

Learning Point: Referrals and Partnership Working Between Advice and the Health Sector in Scotland

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About this learning point

This learning point is part of a series of publications by the Improving Outcomes in Money Advice project, a project funded by the Improvement Service and the Money Advice Service. Money advice, in the context of this paper, refers to free-to-client advice. Most local authority and third sector money advice providers interviewed as part of the Improving Outcomes in Money Advice project describe the service they provide as primarily debt advice with some elements of budgeting support, income maximisation, financial inclusion and financial education. The research phase of the project provided an overview of the current landscape of money advice across Scotland and identified a range of improvement areas. One of those areas was the need to improve partnership working and referrals between money advice and the health sector.

This learning point explores the links between income, debt and health and the benefits of a partnership approach between money advice services and the health sector. It highlights different examples of good practice and makes a number of recommendations for improving linkages between both sectors.

Literature review

Low income, debt and the impact on health

A report by the Joseph Rowntree Foundation reviewed 272 theories on how income affects health and found four distinct routes through which income has an impact on health: material (the more money you have the better quality goods you can buy), psychosocial (the stress of getting by on a low income), behavioural (for various reasons people on low income are more likely to adopt unhealthy habits like smoking and drinking) and reverse causation (poor health can also lead to low income).¹

A range of research has been carried out into the impact of debt or over-indebtedness on health. Most literature highlights a correlation and it is reported that persons with a debt problem often experience both physical and mental health issues as a result. These include stress, depression and anxiety and, in addition, pre-existing health conditions might become worse.² Other research finds evidence of a two-way causation between debt and health, pointing out that debt problems have a negative influence on health while, at the same time, physical or mental health issues might cause debt problems.³ It was also found that the likelihood of mental ill health increases with the number of debts people have and while both low income and debt are linked to mental ill health, the effect of income appears to be mediated to a large extent by debt (i.e. the more debts people had the more likely they were to have mental health issues regardless of income).⁴ Moreover, the extent of a health problem might vary depending on the severity of the debt problem and whether it is a short-term issue or a more long-term problem linked to low income. In addition, persons with long-term debt issues that are related to poverty might adapt to the psychological stress of over-indebtedness.⁵

A current study carried out by the Improvement Service into patterns of life outcomes across Scotland reveals a strong, positive correlation between levels of income deprivation and emergency hospital admission rates.⁶ Neighbourhoods experiencing high levels of income deprivation are more likely to also experience high emergency hospital admission rates. For example, in 2011 Scotland's 10% most income deprived neighbourhoods experienced 15,572 emergency hospital admissions per 100,000 people. This is over 50% higher than the Scottish average (10,232 per 100,000 population) and 2.4 times the rate for Scotland's 10% least income deprived neighbourhoods (6,483 per 100,000 population).⁷ Further analyses also suggest that across neighbourhoods in Scotland, the level of income deprivation has a higher influence on emergency hospital admission rates than age demographics.⁸ This emphasises the

1 <http://www.jrf.org.uk/sites/files/jrf/income-health-poverty-summary.pdf>

2 <http://webarchive.nationalarchives.gov.uk/20110216140603/http://lsrc.org.uk/publications/bmrb.pdf>

3 <http://eprints.whiterose.ac.uk/9978/1/SERP2008004.pdf>

4 <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=2178012>

5 John Gathergood, personal debt and psychological health

6 Spearman's rho: 0.69, $p < 0.05$

7 Source: Scottish Neighbourhood Statistics, www.sns.gov.uk

8 The percentage of population who are income deprived explains over 45% of variance for emergency hospital

connection between lack of income and health. Helping to break this pattern could, therefore, have a significant impact on health and wellbeing, especially for Scotland's most deprived neighbourhoods.

Health benefits of money advice

A current six-year study on the "long-term impact of debt advice on low income households" suggests that overall debt advice has a lasting positive impact on clients while acknowledging that individual clients can have very different needs and capabilities. The majority of clients still regard the advice they received as having been helpful three years later and the positive impact of advice includes aspects of improved financial capability skills and self-empowerment.⁹ However, the study also found that low income was preventing people from moving out of indebtedness and concluded that this problem cannot be resolved by advice provision. The study involved participants who had received advice from a range of non-profit providers but does not compare the impact by different providers. The Advice Services Alliance suggests that advice has positive impacts in different areas including health and well-being.¹⁰ In a business case made for the provision of welfare rights advice in GP surgeries it is argued that advice alleviates anxiety and stress related to welfare problems, and that the negative health impact of low income and debt leads to an increase in visits to GPs. In addition, the case is made that advice prevents further pressure on public services as well as reduces the use of NHS services such as mental health support.¹¹ A literature on financial inclusion for NHS Greater Glasgow and Clyde highlights the complexities of the links between poverty and poor physical and mental health. There is also a need for better understanding how improved financial situations are linked to improved health.¹²

Overall, the available research and literature on debt advice impact suggests there is a correlation with health and that debt advice can have a positive impact on both physical and mental health.

