

Bills Crisis

Don't Know Where to Turn

Low Income

Feeling Low

Employment

Rent

Out-of-Work

Food

Disabilities

Homeless

Money Worries

Fuel

Debt

Benefits



Director of Public Health

Annual Report 2017/18

Welfare Reform

Content

Foreword

Welfare Reform
Author

Aileen Tait
Programme Manager
Welfare Reform and Health/Financial Inclusion
aileen.tait@nhs.net

Recommendations from
Director of Public Health Annual Report 2014/15 - an update

Foreword

Welcome to the second chapter of my Annual Report for 2017/18. As always I will welcome comments on the content, presentation and format. I hope you find it interesting and thought provoking, and I also hope it generates significant discussion locally. The topic area for this chapter is Welfare Reform, or Welfare Cuts as some would prefer. As you read on, the public health significance of this topic will become increasingly clear.

The Westminster Government's Welfare Reform Act 2012 was born of the austerity measures which were introduced following the financial crash four or five years previously. The reforms/cuts were the subject of considerable controversy at the time; indeed this continues to the present day. The Government's stated aim was to incentivise employment and simplify the benefits system. However, it was seen by many as an attack on those members of our society who were already among the most disadvantaged. Proponents of the changes saw them as a rebalancing between the safety net of the welfare system and the need to 'make work pay', given the clear evidence that work can often be good for health and wellbeing. Opponents of the changes saw them as a perverse punishment of already poor people who were least able to defend themselves and who had not been responsible for the preceding economic crisis in the first place. It is not my place, or intention, to comment on these differing views; rather my responsibility is to report on the impact on the health and wellbeing of people in Tayside, and on what has been and will be done to mitigate any negative consequences.

There can be no doubt that there is some evidence of benefits to the economy which have coincided with the reforms/cuts. As I have pointed out in the Report, since 2013 the UK economy has moved from recession to recovery, employment rates have risen, the proportion of workless households has fallen, and the proportion of out-of-work benefits claimants has decreased. However, the predictions of some respected academics that significant damage to the health and wellbeing of already disadvantaged people would result have also proven accurate. There is now clear evidence that in excess of £100 million has gone or will shortly go from the Tayside economy, and much of that has impacted negatively on the disposable income of people whose financial vulnerability was already high.

Our Health Equity Strategy – Communities in Control - emphasised and illustrated the impact which poverty and deprivation have on health and wellbeing. In general, greater affluence is associated with higher levels of health, while less affluent populations are, on average, less healthy. Decreases in disposable income are generally associated with declines in health and wellbeing. Research undertaken at a

Foreword

national level is continuing to show a widening of the health divide between rich and poor, and an increase in the use of health and social care services by those most affected. Returning to work, or maintaining employment, has been difficult for many people and the effects of reduced eligibility for benefits alongside more stringent assessment, reductions in benefits and the high number of sanctions imposed have become increasingly evident.

The mitigating actions being taken by the Scottish Government and local partners are outlined in detail in the Report. All of these local actions have been achieved in close partnership with local statutory and third sector partners, and communities themselves, and I am grateful to all concerned for helping to minimise the negative impact on health and wellbeing in Tayside. I am very grateful to Aileen Tait, Programme Manager, Welfare Reform and Health/Financial Inclusion who has led on this agenda on my behalf over the past four years and is the author of this chapter. My thanks go also to Lesley Marley, Directorate Manager, Public Health, who on my behalf has commissioned, coordinated and edited the Report and to Alistair McGillivray, Graphic Design and Publications Manager, for the design and production.

Dr Drew Walker
Director of Public Health
April 2018

Welfare Reform

Introduction and Background

The programme of work around welfare reform and health within the Directorate of Public Health was initiated back in 2014, in response to national guidance on action to mitigate the impact on health of a major overhaul of the benefits system in the UK, introduced by the Welfare Reform Act 2012. Emerging evidence at that time indicated that the proposed changes would mainly affect those in our communities already among the most disadvantaged – people of working age in low-paid employment or out of work, lone parents, and people with long-term health conditions and/or disabilities, with many tenants in social-rented housing additionally adversely affected by housing benefit reforms. The fact that this radical programme of reform was being implemented against a background of existing inequalities, economic recession and rising unemployment, made the likelihood of negative impact even greater, resulting in increasing levels of disadvantage, widening inequalities and associated poor health.

