# Mitigating the impact of Welfare Reform on Health and NHS Health Services

# **Outcome Focussed Plan – November 2013**

## Introduction

The Scottish Government's Welfare Reform & Health Impact Delivery Group (HIDG) and representatives from NHS boards have worked in partnership to develop an outcome focussed plan to mitigate the impact of the UK Government's welfare reform programme on health and on the health services in Scotland.

This plan is laid out below. This is not intended to be prescriptive but instead provides a set of principles and guidance for NHS boards to use to inform their local activities in collaboration with their Community Planning partners. Scottish Government will welcome updates from NHS boards on progress with this plan at their Annual Accountability Review meetings.

For further information about this plan please contact [to be added]

# Scope of plan

Role of the NHS in Scotland in mitigating the impact of welfare reform changes on health, health inequalities and NHS provided health services.

#### Timescale

Given the uncertain nature of the changes and the fact that the effects of widening inequalities and increased poverty will be long terms, the plan will be for 10 years (in the first instance, but may be reconsidered)

#### **Problem statement**

A number of reports have been produced to illustrate the potential impact of welfare reform on health and NHS services – see the Scottish Public Health Network website. In summary, the changes brought about by welfare reform are predicted to have negative impacts on the health and wellbeing of some people in Scotland which are closely linked to their loss of income which may result in increasing levels of poverty and disadvantage. Much of this impact is uncertain, including how people will respond to these changes. However, it is currently predicted that impacts will include:

- increasing homelessness
- poorer mental health and increased risk of self-harm and suicides
- increased risk of CVD and respiratory illness
- poorer nutrition and diet related health problems
- increase in drug and alcohol dependency

- worsening mental health and wellbeing in children
- increasing incidence of child protection cases and violent crime (incl. gender based violence)
- increasing sexual health problems including teenage pregnancy and STDs
- health effects of increasing stigma of welfare benefits claimants and feelings of disempowerment of people going through the system

The changes are expected to impact negatively on all community based services (including NHS, LA and third sector services) including:

- Increased pressures to provide evidence to support claims and appeals for welfare benefits
- Increased stress and anxiety caused by loss of income and/or appeal process
- Increased costs associated with diagnostic testing, prescribing and treatment
- Increased need to provide welfare benefits information to patients, help with benefits applications and to make appropriate links with local community and third sector services
- Increased pressure on clinical and therapeutic relationships between healthcare professionals and patients
- Increased pressure on partnerships due to high demand and limited resources

The changes expected in secondary care are less easy to predict and may be longer term, but in the short to medium term the impacts are expected to include:

- Increased A&E admissions
- Increased need for psychiatric care
- Increased need to provide appropriate welfare benefits information and signposting to appropriate local services.

Supporting working age population to move into and progress in good quality employment will help minimise the negative impact of welfare reform and have a positive impact on health. The NHS has a role both as a service provider, service commissioner and as an employer to support this, particularly in the population groups most likely to be affected. These roles are not currently being used to greatest effect. However the lack of employment opportunities and cycle of low paid, insecure and part-time work means that work as a route out of poverty is harder to realise in the current economic climate. The NHS needs to fully engage with other community planning partners to maximise employment and training opportunities.

In addition, the NHS is part of a system that implements social policy, including welfare reform, and has a role to play in responding proactively to changes that may be detrimental to health. This role is not yet fully realised.

# **Our Vision**

The NHS in Scotland recognises that social and economic security and related policies are key determinants of health and wellbeing. Consequently the NHS understands and carries out its key role in addressing the impact of welfare reform on health and NHS services.

## **Our Assumptions**

This vision is supported by the following assumptions:

- NHS boards across Scotland support this outcome focussed plan and implement it proactively with adequate resources
- NHS boards work collaboratively with community planning partners to deliver this plan and this is reflected in Single Outcome Agreements
- NHS employees accept their role in addressing the impact of welfare reform on the health of their patients
- Welfare reform will result in some population groups being more adversely affected than others
- Stigmatisation of benefit claimants compounds the negative impact on health
- Those in receipt of benefits are people who are in work as well as people who are out of work
- In the longer term declining real income will affect all those of working age in receipt of benefits
- NHS can only mitigate the impact on health it cannot resolve wider fiscal issues
- Work is the norm for most people, good work is good for health and can aid recovery from illness, disease and long term conditions
- Plans to address the impact of welfare reform will form part of NHS boards overall health inequalities strategies
- NHS boards fully comply with Equal Opportunities and Health & Safety legislation and provide occupational health services
- The UK Governments welfare reform programme will be implemented as expected