Welfare reform and the health sector

The Scottish Public Health Observatory (ScotPHO) reports that the current welfare reform changes may cause negative health impacts and that, paired with the economic recession, an increase in health inequalities could be the result. At the moment, health data is not linked to benefits uptake or economic activity and it will be difficult to determine the exact impact of the changes on health inequality and the health sector. Despite a lack of long-term data, the ScotPHO recognises threats to public health and recommends policy initiatives that maximise

admission rates (all ages) for data zones across the whole of Scotland ($R^2 = 0.459$, $F(1, 6499) = 5525.13$, $p = 0.00$). By including the percentage of population who are pensionable age into the model, a further 14% of variance is explained ($R^2 = 0.597$, $F(2, 6498) = 4810.43$, $p = 0.00$), both level of income deprivation (and the percentage of population who are pensionable age) significantly predict emergency hospital rates but the relationship with income deprivation is stronger.

9 <http://www2.warwick.ac.uk/fac/soc/ier/research/debt/>

10 http://www.asauk.org.uk/fileLibrary/pdf/case_for_advice2010.pdf

11 <http://www.lho.org.uk/Download/Public/17974/1/Welfare%20benefit%20advice%20through%20GP%20Surgeries%20Final%201%20MA.pdf>

12 <http://www.equalitiesinhealth.org/documents/HealthBenefitsofIFinalreport.pdf>

employment, income and reduce stigmatisation of people receiving benefits.¹³ A key finding from our report *Money Advice Services across Scotland's Local Authorities* shows that the majority of service providers and funders of money advice services are expecting a significant increase in demand as a result of the welfare reform changes. The Scottish Government has also produced a report on the role of the NHS in mitigating the impact of welfare reform on health. The report uses a logic model to identify activities that NHS Scotland should take to mitigate the impact including welfare rights advisors based in health care settings.¹⁴

In view of the correlation between money advice and health, and the increased demand that is anticipated for both advice services and health services, there is a significant need to improve the referral process between money advice providers and health services at both local and national level. Since clients of money advice services often present with a range of issues this requires a more joined-up response by partner agencies. In addition, there is a recognised need to improve access and reach of money advice provision to target unmet need, especially the most vulnerable groups. Likewise, linked to the desire to shift resources towards a preventative and early intervention basis, there are clear opportunities for more effective partnership working between the sectors.

13 <http://www.scotpho.org.uk/publications/reports-and-papers/1109-making-a-bad-situation-worse>

14 <http://www.scotland.gov.uk/Resource/0044/00448578.pdf>

Partnership working between the advice and the health sector

Across Scotland there are many good practice examples of partnership working between the advice and the health sector. The range of activity is also increasing as a response to welfare reform changes and the higher demand for debt advice. Partnership working includes advice workers based in GP surgeries, outreach in other health care, hospital settings and projects that target specific client groups, e.g. Macmillan-funded advice workers for people with cancer and long-term conditions and the Healthier Wealthier Children model, which is specifically targeted at pregnant women and families with young children on a lower income.

Advice workers based in GP surgeries – across different local authorities

In 2013, the London Health Inequalities Network and NHS published *Welfare Benefits Advice through General Practices: A Business Case*. The paper highlights a range of benefits for patients, GPs and wider public services when a welfare rights adviser is based within a GP surgery. The business case also includes key requirements for the delivery of advice in a health setting including an independent provision of welfare rights advice, a confidential office space for the adviser, clear referral pathways and a data sharing protocol between the GP and the adviser. In Scotland, a number of health boards working with the third sector have adopted this model in GP surgeries including NHS Lothian, NHS Lanarkshire and NHS Shetland.

For example, in Edinburgh, welfare rights advice is now delivered in 14 GP surgeries with a focus on areas of deprivation in order to target those most vulnerable to poor health. These are funded by NHS Lothian and the City of Edinburgh Council with Service Level Agreements put in place with Citizens Advice Edinburgh, Granton Information Centre Community Health and Advice to provide the outreach in the surgeries. The advisers working in the GP practices receive both internal referrals as well as referrals from NHS staff aligned to the practices such as midwives and health visitors. Advisers work in partnership with the practice staff and attend staff meetings and provide training to health staff around welfare benefits issues. The advisers are also included in the practice booking systems and have access to medical records with client consent.