Research by the Centre for Regional Economic and Social Research, Sheffield Hallam University¹ predicted that ‘A key effect of the welfare reforms will be to widen the gaps in prosperity between the best and worst local economies across Britain’, with another of their reports for the Scottish Parliament² estimating a huge annual loss of income of around £1.5 billion across Scotland once all of the changes had taken effect, with devastating consequences, not only for individuals and families, but also for local communities and the local economy. As well as the negative impact on physical and mental health for individuals, families and communities in both the short and longer term, analysis of evidence from published and unpublished impact assessments by the Scottish Impact Assessment Network and others, led researchers to conclude that increased demand on NHS health and social care services was also likely. In particular, primary care and community mental health staff were expected to experience additional pressures due to poorer levels of health associated with poverty, disadvantage and increased levels of anxiety for crisis hit patients. However, it was thought that secondary care services would also feel the effect, possibly in the longer term³.

In a report in April 2013, the Scottish Public Health Network³ outlined the timetable for change, highlighted the potential consequences and suggested where local NHS Boards might wish to focus efforts to reduce negative impacts. This was followed in December of that year by a national outcome focussed plan to ‘Mitigate the Impact of Welfare Reform on Health and NHS Health Services’, issued by the Scottish Government’s Welfare Reform and Health Impact Delivery Group (HIDG)⁴.

Welfare Reform

The national plan provided guidance for NHS Boards to inform local action.

Within NHS Tayside it was felt appropriate that this work be embedded as part of the wider health equity agenda, for which the Director of Public Health is responsible. The NHS Tayside Health and Employability Forum extended its remit to encompass Welfare Reform and a dedicated programme management role was established and filled from existing resources within the Directorate of Public Health. The role included overseeing the development, implementation and monitoring of a local action plan to mitigate the health impact of welfare reform. Recognising that, as a large employing organisation, some of our staff were likely to be affected by benefit cuts, this plan reflected NHS Tayside's responsibilities as both an employer and as a service provider. It also acknowledged the important contributions being made by our local authority and third sector partners. It captured a wide range of contributory activities that are part of our core business (and that of our partners) but also introduced many new initiatives which have been taken forward during the past four years.

In 2016 the HIDG began a review and refresh of the national plan, taking into account:

- Evidence of the impact of the UK Government's welfare reform programme and austerity on health and health services.
- Evaluations of activities developed to undo, prevent and mitigate that impact.
- The emerging role of integrated Health and Social Care Partnerships in Scotland, specifically in relation to prevention, anticipatory care and supported self-management.
- The Social Security (Scotland) Bill which gives the Scottish Government powers to deliver eleven disability and caring benefits, devolved as part of the Scotland Act 2016.

An updated version – 'Pulling in Different Directions. Creating a social security system which is good for health and well-being in Scotland'⁵ was produced. Many examples of good practice initiated in Tayside were used to inform this new plan and we, in turn, have refreshed our local action plan in line with updated national outcomes⁶.

Welfare Reform

Impact of the Changing Landscape

The main aim of the 2012 Act was to ‘make work pay’ and to encourage those who are economically inactive into seeking employment. Indeed, there is evidence that, since 2013, the UK economy has moved from recession to recovery, employment rates have risen, the proportion of workless households has fallen, and the proportion of key out-of-work benefits claimants has decreased⁵.

However, it is important to acknowledge that some elements of the current approach to social security provision may actually be moving some people further away from the labour market. It is generally accepted that work is good for health and that supporting the working age population who are able to work, to move into, remain in and progress in good quality employment, will have a positive impact on health and reducing inequalities. However, it is also the

case that personal circumstances (e.g. health problems, caring responsibilities) and individual employability (e.g. lack of educational attainment/work experience, low levels of literacy) can be important barriers to finding work. For disabled people and people with long-term health conditions, for example, it can be more difficult to find sustainable employment. In 2016, the gap in the employment rate between disabled people and non-disabled people was around 37 percentage points (i.e. 42.8% as opposed to 80.2%)⁷. Disabled people have also been disproportionately affected by recent changes to the benefits system. Of the current welfare policies directly affecting disabled people, perhaps most notable is the replacement of Disability Living Allowance (DLA) for those of working age, with Personal Independence Payment (PIP) and associated more stringent assessment criteria for claimants. This move alone is projected to reduce spending on disability benefits in Scotland to the tune of £65 million a year by 2020/21, representing a potential loss of £7,000 a year income for some individuals and resulting in real hardship for many⁸. In addition, many unpaid carers of working-age disabled people who lose eligibility following the transition to PIP, will no longer qualify for Carer’s Allowance – a further loss, based on the current Department for Work and Pensions (DWP) rate, of around £3,260 a year for some households⁹.



