

Addressing poverty: what can the NHS do?

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THE SPIRIT LEVEL

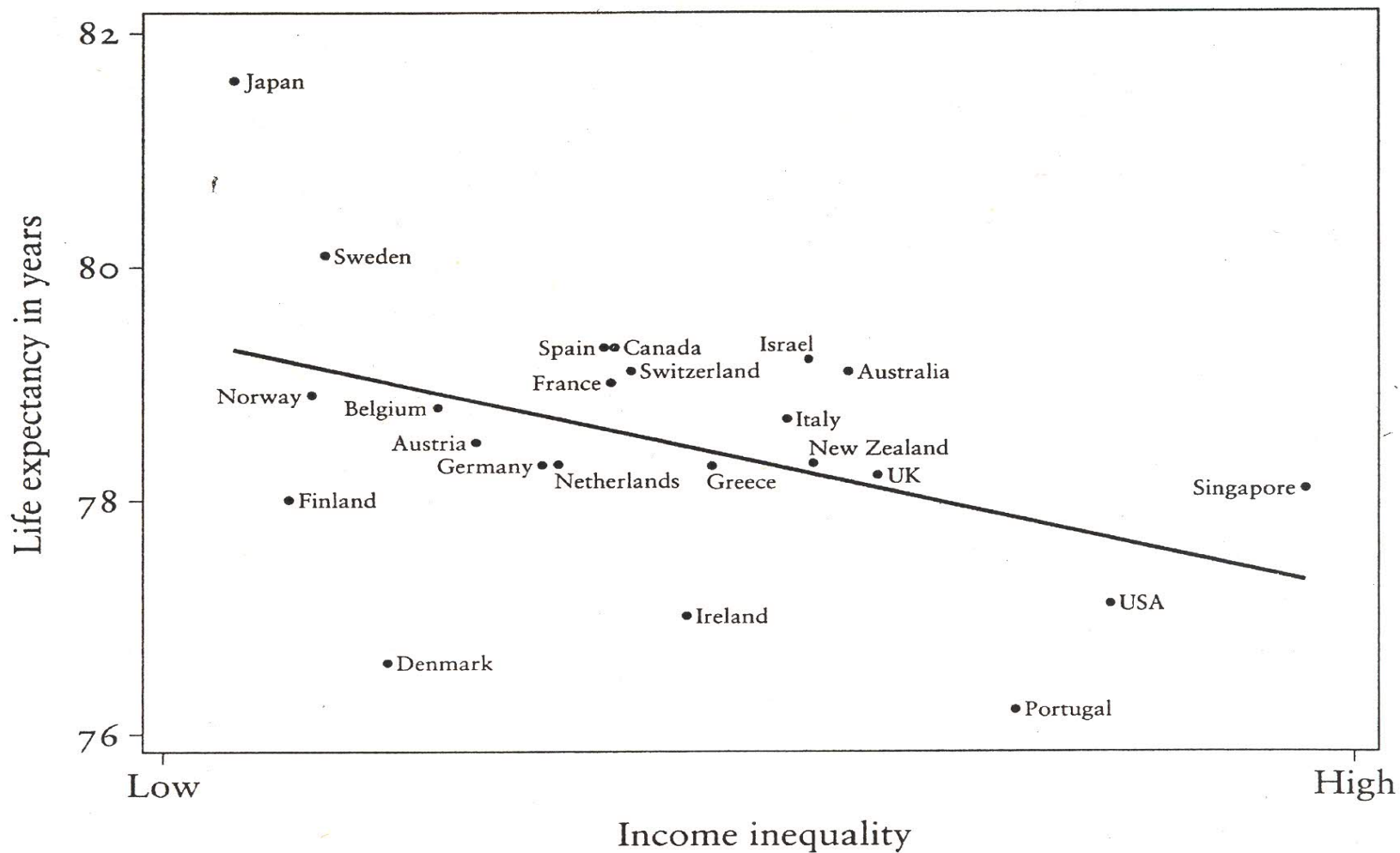


Figure 6.3 *Life expectancy is related to inequality in rich countries.*

Drivers of inequalities across the life course

