



## CASE STUDY

# A partnership approach to co-commissioning financial inclusion services in Glasgow City



Following evidence from health organisations and Glasgow City Council of the relationship between poor health and poverty, a strategic partnership was formed between the council, NHS Greater Glasgow and Clyde (now Glasgow City Health and Social Care Partnership) and Wheatley Housing Group, which comprises Glasgow Housing Association, Loretto Housing and Cube).



The formal partnership was developed to build on previous informal joint working with the aim of addressing the many factors that contribute to financial exclusion.

### The Challenge



Health organisations carried out a series of interviews with families which revealed that financial issues were affecting people's health; the interviewees found dealing with financial problems mentally draining and isolating if they were receiving no support.

This provided information to the NHS about where and when the NHS should be trying to provide services.



Following this, Glasgow City Council surveyed its own staff to find out their attitudes to employability and financial inclusion. The results of this survey showed that 95% of the staff felt that there was a clear relationship between health and poverty. 49% said it should be part of the health worker's role to ask questions on financial matters.

It became clear that vulnerable groups could benefit from having access to money advice in tandem with healthcare. This would require partnership between a number of organisations which raised some challenges:

- How to co-locate advice staff in health settings such as GP surgeries
- How to build relationships at both strategic and local levels
- Helping staff understand the referral process and the challenges for some staff in being able to make that referral. Staff had to spend some time testing the referral pathways and learning how to improve them

Carolyn Armstrong, from the Financial Inclusion Team at Glasgow



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City Council had previous experience of working in health. She says, “This experience was really useful for me in my new role at the time in helping staff members understand the language used across the respective areas bringing health, money and housing together”. Good relationships were formed and a more cohesive arrangement for all three strategic partners working together.

### Intended Outcomes

To encourage service delivery which lifts vulnerable groups out of financial exclusion and avoids the ‘revolving door’ experience.

To support financial inclusion activities within the other city strategies and initiatives including the Poverty Leadership Panel action plan, Payday Lending Sounding Board action plan, Housing Options Strategy and One Glasgow.

To contribute to tackling health inequalities and the attainment gap.

### Action/Approach Taken

Glasgow Housing Association (GHA) and NHS were invited to work with Glasgow City Council (GCC) to jointly procure money advice services across city. Initially (2009-2012), the contract covered only the council but GHA and NHS joined in 2012.

The strategic partnership between Glasgow City Council NHS Greater Clyde (NHSGGC) (now Glasgow City HSCP) and Wheatley Housing Group (Glasgow Housing Association, Loretto Housing, Cube) was formalised in the joint commissioning of the Financial Inclusion Contract in 2012-2015. Partners committed £10.55m in the first three years. The funding was refreshed for 2015-18 with a total value of £11.75m

Partners started to look at how they could open advice facilities in GP surgeries, and the Financial Inclusion Team looked at how they could provide advice and get the best value for money while meeting the [Scottish National Standards for Information and Advice Providers](#).

The Financial Inclusion Contract 2012-15 was managed by GCC on behalf of the partnership; this included contract compliance, financial reporting and performance management. This ensures that there is no extra burden on partners’ capacity, financial and administration teams.