Welfare Reform

Increased participation in the labour market does not necessarily result in improved financial security, in any case; rising levels of in-work poverty and under-employment (due, for example, to cuts in tax credits and the fact that part-time and zero hours contracts are still commonplace) are testament to this. Work (even full-time work), then, does not guarantee protection from poverty for everyone and ‘bad’ work can be just as detrimental to health for some as being unemployed. Ostensibly, to help ameliorate this, a new National Living Wage for those aged 25 and over was introduced from April 2016. However, the current rate of £7.83 per hour falls way short of the Real Living Wage of £8.75, calculated by the Living Wage Foundation according to the basic cost of living in the UK. This means that although many individuals over 25 previously earning below the new level will benefit, it will not be sufficient to maintain a reasonable standard of living. The higher minimum wage will also be insufficient to offset cuts to benefit income - the Office for Budget Responsibility estimates that, although it will increase total earnings by almost £4 billion by 2020, changes to the benefit system announced by the UK Government (in HM Treasury Summer Budget 2015) will have cut welfare payments by between £12 and £13 billion by the same year⁹.

In the Director of Public Health Annual Report 2014/15 we highlighted issues around welfare reform and health; the full impact of some of the most far-reaching reforms introduced by the 2012 Act, such as Universal Credit, had yet to be realised. Universal Credit (UC), arguably the biggest change of this kind since the 1940s, was designed to ‘simplify’ the benefits system. It replaces six key income-related benefits for working-age people – Job Seekers Allowance, Employment Support Allowance, Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit - encompassing them into a single benefit. The benefit is paid monthly, directly to claimants on the basis that it will give them increased control over their own finances. This has caused problems for people previously paid weekly and not used to budgeting over the course of a month. Where a housing cost element is included in a UC award, additional difficulties have arisen for many claimants whose housing benefit was previously paid direct to their landlord, resulting in substantial rent arrears. First introduced from 2013, UC initially only applied to single claimants without dependents. A gradual rollout of the benefit to ‘full service’ (i.e. applicable to claimants of all household types of all types of benefit it subsumes) began in May 2016 but did not become operational in the Tayside area until November 2017 (Dundee City and Angus) and April 2018 (Perth and Kinross). Because of increased conditionality for claimants and the high number of sanctions being applied to those failing to meet their ‘claimant commitment’ (akin to a work contract) and an apparent lack of understanding of how the system works, this has caused huge problems.

Welfare Reform

Although the movement of people on to UC was (and still is) accelerating, as at October 2017 under one third of claimants subject to sanctions were on UC. Despite this, the estimated 290,000 UC sanctions for the previous 12 month period accounted for over two-thirds (71%) of all estimated sanctions¹⁰. Considering that a sanction can result in an individual being without access to funds for several weeks, even months, and that, although available, hardship payments are made at a rate of only 40% of benefit and are repayable, it is easy to see how difficulties for individuals and families can quickly escalate to crisis point.

In the Director of Public Health Annual Report 2014/15 report we cited the huge rise in demand for food banks as a key indicator of the number of people in our communities living in poverty and struggling to make ends meet. It is, therefore, of grave concern that, three years on, we have to report a continuing rise in the use of



food banks, and not just by those who are unemployed - still, a significant proportion of users are from working households who are nevertheless finding it hard to manage. It was noted previously that in 2013/14, the Trussell Trust was operating 251 food banks distributing emergency food parcels across the UK. As at April 2017, that number had risen to 427, with 52 of these in Scotland supporting 119 local centres¹¹. Use of food banks in Scotland