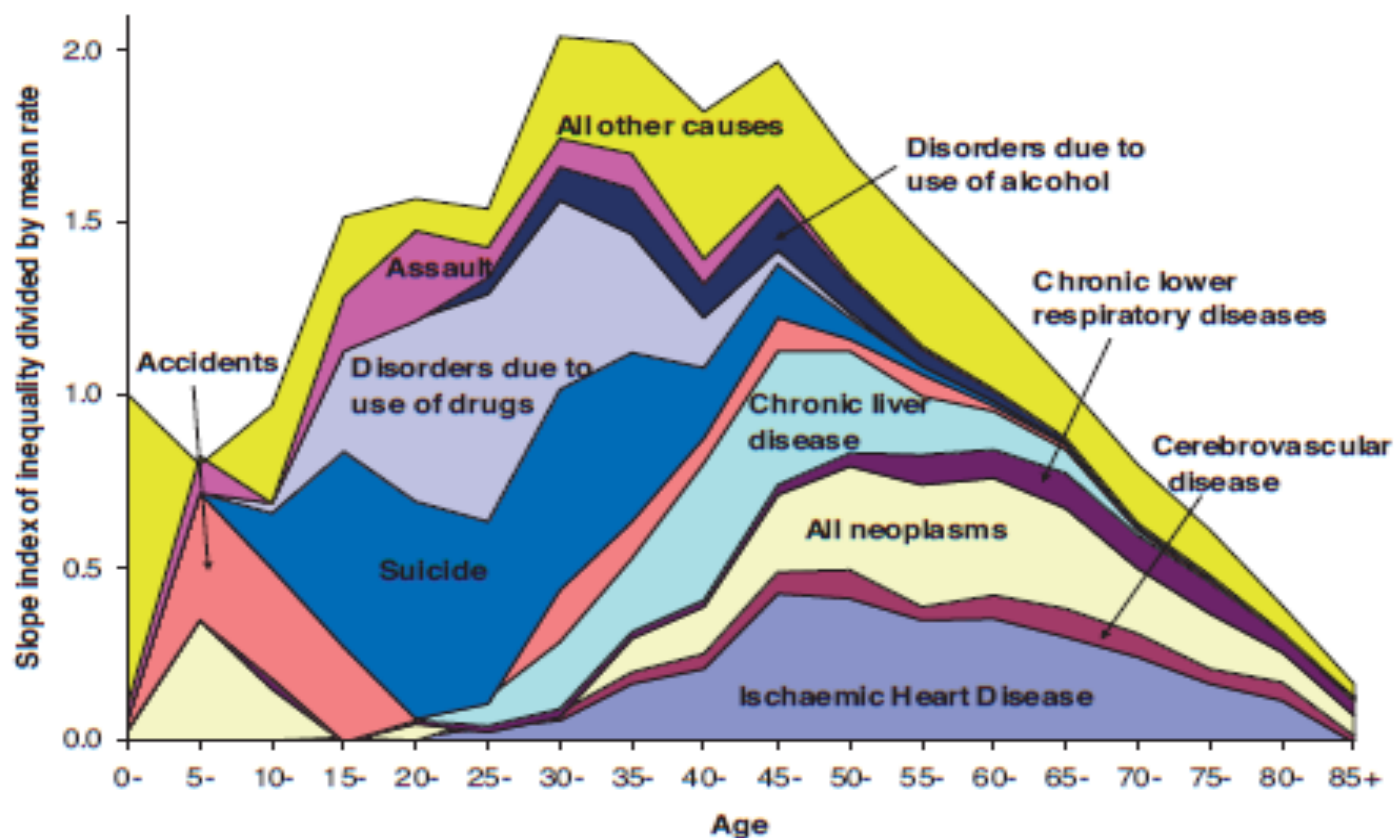


Figure 4.4 Age specific contribution to inequalities of specific causes of death across SIMD income quintiles. Men, Scotland 2000-02.

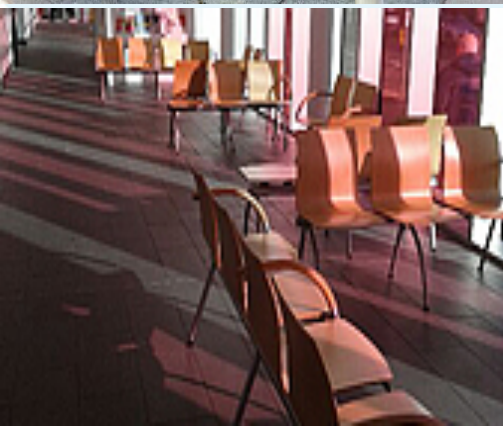
Poverty – what can the NHS do?

