



Review on the Potential Impact of the Recession and Welfare Reforms on Mental Health

Health and Adult Services Select Committee

Final Report of the HASSC as agreed
on 5th February 2013

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“Our residents’ mental wellbeing has been affected by continuing to live in hardship and uncertainty”



Lead Member Foreword

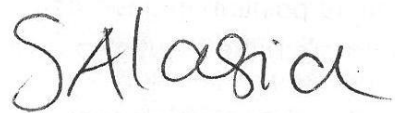
The current cost of living crisis and the crippling harsh austerity measures that the Tory-led government have steered us through over the past three and a half years have been felt quite strongly amongst our residents. Unemployment remains high in this Borough and welfare reform as well as the bedroom tax means that households that were already struggling, are finding it more difficult to manage their finances day to day.

After a six month in depth review, looking into the impact of the welfare reforms on mental health, our Select Committee has found that increased financial pressures have led to more people suffering from stress, anxiety and depression. Our residents’ mental wellbeing has been affected by continuing to live in hardship and uncertainty.

We have had a particular focus on what crucial support is available to our residents during these troubled times. Where do people suffering from emotional distress go to for help? How do our local services cope with increased demand, when our council is being forced to make cuts to so many of our services? Because our review found that the recession has had a negative impact on our residents, it is imperative that we ensure that they receive the support they need at an early stage, so that they are able to cope.

Our review comes at a time where the government’s welfare reforms and the introduction of the bedroom tax are having a severe negative impact on household incomes, both on those who are working and those who are unable to work for legitimate reasons. The Select Committee felt that it was important to understand the snowball effect of the bedroom tax, housing benefit cap, universal credit and loss of disability allowance, so that we and are stakeholders could help residents deal with the changes.

I would like to extend my thanks to the members of the Health and Adult Services Select Committee who have contributed a lot of time during our investigative sessions and meetings. Their contribution has really helped us to understand the impacts so that the recommendations were developed accordingly, that can be used by commissioners and those on the front line helping people.

A handwritten signature in black ink that reads "SAlasia". The signature is written in a cursive, slightly slanted style.

Councillor Sanchia Alasia

Chair of the Health and Adult Services Select Committee

Executive Summary

The scrutiny process for the review took place between June 2013 and November 2013, with Members drawing information from a wide range of sources to gain an in-depth understanding of how mental health, voluntary and statutory services work to support local residents who are impacted by the recession and welfare reforms.

The Council has historically found that the tipping point that has led families, vulnerable adults and older people to need input from Council-funded social care services is often the result of a number of factors and life events that combine to reduce people's overall resilience. It was therefore hypothesised that the impact of the recession and welfare reforms may lead to a similar reduction in resilience, resulting in negative emotional and mental wellbeing being exhibited.

It was decided that the review would seek to answer the following three key questions:

1. How is economic austerity and the Welfare Reforms impacting on our citizens?
2. Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?
3. What can we do/are we doing to mitigate the likely impact?

The following key findings were found as a result of the review. The findings should be read in conjunction with the recommendations on the following page which have been put forward for further exploration and action by the Select Committee as a result of their investigations.

How is economic austerity and the Welfare Reforms impacting on our citizens?

As the reforms are yet to be fully implemented the likely impact remains difficult to assess at this point in time and would benefit from further analysis in the future to fully determine the scale of impact. However from undertaking this review there is sufficient evidence to support that increased numbers are experiencing homelessness and presenting to the Council for support with Housing need. In addition large numbers are experiencing debt through rent and council tax arrears. Overall numbers of residents experiencing financial hardship continue to increase with a high number of applications for funds to cover basic needs such as food, electricity and gas.

There is also evidence to support that levels of mental health needs in the Borough are increasing. The review has found that increased numbers of people have been presenting with mental health needs since 2008 in GP practices. However it must be noted that causal factors are difficult to evidence.

The evidence collated within this review would reflect that early indications show that residents are experiencing financial hardship and many are also experiencing increased levels of anxiety and or depression with increased numbers presenting to GPs and other health colleagues.

Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?

From the findings presented within the report it would suggest that potentially residents who have been directly impacted by the reforms are experiencing financial hardship due to the cuts and are therefore more likely to experience some level of anxiety and depression.

Early indications show that increased numbers of residents are presenting to mental health services and GP surgeries with depression. However it must be noted that it is much more difficult to quantify if this will translate into a diagnosed mental health condition, as this would be dependent on other variables such as the individual's resilience factors and how services were able to intervene at an early stage to prevent crisis.

What can we do/are we doing to mitigate the likely impact?

Locally there is a vast amount of work being undertaken from a proactive perspective. There has been a significant amount of assertive outreach work by the Council and its Partners to engage those who the Council has identified will be impacted by the welfare reforms and cuts in benefits and to work with them to establish solutions, e.g. gaining employment, moving home and downsizing.

There are already a number of services in place that offer information, advice and advocacy to help inform residents of their options and provide guidance around financial hardship and benefits advice, including practical support in the shape of the Barking and Dagenham Credit Union and Local Emergency Support Service.

North East London Foundation Trust (NELFT) also has clear pathways in place for those experiencing mental health problems and clinical support is available to support professionals in NELFT, as well as GPs, with the implementation of the Primary Care Depression Pathway. However, there are concerns that this pathway is overly-reliant on the prescribing of antidepressants and that more focus needs to be given to holistic treatment options.

There remain areas that can be further developed to prevent crisis or trigger additional mental health needs. The areas in which most impact can be

achieved is a comprehensive approach in the sharing and dissemination of information, training for front line staff and ongoing analyses of information to inform ongoing plans to mitigate the further expected impact of the reforms. This scrutiny review has been timely and has been conducted at the same time as a great deal of media coverage, debate and discussion at a national and London-level. In particular, the Greater London Authority have conducted research into mental health in London and published a report in January 2014. Although the report was published at the end of the Barking and Dagenham scrutiny process, it gives a helpful context to the HASSC's own review, discussing prevalence levels, mental health inequalities and the socio-economic impact of mental health issues in London. The report can be found by visiting this link:

<https://www.london.gov.uk/sites/default/files/FINAL%20-%20LMH%20-Full%20Report.pdf>

Recommendations

Following the scrutiny review, the Health and Adult Services Select Committee have put forward the following recommendations for further exploration and action:

1. Access to Information and Support

It is identified clearly within the report that receiving advice early is a key determinant in enabling residents to minimise the impact of welfare reforms and prevent financial hardship which could lead to detrimental effects on general health and mental wellbeing. It is evident that generally people suffer greater anxiety during times of financial difficulty, therefore early intervention and prevention is essential to residents in preventing crisis.

Information about services offering welfare benefits advice and advocacy should be readily and widely available to three key groups to ensure that residents can access services, support pathways and practical advice when they need it most. Information and advice should also be available to help reduce the stigma of mental health. The three key groups identified are:

- Residents
- Practitioners
- Those already known to mental health services

The importance of up-to-date, easy to understand and timely information and advice was raised on a number of occasions during the review. It is therefore recommended that a mapping and consultation exercise on access to information, advice and support is carried out by the Health and

Wellbeing Board. This exercise would be beneficial in order to ascertain whether there are any gaps in information provision and to establish whether the information formats that are currently available are the right ones.

2. Training and Volunteering

During the review process it was reiterated on many occasions that volunteering played a valuable role in mental health and wellbeing and also provides opportunities to prevent isolation, gain necessary skills and experience, and increases local social capital. It is therefore recommended that the Health and Wellbeing Board:

Recognises the importance of volunteering in maintaining recovery and mental health and wellbeing, using all the opportunities provided by the Council's volunteering programmes and the Third Sector.

See Recommendation 7 below on Mental Health First Aid training.

3. Peer Support Opportunities

It is recommended that the Council and the Health and Wellbeing Board continues to monitor user-led organisations to ensure that robust peer support opportunities continue to be provided to prevent isolation, provide emotional support and aid access to information and advice services as required.

4. Joint Working and Partnerships

The Select Committee considered the appointment of an Elected Member Champion around mental health and recommends that the Cabinet Member for Health considers the appointment of a Mental Health Champion on a fixed term basis on a specific issue, for example reducing

the stigma of mental health. It is accepted that this would not be taken forward until after the elections in May 2014.

The Select Committee felt strongly that a holistic approach needed to be considered in the treatment options available to patients, particularly as the Select Committee felt that there was an over-reliance on antidepressants as a treatment option in the Primary Care Depression pathway. The Health and Wellbeing Board should give this consideration, as a result of which the Clinical Commissioning Group (CCG) could be tasked to provide evidence of effectiveness on the implementation of the Primary Care Depression pathway and explore inclusion of alternative therapies, particularly talking therapies, within the pathway. As part of this work, the Select Committee would like to see the CCG undertake a review to determine whether the prescribing of antidepressants is in line with the practice in other areas.

The Select Committee was very positive about the availability of emotional health support for employees in Barking and Dagenham Council. It is recommended that the Council draw on this good practice to support local small employers to provide similar support to their employees.

5. Continued Measure of Need

The Select Committee is aware that within the Council, a Welfare Reform Officer Group is coordinating the response to the austerity and the welfare reforms for Barking and Dagenham residents. The Select Committee supports their ongoing work to bring together data sources that describe the scale of the problem and wish to see this brought to Members at regular intervals. This is particularly important as this review

has been taken at the early stages of welfare reform implementation and so significant further impacts are to be expected.

6. Continued monitoring of Local Services

Commissioning Officers within the Council to continue to ensure that services that are commissioned by the Council continue to remain fit for purpose and meet the needs of residents in the Borough. These services include:

1. Enhanced Welfare Rights
2. Specialist Advocacy
3. Local Emergency Support services
4. Credit Union

7. Mental Health First Aid Training

It is recommended that the Council and the Health and Wellbeing Board offer Mental Health First Aid to professionals across the partnership, as well as other local employers. It is suggested that the Health and Wellbeing Board may wish to look at whether the training that is offered to professionals across partnership organisations is sufficient and offer additional mental health awareness training if appropriate.

Introduction

What is the Health and Adult Services Select Committee (HASSC)?

The Health and Adult Services Select Committee (HASSC) is one of five themed scrutiny commissions established by the Council to hold local decision-makers and providers of public services to account. Its remit covers all aspects of adult social care and health and wellbeing including mental health, public health, primary care and acute care. Because of the nature of its remit, HASSC is the delegated holder of the Council's health scrutiny powers granted by the provisions of the Local Government Act 2000, Health and Social Care Act 2001, NHS Act 2006, and Health and Social Care Act 2012. The HASSC exercises these powers and functions to scrutinise health service providers, NHS bodies and the Council itself. Within this framework the HASSC is empowered to scrutinise any matter in relation to the planning and delivery of health and adult social care services and to make recommendations in order to drive improvements and improve the patient/service user experience. It is on this constitutional basis that the HASSC conducts this scrutiny review.

Membership of the HASSC

The HASSC consisted of the following nine Councillors in the 2013/14 municipal year:

- Councillor S Alasia (Lead Member)
- Councillor E Keller (Deputy Lead Member)
- Councillor S E Ahammad
- Councillor E Carpenter
- Councillor A Gafoor Aziz
- Councillor M McKenzie MBE

- Councillor T Saeed
- Councillor A Salam
- Councillor J Wade

Anne Bristow, the Corporate Director of Adult and Community Services, nominated as the HASSC Scrutiny Champion, Bruce Morris Divisional Director Adult Social Care and Matthew Cole Joint Director of Public Health supported the Select Committee throughout the review and provided expertise and guidance to the Select Committee. In addition a wide range of Council partners, contributed to the collation of review findings. It should also be noted that valuable input from local residents and service users also contributed to the overall report and informed recommendations.

Methodology

Over the course of the review, the Select Committee met for formal meetings on four occasions and four further occasions (site visits and the World Mental Health Day event) as part of the scrutiny of this topic. They have received information from a wide range of sources, including Council services (Revenue and Benefits, Housing and Employment and Skills), the Citizens Advice Bureau, Richmond Fellowship, the Samaritans, representatives from the Clinical Commissioning Group (CCG) and North East London Foundation Trust (NELFT) and discussed the findings of the review with Councillor Maureen Worby, Cabinet Member for Health. The comprehensive notes from these sessions can be found in Appendix 4 of this report.

The information collated to inform the review has been sourced through the following channels:

- Desktop research;

- Consultation with the Cabinet Member for Health and Service Leads from a range of Council, Health and Voluntary service areas – see Appendix 4
- Reviews of research findings, local data on mental health and deprivation, and national good practice by the Council's Public Health team.
- Site visits to mental health services, Job Centre Plus and the NELFT Service User Reference Group;
- Members' open meeting with residents as part of World Mental Health Day to discuss their experiences of the impact of economic downturn and welfare reforms on mental health.

Structure of the Report

Rather than structuring the report around the evidence gathered from each of the organisations, meetings and site visits, this report has grouped the findings of the scrutiny review under three key questions which the Select Committee were seeking to answer:

1. How is economic austerity and the Welfare Reforms impacting on our citizens?
2. Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?
3. What can we do/are we doing to mitigate the likely impact?

At the end of the scrutiny process, Members of the Health and Adult Services Select Committee agreed a suite of recommendations, many of which were suggested to be taken forward by the Health and Wellbeing Board. Recommendations are presented within the relevant sections and can be found

as a whole under the 'Recommendations' section at the beginning of this report.

Timeliness of the Review

This scrutiny review has been timely and conducted at the same time as a great deal of coverage in the media and debate and discussion at a national and London-level. This coverage has picked up on a number of issues that have also been explored by the scrutiny review and commented upon by the Health and Adult Services Select Committee.

Some of the poignant articles and debates have been included below, and readers are recommended to read these discussions as context to the findings in the scrutiny review. In particular, it is recommended that this review should be read alongside the Greater London Authority report called 'London Mental Health - The invisible costs of mental ill health'. The report was published in January 2014, after the conclusion of the Barking and Dagenham scrutiny review, and analyses the wider economic and social impacts of mental ill health in London, giving a helpful context to the findings in this document.

In exploring the social costs of mental ill-health, the GLA report echoes findings of the HASSC that show the disproportionate impacts of people with mental health conditions who are unemployed (or in low paid work), and worklessness as a stress factor leading to mental ill-health. The GLA report, along with the HASSC's review, also takes into account reduced quality of life due to stress anxiety and other mental health conditions.

It is hoped that the timely work of the HASSC can act as a catalyst for Barking and Dagenham responding to the GLA's call to action and help to raise the profile of mental health issues locally.

The full report of the Greater London Authority can be found at this link:
<http://www.london.gov.uk/sites/default/files/Mental%20health%20report.pdf>

Media coverage on the recession, welfare reforms and mental ill health during the scrutiny review

Last summer, the Centre for Social Justice Thinktank report 'Maxed Out' found that personal debt in Britain had reached £1.4tn, with almost half of households in the lowest income bracket spending more than a quarter of their income on debt repayments in 2011. The report also found that 5000 people are being made homeless every year as a result of mortgage or rent debts. The report stated that debt has a 'corrosive impact' on mental health, relationships and wellbeing.¹

At the end of 2013, the BBC and the Guardian ran a series of articles focusing on how families are struggling to meet the increasing costs of basic essentials. Food prices have risen 12% over the past five years with the average household weekly spend on food being just £54.80 and many young families are cutting back on fresh fruit and vegetables in favour of cheaper, less healthy processed food.² In September 2013 the BBC's Inside Out programme focused on feeding a family for £5 to help reduce weekly food expenditure.

There have also been a number of media reports about the impact of the recession on people with existing mental health conditions, particularly in the job market. Last year both the BBC and ITV published findings from the Public Library of Science ONE research which found that the gap in unemployment

1 [The Guardian, Wednesday 20 November 2013](#)

2 [BBC News, 22 September 2013](#)

rates between people with and without mental health problems had widened, and that 'people with mental health problems were more likely to be unemployed.'³ Members received similar comments from service users at the HASSC session on World Mental Health Day last October.

In November 2013, the Guardian ran a think-piece on the soaring use of antidepressants, publishing the results of a questionnaire that was undertaken with 100 GPs throughout the UK and Europe who stated that they felt that there was a 'prescribing culture' in their country because other help for people with depression was inadequate⁴. During the scrutiny review Members questioned both the Clinical Commissioning Group (CCG) and Chair of the Health and Wellbeing Board about the Primary Care Depression Pathway, stating that they felt that there was an over-reliance on prescribing antidepressants and that a holistic approach needed to be considered in the treatment options available to patients by all agencies in the Health and Wellbeing Board. This echoes the findings of the August 2013 'Building Resilient Communities'⁵ report published by Mind and the Mental Health Foundation which calls on Councils and other agencies to prioritise mental health within their strategies by adopting holistic approaches to prevent mental ill-health developing into a long-term problem.

3 [ITV, 27 July 2013](#)

4 [The Guardian, Thursday 21 November 2013](#)

5 [MIND and the Mental Health Foundation, August 2013](#)

Background

What is Mental Health?

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

This review will use the term 'mental health' to encompass conditions ranging from anxiety and depression to schizophrenia. This is used because the term 'mental health' is commonly understood to include all forms of mental distress. It is important to differentiate between mental health and mental capacity issues, which will not be included within the scope of this review. Mental capacity means being able to make and communicate decisions.

