

Welfare Advice and Health Partnerships

Bulletin: October 2019



“Before this service was introduced, 50% of my workload was taken up by the socioeconomic problems of patients.” (GP, Edinburgh)

Over the last 20 years there has been a gradual shift in the way advice agencies have been delivering their services. The development of Welfare Advice and Health Partnerships (WAHPs) has seen the embedding of welfare rights and money advisers into primary health care teams, particularly general practice. The results are impressive; with health care professionals, advice services, funders and patients reporting significant benefits as a result of this innovative way of working:

- ✓ A **reduction** in GP consultations by people accessing WAHPs.¹
- ✓ A **reduction** in the number of prescriptions issued for both antidepressants and hypnotics/anxiolytics.²
- ✓ **85%** of patients accessing WAHPs had never previously attended a local advice service.
- ✓ **68%** had a mental health condition, **58%** had a long term health condition.
- ✓ In 2019, it was reported that nine Deep End **GP practices, with WAHP, made 654 referrals compared to only 71 referrals made by 35 GP practices** to a locality-based advice service over the same 12 month period.
- ✓ **For every £1 there is a forecast social return of £39** of health, social and economic benefits.³
- ✓ **For every £1 invested £25 of financial gain** is generated for individuals accessing the service.⁴
- ✓ Individuals accessing WAHPs reported: **improved housing conditions, improved relationships, increased/improved sleep, gained employment or volunteering opportunities, safety from domestic violence, increased confidence, reduced stress, and improved mental health and well-being.**

WAHP is the term used to refer to the integration of local authority or third sector welfare rights and money advice services in NHS services. A supportive policy context of reducing child poverty, health & social care integration, maximising income, welfare reform mitigation and tackling health inequalities means that there are several initiatives and funding streams that can foster these local partnerships.

Originally developed in Edinburgh through funding from NHS Lothian, WAHPs have now been developed in various parts of Scotland with embedded advisers now working in 10% of Scottish GP surgeries; Glasgow, Dundee, Aberdeenshire and Inverclyde just some of the areas delivering this service.

Why WAHPs are Needed

Increasingly the austerity and welfare reform agendas have meant that Health Care Professionals (HCPs) are focusing more of their time dealing with their patient's social and economic problems before clinical issues can be addressed.⁵ But as HCPs don't have the training, skills or time to adequately deal with these non-clinical problems,⁶ the embedded advisers take these on - working with HCPs to provide a holistic service to patients.

To address these socio-economic issues the embedded advisers provide advice and assistance on a range of social welfare and financial problems, such as:

- Supporting people to navigate the social-welfare system, including access to health-related benefits and appealing benefit decisions.
- Supporting people to manage their debts and advocating on their behalf with creditors.
- Advocating on people's behalf for suitable housing.

“It is contributing to reduced time spent by GPs on paperwork relating to benefits, (it) lets us get on with the job we are trained to do.” (GP, Glasgow)

“Patients don't talk to me about their money problems anymore. If they mention any issues, I can refer them to the money advisor for an appointment. This gives me more time to address their medical problems.” (GP, Edinburgh)

How WAHPs Operate

“I can speak to patients about their circumstances, then speak to GPs directly and then access medical records if I need to. It means I can better complete forms/applications. I can write what needs to be written” (Adviser, Glasgow)

The WAHP model has some key elements which has made them so successful. The embedded advisers are employed by third sector or local authority advice services who are accredited under the Scottish National Standards for Information and Advice Providers registered with, and regulated by, the Financial Conduct Authority and covered by professional indemnity insurance. Being fully integrated within general practice allows the advisers to see patients in settings which are familiar, accessible, non-stigmatising and trusted, and where their specific health and social care needs are understood. Advisers are available to the whole practice population no matter their health condition, age, gender or ethnicity.

consent.⁷ This allows the triangulation of three sources of information regarding the individual patient's circumstances (the patient's input at their appointment with the adviser, the patient's medical records and the GP's opinion). The approach allows advisers to better represent the patient as they have a holistic understanding of the patient's situation.

