

Healthy Communities Scrutiny Sub-Committee

Wednesday 8 October 2014

7.00 pm

Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1
2QH

Tabled documents

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The presentation given by the Director of Public Health , Dr Ruth Wallis is attached, as well as a written submission from the Rightfully Yours team.

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Health and income in Southwark

Dr Ruth Wallis
Director of Public Health
Lambeth & Southwark
October 2014

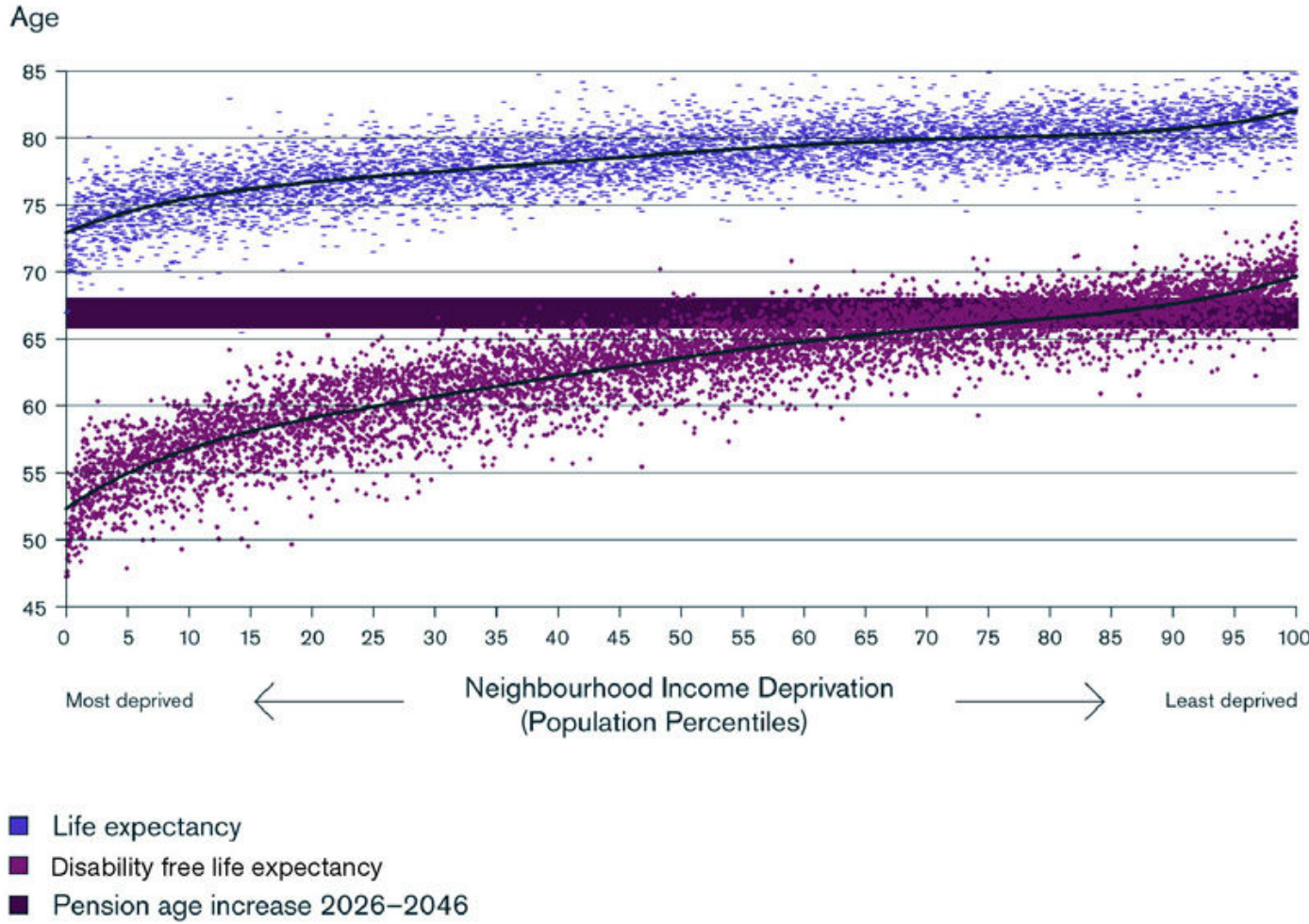


- Health and income
- Income in Southwark
- Low income, debt and health

Marmot

- Impact of income on health
- Impact of health on income

Socio-economic status is a major determinant of life expectancy and disability-free life expectancy



Source: * UCL Institute of Health Equity (2012) (a)