Cause of Mental Illness⁶

Ideas about the 'causes' of mental illness and health come and go, and at any time social, medical and other explanations will all be supported by different groups, or disputed. The current picture seems to be that broadly, more than half of poor mental health can be explained by a range of societal stress such as emotional neglect and violence in families when children's basic mental and emotional capabilities are developing, and also by the wider determinants such as poverty, debt, bullying at work or school, discrimination and, vitally by the

6 WebMD Medical Reference 2012

extent to which society has major inequalities. Physiological and genetic factors may then to some extent influence whether people fall ill to a greater or lesser degree. Most people working in mental health services recognise that it is unusual for people with severe mental illness not to have experienced a range of neglect, losses, and major stresses at key points in their lives. It is important to bear in mind that the more social explanation tends to lead us as a partnership into a more positive position, namely that we can have a major influence on the Borough's mental health. In previous decades, mental illness was often regarded as something inevitable in certain people and the focus was on treatment. Nowadays we recognise that we can influence our borough's mental health and that we can empower and support residents to attain better mental wellbeing.

It is also helpful to remember that while clinicians and psychologists can diagnose mental illness or measure it on an inventory, what really matters to individuals is their internal experience. If our day is filled with stress, misery and fear, then life feels awful, irrespective of whether we are experiencing depression, psychosis or stress as a result of debt, grief or violence.

The following factors can influence mental wellbeing:

- Economic and social pressures such as debt, poverty, inequality, and lack of a safe environment.
- Personal stress and fear caused by bad treatment by others.

Although the exact cause(s) of most mental illnesses is not known, through research it is becoming clearer that many mental health conditions are caused by a combination of biological, psychological, and environmental factors.

Other biological factors that may be involved in the development of mental illness include:

- **Infections:** Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms.
- **Brain defects or injury:** Defects in or injury to certain areas of the brain has also been linked to some mental illnesses.
- **Prenatal damage:** Early foetal brain development or trauma that occurs at the time of birth -- for example, loss of oxygen to the brain -- may be a factor in the development of certain conditions, such as autism.
- **Substance abuse:** Long-term substance abuse, in particular, has been linked to anxiety, depression, and paranoia.
- **Other factors:** Poor nutrition and upbringing, education, may play a role in the development of mental illnesses.⁷
- **Genetics (heredity):** Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more likely to develop one. Susceptibility is passed on in families through genes. Mental illness itself occurs from the interaction of multiple genes and other factors, such as stress, abuse, or a traumatic event, which can influence, or trigger, an illness in a person who has an inherited susceptibility to it.

Common mental illness

Common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic

7 Matthew Cole Director of Public Health HASSC Presentation 2013

stress disorder (PTSD) and social anxiety disorder may affect up to 15% of the population at any one time.

Depression and anxiety disorders can have a lifelong course of relapse and remission. There is considerable variation in the severity of common mental health disorders, but all can be associated with significant long-term disability. For example, depression is estimated to be the second greatest contributor to disability-adjusted life years throughout the developed world. It is also associated with high levels of morbidity and mortality, and is the most common disorder contributing to suicide⁸. Further more in general, neurotic disorders affect women more than men (19.7% v 12.5%)⁹.

Social impact of severe mental illness¹⁰

The social impact of a psychotic disorder is marked. Compared with people who do not have one, those with a probable psychosis are more likely to:

- be separated or divorced
- be living in a one person family unit
- have low educational qualifications
- be in Social Class IV or V
- be economically inactive

8 Common mental health disorders: Identification and pathways to care NICE May 2011

9 Matthew Cole Director of Public Health HASSC Presentation 2013

10 Matthew Cole Director of Public Health HASSC Presentation 2013

- live in accommodation rented from a local authority or housing association
- live in an urban area

The above indicates that those with psychosis will often experience increased social pressures; furthermore, links between income and physical and emotional well-being are well established. In general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources. 'The worst affected places face financial losses that are twice the national average and four times as much as the least affected places. As a general rule, the more deprived the local authority, the greater the financial hit'.¹¹ Reforms that reduce income to our poorest citizens are potentially likely to impact on their ability to remain self supporting.

11 First evidence on overall impact of welfare reform across Britain Sheffield Hallam University

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

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Nature of reforms

The Welfare Reforms have been gradually implemented in 2013, with full implementation from October 2013. Therefore, it should be noted that although the Select Committee has been able to begin to review the impact of the Welfare Reforms as part of their scrutiny investigations, it is likely that the full impact of the Reforms as a whole will be difficult to assess until 2014/15 and beyond.

There are four key elements to the welfare reform programme, which follow on from reforms that were introduced under the previous government:

- To replace the complex mix of out of work benefits and working tax credits with a single Universal Credit;
- To introduce a single welfare to work programme (the Work Programme), designed to support longer term unemployed people back to work;
- To reassess claims of disability and incapacity related benefit, and particularly individuals' capability to work;
- To cap the total amount of benefit that working age people can receive so that workless households should no longer receive more in benefits than the average earnings of working households. The cap will be £500 p/wk for couples and lone parents and £350 p/wk for single adults.

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

It should be noted that within the Council, a Welfare Reform Officer Group is coordinating the response to the austerity and the welfare reforms for Barking and Dagenham residents.

See Appendix 1 for a comprehensive description of the changes

Changes to welfare benefits

There are currently, and have been historically, five key types of benefits:

- **Out of work benefits** - Jobseekers Allowance (JSA), Incapacity Benefit (IB), Employment and Support Allowance (ESA), Severe Disablement Allowance (SDA) and Income Support (IS). These will all be replaced by Universal Credit;
- **Housing benefits** - Local Housing Allowance (LHA). This will be incorporated into Universal Credit from October 2013 but current reductions in LHA for under 35 year olds and penalties for working age families under-occupying social housing and the benefits cap (to be administered by reductions in Housing Benefit payment) will impact from April 2013;
- **Disability benefits** - Disability Living Allowance (DLA). Personal Independence Payments (PIPs) will replace DLA with existing claimants of DLA being re-assessed;
- **Tax credits** - Working Tax Credit (WTC) and Child Tax Credit (CTC). This has sought to supplement the incomes of working families and support the payment for childcare arrangements. These will be incorporated into Universal Credit;
- **Council Tax Benefit** - This will be replaced with a localised support mechanism from April 2013. Funding for council tax benefit will come from un-ring fenced grants paid.

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

The decision to offer a claimant an alternative payment arrangement will be made by a Department of Work and Pensions (DWP) decision maker. They will take into account a range of factors to help identify a claimant's needs, including:

- Drug, alcohol or other addiction problems
- Learning difficulties or mental health conditions
- Temporary or Supported accommodation - Homelessness
- Severe debt problems
- Domestic violence

This list is not exhaustive and all alternative payment arrangements will be considered on a case by case basis. DWP envisage a role for local authorities and Housing Associations in the Alternative Payment Arrangements process. DWP will develop proposals and engage with key partners in time for further Universal Credit rollout.

DWP is not seeking to define "vulnerability" for the purposes of administering Universal Credit, as it is felt that an attempt to do so would risk some people with complex needs falling outside of the prescribed definitions and then not receiving help that they may genuinely need. DWP has already published guidance on this and alternative payment arrangements for the Universal Credit pathfinder in Greater Manchester.¹²

12 Policy paper: Government response to the Communities and Local Government Select Committee's report: implementation of welfare reform by local authorities

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

Estimated numbers of people affected

Housing

The table below represents the number of benefit claimants in the Borough using the most recently published data. As can be seen, housing benefit is by far the highest proportion of need locally. It is reported that 1,600 residents will be impacted on by the bedroom tax losing a minimum of £14 per week in housing benefit, this shortfall in benefit will need to be made up by each claimant however this is dependent on the access to any disposable income or they will face a choice, either:

- Downsize
- Commence work and cease benefit claims
- Take in Lodger

Of those 1,600 residents effected 1,384 have been contacted and visited by Housing Services, the vast majority 81% have indicated that they will make up the shortfall, 4% indicated that they would commence work, with only 13% have indicated their intent to downsize. This would suggest that most residents are willing to make further sacrifices and budget their income to make up the shortfall then having to move home which is often a stressful and anxious time.

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

Figure 1.1: Breakdown of Benefits and Support

Benefit	Number	Percentage affected	Latest published data
Housing Benefit	23,102	33.0% (percentage of households)	Mid Aug 2013
Council Tax Support	23,760	33.9% (percentage of households)	W/c 9 Sep 2013
Employment and Support Allowance (ESA) and Incapacity benefit	8,610	7.2% (Proportion of the resident population aged 16-64)	Feb 2013
Job Seekers Allowance	6,432	5.4%(Proportion of the resident population aged 16-64)	July 2013

The potential impact of those wishing to remain in their current home is the increase in Council rent arrears should residents find themselves in financial difficulty. This may then impact on number of evictions across all tenures as a potential impact of reforms.

Since May 2013 there has been a 30% increase in homelessness approaches. As homeless demand increases the availability of accommodation in the rented sector is also reducing for a number of reasons. There is some evidence to suggest that:

- Other boroughs are targeting boroughs with cheaper rent levels
- Private Landlord's reluctance to take tenants dependent on benefits.

Key Question 1: How is economic austerity and the Welfare Reforms impacting on our citizens?

Those families with significant loss of benefits including those placed in the Borough from other boroughs will face additional pressures that may then impact on their health and well being e.g. mental health if they find themselves accruing rent arrears and potentially facing eviction. It is possible that these increased pressures in the home may raise the number of new presentations into Mental Health Services, and those already known to services may need increased support.

Council Tax Support Scheme

The scheme was introduced from 1st April 2013 and residents who previously did not have to pay anything towards their Council Tax now have to pay 15% towards their council tax bills. This translates to around £3.46 pw at the lower end (£15.00 pcm) and £4.15 pw at the higher end (£18.00 pcm). The scheme represents a reduction in residents' income in real terms and residents are generating debt as a result of the scheme.

Benefits

Between 12th August and the end of September 2013 the Council has so far received instruction to cap 523 families in the Borough, 90 of these have lost more than £100 per week. There are various exemptions from the cap e.g. being in receipt of a qualifying benefit such as DLA or PIP. If a resident meets one or more of the exemption criteria then they will not be affected by the cap. Residents who have severe and enduring mental health issues should be in receipt of a qualifying benefit and thus exempt from the benefits cap.

There will be residents with lower levels of mental ill health who will not be exempt from the cap and who will be affected by it e.g. people living in private rented accommodation and not in receipt of a qualifying benefit. This could result in more people approaching the local authority for help with discretionary housing payments in the future. If these residents cannot find a way to make

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up the shortfall in their rent payments they will be made homeless and this could also have repercussions for the local authority homelessness service.

Magnitude of Impact

The Marmot¹³ report suggests that socio-economic consequences of the financial crisis will disproportionately affect London due to demographics, higher living costs and the nature of its housing and employment market. Marmot in his review quotes: “Rates of unemployment are highest among those with few or no qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and in particular young people.”¹⁴ The disproportionate effects have been highlighted below:

Disproportionate Effects¹⁵

London	Individuals
<ul style="list-style-type: none">• Higher rents• limited affordable social housing• areas of deprivation and high unemployment• Health inequalities	<ul style="list-style-type: none">• Large families hit by cap• lone parents• Young and older under pension age• those with a disability• 'vulnerable' - unequal access to employment and housing

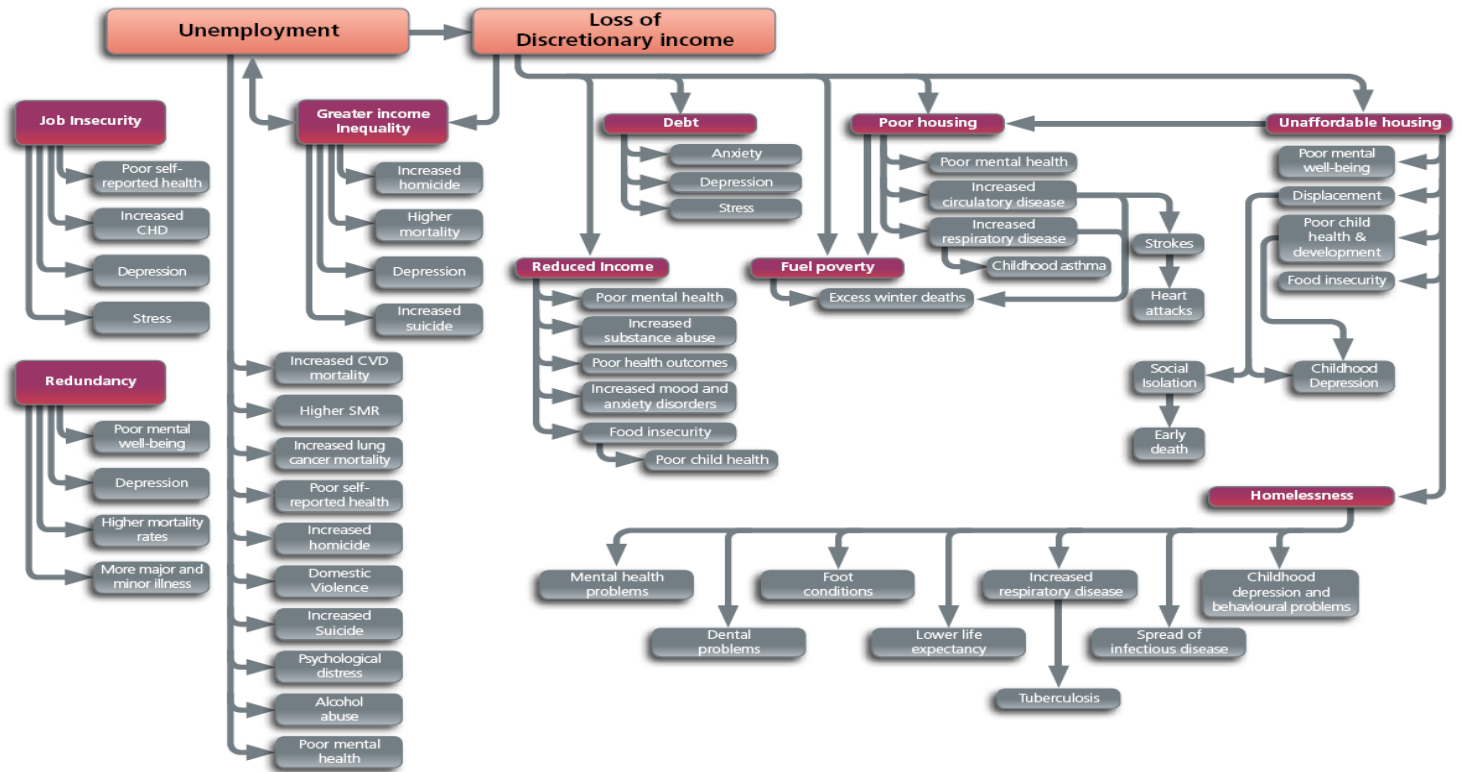
13 The Marmot Review: Fair Society, Healthy Lives, 2010

14 London Health Inequalities Network. 2011

15 Annette Cardy, Joint Improvement Partnership, Barking and Dagenham Economic Downturn 2013

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Figure 1.2: Employment, Income, Housing Impacts on Health & Social Care Needs



Emerging impacts of austerity and the Welfare Reforms

From the Select Committee focus group sessions with statutory and voluntary sector partners (see Appendix 4 for full notes from each of the sessions) a number of key areas were identified around the emerging needs and impact.

From the evidence collated as part of the scrutiny review all groups have provided early indications that the impact of reforms may potentially have adverse effects on individuals and families within Barking and Dagenham which is due to increased financial hardship. However it should be noted that those with severe or enduring mental health conditions will remain exempt from any benefit caps and therefore should not experience further significant impacts, although those consulted have expressed that despite exemptions

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they have still experienced increased levels of anxiety due to impending changes. The main concern is that those not already known to secondary and primary health services may experience increased levels of anxiety or suffer from depression which may lead to new presentations to Health services.

Many factors may contribute to any adverse affects, one of which could be due to high levels of housing need which currently outstrips supply - lower cost social housing is in high demand with almost 12,500 currently on the waiting list. Those on the waiting list may already be experiencing some levels of anxiety as they face long waits to determine housing applications, with the additional pressures of change in benefits and employment status some may experience further anxiety triggering need to access mental health services. It was reported during the focus groups that there have been an increased number of presentations through Housing Advice and Homelessness where mental health has been indicated as a need and potentially triggered or worsened through financial hardship.

Revenue and Benefits reported that they have seen a rise in Council Tax recovery activity which has increased due to residents falling behind with payments. They have also seen three times as many residents receive a summons for Council Tax for non-payment. Levels of rent arrears have increased with around 1000 households currently going through the debt recovery process at this time. This would suggest that many households are already experiencing financial difficulties due to bedroom tax and council tax. It is also anticipated that there will be an increase in people migrating to the Borough as Barking and Dagenham rents are slightly lower than caps and will therefore be more financially viable. This would suggest that the Borough may see increased need on other services i.e. Health and Social Care and Education due to families moving to the Borough for affordable housing.

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In February 2013, the Borough approximately had 8,760 residents claiming incapacity benefits with around 3,500 claiming for mental health or behavioural related disorders. This outnumbers job seekers (7,240 at that date) as the biggest group of claimants in the Borough. It is predicted that many will be transferred to the government's Work Programmes. Since June 2011 to March 2013, only 10 obtained employment out of approximately 620 residents. It is estimated around 40% would have had additional mental health needs, however there is no evidence to suggest that those with additional needs were provided with the necessary support or access to specialist services to enable them to gain employment. Although Job Centre Plus reported that those with additional vulnerabilities do have access to additional support it appears from the statistics that this was perhaps not fully utilised. Potentially there is a concern that those presenting with additional mental health needs may be marginalised if they are not identified and supported appropriately, if assessed and transferred to Work Programmes without adequate support this may further adversely impact on their mental health.