- **Adaptation-** through equally accessible services in partnership with other services
- **Mitigation-** through referral to financial inclusion, employability or gender based violence support
- **Reduction-** through benefits in kind, in its role as an employer, its economic presence in local economies and as a commissioner.
- **Prevention-** individual (e.g. vocational rehabilitation) or life –course (e.g. early intervention)



Adaptation

- First universal service in contact with families
- In contact with all children with a disability
- In regular contact with most adults who have a disability, long term condition or illness (48% of those with a disability live in poverty, disabled people spend £550 per month more because of their disability)
- In contact with many vulnerable adults and children



Staff Attitudes Survey: Employability and Financial Inclusion NHS Greater Glasgow and Clyde and Glasgow City Council Social Work (2013)

1,346 complete responses to the survey. A quarter of respondents worked for Glasgow City Council Social Work Services, and almost three quarters worked for NHS Greater Glasgow and Clyde (31% hospital based). 82% worked directly with patients, service users.

- Poverty is a factor in poorer health outcomes for individuals – 5% disagreed
- It is, or should be, part of my role to discuss financial inclusion with my clients 49% of NHS responders
- It is, or should be, part of my role to help my clients access financial inclusion services 57% of NHS responders

“Money gives people choices - lack of money restricts choice, makes people feel helpless (and hopeless) and this affects all aspects of health.”
(Survey respondent, NHS)

Table 3.5: Practitioner confidence around financial inclusion and employability						
Confidence and understanding	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I feel confident if a client wishes to talk to me about employability	12%	30%	21%	23%	6%	8%
I feel confident if a client wishes to talk to me about income maximisation or money management	10%	29%	19%	26%	10%	6%
I understand the recent changes to the welfare system and what they mean for my clients	7%	28%	19%	29%	13%	4%

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MITIGATION: NHS role in enabling access to financial advice services

- Directly; through clear patient referral pathways
- Indirectly : through wider direct access within communities

Financial Inclusion and Housing Advice Services

- Glasgow City Council : Financial Inclusion Strategy since 2007
- 2012 to 2015 jointly contracted financial advice sector for the city GCC/ NHS/ GHA
- Need – 283,000 in Glasgow live in the 20% of the most deprived areas in Scotland, Unemployment - 30% , Incapacity Benefit – In 2013, 12.1% , Fuel poverty - 24%, 15% have no access to bank account



Tomorrow's Glasgow

shaping the future

What has the current FI contract delivered 2012 to 2014

- Supported 70,739 people
- Delivered £125.3 million of financial gains for clients.
- More than 3000 prevented from homelessness
- 584 people prevented from homelessness at Sherriff Court
- Financial Education in schools
- 10 Apprenticeships in sector - Money Debt Advice

Return of £14.89 for every £1 invested, and £1,185 gain per patient



www.glasgow.gov.uk



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Moving forward

- Part of Community Planning, grants to 16 financial advice organisation's
- For Glasgow Health and Social Care Partnership £380k core funding a year
- health centre's, hospitals and clinic's



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Reduction

Employer and procurer

- **Staff wellbeing and poverty**
- **How we contract and provide services**
- **Commissioning plans and procurement**
- **How we employ people e.g. zero hour contracts, living wage etc**
- **How we offer employment opportunities and work placements e.g. modern apprenticeships**

Learning and employability partnership work

Prevention

Applying the Marmot Policy Tests:
Give every child the best start in life

Does money affect children's outcomes?

JRF

- The 2014 JRF review identified 34 studies with strong evidence about whether money affects children's outcomes.
- While a parent's level of education, attitude towards bringing up children and other parental factors also have a bearing, research shows that having more money directly improves the development and level of achievement of children.
- Money in early childhood makes most difference to cognitive outcomes, while in later childhood and adolescence it makes more difference to social and behavioural outcomes.

By age 5, there is gap of 10 months in problem-solving development, 13 months in vocabulary.

