

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

Outcome Focussed Plan – December 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
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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 implementation timescale, and the fact that the effects of widening inequalities and increased poverty will be long term, the plan will be for 10 years (in the first instance, but may be reconsidered)

Problem statement

The UK Government's Welfare Reform programme is occurring at the same time as a deep and prolonged economic recession, which is likely to have some positive short-term and negative long-term health impacts. 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 cardiovascular disease and respiratory illness

- poorer nutrition and diet related health problems
- increase in substance misuse
- worsening mental health and wellbeing in children
- increasing incidence of child protection cases and violent crime (including 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 health and social care services (including NHS, local authority 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 community planning 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 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 Government's welfare reform programme will be implemented as expected

Target group

The target group for this plan are working age 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

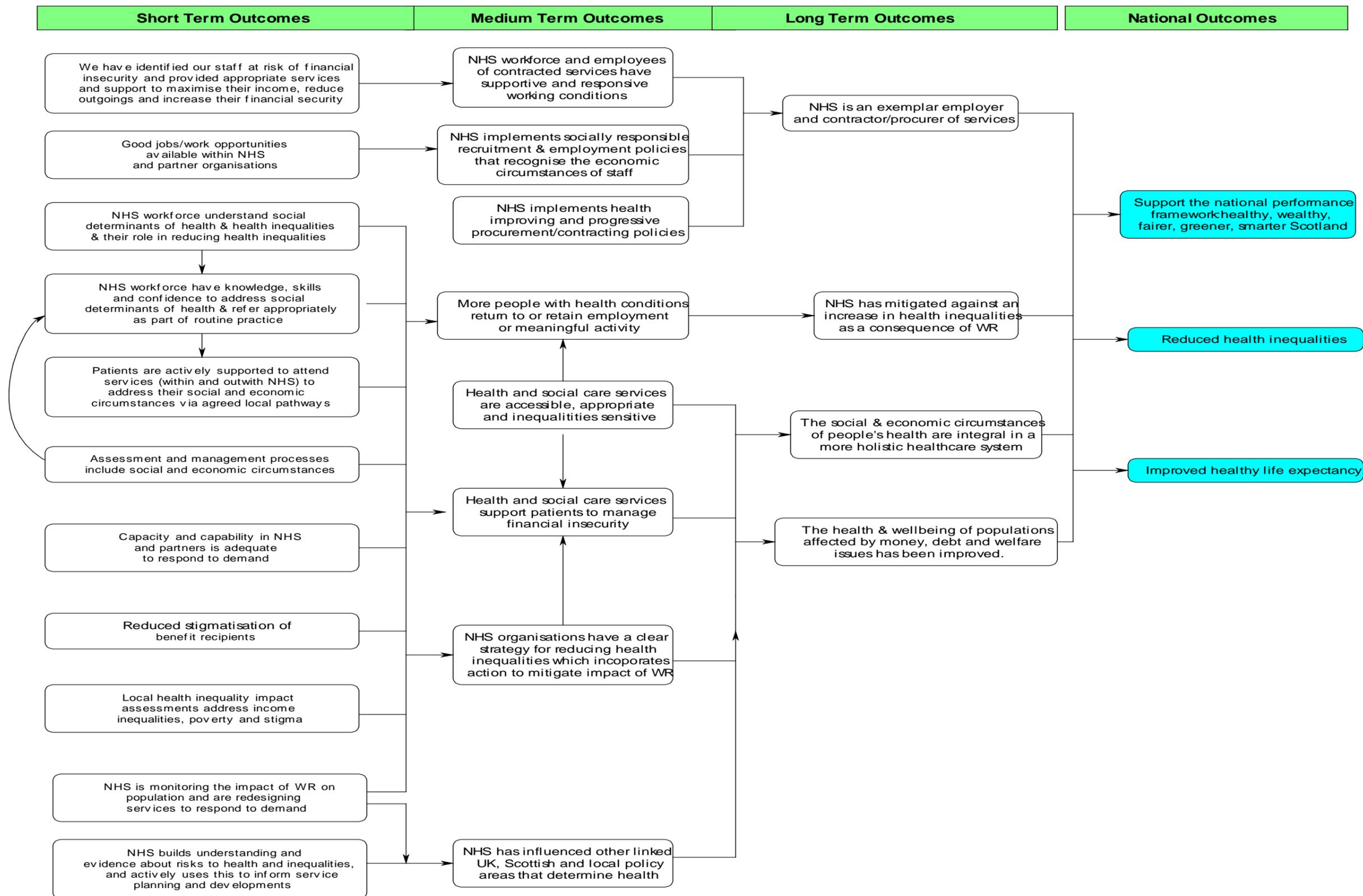
Agents of change

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 plan has not been developed. Rather, it is expected that NHS boards across Scotland will work with community planning partners 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