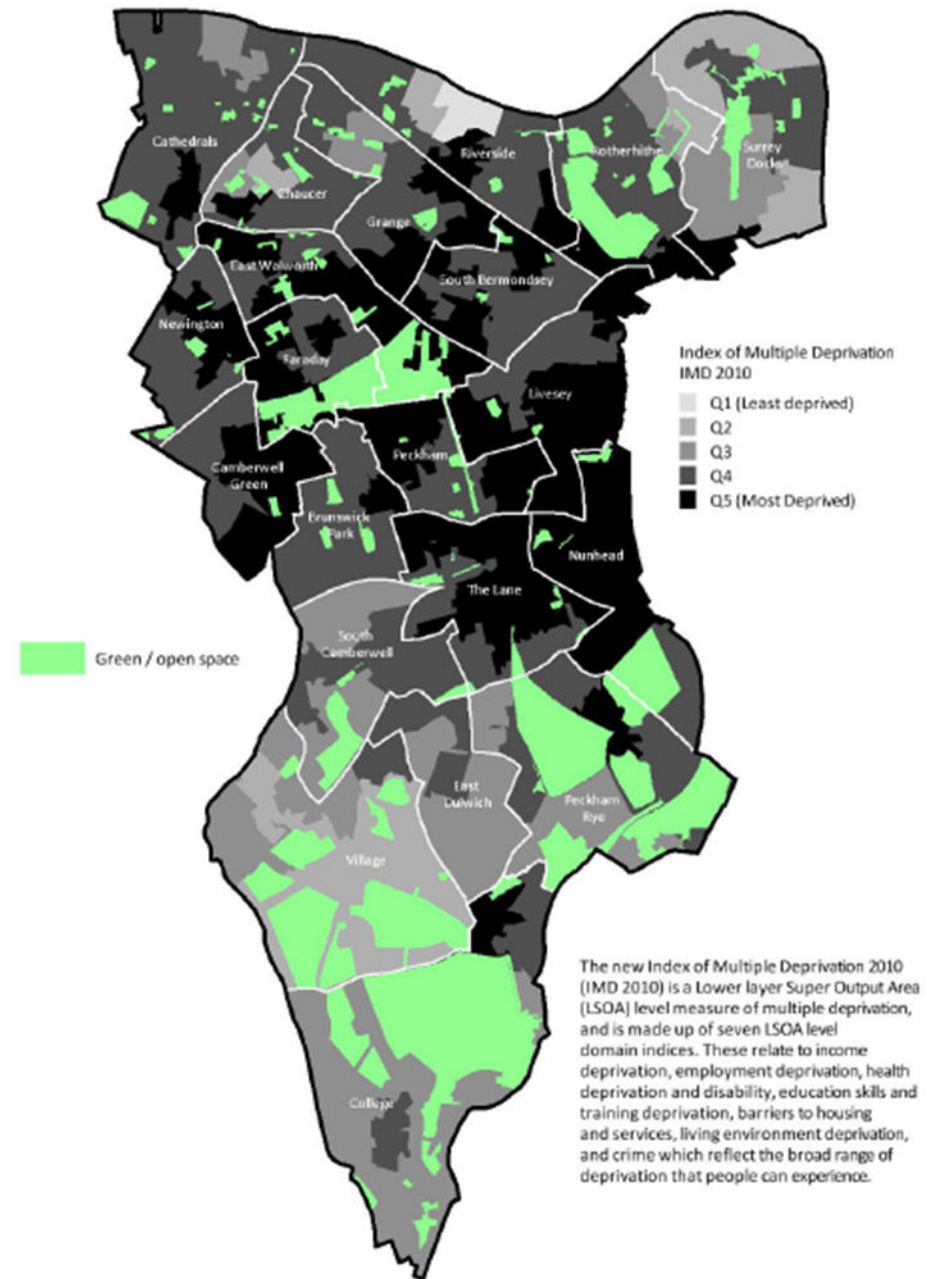
TheKingsFund

Southwark- overall deprivation IMD 2010

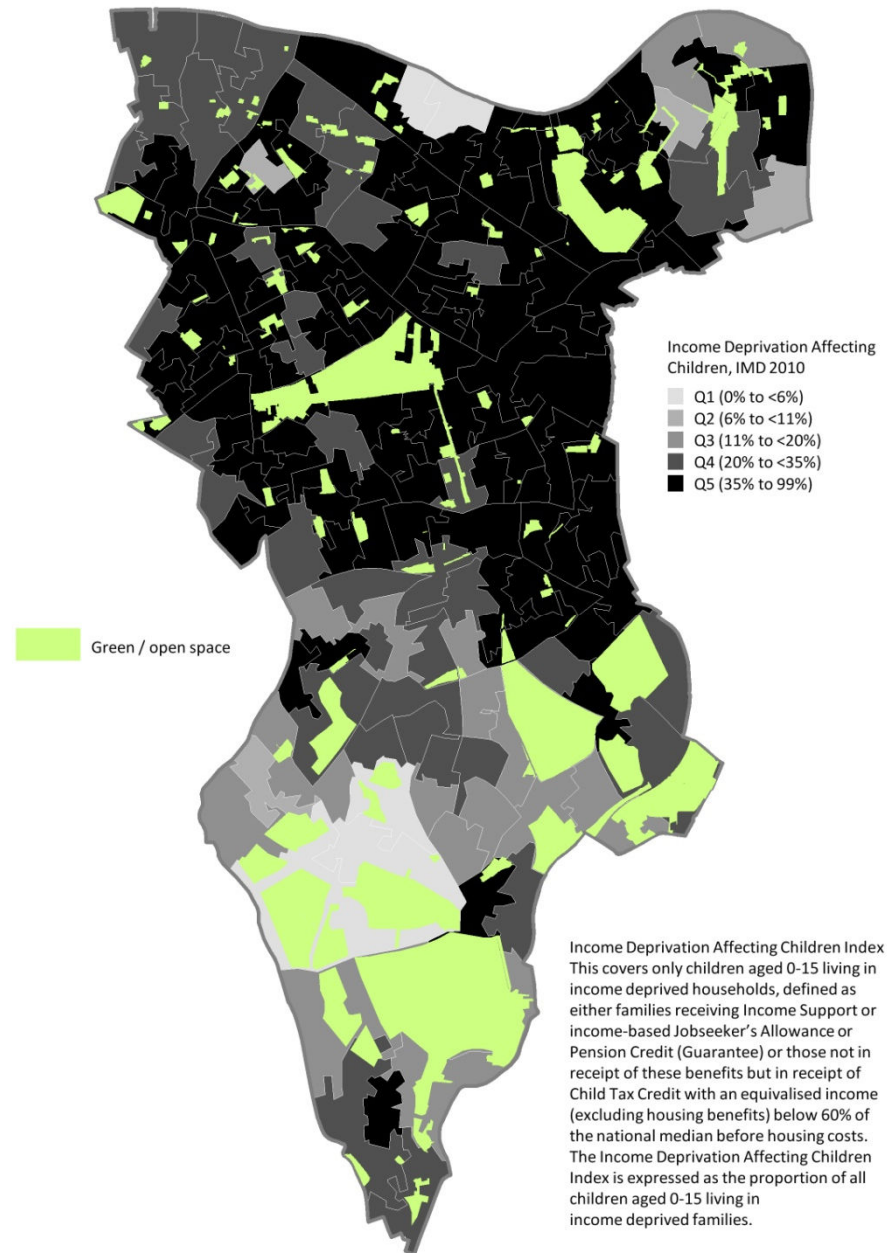
Overall the most deprived areas are
In the middle of the borough.

The split between North and South
Is likely to have increased already as a
result of the raise in house prices
especially along the Thames.

