

ANNEX 13

Advice and health

Introduction

This Annex discusses the relationship between advice and health. It describes the work undertaken by advice agencies, such as Citizens Advice and Youth Access, in both primary/community settings and in secondary/specialist settings. Debt and financial insecurity, as well as housing, homelessness and unemployment can be both a cause and a consequence of mental health problems. In the words of MIND's report *Still in the red* (2011): 'Most people believed their debt had made their mental health worse and their mental health had made their debt worse.'¹

In the past, this has been recognised by many NHS primary care trusts (PCTs) in England, which have commissioned advice agencies to provide advice in GP surgeries, as well as in hospital settings. Similarly, in Wales all seven Local Health Boards receive funding from the Welsh Government for funding generalist and welfare advice provision through GP surgeries and other health settings.

This Annex also discusses the work of Macmillan Cancer Support, who spend over £15m pa on one-off grants and on providing (or funding others to provide) advice to people living with cancer, both in hospital settings and through their enquiry line. They have also developed innovative partnerships with other agencies to help deliver these services.

The evidence base for the effectiveness of these interventions is also discussed. There is strong evidence to show how much income patients/clients have secured as a result of receiving advice, as well as some evidence to show positive impacts on health and on health costs (although this needs further work).

The Annex concludes that overall this is a very fruitful area for advice agencies to be exploring for funding, particularly given the various changes in commissioning and funding arrangements that have taken place or are being introduced.

Background

Public sector funding

In England, PCTs (and their successors from April 2013, clinical commissioning groups (CCGs) and local authority public health departments) have funded

1 *Still in the red: update on debt and mental health*, p4; available at: www.mind.org.uk/media/273468/still-in-the-red.pdf.

advice work for many years. The extract below from a report to the Derbyshire County PCT on funding for Citizens Advice Bureaux provides the rationale for this. This example relates to benefits and debt work. The Legal Services Research Centre's *Civil and social justice survey* indicates that there are also strong links between health and housing/homelessness problems.

Extract from internal report to Derbyshire County PCT (2009)

Citizens Advice Bureaux (CAB) were first placed in GP practices in Birmingham in the early 1990s. The results of this pilot were published in the BMJ in 1993 which concluded that placing CAB sessions in general practice is 'an effective way of providing advice on life problems and securing proper payment of benefits, particularly to patients with health problems' (Paris and Player 1993). This research also found that: CAB in general practice reaches a different group of clients to those who use mainstream CAB outlets; that these clients (patients) were more likely to be ill; and that they were also more likely to be entitled to welfare benefits that they were not receiving. The authors conclude that 'this service complements rather than detracts from other citizens advice bureau activities' [JA Paris, D Player, 'Citizens Advice in general practice', BMJ 1993; 306:1518].

The rationale for investing in CAB in general practice derives from a social model of health which recognises that:

'Health is not merely the absence of disease, but a state of complete physical, mental and social well-being' (WHO 1948)

The health of individuals and populations is determined not only by genetic makeup, lifestyle factors and environmental exposures, but by a broader range of social determinants. These wider social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. Social determinants of health include:

- income
- social status
- education
- social support
- employment and working conditions
- housing.

Poor social and economic circumstances affect health throughout life. Poverty and indebtedness can have serious consequences for individuals'

physical and mental wellbeing (Acheson Report 1998). Mental health problems are a major cause of ill health in the United Kingdom. At any one time as many as one in four adults in England will have a mental health problem (NHSIC 2009); one in four people with mental health problems is also in debt (Jenkins 2008); one in two people with debts has a mental health problem (NHSIC 2009).

Debt and financial insecurity can be both a cause and a consequence of mental health problems. Helplessness and loss of self-esteem are contributory factors to poor life style choices including dependency on tobacco, drugs and alcohol, increased risk taking, violence and crime (Davey Smith 2003).

The Government's report 'Tackling health inequalities – a programme for action' (DH 2003) identifies three key roles for the NHS locally in tackling health inequalities:

- To take the lead in driving forward health inequalities work
- To plan, commission and provide appropriate healthcare to meet the needs of the local population and reduce health inequalities
- To contribute to the local regeneration agenda by being a good corporate citizen through provision of opportunities to link health with regeneration and by supporting local economies.