Existing mental health service users also reported that they felt that opportunities for employment was limited although it is recognised that unemployment continues to fall, service users were often offered low paid unskilled work or zero hour contracts which left them feeling demoralised and undervalued although some have skilled backgrounds and felt that they had more to offer the employment market. The importance of good employment is necessary to maintain mental health wellbeing. With the introduction of the cost to individuals to pursue Employment Tribunals service users felt that they would be unable to raise concerns if treated unfairly due to their mental health condition. For service users that have been assessed as 'fit for work' and required to seek employment, this has generated high levels of anxiety for those already known to mental health services. Although it was noted that

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given the right support and information, a small number have successfully returned to work or accessed education or training.

The voluntary sector focus groups all expressed that they have deep concerns that those accessing services whether they are already known to mental health services or not, are experiencing greater levels of anxiety and depression due to financial hardship. Those already accessing secondary mental health services are increasingly requiring more support around austerity related issues particularly when other services have been closed or no longer provide that function. Specialist mental health provision providing vocational support are currently working with around 80¹⁶ individuals with most requiring additional emotional support, however the concern is that specialist interventions will become diluted if services are providing more broader support to meet demand for austerity related support.

The Work Capability Assessment process (WCA) is carried out by ATOS healthcare commissioned by the Department of Work and Pensions (DWP) to carry out assessments. However the decision about whether or not a claimant continues to qualify for ESA is made by the DWP decision maker. Citizens Advice Bureau have highlighted that they believe the process is flawed and people with mental health issues are disproportionately affected by the DWP making negative decisions on their claims.

Furthermore, the voluntary sector are receiving more calls and drop-ins as a direct result of welfare reforms, where individuals are worried and anxious about completing forms, benefit and debt issues which has increased by around 25%. Feedback to date suggests that individuals and families are

¹⁶ Based on numbers provided in October 2013

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experiencing greater financial hardship and need to access services to help support them through welfare reforms that impact on them. Voluntary sector partners continue to remain vigilant to ensure that they identify where possible early indicator for anxiety and distress amongst service users presenting for support.

A number of mental health service users were consulted as part of the review and the majority all responded that the speed of the changes and often lack of information has caused heightened anxiety and in some cases triggering crisis. It was felt that existing mental health services i.e. Home Treatment Teams are already stretched and would be unable to cope with rising numbers needing support due to the impact of welfare reforms. Many reported that their daily routines have been impacted i.e. budgeting, shopping etc is even more difficult for those with additional needs such as dyslexia. With the additional role of Universal Credit and monthly payments, this will require those receiving benefits to effectively manage and budget finances and for some this may prove to be extremely difficult.

For some, the fear of isolation increases as opportunities for social inclusion become more limited due to financial constraints. Although there was a general consensus that peer support is a valuable aid in maintaining recovery and preventing crisis. Peer support opportunities also allow greater access to information through sharing experiences and knowledge of local services.

Service users expressed the importance of accessing the right support at point of crisis as this experience will have a significant impact on their recovery. In addition having access to information and advice also eases anxieties. Service users were extremely passionate about the importance of volunteering in maintaining service user's recovery and need for recognition in what service users give back to the community through volunteering.

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There is also recognition that in-work poverty is also increasing which is affecting a vast group of the Borough population, further supporting the need for good employment avoiding low paid poor condition employment which is reported by Council Department Employment and Skills.

The rise in demand for services in Barking and Dagenham

As part of the scrutiny focus groups it was reported by NELFT that demand for mental health services is increasing. The Barking and Dagenham Access and Assessment Team in the first 6 months of 2013/14 saw a 19.6% increase in referrals against the same period last year. However it cannot be explicitly attributable to welfare reforms.

The Clinical Commissioning Group¹⁷ reported that there are increased numbers of residents presenting at GP surgeries with stress and would agree that they are seeing the impact of welfare reforms in general practice. However it should be noted that it is not always explicit as to why more people are presenting but could be due to austerity measures i.e. financial hardship etc.

It would be fair to conclude that there has been a rise in demand of services across both voluntary and statutory services, with significant increase in presentation to mental health services and general practices.

Recommendations

1. Access to Information and Support

17 Dr Raj Kumar, Local CCG lead for Mental Health and Vice Chair of Barking and Dagenham CCG

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It is identified clearly within the report that receiving advice early is a key determinant in enabling residents to minimise the impact of welfare reforms and prevent financial hardship which could lead to detrimental effects on general health and mental wellbeing. It is evident that generally people suffer greater anxiety during times of financial difficulty, therefore early intervention and prevention is essential to residents in preventing crisis.

Information about services offering welfare benefits advice and advocacy should be readily and widely available to three key groups to ensure that residents can access services, support pathways and practical advice when they need it most. Information and advice should also be available to help reduce the stigma of mental health. The three key groups identified are:

- Residents
- Practitioners
- Those already known to mental health services

The importance of up-to-date, easy to understand and timely information and advice was raised on a number of occasions during the review. It is therefore recommended that a mapping and consultation exercise on access to information, advice and support is carried out by the Health and Wellbeing Board. This exercise would be beneficial in order to ascertain whether there are any gaps in information provision and to establish whether the information formats that are currently available are the right ones.

2. Training and Volunteering

During the review process it was reiterated on many occasions that volunteering played a valuable role in mental health and wellbeing and

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also provides opportunities to prevent isolation, gain necessary skills and experience, and increases local social capital. It is therefore recommended that the Health and Wellbeing Board:

Recognises the importance of volunteering in maintaining recovery and mental health and wellbeing, using all the opportunities provided by the Council's volunteering programmes and the Third Sector.

See Recommendation 7 below on Mental Health First Aid training.

3. Peer Support Opportunities

It is recommended that the Council and the Health and Wellbeing Board continues to monitor user-led organisations to ensure that robust peer support opportunities continue to be provided to prevent isolation, provide emotional support and aid access to information and advice services as required.

Key Question 2: Will the austerity measures, reduction in income levels and/or poverty lead

Key Question 2: Will the austerity measures, reduction in income levels and/or poverty lead to more mental ill health?

This information is taken from the Barking and Dagenham Joint Strategic Needs Assessment

The Full JSNA can be found here:

<http://www.barkinganddagenhamjsna.org.uk/Pages/jsnashome.aspx>

What is the expected prevalence of mental health?

The risk of mental health problems is considerably higher in deprived areas, so prevalence would be expected to be high in Barking and Dagenham. However, diagnosed prevalence of conditions such as phobia is close to the London average, suggesting that there may be under reporting at least for this condition.

Approximately 5.8% of borough residents are accessing care for mental health services for a range of mental health conditions. Recording of mental health conditions is low in primary care with only about 0.6% of residents registered by GPs on their mental health registers. During 2008/9, 411 adult residents of Barking and Dagenham were admitted as in-patients for mental health care, while 4,403 attended either a mental health outpatient's appointment or had contact with a community service (ICS). Meanwhile in the same year 160 adults were detained under the Mental Health Act.

It is estimated that in any given week 11% of adults in Barking and Dagenham will be experiencing depression. This is higher than the England average (8%) but the same as the London average (11%).

Unemployed people have higher rates of long term limiting illnesses, cardiovascular disease and mental health problems. While most people agree that being in work is preferable to unemployment, in terms of improved physical and mental health, the quality of the work really matters. Moving

Key Question 2: Will the austerity measures, reduction in income levels and/or poverty lead

people off benefits and into low paid and insecure work is not a desirable option and it will not see long term improvements in health, as being in work if the working conditions are poor can lead to worse mental health and musculoskeletal disorders.

There is a circular nature to the relationship between unemployment and poor health, as being unemployed can lead to worsening health but poor health also increases the chances that someone will become unemployed. "Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities."

Once out of work people with mental health problems may find it difficult to get back into the workplace. With the already high rates of unemployment in the Borough it is unsurprising that so few of the population who are known to be in receipt of mental health services in the Borough are also in employment. Barking and Dagenham has schemes in place to encourage people off benefits and back into work, including apprenticeship schemes.

Projecting future needs for mental health services

It is expected that there will be an increase in the numbers of people needing to access mental health services in the coming years. Modelled estimates predict that the number will increase by about 20% by 2020 (Figure 1.3).

Key Question 2: Will the austerity measures, reduction in income levels and/or poverty lead

Figure 1.3: Projected number of clients accessing mental health services, Barking and Dagenham, 2009-2020

Year	Population	Number of people accessing mental health services	Number of Patients on Mental Health Register
2009	175,239	10,140*	1,132
2010	177,321	10,260	1,145
2011	179,361	10,379	1,159
2012	183,407	10,613	1,185
2013	187,445	10,846	1,211
2014	191,475	11,079	1,237
2015	195,495	11,312	1,263
2016	199,508	11,544	1,289
2017	202,262	11,704	1,307
2018	205,001	11,862	1,324
2019	207,726	12,020	1,342
2020	210,437	12,177	1,359

**Figures in bold represent actual figures for 2008-9*

Source: Based on GLA SHLAA 2010 population estimates

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Inequalities in mental health

The risk to a person's mental health varies by factors such as gender, age and ethnicity. Women are more likely to experience common mental health problems, and to attempt suicide, however men are more likely to actually commit suicide. One Scottish study on the incidence of severe mental illness, gives a figure of between 11 and 24 per 100,000 for the total population, depending on the definition used. However, men had a higher incidence than women (210 versus 60 per 100,000) at ages 15 to 24, and again at ages 25 to 34 (440 versus 175 per 100,000).

Severe mental health problems including psychosis often manifest themselves in late adolescence / early adulthood. However there is a gender difference in the age at which mental illness can manifest, with women on average presenting with psychosis at a slightly older age than men (31.9 years vs. 27.2 years). This is because women have two peaks in presentation – both men and women present in their early twenties, but women then experience a second peak in presentation between the ages of 45 and 54.

Locally, there are large ethnic inequalities in admissions to adult psychiatric inpatient services in Barking and Dagenham. The admission rate for White ethnic groups in Barking and Dagenham is 24% higher than the England average for all ethnic groups, whilst the admission rate for Black ethnic groups in Barking and Dagenham is 54% higher than the England average.

Mental ill health is associated with socio-economic deprivation and Barking and Dagenham is the 21st most deprived borough in England. Considerable evidence is emerging of the impact of inequalities on mental health, but the relationship between these factors is not well understood. Although certain social circumstances may lead to mental health problems, it is also likely that experiences of long-term and severe forms of mental health will impact on the

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socio-economic status of individuals and so there is reverse causality. Employment is a major factor in a person's wellbeing and loss of employment and the financial security employment brings is associated with higher rates of mental and physical ill health. Unemployment in men of working age is a very significant factor in the development of depression and suicide.

Given the anticipated population increases and the high levels of deprivation in the Borough, there is likely to be a much greater demand on services that improve the mental health and wellbeing of Barking and Dagenham residents. This would include a wide range of services and initiatives such as those promoting sports and leisure, access to green space and volunteering.

As the largest employer in the Borough it is recognised that to support local employers and businesses that good practice in supporting employees to avoid sickness due to anxiety and stress must be locally understood so that this can be shared.

What services exist?

Barking and Dagenham Council provides mental health services in partnership with North East London Foundation Trust which is managed under a Section 75 agreement which formalises the arrangement under which both partners are equally responsible and accountable for services and functions.

Alongside these there are a number of commissioned services available that offer information, advice and advocacy to prevent further crisis and provide financial support or loans to vulnerable adults in the Borough, including Local Emergency support services, Credit union, Specialist Advocacy and Generic Advice, Hate Crime and Hate Incident Reporting and Enhanced Welfare Rights Advice

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Statutory Mental health services, including social care responsibilities, are provided by North East London Foundation Trust (NELFT) and this is governed by a Section 75 partnership agreement.

North East London foundation Trust (NELFT)

NELFT currently provide health care services which include community-based family health services and a broad range of specialist mental health services to people living in Barking and Dagenham. These have broadly been summarised below:

Barking and Dagenham Access and Assessment Team (BDAAT) is the single point of access for adults aged 18 to 65 needing community mental health services. They provide an initial mental health assessment.

The Barking and Dagenham Community Recovery Teams (CRT) provides specialist mental health services for adults aged 18 to 65 with serious and/or enduring mental health problems. This includes multi-disciplinary assessments to identify needs with each client/carer, community interventions and a whole range of community-based services formulated in a care plan and delivered through the Care Programme Approach (CPA) process. The team works with clients, carers and other agencies to promote recovery.

The Barking and Dagenham Crisis Resolution - home treatment team provides acute home treatment for adults aged 16 to 65 whose mental health crisis is so severe that they would otherwise have been admitted to a hospital. This integrated service for people with severe and complex mental and behavioural disorders such as schizophrenia, bipolar affective disorder, and severe depressive disorder is usually provided in the person's own home. The team includes psychiatrists, psychologists, community mental health nurses, social workers, occupational therapists, support, time

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The Barking and Dagenham Early Intervention or Estar service offers intensive and assertive support for people aged 14 to 35 who may be experiencing their first episode of psychosis. They support clients with their current problems, promoting recovery and maintaining wellness and helping them return to normal activities in their community life. Symptoms may include hallucinations, odd beliefs and ideas of reference, problems with thinking, paranoia as well as disturbances in sleep, appetite, mood and a decline in function. Early intervention in psychosis is based on research that suggests that intervening early and limiting the duration of untreated psychosis (DUP) can reduce the degree of harm to a person's mental health.

The Improving Access to Psychological Therapies (IAPT) service provides psychological treatment for people with mild to moderate anxiety and depression that have a GP in Barking and Dagenham.

London Borough of Barking and Dagenham Commissioned Mental Health Provision

The Council currently oversees 3 mental health specialist supported accommodation contracts that were all recently retendered which provides 14 self contained flats and 10 shared units. The services are commissioned to provide support to service users with mental health needs who are unable to live independently in the community with a view to moving services onto independent living.

The Council also recently retendered and awarded a contract for Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) which are statutory services. IMCA service provides specialist independent advocacy service to people (aged over 16) who have no one able to support or represent them, who lack the capacity and/or have problems communicating.

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IMHAs are specialist advocates who provide an additional safeguard for patients who are subject to the Act (who have been detained) as well as people with a mental health problem (not subject to the Act) but requiring support. IMHA support also includes providing information and exploring options for individuals. IMHA work will take place in the community and psychiatric hospital.

In April 2012 a new contract was awarded to Richmond Fellowship who provides specialist employment support service users with Mental Health needs. They are also commissioned to provide services users with social inclusion opportunities to prevent isolation and support recovery. The Council are also supporting a local User Led organisation (Starlight) who wish to provide peer support opportunities for local residents who also have mental health needs.

The Housing Assessment and Referral and assessment Team (HART) formerly (Tenancy Sustainment Team) provide single point of access to floating support provision to prevent homelessness and reduce crisis situations. They also provide early intervention and support on housing related matters to local residents. The service operates from Boundary Road which is provides temporary housing to vulnerable adults.

Current utilisation of services

In all commissioned supported accommodation, utilisation has remained steady over the past year with very few voids occurring. Locally there are 24 units available which provide supported accommodation which NELFT currently hold 100% referral access to, NELFT and have worked swiftly to accommodate voids as they have occurred. Due to limited move on options for residents throughput has been a struggle for both providers and both continue

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to work with Housing, NELFT and Adult Commissioning to explore available options to increase throughput.

The current Independent Mental Health Advocacy (IMHA) no longer provides general advocacy support for service users with known mental health needs. However it should be noted that specialist advocacy support is still available within a new structure which was newly commissioned as part of the new Information Advice and Advocacy model (please see Appendix 2)

Richmond Fellowship as a new provider in the Borough took on the role of merging existing service models which included a mental health day provision and specialist vocational support services which has been operation for just over 1 year. During the period 2012/13 the service has worked with around 185 service users to date of which those that requested support to return to work Richmond Fellowship have supported 15 service users to gain paid employment.

In terms of activity relating to NELFT services, please see Figure 1.4 below. It is clear that caseloads have increased over the last year for a number of services, particularly the BDAAT and IAPT.

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Figure 1.4: NELFT Activity

Service	New referrals 2011-12	Caseload Sept 2012	New referrals 2012/13	Caseload Sept 2013
Barking and Dagenham Access and Assessment Team (BDAAT)	1748	434	1795	507
The Barking and Dagenham Community Recovery Teams (CRT).				
Barking	146	259	118	238
Dagenham	216	369	163	356
The Barking and Dagenham Crisis resolution	11	64	19	65
The Barking and Dagenham Early Intervention or Estar	47	67	48	67
The Improving Access to Psychological Therapies (IAPT).	2728	489	2601	767
Number of people currently on a Care Programme Approach (CPA) for 12/13		722		679

Generic Advice, Hate Crime and Hate Incident Reporting and Enhanced Welfare Rights Advice (see Appendix II)

The above provision includes following three elements:

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1. Generic Advice

With the removal of specialist advice from the provision of Legal Aid and the changes to welfare benefits the Council recognised the importance of accessible high quality advice especially in the case of areas evidencing high-levels of deprivation. This service is needed to enable residents to make informed personal choices on matters affecting their wealth, safety and well being. This includes a CAB office open 35 hours a week in Barking and 37, 3 hour sessions in Children Centres and Dagenham Heathway to ensure access across the Borough.

