td>
<td>158</td>
<td></td>
</tr>
<tr>
<td>3) NHS Health Check Programme</td>
<td>454</td>
<td></td>
</tr>
<tr>
<td>4) Local Authority Role in Health Protection</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>5) Public Health Advice</td>
<td>189</td>
<td></td>
</tr>
<tr>
<td>6) National Child Measurement Programme</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Non prescribed Functions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Sexual Health Services - Advice, Prevention and Promotion</td>
<td>1,109</td>
<td></td>
</tr>
<tr>
<td>8) Obesity - Adults</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9) Child Health Weight</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>10) Physical Activity - Children</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>11) Drug Misuse - Adults</td>
<td>3,291</td>
<td></td>
</tr>
<tr>
<td>12) Alcohol Misuse - Adults</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>13) Substance Misuse (Drugs and Alcohol) - Youth Services</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>14) Stop Smoking Services and Interventions</td>
<td>528</td>
<td></td>
</tr>
<tr>
<td>15) Wider Tobacco Control</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>16) Children 5-19 Public Health Programmes</td>
<td>1,041</td>
<td></td>
</tr>
<tr>
<td>17) Additional Public Health Functions</td>
<td>854</td>
<td></td>
</tr>
<tr>
<td>18) Obesity Treatments</td>
<td>186</td>
<td></td>
</tr>
<tr>
<td>Total Budget</td>
<td>12,867</td>
<td></td>
</tr>
<tr>
<td>PH Contract Variation Contingency</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Total Budget Allocations</td>
<td>12,961</td>
<td>14,257</td>
</tr>
</tbody>
</table>

In addition to the ring fenced grant there are other grant incomes (for Drug Alcohol Action Team, Mayor’s Office Policing and Crime etc.) which brings Public Health’s total budget to £13.230m.

Schools & Children’s Services (including schools)

The Schools & Children’s Services budget is made up of commissioning, education, early intervention and access, safeguarding and schools.

Total spend for Schools & Children’s Services is £341.9m; including the schools grant the final spend is £54.1m. As can be seen below, the bulk of the expenditure is on education (77%), with Safeguarding at 10% and Early Intervention at 9%.
### Schools and Children’s Services (including schools) Expenditure

<table>
<thead>
<tr>
<th></th>
<th>£000’s</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioning</td>
<td>12,814</td>
<td>3.75</td>
</tr>
<tr>
<td>Education (incl Schools)</td>
<td>262,289</td>
<td>76.71</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>30,899</td>
<td>9.04</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>35,905</td>
<td>10.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>341,907</td>
<td>100</td>
</tr>
<tr>
<td>Dedicated Schools Grant &amp; other grant funding</td>
<td>-287,810</td>
<td></td>
</tr>
<tr>
<td><strong>Net cash limit</strong></td>
<td>54,097</td>
<td></td>
</tr>
</tbody>
</table>

Source: LBE Schools and Children’s Service

Just under one quarter (22.4%) of Enfield’s population are aged 15 or below. Compared to other boroughs, this is the fourth greatest proportion in London. Children’s Services are currently allocated 7% of the total budget in 2013/14.

**Voluntary and Community Sector (VCS)**

Enfield has a diverse and well established voluntary and community sector. This section provides some information on the financial support provided to the voluntary sector and illustrates the activities and resources provided by the sector. This activity contributes in a wide variety of ways to the capacity and cohesion of the community and to the ‘social capital’ that is available.

Social capital describes the pattern and intensity of networks among people and the shared values which arise from those networks. Greater interaction between people generates a greater sense of community spirit.

Definitions of social capital vary, but the main aspects include citizenship, ‘neighbourliness’, social networks and civic participation. One such definition is ‘networks together with shared norms, values and understandings that facilitate co-operation within or among groups’.

Research has shown that higher levels of social capital are associated with better health, higher educational achievement, better employment outcomes, and lower crime rates.

**Voluntary and Community Sector - Funding**

In 2011/12 Enfield funded the Voluntary and Community Sector to the amount of six and half million pounds (£6,585,205). This was distributed between 193 voluntary organisations to provide services and activities to Enfield people. Nearly 80% of the funding was provided through commissioning or grant aid by the Council’s Health, Housing and Adult Social Care department and the Chief Executive’s Office.
Health, Housing and Adult Social Care (HHASC) Funding for VCS

Historically, the Council’s Adult Social Care Commissioning function has funded a wide range of projects provided by the voluntary and community sector. In addition to these grant funded arrangements administered by the adult social care commissioning team, the Council’s Health, Housing and Adult Social Care directorate provides services directly and also purchases from the private and voluntary sectors, a variety of community based provision to support the assessed needs of vulnerable adults in Enfield.