has risen year-on-year and in the year to November 2017, the charity reported a record high in the number of food supply packs given to people in need¹². This national picture is very much reflected at local level. During the year to October 2017, the reason for referral to a food bank in almost 43% of cases was benefit changes or delays^{13,14}. In a 2017 report on UC and food banks, the Trussell Trust found that in areas of UC full-service rollout, there was a 16.85% average increase in referrals for emergency food, over two and a half times the national average of 6.64%. They also found that the effect of a six-plus week waiting period for a first UC payment can lead to, not just increased food bank referrals but also mounting debt, mental health issues, rent arrears and eviction¹⁵. Another alarming fact is that food banks are now having to respond to a growing need to provide non-food items such as toiletries (including nappies and feminine hygiene products), toilet rolls and household cleaning materials. That they have to do so, gives an indication of the sheer scale of destitution felt by large numbers of individuals and families nationwide

Welfare Reform

who are unable to afford these basic necessities, items essential to people's sense of dignity and ability to keep themselves clean and participate normally in society. As the manager of one Scottish food bank put it, "How can one present for a job interview unshaven, in dirty clothes or having not washed with soap"¹⁶.

Following the 2015 general election, the new Westminster Government initiated a further round of welfare reform. This included a four-year freeze in most working-age benefits, reductions in work allowances within UC, the ongoing transition from DLA to PIP, further reductions in Tax Credits and a lowering of the Benefit Cap. Figures show that by 2020/21, Scottish claimants are expected to lose just over an additional £1 billion a year as a result of the post-2015 reforms. Dundee City features in the top five hardest hit local authority areas, with an estimated loss per working age adult claimant of £360 per annum. Coming as they do, on top of the reforms implemented between 2010 and 2015 which resulted in a loss of around £1.1 billion across Scotland¹⁷, it is clear that the problems we are facing here are not going to disappear anytime soon. The Social Security (Scotland) Bill gives the Scottish Government powers to deliver eleven disability and caring benefits, devolved as part of the post-Smith Commission Scotland Act, 2016. The Bill is due to be submitted for Royal Assent at the end of May and once it becomes law, will trigger the establishment of a new Social Security Agency for Scotland. However, the devolved benefits represent a relatively modest spend compared to the amount allocated for Scotland in relation to the benefits reserved to Westminster, and even those devolved benefits have not escaped unscathed. For example, by the time that responsibility for PIP is devolved later this year, it is estimated that a further £190 million a year will have been taken from claimants in Scotland due to the continued transition process from DLA. Researchers from the Centre for Regional Economic and Social Research conclude in their report, therefore, that the devolution of welfare powers should not obscure the continuing role that the UK Government plays in determining benefit spending in Scotland. Claimants in Scotland have lost large sums

“How can
one present
for a job
interview
unshaven, in
dirty clothes
or not having
washed with
soap”

Welfare Reform

already, and are set to lose even more. The report authors contest that ‘the devolution of welfare powers will not in itself alter this stark reality’¹⁷.

Perhaps the greatest impact of the many cuts and policy changes in recent years, has been on mental health and wellbeing for those affected. It has been noticed, for example, that in a number of cases examined by the multi-agency Tayside Suicide Review Group during the past two years, money worries or issues with benefits have featured as a contributory factor. Alarmingly, across the UK there have also been reported instances of individuals becoming so distraught, either by failing a work capability assessment in relation to a claim for Employment Support Allowance or by being sanctioned for unwitting non-compliance with correct processes, that they have felt compelled to take (or attempt to take) their own lives. Whilst it is not suggested that these problems were the only factors involved in triggering such drastic action, for someone whose life is already in crisis and whose stress levels are high, the threat or fear of destitution might just be enough to tip them over the edge¹⁸⁻²⁰.



Welfare Reform

Mitigating Action

National

Aside from the work of the HIDG in developing national outcome-focussed plans and guidance for local areas, the Scottish Government has introduced measures in an attempt to counteract the worst effects of the reforms. The impact of the removal of the spare room subsidy for social-rented sector tenants (commonly known as ‘the bedroom tax’), for example, has been largely averted by the Scottish Government’s continued commitment to deploy funding to local authorities to fund Discretionary Housing Payments for affected households. From January this year, a number of flexibilities were also made available for ‘full service’ UC claimants residing in Scotland. These include the option to be paid either monthly or twice-monthly and to have housing costs included in a UC award to be paid directly to the landlord. This was designed to help those having difficulty managing their finances and meeting their commitments (including payment of rent) over the period of an entire month.

