

Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors



Recommendations for increasing access to social welfare advice as part of the development of Integrated Care Systems, Places and Neighbourhoods

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Strengthening access to social welfare advice in London through collaboration between the healthcare, local authority and advice sectors

Recommendations

About the report these recommendations are taken from

These recommendations are drawn from a study on **Strengthening the relationship between healthcare, social prescribing and social welfare legal advice in London**, which builds on years of work in this field by the Greater London Authority, Bromley by Bow Insights, the work of UCL's Health Justice Partnerships' team, Transformation Partners in Health and Care, and studies by the Low Commission, the Institute for Health Equity and others.

In the 2023 Bromley by Bow insights undertook an independent study, grant funded by the Mayor of London, on initiatives to strengthen the relationships, partnerships and referral arrangements between healthcare settings, social prescribing and social welfare advice across London, and improve access to advice for social prescribing and those who are socially prescribed.

What is Social Prescribing? Social Prescribing is when healthcare professionals refer patients to support in the community, in order to improve their health and wellbeing. The concept and practice was adopted by NHS England in 2018. Social Prescribing Link Workers are employed in every Primary Care Network in England to receive the referrals from the clinicians and meet with patients to support them in whatever matters most to the patient. Currently in London there are 450 Social Prescribing Link Workers working in the Capital's 200 Primary Care Networks. London's Social Prescribing Link Workers report that around 50% of the patients they see need social welfare advice.

What is Social Welfare Legal Advice? Social Welfare Legal Advice is the information, advice and support given to a client by a Social Welfare Advisor which is based on their legal rights and entitlements. The areas of law that Londoners' most frequently require support with are housing (including repairs and allocation), welfare benefits claims, and unmanageable debt. Other areas of law that people also frequently need support with include Immigration, Employment Rights (such as discrimination, unfair dismissal), family law, consumer law etc. Most Social Welfare Legal Advice providers hold a quality mark and are inspected and quality assured every two years.

The findings of the study contribute to the London Health Board's Cost of Living task and finish group's report which in turn inform the London Health Board's recommendation, that all Londoners should have access to free, accessible, professional social welfare legal advice. The London Health Board's recommendations call on London's ICSs to commit to action on strengthening the relationship between healthcare and social welfare legal advice, increasing access to advice and providing a viable referral pathway for social prescribing.

This initiative will contribute to reducing health inequalities through improving people's wider determinants of health in the most fundamental aspects of Maslow's hierarchy of needs.

The case for greater collaboration between healthcare, local authorities and advice sectors

Are we heading in the right direction?

The opening lines to the Health Gap, written in 2017 by Michael Marmot and the Institute for Health Equity are:

"Why treat people and send them back to the conditions that make them sick?"

Of course, they could have been written at the time Michael Marmot and Richard Wilkinson wrote *The Solid Facts* on the role of the social determinants of health for the World Health Organisation, in 1997, and sadly they are equally relevant today. We continue to treat people and send them back to the conditions that made them sick, and will continue to make them sick.

The impact of austerity, the falling value of salaries and welfare benefits, inflation and the rising cost of fuel, food and other essentials on low-income households is leading to poorer living standards, increased poverty and widening inequalities in health.

The life expectancy gap between the most and least deprived in London almost doubled between 2002 and 2019¹, to 19 years for women and 17 years for men, with life expectancy actually declining for the most disadvantaged Londoners. Since 2019, the effect of the first two Covid years was to increase the gap by a further year, and it may grow by the same again, or more, due to the cost of living crisis.

Responding to ever widening health inequalities

Evidently the *'do more of the same'* option will perpetuate the conditions that are widening health inequalities. It therefore isn't an option, and Integrated Care Systems have been established with the task of reducing health inequalities.

Whilst some of the systemic social determinants of health are beyond the capacity of the members of the Integrated Care Partnership to significantly address, there are others that are within the partnerships' ability to influence and change.

This study is about one such area, which offers a tested, relatively inexpensive approach to significantly improving the social determinants of health of those who are the most deprived and disadvantaged, who suffer the worst health outcomes and the greatest health inequalities i.e. those whose outcomes we should be doing the most to improve if we are serious about reducing inequity.

Recommendations

Resolving the challenges of providing sufficient, timely and integrated social welfare advice requires urgent and joined up attention. With the ongoing effects of the Covid pandemic, cost-of-living crisis, and the impending economic recession, demand for advice is likely to increase at a time when the supply and capacity of advice services is being reduced in many areas.

Overarching, foundational recommendations (based on the principles of subsidiarity)

1. Creating a commitment at ICS level, that Londoners should have access to social welfare advice, and that ICP partners will commit to funding a level of advice provision to meet their needs. This commitment should include the development of training programmes

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10105258/>

and career pathways for social welfare legal advisors and or hybrid advice/link workers, which should be seen as a counterpart to social prescribing.

2. The development of a pan London network and/or ICS level networks to encourage the implementation of the recommendations and the sharing of good practice should be considered.
3. That each ICP should develop guidance for implementation of the commitment at Place (Borough) and Neighbourhood (PCN) levels.
4. ICP guidance to include encouragement for the formation of borough level task and finish groups consisting of Local Authority, Healthcare, CVS/VCSE, and community to take forwards the borough level recommendations. Such task and finish groups to include advice providers (and borough based advice provider networks where they exist), and social prescribing link workers.
5. To carry out Place (Borough) level assessments of the need for advice with consideration of varying levels of deprivation etc, and current provision of welfare advice. To assess the funding required to meet demand for social welfare legal advice in healthcare settings, the high street and other relevant settings.

