LHIN
London Health Inequalities Network

NHS

Keeping well in hard times: Protecting and improving health and wellbeing during an income shortfall

A practical guide for London boroughs

March 2013

Foreword

This work has been commissioned by the London Health Inequalities Network (LHIN) of Directors of Public Health and their health inequalities leads from the 11 most deprived boroughs in London, including Barking & Dagenham, City & Hackney, Greenwich, Hammersmith & Fulham, Haringey, Islington, Lambeth, Lewisham, Newham, Southwark and Tower Hamlets. A Working Group was established to look at how to mitigate the impact of the economic downturn and policy changes on health inequalities in the capital and this document is one of its outputs.

Within London, Health and Wellbeing Board members have a role to coordinate services and ensure that tackling health inequalities is at the heart of local plans and strategies. Health and Well-Being Boards and Joint Strategic Needs Assessments should facilitate cross-sector working. Joined-up working and quick referrals to other services would help to get professional support to those who need it.

The purpose of this document is to share local initiatives across the network, and support people working to address health inequalities and poverty in London.

The LHIN would like to acknowledge and thank all contributors to this document, including experts in the ten focused areas and colleagues from London boroughs who have showcased what has been done locally to 'keep well in hard times'.

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Section One

Introduction

Income is well known to impact on physical and mental health and lead to inequalities. Generally, the less income you have the worse your health tends to be[1]. The global and national economic downturn, as well as significant changes in welfare and housing policy, will lead to shortfalls in personal and household income for many people[2].

Londoners are particularly vulnerable to income shortfalls, due to higher living costs and the nature of London's housing and employment markets. These shortfalls manifest in:

- *Poverty* – London has the highest rates of child poverty (2 in 5; 39%), working-age poverty (1 in 4; 25%) and pensioner poverty (1 in 4; 23%) in England[3]
- *Debt* – 1 in 10 London households are in arrears with at least one domestic bill; which is higher than all UK regions apart from the North West[4]
- *Limited economic opportunities* – more than half of Londoners live in households with a weekly income below the minimum for an acceptable standard of living (80% for groups such as Bangladeshi and Pakistani populations and lone parents[5] (Marmot 2012)
- *Poor health outcomes* – Half (49%) of infant mortality inequalities in London are attributable to poverty (for comparison, only 4% is attributable to poverty in the North West)[6].

Independent analysis suggests that Londoners will also be disproportionately affected by the current welfare and tax related policy changes compared to the rest of England, due to the higher living costs. For example, London will contribute 68% of Local Housing Allowance (LHA) savings, despite accounting for only 16.9% of the sector nationally[7], putting 82,000 London households at risk.[8] With respect to tax and benefit changes, Londoners face a loss of 5.7% of net income for the poorest fifth and 1.7% for the richest fifth[9]. Furthermore, 175,000 Londoners are likely to be re-assessed as 'fit to work', with 135,000 moving to Employment Support Allowance and 40,000 to Job Seekers Allowance[10].

This data shows that the welfare and tax related policy changes also have the potential to widen income inequalities in health in London: it is those who are already deprived who are likely to face the greatest consequences.

Aim and Objectives

This report aims to provide practical support for public health professionals working to address health inequalities and poverty in London, specifically at a time when many residents are facing a shortfall in their household finances as a result of a drop in their income.

The following objectives were identified:

1. To summarise the evidence base for the potential health effects associated with a shortfall in personal or household income, particularly where there has been a drop in income;
2. To identify the key service areas which are best placed to mitigate the negative health effects associated with a drop in personal or household income;
3. To identify interventions that might reduce the impact of a drop in personal or household income on health and wellbeing, providing a toolbox for local action.

The link between income and health

Income shortfalls, an imbalance between income and outgoings, affect people in and out of work, with or without children, young and old. There are a variety of causes, including unemployment, low paid work, job losses, pay freezes, increasing prices (e.g. utilities), increasing costs of essential services (e.g. housing and childcare) and changes to welfare levels and eligibility: all characteristic of the current economic climate.

