

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



## Making the case for the provision of social welfare advice as part of Integrated Care Systems

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### Making the case

#### About the report this call to action is taken from

This call to action is 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 2019<sup>1</sup>, 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 and 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 to reduce health inequity.



## The importance for health outcomes of the Social Determinants of Health

The relationship between the wider determinants of health (and specifically poverty, poor housing and debt), and ill health and lower life expectancy is well established<sup>2</sup> and is represented in this Health Foundation infographic, based on the Marmot Review, that attributes as little as 10% of health outcomes to the contribution of healthcare.

Many Londoners suffer from poor social determinants of health and the region has the greatest concentration of poverty in the UK.

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

<sup>2</sup> <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

In addition to this, by some considerable margin, it has highest level of 'citizen insecurity', (based on the Insecurity Index), which has increased by 50% since 2005. The Insecurity Index as its name suggests, seeks to measure the degree to which people feel secure in foundational elements of their lives such as the relationship between their income and their living costs and the stability of income, of employment and of housing. The very high degree of insecurity experienced by Londoners is driven by its housing and labour markets, and high costs in other areas, for example childcare and its demographics. Significantly higher than average levels of insecurity are experienced amongst women, BAME communities and young adults.<sup>3</sup>

The impacts of inflation and the rising cost of fuel, food and other essentials on low-income households are leading to poorer living standards, increased poverty and widening inequalities in health. Data from the Money and Pensions Service shows that more low-income households are experiencing debt problems and increased stress and anxiety.<sup>4</sup> This increases people's allostatic load, limits their choices and combines with existing disadvantages to put many households at greater risk of immediate hardship and reduced wellbeing. Continuous stress is bad for long-term health and can also worsen mental health in the short term and can limit people's capacity to focus on managing existing long term health conditions. The effects of this on today's children and young people has the potential to lock in poor health outcomes, and high healthcare demand and costs, for a whole generation across its entire life course.

### **The relationship between social welfare legal advice and the securing of improvements in the Social Determinants of Health**

Given that as little as 10% of health outcomes are attributable to the health service and over 70% are socio-economically determined, improving the social determinants of health of the most disadvantaged Londoners is where the greatest action needs to take place if ICSs are to reverse ever widening health inequalities.

Advice services help ensure people's rights to support and protection are upheld, for example through ensuring benefits entitlements are secured, addressing poor housing and homelessness, supporting people to manage and address debts problems, protecting people from discrimination in the workplace, challenging school exclusions, or managing immigration and asylum issues.

Problems with accessing benefit entitlement, dealing with problem debt and damp housing conditions are impacting on health and contributing to worse outcomes among more vulnerable groups. These issues disproportionately affect people living on low incomes and in deprived households. Additionally, they are more likely to affect people with certain vulnerabilities and characteristics, for example: migrants and refugees, single parents, ethnic minorities and those living with long-term illnesses, disabilities or mental ill health conditions. These issues contribute to health inequalities by exacerbating the impacts of hardship among groups who are already more vulnerable to poor health outcomes and experiences.

The Low Commission, in its 2015 report, conclusively and exhaustively established the influence on health outcomes of timely access to professional social welfare advice.<sup>5</sup>

And the Marmot Review into the cost of living and health inequalities in London determined, ***"...it is therefore, logical to conclude that interventions that alleviate these conditions will help someone to live a healthy life"***<sup>6</sup>

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<sup>3</sup> <https://autonomy.work/insecurity-index/>

<sup>4</sup> Forster N, Dalkin SM, Lhussier M, et al. Exposing the impact of Citizens Advice Bureau services on health:

<sup>5</sup> Low Commission, The Role of Advice Services in Health Outcomes, 2015

<sup>6</sup> <https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-london/click-here-to-read-the-report.pdf>

And whilst many social determinants of health remain beyond local systems' capacity to substantially alter, some are very much within their capacity. One such is ensuring Londoners have sufficient, accessible social welfare advice provision that works in partnership with a range of other provision including healthcare and social prescribing.

### **Access to timely, professional social welfare advice. A question of supply, demand and accessibility.**

Since 2012, changes to the welfare system and the cost-of-living crisis have led to increased demand for social welfare advice and support relating to welfare benefits, debt, housing and immigration issues. This has occurred at the same time as advice services are under threat due to reductions in funding from local authorities and through legal aid cuts.