(Closing the attainment gap in Scottish Education www.jrf.org.uk)



End Child Poverty Maps

Percentage of Children Living in Poverty 2013

Local Authority	% of child poverty after housing costs	Local Authority	% of child poverty after housing costs
Aberdeen City	18%	Highland	19%
Aberdeenshire	14%	Inverclyde	26%
Angus	20%	Midlothian	21%
Argyll and Bute	19%	Moray	18%
Clackmannanshire	26%	North Ayrshire	27%
Dumfries and Galloway	23%	North Lanarkshire	25%
Dundee City	28%	Orkney	14%
East Ayrshire	26%	Perth and Kinross	17%
East Dunbartonshire	13%	Renfrewshire	21%
East Lothian	19%	Scottish Borders	18%
East Renfrewshire	15%	Shetland Islands	10%
Edinburgh	21%	South Ayrshire	24%
Eilean Siar	19%	South Lanarkshire	20%
Falkirk	21%	Stirling	17%
Fife	24%	West Dunbartonshire	25%
Glasgow	33%	West Lothian	21%



Healthier Wealthier Children (HWC) GGC NHS wide

- Midwives and health visitors referral pathway for families for financial advice, recognising that children fundamentally affect family finances. In three years £8.5 million financial gain and nearly 9000 referrals, over 70% of those using the service are in the poorest income category

HWC Yorkhill Hospital Service

Qualitative evaluation (November 2014). 15 families interviewed

Key messages

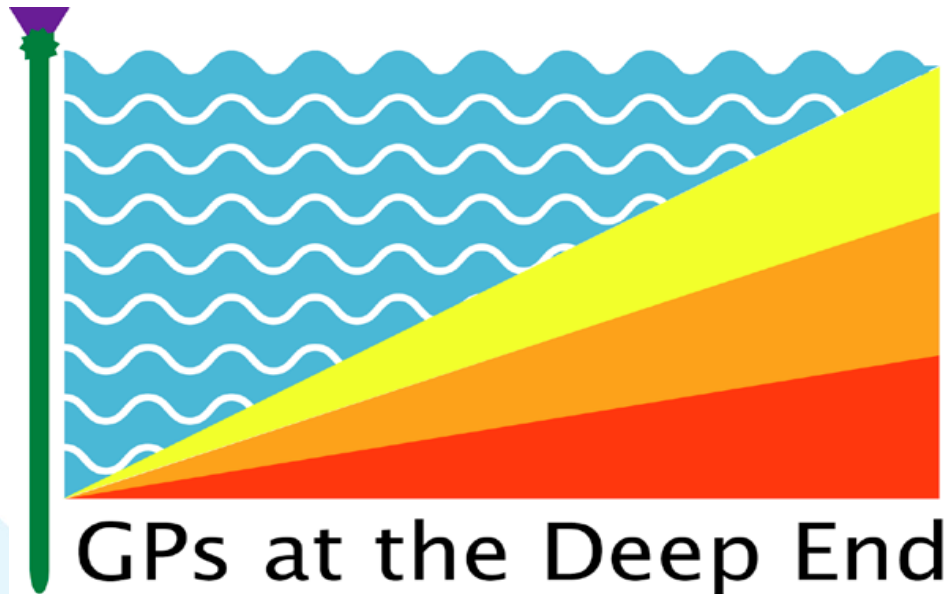
- Life utterly changed “before” and “after”. Emotionally and physically exhausting, significant impact on income, with single parents more vulnerable.
- Significant number had never used FI services before, didn’t know and too exhausted to pursue.
- Discussion of money issues felt to parents like a natural element of clinical support, right that staff asked. Also having service in the hospital meant parents could access it and that relationship between advisor and clinical staff meant stories didn’t need repeated continually.
- Financial gain equated to more time to focus on their child, meeting travel costs, equipment to meet their child’s needs and support for home life with siblings (so they could still do things). Difference’s ranged from ‘prevented a breakdown’ to helping family dynamics
- Right service, right time and place ... don’t lose it.

What else can the NHS do in Scotland

- Advocate and lobby
- The public health focus in Scotland
- Empower patients and communities