There is an extensive evidence base, some referenced in the appropriate sections of this report, regarding the relationships between income and health and health-related behaviour. Those with lower incomes tend to experience worse health and to engage in fewer healthy behaviours and more harmful behaviours (Marmot Review 2010[11]). The Marmot Review suggests that the relationship between low income and poor health operates in a number of ways. People on low income:

- Do not buy goods, food or services that maintain or improve health
- May be forced to buy cheaper goods, food or services that may have a negative impact on their health
- Can have limited access or be prevented from accessing services (e.g. costs of transport) or participating in social activities, which can have a negative impact on their mental well-being
- Are more likely to be in fuel poverty

This relationship is bi-directional: low income can lead to poor health and poor health can lead to a reduced income/earning capacity. The Marmot Review outlined that for many people their income is 'inadequate to support a healthy life' and as such proposed that one of 6 key priorities should be to 'ensure a healthy standard of living for all'. Further work to determine what the minimum income needs to be, has been undertaken by the Joseph Rowntree Foundation[12]. The most recent version of this

research (2012) concluded that a single person in the UK needs to earn at least £16,400 before tax to afford a minimum acceptable standard of living. Two parents need to earn at least £18, 400 each to support themselves and two children[13].

The London Health Inequalities Network (LHIN), keen to build on this evidence, commissioned the Institute for Health Equity, led by Michael Marmot at University College London (advisers to the World Health Organization and National Government), to write a report on the impact of the economic downturn and policy changes on health inequalities specifically in London[14]. The report identified the following groups as being particularly affected by the economic situation:

- Workless households and households in more than 16 hours per week of low-paid work,
- Households with children,
- Lone parents, more than 90% of whom are women,
- Larger families,
- Some minority ethnic households,
- Disabled people reassessed as ineligible for Personal Independence Payment.

Income and mental health

Mental health and wellbeing is likely to worsen if individuals and families face a shortfall in income[15]. Deprivation, social injustice and inequality are associated with higher rates of mental distress (anxiety and depression), poorer emotional wellbeing and increased mortality[16]. Those people in the lowest 20% of household income have an almost three fold increased risk of mental illness[17].

Mental wellbeing is important for people to feel good and do well in life. There is a wealth of evidence that suggests good mental wellbeing is related to better outcomes at work and is linked to better physical health[18]. People are also more resilient to life's difficulties such as unemployment and ill health when they feel good about themselves.

People who are in debt are 2.5 - 4 times more likely to have mental health problems, particularly anxiety and depression, than those who are debt free. Furthermore, a quarter of all people with a mental health issue are in debt[19]. The most commonly reported debts are council tax, telephone, rent, utility bills and mail order payments. Only half of all people with debt problems get advice and without any help around two-thirds with debt problems will not get them resolved within a year[20]. There is a strong case for local government to tailor its policy and work with organisations to break the cycle between debt, poverty and mental ill health as well as reduce mental health inequalities.

Health related behaviours

Compared to middle or high income earners, those on a low income are less likely to engage in behaviours that promote health, for example breastfeeding, eating fruit and vegetables, and taking exercise[21]. Individuals and families facing an income shortfall may find it even more difficult to prioritise their health. Poverty and being on

a low income are also associated with engaging in more risky health behaviours such as smoking, physical activity, use of drugs and alcohol, and gambling[22].

In addition to the specific, direct impact on health, the diversion of income to fund risky behaviours reduces the funds available for essential expenditure such as housing costs.

Key areas for local action

There is a risk that the cumulative impact of the substantial changes to the financial landscape, particularly the welfare system will leave vulnerable claimants with very low income levels that are insufficient to meet their accommodation costs. Helping the people affected understand the changes and how they might personally affect them might enable early planning and informed decision making. This may reduce financial trauma and prevent illness triggered by stress.

It is clear from the evidence that there are complex interdependent relationships between income, health, behaviour and their wider social determinants. Identifying the best opportunities for intervention in order to prevent and mitigate the adverse consequences of a drop in income in the context of widespread economic hardship can seem equally complex. To support local practitioners, the LHIN has identified ten areas for intervention which have the greatest potential to reduce the impact of a drop in household income and/or to address the negative impacts on the health and wellbeing of local populations across the capital. These are as follows:

1. Nutrition during pregnancy and the first year of life
2. Food and nutrition
3. Tobacco
4. Active travel
5. Advice services; developing skills for good financial management
6. Fuel poverty
7. Stress, anxiety and depression
8. Alcohol misuse
9. Drug misuse
10. Gambling

By taking action in these areas, individuals and families can be supported to have greater resilience to the impacts of a drop in income in ways that can also potentially improve their health and well being.