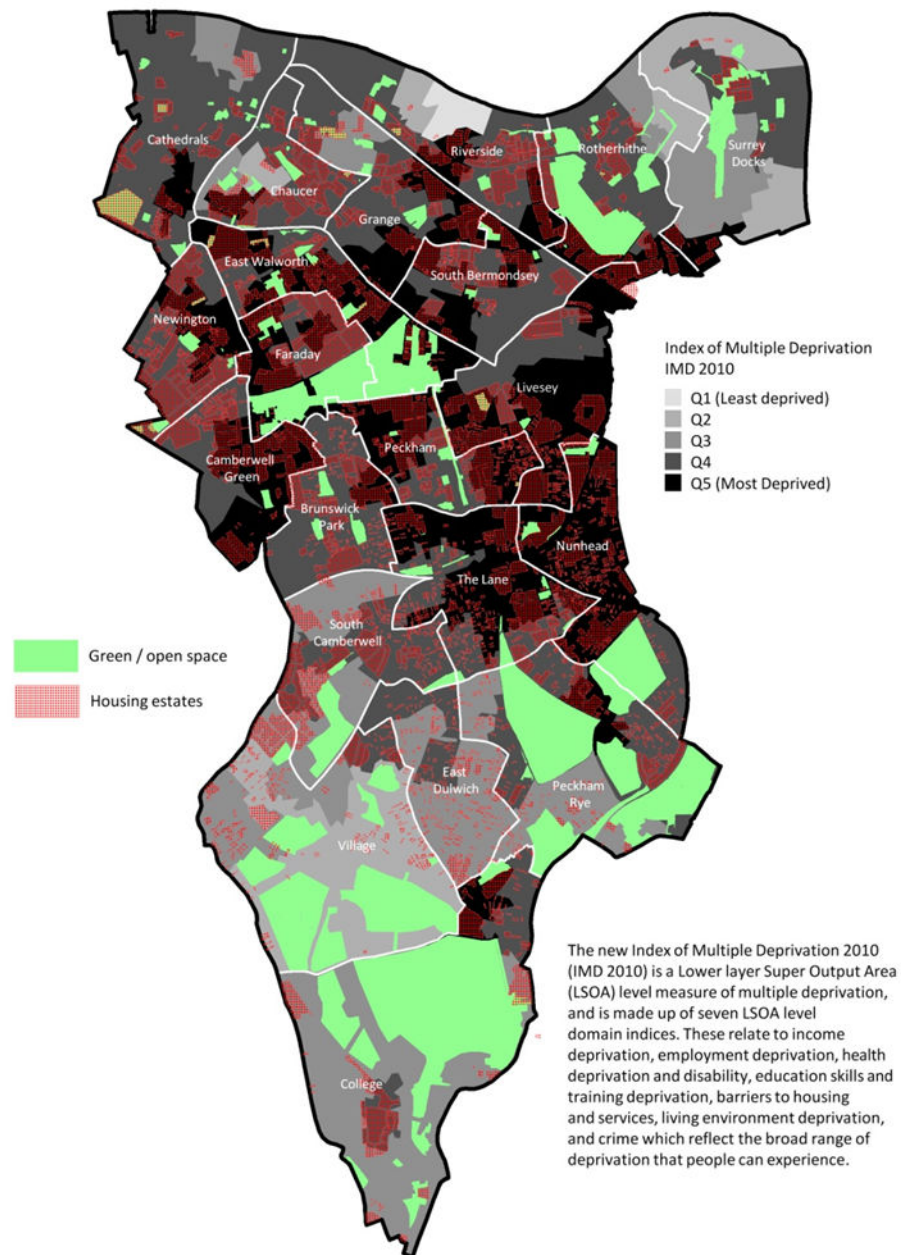
Index of Multiple Deprivation (IMD) 2010, Southwark, national context



Southwark map of children