In other words, PCTs have a key role in reducing health inequalities and the causes of those inequalities within its population.

Placing CAB in general practice is one way in which the PCT can act directly on the social determinants of its population's health, especially its most disadvantaged groups, because CABx provide information, advice and practical help to clients on many of these wider determinants.

Voluntary sector funding

Health charities have also recognised the important role of advice for people diagnosed with particular health conditions. Macmillan Cancer Support is the outstanding example of this. According to Macmillan, the financial impact of a diagnosis is the second biggest concern for people affected by cancer. Macmillan has found that 91 per cent of households affected by cancer suffer loss of income or increased costs as a direct result of the illness.² The financial impact of cancer is a major issue for many people with cancer and those close to them. Four out

² *Cancer costs: the hidden price of getting treatment*, Macmillan Cancer Support, 2006, available at: www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Campaigns/Cancercosts.pdf.

of five cancer patients (83 per cent) are hit by the financial costs of cancer which averages around £570 a month for those affected.³ However, only 52 per cent of cancer patients receive any financial support information following a diagnosis.⁴

The financial impacts experienced by patients and carers occur at different points in the cancer journey, but can broadly be identified as covering four key issues: loss of income; increased costs; difficulty coping/knowing what to do; and delays or barriers to receiving support due. In response, Macmillan has developed a range of services and influencing initiatives to support to people affected by cancer in dealing with money worries, including provision of grants, as well as advice on benefits and on financial guidance (see box below).

The Richmond Group of Health Charities – including the Stroke Association, Rethink and Macmillan – have recognised the importance of ‘help for patients to access further support, if needed, from specialist health services, social services, financial advice services and employment services’.⁵

Provision of advice in health settings

PCT funding (until March 2013) has been used to support CABx both in community-based settings, such as GP surgeries, and in secondary/specialist settings, such as general hospitals and mental health hospitals all over England. Similarly, all seven Local Health Boards (since October 2009) in Wales receive funding from the National Assembly Government for generalist and welfare advice through GP surgeries and other health settings across Wales. In their report, *Prescribing advice* (2005), Citizens Advice state that CABx provided advice in 751 GP surgeries and health centres, 62 general hospitals, 75 psychiatric hospitals and 165 mental health clinics.

Community-based services

Examples include Derbyshire where, in 2013, 90 of the PCTs and 96 GP practices had a regular CAB service funded out of the public health element of the PCT’s budget – typically comprising a half-day a week contact time (on average 45 minutes per patient) in the surgery and a half-day on follow-up work in the bureau. Patients are referred by GPs or can self-refer.

In some areas, such as the Wirral, the service is combined with the provision of Improving Access to Psychological Therapies (IAPT) programme, which receives extensive national funding from the Department of Health and is

3 *Cancer’s hidden price tag: revealing the costs behind the illness*, Macmillan Cancer Support, April 2013, available at: www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Costofcancer/Cancers-Hidden-Price-Tag-report-England.pdf.

4 *National cancer patient experience survey*, NHS England, August 2013.

5 See *How to deliver high quality patient centred cost effective care*, Richmond Group, 2011.

planned to be available to every PCT. The rationale for this is that IAPT needs to be accompanied by advice provision, so that issues in the patient's social and economic environment can be addressed in parallel with behavioural therapy – otherwise 'people are going to be at risk of becoming ill again'.⁶

The service in Wirral has been re-commissioned by the CCG across 62 GP surgeries from 1 March 2013 (three-year contract with an option to renew for a fourth) and will be worth more than £2m over four years. The client pathway has also been developed to include employment, education and training and personalisation choice and independent living, as well as social and physical wellbeing support and psychological therapies. It thus focuses on the whole person and will support clients either to get back into or to remain in work.

Secondary/specialist services

A prime example is the Sheffield Mental Health CAB, which has been providing a service based in the Social Care Foundation Trust for over 30 years. The CAB serves about 40 per cent of the trust's patients every year – many with a psychosis. The service is formally incorporated into the care pathway.

In Wales, pathways for cancer provision and for glaucoma now include financial advice. This helps reduce the randomness of who gets advice and who doesn't. There are also cancer delivery plans, which include advice as a key component of the service.