People can face numerous barriers to accessing advice when they experience social welfare problems. There is a need for coordinated activity to ensure people are aware of the support that advice services may be able to give them to secure the benefits and entitlements for which they are eligible. Co-locating advice with other frequently accessed services (such as healthcare) presents an opportunity for improving access through both the "problem noticing" that takes place in the consulting room, and the referral by a "trusted intermediary", being the clinician who makes the initial referral and the social prescribing link worker who then connects the patient to the advice service.

The adoption of social prescribing by the NHS in 2017, and its continued growth, with over 440 link workers in post across London has led to a substantial increase in demand for advice through improved identification of need. Social prescribing schemes surveyed for this study have highlighted that 50% of patients being referred to social prescribing need welfare advice. However, advice services are not resourced to take these referrals and meet this demand, and therefore people are waiting a long time or not getting through at all. The question of whether social welfare legal advice providers have the spare capacity to meet this additional demand appears not to have been considered. As the Advice Services Alliance report of 2020<sup>7</sup> showed, provision of social welfare advice in London falls short of the capacity needed to meet the increasing high level of demand and provision is unevenly distributed across the capital, with very different levels of funding from local authorities, charitable trusts and health providers in different boroughs creating a postcode lottery for residents seeking advice.

### **The challenge and the opportunity that Integrated Care Partnerships present**

Although the need for and value of social welfare advice is recognised, there is no commitment to long term funding and no statutory obligation to provide social welfare advice. Over the past ten years, advice providers have been squeezed by public expenditure cuts affecting local authority funding and cuts in the scope of matters that can be dealt with under Legal Aid.

There is a need for greater resourcing of social welfare advice, including having dedicated welfare advice provision linked to social prescribing, as well as in other healthcare and community settings. Where social welfare advice and social prescribing teams are sufficiently resourced and collaborate effectively, the outcome for patients is likely to be improved. The resourcing of advice services will facilitate timely access to advice for patients in need and help to address a wide range of social and economic issues that are impacting on health.

There is also a need to link people into advice provision more effectively through local partnerships, including with healthcare providers, particularly for patients with long term and multiple health conditions or mental health conditions. Welfare advice provision in healthcare settings offers a simple, effective, person-centred approach to tackling health inequalities, improving individual health and wellbeing, and producing cost-savings for the public sector.

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<sup>7</sup> <https://asauk.org.uk/wp-content/uploads/2020/07/Advising-Londoners-Report-30072020-1.pdf>

The formation of ICSs brings an opportunity and renewed energy to developing a more holistic understanding of the needs of communities and the provision required to meet them. There are significant interventions that local government and its health partners in Integrated Care Systems and Integrated Care Partnerships can undertake in partnership with local communities and the voluntary, community, faith and social enterprise sector to mitigate and lessen the impacts of structural social and economic conditions, and the health and other inequalities they produce in deprived communities.

The main report identifies numerous examples of *'health justice partnerships'*<sup>8</sup> and collaborative working between healthcare providers and advice providers across London, and presents case studies of different service models that are in operation. It also describes initiatives to improve coordination within the advice sector and with other agencies through borough-wide advice networks and referral platforms, and provides examples of collaboration with key stakeholders in the voluntary and statutory sector to support low income households and vulnerable people who are struggling with the cost of living crisis.

The report also presents an evaluation of the training initiative undertaken by Bromley by Bow Insights to train almost 100 social prescribing link workers in London on welfare rights issues and how to improve identification and referral. This included a pilot programme to upskill a cohort of link workers to become qualified welfare rights advisors, to take on a new hybrid advice-link worker role. The report presents a series of recommendations to improving the resourcing of advice across the capital, and to facilitate collaboration between healthcare, local authority and advice sectors.

### **The opportunity the development of Integrated Care Partnerships presents**

Developing integrated provision that includes social welfare legal advice will improve the wider determinants of health for the most disadvantaged communities within each ICS' population, and therefore influence health inequalities for people with the poorest health outcomes, which is a key ambition for each of London's five ICS and helps to implement the NHS programme aimed at reducing health inequalities, Core20Plus5 agenda. In doing so, it could also address the challenge to social prescribing presented by the insufficiency of social welfare legal advice services.

A review of London's five ICS strategies reveals that whilst extensive mention is made of health inequalities and the social determinants of health, none of them currently mention access to social welfare legal advice, or its role in addressing the social determinants of health and reducing health inequalities.