The role of the VCS is to:
- complement statutory provision and enhance the range of quality services and supports that are available to meet community care needs
- Support provided by the voluntary and community sector will be for all residents who meet low, moderate, substantial and critical Fair Access to Care Services (FACS) criteria
- Support individuals to commission their own solutions to meet outcomes through personalisation
- Play a role in the prevention agenda of keeping people well and independent in the community reducing the need for statutory services.

In 2011/12 HHASC made up in excess of £2.5m of the total Voluntary Community Sector funding. 32% of HHASC’s funding was for direct service provision such as day centres, customer respite and transport.

The Adult Social Care Commissioning function has developed a new 3-year commissioning framework to put in place a ‘cohesive, consistent, fair and transparent approach to commissioning and procurement’. A set of shared principles have been developed with stakeholders to ensure that the commissioning process will help to build social capital and community cohesion. Funding objectives are:
- prevention and early intervention,
- information advice and guidance,
- advocacy,
- brokerage services and
- promoting a move to direct payments.

View the Voluntary and Community Sector Strategic Commissioning Framework (2013 - 2016)
**Schools and Children's Services (SCS) funding for VCS**

In 2011/12 the SCS funded over £1m worth of projects from the VCS fund. This amount included, for example:

- £124K to Enfield Parents and Children to support Children's Centres
- £150k to deliver services to young carers
- £115K to provide information and advice
- £75K to support young runaways and their families

In 2012/13 SCS earmarked over two million pounds (£2,262,876) for projects and activities in addition to any projects the VCS will fund for children. This additional funding will support amongst others: children with disabilities; safeguarding & quality assurance; young people’s substance misuse; family support services, and; work within Children's Centres.

**Carers**

Carers in Enfield make a substantial contribution to the care provision across the borough. From the 2011 census, it is reported that there are 27,624 people identified as carers. Of the Carers recorded by the Census, over 6000 provide over 50 hours of care per week, care that would require substantial additional resources to replace if carers were to stop caring.

For this reason the Council prioritises supporting carers and ensuring that they get the support and respite they need to maintain and improve their own health and wellbeing.

**Enfield Council Support for Carers**

In 2012/13 £885,000 was provided for preventative carers services such as information, support, respite and relaxation therapies. This includes the funding to Enfield Carers Centre, which is a hub for carers information, support and activities. These services can reduce carer fatigue and breakdown, reduce social isolation and keep carers physically and mentally well.

**CCG Support for Carers**

This includes £181,000 for a two year project, aimed at supporting Carers in primary care health settings, that is being delivered through Enfield Carers Centre. There will be 2 full-time staff members, a GP Project Liaison Manager and a Carers Nurse. Liaising principally with primary care centres and larger GP practices staff will also reach out to smaller practices and pharmacies, distributing information for staff and Carers. Carers Information Points will be established and managed with the assistance of volunteers.

**Young Carers**

A young carers project is available to support children who have additional caring responsibilities within the home, and is supported through grant from the Council. Young carers could be caring for a relative who is disabled, has an illness or mental health problem. A wide range of support is provided to 300 young carers and their families, including:

- a free counselling service
- trips to various venues
- free access to wider recreational activities (e.g. holiday activities for children aged 5-11 at half-term and summer holiday.)
- six-monthly newsletter written by a young carer
- leisure vouchers twice a year
- advocacy

Further information on this topic is available from:

*Enfield Carers Strategy: 2012 - 2015 (Executive Summary)*
Additional Community Support

In addition to the voluntary sector grants summarised above, the Council has established two additional funding channels focussed at local communities.

Community Capacity Building Fund (CCBF) 2012 -2015

The Community Capacity Building Fund is an additional one off fund for 2012-2015. The fund is intended to build the capacity of local communities in an inclusive and equal way that will deliver stronger communities and create a better sense of place. It aims to empower groups and organisations to promote or improve the social, economic or environmental well-being of their area, to create stronger and more sustainable communities and address inequality and deprivation.

A total of 47 bids had been received for the Community Capacity Building funding for 2013/14, 25 of those were submitted to the CCBF panel for their consideration. The total amount of funding available for 2013/14 is £150,000. From the 25 projects, 8 projects worth a total of £77,952 were fully approved, Examples of the projects approved under this fund are:

Youth Projects
- Youth Engagement and Capacity Building
- Youth Capacity Support Project Staying Safe Through Sport

Black and Minority Ethnic (BME) Projects
- Capacity building and support for elderly Turkish residents
- Information, advice and guidance (African French speaking communities)
- BME Carers Support Project
- Advice and Information Project

Other
- Café Workshop and Support
- Volunteering Support for Mental Health

The Enfield Residents’ Priority Fund (ERPF)

The Enfield Residents’ Priority Fund funds projects that address locally identified need, encourage resident participation and reduce deprivation.