Another example of provision are the services funded and/or provided by Macmillan in hospitals throughout the UK (see box below for a description of a range of Macmillan's benefits, advice and information services).

Macmillan's services

Welfare Rights Line

Following a successful pilot, a UK-wide telephone service was launched in 2004 and now has a team of 27 advisers delivering specialist benefits advice and casework. This is a directly delivered service and focuses upon income maximisation for people affected by cancer, with an emphasis on statutory entitlements. The service also has a Work & Cancer pilot to help support people to remain in work, and provides advice on legal rights. During 2012 the service identified £38.6m in financial gains in advising 26,803 people affected by cancer.

⁶ See Professor Drinkwater, President of the NHS Alliance, in an article in the BMJ (June 2010) on *Recession medicine*.

Face-to-face benefits services

In 2005 Macmillan began to develop face-to-face services in partnership with advice sector specialists such as CABx and local authorities across the UK. They have also developed partnerships which have included housing associations, the Department for Work and Pensions and other health charities. By the end of 2012 the network of local benefits services delivered in partnership had reached 126 services. These services are delivered in settings which are accessible for people affected by cancer, often in acute hospitals, recognising the impact of cancer and its treatments on the individual and difficulties in accessing generic provision. During 2012 Macmillan reached 112,820 individuals and generated financial gains of £191m.

Print and online

Macmillan has a range of digital and print information resources to promote access to financial support. The print resources include ‘Help with the cost of cancer’, providing an overview of benefits entitlements; ‘Managing your debt’, providing self-help with debt advice needs; and ‘It all adds up’, on financial products. Macmillan also has significant online content including interactive financial guidance and benefits tools. The latter has had 67,647 unique users since launching in December 2010, although the scale of welfare reform change means that Macmillan will need to replace this tool in the near future.

In their paper, *Debt and mental health – What do we know? What should we know?*,⁷ Chris Fitch et al from the Royal College of Psychiatry conclude that a renewed emphasis on co-ordinated ‘debt care pathways’ between local health and advice services – that is, the routes by which individuals with debt and mental health problems gain access to the support they need – may be key to addressing the problem. Health and advice services already work together well in some areas. However, their report contends that a national programme which co-ordinates, fosters and maintains links between advice and health services would help individuals receive well-organised and complementary support, regardless of their entry point.

7 Available at: [https://www.rcpsych.ac.uk/pdf/Debt%20and%20mental%20health%20\(lit%20review%20-%202009_10_18\).pdf](https://www.rcpsych.ac.uk/pdf/Debt%20and%20mental%20health%20(lit%20review%20-%202009_10_18).pdf).

Funding

Funding for CAB provision in England has either come from the public health part of the PCT budget or from the core PCT budget. Relatively few GP practices have funded provision from their GP commissioning budgets, but GPs have agreed to advice workers being based in their surgeries and have usually provided accommodation for the service free of charge. Despite some GPs' initial ambivalence about doing this, those who have the service value it highly and view their advice service as integral to the work of the primary healthcare team.

In the case of Macmillan's face-to-face benefits services, funding is on a pump prime basis with Macmillan's upfront investment being predicated upon continuation of funding from statutory partners. While a number of services have secured pick-up funding, the pressure on public sector finances has impacted on some of the investment previously expected from partners. Overall, Macmillan spends over £15m pa on financial support and advice services to people with cancer, wherever possible working in partnership with other agencies (see Macmillan/Glasgow City Partnership case study below). Macmillan also has a partnership with the Society of Local Authority Chief Executives (SOLACE) to develop a wide range of partnerships across local government, including some advice services.

Case study: Macmillan/Glasgow City Partnership

The service started off as a three-way partnership in January 2009 but by the beginning of 2012 had grown to encompass ten partners, spanning health and community care, to provide an innovative and specialist financial support service to people with cancer and a range of other long-term conditions. In addition to benefits advice, people are supported with debt advice and the service has supported Macmillan's financial guidance service pilot. The model also encompasses three dedicated social workers. The partnership has helped 8,500 people achieve over £22m in financial gains for service users. It has also generated a number of efficiencies for Glasgow City Council including an increase in council tax collection rates; reductions in eviction and homelessness; and efficiencies for the revenues and benefits service. The success of the service has been recognised with a number of awards, including recently receiving the Convention of Scottish Local Authorities (COSLA) president's prize for the best Scottish local authority service of any type in February 2012, and following this with the award for Health & Social Care partnership of the year Local Government Chronicle/LGA award in March 2012.