Participation in practice meetings further integrates advisers within the practice team, and as the service operates in the same way as any other service working in general practice it creates no additional work. It also allows for all members of the practice team understand the benefits of the service and can directly refer to it.

A key element of the model is that advisers have access to medical records, with appropriate

“I don’t have to spend time looking for information on welfare rights and money advice and can just refer patients to the advisors.” (Community Psychiatric Nurse, Edinburgh)

Benefits to Patients

And with patients more likely to use advice services when referred by a health professional they trust, the embedded advisers see people who would not normally access their traditional services.

A recent study by the Glasgow Centre for Population Health⁸ found that two thirds of people accessing WAHPs through Deep End GP practices in Glasgow had had no contact with advice services in the past year. As a result of the advice and assistance received by the embedded advisers there was an average gain of **£8,253** per person, and considering **65%** of the individuals using the service had a household income of less than £10,000, it means that WAHPs are reaching the people who need them most.

“I was very paranoid when I first accessed the service, and I was worried about sharing my personal information. But, because I trusted my doctor, I trusted the advisor.” (Patient, Edinburgh)

Current Developments

Through the Welfare Advice Service Facilitator (WASF) initiative the Improvement Service (IS) is currently working in partnership with the Scottish Public Health Network and NHS Health Scotland to support the further roll-out of WAHPs.

The WASF initiative offers advice and support to advice agencies, Health and Social Care Partnerships, and health services interested in developing WAHPs. The WASF is central to the development of WAHPs by bringing together services who have not traditionally worked together. In short, the WASF:

- ✓ Ensures all parties understand the purpose and remit of WAHPs;
- ✓ Provides advice, support and assistance to local authorities, general practice, health boards and their partners at a local level;
- ✓ Uses evidence-based models and practical experience of developing advice services in primary care to facilitate partnership working between partners who have not traditionally worked together;
- ✓ Ensures that all necessary working protocols are in place so that partnerships are compliant with current regulations.

The WASF’s input enables partnerships to be developed quickly and ensures that all necessary systems are put in place allowing WAHPs to be fully operational from the outset.

Currently working with advice and health services in 8 local authority areas the initiative is supporting the establishment of sustainable WAHPs in:

- Aberdeenshire
- Edinburgh
- Dundee
- Glasgow
- Renfrew
- Stirling
- West Dunbartonshire
- Inverclyde

As a result of the WASF initiative initial evaluation results indicate that 5040 individuals will be able to access welfare and money advice through Welfare Advice and Health Partnerships, of these it is estimated that 3024 will have not previously accessed advice services. **Based on**

an anticipated average financial gain for each individual of £1750.00 this represents a total financial gain of £8,820,000 or a return on investment of £46.00 for every £1 invested.

To support the establishment of WAHPS, the WASF has also developed a range of promotional and operational materials. These are aimed at

practitioners and commissioners and highlight the benefits of WAHPS as well as providing an operational framework to facilitate the embedding of advice services into primary care pathways. All the resources are available on the WASF website:

<http://www.improvementservice.org.uk/welfare-advice-and-health-partnerships.html>

For more information contact:

Roddy Samson

Welfare Advice Service Facilitator

Improvement Service

email: roddy.samson@improvementservice.org.uk

Kate Burton

Public Health Practitioner

NHS ScotPHN

email: kate.burton@nhslothian.scot.nhs.uk

Notes

1. Evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach Service (2010)
2. Ibid
3. *Integrating money advice workers into primary care settings: an evaluation*. Glasgow Centre for Population Health (2019)
4. *Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices*. The Improvement Service (2017)
5. GPs' workload climbs as government austerity agenda bites. *British Medical Journal* (2014).
6. GPs increasingly have to tackle patients' debt and housing problems. *British Medical Journal* (2014).
7. *Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices*. The Improvement Service (2017)
8. *Integrating money advice workers into primary care settings: an evaluation*. Glasgow Centre for Population Health (2019)