

Greater Glasgow and Clyde NHS Board

Board Meeting
20th October 2015

Board Paper No: 15/52

Interim Director of Public Health

NHSGGC Approach to Financial Inclusion and Welfare Reform

RECOMMENDATIONS:

The NHS Board is asked to receive this update on financial inclusion activity in NHSGGC and support the recommendations for action to maintain the role of NHSGC in addressing financial inclusion for communities and patients moving forward:

Progress:-

- Giving staff the tools to tackle health inequality by mitigating the impact of poverty and welfare reform has been key to the success of NHSGGC's approach. Since 2011 NHSGGC staff have made over 32,000 referrals to Money Advice Services with £37 million financial gain for many vulnerable patients.

Further action to maintain progress within Acute and Hospital Services and HSCP's is recommended:

- Inclusion of leadership responsibilities for financial inclusion in HSCP strategic plans reflecting SOAs and partners aspirations to tackle poverty and health inequality.
- Consideration of a Board champion on poverty (including financial inclusion) who could support a strategic approach to future action.

Areas for continuation are:

- Promotion of the NHS role in supporting patients to prevent major financial crisis and associated negative effects on health through:
 - early intervention on financial issues;
 - provision of money advice referral at the point of diagnosis via GPs and other health workers;
- Support for staff through training, information and endorsement of their role in mitigating the impact of poverty and welfare reform.
- Expectation of impact assessment of policies and services in relation to financial inclusion and poverty impact by all NHSGGC entities.
- Recognition of the unique impact of socio-economic inequality on the population of Greater Glasgow and Clyde and the routine inclusion of socio-

economic inequality alongside protected characteristics identified in the Equality Act 2010.

- Focus on best practice and review of progress and outcomes for financial inclusion through the Board wide existing governance arrangements.
- Support the engagement of NHSGGC in securing both short term and longer term funding arrangements to support to money advice services.

1. Purpose of the paper

The purpose of this paper is to brief the Board on current action to address poverty through financial inclusion work and seek support to maintain and develop this focus within the new organisational arrangements.

The fourth biennial report of the Director of Public Health highlighted the pivotal importance of poverty in shaping health at key life stages in people's lives. Action is required to reduce the circumstances through which poverty is created, prevent people falling into poverty and mitigate the impact of poverty. Financial inclusion contributes historically to mitigating poverty, and more recently prevention, through programmes such as Healthier Wealthier Children.

The report summarises progress and outlines the challenges which we will face as more people are affected by welfare reform changes.

2. Background

2.1 Definition of financial inclusion

Financial inclusion is the range of actions to ensure people have the skills, knowledge and understanding to make best use of appropriate financial products and services. This covers benefits maximisation and debt management, access to financial products and help in kind or through grants and minimising outgoing costs.

In NHSGGC the main action is equipping staff to ask questions about money worries and creating referral routes to advice services. Staff are not expected to be experts in the benefits system but recognise the impact of poverty on health.

2.2 Why does NHSGGC have a role in financial inclusion?

Nearly a third of our population live in the 15% most deprived data zones (SIMD) in Scotland. This varies from 3.1% in East Dunbartonshire to over 50% in North East Glasgow. Child poverty rates in the UK are one of the highest in the western world. In NHSGGC, End Child Poverty (2013) found a 33% child poverty rate in Glasgow City (with the lowest rates in East Dunbartonshire and East Renfrewshire still at 10%). The 2014 Health and Well-being survey involved interviews with 8633 adults across Greater Glasgow and Clyde. Over a quarter of all adults (27%) living in the 15% most deprived data zones reported having a limiting long-term condition or illness, a third higher than those in less deprived communities. Hence the impact of

poverty and welfare reform is concentrated in areas with the highest requirement for and contact with health care.

The Fraser of Allander Institute (2012) recently calculated that work on financial inclusion would save the NHS in Scotland nearly £13 million in relation to stress related and physical illness. Glasgow, West Dunbartonshire, Renfrewshire and Inverclyde all have high levels of people reliant on working age benefits so a large proportion of these savings would be in NHS GGC.