In West Lothian, the Citizen's Advice Bureau (CAB), funded by NHS Lothian, initially started to deliver advice in one GP surgery. Then following a successful bid to the Big Lottery fund in 2013, the CAB now delivers specialist money advice and welfare benefits advice in different outreach locations, including GP surgeries, based in the most deprived communities. The project aims at providing a more holistic service and make referrals to a range of other agencies. GP surgeries participating are now involved in managing appointments and promoting the outreach. The CAB reports a positive working relationship with the GPs participating in the project and that they are starting to see the benefits, particularly since demand for advice from patients has increased due to the welfare reform changes.

Key benefits

- Patients: reaching unmet need; confidence and trust in GPs; health professionals more likely to address welfare rights issues if they know they have an in-house service; adviser can refer to GP if the service is required; advice alleviates stress and anxiety; limiting the negative impact debt can have on health; less stigmatisation.
- GPs: health professionals are more aware of the link between health and advice; saves GPs resources by reducing the amount of time spent dealing with welfare issues; reduced cost related to prescriptions and reduced number of patient visits; holistic approach to health.
- Local authorities and NHS: prevents further expenditure on public services, e.g. housing; could reduce the use of NHS and wider mental health services.

Key challenges

- Engaging GPs and establishing positive working relationships with the advice providers; need for buy-in and finding a champion within the practice that will support the project.
- Short-term funding can make it difficult to retain experienced advisers for the outreach; adviser needs experience to manage working in isolation.
- Managing the practicalities of the outreach project, including adequate office space for the adviser within the GP surgery and implementing a referral and data sharing protocol; including the adviser onto appointment booking system.

Healthier Wealthier Children model – across various local authorities

The Healthier Wealthier Children (HWC) model is a partnership approach across the area of NHS Greater Glasgow and Clyde. The project involved a range of partners from local authorities, health sector and voluntary organisations. The project is aimed at addressing child poverty and it linked different health workers with money advice services to target pregnant women and families at risk of or experiencing child poverty. It was initially funded for two years by the Scottish Government but continued for another year to further embed the work across the sector and into policy approaches. Income maximisation workers and development officers were employed to build links between health and financial inclusion services and to improve referral pathways.¹⁵ Currently, the model is still being used across a number of local authorities, albeit with slightly different approaches depending upon local services and resources available.

In Renfrewshire, the HWC model is funded by Renfrewshire Community Health Partnership. Due to the initial success of the model, HWC Renfrewshire is receiving further funding for three years until March 2016. The HWC income adviser is based within Renfrewshire Council's Advice Works team and provides in-depth welfare benefits advice to clients referred into the project, including income maximisation and debt advice. The project targets specific staff in order to improve referral routes between health, early years and financial inclusion services. These include midwives, health visitors, parenting support workers and early years education service providers. HWC Renfrewshire expects an increase in demand for the service due to welfare reform changes

¹⁵ <http://www.nhsggc.org.uk/content/default.asp?page=s1858>

and is monitoring the source of referrals and seeking to assess any emerging patterns. Overall, feedback from clients to the project suggests that the advice received had a positive impact both on the client's health and financial situation.¹⁶

Key benefits

- Improved access and visibility of money advice and welfare rights services; partnership working between health and advice and established referral pathways.
- Targeting potential unmet need, clients undergoing a life-changing event that would have otherwise not have accessed financial inclusion services; increased referrals and offering a more holistic approach to pregnant women and young families on a low incomes.
- Benefits for clients include both financial gain and non-financial gain such as improved health and wellbeing.
- Awareness raising on child poverty issues among both health services and money and welfare rights advice services.
- Financial gain and referrals made:
 - Phase one of the project (October 2010 – January 2012) recorded over 2,500 referrals made to advice services and an overall annual financial gain of £2.25 million for clients across the NHSGGC area (after receiving a grant of £1,058,375 from the Scottish Government's Achieving our Potential programme).
 - Phase two (April 2012 – March 2013) recorded similar numbers of referrals and financial gain while the funding for the second phase was reduced to £362,500 (which included £200,000 from the Scottish Government, from April 2012 to March 2013, with the remainder from local areas across NHSGGC).¹⁷

Key challenges

- Ensuring 'buy in' from health workers; they often have to respond to large caseloads and different needs already.
- Information sharing and data protection between NHS and advice services.
- Different views around eligibility criteria for referrals, especially around the upper threshold of the level of household income (taking a more targeted approach vs. a more universal approach).