Evidence of impact

Citizens Advice and individual CABx have produced extensive evidence of the positive impact of debt and benefits advice on patients' income. This research⁸ has shown that an average of 25 per cent patients using primary care services have had their income increased through the advice they have been given. Furthermore, most of these people do not go to CABx in the high street, even though they are in need of advice more than most other CABx clients. In other words, the CABx in GP surgeries are reaching a new and, in the main, more deprived audience. Other research, such as Professor Pascoe Pleasance et al *A helping hand: the impact of debt advice on people's lives*,⁹ confirm the links between debt advice and mental health.

A number of studies have also been carried out to demonstrate the impact on patients' health and well-being and on their attendance at GP surgeries and on repeat prescriptions. However, this has proved to be harder to demonstrate conclusively. One problem is that having a randomised trial could be considered unethical, because it would involve putting people who needed advice in a control group and then not giving them advice. There is also a need for more longitudinal research in this area.

However, research undertaken with patients in seven different parts of the country by the University of Liverpool's Health and Community Care Research Unit (2001) into the impact on individual health of services in primary healthcare settings which offer welfare benefits advice, found that patients with increases in income as a result of advice in primary care reported better health in terms of vitality and mental health. The improvements in health were sustained at six and 12 months.

The Department of Health's report, *No health without mental health* (2011), also provides good information on the relationship between mental health and indebtedness.

The Royal College of Psychiatry has undertaken some important work, led by Chris Fitch, on the relationship between debt and mental health.¹⁰ Their work not only explores the relationship between debt and mental health, but also considers the implications for practitioners on the ground. For example, they have developed a briefing for creditors and debt collection agencies (based on a national survey of frontline collections staff), which includes guidance on issues like how to deal with disclosure of a mental health problem.

8 For example, see *Prescribing advice: improving health through CAB advice services*, Citizens Advice, 2005.

9 LSRC Research Paper, Legal Services Commission, 2007.

10 See footnote 7.

There is a particularly strong case for investing in early intervention services that address and prevent mental health problems among young people. 75 per cent of those with first-time mental health problems first experienced symptoms before their mid-20s.¹¹ The Royal College of Psychiatrists also stressed the ‘importance of prevention targeted at younger people as generating greater personal, social and economic benefits than intervention at any other time in the life course’.¹²

Youth Access has undertaken specific research around the links between mental health problems and social welfare problems.¹³ Their latest report¹⁴ makes the business case for the NHS to invest in advice for young people. Their thesis is being tested out in some work with a strategic commissioner for youth provision in Brighton and Hove, who is working for both the NHS and the local authority. Youth Access is also doing some work with the Royal College of GPs funded by Paul Hamlyn Foundation and the Department of Health. The project involves developing ‘young person’-friendly health services (potentially including advice) jointly between a local GP and a youth advice agency. If successful, Youth Access then hope that GPs will act as champions for this work with their CCGs and nationally.

Extract: Integrating advice for young people with mental health services

Youth Access has long identified a need to integrate social welfare advice services with mental health provision for young people. The *Making Tracks Project* worked in three pilot areas to:

- develop better partnership working between GPs, Primary Care Trusts and young people’s information, advice and counselling services;
- develop and evaluate an improved service offer for young adults with complex needs, who were able to access a distinctive package of holistic support combining social welfare advice services with NHS medical services and psychological therapies.

Nationally validated outcome tools, including The Generalized Anxiety Disorder Assessment Tool (GAD-7), W&SAS Work and Impact tool and Manchester Short Assessment of Quality of Life (MANSA) were used in the pilot sites for a period of just over one year (between February 2010 and March 2011) to monitor the impact of this combined offer on the young people using the services.

11 *How mental illness loses out in the NHS*, LSE Centre for Economic Performance, Mental Health Policy Group, June 2012, available at: <http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>.