The Welfare Reform Act of 2012 introduced the most significant transformation of the benefits system since its inception. These changes have a direct impact on the health care system. In terms of reductions in benefits, the 2012 Fraser of Allander report estimated that there would be a reduction of £114.8 million in welfare benefits for Glasgow City citizens alone, reducing the income of many who were already living in poverty yet further. The reforms are also changing the structure of the benefits system and introduce elements with which claimants are entirely unfamiliar e.g. payment into a transactional bank account monthly in arrears and on-line applications for benefits. Since 2012 there has also been a significant increase in the rates of benefit sanctions. 26,755 people on Job Seekers Allowance and Employment Support Allowance have been sanctioned in Glasgow between 22nd October 2012 and the 31st December 2014. This can mean going without any money for between 1 week and 156 weeks. The consequence of the changes will be an increase in demand for advice and assistance from the Council and other Services, including the voluntary sector more generally e.g. food banks.

Michael Marmot and others have identified that the NHS can play a role in mitigating the impact of poverty and welfare reform. NHS GGC is one of the leading Health Boards on financial inclusion activity. Its approach has developed over 20 years as an important way of tackling health inequality.

2.3 How does NHS GGC currently address financial inclusion?

NHS GGC currently addresses financial inclusion in the following ways:

As a strategic partner

- NHS GGC plays a role nationally and within local partnerships in highlighting the health effects of financial inclusion.
- NHS GGC engages with innovative public policy activity, for example the Poverty Leadership Panel in GCC; Renfrewshire Child Poverty Strategy.

As a service provider

- Staff undertake routine enquiry with patients and referral to money advice services.
- Financial capability is integrated into NHS patient education programmes.
- Facilitation of public awareness campaigns on benefits changes and entitlements.
- Ensuring staff are skilled to raise the issue of money worries.
- Commissioning of financial inclusion services.

As an employer

- Providing information and advice to staff with money worries, for example Acute Service produced a booklet for staff which was widely circulated.

2.4 Governance

A Board-wide policy group currently operates reporting to NHSGGC Health Improvement and Inequalities Group. This group comprises representatives from Acute Services, HSCPs, Local Authority representatives, Corporate Public Health and Corporate Inequalities Teams. The group is chaired by Fiona Moss, Head of Health Improvement and Inequalities, Glasgow HSCP. The role of the group is to identify the strategic direction for financial inclusion and welfare reform and provide support and leadership for implementation within respective entities.

3. Future NHSGGC Action on Financial Inclusion

3.1 Inequalities Action Framework

Moving forward, NHSGGC activity can be clearly described in line with the Health Scotland Inequalities Action Framework.

Inequalities Action Framework- NHSGGC Actions on Financial Inclusion

Undo:	Prevent:	Mitigate:
<ul style="list-style-type: none">• Strategic influencing.• Advocating action on fundamental causes of inequalities and poverty e.g. income, power.• Emphasising the unique role the NHS can play on financial inclusion (e.g. early intervention on money worries).• Understanding the impact of NHSGGC decisions/services on patient financial inclusion.	<ul style="list-style-type: none">• Early intervention on financial issues.• Routine enquiry and referral at point of patient diagnosis and as part of rehabilitation support.• Engage with staff who have early signs of money worries.	<ul style="list-style-type: none">• Workforce development on financial inclusion.• Money advice services provided in close proximity to NHS settings.• Targeted public awareness campaigns e.g. on welfare reform changes.

3.2 Undo

In most HSCP's financial inclusion partnerships involve the NHS, local authorities, the third sector, housing associations and legal services where strategic actions are developed and delivered.

3.3 Prevent

3.3.1 Asking about money worries

Financial inclusion action is a core element of NHSGGC's inequalities sensitive practice approach, which includes routine enquiry. Money Advice Services advise that NHS referrals enable them to do prevention at a much earlier stage, which can dramatically reduce financial crisis and negative physical and mental health impacts. The Fairer NHS Staff Survey provided a baseline on routine enquiry which included money worries (Table 1). An update will be available in 2016.

Table 1: Fairer NHS staff survey 2013- How often do you ask your patients about the following issues? (2706 staff responses).

Question/ Enquiry	Always / Often enquire
Money worries	61%
Employability	43%

3.3.2 Referral outcomes

Table 2 outlines key evidence on the outcomes of NHSGGC referrals to money advice services for patients.