Other approaches

Inverclyde Community Health and Care Partnership (CHCP): The CHCP was formed in 2010 between Inverclyde Council and NHS Greater Glasgow and Clyde with the aim to bring community-based health and social care services closer together and improve partnership working and access to services. A range of services are now managed by the CHCP and the partnership also works closely with a range of community services. Included in the services are

¹⁶ <http://library.nhsoggc.org.uk/mediaAssets/CHP%20Renfrewshire/annual%20report%2012-13%20LAST%20DRAFT.pdf>

¹⁷ http://www.gcph.co.uk/assets/0000/4151/HWC_Phase_2_evaluation_report_FINAL_Dec2013.pdf

the council's debt advice and welfare benefits advice teams, directly linking them with local health services.¹⁸ A Financial Inclusion Partnership has also been established which is managed by the service manager for Health Improvement, Inequalities and Personalisation.

Macmillan Cancer Support Benefits Service: Macmillan currently funds welfare benefits advisers across most local authorities targeting clients with cancer and long-term conditions. Targeting the support ensures that people affected by cancer have easy access to income maximisation and benefits advice that is tailored to their specific needs. The benefits advice is delivered by local partners and is mainly providing face-to-face appointments. Macmillan is aiming at long-term sustainability of the projects and seeking buy-in from councils. It was found that the services generate not only financial gains for clients; however evidencing health outcomes is less straightforward.¹⁹

Glasgow Financial Inclusion Contract: NHS Greater Glasgow and Clyde (NHSGGC) are partners in Glasgow City Council's financial inclusion strategy and contribute funding to the city's financial inclusion contract (the third partner in this contract is Glasgow Housing Association). NHSGGC understand that there is a need to work in partnership with financial inclusion services and that the links between health and advice workers on the ground should be strengthened. The advice services funded sit under the umbrella of the Glasgow Advice and Information Network (GAIN).²⁰

NHS Fife and FORT: Across Fife, different council teams and third sector organisations offering advice on a range of issues are signed up to the Fife Online Referral Tracking system (FORT). This system allows advisers across different organisations to refer clients making sure a record of the referral is kept and this is followed up. In order to strengthen referrals between advice agencies and health staff, NHS Fife is in the process of giving their staff access to the referral system. (For further information on the FORT system, please refer to the *Learning Point: Online Referral Tracking Systems*).

NHS Lanarkshire (NHSL): Both North and South Lanarkshire Councils work in partnership with the NHS. The NHSL Welfare Reform Working group identifies key actions to mitigate against adverse impacts arising from welfare reform in line with both councils' overarching welfare reform corporate action plans, tackling poverty and financial inclusion strategies. NHS Lanarkshire, in conjunction with local authority partners and the voluntary sector, worked together to implement a range of measures that seek to manage the impact of the changes on services and to ensure that they are better able to respond effectively to the growing demand for information and support. They worked with partners to put together a range of information, training and support packages for staff, which includes a brief guide for GPs and health care professionals. This guide provides an overview of some of the key welfare benefit changes and outlines the contractual requirements and input required from GPs and other health care professionals providing support to patients.

18 http://www.chps.org.uk/content/default.asp?page=s459_40

19 http://www.lag.org.uk/media/147535/lcr_annex13.pdf

20 <https://www.glasgow.gov.uk/index.aspx?articleid=9486>

Key learning points

- There is a correlation between income and health and debt and health.
- A stronger evidence-base is needed on the impact of money advice on health; the quality of advice and approach to dealing with the client's problem in a 'holistic' way also need to be considered in this context.
- Advice services and health services have an interconnected relationship with each other; there is overlap in the client base and clients of a health service might benefit from a referral to advice and vice versa.
- Referral to money advice services is much more effective than signposting or handing out leaflets.

Much of the evidence from the MAO research suggests:

- Partnership working between health and the advice sector happens in different formats and through a range of projects.
- Findings do not indicate a 'one size fits all' approach and a range of different ways to work in partnership and make referrals will ensure that current unmet need can be reached and access to 'holistic' services is improved.
- Many approaches are targeting people who are impacted by major life events such as pregnancy, unemployment and illness.

Key recommendations

- Establishing links and referral pathways between health staff and advice services is key in moving towards prevention and early intervention; health staff have the opportunity to identify advice needs early on and make timely referrals to advice and income maximisation; **both advice services and health services as well as funders of public advice need to recognise the importance of building strong partnership links and referral pathways.**
- There is a need to move away from short-term funded projects towards developing more sustainable approaches; advice and health services are all delivered via public resources and NHS and councils sign off joint commitments to improving outcomes via the Single Outcome Agreements; a **client centred, sustainable approach requires better planning and delivery of services and recognition of the interrelationships.**
- **Information sharing** is a key factor in developing successful referrals; there is a need to gain buy-in from health staff and improve information sharing about available advice services in the local areas; **data protection** issues between NHS and advice services also need to be addressed.

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