Local borough wards receive levels of funding dependent on their relative deprivation, calculated using the 2010 Indices of Multiple Deprivation. In 2011/12 and 2012/13 the total annual funding was £2.1m. For 2013/14 it is £1.4m.

Key to deciding which projects are funded is in-depth consultation and engagement between ward councillors and local residents. In this way local people are able to identify and decide on projects that will address their local issues and promote or improve wellbeing in their neighbourhoods and help reduce deprivation.

Enfield is a very diverse borough with areas of wealth in the west and some of the most deprived wards in England in the east. The way the funding is allocated provides more resources for people in those areas to develop projects and, in many cases, be involved in the delivery of the schemes.
In 2011/12 and 2012/13 individual ward allocations ranged from £185k for Edmonton Green to £40k for Grange. In 2013/14 individual ward allocations ranged from £123k for Edmonton Green to £27k for Grange.

In each of the first two years approximately 200 projects were approved for ERPF funding across Enfield’s 21 wards. This wide range of projects has included:

- New play equipment in parks, including more challenging play equipment for older children, providing constructive outdoor play and opportunities for children, parents and carers to meet and socialise.
- Green gyms in several local parks, to provide free access to a range of equipment. These are being well-used by people of all ages and abilities.
- Projects to address employment and skills, particularly in the more deprived east and south of the Borough. These are often linked with language skills, as many of Enfield’s diverse communities are found in these areas.
- Lunch and social clubs to bring isolated older people together, and ‘silver surfer’ activities to enable them to keep in contact with their families and take advantage of the opportunities the internet can offer.
- Youth work projects that include positive activities and mentoring etc. for children and young people. A number of projects for children and young people to participate in a range of sports.
- Community events such as The Queen’s 2012 Diamond Jubilee street parties and local festivals.
- Crime prevention measures, such as alley gating and no cold calling zones.

Further information on this topic is available from:

- Enfield Core Strategy
- Enfield Residents’ Priority Fund

Contributions from Volunteers and Voluntary Organisations

The voluntary and community sector make a substantial contribution to the lives of Enfield people. The number of volunteers in these organisations range from over 200 (for national voluntary organisations) to less than 10. There is a wide range of activities and services offered by these organisations and below are illustrations of some of these.
Services and supports for Enfield People

- Providing information advice/supported referral, plus sign-posting for groups and individuals in conjunction with other organisations offering specialist services and/or wider ranging advice.
- Undertaking advocacy to support people in Enfield to get their views heard.
- Prevention and Early Intervention through a variety of activities to promote health and wellbeing.
- Re-ablement and Enablement through hospital discharge support, family support, life skills training e.g. support into employment.
- Day centres, customer respite, transport for vulnerable people
- Working with newly arrived or evolving communities, groups and individuals
- Representing the communities’ interests at meetings of various statutory and voluntary agencies within the Borough, through Trustees and Officers.
- Promoting greater community awareness and understanding, through targeted programmes, such as improving health, Council Budget, education and regeneration consultations etc.

Housing Partners

Enfield Homes

Enfield Homes is an Arm’s Length Management Organisation (ALMO), set up by Enfield Council in April 2008 to manage the Council owned stock and to improve housing services. Alongside its core housing management responsibilities Enfield Homes works in partnership with the Council to develop and deliver strategic housing services, and to renew and regenerate Council owned homes.

Enfield Homes provides and supports a wide range of activities for its tenants. It has 13 community halls, supports 15 residents groups, and has supported a number of community events, including a Tenants Conference/Community Festival. Enfield Homes has also provided funding for Enfield Community Learning Service to run courses for residents.

Housing Association Partners

Housing associations also make a substantial contribution to the lives of their tenants. By way of illustration:

- An organisation that provides affordable housing, and care and support services in north London and Hertfordshire. This organisation provides mixed tenure and mixed-use development. It supports residents with a wide range of training and employment opportunities. They offer one-to-one support with CV-writing, job-searching, application forms and interview techniques.
- Another London wide organisation operates a community investment fund established in 2011 to help communities. The fund improves people’s chances in life by creating opportunities and developing innovative projects that tackle disadvantage and social inequality.
- An Enterprising Residents scheme which provides courses in both profit making business and social enterprise. Enterprising Residents began as a programme for women residents in Enfield and provides an accredited training course in setting up a social enterprise, one to one coaching to devise a business plan and mentoring from successful business people working at firms in the City, such as Lloyds of London and KPMG.