In establishing a new social security agency for Scotland that will oversee the delivery of devolved benefits, the Scottish Government is working with stakeholders, including those with lived experience of poverty and the current benefits system, at every stage. This is to ensure that the new system will be founded on the principles of dignity, fairness and respect and that, rather than adopt a one-size-fits-all approach, support services are designed to be flexible to users’ needs. Alongside plans for social security provision designed to result in improved health and wellbeing in Scotland, the Scottish Government is supporting initiatives to help more people into work, particularly those further from the labour market. Their plan for the integration and alignment of employability support in Scotland, ‘No One Left behind’⁷, sets out the steps they will take to simplify the current employability landscape and deliver better outcomes for people who face significant barriers to accessing work. Fair Start Scotland, the new devolved employment support service, in place from April 2018, along with support for locally-based initiatives, will be key to delivering this approach.

Local

In NHS Tayside, our approach to mitigating action reflects what is taking place at national level. As previously mentioned in the introduction, our local action plan to mitigate the health impact of welfare reform links to outcomes in the national plan. It includes initiatives to improve employability outcomes, as well as others designed to facilitate access to relevant information, advice and support for those experiencing income-related problems. Much of the content will therefore also support local action to tackle child poverty as outlined in the Scottish Government’s recently

Welfare Reform

launched child poverty delivery plan, 'Every Child, Every Chance'²¹, as well as recommendations of the Health Promoting Health Service policy framework which encourages inequalities-sensitive practice and facilitating access to money advice services within hospital settings²².

Current priority actions focus on supporting our staff to understand the impact of money worries and benefits issues on people's health and to develop the knowledge, skills and confidence to refer appropriately to advice services via agreed referral pathways as part of routine practice.

Examples include:

Education and Training

- Impact of Poverty Awareness/Inequalities-Sensitive Practice training delivered jointly by NHS Tayside Workplace Team and Welfare Rights staff from the three local authorities, and offered to staff in NHS Tayside and partner organisations.
- Impact of Welfare Reform/Poverty Awareness sessions provided for NHS Tayside Equality and Diversity Champions to enable extension of their role to include supporting colleagues and patients in relation to welfare benefits/financial issues and signposting them to appropriate services.
- NHS Health Scotland eLearning module on Child Poverty promoted with NHS staff, particularly within Health Visiting/Maternity/Child and Family Services.
- Universal Credit Awareness sessions offered to NHS staff prior to roll-out to UC full service in each local authority area in Tayside.

Development of Referral Pathways

- (Getting it Right for Every Child) GIRFEC Health Assessment which includes a section on socio-economic problems, used by Health Visitors, Family Nurses and School Nurses across NHS Tayside who refer to advice/support services accordingly.
- Health Visiting Universal Pathway which recommends asking questions regarding financial problems and referral to welfare rights services as necessary, implemented across NHS Tayside.
- Keep Well health check questionnaire includes questions on employment and finances and opportunities for referral/signposting to advice services and ongoing support. In 2016/17 Keep Well nurses carried out 1059 comprehensive health checks, 762 (72%) of which were for people residing in an area designated as SIMD 1.

Welfare Reform

- Maternity Team and local authority Welfare Rights Service in Perth and Kinross piloting an improvement project to give pregnant women the opportunity to access benefits advice. Final evaluation results will determine whether project will be rolled out across Tayside.
- Possibility of inclusion of socio-economic questions in hospital core admission and discharge documentation is currently being investigated.

Facilitating Access to Advice Services

- A mobile app, 'Money Worries? Find the right help in a crisis', was developed and launched in May 2015 as a signposting tool for staff to help patients and clients access appropriate services, particularly in times of emergency/crisis. App content is reviewed and updated annually and user navigation feedback from integrated Google Analytics is also used to inform ongoing content development. In the three years since its launch, the app has been downloaded and used (in the UK) over 3,000 times. On average 15 screens are viewed in each user session, with a session lasting, on average, four minutes. Around 75% of sessions represent returning users, indicating that people are finding the app a useful source of information. This initiative has generated considerable interest from across Scotland and three other NHS Boards now have, or are in the process of developing, their own localised version of the app.

Money Crisis?