living in deprivation



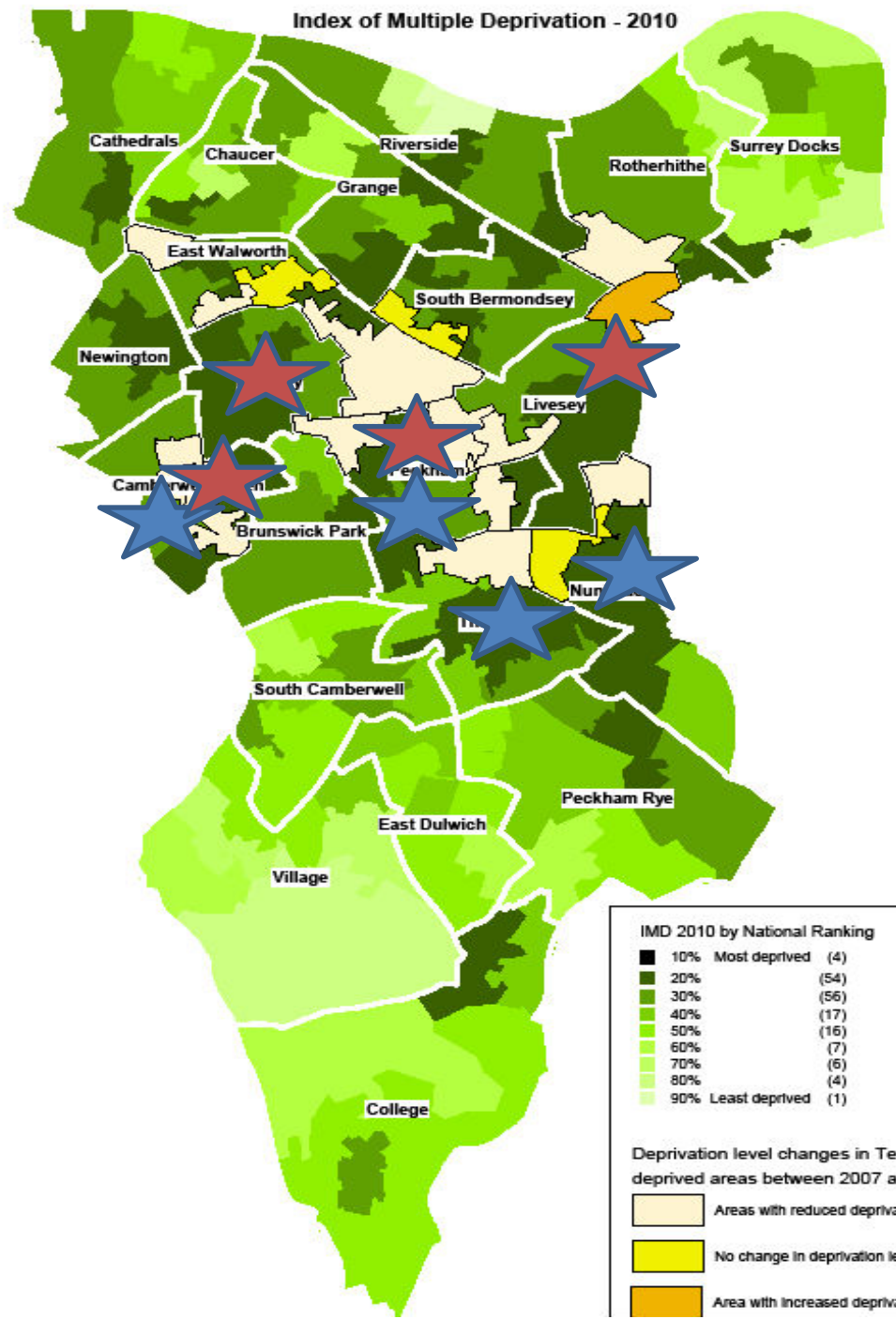
Index of Multiple Deprivation (IMD) 2010, Southwark, national context