The assessment should be undertaken in collaboration with the local authority, healthcare and voluntary sector and should include social prescribing link workers and advice providers who have a keen understanding of need and the current challenges and incorporate the findings of the Advice Services Alliance's (ASA) Advising Londoners report.

Recommendations we consider likely to be forthcoming from borough based assessments of need

1. For borough based task and finish groups to work with borough based partnerships to commit to development of coherent plans for the provision of Generalist and Specialist advice at Borough and Neighbourhood level considering the needs and demographic composition of each borough, the integration and co-location with healthcare and other services routinely accessed (e.g. Children's Centres/ Family Hubs, Schools etc) and on the high street.

The Institute of Health Equity's review recommended that all ICS system partners should:

Identify and support people to access all benefits and entitlements for which they are eligible taking into consideration all barriers to uptake and opportunities to co-locate welfare advice with other services people routinely accessed.

Such plans should consider the anticipated continued expansion of social prescribing and consider advice provision a key component of Integrated Neighbourhoods and Multi Disciplinary Team working.

2. For borough based task and finish groups to work with partnerships (borough based ICPs), to agree to jointly resource the plans to meet the identified welfare advice requirements of residents, including provision of face to face advice for the most vulnerable residents. Such arrangements will need to consider the existing funding for advice, additional funding required to meet any identified shortfall in the provision of advice and who will fund it*.
3. Support for the establishment and maintenance of borough-wide networks of advice providers with strong links to health and wellbeing services and on-line platforms for

- professionals, such as social prescribing link workers and others to be able to refer to the advice providers in the borough
4. Consideration should be given to the development and delivery of training programmes for new social welfare legal advisors and/or hybrid advice/link workers required to expand advice provision.
 5. Support for the development of “health justice partnerships” in their localities, including where possible the co-location or other forms of integration of social welfare advice with healthcare provision as part of its model of care.
 6. Support for the development of clear information for the public about how to access social welfare advice in their borough

*Consideration should be given as to how funding for advice, and a long-term commitment to it, can be drawn in by ICP partners to complement NHS England funding for social prescribing link workers and enable an adequate level of social welfare legal advice services to meet onward referral demand. This could include the use of the Additional Roles Reimbursement Scheme funding which is due to be mainstreamed from April 2024 onwards. This could include funding further hybrid social prescribing link workers/ advisors.

Further recommendations likely to be forthcoming from the borough based assessments of need:

- Embed screening questions to elicit patients need for social welfare legal advice as part of end-to-end patient pathways, with an initial focus on people with LTCs, cancer, pregnancy, dementia and mental health, with appropriate referral mechanisms to social prescribing and social welfare advice along the whole patient journey so wherever care is delivered individuals needs are addressed.
- Consideration could be given to using Healthcare and Local Authority data to identify people who may need and benefit from social welfare legal advice
- Designing face-to-face advice provision, support, and referral pathways to meet the needs of the most vulnerable patients including those with mental health problems, those whose English isn't proficient, those who are homeless etc.
- Development of social welfare advice provision for NHS staff as part of a programme to support their wellbeing and to support retention.
- Identify and support people to access all benefits and entitlements for which they are eligible with widespread benefit take-up campaigns, linked to the cost-of-living crisis, including for example campaigns linked to flu clinics, mental health awareness week etc. Develop resource material that can be utilised by frontline staff and ensuring organisations are resourced to cope with the demand for benefit checks and assistance with benefit applications

Training needs likely to be identified in borough based needs assessment

- Ensure appropriate training of link workers, social welfare advisers and healthcare staff to enable a comprehensive understanding of the intersection of issues to ensure effective referral pathways into appropriate services and collaboration to meet the needs of patients
- Consider the expansion of the hybrid Advice-Social Prescribing Link Worker role at an ICS and borough level and the support required with regard to initial training and on-going relationship with local advice providers regarding supervision and case review
- Develop the role of healthcare professionals, including social prescribing link workers, in identifying the need for and facilitating access to legal welfare advice

(and work towards this 'problem noticing' role across a wider range of frontline staff). This could include further training, and information to illustrate the benefits of 'problem noticing' the identification of appropriate referrals and the outcomes achieved by timely access to advice services.

- Provision of regular information and refresher courses to keep people updated with changes in social welfare law, including regular 'surgeries' with local welfare advice providers for social prescribing link workers to access advice about specific clients
- Developing communities of practice/ peer support networks specifically for hybrid link workers and social welfare advisors working in health settings to provide a space to develop best practice, share learning, case studies etc.

For copies of the report, subsidiary documents and further information

The full report and subsidiary documents, listed below, are available from Bromley by Bow Insights:

<https://www.bbbc.org.uk/insights/>

Report

- **Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors**
 - Full report
 - Executive summary report

Subsidiary summary documents

- **Making the case for why Integrated Care Systems should include the provision of social welfare advice**
- **Recommendations for how Integrated Care Systems, Places and Neighbourhoods can increase access to social welfare advice, particularly for the most deprived communities.** (This document)
- **Good practice, replicable, case studies from London**
- **Poster/infographic**

For information about the study and taking its recommendations forward, please contact:

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