2. Enhanced Welfare Rights support

A proportion of the service capacity is dedicated to supporting the needs of adults and families who would meet the social care services eligibility criteria and require intense support. The service includes drop in sessions and home visits as well as support through the appeals process. Service users will also be trained, skilled and supported to provide the service in conjunction with paid staff. DABD (UK) has been subcontracted to deliver this element of the contract.

3. Hate Crime reporting and case work

To ensure hate crime and hate incidents and the adverse effect they can have on cohesion within the Borough is properly recorded and reported and that there is sufficient support for its victims.

Specialist Advocacy (Appendix 2)

The service aims to provide a clear point of access for vulnerable adults in the community requiring advocacy. The service is delivered through a framework of 3 advocacy providers (VoiceAbility, DABD and Royal Mencap) with the Gateway Service provider (ILA) managing the access and referrals into the

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service. It aims to provide advocacy to support clients through the social care complaints process Provide issue based one-to-one advocacy support during a major life change or decision.

Clinical Commissioning Group (Appendix 3)

The CCG have developed a primary care depression pathway to help GPs to support patients appropriately depending on need. The pathway demonstrates clearly progression through 8 steps depending on risk and need which is monitored closely along treatment journey. The pathways support GP decision making and identifying the best course of action. Where medication is required, the pathway prescribes very specific medication and reiterates a patient-centred approach.

The Select Committee was concerned to see what was felt to be an over-reliance on antidepressants as a method of treatment and felt that the pathway should include a 'holistic' approach to treatment, including more use of talking therapies.

What has the demand been in previous periods of recession and austerity?

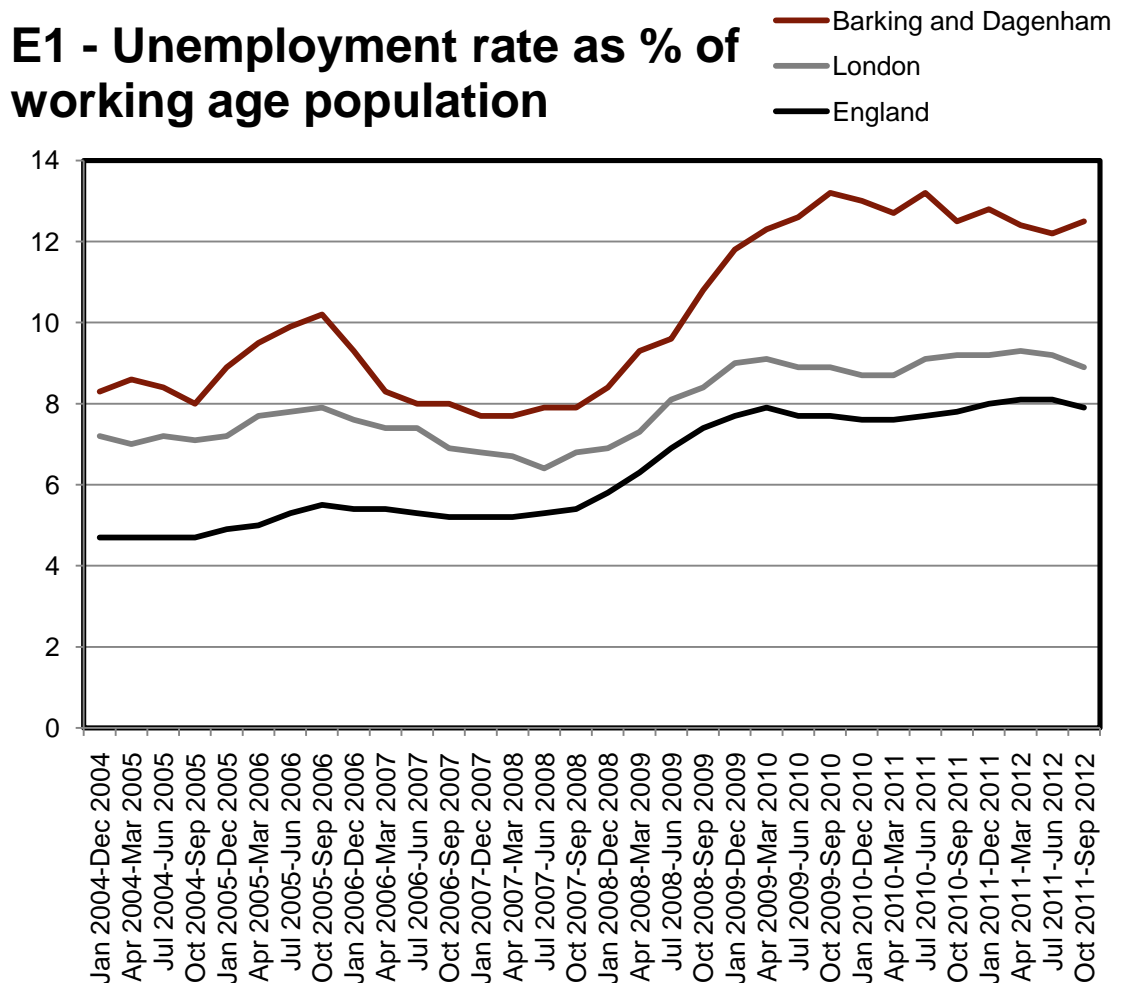
In 'Universal Credit: welfare that works', published on 11 November 2010, the Government set out plans to introduce Universal Credit in 2013, aiming to simplify the benefits system, make 'work pay' and reduce worklessness and poverty. Although plans are to introduce Universal Credit from October 2013 it is important to consider the impact of the recession over the past 2 years.

Using the Indicators Framework developed by Institute of Health Equity (IHE) the data below indicates that in 2005 – 06 unemployment rates increased but steadily declined until 2009, overall unemployment is much higher in Barking

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and Dagenham compared to London and England; this would then impact on need for additional support services due to levels of deprivation.

Figure 1.5: Percentage Rate of unemployment of working age population

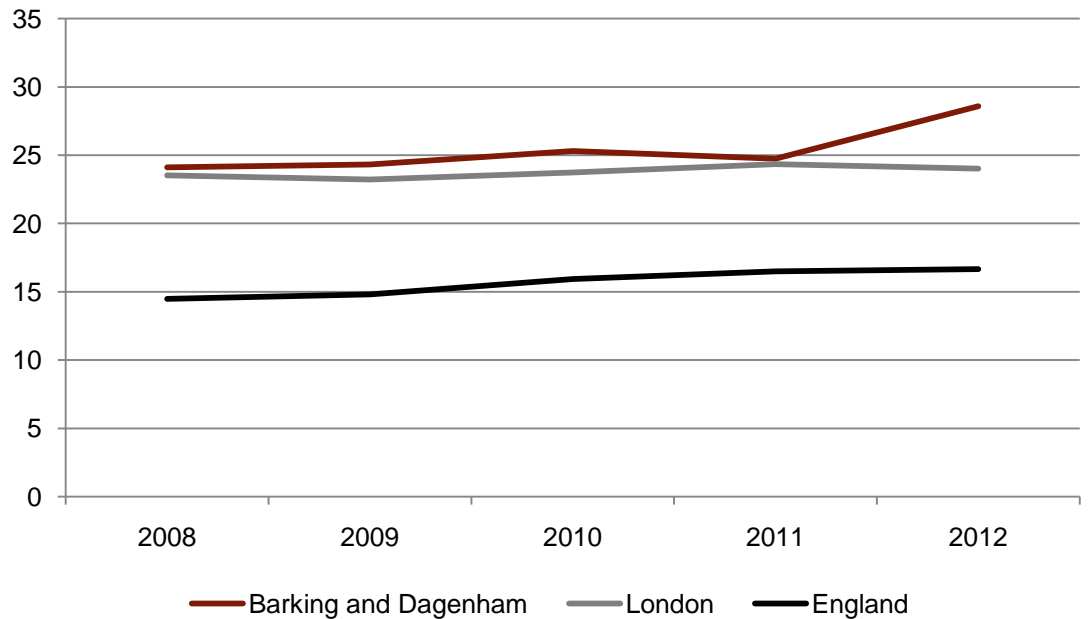


Data in relation to free school meals indicates that need has remained stable until around 2011 after which there has been a steady rise. However in comparison to England and London the need has remained similar to previous years it would suggest that that in the past two years the Borough appears to be suffering more financial hardship than earlier years.

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Figure 1.6: Proportion of primary and secondary school children eligible for free school meals

I8 - Proportion of primary and secondary school children eligible to claim free school meals



Has demand increased since the start of the recession?

Over the last 10 years the rate claiming out of work benefits in the Borough has consistently been at least 3% higher than the figure for London. Almost 6,000 of these residents (many on Incapacity Benefit or Employment Support Allowance) have been claiming for 5 or more years.

Local Emergency Support Service (LESS)

The Local Emergency Support Service (LESS) is a new service that has recently been commissioned to support local residents experiencing extreme financial hardship.

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Legislative change

Crisis loans and community care grants as they were previously known no longer exist. Under the Welfare Reform Act 2012, the Government transferred some aspects of the discretionary Social Fund to Local Authorities to deliver in a way that meets local need, including delivery of the old crisis loan and community care grant support.

The Social Fund was previously administered centrally by the Department for Work and Pensions (DWP). From 1 April 2013 each Local Authority was required to design, administer and deliver emergency support to vulnerable residents experiencing financial hardship. In Barking and Dagenham it was felt that the voluntary sector had the necessary skills and experience to deliver such a service.

LESS provides:

- An assessment of the resident's presenting needs
- An assessment of eligibility for access to the LESS – this will include an assessment about whether other available funds or services can be accessed by the residents in preference to the LESS
- Referral/signposting to other suitable relevant services
- Provision of direct support including cash/voucher payment to alleviate immediate hardship
- Facilitating access to support through a third party
- Support and voucher to open an account with the Liberty Credit Union

The allocation given to the Council to deliver the service is less than the level of funding on crisis loan and care grants in previous years. The total number of

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applications to date and reasons have been detailed below which shows that there was a marked increase in applications in July 2013.

To date the most common reason for application is to cover an immediate hardship due to a lack of food/electricity/gas or to cover a delay in benefit; this need has continues to steadily increase since the implementation of LESS in April 2013. This data would suggest the Borough residents are already experiencing the impacts of the recession and are experiencing financial hardship as they are struggling to meet basic needs. Those experiencing such financial hardship are often more likely to suffer from increased anxiety and stress.

Figure 1.7: Hardship applications (2013)

Month	Food/Gas Electricity	Rent in advance	Furniture	Removal	Rejected	Pending	Total Applications
April	58	20	24	0	35	13	150
May	108	0	43	0	32	31	214
June	166	22	44	4	12	5	253
July	212	22	49	6	18	16	323

Increase in mental health presentations in GP surgeries

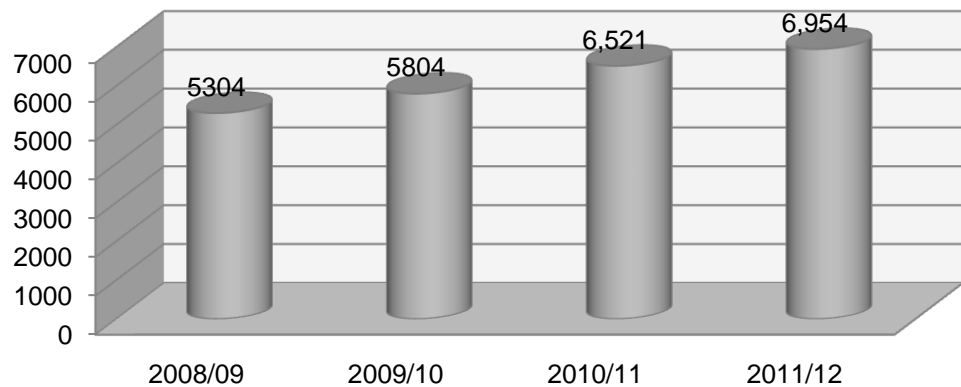
Using the latest available data from NHS information centre on the Quality and Outcomes Framework indicators, the graph below clearly highlights the steady increase in the number of Barking and Dagenham patients over the age of 18 presenting with depression, although this cannot be directly linked to the welfare reforms, along with the previous data discussed LESS etc if individuals

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are families experiencing increased financial hardships then it is possible that this will impact on their mental wellbeing.

Figure 1.8: Prevalence of depression in GP registers

Prevalance of depression in GP registers, patients 18+, QOF 2011-12



Prescribing data

The data provided below from the Clinical Commissioning Group (CCG) Medicine Management Team evidenced that since 2009/10 number of prescriptions for antidepressants have steadily increased, although costs of medication have reduced. This data provides evidence that potentially mental health needs have increased in the Borough.

However the report wishes to acknowledge that recent articles¹⁸ have indicated that there are raising concerns among doctors that pills are being over-prescribed. Most psychiatrists agree that antidepressants work for people with

18 Alarm over rise in antidepressant use, Society Daily, Nov 2013

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severe illness but are not supposed to be the first resort for those with mild depression. Counselling and talking therapies, such as cognitive behaviour therapy (CBT), are recognised as just as effective over the long term.¹⁹

Figure 1.9: Total anti-depressant drugs prescribed

	2009/10	2010/11	2011/12	2012/13
Total Antidepressant Drugs prescribed	78,813	90,445	102,337	113,234
Total cost	£419,858	£473,194	£457,383	£393,054

Generic Advice, Hate Crime and Hate Incident Reporting and Enhanced Welfare Rights Advice

Barking and Dagenham Citizens Advice Bureau (CAB) have seen a 25% increase in welfare benefits enquiries when comparing Quarter 1 last year with Quarter 1 in 2013/14. The CAB Mental Health Project sees 150 clients per year and these clients are referred to CAB by the NELFT Community Mental Health Teams.

It is difficult to quantify the numbers of clients who are presenting with lower levels of mental distress at the CAB because this client group do not always identify themselves in this way through CAB client monitoring systems. At the CAB they are strengthening social policy team to enable them to gather evidence through client work to highlight the effects of the welfare reforms on

¹⁹ Antidepressant use on the rise in rich countries, OECD finds, Guardian, Nov 2013

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local residents. Anecdotally CAB staff has reported an increase in the numbers of clients coming to the bureau who would appear to have some level of mental distress. At a recent Mental Health Opportunities Forum a member of staff from the IAPT service reported an increase in the number of people with lower levels of mental distress being referred to them by their GP.

Numbers of people accessing Generic Advice and Enhanced Welfare Benefits is around 1500 for quarter 1 of this year.

Income raised:

- Children Centres: £815, 769.16
- Enhanced Welfare Rights: £1,656,571.56 (total inc come raised £2,472,367.72, includes back dated claims)

In the year April 2012 – March 2013, assisting clients with the Work Capability Assessment (WCA) process and challenging negative WCA decisions, comprised 25% of CAB work. CAB report that WCA process is stressful for clients and they usually express their anxiety and fear of attending the ATOS medical assessment to them directly. Typical comments from clients are “Why are they doing this? Don’t they know how unwell I am?” One client told CAB “this (being called for a WCA) has made me really ill. I felt I was doing ok until this but it has really put me back”. It has been reported that a number CAB clients have been put through this process twice in one year, even though the clients have long term health issues. This does not reflect the commitment that those with enduring mental health conditions will be exempt from the process.

Specialist advocacy

The service aims to provide a clear point of access for vulnerable adults in the community requiring advocacy. The service is delivered through a framework of 3 advocacy providers (VoiceAbility, DABD and Royal Mencap) with the

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Gateway Service provider (ILA) managing the access and referrals into the service. It aims to provide advocacy to support clients through the social care complaints process Provide issue based one-to-one advocacy support during a major life change or decision.

Feedback gathered to date indicates that mental health service users are experiencing some frustration in accessing advocacy due to the revised model as they are no longer able to 'drop in' to access advocacy. Although this is primarily due to the misunderstanding of service users understanding of 'Advocacy' and what they can use the service for, historically service users would access advocacy for general information and advice which would now be provided under the new enhance model.

Referrals to date are highlighted in table below:

Figure 1.10: Referral figures for 2013/14

2013/14	DABD	Royal MENCAP	VoiceAbility
Quarter 1 total	20	1	5
Quarter 1 number for dealing with financial affairs, employer or housing	7	0	0
Quarter 2 total	48	0	14
Quarter 2 number for dealing with financial affairs, employer or housing	19	0	Unknown

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Liberty Credit Union

The Liberty Credit Union was established in the Borough in October 2010. The Credit Union is a financial co-operative run for the benefit of its members. The Board of Directors are volunteers and were elected from the membership at the Annual General Meeting. The Liberty Credit Union provides a secure saving service for members. They also provide reasonably priced loans with free life and loan insurance. The Liberty Credit Union provides free financial advice and signposts people to debt advice. In these ways members are helped to get control of their finances and are assisted to avoid less favourable products from other lenders.

Since 2010 the Credit Union has seen steady growth within the Borough and is based in Barking. The Credit Union also offers a payroll deduction service for Council staff to make it easier to save regularly.

In April 2013 the Council provided £60,000 of additional funding to the credit union to:

- Launch a community bond for Barking and Dagenham
- Provide a marketing post that will promote and raise awareness of the service
- Purchase and IT system that will provide a better and more efficient service
- Develop the Liberty Credit Union to be more self sustaining

In September 2013, 215 loans were allocated which equates to approximately 20% of current membership. It is the credit union norm that approximately 50% of the membership will lend off the credit union. However in terms of current performance this is showing a movement in loans. The first 200 members

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have a take up rate of approximately 12% in terms of loans the next 400 have a loan take up rate of 35% reflecting the usual Credit union pattern of saving to lend.