Table 2: NHSGGC financial inclusion referrals – key examples

Key area	Financial gain	Referrals	Timeline
Early years (Community)	£9million	9500	Late 2010 - July 2015
Early years (RHSC inpatients & outpatients)	£2.2million	629	2012-July 2015
LTCs (Inpatients)	£4.5million	2,894	2014-2015
LTCs (Community)*	Not available	505	Jan 2013- Dec 2014
'Other' (e.g. Mental health services, Addictions services, Primary care generic)	Not available	3903	Jan 2013- Dec 2014
Complex needs			
- Homelessness (Glasgow HSCP)	£320,000	200	2013-2015
- HIV	Due Mar 2016	Due Mar 2016	2014 to current
- Hep C	Due Mar 2016	Due Mar 2016	Pilot 2015 to 2016

* Via Keep Well programme, which was discontinued. However, all LES chronic disease management have money advice referral available.

3.3.3 Adding Value

Interventions are currently targeted to those most affected by welfare reform (e.g. lone parents, people with disabilities, people with mental health problems, people with alcohol and drug problems, asylum seekers and refugees, homeless people) with community engagement a key feature of the approach.

Acute Services have carried out an EQIA of Cashiers Office, which resulted in an enhanced approach for reimbursement of travel expenses to ensure the most vulnerable people are supported to attend appointments.

3.3.4 Our role as an employer

In response to rising rates of in work poverty, NHSGGC currently has a range of support for staff with money worries. Staff money management guides are updated regularly, which include sources of NHSGGC support such as occupational health and the NHS credit union. Healthy Working Lives deliver a range of events for staff on money worries, such as 'The Cost', a play about welfare reform which was rolled out across NHSGGC in 2014-15.

A pilot is taking place in Glasgow HSCP, North East Sector, with Lightburn Hospital and Eastbank Centre staff to further scope of money advice requirements for staff.

3.3.5 National influence

NHSGGC has had an influential role in Scotland on the impact and response of the NHS in relation to financial inclusion, sharing learning widely across Scotland and in other areas of the UK. NHSGGC have responded to a number of UK and Scottish consultations on welfare reform and child poverty and staff have worked closely with other NHS Boards to develop a National NHS outcome plan for welfare reform, and recent NHSGGC materials used for a PIP (Personal Independence Payment) uptake campaign will be used nationally. NHS staff are working with the Deep End GPs and other partners to support GP responses to financial inclusion.

The NHSGGC Healthier Wealthier Children (HWC) programme is viewed nationally as an exemplar for early intervention and prevention of child poverty. Pregnancy can be a trigger for financial difficulties and many welfare benefits available at this time are unclaimed. Health Scotland are leading a national programme to roll out HWC principles using "HWC Under 5s Income Maximisation Toolkit for Community Planning Partnerships". In addition, there is work underway to roll out the national learning from the Royal Hospital for Children (RHC) HWC intervention. NHSGGC Equality Impact Assessments also routinely explore the implications of organisational decisions, board policies and service delivery models on poverty. This is undertaken in line with legally protected characteristics and requires where appropriate mitigating actions to be undertaken.

3.3 Mitigate

NHSGGC has worked to mitigate the impact of welfare reform and find out how it is affecting patients.

A recent survey of NHSGGC staff (459 responses) found major impacts of welfare reform on their day to day practice. For example staff reported that:-

- 85% had seen an increase in fear / insecurity in their patients;
- 79% had seen reduced income;
- 77% had seen an increase in mental health problems;
- 74% had seen an increase in use of NHS services;
- 68% had seen an increase in difficulty finding work;
- 81% had seen an increase in debt;
- 62% had seen patients experiencing sanctions;
- 82% had seen an increase in food poverty; and
- 80% had seen an patients facing housing problems.

To mitigate the impact of these changes we have recently carried out a targeted public awareness campaigns on: Disability Living Allowance changing to the Personal Independence Payment (PIP); Housing benefit changes for people under 25 years of age; the under occupancy penalty (i.e. 'bedroom tax'); Universal Credit roll out and wider PIP eligibility.

NHSGGC is addressing issues raised by staff through more information on referrals routes, more information to give to patients, more training / awareness raising and more management support including the introduction of a partnership with Home Energy Scotland to address fuel poverty with patients and staff who have money worries.

4. Conclusion and recommendations

NHSGGC is making a real difference to patients and communities with wide ranging and effective action on financial inclusion. However, patients and staff are facing a range of negative financial impacts.

To maintain momentum and progress of NHSGGC's work on financial inclusion the Board is asked to support the following recommendations:

Further action to maintain progress within Acute and Hospital Services and HSCP's is recommended:

- Inclusion of leadership responsibilities for financial inclusion in HSCP strategic plans reflecting SOAs and partners aspirations to tackle poverty and health inequality.
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Areas for continuation are:

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