Advocacy

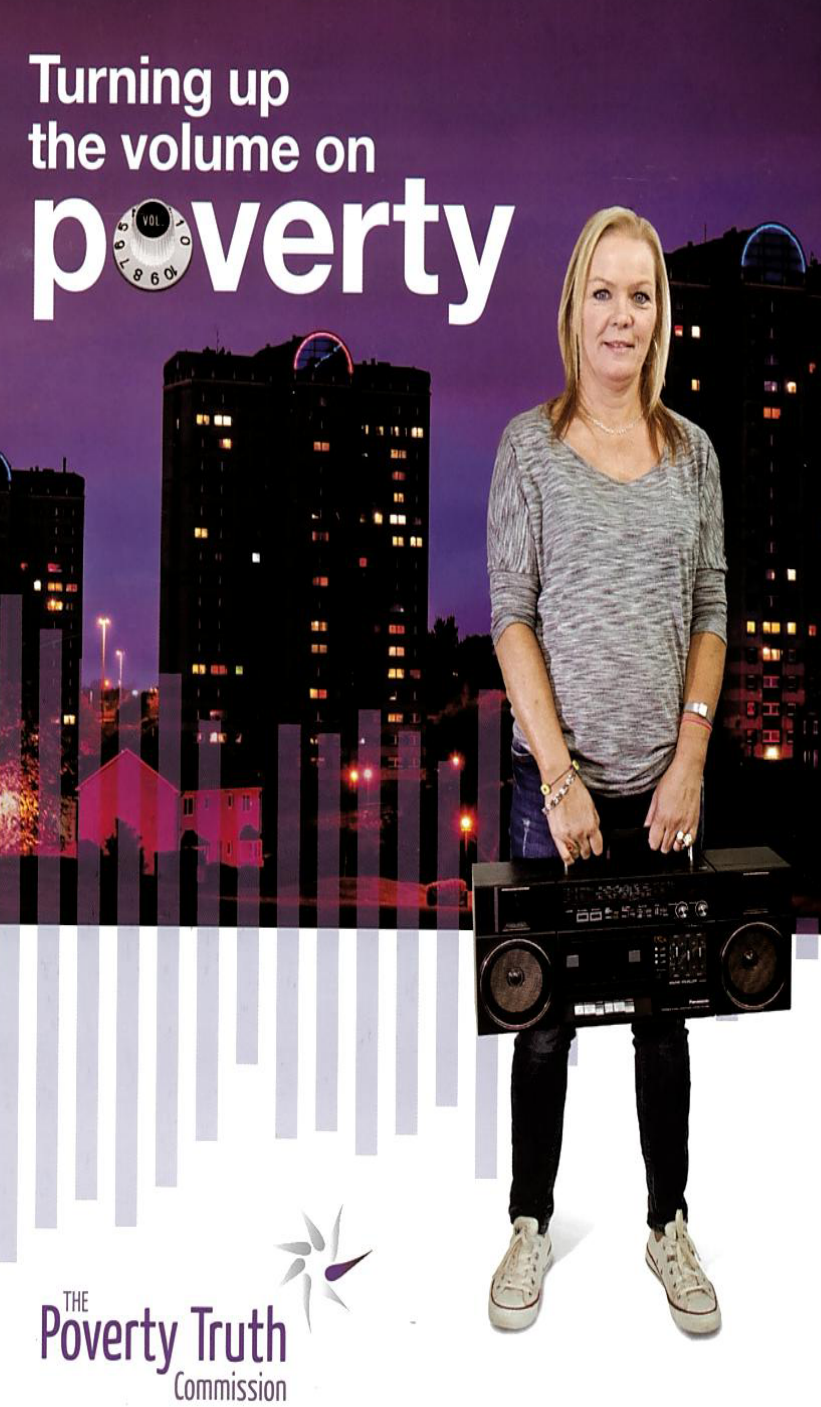


GPs at the Deep End

GP experience of the impact of austerity on patients and general practices in very deprived areas

The report makes for grim reading. It describes the direct and indirect consequences of austerity policies on patient health and on the systems that are in place to support health and wellbeing.

- “Single parent, late 30s, developed acute onset sciatica having been fit and well and working previously. She was walking with a stick and required a variety of analgesic agents to control unpleasant sensory symptoms. MRI showed clear nerve root impingement, but due to a high BMI she required to lose weight before she could be considered for general anaesthetic. She was referred to the local weight management service but has not yet managed her weight goal because of extremely stressful social circumstances.
- Early on in her sickness, a few weeks after her MED3 (fitness for work certificate) started, she was assessed and found fit for work, and had her money stopped.
- In my opinion this was a medically inappropriate decision. I did not realise it at the time but this was not a quirky isolated example of an aberrant process. A deluge of similar situations followed and I quickly realised I could not challenge each one as workload made that impossible. I slowly became aware of the Appeals process and people coming for MED3s.
- **The last few months have been among the most depressing, disturbing times in my many years as a GP.** “



When I think of poverty in Scotland I think first of the scores of families I have known who have lived in poverty yet who have lived with dignity and courage. And then I think of the individuals who allow this poverty to continue, when we could actually eradicate it, if we had the will"

John





The Poverty Leadership Panel's vision is that poverty is made a thing of the past.