In 2013 (from January 2013) Credit Union have received £284,000 worth of deposits from Barking and Dagenham residents and repaid £228,000 of those shares back out meaning that Credit Union have received a net increase in saving of £56,000 averaging £8,000 a month. In terms of Loans in 2013 Credit Union have undertaken £105,000 worth of lending to Barking and Dagenham residents at an average of £13000 a month. Credit Union we have provided £86, 182 worth of loans to 71 residents.

The above evidences that the Credit Union is being utilised and is a much needed resource locally fir service users which offers a more secure saving option that supports those that may require access to affordable and ethical loans.

Floating Support

The Generic Floating Support Service provides housing support service to vulnerable tenants aimed at preventing homelessness and supporting people to manage and maintain independent living. Vulnerable tenants may include people with specific recognised support needs, for example a learning disability, older people, mental health or substance misuse problem or young people or households at risk of homelessness through harassment or victimisation or a those with a general need for support to manage a tenancy and prevent homelessness.

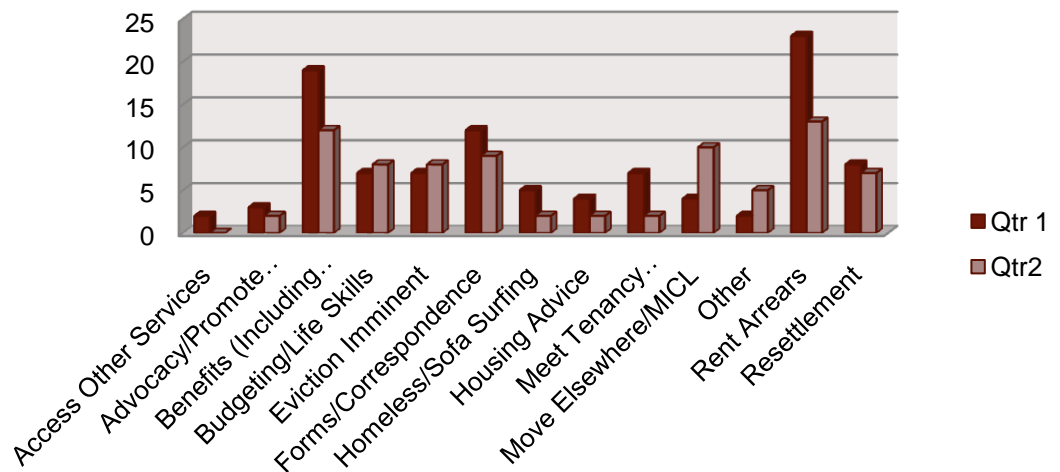
The data collated in 2013/14 which identifies the breakdown of service users based on main area of need has been collated in the table below. The numbers clearly evidences that the greatest need during both quarters has been in

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relation to benefits support and rent arrears which maybe early indications of impact of reforms.

Figure 1.11: Floating Support Referrals 2013/14

Floating Support Referrals 2013/14 Qtr 1 & 2



Job Centre Plus

Services for those who are long-term unemployed and claiming benefits are being delivered under the government’s Work Programme. Payments are very heavily weighted to the delivery of sustainable job outcomes. Performance is below government expectations across the board but particularly so in respect of claimants with health problems.

A key aim for Job Centre Plus is to work with local partners to prevent people moving onto the programme by ensuring that they move into work before becoming long term unemployed. They are also faced with supporting those who have now been on the Work Programme for two years and are returning to

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Job Centre Plus. Anecdotal feedback from providers indicates that many of these have health problems.

There is some additional help available through Council-funded Job Shops though these are already at capacity and anecdotally there is an increase in the proportion of people with health problems seeking support. The Job Shop service also assists those not claiming any benefits. Barking and Dagenham as Olympic host borough is looking beyond the Games with a commitment to the Olympic legacy and how the Games will deliver a real and measurable impact on improving the employment opportunities for residents.

What are the impacts so far?

It would be fair to suggest that the impacts to date would suggest that individuals are experiencing greater levels of anxiety and distress due to the impact of the reforms. Early indications suggest that residents are experiencing financial hardship and require access to finances to cover the cost of basic food and energy bills. Whether this has directly attributed to the increase of presentations to GP surgeries and increase in numbers being prescribed antidepressants is more difficult to quantify but as suggested by numerous commentators the correlation is likely that residents mental health wellbeing maybe be adversely impacted by welfare reforms. This is often more likely in areas of deprivation therefore, Barking and Dagenham residents are more likely to experience mental ill health.

Anecdotally it has been reported that the impacts of recent changes to benefits, bedroom tax, ATOS assessments etc have all negatively impacted on individuals. Voluntary sector providers are seeing increased number of residents that are experiencing levels of stress and anxiety. Those that are already known to mental health services are reporting experiencing crisis and increased need to access primary health services.

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Foodbanks have reported increased take up of provision but are concerned that foodbanks are only limited to 3 vouchers within a 3 month period. After that if the family is referred again, the Trussell Trust via the foodbank will need to know what measures were put in place to support that family to improve their situation as the idea is for families not to become dependent on this resource. Ideally, the aim is that the children's centre is able to support or signpost a client so that they do not need more than one voucher.

Feedback from the Job Centre Plus is that residents that are affected by the benefit caps are experiencing higher levels of anxiety but that this is driven by their lack of understanding; however it was felt that when the appropriate information and support was provided enabling residents to make informed choices their anxiety levels appeared reduced. Furthermore residents have expressed their concern that universal credit being paid monthly will add further pressures on them to budget effectively and manage their finances which for some may prove to be extremely difficult for some residents and therefore may find themselves in financial hardship.

Mental health service users have reported that they feel further from the job market due to being out of work for long periods and that work opportunities are limited to low paid and more often unskilled work. To further add to their concerns anecdotally the general feeling is that Work Programme providers are 'cherry picking' those that are most likely to secure and retain employment. There are also concerns from practitioners that there are now increased numbers of long term mental health service users being moved JSA but still have significant health related needs and will therefore be more likely to experience benefit sanction if they are unable to actively seek employment. Many mental health service users have concerns that the introduction of universal credit will create further financial hardship due to cuts and need for budgeting to ensure that they can meet daily living expenses.

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What do commentators and researchers say about the links between the reduction in income and mental ill health?

A substantial amount of evidence has shown an association between socioeconomic status and mental health problems. In short, poverty is both a determinant and a consequence of mental health problems.²⁰ To date the research undertaken broadly indicates that through the economic downturn there are three main intervening mechanisms causing health impacts: stress, frustration-aggression and 'effect budgeting', furthermore indications are that the economic down turn will impact differently on individuals and communities depending on resilience factors.

Social support, social networks and social cohesion can make people more resilient to an economic crisis from earlier evidence and studies it was identified that adverse health effects of rapid economic change were reduced substantially where people were members of social organisations such as trade unions, religious groups or sports clubs, illustrating the protective effects of social support. However, the economic downturn may force individuals to social exclusion if they have to sacrifice social activities.

A study for the Joseph Rowntree Foundation (JRF) looking into how people in the UK are coping with poverty during the aftermath of the current recession, shows that adapting to the rising cost of living creates a considerable stressful burden by having to economise on food, heating and travel, spending more time and effort on shopping and cooking, whilst having less nutritious food. Such effects occur disproportionately among people with disabilities, ethnic

²⁰ Murali V, Oyebode F. Poverty, Social Inequality and Mental Health. *Advances in Psychiatric Treatment* 2004;10:216-24.

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minorities, the poor, some women and single mothers (and their children), young unemployed and older people.

Income and education are key determinants of health. Those affected by the benefit changes or housing, etc, and who is in part time work, or in education, may find their ability to stay in work or education potentially disrupted. Education is vital as a way out of poverty and low self-esteem, initiatives that can support them residents are I be important, access to internet and childcare are can be barriers and are therefore important.

Impacts on physical and mental states

Studies have consistently shown that unemployment, which increases in economic downturns, is linked to poorer health. The links between poorer health have been explained through the psychological effects of unemployment (e.g. stigma, isolation and loss of self-worth) and the material consequences of a reduced income. Along with poorer mental health there is a reported decline in self-reported health and an increase in limiting long-term illness. However, there is some counter evidence which suggests that some chronic conditions and acute morbidity may actually decrease during economic recessions. Rapidity of economic change appears to be a key hazard to health. The direction of change seems less important.

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Mental health

The strongest negative effect of an economic downturn is on mental health. There is consistent evidence that the economic downturn may increase suicide and alcohol related death rates, which can be seen as markers of deterioration of mental health - although suicide rates in England and Wales may be underestimated, as since 2001 narrative verdicts are increasingly being used. The majority of new disability claims are on the basis of mental health. Mental health can develop as co-morbidities among those initially out of the labour market through physical conditions. Those still in work but suffering from job insecurity may experience mental health effects that reduce productivity, through stress, anxiety and depression-related disorders. Worries about job losses have made stress the most common cause of long-term sick leave in Britain, and with employers planning redundancies there is most likely to be a rise in staff mental health problems. Stress in the public sector is becoming a particular challenge through the sheer amount of major change and restructuring. At the same time there is a slowing in the jobs market. With the fear of being targeted for redundancy schemes over a quarter of employees are struggling into work when sick, according to a CIPD survey of nearly 2 million workers. People suffering from financial strain will be particularly at risk of mental health problems.

The diagram below (Figure 1.12), which has been adapted from the Liverpool Public Health Observatory (2009), strongly suggests that due to the high levels of deprivation in the Borough the income loss will further widen income inequality which will potentially impact on individuals stress levels and test their budgeting skills.

The model clearly illustrates that those with pre-existing mental health conditions are then faced with direct impacts i.e. ability to cope, self harm or suicide and mediated impacts such as the ability to maintain basic needs, all of

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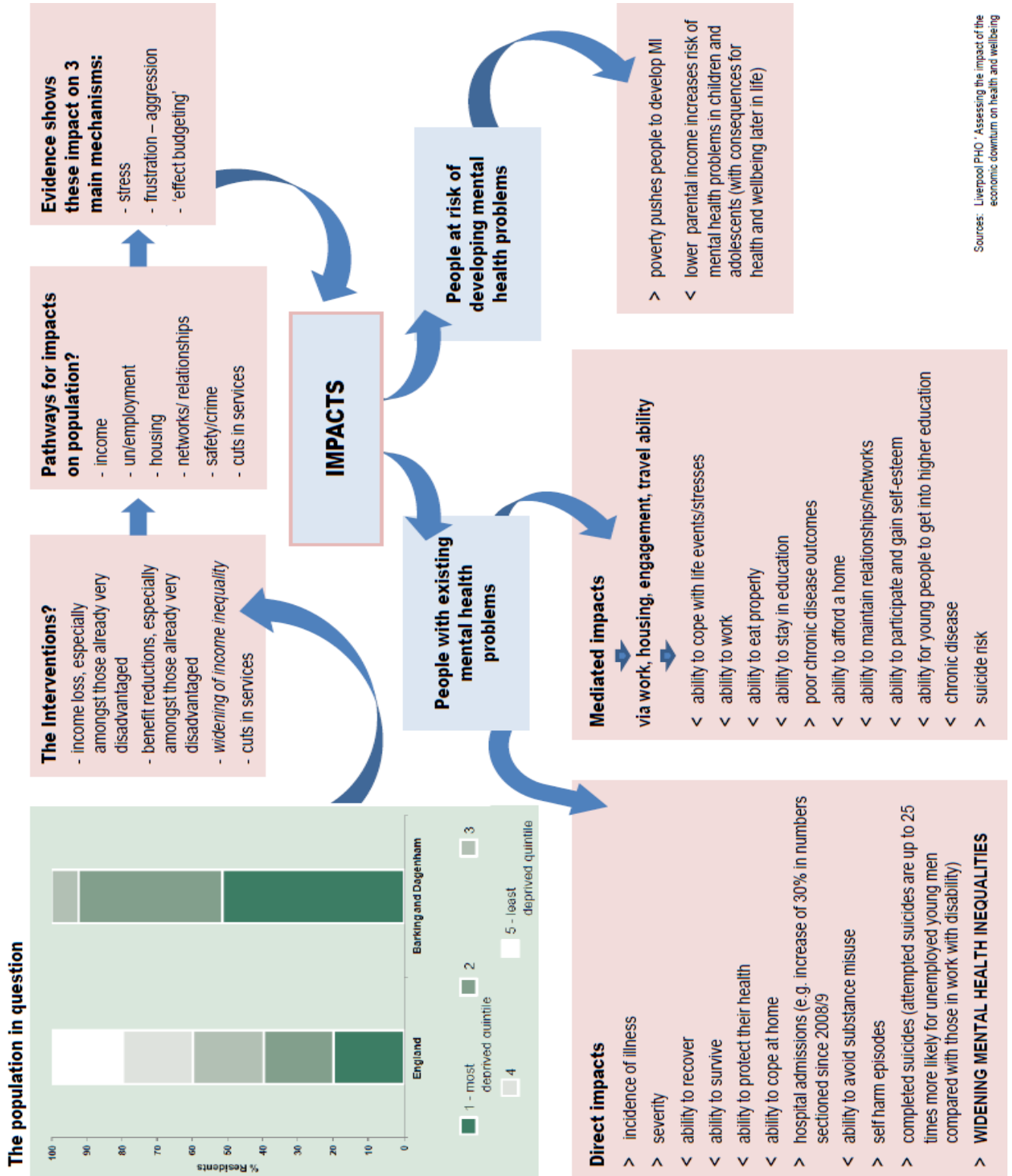
which will affect their recovery and ability to sustain wellbeing. At worst it may trigger a crisis and the need for acute health care interventions and social care support.

For those not already known to mental health services the model suggests that economic downturn impact increases people's risk of developing mental health problems and with consequences for health and wellbeing in later life.

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Figure 1.12: Assessing the impact of the economic downturn on health and wellbeing

'The strongest negative effect of an economic downturn is on mental health' – Liverpool PHO



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The links between income and physical and emotional well-being are well established. In general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources. 'The worst affected places face financial losses that are twice the national average and four times as much as the least affected places. As a general rule, the more deprived the local authority, the greater the financial hit'.²¹ Reforms that reduce income to our poorest citizens are likely to impact on their ability to remain self supporting

The research²² has shown the following forms of impact of welfare reform are important to consider:

Place impacts

The welfare reforms are likely to impact differently on different places. The reforms are likely to have a disproportionate impact upon those areas with higher concentrations of benefit claimants, with subsequent potential knock on effects for local economies and demography. This could include the potential for loss (but also increase if employment is gained) in individual and family income and spending powers. There could also be population movement and migration due to changes in housing affordability. In particular, it was considered that benefit changes could cause pressure on people to move out of areas with a shortage of reasonably priced property, bringing increased strain on areas with more supply. Migration could happen over a wider area, with people moving in and out of boroughs, for example, to neighbouring boroughs.

21 First evidence on overall impact of welfare reform across Britain Sheffield Hallam University
22 The Centre for local Economic Strategies 2012

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The welfare reforms are likely to impact upon local services. There is particular potential for increased demand for specialist advice around finance, debt and benefits and emergency everyday living services in addition to impact on Adults, Children's and Health services.

People impacts

The welfare reforms are likely to impact differently on different parts of the population. The research undertaken by DEMOS and the Institute for Fiscal Studies highlights the potential for certain groups that may rely on a combination of benefits to be adversely affected. This will include large families on low incomes; carers; disabled people; tenants in private rented accommodation, and people in social housing under-occupying their accommodation.

Disabled people and carers could be affected both through the reassessment for DLA and the move to PIP and through the shift to Universal Credit and the tie in of Carers Allowance. The impact of the WCA is likely to be highest on people with mental health problems who may not comply with the reassessment process or whose conditions are difficult to assess by generalists. The research suggested that there may also be a cohort of the population emerging, who move off benefits altogether, but are still in need of support. Therefore, the burden is shifted onto the informal economy and service providers.

Indicators Framework developed by Institute of Health Equity (IHE)

A set of indicators has been developed by the IHE and piloted by five local authorities: Lambeth, Greenwich, Lewisham, Southwark and Hackney. These indicators are designed to help track changes in the key determinants of health and the impact of the economic crisis on health and wellbeing in London.

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The Indicators Framework covers four domains:

- Employment
- Income
- Housing; and
- Health and wellbeing

The domains and indicators have been generated through the IHE evidence review, discussions within the IHE team and with key stakeholders. The Indicators Framework comprises core indicators which will enable quarterly monitoring at local authority level and will provide useful information that is sensitive to short term change, vital for tracking impact and informing policy, decision making and commissioning. These indicators have been utilised to inform this scrutiny review. Locally, indicators are currently being developed to inform future planning.

Recommendations

4. Joint Working and Partnerships

The Select Committee considered the appointment of an Elected Member Champion around mental health and recommends that the Cabinet Member for Health considers the appointment of a Mental Health Champion on a fixed term basis on a specific issue, for example reducing the stigma of mental health. It is accepted that this would not be taken forward until after the elections in May 2014.

The Select Committee felt strongly that a holistic approach needed to be considered in the treatment options available to patients, particularly as the Select Committee felt that there was an over-reliance on antidepressants as a treatment option in the Primary Care Depression

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pathway. The Health and Wellbeing Board should give this consideration, as a result of which the Clinical Commissioning Group (CCG) could be tasked to provide evidence of effectiveness on the implementation of the Primary Care Depression pathway and explore inclusion of alternative therapies, particularly talking therapies, within the pathway. As part of this work, the Select Committee would like to see the CCG undertake a review to determine whether the prescribing of antidepressants is in line with the practice in other areas.