12 *No health without mental health: the case for action*, Position Statement PS4/2010, October 2010, available at: <https://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>.

13 *With rights in mind*, 2010.

14 *Youth advice: a mental health intervention?*, 2012.

An independent evaluation* found consistent improvements across all three pilot sites in young people's social, mental and physical health after receiving services.

**Making Tracks Project Final Report*, Street, C, Youth Access, 2011.

Source: *The outcome and impact of youth advice – the evidence*, J Kenrick, Youth Access, 2011

Macmillan collects evidence of the impact of its advice work under a range of different headings (see box below).

Macmillan – evidence of impact

1) Impact on the financial burden

The income generated as a result of benefits advice enables people to afford necessities and additional items that were required as a result of a diagnosis of cancer. Examples include higher travel and parking costs, higher heating bills and altered dietary and clothing requirements. In addition, the extra income can help to lessen the impact of a loss of earnings and provide a safety net, giving the individual time to arrange other sources of finance.

2) Impact on the physical and mental wellbeing of people a) in general; b) living with cancer

a) Debt can be a major problem during illness, causing deteriorating mental and physical health. The effect on carers can also be substantial. There is therefore a positive knock-on effect to health and well-being from being able to resolve debt and ease financial burden. As a consequence of receiving help and advice from CABx, clients described improvements in their health. They felt better; were less anxious, less stressed and less worried about money.

b) People affected by cancer are often unaware of health/cancer-related benefits advice services, yet many experience considerable stress around financial issues. Once the financial stress is removed, they are more able to deal with their illness and treatment.

Cancer-specific benefits advice leading to increased income can be associated with improvements in psycho-social aspects of health (levels of energy and tiredness, the limits which emotional problems put on the range and extent of all types of work, and mental health). Another study reported that all patients claimed that benefits received as a result of benefits advice services funded by Macmillan helped to reduce stress levels, which can in turn aid recovery.

3) Potential savings for health services due to effective benefits advice

Non-cancer-specific welfare advice

Emergency or unplanned admissions are a significant pressure on health services and research suggests that improvements in health and well-being of patients can lead to a reduction in use of NHS resources. In general, NHS usage before and after benefits advice contact in patients with chronic morbidity decreased in the case of those whose income was supplemented as a result of benefits claims. This includes reductions in GP consultations, prescriptions, new drugs prescribed and visits to A&E. The results from an English and Welsh Civil and social justice survey show that the average cost to the NHS of ‘difficult to solve’ debt problems that led to physical or stress-related ill-health was around £50 (£20 per debt problem in general).

Cancer-specific savings

The cost to the NHS of cancer- and tumour-related costs have been estimated to be as much as £5.13b pa. Evidence suggests that lack of financial stability and/or social support, can reduce an individual’s ability to maintain a stable home care status, leading to admission to hospital as a safety net. Studies have shown that a Macmillan welfare rights service can help to free hospital and social work staff from having to provide this advice, and therefore potentially reduces the resource cost of best meeting patients’ needs. In particular, interviews with medical professionals at the Renfrew Macmillan cancer information and support service concluded that the service was helpful to their own personal workload, saving time on unnecessary home visits. In addition, the service helps facilitate partnership working and improve communication between health and social care agencies, making the whole process more efficient.

Source: *Local financial support and advice services: an evidence review*, Macmillan Cancer Support, October 2010

Finally, it should be stated that although it may sometimes be difficult to demonstrate evidenced impact in terms of improvements to health or reductions in the cost of healthcare, this should not necessarily be a reason for not funding these services if people say they need them. For example, in addition to the evidence of impact described above, Macmillan funds the provision of advice services because people affected by cancer tell them that one of the biggest things causing them concern is loss of income following diagnosis and the tremendous difficulty they experience in getting access to and retaining social welfare support. The services generate considerable financial gains and strong outcomes for people with cancer, but as with other advice interventions, it can be difficult to evidence this in terms of health improvement or healthcare cost reductions.

Commissioning

The introduction of clinical commissioning groups (CCGs) in England in April 2013, with GPs in a lead role and with a strong emphasis on identifying and responding to local needs in the community, provides an opportunity to put forward the case for commissioning more advice provision. Likewise, the transfer of public health funding in England to local authorities provides a similar opportunity. Initially, there may be a danger of PCT funding being discontinued as a result of the transfer, so advice agencies will need to ensure that they develop good links with the new bodies from the outset.