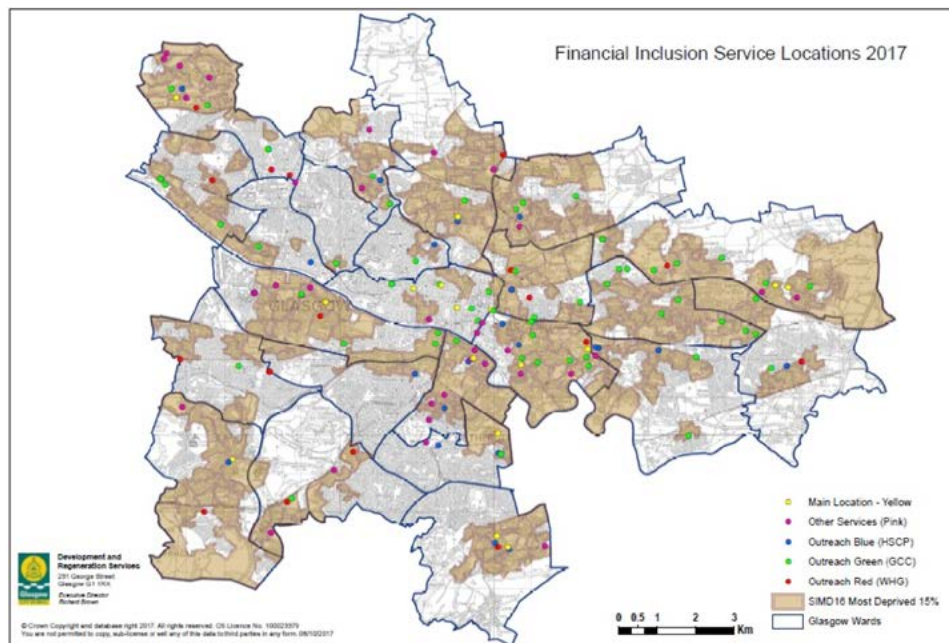
GCC also provides the strategic co-ordination and support for other funding bids.

Having changed to direct grant funding, the council’s Financial Inclusion Team and Integrated Grants Team have joint responsibility

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for payments and for financial business and performance monitoring.

An outcome-focused reporting structure was established and feeds in to senior management. This has helped raise the profile of the services involved and highlight the added value of the partnership working.

The monitoring officer uses a standard reporting tool which is sent to all agencies to complete. GCC then verifies and checks the accuracy of the information, and pulls it all into one main report. GCC provides quarterly report which are fed into the strategic reporting structures. All partners have commissioning built into their strategic plans and reporting has become part of the infrastructure.

Partners can request data and reports from GCC for their own purposes at any time and GCC will assist with extracting that data and reporting information.

The Financial Inclusion Contract had specialist health projects in partnership with NHSGGC, Yorkhill Children’s Hospital Project, Hunter St Homelessness Health Centre, Brownlee Unit, Healthier Wealthier Children and Keep Well. These project strands have been maintained or continued with alternative funding in place.

## Obstacles and Issues

It was important to break down cultural barriers and help staff adapt to the new working arrangements and settings.

Support was needed to help partners understand what type of monitoring information was required and for what purpose across the partnership. Lots of knowledge sharing took place to help



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partners get used to the language used.

Advice services were used to working under the one umbrella of the financial inclusion partnership. The change meant influencing the strategic partnership and NHS and GHA partners, which was a challenge.

Staff still had the same levels of expectations despite a big change in the commissioning process for staff co-located in various settings.

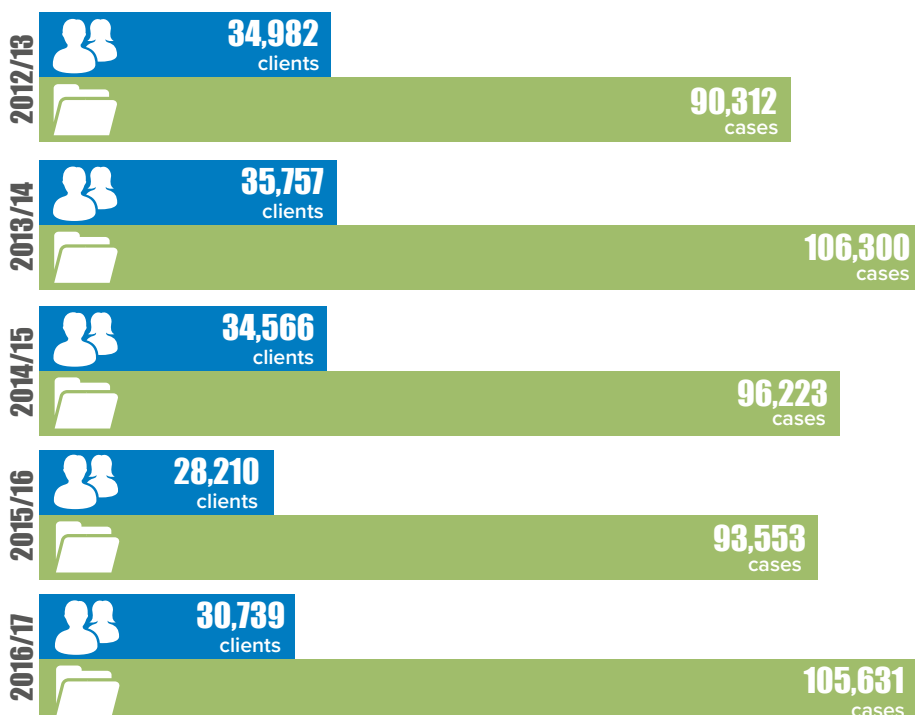
Initially some problems were experienced with under-reporting of outcomes from agencies. This was soon addressed by investing time with staff to highlight the benefits of recording information and explaining how data can be used to achieve wider benefits.

