

**Welfare Reform Activities in Health & Care  
Showcasing Event  
15<sup>th</sup> March 2017**

**Report**

**Introduction**

NHS Welfare Reform, Health and Employability Forum aims to strengthen the links between the NHS, employability and welfare reform and support organisations, including financial inclusion services to tackle health inequalities and understanding its role and activity to promote employability. Also to reduce the impact of welfare reform and promote financial inclusion whilst supporting local HSCP's to engage with and influence the national agenda to reduce health inequalities.

As such the Forum supports such activity as the showcasing event above by encouraging leads to learn from each other, formally and informally, and from other areas. This includes exchanging information, sharing good practice and ideas to shape best practice and cross area collaboration where possible.

This event was organised by the forum and included six speakers delivering different workshops highlighting their local welfare reform activities from across Scotland. This was in the form of individual table sessions with presenters rotating round the six tables.

Event programme embedded below.



EVENT Welfare  
ReformActivities 150

There is a short synopsis of each workshop along with embedded presentations/reports:

Carol Chamberlain, Senior Health Promotion Officer, Health Inequalities, NHS Lanarkshire  
Anne Hopkins Simpson, South Lanarkshire Council

*Challenge Poverty Week is a national event which aims to bring public attention to the reality of poverty in Scotland, events and activities take place all over the country*

- *To show the impact that poverty has on individuals and communities*
- *To raise awareness and challenge negative attitudes towards people in poverty*
- *Promote actions to address poverty.*

*The Stick Your Labels campaign was launched in 2010/11 by the Poverty Alliance to challenge the stigma of poverty. The campaign emerged from a working group established by the Poverty Alliance to look at the issues of stigma and discrimination that people in poverty often experience. This group made up of people with direct experience of poverty and other stakeholders over a six months period looked at a range of issues related to stigma. The group developed a series of statements which form the basis of the Stick Your Labels campaign*

- **Poverty is not inevitable**
- **Attitudes Matter**
- **Actions Change Attitudes**

*In 2011 the leaders of the 5 main political parties in Scotland signed up to these statements committing themselves to take the actions required to address stigma.*

*The aim of the Stick Your Labels campaign since has been to highlight the negative impacts of poverty.*

*The Stick Your Labels campaign was re launched in 2015, to mark Challenge Poverty Week in the same year South Lanarkshire Council endorsed the campaign making a commitment to the Stick Your Label pledges.*

For more information on this campaign, please see notes and promotional materials embedded below.



Presentation  
NHSL.doc



Day 1-5 NOV16.pdf

### **Joint Working Prevents Sanctions**

Sylvia Baikie, *Public Health Practitioner, Edinburgh Community Health Partnership*

*A major shake-up of the welfare system was introduced by the Government in 2012. This included the introduction of new benefits, new assessments procedures, tighter conditions attached to benefits and new mechanisms for claiming and paying benefits. As these changes were implemented addiction service providers were aware that many clients were struggling to cope with the welfare system. The additional stress and anxiety that resulted from increased health assessments, sanctions and stricter claimant commitments had an*

*impact on their client's recovery. Services workers are coming under increased pressure to help clients complete benefit forms, provide letters of support and advocacy in dealing with the DWP programme providers.*

*In May 2015 a pilot was launched in Edinburgh to address these issues. The DWP Employment and Partnership Managers along with the DTTO (Drug Treatment Testing Order) resource workers were invited to discuss the present issues and identify a way forward. There was an appetite to joint work in a positive and efficient manor with the overall benefit being for the client; both in terms of their recovery process and their development through the employability pipe line. There was a clear understanding that working together, in a joined up manor, was the only way to positively impact the client and assist both agencies meet their overall requirements.*

For more information on the pilot please see embedded document below.



summary for  
conference 2nd marcl

### **Financial Inclusion and Welfare Reform in Mental Health Services**

Kathy Owens Health Improvement Senior, North West Locality Health Improvement Team,  
Glasgow City Health and Social Care Partnership

*Overview:*

- *Developmental work with Mental Health Services in NW Glasgow*
- *Mental health financial inclusion referral rates in NW Glasgow*
- *Challenges to this work*
- *Improvement opportunities*

For more information on the above headings please see presentation embedded below.



FI and MH for  
Equalities Gp Dec 16.]

### **Social Return on Investment – Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices**

Roddy Samson Advice Service Manager, Granton Information Centre & Craig Mason, Senior  
Manager - Council Advice Services, Dundee City Council

*As a result of having contact with advice workers in medical practices who have access to medical records, patients/clients experience improved health and wellbeing, feeling less stigmatised, and report increased feelings of self-worth. Individuals, particularly those who*

*may be experiencing social and/or economic disadvantage have improved and earlier access to services.*

*Medical practice staffs are able to make better use of their time and to focus on medical interventions. They develop a better understanding of welfare benefits and money advice issues and report increased job satisfaction*

*For medical practices as a unit, the co-location of the advice workers results in the improved delivery of cost-effective services.*

*Advisors state that they have improved productivity and there is a verifiable reduction in the number of appeals and on-going work. As well as saving time, advisors are able to get a better understanding of the need of their clients.*

*Funders value the opportunity that co-locating advisors in the medical centres offered, as it improves their ability to target resources at priority groups. There is recognition that a reduction in health costs will result from the improvements to health and wellbeing reported by clients/patients as a consequence of easier and earlier access to advice services.*

Full report embedded below



SROI co-location of  
advice workers final v

### **Developing & Implementing an NHS & Welfare Reform Mitigation Action Plan across 3 Health & Social Care Partnerships**

Wendy Third, Health Inequalities Manager, Health and Social Care Partnership, NHS Tayside  
Aileen Tait, Senior Health Promotion/Improvement Specialist - Mitigating the Health Impact of Welfare Reform Programme Lead, NHS Tayside

*The approach taken to this work within NHS Tayside was described, demonstrating how we have established links to and secured the involvement of the three H&SCPs in Tayside (Dundee City, Angus and Perth & Kinross) in developing our local action plan to mitigate the health impact of welfare reform. The plan reflects the responsibilities of NHS Tayside both as an employer and as a service provider and also acknowledges the contribution made to this agenda by local authority and third sector partners across the whole of Tayside.*

Full report embedded below



NHS Tayside National  
Showcase Event Marc

### **Working in Partnership to Support Spinal Injuries Patients with the PIP Application Process**

Jane Beresford, Health Improvement Lead, & Fiona Brown, Discharge Coordinator; NHS  
Greater Glasgow & Clyde

- *48 bedded unit*
- *150-180 admissions annually*
- *Up to 65-70% will require care input on discharge that will have financial implications*

*Care component of P.I.P may be required to augment funding care package. Any delay in funding has potential to delay discharge.*

*Referral process by telephone or written once patient is stable. Advisor visits within 1 week of referral to assist patient. Consultants provide a letter to support application.*

*Outcome; reduce application to award time; reduce stress for patient and family, potential reduction in discharge time.*

Financial figures and case studies included in presentation embedded below.



Welfare Reform  
Activities in Health & I

The chairperson closed the meeting with comments about how we would like to increase the forum's distribution list and encourage a higher attendance at future showcasing events.

The Welfare Reform Health and Employability Forum plan to support further events twice yearly to allow sharing of good practise.

If you would like to present at any future forum showcasing events or have someone you wish to have added to the forum's distribution list please contact the forum administrator at: [alisonnewman@nhs.net](mailto:alisonnewman@nhs.net)