Services and interventions that can address these key areas are described in detail below, followed by a recommended method to promote these services locally and a template flyer that can be tailored to local needs and context.

Section Two: Services and interventions

Linking healthy lifestyle choices to financial gain

1. Nutrition during pregnancy and the first year of life

The importance of ensuring mothers and their babies are well-nourished is widely recognised. Women from disadvantaged groups have a poorer diet and are more likely either to be obese or to show low weight gain during pregnancy[23] [24]. Specifically there are concerns about adequacy of intake of vitamin A, D, riboflavin, folate, iron, calcium and iodine[25]. Mothers from these groups are also less likely to take folic acid or other supplements before, during or after pregnancy[26] .

A pregnant woman's nutritional status influences the growth and development of her foetus and forms the foundations for the child's later health[27]. The mother's own health, both in the short and long term, also depends on how well-nourished she is before, during and after pregnancy[28]. Women who are particularly likely to be nutritionally at risk during pregnancy include teenagers, especially those still in their young teens; ethnic minority groups, especially recent immigrants or those with English language difficulties; and those with low incomes[29].

A child's diet during the early years also impacts on their growth and development. It is linked to the incidence of many common childhood conditions such as diarrhoeal disease, dental caries, and iron and vitamin D deficiencies. It may also influence the risk in adult life of conditions such as coronary heart disease, diabetes and obesity[30].

Recent data demonstrated the impact the recession and rising food prices are having on those on low incomes[31]. Of particular concern is that people are cutting back on bread, beef, fruit and vegetables which will have an impact on micronutrient intakes.

Breast feeding and formula feeding

Current UK policy is to promote exclusive breastfeeding for the first 6 months and thereafter for as long as the mother and baby wish, while gradually introducing a more varied diet during weaning and onwards[32]. Breastfeeding contributes to the health of both mother and child, in the short and long term. For example, babies who are not breastfed are many times more likely to acquire infections such as gastroenteritis in their first year[33] [34]. It is estimated that if all UK infants were exclusively breastfed, the number hospitalised each month with diarrhoea would be halved, and the number hospitalised with a respiratory infection would be cut by a quarter[35]. Women from routine and manual groups are less likely to initiate breastfeeding and more likely to stop early[36]. Breastfeeding can enable savings of around £500 per child per year (Start 4 Life, see website below).

Healthy Start

This is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are 10 or more weeks pregnant and families with children under 4 years qualify, as do all pregnant women under 18. Under the scheme, pregnant women get one Healthy Start voucher a week worth £3.10, babies under the age of 1 get two vouchers a week worth a total of £6.20, and children aged between 1 and 4 years get one voucher a week worth £3.10. The vouchers can be spent on milk, fresh or frozen fruit and vegetables, or infant formula milk, in a wide variety of local shops and supermarkets and with milkmen that have registered to take part in the scheme. Every eight weeks, beneficiaries also get coupons for free vitamins, which they can swap for Healthy Start vitamins in their local area. The coupons are either for Healthy Start women's tablets or Healthy Start children's drops. Full Healthy Start entitlement from pregnancy until a child reaches his or her fourth birthday is £900 per child.

Working locally

Breastfeeding drop-in services: These offer a relaxed environment where women can speak to a health care professional, a trained breastfeeding supporter and can meet other parents. Some areas also have infant feeding/breastfeeding coordinators in hospitals and/or community settings. Some areas have introduced "Breastfeeding Welcome" schemes, which aim to accredit health, local authority and other public premises (including local businesses) as breastfeeding friendly.

UNICEF Baby-Friendly Initiative: The Baby Friendly Initiative is a WHO UNICEF programme. In the UK the programme works with hospitals and community health services, Children's Centres and other public agencies to protect, promote and support breastfeeding and to strengthen mother-baby and family relationships, including support for implementing the Seven Point Plan for Sustaining Breastfeeding in the Community, accredited training and resources for use at local level.

Formula feeding support: In the national 'Infant feeding survey 2005'[37] found that almost half of all mothers who had prepared powdered infant formula in the previous 7 days had not followed the key recommendations for its use. Advice from qualified professionals is needed, to reduce the risk of infection and over- or under-concentrated feeds.

Weaning: All parents should receive nutrition education from trained professionals with access to dietetic support. Those on low incomes, with children with medical or developmental disorders and those who do not speak English will benefit from personal advice[38] .