Benefits cut?
Need to eat?
Bills to pay?
Rent arrears?
Mounting debt?

Having difficulty making ends meet?
No need to panic - help is at hand!

Our free to download **Crisis Help App** will direct you to the right sources of help for your situation.

KEEP CALM AND DOWNLOAD THE APP

Scan the code or search for 'Money Worries? Find the right help in a crisis' on the app stores

NHS Tayside Mitigating the Health Impact of Welfare Reform

Money Crisis?

● Benefits Cut?
● Need to Eat?
● Bills to Pay?
● Rent Arrears?
● Mounting Debt?

Having difficulty making ends meet?
No need to panic - help is at hand!

Our free **Crisis Help App** will direct you to the right sources of help for your situation.

KEEP CALM AND DOWNLOAD THE APP

Scan the code or search for 'Money Worries? Find the right help in a crisis' on the app stores

NHS Tayside Mitigating the Health Impact of Welfare Reform

Welfare Reform

- A multi-agency Advice Centre based on the main concourse, Ninewells Hospital, opened its doors to the public in January 2017, offering advice and support on a number of topics/issues, including money worries, benefits and debt; housing, food and fuel; employment; and volunteering, as well as information for carers. An example of successful partnership working, the drop-in facility is well used by staff and students, as well as patients and visitors. Analysis of recorded usage data has enabled us to gradually extend the range of services available in line with demand. As part of continuing service improvement we are now in the process of recruiting

volunteers to fulfil a ‘meet and greet’ support role at the Centre’s reception. This will allow advice staff to provide an outreach service to wards and clinic areas as required, while the Centre remains open.

Ninewells Advice Centre

No appointment needed - drop-in service

Bills Crisis
Don't Know Where to Turn
Low Income
Feeling Low
Stress
Employment Rent
Out-of-Work
Homeless Disabilities
Food Fuel
Health Problems Benefits
Money Worries

Offering advice, advocacy and support on a wide range of topics/issues including:

- Welfare benefits
- Money worries and debt
- Housing, food and fuel
- Employment
- Carers information and support
- Volunteering

Someone to Talk To
Credit Union
Welfare
Helping Hand Listening
Grants Affordable Loans
Budgeting
Carers' Support Volunteering
Debt Management
Mental Wellbeing

Offering advice, advocacy and support services on a wide range of topics/issues including:

- Welfare benefits
- Money worries and debt
- Housing, food and fuel
- Carers information and support
- Volunteering

Come and talk to us

Advice Centre

New Advice Centre now open

Offering advice, advocacy and support services on a wide range of topics/issues including:

- Welfare benefits
- Money worries and debt
- Housing, food and fuel
- Carers information and support
- Volunteering

Find us:
Main concourse (Level 7)
Ninewells Hospital
(Through main entrance and turn first left)

Opening Hours:
Monday - Friday
9am - 12 noon
1pm - 4.30pm

Find us:
Main concourse (Level 7)
Ninewells Hospital
(Through main entrance and turn first left)

Opening Hours:
Mon/Tues/Wed/Fri
9am - 12 noon
1pm - 4.30pm
Thurs
9am - 12noon
1pm - 9pm

- The Welfare Rights Service located in GP practices in Dundee is now well-established, with weekly sessions in five practices across the city. A social return on investment evaluation report²³ showed significant financial gains for patients referred to the service which, last year, became the recipient of a COSLA Excellence Award. Negotiations are currently underway for further roll-out to additional practices. Funding also being sought to trial service model in one practice in Angus.

Welfare Reform

Employability outcomes in the national plan⁵ focus on increasing the number of people with health conditions retaining or returning to employment or meaningful activity, as well as the availability of 'good' jobs and work opportunities. Our work on this agenda therefore also supports employability and workplace health initiatives. We continue to deliver our Healthy Working Lives programme which recognises the importance of 'good' work in maintaining health and wellbeing, and NHS Tayside Employability Service maintains and continues to develop its suite of initiatives concerned with promoting positive outcomes in employment, education and training. This is in line with guiding principles based on close partnership working with external organisations engaged in addressing employability issues across Tayside. Other more recent developments include:

- Based on the findings of a review of employability services in Dundee, a multi-agency/multi-disciplinary, community-based service approach to preventing long-term unemployment through early identification and intervention is being piloted at two locations within the DD4 postcode area. Results from an independent evaluation by the Skills Development Scotland evaluation and research team will inform how NHS Tayside's involvement in this work will develop.
- Dundee was chosen as one of the pilot sites for the Scottish Government's Single Health and Work Gateway, an early intervention project to integrate employability and health services, and increase employability support for people living with disabilities and long-term health conditions. Due to launch in July 2018 it will run until June 2020; scrutiny and evaluation are built in to the service model.
- For several years NHS Tayside has successfully delivered Working Health Services and Fit for Work Scotland, vocational rehabilitation services adopting a case-management approach. Working Health Services will continue to operate across Tayside alongside Fair Start Scotland, a national service providing intensive, long-term support for participants via a key worker system which will continue into the workplace to support initial adjustments and career development. The Single Gateway (above) will act as the primary entrance or referral point in Dundee City for a range of support services (including an enhanced Fit for Work service) all of this ensuring that disabled people or people with health conditions, including mental health issues, who face more severe barriers to work are referred to where they will receive the most appropriate support.

Welfare Reform

Recommendations

Current evidence clearly indicates that, although there have been some positive outcomes associated with the reforms, these are far outweighed, at present, by the continuing negative consequences for large numbers of people, many of whom are already among the poorest and most disadvantaged in our communities. As predicted, inequalities and associated health problems continue to grow, making it essential that we continue our efforts to mitigate this impact. We will:

- Continue our work in-house to develop referral pathways to advice services, raise awareness of poverty, including in-work poverty, and encourage inequalities-sensitive practice. To support this we will look at the potential to provide supporting guidance for staff so that asking the right questions and signposting/referral become embedded as part of routine practice. We will also continue to be mindful that our staff may be affected by benefit cuts themselves and thus require ongoing support.
- Utilise the learning from evaluation and monitoring of local actions and pilot projects, as well as the evidence of continuing impact, to inform future development of this programme of work.
- Seek opportunities to provide public health leadership and support for the further development of welfare advice services in GP practices, particularly in Angus and Perth and Kinross. This fits with the Scottish Government's commitment to establish additional community link worker roles in Primary Care, one of six priorities for Health and Social Care Partnerships in relation to Primary Care Improvement Plans, as set out in the Memorandum of Understanding²⁴.
- Continue to work and develop further links with local authority and third sector partners, as well as colleagues in the Health and Social Care Partnerships and at national level, to deliver on both the welfare reform and employability agendas.
- Ensure that any action in relation to welfare reform that also contributes to addressing child poverty and meeting Health Promoting Health Service requirements is linked into relevant reporting mechanisms.