The Select Committee was very positive about the availability of emotional health support for employees in Barking and Dagenham Council. It is recommended that the Council draw on this good practice to support local small employers to provide similar support to their employees.

5. Continued Measure of Need

The Select Committee is aware that within the Council, a Welfare Reform Officer Group is coordinating the response to the austerity and the welfare reforms for Barking and Dagenham residents. The Select Committee supports their ongoing work to bring together data sources that describe the scale of the problem and wish to see this brought to Members at regular intervals. This is particularly important as this review has been taken at the early stages of welfare reform implementation and so significant further impacts are to be expected.

6. Continued monitoring of Local Services

Commissioning Officers within the Council to continue to ensure that services that are commissioned by the Council continue to remain fit for purpose and meet the needs of residents in the Borough. These services include:

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1. Enhanced Welfare Rights
2. Specialist Advocacy
3. Local Emergency Support services
4. Credit Union

Key Question 3: What can we do/are we doing to mitigate the likely impact?

Key Question 3: What can we do/are we doing to mitigate the likely impact?

What is already in place?

From the consultation undertaken to date, partners across the Borough are already implementing a wide scope of services that will support those that may suffer adverse mental health due to the impact of the Welfare reforms. There is also planning and research being undertaken at numerous levels which include strategic forward planning and operational delivery planning to meet and respond to emerging needs. In addition to what has already been discussed in 'What services exist?' and 'Has demand increased?' the following areas have been identified as areas of importance in terms of what is currently in place or under development.

Foodbanks – Children's Centre Distributors

The foodbanks have been well established in the Borough for a number of years and provide short term, emergency food to an individual or family in crisis whilst a long-term strategy is developed to meet needs. The provision is supported by LBBD children's centres that organise vouchers for the local 6 foodbanks which operate as independent organisations. There are also assessment processes in place to ensure that the foodbanks remain a short term measure and not relied upon by individuals or families as a longer term solution to their finances.

Housing

A number of assertive outreach activities have taken place led by Housing to engage those that have been identified to be affected by the reforms to help them consider options to avoid financial hardship due to cuts. Housing continues to monitor numbers of rent arrears and potential evictions due to

Key Question 3: What can we do/are we doing to mitigate the likely impact?

reforms. In response to building more affordable homes the following is already underway and will benefit vulnerable residents that maybe more likely to be adversely effected.

- The Council has the biggest Council House building programme in the country with 1000 new homes planned in Riverside Barking.
- The Council has been successful in securing government funding to enhance the rent deposit scheme (Barking and Dagenham Lets) which will provide support to both landlord and tenants and will aim to secure sustainable tenancies.
- Where customers are seeking to re-locate to more affordable areas the Council will assist and support this arrangement.

Generic Floating Support

Generic Floating Support Service provides housing support service to vulnerable tenants aimed at preventing homelessness and supporting people to manage and maintain independent living. Vulnerable tenants may include people with specific recognised support needs, for example a learning disability, older people, mental health or substance misuse problem or young people or households at risk of homelessness through harassment or victimisation or a those with a general need for support to manage a tenancy and prevent homelessness.

In addition the Generic Floating Support Service provides support and assistance to households at risk of homelessness as a result of anti-social behaviour issues, people living in temporary accommodation who have an identified support need and resettlement support for people moving on from supported accommodation.

Key Question 3: What can we do/are we doing to mitigate the likely impact?

The Generic Floating Support Service support to individual households can vary in intensity and duration depending on need. The service will also include emergency intervention support to respond to an immediate and critical tenancy crisis.

It provides short-term services for vulnerable adults that are designed to either develop or maintain their independence. The service is provided to individuals wherever they live, and will 'float off' as and when the support is no longer required.

Job Centre Plus

The Job Centre Plus are providing satellite advice sessions across the Borough and have in place specialist staff to work with those affected by the caps, to date it has been reported that Job Centre Plus are meeting a 10% target of those who have been identified to fall under the benefit cap criteria to successfully support them to gain employment. Job Centre Plus are undertaking targeted work with those who have been long term unemployed and those returning back from Work Programmes who were unsuccessful in gaining employment. It was reported that there is a local growth in employment in hospitality and care and have been the main areas in which residents have gained employment.

Job Centre plus have clear targets in place to support residents into employment and retrain those that require up-skilling, this would include opportunities for mature residents. There is in place workshops and training opportunities for residents provided by the Job Centre offering additional focused support for vulnerable client's i.e. mental health Learning Disabilities and young people to seek employment. Although there are specialisms within the Job Centre it was identified that they have not taken the opportunity to train

Key Question 3: What can we do/are we doing to mitigate the likely impact?

staff in mental Health First Aid to ensure that staff have the necessary training to identify early indicators and signs for mental health.

The Council and the Job centre Plus continue to work together closely to ensure that targets are met and monitor outcomes.

Mental Health First Aid

The Borough has made a local commitment to deliver Mental Health First Aid (MHFA) training to 1500 frontline staff working with both adults and children over the next 2 years that are within the Barking and Dagenham partnership.

MHFA training is an intensive course, aimed at those without specialist mental health training. The course teaches participants to:

- Spot the early signs of a mental health problem
- Feel confident helping someone experiencing a problem
- Help protect a person who might be at risk of harm
- Provide help on a first aid basis
- Help prevent someone from hurting themselves or others
- Help prevent a mental health illness from getting worse
- Help someone recover faster
- Guide someone towards the right support
- Reduce the stigma of mental health problems

The project will also include the delivery of Youth Mental Health First Aid training which would be delivered to professionals who work with young people

Key Question 3: What can we do/are we doing to mitigate the likely impact?

such as Children's Social Care, Education, Troubled Families and the Youth Offending Service.

Key areas covered within the programme include:

- Promoting emotional, mental, social and psychological well-being
- Diversity and equality issues
- Child, adolescent and family psychosocial development
- Depression/Anxiety/Psychosis
- Suicide
- Self Harm
- Eating Disorders
- Bullying/Cyber bullying
- Substance/Alcohol misuse
- Promoting protective factors and good parenting

North East London NHS Foundation Trust (NELFT)

NELFT as discussed earlier provides mental health and community services for people living in the London boroughs of Waltham Forest, Redbridge, Barking and Dagenham and Havering. NELFT also provide community health services in south West Essex covering Basildon, Brentwood and Thurrock.

NELFT work with NHS partners and other organisations to provide services that support people out of hospital. Through close collaborative working NELFT seek to enable improved treatment at home or in the local community with the

Key Question 3: What can we do/are we doing to mitigate the likely impact?

aim of reducing the number of people requiring urgent services and demand on acute care facilities.

NELFT continues to offer a Crisis 24 hour helpline for all residents and concerned others who provide a clinical response to all calls. NELFT are currently coordinating services with The Commissioning for Quality and Innovation (CQUIN) payment framework and GP annual physical health check-ups which are currently measured. NELFT are also working with GP's to have a link a worker with a focus on service development, service delivery and linking back into all NELFT led services.

The North East London (NEL) Recovery College²³, aimed at empowering people with mental health problems to be experts in their own recovery, live well, and make the most of their skills and talents, has been launched by North East London NHS Foundation Trust (NELFT).

The Recovery College uses an educational approach to promote individual learning and development of expertise and recovery for people using mental health services and their carers. Running as a pilot from September 2013 until March 2014, the courses and workshops on offer are intended for people who are currently using NELFT mental health services. The concept and courses have been developed in co-production with people with lived experience of mental illness and NELFT staff.

The philosophy and culture of the Recovery College is based on the recovery principles of hope, control and opportunity, through:

²³ http://www.nelft.nhs.uk/documentbank/NELFT_Recovery_College_Prospectus_7.pdf

Key Question 3: What can we do/are we doing to mitigate the likely impact?

- Valuing and making use of the knowledge and experience of the students attending each course.
- Sharing up-to-date and relevant information about recovery tools and how to use them.
- Having all courses co-developed and co-presented by peer trainers and staff trainers.

Clinical Commissioning Group

GP's endeavour to provide a patient-centred approach and aim build trusting relationships with their patients where they feel able to openly discuss their needs. When patients disclose that their concerns or needs are outside of the GP scope they aim to refer or sign post to the appropriate service. GPs spend time looking at the history of the patient to identify if there are any mental health problems to inform how they manage mild-moderate issues within general practice using the Primary Care Depression pathway. GP's will offer guided self-help (monitored weekly to monthly), anti-depressants and some surgeries (though not many) offer counselling. If a patient requests psychological services they are advised to use the self-referral process.

Employment and Skills

The Council is working towards increasing access to work by working with large employers such as Asda and Sainsbury to ring fence jobs for those on long term unemployment.

Revenue and Benefits

To date resources have been focused on working with families who are affected by the benefits tax and to provide assistance with financial management. As discussed earlier there has been assertive outreach by

Key Question 3: What can we do/are we doing to mitigate the likely impact?

Council staff to offer advice and support to those that has been identified as being affected to enable informed decisions by individuals to avoid potential hardship.

Big White Wall

Big White Wall is an online mental health and wellbeing service which is free, available 24 hours a day, 7 days a week. Big White Wall offers an anonymous, safe environment for residents (over 16) to share their concerns. The support network offers support through community, group and one-to-one peer therapy. The resource is for any resident who is going through a difficult time with family, work, money, relationships and needs some support. Big White Wall has been found to be particularly useful for people who find it hard to access traditional services.

Trained counsellors (known as Wall Guides) are online at all times, checking the content of the site and responding to posts. The website also offers clinical tests and further resources.

People can join by going to www.bigwhitewall.com and entering their postcode. This gives them access to the service for six months.

The Barking and Dagenham Public Health Team are funding 300 Big White Wall registrations. Take up has been low but increased in October and there are currently 48 registered users (activity is not known). Public Health and Adult Commissioning are working together to promote the resource and an information and demonstration session is organised for the 12th November to show people how to use the site and allow people to ask questions.

95% of national members say Big White Wall has made them feel better, and 73% say that they disclosed an issue for the first time.

Key Question 3: What can we do/are we doing to mitigate the likely impact?

Play in the Parks

Funded by the Public Health Grant it is specifically for people experiencing poor mental health to increase opportunities for social inclusion, breaking down barriers to participate in 'ordinary activities' and access mainstream settings. The aim is that the residents are supported to make more use of local parks, green spaces, allotments, community gardens, and the 'Play in the Parks' initiative guided walks for people with poorer mental health.

Where are the gaps?

Mental Health First Aid (see below and previous Recommendations 2 and 4)

Through the scrutiny review process and feedback from service users and residents are very much in support of the Mental Health First Aid (MHFA) Council initiative. However, it is apparent that in order to support more residents to be employed locally there will need to be engagement of local businesses and employers. Although some of this work is already underway, to offer them the opportunity to access the MHFA training would further enable mental health awareness and the platform to challenge potential negative stigma.

There is also an opportunity to target specific staff/organisations to access training if they are not already signed up:

- Job Centre Plus
- LBBD Housing particularly Estate Managers, Housing Advice
- LBBD Revenue and Benefits
- Voluntary sector

Key Question 3: What can we do/are we doing to mitigate the likely impact?

Volunteering Opportunities (see Recommendation 2)

The value of volunteering has been raised on a number of occasions during the scrutiny review process as a means to gaining the necessary skills to enable residents to become job ready but also that it is also a powerful tool to enabling recovery for those known to mental health services. The value that volunteering provides to both residents and the local community is immense, and where possible both voluntary and statutory services should aim:

- To support move on to paid employment and gain skills and training
- To increase volunteering resource capacity which could then provide frontline information advice and guidance to residents
- Increase volunteering opportunities for those already known to Mental Health services to aid recovery and maintain well being
- Increase Time banking opportunities for all residents including those already known to Mental Health service as a means to maintain and aid recovery

Floating Support and HART (see Recommendation 5)

With potential increased need for additional preventative support it is necessary to consider the impact on services that provide early intervention and preventative support to residents. From the data already discussed there is clearly a need for floating support services that help residents to maintain tenancies and avoid homelessness. The current housing information already highlights the high rent arrears across the Borough and potentially as more individuals experience increased financial pressures, residents may find themselves at risk of eviction. However services such as HART will mean that floating support will be able to work with residents to take remedial action to avoid homelessness.

Key Question 3: What can we do/are we doing to mitigate the likely impact?

Enhanced Welfare Benefits Advice and Specialist Advocacy (see Recommendation 6)

As with floating support, the need for welfare benefits advice and specialist advocacy is apparent from the data provided so far and analysis of projected needs of impact of reforms on health in the future. Therefore, it is necessary to ensure that the above services continue to be monitored to ensure that residents continue to be able to access services when they need it most. Residents that are most vulnerable to economic changes are supported to also get quick advice on civil justice matters, and could be an important primary preventive matter. In other words, ensuring good advice could prevent people at higher risk becoming stressed and ending up seeking help from primary care.

Residents will need ongoing support to claim Discretionary Housing payments where appropriate, currently this has been accessed via Enhanced Welfare Benefits Advice. In addition, remedial action to prevent financial hardship will primarily come via residents seeking information and advice regarding changes to their benefits thus enabling them to make informed decisions.

Recommendations

7. Mental Health First Aid Training

It is recommended that the Council and the Health and Wellbeing Board offer Mental Health First Aid to professionals across the partnership, as well as other local employers. It is suggested that the Health and Wellbeing Board may wish to look at whether the training that is offered to professionals across partnership organisations is sufficient and offer additional mental health awareness training if appropriate.

Conclusions

There is sufficient feedback through the scrutiny review process to conclude that the Welfare Reforms are already having an adverse impact on local residents, and will continue to have a significant impact as the full force of the Welfare Reforms is felt over the coming months. The Council, health partners and third sector organisations are already seeing many residents facing debt, housing issues and financial hardship with pressures on services and information and advocacy provision. Welfare Reforms are also more likely to impact residents of Barking and Dagenham due to existing levels of deprivation in the Borough.

It is more difficult to predict however if the impact of the welfare reforms and recession will trigger a diagnosed mental health condition; however evidence collated to date to inform the review suggests that there has been increased anxiety and feelings of depression in residents accessing services. Early indications show that increased numbers of residents are presenting to mental health services and GP surgeries with depression. Voluntary sector services have also anecdotally stated that they are experiencing a rise in residents demonstrating symptoms of stress, anxiety and depression when they are accessing their information, advocacy and advice services. Those already known to mental health services have reported that anxieties caused by changes to their benefits has led to some experiencing a crisis and requiring them to access primary health care.

The scrutiny investigation carried out by the Health and Adult Services Select Committee (HASSC) has made some important initial steps into looking at the impacts of the recession and welfare reform on mental health and wellbeing in Barking and Dagenham. Significantly, the HASSC have identified some issues, gaps and concerns and these have been turned into a number of

recommendations, found at the beginning of this report. In particular, these have included:

- The availability and accessibility of Information and advice to residents, practitioners and those already known to mental health services.
- The provision and encouragement of training, volunteering and peer support opportunities.
- The need for robust joint working and partnerships – particularly in considering a more holistic approach to the treatment options available for anxiety and depression.
- The importance of continuing to review and bring together data sets which measure the impact of the welfare reforms and the prevalence of mental health and wellbeing issues.
- The requirement for commissioned services to remain ‘fit for purpose’ and respond to changing mental health needs.
- Increasing the take up of Mental Health First Aid training to professionals across the Partnership.

Due to the fact that this scrutiny review has been undertaken during the early stages of Welfare Reform implementation, it is imperative that the Council, Health and Third Sector agencies continue to monitor the impacts of the recession and reforms on mental health and ensure that services are in place to address need. In particular, it is suggested that the Council and the Health and Wellbeing Board should examine this report in detail and consider taking forward the recommendations put forward by the Select Committee.

Appendix 1: Changes to Welfare Benefits

Universal Credit

The Welfare Reform Act will streamline some of the above benefits (with the exception of DLA and some elements of contributory ESA and JSA which are time-limited) and replace it with a single Universal Credit, designed to reduce the administrative burden and cut some of the fraud that currently exists in the system.

The Universal Credit will be implemented in phases from October 2013 on a means tested basis for people of working age, with change in amounts of benefit payment expected for current recipients of the above benefits and credits.

To be eligible for Universal Credit you must be 18 years old and not in education; have accepted a claimant commitment; and satisfy financial conditions on a claimant's income and capital (if either is above a limit, likely to be £16,000, an individual will not be eligible). Universal Credit will be paid via a single monthly

Payment in arrears and will be paid directly to the recipient including tenants of social housing. The amount of Universal Credit paid will depend on a claimant's level of income and other family circumstances with reference to four elements:

- A standard allowance to cover basic living costs;
- Support for those with children;
- Support for housing costs;

- Support for what the Act terms ‘other particular needs and circumstances’.

From a combination of each of these elements a maximum payment will be calculated, which will then be reduced according to the earned and unearned income of the claimant.

Housing Benefits

Universal Credit will replace most existing benefits including Housing Benefit. The reform to Housing Benefit (or the housing component of Universal Credit as it will become) will introduce a new size criteria or ‘bedroom tax’ in the social rented sector whereby those under-occupying their property may receive a penalty of between 14% for one extra room to 25% for two or more rooms. Benefit will also be received directly by the tenant.

From April 2013, there will be a total benefit cap of £26,000 a year, equivalent to £500 a week for a couple or family; where this is exceeded Housing Benefit will be restricted to a nominal 50p a week. Where it is less, the amount of Housing Benefit paid must not take total income over the £500 a week level. A cap of £18,200 a year or £350 a week applies for single claimants. The policy only applies to people of working age.