Distribution of deprivation & housing estate:

The majority of the social housing own by the council are located in most deprived areas . This could mean that social housing is responding to needs , but also that there are greater economic development needs in these areas.

Index of Multiple Deprivation - 2010




IMD 2010 by National Ranking

10%	Most deprived	(4)
20%		(54)
30%		(56)
40%		(17)
50%		(16)
60%		(7)
70%		(6)
80%		(4)
90%	Least deprived	(1)

Deprivation level changes in Ten percent most deprived areas between 2007 and 2010

Light tan	Areas with reduced deprivation level
Yellow	No change in deprivation level
Orange	Area with increased deprivation level

Black African 

Black Caribbeans 

Debt and Health

Key facts

- At London level, demand for debt advice services increased by nearly 20% in 2010/11, and unsecured debt was on average £13,088
- 5% of Southwark Housing Benefit recipients reported themselves as not having a bank account
- Around 37,000 people expected to claim Universal Credit = around 2000 will need a bank account

Key Facts

- 60% of payday loan shop borrowers 'vulnerable'
- 64% of payday loan shop borrowers agreed that this type of credit trapped them into a cycle of borrowing
- 24% of people with a payday loan prioritised paying back their loan over paying for food

Uses of payday loans

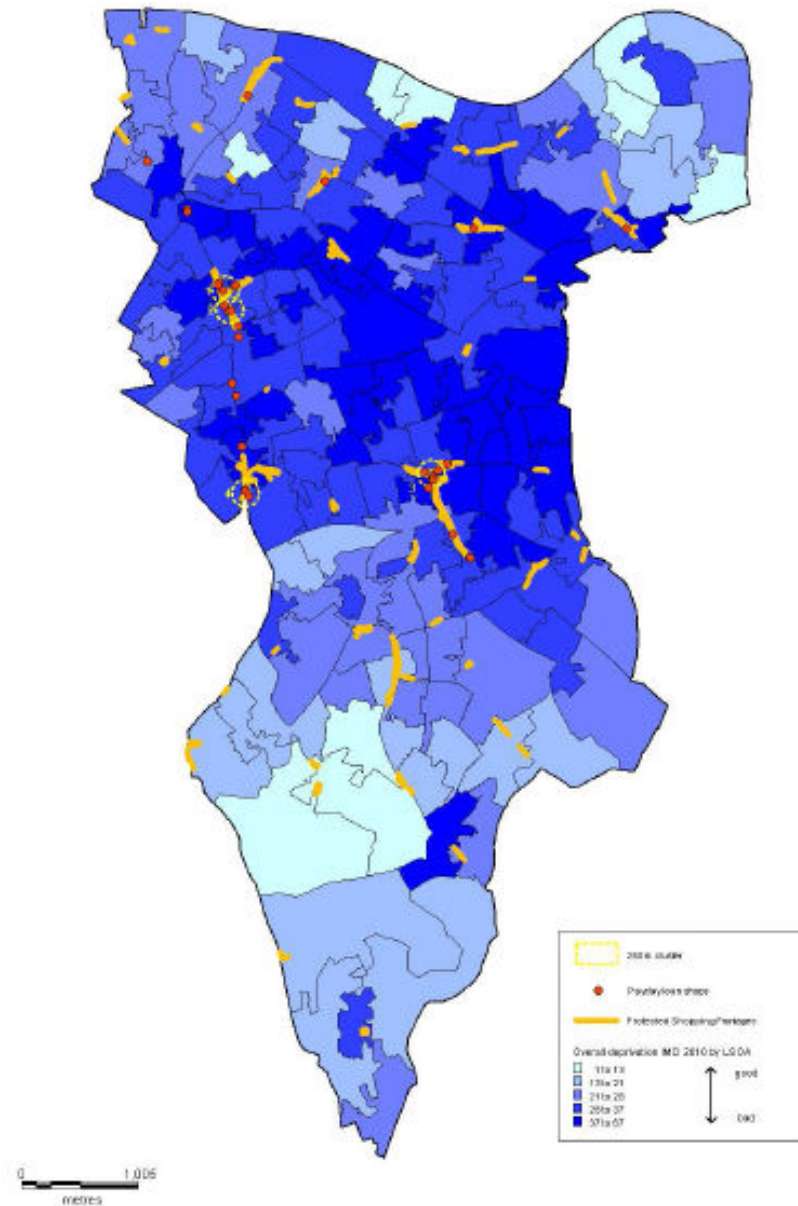
- 25 to 35 year olds: food, child essentials, vehicle expenses and utility bills
- 35 to 44 year olds: food, emergency needs, to pay off loans and credit cards and to pay utility bills
- 45 to 54 year olds: university fees, family expenses and emergency expenses