Further information on this topic is available from:

- Enfield Homelessness Strategy: 2013 (Draft)
- Enfield Housing Strategy: 2012 - 2027
- Enfield Tenancy Strategy: 2013 - 2018

Impact of Welfare Reform Act 2012

Welfare Reform

The Coalition Government's Welfare Reform Act has introduced a wide range of reforms to the welfare system which they believe will help to make work pay, tackle a culture of benefit dependency and reduce the welfare bill.
The changes include:

Local Housing Allowance – From April 2011, new caps were placed on the Local Housing Allowance, affecting the maximum amounts that can be paid in housing benefit towards properties in the private rented sector. This included capping properties with 5 or more bedrooms at the rate of a 4 bedroom property.

Local Housing Allowance for single adults aged under 35 – From January 2012, single adults aged under 35 were no longer entitled to receive housing benefit at the rate of self-contained accommodation. Instead they are entitled to a maximum level of housing benefit equivalent to a room in shared accommodation (known as the shared accommodation rate)

Under occupation – From April 2013, new rules have come into place for households in social housing which will reduce their housing benefit payments if they are adjudged to have too many bedrooms for their household size and composition

Benefit Cap – Enfield has been selected as a pilot for the Benefit Cap – From April 2013, a maximum of £26,000 per annum (the equivalent to the average working wage across the country) will be payable to any household where no one is working at least 16 hours a week (or two adults are working a combined 24 hours a week)

Universal Credit – In order to encourage financial responsibility and align welfare recipients with other households, from autumn 2013 all benefits to which a household is due will now be paid in a single lump sum. This payment will be made in arrears at the end of the month via a bank account. Households will be responsible for managing their own finances.

Council Tax – From April 2013, local authorities were required to introduce their own local schemes to support families who need financial assistance with Council Tax payments. The Government is also seeking to reduce the overall cost to the welfare system by reducing overall funding for Council Tax benefit by 10%. Local authorities are responsible for determining how to allocate the remaining funding.

In response to the changes, statutory and voluntary agencies in the local area need to understand the potential short, medium and long term implications on health and wellbeing, as well as developing strategies to address any impacts on services or service users. This fact sheet provides an overview of current understanding as at May 2013.

Key issues and gap

There is a very high level of uncertainty about the impact of the Government’s changes, with the most significant changes (under occupation, the benefit cap, the new council tax support scheme and universal credit) all commencing in 2013.

Enfield has a particularly large cohort of households affected by the benefit cap and as a result has been selected as a pilot authority. This puts particular pressure on the services and resource available to assist affected households.

The households most significantly affected by the benefit cap will lose hundreds of pounds a week, unless they are able to change their circumstances. This places a high level of risk for these households.

Over 27,000 households are affected by the changes introduced as part of the new Council Tax Support scheme. Providing intensive support to all those affected is therefore impractical and the most vulnerable need to be effectively targeted.

A further change relates to the introduction of under occupation charges for social renters. This applies to households in receipt of housing benefit who are living in social housing and who are adjudged to have more bedrooms than their circumstances warrant. Those affected will be charged the difference between the accommodation rate for their actual property and the rate for the property size that they are entitled to.

Various advice and guidance is provided by a range of Council services, job centre plus, primary and acute care providers and by the voluntary and community sector. The issue of welfare reform cuts across these different advice providers and needs to be clearly understood by practitioners, with resource targeted in the most appropriate and efficient way.
Some particularly vulnerable service users fall within the client groups affected by welfare reform. This places a high level of risk for these service users.

**Recommendations for consideration by commissioners including short and long term priorities**

This section requires further consultation with key stakeholders prior to final agreement

The Government’s Welfare reform changes will affect a variety of groups and individuals who receive some or all of their household income via benefit payments.

**Who is at risk and why?**

The Government’s Welfare reform changes will affect a variety of groups and individuals who receive some or all of their household income via benefit payments.

These include:

- Families where no adult is working, including single parent families
- Working age single adults aged under 35 living alone who are in receipt of housing benefit
- Working age recipients of disability related benefits who are in the process of being reassessed as part of the move to personal independence payments
- Large families, particularly those in private rented accommodation
- Families who may be working, but have low income
- Households in registered social housing who are considered to be under occupying their properties

The client group also includes some people with specific health and wellbeing requirements

- Vulnerable families with complex health and social care needs
- Single adults aged under 35 currently living alone who may be unable to live in shared accommodation due to mental health needs
- Individuals who may have significant physical and mental health care needs, including adult social care clients

**Why may welfare reform pose a risk for those affected?**

It is not possible to accurately identify what risks may be encountered because there is currently no evidence base upon which to base this analysis. Despite this, it is important to identify and prepare for some potential risks, which may include:

- Increased risk of financial hardship and poverty as a result of reduced household income
- Increased risk of homelessness as a result of inability to maintain a tenancy, or a shortage of appropriate available housing
- Increase in overcrowded households with associated impacts on health and education outcomes
- Families needing to relocate, impacting on educational outcomes, extended family networks or existing relationships with health and social care providers

- Increased tensions and stress within families, with potential impacts on domestic violence, child safeguarding, crime and anti-social behaviour, neglect, malnutrition, depression and isolation

- Worsening child health, which is already a significant issue in Enfield. It is, however, important to note that the policy of welfare reform is aimed at getting more people into work. Should the policy work as the Government intends, there may be decreased incidence of some of the risks highlighted above.