Those who are working and receiving Working Tax Credit will be exempt. There is also a new cap on Local Housing Allowance (LHA) which sets LHA at the 30th percentile of Private Rented Sector (PRS) market rents in each Broad Rental Market Area (BRMA), as opposed to the previous median. Following the changes to LHA, the Department for Work and Pensions suggest that the average family in England will lose an average £22 a week. The changes to LHA for private tenants and Housing Benefit for social tenants are likely to have impacts upon the extent to which people can afford to live in certain neighbourhoods. There may be movements to seek cheaper rental

property or people downsizing to social housing that better meets their requirements without under-occupancy penalties.

The Work Programme

The Work Programme (WP) is the Government's key initiative for supporting people into employment. Whilst Job Centre Plus retains its role as the core mainstream provider of employment support; individuals are referred to a Work Programme prime contractor once they reach a certain point in their claim of out of work benefits. Advisers can also refer claimants to the 'Next Step' service (now known as the National Careers Service). If claimants still need support they are moved onto the WP.

Work Capability Assessment and Disability Reassessment

The reassessment of Incapacity Benefit (IB) claimants through the Work Capability Assessment (WCA) has been ongoing since October 2008 for new ESA applicants and is now assessing the fitness for work of the UK's 2.6 million claimants of IB. It is being carried out by private sector firm ATOS and claimants are being put into 3 groups dependent upon the outcome of their assessment:

1. 'Fit for work', where they have the opportunity to apply for JSA and actively seek employment;
2. 'Support group', where they are transferred to ESA as they are unable to work;
3. 'Work related activity group', where they receive the basic rate of ESA and support in getting back to work. Their medical condition will also be reviewed again.
4. DLA will not be included in Universal Credit, however, but it will be replaced with PIPs to streamline the system.

**Appendix 2: Advice and Advocacy Services
– Referrals and Partnerships**

<p>Generic Advice, Hate Crime and Hate Incident Reporting and Enhanced Welfare Rights Advice</p> <p>Provider: Citizen’s Advice Bureau subcontracting DABD (UK)</p> <ul style="list-style-type: none">• Help to make claims/appeals (form completion, advice)• Advice – around poverty, debt, housing, discrimination, illness• High quality generalist advice service for all borough residents over 16• Generalist advice outreach Children’s Centres and Heathway centre• Enhanced welfare rights support service for people (over 18) who would be eligible for social care services• Ensure a clear understanding of the level of hate crime and hate incidents and provide support for its victims.• Promoting service user led delivery• Home visits where necessary	<p>Independent Mental Health Advocacy, Independent Mental Capacity Advocacy and Deprivation of Liberty Safeguards Service (IMHA, IMCA and DoLS)</p> <p>Provider: VoiceAbility</p> <ul style="list-style-type: none">• IMHA provide an additional safeguard for people (over 18) who are subject to the Mental Health Act. Work will take place in the community and psychiatric hospital. Areas of work include Mental Health Review Tribunals, care planning, services• IMCAs provide support for particularly vulnerable people (over 16) who lack capacity (including people with a learning disability, dementia, mental health need, and brain injury) and who are facing important decisions around medicine, accommodation, services.• DoLS aim to ensure that were a person (over 18) is deprived of their liberty in a health or social care setting this is least restrictive, response to risk and in the best interest of the client• Provide advocacy around
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Appendix 2: Advice and Advocacy Services – Referrals and Partnerships

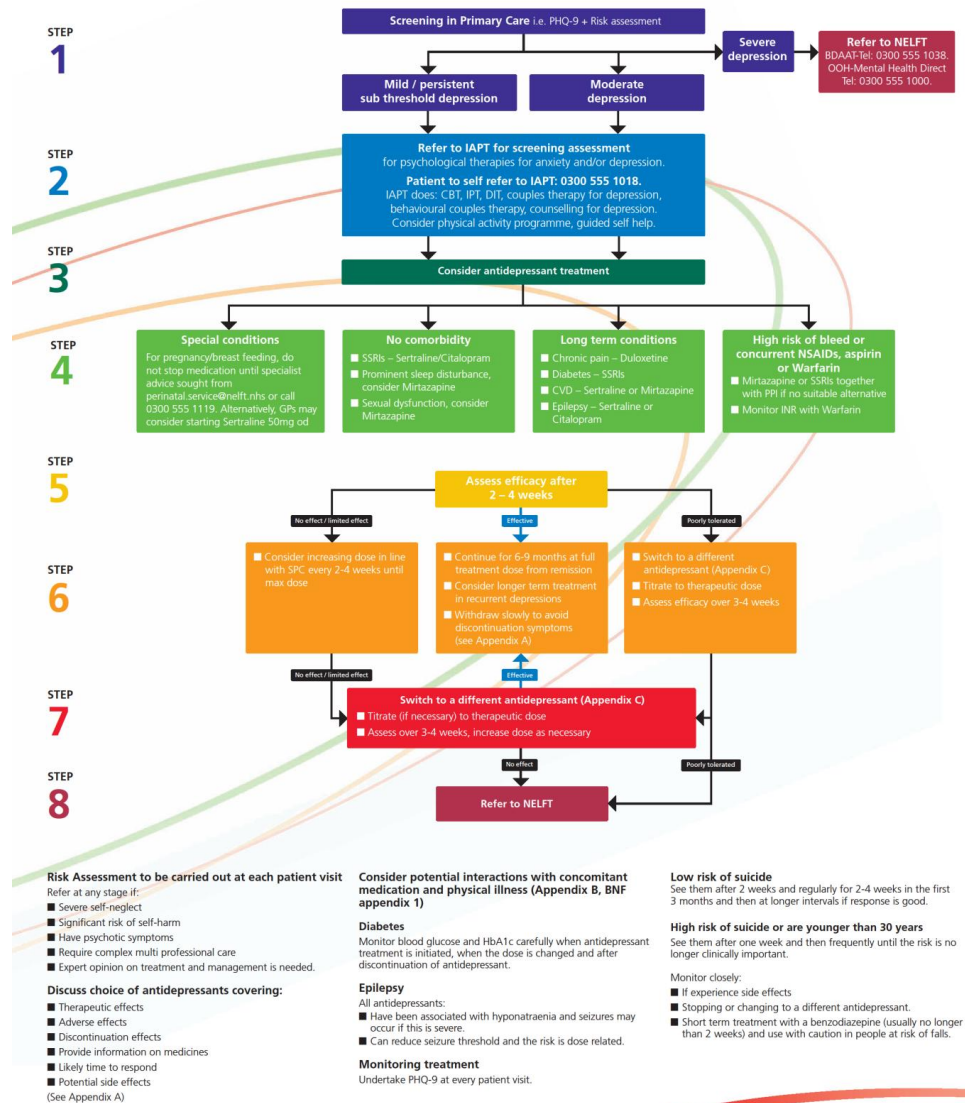
	<p>practical matters that influence the ability of service users to remain independent within the community which may include housing, employment, education or leisure issues</p> <ul style="list-style-type: none"> • IMCA Training to partners
<p>Gateway</p>	
<ul style="list-style-type: none"> • Manage referrals and payment for the framework <p style="text-align: center;">Specialist Advocacy Services including Social Care Complaints Advocacy</p> <p style="text-align: center;">Framework: VoiceAbility, DABD (UK), Royal Mencap Society</p> <ul style="list-style-type: none"> • Provide case based advocacy for people (over 18) who would be eligible for social care services may include housing, employment, education or leisure issues • Support clients (over 16) through the social care complaints process (complaint or grievance related to any aspect of social care described in Health and Social Care Act 2012) including supporting a client through to the Local Government Ombudsman • Support people to engage with the council on decision making through consultation 	

Appendix 3: Depression Pathway

Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups



Primary Care Depression Pathway



Appendix 4A - 4D: Notes from Scrutiny Investigative Sessions

Please note that the session notes for the site visits to mental health services, the NELFT Service User Reference Group and Job Centre Plus, as well as the notes taken at the focus group session on World Mental Health Day, are not included in this report due to the fact that they contain personal comments made by service users.

Appendix 4A: Session with Statutory Services Provided by the Council

Appendix 4B: Session with Voluntary Sector Services

Appendix 4C: Session with Primary Care Services

Appendix 4D: Session with Councillor Maureen Worby

*Date of Session:
29 July 2013*

Appendix 4A: Session with Statutory Services Provided by the Council

Attendees:

The below is a rough transcript of the question and answer session.

James Goddard,
Group Manager
(Housing
Strategy, LBBD)

Of the people who access your service, are you able to say what proportion of people are suffering from minor and major mental health problems as a result of austerity and recession?

David Graaff,
Group Manager
(Revenue and
Benefits, LBBD)

James Goddard: Housing is seeing some numbers through Housing Advice and Homelessness where mental health incidences have increased through austerity.

Terry Regan,
Group Manager
(Employment and
Skills, LBBD)

It is an issue for the Borough as it has had the largest private rented sector in London for the past 5 years. The private rental market has doubled in size and if it continues at the current rate there will be 3-4 times more private rented houses than Council stock.

There is a massive demand for housing but not enough supply. Many people go to John Smith House seeking advice due to rent increases and/or they are trying to hold onto jobs and saying that the stress is affecting their health and wellbeing. There are currently around 12,500 on waiting lists for housing.

Housing try to measure instances where mental health can be related specifically to austerity. The private rented sector started growing before the crash so it is difficult to measure but there are links between poor health and

Notes

**Housing
Strategy**

Deals with all housing across the Borough including supported housing, council housing, private landlords, capital programmes and homelessness.

Works in partnership with Children's and Adult Services and has a strong link into the Public Health function.

jobs/overcrowding. Housing hopes to get more evidence to help with the scrutiny review.

Rough sleeping numbers are currently at 12, the highest the Borough has ever had.

David Graaff: The information is not held but people are under pressures. There is an increase in the levels of council tax recovery activity due to people being behind in payments. In June 2013, 3 times as many received summons against June 2012. There are increasing rent arrears as people are hit by size criteria.

There are 900 people likely to be affected by the Benefits Cap. It is affecting people already and the Borough is also being affected by people migrating into the Borough as it is still slightly below the cap.

Terry Regan: The numbers claiming incapacity benefit have been around 8,760 for quite some time. There are around 3,500 claiming for mental/behavioural disorders and this has been increasing since 2011/12. Many of these claimants will be moved over to the Works Programme. The unemployed job seekers allowance is also falling.

In Barking and Dagenham in the first 18 months since June 2011 to March 2013 of approximately 620 residents (40% of this number would have had mental health problems) only around 10 got into work.

On average, a person looking for work can spend one year with Job Centre Plus, two years on the Works Programme and then they are handed back to Job Centre Plus. Staff are advised that

Notes

Employment and Skills

Works to secure positive outcomes for skills development for residents through its work with Job Centre Plus, Borough colleges and local businesses.

The Job Shop assists clients with job applications and skills development.

Do not support people on the government's work programme as companies who participate in this are paid by results.

they are being handed back as a result of mental health problems.

Local Services do not have figures for the numbers of people with mental health problems but there are around 100-150 people on incapacity benefits registered with the Job Shop and Job Shop Community Project.

Can you tell us what some of the main areas of concern are for people accessing your service?

James Goddard: There is not enough available housing. There are over 12,000 on the waiting lists particularly for social rented/affordable housing. Housing are having to switch between building family homes (which create sustainable communities) and 1-2 bedroom homes where the demand is (creating a transient population).

Rents in the private sector are rising and we are edging towards the cap. Landlords don't have to rent to people on benefits. On average landlords get 4-5 enquiries per property and therefore it's easier for them not to deal with people on benefits.

There are different levels of rent, 80% are around £800 per month. The 'Help to Buy' scheme may create a housing bubble in time for the election.

Has the bedroom tax had an impact?

James Goddard: Housing identified people in Council housing likely to be affected by the Bedroom Tax and contacted them providing

Notes:

Revenues and Benefits

Responsible for contact centres and One Stop Shops as well as the Revenues and Benefits services as well as the collection of Council Tax and rents.

Firsthand experience of implementation of the Council's benefit scheme and Welfare Reform. Will be responsible for administering the Benefits Cap with effect from 12 August 2013.

information and advice. They ensure that Housing Associations did the same thing. However, many people feedback that they will deal with it when it hits them. Housing is starting to see evidence of the effects of the tax now.

Temporary accommodation is expensive but the Council has a duty to provide it. Now looking outside of the Borough boundaries.

David Graaff: There are around 1,600 people in Council accommodation of which 60% are in rent arrears. There are also another 600 in Housing Association housing likely to be affected. People are struggling already, and there is a question of what the Council should do if they continue to struggle.

There are around 1000 households going through the debt process at the moment. From 12 August 2013 the Benefits Cap will affect around 900 families who will lose their housing benefits. Around 220 will lose more than £200 per week and more than 82 will lose more than £80 per week.

The worst affected are those in temporary accommodation, of which there are currently 63 families. They will lose their housing benefits and then become a cost to the Council.

With will some families who face losing up to £200 per week survive?

Terry Regan: Need to look to move more people into work if the work is there.

Appendix 4A: Session with Statutory Services Provided by the Council

How expensive is it for the Council to support a policy of temporary accommodation?

James Goddard: Potentially figures will go up again due to pressures in the system. The Council tries to minimise the use of Bed and Breakfasts - there are currently just fewer than 200 in this type of placement. It is managed by having a maximum number of Bed and Breakfast placements. Barking Hotel is virtually 100% Council placements. Housing does try to place people in property with bed and breakfasts being a last resort. There are placements outside of the Borough in Redbridge.

Families only stay in temporary accommodation for a few nights and there is a commitment for the family to be looking at sourcing accommodation outside of the Borough. People are very distressed and it is detrimental to their health and wellbeing.

It must make finding employment difficult for people if they have no permanent address.

Terry Regan: This group is the most difficult to place and they are the ones who need the work the most.

In your opinion, what do you think we need to focus on in the Borough to ensure that we are providing the right support and services for our residents?

Terry Regan: There is still a disconnect between health service provision, Job Centre Plus and Work Programme provision. There are three Work Programme contractors and a meeting between the Job

Appendix 4A: Session with Statutory Services Provided by the Council

Centre Plus and providers have taken place over the last few months.

The key action is how to improve support to people who are receiving support allowance. One of the providers set up a meeting with the IAP Service but felt that IAP may not have the right targets. Need to ensure that the work between health services and other services in the system are joined up and have shared targets.

Using planning agreements to try to ensure as many jobs as possible are given to residents. Would like to try to ring fence jobs for the long term unemployed and those with mental health conditions which both Newham and Tower Hamlets do.

David Graaff: Universal Credit will be rolling out between now and 2017. The regional timetable is October 2013 for Barking and Dagenham. DWP announced it will give Universal Credit a “safe landing” so it may be delayed to ensure that it will work properly.

There are a number of areas that people will need support on:

- a) Money will be paid to one person in the household and this may create issues/tensions.
- b) Money will be paid monthly in arrears this will mean people will need to manage their money differently.
- c) Housing costs will be paid direct to the customer so there will be additional responsibility on that person to pay the rent. This could be problematic as the person who receives the money may not be the tenant.

Appendix 4A: Session with Statutory Services Provided by the Council

Currently consulting on the Local Support Area Framework. There are a number of key areas in which the Council needs to look to provide better support:

- a) Help with support and mediation to access on-line systems to make a successful claim the first time round.
- b) Help with budgeting, financial and even relationship management.
- c) Getting people into work as they will be better off if they are in employment (e.g. it turns off caps on housing costs).

Set out arrangements for emergency payments/loans for payments a month in arrears.

James Goddard: The Council has the biggest Council House building programme in the country with 1000 new homes being planned on Barking Riverside.

The Licence scheme means that every private landlord must have a licence, failure to do so will result in prosecution.

Barking and Dagenham have received £26,000 from British Gas to help with fuel poverty. This money is being used to put cladding and solar panels on Council Stock.

There are 200-600 empty properties. We are the 4th best in the country in turning around empty stock. We work closely with landlords to get a quick turnaround.

Appendix 4A: Session with Statutory Services Provided by the Council

Is it possible to find out how many people affected by changes to the benefits cap are likely to attend a food bank?

Food bank would need to advise.

Can you explain how council properties are allocated?

James Goddard: Allocations are based on policy which the Council has little control over. There are roughly 12,000 on the waiting list, ¼ of those will have a housing need. The top priority will have the first choice followed by the residents who have been living in the Borough for 5-6 years. There are two officers who focus on under-occupation but it is a complicated area.

*Date of Session:
29 July 2013*

Appendix 4B: Session with Voluntary Sector Services

Attendees:

Jan Davis,
Interim Deputy
Director (Citizens
Advice Bureau)

**Dominic
Parkinson**, Area
Contract Manager
(Richmond
Fellowship)

Paul Kelsey
(Samaritans)

The below is a rough transcript of the question and answer session.

Of the people who access your service, are you able to say what proportion of people are suffering from minor and major mental health problems as a result of austerity and recession?

RF: It is already affecting people. Tend to see people who are already engaged in services but are finding that people are requiring a lot more support around austerity related issues especially as other services close. We are not taking typical referrals and required to take a more holistic approach.

It is difficult at the moment because services either have to forget about doing what they are commissioned to do and provide a more holistic approach or decline cases and refer them to mainstream services. It is not in the nature of services to turn people away so clients can end up with a watered down product as services try to provide broader support.