Healthy Start: Awareness of the importance of vitamin supplements for all pregnant and/or breastfeeding women and all children under 5 needs to be improved universally. Take up of the Healthy Start Scheme should be actively promoted to all eligible families.

Resources

Examples of local good practice

- The Southwark nutrition team run an outreach service across children's centres and bookstart library sessions, consisting of nutrition drop-ins, advice on weaning, healthy recipe advice etc.
- The Eat Better Start Better programme is active in 50 early years settings in Southwark and offers training to Early Years staff around Food and Nutrition Guidance for early years.
- A number of PCTs now have a universal offer of free Healthy Start vitamins e.g. Tower Hamlets provide first 3 bottles free of women's vitamins.
- "Maternal Weight Matters" is a one-day workshop, delivered by Sutton Dietitians specialising in maternal obesity, targeting health visitors, midwives, pharmacists, health care assistants, children centre staff, and people working in the voluntary and community voluntary sector with young women.

Links

- Borough level information on Children's Centres and early years providers
- Healthy Start Scheme: www.healthystart.nhs.uk/
- Start 4 Life website: www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx/?
- Unicef's Ten Steps to Successful Breastfeeding: www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/Ten-Steps-to-Successful-Breastfeeding/
- The new NHS Information Service for Parents offers the opportunity for parents to get regular information and advice tailored to their baby's age by emails, texts and videos: https://www.nhs.uk/InformationServiceForParents/pages/home.aspx

2. Food and nutrition

People living in poverty cope with financial crisis in different ways, including economising on food - buying less, cheaper, and also less nutritious food[39]. Nationally in 2010 household purchase of fruit and vegetables has decreased by 11.6% and 2.9% respectively compared to 2007[40]. In western countries, there is an association between economic downturns and worsening diets. People may skip meals and/or when managing their outgoings on a daily basis, may buy cheap ready meals or fast food instead of a doing a weekly shop. These are commonly high in fat, sugar and salt and an over reliance on them can lead to increased risk of obesity and CVD[41] .

Key issues when income is reduced include being able to choose, buy, prepare and eat a healthy, balanced diet[42]. Poor diet increases the risk of some cancers and cardiovascular disease, both of which are major causes of premature death. These diseases and type II diabetes (which also increases CVD risk) are also associated with obesity, which is a major and increasing concern in England. Obesity is caused by excessive calorie intake for the amount of energy expended. Poor diet and other lifestyle factors are estimated to account for about one third of all deaths from CVD in England[43] [44]. Obesity is responsible for an estimated 9,000 premature deaths per year in England.

The costs of diet-related chronic diseases to the NHS and more broadly to society are considerable. It is estimated that the treatment of ill health from poor diet costs the National Health Service at least £4 billion each year. Excess weight costs the NHS more than £5bn each year[45] .

Potential local action

- Many children from low income families in the UK are not registered for Free School Meals or choose not to eat them. Many parents do not even realise that their child is entitled to a free school meal. The Children's Food Trust "Free School Meals Matter Toolkit"[46] contains everything schools need to know about the pupil premium, tackling stigma, eligibility criteria, and practical tips and resources including posters, parent letters and leaflets to help schools to do everything they can to ensure that all children that qualify for free school meals are registered to claim one, and all registered children go on to actually claim their free meal
- Monitor and assess impact of budget cuts on food access, especially for vulnerable groups[47]
- Integrate advice regarding coping strategies into relevant local services e.g. Healthy Start Schemes, Children Centres, Schools, tenant support services, health trainer programmes.

- Link food workers to Children Centres to provide practical sessions on shopping, preparing and cooking healthy recipes for parents and children. Participants can taste and eat as well as share with others learning and experiences around healthy eating.
- Provide practical sessions on shopping, preparing and cooking healthy recipes for target groups;
- Identify or develop schemes through which people can buy affordable or locally produced fruit and vegetables. This may include food co-ops, and mobile services (e.g. 'veggie van') for increase accessibility, e.g. Knowsley "veggy van service[48], run by Knowsley Housing Trust funds a van and driver for the Veggie Van project, which promotes healthy living and provides people with locally sourced fruit and vegetables. In addition, some Sure Start centres offer "Bag a bargain" schemes through which people buy locally produced fruit and vegetables.
- Support people in growing their own food as it can improve access to fresh food and have a positive impact on mental health. Consider land share schemes, community food growing projects, and social prescribing (offering gardening/cultivation opportunities on prescription to improve mental health problems and wellbeing [49]
- Identify local 'urgent' food access points (food banks, meal centres) and work with them to improve nutritional standards and support people into sustainable sources of nutritious food.
- Ensure that older people and their carers are aware of local support provided by adult social care available around nutrition, e.g. meals on wheels, day centres offering hot meals, companies in the area offering frozen meals delivery such as Oakhouse Foods or Wiltshire Farm Foods.