The formation of the Integrated Care Systems, and the Integrated Care Partnerships that will take them forward, creates the opportunity for more holistic thinking. For example:

### **Applying whole systems thinking to the development of Integrated Care Systems**

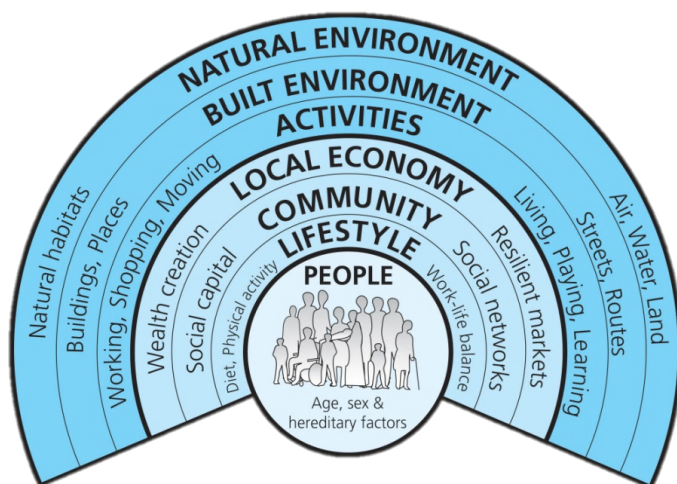
If the purpose of the system is to promote health and wellbeing and reduce health inequalities, rather than simply treating illness, it might logically be based on the following principles:

- an assessment of need and function informed by an understanding of the relative contribution to health outcomes of Clinical Care (10%-20%), and the Social Determinants of Health (70%)
- the principle of asset-based working with communities, (and their capability and capacity), as equal partners to generate health and wellbeing outcomes themselves
- the concept of proportionate universalism, and including the intentions of Core20Plus5 programme<sup>9</sup>
- the relative focus and resource allocation that might flow from the above points.

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<sup>8</sup> <https://www.ucl.ac.uk/health-of-public/research/ucl-health-public-communities/law-health/health-justice-partnerships>

<sup>9</sup> <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>



How might ICSs shift from a deficit-based model that intervenes, almost exclusively, after things have already gone wrong, to a protective and preventative one? What might the balance between improving the Social Determinants of Health and treating illness look like? And specifically, what might the role of social welfare advice services be in such a system?

### Who cares? Extending the definition of care and care giving in the context of ICSs

Asset and place-based systems have considerably broadened the concept of what care is and who provides care, to acknowledge that the care and support that keeps us healthy, well and happy, resides largely from the nurturing and care people receive in their homes, with their families, their neighbours, and their neighbourhoods. Additionally, there is the care provided by professionals, usually at times of need. Whilst there has been some understanding of the value of the care provided by social welfare advice providers, highlighted in a number of case studies, this has yet to be generalised, as demonstrated by the lack of mention in London's ICS strategic plans.

### Considering the integration of the elements of a system of care designed to deliver health and wellbeing outcomes



Whilst the concept of health and advice working together in a number of case study examples implicitly acknowledges the complementarity of these two caring roles, this does not appear to have yet entered ICS and ICP strategic thinking with regards to provision and integration.

As the associated case studies demonstrate, the benefits of integrating adequately resourced social welfare advice with healthcare could be immense, and at neighbourhood (PCN) level, would contribute to the implementation of the Fuller Stocktake Report<sup>10</sup> recommendation with regard to Integrated Neighbourhoods. The report cites examples in which social welfare advice provision is considered to be a core service within the model of an Integrated Neighbourhood, with the inclusion of social welfare advisors in multi-disciplinary team meetings.

<sup>10</sup> <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

## **In summary**

In summary, there appears to be significant potential for how **Integrated Care Systems** could include social welfare legal advice services as a core, integrated, part of the system of care that is intentionally designed and balanced by the partners of the **Integrated Care Partnerships** to meet the whole needs of the community, for health creation, for prevention, for early action and acute need, in relation to health, and the wider determinants of health.

Given the ongoing demand from social prescribers on already oversubscribed advice services, it is essential that London's five ICSs have regard as to how the interdependency between social prescribing and the provision of social welfare legal advice is understood and resourced.

## **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.** (This document)
- **Recommendations for how Integrated Care Systems, Places and Neighbourhoods can increase access to social welfare advice, particularly for the most deprived communities**
- **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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