Payday loan shops

Map 8-9: Indices of Deprivation Overall Score by LSOAs – payday loan shops

Pay day loan shops and LSOA deprivation

All cluster of pay day loans are in most deprived areas of the borough



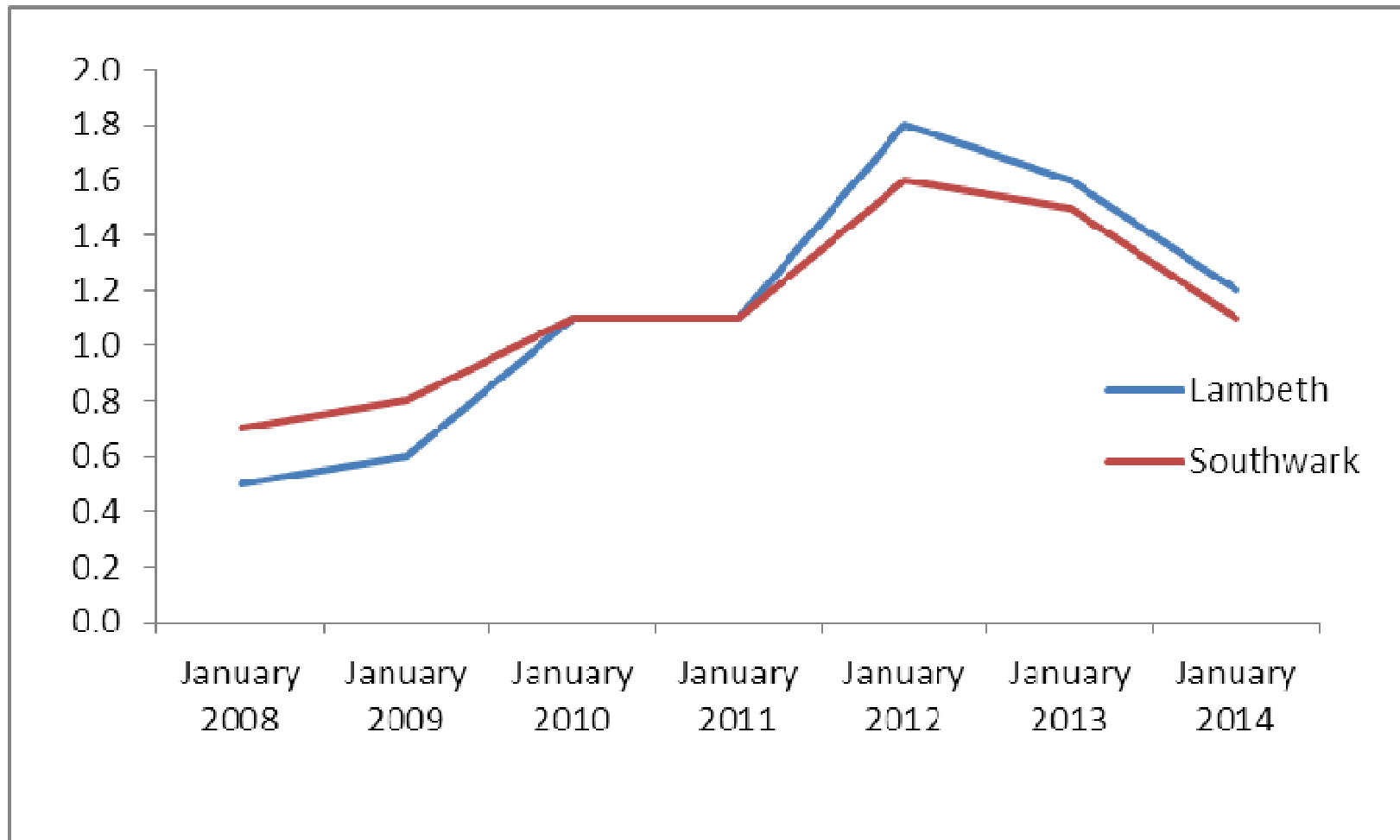
Debt and health

- Unmanageable debts – 33% higher risk of developing depression and anxiety
- 1 in 2 adults with debt have a mental disorder
 - 4x more likely phobic disorders
 - 3x more likely panic disorder
 - 2x more likely OCD, depressive disorder and anxiety disorder
- Poorer physical health also associated with unsecured debt
 - 17% higher risk of hypertension
 - 15% higher risk of stroke