There is a lack of other services providing emotional and wellbeing support. We are finding that people can be reluctant to move on in recovery due to their being worried about the consequences of support in other aspects. They have no confidence that the right support will be available to help them.

CAB: The Mental Health project has up to 150 clients per year. Casework indicates that people often have more than one issues e.g. benefits and debt. People coming through the drop-in often have depression and anxiety.

Notes

Samaritans

Based in Ilford but cover Barking and Dagenham. There for people in emotional distress/depression. Around 20% of people considering suicide. Contact is taken by phone, text, e-mail and face-to-face. Services are confidential and anonymous and callers are not asked to provide either their name or address if they do not wish to do so.

Tried to run a report to identify if work has increased and the data shows that demand has gone up by 25% against last year for people coming to CAB with benefit and debt issues. Information relating to stress and anxiety as a result of austerity is recorded on case records but is not available via general reports.

CAB is geared up for the Welfare Reforms and dealing with bureau evidence forms and staff are asked to keep an eye out for people presenting with lower level distress.

Samaritans: It is difficult to quantify. We collect figures nationally but because callers are not asked to disclose addresses it is difficult to say what the local situation is.

There are more calls as a result of the Welfare Reforms, especially people worried about completing forms. We do speak to people who are already in the mental health system when their councillor/nurse is unavailable. Repeat callers often call because they are suffering from a bad spell at that moment in time.

Question for Richmond Fellowship - Are day opportunity services increasing?

RF: The 'Bridge Build' and Community Link Services are available to get people engaging in mainstream services/activities e.g. joining a local library or attending classes. There are two members of staff supporting people in this way plus we also offer some group work.

Question for Richmond Fellowship - Over what period of time are people in a programme?

Notes:

Richmond Fellowship

Offer a range of services for people with high to low needs including services to help with housing, floating support, day opportunities services and day employment services.

RF: A year is a reasonable period of time. If they have not moved on by then it is because the client is either in a comfort zone or they are not receiving the right support.

Can you tell us what steps have you taken to meet an increase in demand in the short and long term?

CAB: There is a group of paid staff but generally rely heavily on volunteers. In the short and long term we need to recruit more volunteers and retain then as many get up skilled and then go onto paid work.

RF: There is a danger of watering down the service. We always work above capacity and there is never a shortage of referrals. It is a question of how far you allow things to be stretched before quality is compromised. Typically operate between a quarter and a third above commissioned capacity.

Samaritans: Samaritans are all volunteers. There are 80 listening (65 active at the moment). There is a constant turnover of volunteers and we continually train people and advertise for new volunteers. There is a high dropout rate after training and students who volunteer often drop out once they complete their course of study. Volunteers are difficult to retain.

We used to get grants but that has reduced so we are looking for other areas of finance. Do hold awareness and fundraising events.

Can you tell us about some of the different interventions that you use which have proved effective?

Notes

Citizen's Advice Bureau

See clients in a lot of different ways. Use the Drop-in Service in Barking and 37 outreaches in Children's Centres. Have a discreet project working with certain client groups (e.g. projects for people with severe and enduring mental health problems).

Samaritans: Support is available by phone but we are also embracing email and texting services, the latter two are often used by young people. Face to face support is also increasing (3-5 per week) as well as an outreach programme.

At a national level, we are working in partnership with Network Rail to reduce suicides on railways. Staff are trained to look out for people under stress and keep an eye out on stations. There are posters on some platforms. Also have a relationship with Fords to undertake seminars and an open day.

Question to the Samaritans – You state that you do not ask callers to disclose their names and addresses. If you need to contact a caller how do you do so?

Samaritans: We do offer a call-back service if need be but the service tends to work on a one off basis. Even if someone does call back they will speak to a different volunteer and this avoids a caller developing a relationship with any one person. We will give a call-back at an appointed time (if the caller wishes us to do so) after a specific event to find out how it went.

Question to CAB - Has there been an increase in service demand through the work that you do through Children's Centres?

CAB: We get a different type of client coming through the Children's Centres such as troubled families with a range of problems including debt and housing. We are also taking referrals through the Local Emergency Support Scheme which has broadened the client base.

Council Tax support is also increasing especially people who are going through the recovery process. We put together a list of their expenses

to help them workout how they can pay and renegotiate repayment on low priority debt.

The Council could follow the examples other councils have adopted to help provide support. For example

- a) Not passing support payment directly to residents.
- b) Identifying vulnerable residents and not trying to get payment from certain types of residents.
- c) Leeds Council has designated some 2 bedroom properties as 1 bedroom properties.
- d) Looking to support people who have inherited tenancy of a family home (particularly those with a mental health issue) who now find themselves in a position of under occupancy and financial difficulty as a result of the bedroom tax.

We are seeing a lot of mental health patients who are stressed in the current climate. They can get into an obsessive spiral as they are concerned about losing their benefits. They tend not to see the positive benefits only the negatives. Mental health clients are negatively affected by poor decisions.

We need to encourage people to go back into work/training but the government work programmes tend to focus on getting people back to work by results. As a result providers cherry pick clients out of necessity who are job ready but we need to consider how we reach people who require different types of intervention.

RF: We are offering a lot of one to one support to help understand client aspirations, choices available and their interests to help support and move

people forward. Helping people identify things they are interested in is likely to produce a more successful outcome.

One full time member of staff can often support up to 60 people per year with 65% having a positive outcome. That approach works well for people from all backgrounds. Young people are far more likely to engage with a one to one advisor. We also designate certain staff to work directly with specific people and reduce their caseload to enable this.

Question to Richmond Fellowship – If a phone call is deferred what would be the follow up?

RF: We are used to supporting people while they are getting support elsewhere so a joined up approach is important. However, have experienced a case of an individual took 8 weeks to get an appointment to see an assessment team and we saw that person becoming more stressed. A joined up approach isn't always there to support people when they need it and this is often because of waiting lists. Because people are always providing the service they should the Richmond Fellowship often have to do it.

We have been told that we may see inward migration into the Borough from inner London Boroughs as a result of the changes to benefits and this could see a higher demand for your services. Are you seeing people with substantial needs accessing services as a result of these changes? Do you think that your service is resilient enough to meet this possible increase in demand? In Barking and Dagenham has seen a population increase between 10-15% over the past few years.

Samaritans: It is difficult to answer due to a lack of geographical data. Nationally, we are looking at a new phone system which will allow us to match a call to anywhere in the country where there is a

volunteer available to take a call so people should always be able to get through to someone.

Cllr McKenzie noted that he hoped this worked as in view of NHS111 he wouldn't want to see more stress on residents.

CAB: It is a matter of quantity versus quality as there are so many people trying to access services. We are noticing an increase in people coming in from out of the Borough.

We look at the client and what is best for them and which service is best place to support them but there are difficulties with accommodating numbers approaching us for support. For example, Debt Case Workers have advised that appointment times have gone from 2 weeks to 1 month advance booking times. I found that where clients have to wait for 1 month for an appointment we were often left with 'dead appointments' and as a result I have advised workers not to book appointments more than 2 weeks in advance. In practice some clients are referred to other services but it is difficult to accommodate everyone.

Can you tell us what some of the main areas of concern are for people accessing your service?

All: It is the usual sorts of issues e.g. PIP, income maximisation and debt. Welfare Reforms are now factored into this as well.

Question from CAB to Select Committee Members – Are you able to advise me what the discretionary housing budget is for the Council and how much is put aside to assist people with rent shortfalls?

Jan Davis will send an email with additional information and a question about housing budgets to Lisa Hodges. This will be referred to Housing and a response sent to Jan Davis.

Date of Session:
1st October 2013

Appendix 4C: Session with Primary Care Services

Attendees:

Dr Raj Kumar,
Local lead for
Mental Health
(Barking and
Dagenham CCG)

Julian Buckton,
Senior
Commissioning
Support Manager
(Barking and
Dagenham CCG)

David Horne,
Director of
Operations
(NELFT)

Dr S Srikumar,
Associate
Medical Director
for Community
Recovery
(NELFT)

Dr Asif Bachlani,
Consultant
Psychiatrist
(NELFT)

The below is a rough transcript of the question and answer session.

Have you seen more people coming into GP surgeries with poor mental health due to the impact of the recession and welfare reforms?

Dr Kumar: Mental Health is an important area for general practice. There are a lot more presenting with stress. GPs spend a lot of time looking at the history of the patient to identify if there are any mental health problems to allow them to be able to deal with the mild-moderate issues within general practice. Offer guided self-help (monitored weekly to monthly), anti-depressants and some surgeries (though not many) offer counselling. If a patient requests psychological services they are told to use the self-referral process. GPs are seeing the impact from the welfare reforms in general practice.

Are people presenting with stress related to austerity /financial issues?

Dr Kumar: It is difficult to tell whether it is due to life stresses or increased stress due to social problems such as unemployment, housing issues but people are seeking help much more.

If it is caused by financial circumstances due to government measures, should the response be cognitive therapies rather than anti-depressants?

Dr Kumar: Treatment is not about formal therapies/medications. Patients are advised to access any support options including family and work (e.g. being signed off work for a short period of time). GPs like to

involve Occupational Therapy in the workplace and also with partner agencies when dealing with patients.

The HASSC did a site visit to the SURGE User Group and the opinion there was that when people visit their GPs the reaction to patients is to get on with it. What is the message to GPs in respect to dealing with this?

Dr Kumar: GPs are taught to be respectful to patients. To help clinicians in primary care the Barking and Dagenham, Havering and Redbridge CCGs have developed a 'Primary Care Depression Pathway' to help GPs to understand and be empathic. It is a local pathway which helps GPs to identify the best course of action. The pathway enables management in primary care for self help and is used in conjunction with other information on websites (for those who do not have access to a computer or are not computer literate there is an agreement with libraries to help people access the websites). There is also the self referral service via NELFT. Where medication is required, the pathway prescribes very specific medication not a "one size fits all" approach.

It is designed to recognise the problem and determine what to do about it to try to allow more management via primary care.

It is agreed that negative comments are not helpful.

Dr Srikumar: We do encounter issues of approach with many young doctors but do include in their training topics such as how to deal with people.

Dr Kumar: Primary care and NELFT attempt to destigmatise mental health problems and work with providers and GPs and patients to be

sensitive to the pathway the patient wants to follow – it is a patient-centred approach.

What services do you signpost people to if they are feeling depressed or anxious, particularly if it relates to worries relating to the recession and welfare reforms?

Dr Kumar: The relationship between the GP and patient is such that the patient needs to feel that they are in an environment where they can discuss things with their GP. There is usually an underlying cause such as relationships, jobs. Some things are within a GPs control if not then they will sign post as appropriate.

What care facilities are available in the Borough?

Dr Kumar: Providing care is vital for mental health problems. We work closely with LBBD to provide appropriate levels of care included care homes if that is required but it is decided on a case by case basis.

How are you ensuring that the patient voice is reflected in the services that you commission? What feedback are you getting from Patient Engagement Forums and Service User Reference Groups about the quality and effectiveness of primary care mental health services?

Dr Kumar: During the commissioning cycle we liaised with Patient Participation Groups (PPGs) and asked about mental health problems and therapies and access. This will help the CCG to commission better services.

A Task and Finish Group was set up in NELFT to help develop best practice which was comprised of service users.

The pathway reminded me of the GP audit carried out earlier this year, about patients who frequently attend Accident and Emergency. A lot of people identified themselves as having mental health problems. In response LBBD agreed with the CCG to recruit 6 social workers for 12 months (which we are in the process of doing). The view of the CCG/GPs is that there are people who may not want/benefit from formal psychological/medication routes but have more practical problems e.g. finance or housing.

Social work is part of the re-enable funding and I welcome this as it is important when dealing with mental health problems as social workers work with GPs. The pathway is not the whole solution but is part of an answer.

There are issues with recognising the problem. The GP is the first line of defence. What is needed is a pathway which includes a social work approach? Maybe social workers can help people to cope better.

Dr Kumar: The pathway is an iterative process to put mental health high up on the GP radar. The first step is a discussion with the patient and to work in collaboration with NELFT who have access to aspects of mental health wellbeing.

Do GPs ask why people are stressed?

Dr Kumar: GPs discuss the problem with the patient and will do what they can to suggest where the patient might go e.g. Housing if it is a rent issue, look at options for signing someone off work for work-related stress. GPs offer patient's choices and give patients choices as to how they choose to go forward.

Given that there isn't any more money or additional resources available, how will mental health meet the challenges arising from the recession in delivering services and meeting increasing demand?

David Horne: Demand is increasing. The BDAC Service in the first 6 months of the year saw a 19.6% increase in referrals against the same period last year. We don't know why this is.

Resources are decreasing so there has been a reorganisation of management of services to a Borough based approach so that there is more joined up work especially around "Stay Connected, Stay Active..." The service is not a replacement but an adjunct and is encouraging people to do courses as part of the recovery process through opportunities such as the Recovery College.

Dr Srikumar: In the past 2 years service reconfiguration has taken place and we have looked at patients attending out patients on a 6 monthly basis. These patients have now been reviewed and passed back to primary care. Discharging patients ready to leave the programme into recovery focussed areas mean that they exit the service within 6 months. We have had to find a way of working smarter.

How effective is our approach?

Dr Kumar: The ethos behind PPGs is very good and there has been much more patient involvement in shaping services. However, our next step is to ensure that patients from all backgrounds need to be encouraged to attend.

Looking to have more monthly meetings but PPG representatives can commit that much time which means that they are roughly quarterly. The CCG needs to take a hold of the process and hold the meetings at a more user-friendly time.

Elaine Clark: PPG attendance is usually good at the beginning but then drops off. PPGs are not available in all surgeries. It is a good approach to getting a point across and needs better advertising.

Arrangements in NELFT are strong in the SURGE group who are more vocal. SURGE is long established and good at changing membership. The Health and Wellbeing Board's Mental Health Sub-group is looking to build on a NELFT process and Healthwatch are doing something similar. We need to join up to prevent the same people attending multiple meetings. We could also consider virtual opportunities.

Dr Srikumar: There is also the Autistic Spectrum pathway which is being firmed up.

Dr Kumar: There are a number of community services in general practice and we would like to promote groups such as CAB, Carers of Barking and Dagenham etc.

Dr Srikumar: There is a group of mental health leads from all boroughs looking at the physical health needs of people with mental health illness and are responsible for looking after these patients.

The social aspect is very important at assessment stage. Need to look at areas such as employment and housing and take a more holistic approach including voluntary sectors.

Dr Kumar: Anti-depressants are not the sole treatment but can be a good response in severe cases.

*Date of Session:
13 November
2013*

Attendees:

Cllr Maureen Worby, Chair of the Health and Wellbeing Board and Portfolio Holder for Health (LBBD)



Appendix 4D: Session with Councillor Maureen Worby

The below is a rough transcript of the question and answer session.

At the last meeting, the Clinical Commissioning Group (CCG) showed the Select Committee a copy of the CCG Clinical Depression Pathway which leads to prescribing drugs. Could there be a focus or response from GPs apart from anti-depressives?

Cllr Worby: There should be. There are challenges for the Health and Wellbeing Board. Information and education for primary care providers and individual GPs is needed to raise awareness about the range of services available as regular practices of GPs are not always aware. Medication is an easy option and there needs to be alternatives. The CCG have commissioned work using Public Health grant.

Also need to raise awareness to residents to encourage them to say no to medication and look at alternative therapies.

The CCG can put pressure on GPs for a non-prescription route.

The Select Committee met with people as part of the scrutiny review and the feedback received shows that some people who visited their GP said that they were told to either “pull themselves together” or take anti-depressants. What can the Health and Wellbeing Board/CCG do to address this?

Cllr: Worby: There are a number of pieces of work which is already being undertaken:

1. The Mental Health Sub-Group has been established which reports into the Health and Wellbeing Board although it does tend to concentrate on those already in the system.
2. The Public Health Programmes Board does commission non-standard approaches such as the Big White Wall, Mental Health First Aid Training and “Beating the Blues”.
3. Reablement Funding has enabled workers to go into clusters and supplement resources. GPs should be encouraged to use these to reinforce this work.

The Health and Wellbeing Board has been exploring how services can be more available in a manner that residents can pick up. Better promotion is needed through the Council website and using formats such as a plan on a page. Other sub-groups are also looking at Mental Health such as the Children’s Sub-group and it is also one of my top priorities. There is a lot more that could be done although we are not doing a bad job we are just not getting people using the services enough.

Do you have information about what is and isn’t working?

Cllr Worby: The function of the Health and Wellbeing Board is not to monitor performance as this is done elsewhere (e.g. Public Health, Commissioning). The Board has agreed to an outcomes framework and the indicators are monitored by the sub-groups e.g. the mental health indicators are reviewed by the Mental

Health Sub-group. Many are new bodies and will be better in subsequent years.

A recent CCG survey around the country found that Mental Health has risen as a priority at a national level.

There has been a lot of work done around monitoring mental health as well as a lot of research to look at specific information.

Cllr Worby: There is a stigma attached to mental health and we need to consider how we package up this information.

Healthwatch: The conditions in peoples' lives need addressing especially homelessness. Single people are not a priority on council housing waiting lists and landlords tend not to take them on. There are hundreds in the borough in this situation and housing issues add to anxiety levels.

Is there anything the Health and Wellbeing Board can do to help people to get back into employment?

Cllr Worby: We need to ensure that as a Council, we are providing support to employees who need it. We could put pressure on the CE to do an audit to find out how we are supporting people and then roll this out to other employers. We need to carry out this exercise ourselves so that we can promote it across the borough.

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