**Local prevalence/level of need in the population**

**Council Tax**

As part of the Government’s plan to reduce the welfare bill, they have provided 10% less for Council Tax Benefit in 2013/14 and tasked local authorities with developing schemes to manage this process. The Government have also instructed that households where benefits recipient are of pensionable age should continue to receive the same entitlement that they have previously had. Therefore the reduction in the amount of benefit available for working age families is greater than 10%.
The Council has consulted on how to distribute this smaller amount and has agreed a scheme which reduces the amount of support that working age households can expect to receive by 19.5%. As at April 2013, the Council Tax support scheme affects 27,500 claimants. The cash amount that households will be affected by will depend on the size of their property and whether they were entitled to full or partial Council Tax benefit. By means of an example, a household previously living in a Band D property who had previously been entitled to 100% council tax benefit will now be expected to find 19.5% of their annual bill of £1403.34, which amounts to £275.65 a year.

For most people, the amounts payable will be relatively small. However, this is a group with low income who are particularly sensitive to small increases in living costs.

**Benefit Cap**

As at May 2013, the following numbers of households have been identified as being affected by the £26k cap:

- 1286 families affected – total housing benefit loss is £6.17m a year (£118,634 a week)
- 4038 children in affected households and 1029 are lone parent households
- 836 in private rented sector (£74,849/week total loss)
  - 264 <£50 a week
  - 310 between £50 and £100 a week
  - 186 between £100 and £200 a week
  - 76 >£200 a week
- 325 in temporary accommodation (£33659/week total loss)
  - 116 < £50 a week
  - 96 between £50 and £100 a week
  - 70 between £100 and £200 a week
  - 43 > £200 a week
- 30 Enfield Homes (£1506/week total loss)
  - 18 <£50 a week
  - 7 between £50 and £100 a week
  - 5 between £100 and £200 a week
- 70 RSLs (£6322/week total loss)
  - 17 < £50 a week
  - 30 between £50 and £100 a week
  - 18 between £100 and £200 a week
  - 5 >£200 a week
- 12 known to children’s social care (3 <£50, 6 between £50 & £100, 3 >£200 – total weekly loss is £1247)
- 6 Homefinders (3 <£50, 2 between £50 & £100, 1 between £100 and £200 – total weekly loss is £330)

**Under occupation**

**Enfield Homes**

Under-occupying by 1 bedroom - 652 (at 28th June 2013)
Under-occupying by 2 or more bedrooms - 139 (at 28th June 2013)

**RSL’s**

Under-occupying by 1 bedroom - 646 (at February 2013)
Under-occupying by 2 or more bedrooms - 151 (at February 2013)

**Current services**

Welfare reform impacts on a wide variety of services provided by a wide variety of providers. Impacted Council services includes:

- Customer Services
- Team Housing Options Service
- Revenues and Benefits Service
- Children in need service
- Adults social care services
- Economic Development
At a strategic level, work is being co-ordinated by the Benefits Working Group. This cross Council group meets regularly to plan and co-ordinate the impact of welfare reform across Council services.

In response to the welfare reform cap, the Council ‘Benefit Cap Taskforce’ was formed - this is a dedicated team comprising of 8 officers from Council and seconded officers from Job Centre Plus.

The Taskforce team was set up to ensure that households capped are aware of the rules around capping and what their options are. With those options they are made aware of the support and assistance we can give them. Those options are:

- Working an appropriate number of hours per week and getting Working Tax Credit in order to be exempt from the Cap. DWP staff are available to help customers with this journey and LA staff are available to assess whether a DHP is appropriate whilst this option is in progress.
- Moving to cheaper accommodation to reduce the impact of the Cap. If assistance to find cheaper accommodation is needed then the household is referred to the Housing Options team. Again financial assistance with a DHP may be given to assist with this move.
- Meeting the shortfall in Housing Benefit out of existing income by reducing household costs. If assistance is needed with this then referrals can be made to the CAB. If working, moving and meeting the shortfall of Housing Benefit out of existing income is not an option in the short term due to vulnerability or exceptional circumstances then this is recognised by the team and a short term DHP may be awarded.