# Target group

The target group for this plan are <u>working age</u> people and their dependants in the population groups most likely to be directly affected by welfare reform, in particular:

 Workless households and those in low paid work, including NHS employees and contracted staff who maybe in low paid and/or part-time employment and/or on fixed term contracts

- Those with disabilities, including learning disabilities, and those with long term conditions
- People from black and minority ethnic communities
- People with mental health conditions
- Children in low income families
- Lone parents
- People in receipt of housing benefit
- Those experiencing gender-based violence
- Women in low income households (including women carers)
- Larger families in receipt of benefits or in low paid employment

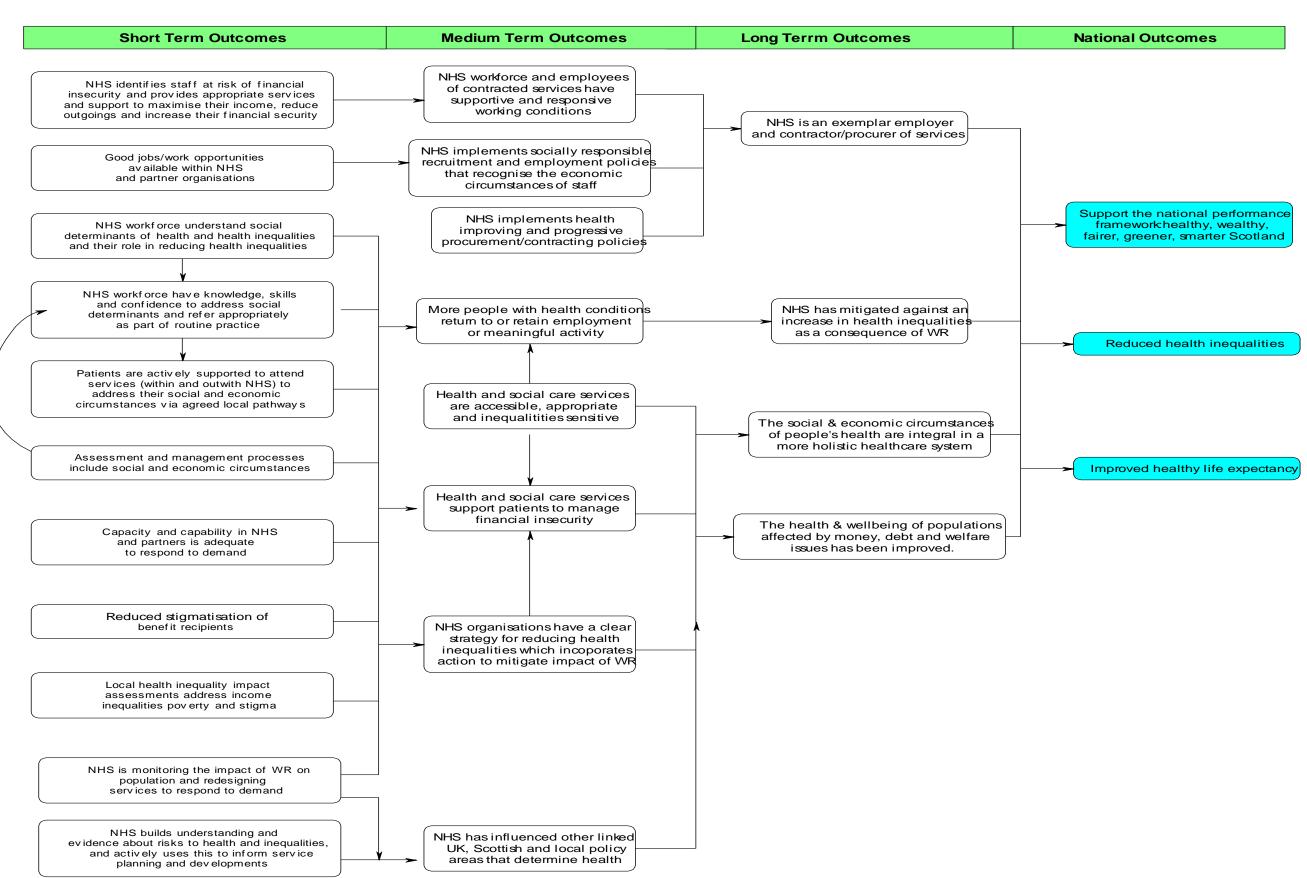
# Agents of change

NHS management, frontline staff and those working in general practice.

