

To: Executive Board – 10 January 2005

RECOMMENDATIONS FROM SCRUTINY COMMITTEES

Oxford Health Overview and Scrutiny Sub-Committee – 16 December 2004

At its meeting on 16th December, 2004 the Sub-Committee received a presentation from representatives of the Benefits in Practice project. The project provides advice on welfare rights through general practitioners' surgeries. A note giving more details of the project is appended.

The current funding stream for the project finishes at the end of this financial year. Arrangements are being made for the funding of the project from the start of the next financial year. It is likely, however, that the project will have a funding shortfall of approximately £20,000.

The Sub-Committee agreed to ask the Oxford City Primary Care Trust to consider part-funding the shortfall and RECOMMENDED the Executive Board to also consider part-funding the shortfall, either from the Area Committee revenue allocation or some other source.

BENEFITS IN PRACTICE

- A project to enable people who would not necessarily consider or be able to access Welfare Rights advice by visiting City advice agencies or contacting them by telephone.
- The main target groups are the sick and disabled (43% of clients), the over 50s (39%) and ethnic minorities (33%). Oxford City has 25% more people suffering from long term illness than the S.E. regional average. Less than 10% of City pensioners claim attendance allowance. Oxcab deals with over 9k benefits issues a year at its city centre office – the demand for our service seems infinite even though we have doubled the number of clients we advised in the past four years.
- Contact is made by clients who visit G.P. surgeries for medical reasons. They are referred to our service by G.P.s and receptionists and 45 minute appointments are arranged. The relationship between health and the stresses of low income are well documented and this project aims to increase income, reduce stress and improve health.
- Research has shown that there are significant positive effects on older people and the disabled if income is enhanced by increased benefits. Extra spending on food will obviously improve health and well being. Spending on travel, clothing and household goods gave people greater dignity and self sufficiency. There are a number of beneficial effects on the local community. Most of the extra benefit gains we spend in the local area – research shows that up to five times the actual benefit gain is circulated in the local economy.
- The project began in April 02 with funding from the Legal Services Commission £127k, Oxford PCT £10k, Oxcab £6k, Age Concern also offered support as did Oxford City Council (Julie Higgs). This funding ends in March 05.
- The project is proving to be very successful. We now run weekly appointment sessions in nine G.P. practices in the City, East Oxford (2), St Barts, Bury Knowle, Barton, Donnington, Beaumont Street, Luther Street and Wood Farm. During this period we have helped over 500 clients (estimated 600 in three years) and raised at least £350,000 (estimated £430,000 in three years) in the form of benefits and grants. This figure is based on the gains that clients have told us about for one year. Most clients will make a gain for many years and therefore this figure dramatically understates the ongoing gains for clients and the local economy. Most of the extra benefit gains are spent in the local area – research shows that up to five times the actual benefit gain is circulated in the local economy.
- Many clients have other related problems, e.g. employment, housing and we enable them to access the full CAB service when this is useful. We make home visits when clients find visiting the surgery difficult and although this is time consuming we know that such visits make a positive impact on such clients benefits uptake.

CASEWORK EXAMPLES: Please see attached sheet

- This project has relied on the OXCAB for its training, advice giving procedures, policies and management. However it is an independent project separate from the Bureau's core service to the City.
- Now that the project is set up running costs are £45k p.a. We would wish to continue the B.I.P. project if extra funding can be found but our core service (helping 12,000 new clients p.a.) is already under funded and cannot subsidise this project without reducing our present level of service.
- Our caseworkers are now highly skilled at supporting clients and have developed excellent relationships with G.P.s and practice staff. The service we offer is now an intrinsic part of the care given at these practices and therefore the demand for our caseworkers appointment times is high.
- This innovative project is being used nationally as an example of practical effective care in the community. We hope that we will be able to maintain the service and even introduce it to other G.P. surgeries in the City if further funding can be accessed.

We have, as you are probably aware, raised nearly £350,000 for our clients. This money has often come in just in time for our clients. I remember one of my earliest clients; she was literally down to her last £5 and was not claiming any benefits. We helped her to apply for Incapacity Benefit and Income Support, Disability Living Allowance, Housing and Council Tax Benefit. We were successful and her total income rose to around £12,000 for that year; she returned two years later and we helped her complete a renewal form for Disability Living Allowance, we are sure she would have contacted us if they had turned it down!

Another client, whom we have supported through housing, benefit problems and applications for Tax Credits is now settled with her 11 year-old daughter in permanent accommodation. This client has come through physical abuse and homelessness, she has since faced serious operations and debt issues, which she tells us she has managed herself. She has told us that without our initial support, she would not now be healthier and better able to cope with facing up to her challenges.

We also support clients through the very challenging benefits appeal process, we recently helped a sight impaired client improve his award of lowest rate of Care Component Disability Living Allowance to Middle Rate. We have several other appeals waiting to go ahead, some with dates and others awaiting dates.

Not all of the money we have raised for our clients has come from benefits. We have raised some via charities, for example, we raised £400 for an electric bed for a client who has arthritis and is too stiff to sit up on her own in the mornings and we applied successfully for a washing machine for a single mother of a teenaged daughter.

These are just some of our clients who tell us that they would not have managed to improve their circumstances without our help and who return to us each time to continue to receive that help.

Benefits in Practice and the City Council

Briefing Note for Health Overview and Scrutiny Sub Committee 16th
December 2004

Benefits in Practice originated in 1999, through the then Anti Poverty Working Party, and was the idea of a Councillor who was also a medical student. Working with Dr Claire Parker from the Jericho Health Centre, the then Primary Care Group and Oxfordshire Welfare Rights a bid was submitted twice to the Lottery fund and twice refused.

The scheme was picked up again in 2002 when a chance came via the Lord Chancellors new Partnership Innovation Fund to bid for money with the Primary Care Trust and the CAB as the new welfare rights partner. The successful bid was underwritten with the promise of support in kind from the City Council. The Primary Care Trust also provided some financial support.

With the Partnership Innovation fund money due to run out next year there is a real danger that the scheme could be lost. The scheme has the ability to reach clients that traditional building based advice cannot access. In addition with the Chancellor's pre budget report proposals to place Employment Advisors in primary care it seems sensible to balance this with benefits and tax credit advice for those who cannot work. The new Local Improvement Finance Trust scheme is keen to include advice services in its developments as a means of tackling health inequalities.

A bid for grant aid from the City Council has been made and is being considered this grant cycle. Although the success of this cannot be pre judged it needs to be made clear that there are no additional funds within the grant budget to fund this work but officers have been trying to locate other sources of funding including putting pressure on the Legal Service Commission to allocate funding for this important area of work.

Julie Higgs – Strategic Policy Advisor (Health)