In addition to the Council’s Benefit Cap Taskforce, Enfield Homes established a Welfare Reform Information Team of 3 dedicated officers to provide support and advice to customers affected by the under-occupation charge and/or the benefit cap.

As at July 2013, a process of ‘mainstreaming the services’ for those affected by welfare reform is on-going. The intention is to deliver a holistic service that will address the different issues that those affected by welfare reform are likely to face. Further information will be incorporated into this factsheet when available.

**Community resources – input into services and interventions to improve outcomes – local offer**

In February 2013, the Council produced a position statement outlining the interventions made to assist those affected by welfare reform. This is attached below.

**Projected service use and outcomes in 3-5 years and 5-10 years**

The Government’s programme of welfare reform is without precedent and its outcomes at national, regional and local level are impossible to estimate. They will depend upon the personal motivations of individuals impacted by welfare reform, macroeconomic factors (specifically the employment opportunities and the housing market) and possible further developments in Government policy. They may also depend upon local, regional and sub-regional policy decisions in areas such as training, house building and provision of temporary accommodation.

**Benefit Cap**

The Government’s impact assessment of the welfare cap (July 2012) states the following intended effects:

- Improve working incentives for those on benefits
- Deliver fiscal savings, and
- Sit alongside the other measures to make the system fair and affordable as workless households will no longer receive more in benefits

The assessment also states that the policy is intended to encourage claimants to move into work or to increase the hours they work.

The pilot period commenced in April 2013 (and includes Enfield Council). As such, it is not possible to make an assessment of how implementation will progress at the time of writing this factsheet. The Council is progressing research looking at the impact of the cap in order to monitor and develop appropriate policy solutions to issues that arise.
Universal Credit

Early outcomes from the Government's Universal Credit pilot schemes suggests that some people are struggling to manage the new system of Direct payments. In May, the Government published the findings from the Direct Payment pilot authorities. http://www.dwp.gov.uk/docs/direct-payment-demo-figures-may-2013.pdf

Of the participating authorities, only one was a London authority – Southwark. The key findings from this borough are set out below:

- Rent arrears for Southwark tenants under direct payments are higher than when payments go to the landlord – for example 9% higher for the council than under existing arrangements.
- 35% of Southwark tenants who should be in scope have not received direct payment for various reasons, including not having a bank account.
- As at March 2013 15% of those on direct payment have been switched back to landlord payment due to arrears.
- Direct payment leads to significant additional administration costs for the local authority, which based on the current performance would be in excess of £400,000 p.a.
- Of the 1999 tenants in the project, only 1001 were in direct payment at end March, 728 of the 1474 Southwark council tenants and 273 of the 525 Family Mosaic tenants.

The Government is currently developing the programme in the light of the pilot projects and this will shape the impact that the introduction of Universal Credit may have in Enfield.

Capturing Data in relation to welfare reform

The Council is developing a scorecard of welfare reform data seeks to capture that welfare reform is having on services and service users. Much of this data has never been captured before, much less presented as a suite of data sets, and there are challenges in collecting this. However, once complete, the data should help to monitor, and predict, the impact of the reforms. A link will be provided to this element of the fact sheet once the scorecard is available to view.

Evidence of effective interventions

As stated above, the reforms being put into place are unprecedented and untried. A detailed programme of interventions has been established by the Council and its partners in order to pre-empt the impacts of the reforms.

See below – welfare reform position statement – for further details.

Public and user/patient and carers views including quality assurance

A public consultation exercise was undertaken on the new Council Tax support scheme between July and October 2012. The consultation outlined 4 potential options for the scheme and consultees were invited to indicate a preferential option. Details can be found here: http://www.enfield.gov.uk/downloads/download/1908/council_tax_benefit_scheme_consultation

Further consultation in the form of quantitative and qualitative research is being conducted on the impact of the benefit cap and other reforms during 2013/14. Further details will be added to this factsheet as such information becomes available

Equality Impact Assessments

The Government has undertaken impact assessments and equality impact assessments for each of the changes. They can be found here: https://www.gov.uk/government/organisations/department-for-work-pensions/series/welfare-reform-act-2012-impact-assessments

The predictive EQIA undertaken in respect of the Council Tax support scheme is available here: http://governance.enfield.gov.uk/documents/s36853/Appendix%20H%20-%20Equalities%20Impact%20Assessment.pdf
Impact on other areas

Welfare reform is by definition a cross cutting issue and impacts widely on many other services elements of health and wellbeing.