# **Monitoring impact**

A monitoring and evaluation framework to assess progress in achieving the outcomes set out in this has not been developed. Rather, it is expected that NHS boards across Scotland will work with CPP's to develop their own framework with clear indicators for the activities and outcomes. This will ensure that indicators identified, reflect local contexts and priorities. Boards are encouraged to self -report progress as part of their Annual Accountability Review and in the reporting mechanism for Single Outcome Agreements.

#### **Outcomes focused plan**



Proposed activities required to achieve short term outcomes.

	Activities
	Identify staff at risk of poverty and provide appropriate services and support Provide classes to NHS staff in financial & IT literacy Provide support for staff at work though provision of services, and a supportive and enabling culture Promote credit unions to NHS staff, contractors and partners organisations
	Provide employment/work experience opportunities for populations affected by WR in all NHS Depts Increase volunteering opportunities in the NHS and partners
	Ensure consistency in corporate understanding and approach of NHS in relation to welfare system (inc leadership) Engage colleagues in professional groups at all levels to ensure they understand the impact of WR and the impact on their service area Build allies/experts in each professional group to 'lead'/'sell' this to their colleagues Promote holistic model of support which covers health, employment, housing, income, assets, stigma Ensure GPs are clear about their role and contractural obligations re supporting people to claim welfare benefits Produce regular written and electronic updates on welfare reform for NHS Board - formal papers and informal newsletters
	Train front line staff to respond to social and economic circumstances which are affecting health and wellbeing (health inequ training) Ensure staff are aware of agencies they can refer patients to for welfare benefits advice and support (within and outwith NHS) Ensure staff have confidence and skills to raise issues of financial insecurity Use NHS Boards communication strategies to circulate information to staff about changes to welfare benefits Provide specialist support for staff providing front line services (focusing on mental wellbeing) e.g. supervision models for staff. Build knowledge and skills in assets based approaches
	Work with partners to develop appropriate referral pathways and maintain them Establish formal referral links between NHS and appropriate local authority and third sector agencies Develop closer working relationships with employability partners Broaden discharge planning (secondary care) to include social consideration and social prescribing/referral as required (e.g. via Well Connected service, Lanarkshire)
	Identify patients at risk of financial insecurity and refer them to appropriate services Review & standardise routine health assessments to routinely include financial and other relevant social circumstances (e.g. gender based violence) Influence a more accurate assessment of ability to work Implement evidence based vocational rehabilitation approach, targetting those affected by WR
	Engage with health and social care and local authorities to develop the plan Ensure representation on local authority WR strategic planning groups (or equiv) n partnership at Community Planning level and within developing health & social care arrangements to ensure support to those at risk of poverty or ill health Build pathways to advice services (inc 3rd sector), build their capacity and help them cope with increased demand Review NHS funding to third sector to ensure it can meet demand Establish welfare rights or link workers in GP practices/primary care facilities in areas of deprivation nsure that good welfare rights advice and other social support services, including fuel & food poverty initiatives, are readiliy avaialable and accessible.
	Develop social marketing campaigns for staff and population as a whole, and training for staff in NHS and LAs to dispell myths and prejudices about poverty and welfare benefits claimants
Update EQIAs to include income, inequality, poverty and stigma Through EQIA, NHS organisations regularly review contracts of employment, pay rates and HR policies (inc working hours, redeployment & security of contract) for staff (health, social care & contractors)	
	ntial risks to health and health inequalities into health plans and ensure it is referred to in accountability reviews across all planning frameworks mpact of WR on population and services, using this agreed plan and respond to increased demand for/use of services
Develop monitoring plan that uses different types of intelligence to help build understanding about the impact (+ and -) of WR in Scotland on population health, health inequalities & services in the short term (inc case studies) Gather information from GPs and other staff to provide evidence for WR applications and appeals Use feedback and available intelligence on systems impacts to make adjustments (e.g. Scottish Weflare Fund) NHS identifies and acts on its role in responding to consultations (as critical advisor) Ensure progressive, health promoting procurement strategies and service level agreements	