We want all of us across Glasgow to contribute to significantly reducing poverty and exclusion over the next decade, by acting now.

We want Glasgow to be a place where everyone agrees that poverty is an outrage, and where every person feels that they can be a part of Glasgow.

Our Members

[Children In Need](#)

[Department for Work and Pensions](#)

[Ethnic Minorities Law Centre](#)

[Federation of Small Businesses](#)

[Glasgow Centre for Population Health](#)

[Glasgow City Council](#)

[Glasgow Disability Alliance](#)

[Glasgow Homelessness Network](#)

[Glasgow Third Sector Forum](#)

[Joseph Rowntree Foundation](#)

[NHS Greater Glasgow and Clyde](#)

[Scottish Human Rights Commission](#)

[The Poverty Alliance](#)

[The Poverty Truth Commission](#)

[Wheatley Housing Group](#)

Other organisations that have helped with the Action Plan so far include:

[Faith In Community Scotland](#)

[Glasgow Alcohol and Drug Partnership](#)

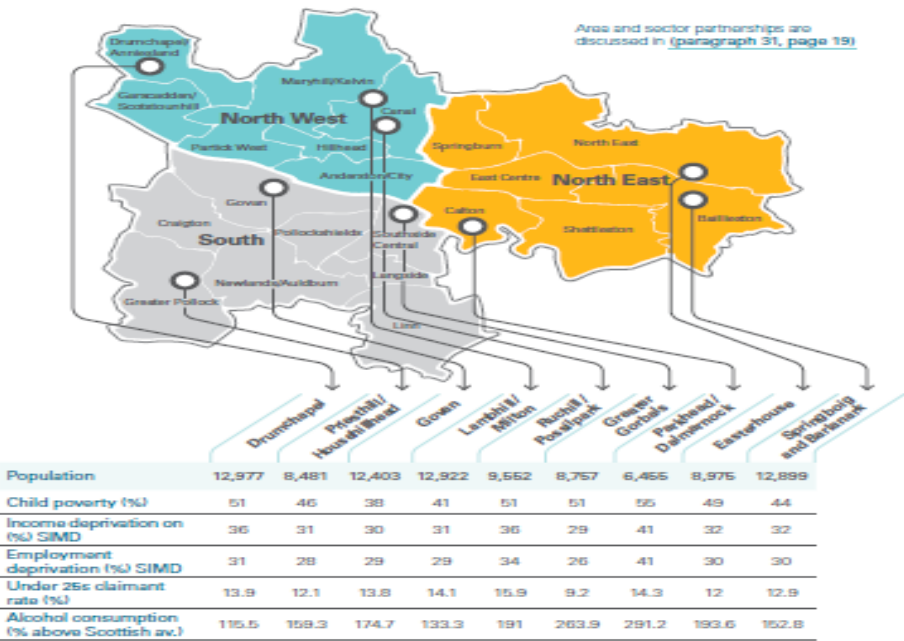
[Glasgow Community Health Partnership](#)

[Oxfam](#)

[Scottish Refugee Council](#)

[Volunteer Glasgow](#)

Exhibit 4
The geography of the Glasgow CPP featuring Glasgow's nine *Thriving Places*
The CPP has prioritised action on some of the most deprived areas in Glasgow.



Note: In determining these neighbourhoods, the city has been split into 56 neighbourhood boundaries for the purposes of analysing data, each typically with around 10,000 residents. This level of disaggregation was chosen in order to reflect more natural local neighbourhoods with their own distinct characteristics, but still be large enough for agencies to plan services on a reasonable and practical scale.

Source: Glasgow Community Planning Partnership

Thriving Places



	Deficit-based	Asset-based
Purpose	Changing community through increased services	Changing community through local participation
Method	Institutional reform	Community centred production
Accountability	Leaders are professional staff, accountable to institutional stakeholders	Leaders are widening circles of volunteers. Accountable to the community.
Significance of Assets	Assets are systems inputs. Asset mapping is data collection.	Assets are relationships to be discovered and connected. Asset mapping is self-realisation and leadership development.
Production resource	Money is key resource	Relationships are the key resource
Operating challenge	How do we get community involved?	How do we channel and build on this community involvement?
System Dynamic	Tends to spread itself thinner over time	Tends to snowball over time
Evaluation	Success is service outcomes, measured mostly by institutional stakeholders	Success is capacity, measured mostly by relationships