Unmet needs and service gaps

This section requires further consultation with key stakeholders prior to final agreement

Recommendations for consideration by commissioners

This section requires further consultation with key stakeholders prior to final agreement

Recommendations for further needs assessment work e.g gaps in knowledge

This section requires further consultation with key stakeholders prior to final agreement

Further Information

Enfield's Approach to Welfare Reform - Position Statement - February 2013

1. Introduction

1.1 This paper outlines Enfield’s approach to the changes the Government has made to welfare reform.

1.2 Enfield has progressed a multi-agency approach to implementing the changes. This approach recognises that the scale and breadth of the changes and the impact that they will have on a wide range of service users.

1.3 A steering group has been set up to take forward different elements of the process and take decisions about the best ways to support those affected by the welfare reform changes. It has developed a detailed programme covering the different elements of welfare reform. It includes representatives from:

- Council Services including Revenues and Benefits, Housing, Schools and Children’s Services, Adult Social Care Services, Communities and Voluntary Sector Team, Communications Team and business and Economic Development Team.
- The ALMO Enfield Homes

1.4 Other partners with whom the steering group are in regular dialogue include the CAB, Job Centre Plus, social housing providers, landlord groups and our local MPs.

1.5 A range of themed sub groups have been established including:

- A taskforce focussed on the impact of the £26k Benefit cap
- Data Capture
- Communications
- Finance
- Customer Services
- Staffing
- Social Fund
- Localisation of the Council Tax scheme
- System and work processes (including IT)

1.6 These are responsible for taking forward different elements of our programme

2. Key Themes of Enfield’s Programme

2.1 The steering group has progressed a number of strategies to deliver the support that customers affected by welfare reform will require:

- Using available resources as effectively as possible
- Proactively targeting those most likely to be affected
- Providing consistent advice and messages to affected residents
- Helping to find the best solution for households that are affected
- Working to mitigate negative impacts of the reforms
3.Actions Undertaken Through the Programme

3.1 Using available resources as effectively as possible

We have:

- Identified officers across the Council who are providing welfare/benefit advice
- Completed an audit of advice services across different providers throughout Enfield
- Secured dedicated resource from JCP - there are two full time JCP officers working with the cap team based at Enfield’s offices
- Providing training and support materials to assist frontline officers – Officers have also attended a number of community group meetings (including those where English is not their first language) to encourage engagement for all customers affected by the cap
- The Revenues and Benefits Service are arranging training in early March for all front line staff and benefit assessors on the full range of Welfare Reform changes, to include Aide Memoirs for all the changes
- Many presentations have taken place across the Council and with partners explaining the changes. These include:
  - Voluntary Community Groups
  - Welfare Benefits Advisors’ Forum
  - A number of schools parents’ forums
  - EREC
  - Enfield Over 50’s Forum
  - Enfield Senior Managers
  - Enfield Homes staff

3.2 Proactively targeting those most likely to be affected

We have:

- Contacted families known to children’s services who we believe will be affected. Every family being referred into children’s social care services is being provided with a copy of the Council’s leaflet re. Benefit Changes. Social workers are also proactively discussing this subject with every household that is currently open to children's social care services. A significant number of these families are the responsibility of other local authorities, having been placed in Enfield in either temporary or longer-term private rented accommodation. As yet, none of these families have asked to move from the borough - however this may be because a number of these families have a range of difficulties and are struggling to fully comprehend the significance of the welfare benefit changes
- Identified every case on the benefits caseload that we believe will be impacted by more than £100 per week and written to the 503 to offer them further advice and assistance. This has been followed up with further support via interviews and telephone advice. As a result, 123 of the 503 cases have been removed from the list of affected households. The cases affected by less than £100 per week are also being offered advice (see appendix 3)
- Proactively contacted everyone affected by the cap and living in temporary accommodation services. Interviews have been conducted with clients to ensure that they are actively considering their options. (see appendix 2)
- Working with our ALMO Enfield Homes and with other social housing providers to ensure that they know which of their tenants are likely to be affected by different aspects of the welfare reform programme so that they can offer additional advice. Enfield Homes are contacting their tenants who they have identified as being 'under occupiers' and those impacted by the benefit cap. (See appendix 1) EH are also developing a series of community information events, the first of which was held on the 5th February
- Identified any families or individuals affected by the cap who are current adult social care clients. 19 cases have been identified, all of whom are being contacted/visited to identify what action needs to be taken. A further 97 people have been identified who are currently living in supported tenancies where the department tops up rent payments. Details have been passed to Revs & Bens for them to check whether they will be affected. Adult Social Care services are also identifying service users in receipt of
DLA in order to determine who will qualify for the higher rate and who will be moved over to PIP as this will determine whether they will be affected by the cap.

3.3 Providing consistent advice and messages to affected residents

We have:

Disseminated information packs to front line staff across our services (including Civic Centre reception officers, call centre operatives, benefits caseworkers, social workers, children’s centres, housing officers) as well as to voluntary and community sector groups. Provided publicity material for customers – the ‘Don’t get caught out by …’ flyers distributed to Council facilities around the Borough.