When demand was identified as being low in a specific outreach location, it was picked up in the monitoring process and then action taken to move the location to help improve access.

### Results

The commissioning approach has strengthened over the years and has led to more positive outcomes around how to develop more services and improve service delivery, ensuring good value for money.

Between 2015-17, 67,045 clients have received support from an advice agency in the partnership. As clients can require assistance with more than one issue, each activity is counted as a separate case. During this period, clients received assistance with 209,710 different issues.





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There have been occasions when GCC has not been able to fund and support a project proposal, for instance, when a need has been identified but it is not a priority for GCC. In cases like this, other strategic partners have been able to look at what resource is available within their own funding stream and how it could be used across the partnership to fill a gap. An example of this would be funding that was pooled together from other strategic partners to support co-location of advice workers connected to the [‘Deep End’ programme in general practices](#).

Staff knowledge and skills have developed across all partner agencies in financial inclusion matters, health and housing.

Longer term funding models provide more sustainability for staff and the organisation. In this situation, staff who were generalist workers have been supported to provide specialist advice and support. This has resulted in lower turnover of staff.

Partners have developed more outcomes specific to their own needs. Outcomes have been adapted to meet the needs of three partners, e.g. GHA has outcomes specific to communities, NHS has specific outcomes for early years and GCC financial inclusion providers have some specific outcomes relating to homelessness.

Heath continues to have regular workshops with its commissioned services although it no longer needs the technical input as in the beginning of the new model and partnership.

Duplication in reporting has been avoided.

There now is a system for evaluation.

Administration and management costs are built into the funding.

There is now better value for money.

An easy route for referral has now been established.

### Lessons Learned

There were challenges in understanding the cultures of each organisation. Partners need to factor in time to build relations.

It's important to not forget that although relations are being strengthened and formed at a strategic level, it may be helpful to have closer connections with key people delivering at the front line – this makes it easier to get buy in from staff.

Relationship building is key with staff involved at every level throughout; everyone should do that journey at the same time. Consider having early engagement events, more dialogue and face-to-face communication. This can help resolve situations more

*“We will measure the impact of the work of our partner organisations by measuring outputs and outcomes for clients engaged with advice services.”*



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quickly than having to go through the middle person when not necessary.

This strategic partnership is now mainstreamed and the next step will be reviewing how funding can be maintained as all three partners budgets are stretched.

Gerry Quinn, GCC says, “We will measure the impact of the work of our partner organisations by measuring outputs and outcomes for clients engaged with advice services”.

### Additional Information

[Financial Inclusion Strategy 2015-2018](#) (due for review and consultation)

Video: [Fiona Moss, Health Improvement Lead Glasgow, talks about her role as chair of the Financial Inclusion Group NHS Greater Glasgow and Clyde](#)

Slides: [Financial Inclusion in Healthcare Settings](#)

Video: [Financial Inclusion in Healthcare Settings](#)

NHS Health Scotland - [Financial Inclusion Referral Pathway Toolkit](#)

[Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records](#)

[Glasgow Advice and Information Network](#)



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(to discuss the [Framework for Public Funding of Advice](#))