Resources

Examples of good practice:

- In Liverpool "Community food workers" live locally, are member of the community and provide training on basic food hygiene and healthy eating on a budget (www.tasteforhealth.com).
- Targeted 'Shop, Cook and Eat' sessions in specific schools in Southwark sought to educate parents around healthy eating and empower them to make small positive changes when shopping, cooking and feeding the family.
- East London Food Access, working mainly in Hackney, has local food co-ops and delivers fruit and vegetables to housebound seniors, backed by cooking sessions. They also have a low-cost voucher scheme to incentivise pregnant women to attend regular nutritional screening and cooking sessions delivered in community kitchens and settings.
- Greenwich Healthy Living Service and Greenwich Coop Development Agency run a range of food and health programmes to support people to eat healthily on

a low income including: a borough wide fruit and vegetable co-operative; Taste of Health Cookery Clubs (healthy meals on a low income).

- Master Gardeners Programme: Local people are trained to support volunteers to grow food. They also work with schools and support individual households: http://mastergardeners.org.uk/; flaw@gardenorganic.org.uk
- Family Kitchen Programme, Islington: a cooking club for parents and their children where they cook and eat together and learn some basic nutrition and budgeting skills. These are run in schools and children's centres. For more information contact Helen Cameron by email: helen.cameron@islington.gov.uk
- A social marketing project around healthy eating has been commissioned in Sutton which is gathering insight from families with children between the ages of 1 year and 5 years. Intelligence gathered will be available from April 2013.

National links

- Change4Life, Be food smart: http://www.nhs.uk/change4life/pages/be-food-smart.aspx?gclid=CIOw7cvDtrUCFVHLtAodZ1QAOA
- Healthy, balanced diets should include plenty of starchy carbohydrates, fruit and vegetables; some protein rich food such as meat, fish, eggs, beans, pulses, milk and dairy products, and non-meat alternatives. Foods high in salt fat and sugar should be eaten in small amounts and infrequently. http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx
- National Obesity Observatory: http://www.noo.org.uk/
- Food banks contact links include: http://www.sustainweb.org/; http://www.fareshare.org.uk/. The Trussell Trust offers a map of food banks across the UK: http://trusselltrust.org/map
- Information on food kitchens can be found on websites of some charities particularly those working with the homeless. Examples include: www.mungos.org/ ; www.crisis.org.uk
- For resources aimed at supporting healthy eating contact links include: www.nhs.uk/change4life/pages/be-food-smart.aspx?gclid=CIOw7cvDtrUCFVHLtAodZ1QAOA http://www.cieh.org/healthier-catering-commitment.html http://www.bhf.org.uk/heart-health/prevention/healthy-eating.aspx http://www.nhs.uk/Livewell/loseweight/Pages/Eatwellcheap.aspx

3. Tobacco

There is a strong association between smoking and socioeconomic deprivation with smoking rates being significantly higher amongst more deprived socio-economic groups.[50 51 52 53 54]. Those living on low income are most likely to take up smoking; least able to quit; least able to afford it; most likely to suffer material hardship and most likely to suffer increased hardship because of their expenditure on tobacco.[55 56 57 58 59]

It has been estimated that households in the lowest tenth of income spend six times as much of their income on tobacco as households in the highest tenth [60] and that over 70% of two-parent households on Income Support spend around 15% of their disposable income on tobacco[61]. Explanations include the role-modelling impact of parents and peers; social environment; economic insecurity; isolation and stress of care-giving; poorer psychological and physical health; the lack of optimism and low self esteem[62 63 64 65 66]. People whose lives lack rewards may value smoking more highly than those who are able to find rewards elsewhere[67]. The phenomenon of "smoking poverty" means that children living in smoking households are more likely to be lacking basic amenities such as food and clothing[68].