- Held a range of events with both Council and Job Centre Plus experts targeted at partner organisations to ensure a co-ordinated approach to the support provided
- EH have produced their own series of leaflets and posters, and also commissioned an information video in partnership with other ALMO’s to be played on their website

3.4 Helping to find the best solution for households that are affected

We have:

- Provided advice and practical assistance for households on all the options that might be available to them so they are in a position to make the most appropriate choice for their particular circumstance. For example, for some families this may mean moving to a smaller property or moving to more affordable accommodation outside of London. For other households, a change in employment circumstance may be achievable and may lift them out of the benefit cap criteria. From the evidence received to date, the most popular solution for most households is to seek work – 19% of accommodation service clients, 50% of benefits claimants affected by over £100 selected this option. The second most popular option is to seek alternative accommodation, either locally or away from Enfield. See appendices for further detail.

3.5 Working to mitigate negative impacts of the reforms

We have:

- Recognised that some households and individuals may struggle to adapt to the changes. As a result we are working to secure crisis funding and other support for particularly vulnerable families and individuals. These include mental health service users, families with at risk children, and others. The draft social fund scheme is currently out for consultation and is available on the web – consultation finishes end February 2013.
- Sought to avert an increase in homelessness by working with private landlords; encouraging them to continue to offer long term tenancies to benefits recipients and encouraging them to accept rental incomes which will ensure that families can afford to continue living in the area.

4. Current Issues

4.1 Current issues include:

- An updated list of households impacted by the cap has been received from the DWP. This shows 1792 families, approx. 500 dropped off and further 200 new ones from last list. There are concerns about the accuracy of data. Some cases still showing where the Council has informed the DWP that we believe they should be exempt. There are also cases appearing for the first time who should have appeared in previous lists. We understand DWP lists being pulled from 23 separate databases. DWP have sent letters at end of last week to all 1792 families. Two families have queried the letter at our receptions, and the amount that they are shown as being capped on our list differs quite substantially with the amount on the letter. These issues have all been fed back to DWP.
- Telephone conference arranged with DWP (Alan Sullivan) for this Friday to reiterate issues detailed above, and to attempt to create a "customer journey" and identify any other issues.
- Revs and Bens staff working closely with DWP and software programmer from Civica to ensure systems will be in a ready state for cap
- Working closely with Enfield Homes and RSLs to investigate discrepancies in data between systems and to correct as necessary
5. **Next Steps**

5.1 In the next month, the following actions are planned:

- Training has been arranged for end Feb/early March for all front line staff, Welfare Benefit Advisors and assessing staff in the Welfare Reform changes
- NNDR and CTAX billing and year end to commence 22nd Feb to generate new bills and recalculation of benefit including local council tax support changes and under-accommodation reductions.
- The Council will start to be informed by the DWP of households to be capped on 15th April - they expect it to take 2 weeks for us to receive all of the initial notifications. The DWP have confirmed that if someone is capped and a payment has already gone out that we will not be expected to generate any overpayments when we apply the cap
- Social fund replacement consultation finishes 28th Feb - scheme to be publicised subject to any amendments as a result of the consultation
- Fraud detection and management arrangements for CT support to be agreed
- Reconsideration/appeal arrangements for CT support to be agreed

5.2 Over the coming months, further actions include:

- **The Accommodation Services Team**
  - Conduct follow up interviews/visits to ascertain decision made by clients in order to be exempt from the benefit cap. The team will be reinforcing the need for a decision to be made on how the shortfall in rent will be met as soon as possible before the benefit cap deadline. They will also remind clients that failure to take action as soon as possible will result in the risk of losing their homes as consequence of rent arrears.
  - Arrangements will be made to facilitate payments for those choosing to meet the shortfall of their weekly rent charge.
  - Household deciding to relocate out of Enfield will be provided with the necessary advice, information and Support to facilitate their move.
  - For those seeking employment they will be signposted to the JCP Officers within the Benefit Taskforce team.

- **Enfield Homes**
  - Contact with Benefit Cap customers is a priority for the EH contact programme over the next 2 weeks. Repeated attempts are being made to make direct contact with all affected customers to arrange 1:1 meetings. Contact is being prioritised with those who stand to lose the most significant amount

- **Revenues and Benefits**
  - Have met with the Congolese community (holding an event for them 8/2/13) and the Somali community (trying to sort out an event for 20/2/13). An updated list of affected households was received from the Department of Work and Pensions on 1/2/13. Officers will be contacting those that are affected for the first time and finding out the progress of those written to and contacted before attempting to try and make decisions for DHP awards