The creation of 152 Health and Wellbeing Boards from April 2012, in all England counties and unitary authorities, is also an opportunity. Their role is to assess the needs of their local population and to make arrangements for meeting them. They are required to take an overall view of needs rather than working in silos, and they will be responsible for providing the strategic planning framework for the plans of CCGs and local authorities. They will also be the forums for developing joint commissioning approaches for the £3.8b of health funding being transferred to local authorities in England for integrating health and social care provision. Furthermore, they have a duty to consult and to engage.

The Care Bill 2013 places a duty on local authorities in England ‘to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers’. Among other matters, the service must ‘provide information on how to access independent financial advice on matters likely to be relevant to adults who have needs for care and support ... and to identify matters that are or might be relevant to their personal financial position’.

These organisational, legal and financial changes all provide opportunities in England which advice agencies should seek to take advantage of. According to our interviewee at the King’s Fund, they should be banging on the doors of their Health and Wellbeing Boards and suggesting how they could help the boards, eg by persuading the Boards to commission the advice sector to develop a local advice strategy. They should also be linking up with their local council for voluntary service, who are likely to be helping the Boards engage with the voluntary sector more generally, as well as with their local Health Watch, who will be represented on the Board and, in some areas, are helping the Boards develop a public engagement strategy.

In England, local authorities and CCGs have equal and joint duties to prepare joint strategic needs assessments and joint health and wellbeing strategies through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole, and so success will depend upon all members working together throughout the process. These requirements are an opportunity to highlight those people in the community who are most in need

of advice and legal support on social welfare law issues, so that services can then be targeted at them. These groups are likely to include young people, people with acute mental health problems, people with life-threatening conditions (such as cancer), people with a learning disability, people with neurological conditions (such as Alzheimer's) and people receiving personalised care. Commissioners then need to ensure that the design and delivery of services is tailored towards these different groups; otherwise, there is a danger that more general services set up to meet the needs of the population as a whole will not reach them.

The strong evidence of the impact of advice on patients' incomes (as opposed to the impact on their health or on healthcare costs) means that local authorities, with their focus on preventative strategies for increasing public health and their concern about the correlation between low income and poor health, may be more likely to want to commission advice provision than CCGs, who will often have more of a medical, than a social, model for health improvement. However, advice agencies also need to be putting their case to GPs on the CCG as well, because of the health outcomes that good advice can deliver. This will be easier to do where the advice service is integrated into the patients' pathway, as is the case with Sheffield Mental Health Trust CAB, so getting advice recognised as part of patients' pathways should be another objective.

In Wales, the Welsh Government, local health boards and local authorities have all funded advice in health settings. Although different arrangements apply to those in England (for example, no transfer of health resources to local government has taken place and there is no statutory duty in the Social Services and Wellbeing (Wales) Bill), there is still an opportunity for advice agencies to make the case for advice being an integral part of an area's services. Local service boards provide the framework for strategic partnership working for local authority areas, so this is an important body for advice agencies to influence.

Conclusion

There is already extensive provision of advice on debt and benefits funded by the NHS and the Welsh Government in a variety of health care settings in different parts of England and Wales. Research evidence about the provision of these services shows positive results, both in terms of increases in people's income and in terms of their mental health, although there needs to be more research done on measurable health improvement and wellbeing and on reductions in healthcare costs resulting from this provision. The link between low income and poor health also means that in common sense terms, provision of advice that increases people's incomes is likely to have a beneficial impact on their physical and mental health. For example, the Marmot Review, *Fair society healthy lives* (2010), which puts forward strategies for reducing health inequalities, cites provision of CABx in GP practices as an intervention that may contribute to reducing inequalities in health.

The introduction of organisational, legal and financial changes in health and social care provision in England all provide opportunities which advice agencies should seek to exploit in order to increase the provision of advice in healthcare settings. However, this advice should not be seen as an alternative to advice provision in the high street or in other community settings, such as Children's Centres, since the evidence is that it is reaching a different section of the population – albeit one that is likely to be growing in the present economic climate.