A person who smokes 20 cigarettes per day at an average price of £7.25 per pack will spend nearly £2,650 a year on tobacco. There are also hidden costs, including increased insurance premiums. These can be strong motivating factors for smokers intending to quit. According to the Department of Health, "price is the single most important lever in helping people to stop smoking"[69]. If prices are higher, smokers are more likely to either cut down or quit entirely and young people are more likely to be discouraged from taking up smoking if the cost is high[70 71]. However, the recession has not led to an increase in the number of people quitting smoking. In fact, the percentage of smokers not wanting to quit has increased from 15% in 2008 to 21.85% in 2011. Smokers who tried to quit "in the last 12 months" reduced from 42.4% in 2008 to 33.3% in 2011.[72]

Pregnancy is also a time where women may feel particularly motivated to give up. Smoking during pregnancy increases the risk of birth complications, prematurity, low birth weight and stillbirth. Stopping smoking will also benefit children in many ways as they develop, e.g. less likely to have asthma.

Reducing smoking prevalence among pregnant women, people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other public health measure[73].

Working locally

Local authorities have a responsibility to address health inequalities. Indeed, the Tobacco Control Plan for England, published in March 2011, stressed the

importance of local authorities carrying out comprehensive evidence-based tobacco control as they assume wider public health responsibilities from April 2013. With their Directors of Public Health in the lead, they will need to prioritise tobacco control interventions that can bring about the greatest impact on smoking rates in their target populations from the tobacco part of their ring-fenced public health budgets.

There are a number of different strategies local commissioners can adopt to help smokers quit, and there is now NICE guidance on the effectiveness and cost effectiveness of various interventions, including pharmacotherapies and support and advice for smokers. Local government commissioners and Directors of Public Health can use NICE's new interactive Tobacco Return on Investment Tool, published in October 2012 and available at www.nice.org.uk/ROItobacco to calculate the cost and cost savings over different timescales of a package of different interventions, to inform investment. Different combinations of interventions can be mixed and matched to see which package provides the best value for money, compared with other packages or no action.

Users can select an area of interest using drop down menus, and the tool will automatically estimate the smoking and ex-smoking populations in each local government area, based on up-to-date statistics. This is then used to model the impact of smoking, and the proposed interventions that can be used, taking into account short, medium and long-term events.

Resources

Examples of Good Practice:

- Public Health in Greenwich have commissioned Charlton Athletic Community Trust to deliver 'Kick the Habit', a stop smoking outreach programme targeting areas of high deprivation. The programme uses social marketing approaches and local 'quitter' champions and has a locally trained team running mobile outreach and drop-in clinics in housing estates and on match days.

National links

- Resources provided as part of Department of Health (DH) social marketing campaigns to remind smokers about the money they will save if they quit have included cost calculators and moneyboxes: www.smokefree.nhs.uk/quit-tools/calculate-the-cost/
- NICE guidance: http://publications.nice.org.uk/smoking-cessation-services-ph10
- DH Stop Smoking Freephone: 0800 169 0169 has details of local services.
- Information about smoking and pregnancy at: http://smokefree.nhs.uk/smoking-and-pregnancy/

4. Active travel

Public transport costs and the costs of running a car in London are extremely high. Active travel can offer important financial savings, particularly in London, and cycling and brisk walking, classed as moderate intensity physical activity, can often save time as well as money, and can make a significant contribution to an individual's health[74].

Many short trips - distances of less than 0.8km when walking and less than 5km when cycling - could be made using forms of 'active travel, e.g. walking or cycling. Physical activity that is incorporated into existing routines e.g. by travelling more actively, is far more likely to be sustained. School journeys made on school cycling routes and 'walking buses' are important sources of physical activity.

For adults (including older adults), achieving 30 minutes of physical activity, such as walking, cycling, or participating in sports, of at least moderate intensity, 5 or more days a week helps prevent and manage over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions (UK CMO's report: Start Active, Stay Active, 2011). The recommendation for children and young people (5 – 18 years) is to engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Yet despite the multiple gains associated with a physically active lifestyle, only 39% of adult men and 29% of adult women meet the Chief Medical Officer's recommendations for physical activity (Health Survey for England 2008, self-reported physical activity). As many as 27 million adults in England alone are not sufficiently active to benefit their health.