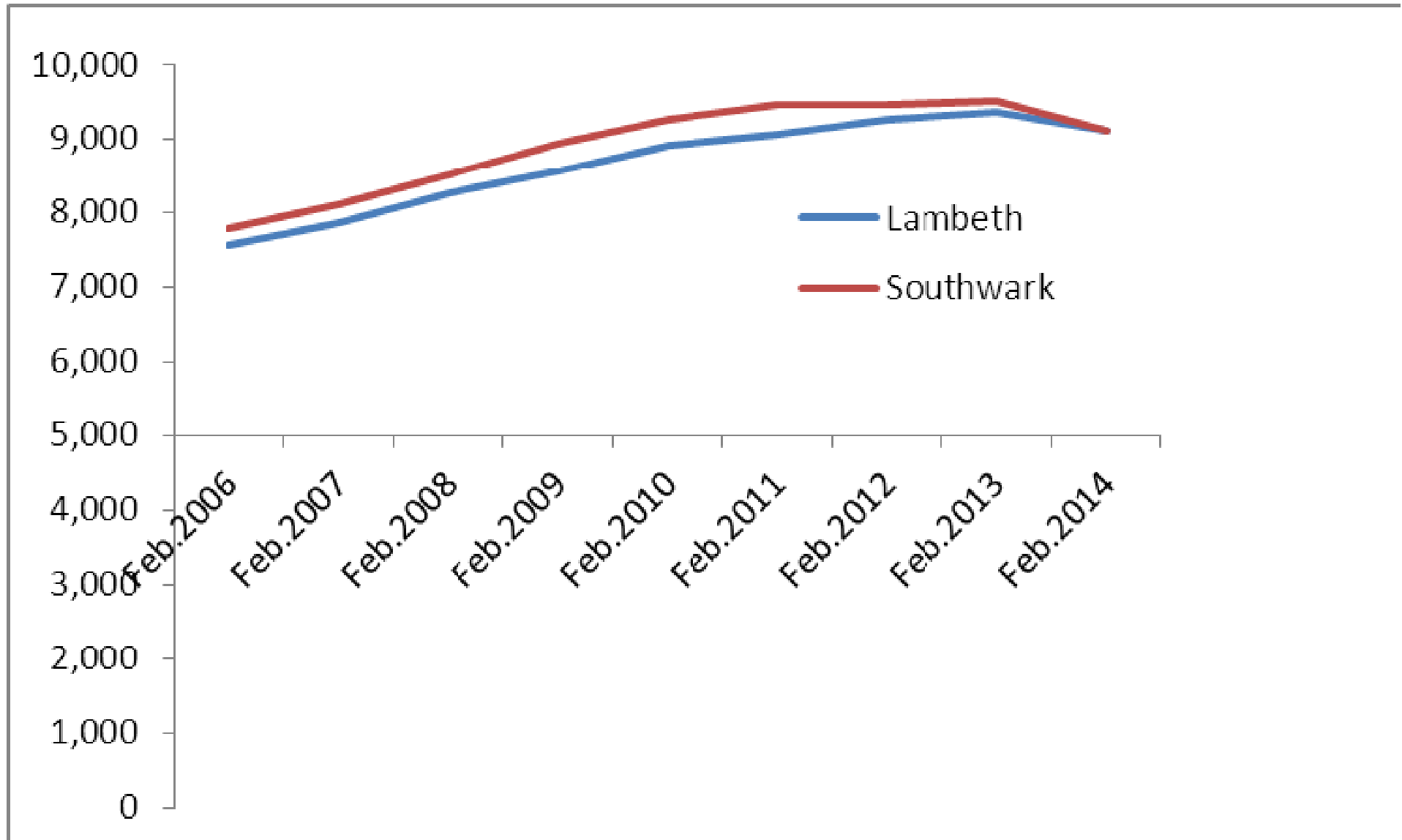
Mental health and debt

- 1 in 4 adults with mental disorders are in debt
- People with addictive disorder 8x more likely to be in debt

Proportion of resident population aged 16-64 claiming JSA for over 12 months



Number of 16-65 y old on DLA Southwark



- Strong link between low income and poor health and wellbeing
- Areas and populations with low income in Southwark, despite average income increase
- Potential to develop links between health services and financial advice, and health and employment
- Create environments that reduce risk of high cost borrowing/gambling
- Increase access to low cost borrowing

Rightfully Yours Response

Financial Health of the Borough

Rightfully Yours provides a benefits advice and income maximisation service to Southwark's vulnerable. We offer information, advice and support to enable our customers to claim benefits for themselves and their household. We aim to ensure more benefits are paid 'right first time' and offer casework support for more complex issues.

- We provide face to face appointments at the Lister Primary Care Centre and Aylesbury Health Centre, and scheduled drop in services and appointments at Southwark One Stop Shops.
- We provide a home visit service for housebound customers
- We offer any resident assessed for or offered a Social Services care package the opportunity for a benefit/income maximisation check.
- We provide an integrated outreach advice service for people with mental health needs who are accessing a SLAM service.
- We supply advice, training and support to community groups/professionals that may have to engage with the welfare benefit system to support their clients.

In the year 2013/2014 Rightfully Yours assisted 3639 customers and raised over six million for our customers through income maximisation. 1252 had issues directly related to a disability related benefit such as Disability Living Allowance, Employment and Support Allowance or Personal Independence Payments.

Since April 14 we have received close to 1,500 referrals, and raised almost 5 million mainly through application for benefits. We have also assisted customers to access a range of other services such as disabled travel permits aids and adaptations, emergency support from SESS and discretionary housing payments.

Welfare Reform

Welfare reform issues have had a significant impact on our client group in particular.

- Delays in processing Personal Independence payments. There is an average wait of over 35 weeks for an assessment with some cases taking as long as a year.
- Delays in Employment & Support Allowance assessments including Mandatory reconsideration issues

- Increase in referrals for housing related debt and rent arrears issues.
- Benefit restrictions for persons from abroad.

There is a significant body of evidence that has established a link between poverty and health. The majority of the referrals we receive are categorised as vulnerable on the basis that they have a significant illness, long term disability or are terminally ill.

Partnership

In conjunction with the CAB and other partner agencies we have attended monthly welfare reform information and advice events across the Borough to provide welfare benefits advice. A number of our key partners are:

- Social Care departments
- Parent partnership
- Hospital Discharge team
- Housing Income

Outreach

Rightfully Yours, conducts outreach surgeries at Lister Health Centre and Aylesbury Health Centre. We have found that access to advice within GP surgeries or health centres is model beneficial to our customers.

Health professionals are frequently involved at the point where customers experience significant life changes that may affect their current income such as illness, disability or pregnancy. Early intervention can enable customers to claim appropriate benefits at the point of change.

Adequate and timely welfare benefit provision for customers with long term conditions and/or disability (both mental and physical impairment) can benefit all local parties including:

- Affected individuals and their families (e.g. increased income/reduced poverty).
- NHS services (eg reduced referrals).
- The Council (eg reduced referrals for social care support).

Closer working partnerships with health professionals and provision of advice within health care settings may increase access to services for customers who experience barriers accessing entitlement to benefits such as age, health, literacy or cognitive functions. It would also provide support to health

professionals who wish to support patients with benefit issues, particularly around provision of evidence or information relating to claims and would be likely lead to a reduction in time spent by health professionals managing welfare related issues.