References

1. Beatty C, Fothergill S. Hitting the Poorest Places Hardest: the local and regional impact of welfare reform. Centre for Regional Economic and Social Research, Sheffield Hallam University; 2015.
2. Beatty C, Fothergill S. The Cumulative Impact of Welfare Reform on Households in Scotland. The Scottish Parliament Welfare Reform Committee; 2015.
3. Scottish Public Health Network. UK Welfare Reform: Final Guidance for NHS Boards in Scotland on Mitigating Actions; April 2015.
4. Scottish Government Health Impact Delivery Group. Mitigating the Impact of Welfare Reform on Health and NHS Health Services: Outcome Focussed Plan; December 2013.
5. Scottish Government Health Impact Delivery Group. Pulling in Different Directions: Creating a social security system which is good for health and wellbeing in Scotland; March 2018.
6. NHS Tayside. Mitigating the Health Impact of Welfare Reform: Action Plan 2018 – 2020.
7. Scottish Government. No One Left Behind. Next Steps for the Integration and Alignment for Employability Support in Scotland; March 2018.
8. Scottish Government. Impact of UK Welfare Policy on Disabled People; October 2017.
9. Child Poverty Action Group. Welfare Reform: The Impact on Families in Scotland; May 2017.
10. Webster, D. Benefit Sanctions Statistics: Universal Credit, JSA, ESA and Income Support, University of Glasgow; February 2018.
11. Vevers, D. STV News. Hunger Epidemic: Startling rise of food bank use in Scotland. [internet] 2017 [cited 2017 November 7]. Available from: <https://stv.tv/news/features/1401681-hunger-epidemic-explosive-rise-of-food-bank-use-in-scotland/>.
12. BBC News. Scottish food banks report record demand. [internet] 2017 [cited 2017 November 7]. Available from: <http://www.bbc.co.uk/news/uk-scotland-41895594>.
13. The Trussell Trust. End of Year Stats 2016-2017. [internet]. Available from: www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats.
14. The Trussell Trust. Mid Year Stats April – September 2017. [internet]. Available from: www.trusselltrust.org/news-and-blog/latest-stats/mid-year-stats.
15. The Trussell Trust. Early Warnings: Universal Credit and Foodbanks; 2017.
16. The Trussell Trust. 'Non-food provision' in The Trussell Trust Network in Scotland; 2017.
17. Beatty C, Fothergill S. The Impact on Scotland of the New Welfare Reforms, Centre for Regional Economic and Social Research, Sheffield Hallam University; October 2016.
18. Chakelian A. Disabled man killed himself over benefit cut, coroner rules. [internet]. 2015 [cited September 2015]. Available from: <https://www.newstatesman.com/politics/welfare/2015/09/disabled-man-killed-himself-over-benefit-cut-coroner-rules>.
19. Pring J. One in five benefit-related deaths involved sanctions. [internet] 2015 [cited 2015 May 15]. Available from: <https://www.disabilitynewsservice.com>.
20. Bulman M, Polianskaya A. Attempted suicides by disability benefit claimants more than double after introduction of fit-to-work assessment. [internet] 2017 [cited 2017 December 28]. Available from: www.independent.co.uk/news/uk/home-news/uk/home-news/disability-benefit-claimants-attempted-suicides-fit-to-work-assessment-i-daniel-blake-job-centre-dwp-a8119286.html.
21. Scottish Government. Every child, every chance. The Tackling Child Poverty Delivery Plan 2018-22; March 2018.
22. Calderwood C. Health Promoting Health Service. SGHD/CMO(2018)3; April 2018.
23. Carrick K, Burton K, Barclay P. Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices. The Improvement Service; 2016.
24. Scottish Government. Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards; November 2017.

Update on recommendations from Director of Public Health Annual Report 2014/15

Adopting a flexible and phased approach to programme and project development.

This was considered necessary at a time when much uncertainty still existed in relation to the implementation timetable for the UK government's programme of reform and its predicted impact, as well as the post-Smith Commission arrangements for devolved welfare powers to Scotland. The main Report describes how continuing to adopt this approach in a shifting landscape has enabled the Directorate of Public Health and partners to respond more effectively with initiatives to meet emerging challenges and need.

Ensure local action planning accurately reflects the breadth of activity across Tayside and contributes towards national outcomes.

The NHS Tayside Action Plan to Mitigate the Health Impact of Welfare Reform has been reviewed and adjusted in line with national outcome-focussed plans and accompanying guidance for local NHS Boards.

Establish links to the developing integrated Health and Social Care Partnerships to ensure that the health impact of welfare reform and inequalities in health are given appropriate consideration in operational planning; and continue working with local authority and third sector partners to ensure that mitigating action in relation to the health impact of welfare reform is integral to Single Outcome Agreement planning and reporting mechanisms.

Working in partnership with local authority and third sector colleagues is still considered an essential feature of working towards national recommended outcomes. Links to the Community Planning and Health and Social Care Partnerships are now firmly established, with NHS Tayside represented on all relevant strategic planning groups. Representatives from the three Health and Social Care Partnerships also participate in the NHS Tayside Employability and Welfare Reform Forum, thus ensuring a two-way information-sharing process. This, plus the Director of Public Health's direct involvement with the three Integration Joint Boards and local Fairness Commissions, has resulted in the health equity and welfare reform and health agendas being recognised in Local Outcome Improvement Plans and Fairness Strategy Action Plans.

Consideration of how local action might best be monitored and measured in order to establish an appropriate and robust evaluation framework in relation to both short and longer-term outcomes.

Working with NHS Tayside Health Intelligence colleagues, outcome and process indicators have been identified and baseline data gathered in order to monitor and measure progress against local and national outcomes and a timeline of changes to the benefits system. All new initiatives and pilot projects have been designed with built-in evaluation processes. The learning from all of this will continue to inform ongoing programme development.



Director of Public Health Annual Report 2017/18

Welfare Reform