In addition to active travel to save money, discounted transport can make a huge difference to those on a low income. Londoners in receipt of Job Seekers' Allowance are entitled to a 50% discount on bus and tram fares across the capital, but there are large differences in the proportion of people who use this benefit (24% to >90% in different boroughs). London TravelWatch, the official watchdog organisation representing the interests of transport users, has called for better promotion of discounted travel locally[75].

Potential local action

- Promote discounted travel to those eligible via leaflets, local media and libraries locally.
- Encourage, promote and facilitate alternative ways of travelling including: developing and promoting local walking and cycling maps; promoting walking and cycling through primary care, community organisations, Children's Centres and other front line services; establishing affordable cycle loan / purchase schemes targeting low income areas;
- Promote the tools available to help individuals choose active travel, e.g. WalkIt

- Promote, within statutory sector bodies and with local businesses, initiatives which facilitate active travel, e.g. the cycle to work scheme, good signage, sympathetic traffic light cycles, availability of good cycle lock up facilities, shower facilities lighting, good quality cycle lanes; public seating and public toilets (including publicity of community toilets scheme members) to encourage those less able to walk, knowing where they can take a rest / take a comfort break.
- Schools – healthy schools programme (PSHE workstream) and school travel plans – can be used to establish active travel among children and their families

Resources

Examples of Good Practice:

- Greenwich's Public Health team has worked with London Cycling Campaign and On Your Bike Limited to pilot a successful affordable cycle loan scheme for residents which has had good take up by residents on low incomes seeking to reduce their transport costs www.greenwichhealthyliving.nhs.uk/5244/active-travel/. This included information and support for walking and cycling as means of active travel through its multi-agency Greenwich Get Active Programme. www.greenwichgetactive.com/

National links

- **Transport for London:** The website provides walking and cycling maps and route planning, as well as information about the Barclays cycle hire scheme, www.tfl.gov.uk
- Connect London calls on the Mayor to build over 600 miles of safe, quiet cycling routes across the capital at a cost of just £10million a year.
- **Sustrans:** The website includes information on walking and cycling and route planning, as well as the opportunity to search for related local activities www.sustrans.org.uk/
- **Walkit:** This website allows individuals to plan a walking route between two points, setting specific criteria, such as quieter roads etc. or themed walks www.walkit.com
- **Walk4Life:** This website offers a search facility for walking events, local walking groups, and walking challenges www.walk4life
- **Living Streets:** The website offers general info about the benefits of walking, tips on walking techniques and walking safety www.livingstreets.org.uk
- **Ramblers:** The website contains information about Group and Led walks around the country, including walks aimed at improving health www.ramblers.org.uk
- **Lets Get Moving Patient Support Pack:** supports adults who are interested in becoming more active and to help them achieve their activity goals for better health. Contains practical tools and information to encourage and support patient behaviour change, and can be used by the practitioner to support delivery of the brief intervention.

- **Online national physical activity search tool on NHS Choices website:** www.nhs.uk/letsgetmoving includes all known appropriate physical activity and sporting opportunities locally.
- **Advice on how to get discounted travel if claiming benefits:** http://www.tfl.gov.uk/tickets/14306.aspx
- NICE has recommended facilitating active travel as a means of increasing physical activity in its Public Health Guidance on Promoting Physical Activity in the Workplace (PH13) and Promoting Physical Activity for Children and Young People (PH 17). NICE published Public Health guidance on walking and cycling in November 2012.

Accessing financial support

5. Advice services; skills for good financial management

Improving financial capability can reduce harmful levels of stress which in turn has a positive impact on health and wellbeing. Improving mental wellbeing is also linked to better financial outcomes.

Improving financial capability can have positive effects on individuals' and families' levels of stress, wellbeing and income through better uptake of eligible state benefits, tax flexibilities, better debt management and improved access to credit.

Londoners are particularly vulnerable to income shortfalls, due to higher living costs and the nature of London's housing and employment markets. Current changes to the welfare benefit system are expected to lead to reduced income for a significant number of benefits claimants. The welfare changes include restriction of local housing allowances, introduction of universal credit and an overall benefit cap. Independent analysis suggests that Londoners may be disproportionately affected by the welfare changes compared with the rest of England[76] [77] [78].

The overall benefit cap introduces a maximum amount that can be claimed by workless households against weekly benefits. The cap is set at £350 for single person households and £500 for all others, based on UK median earnings and will be implemented between April and September 2013. The cap will be administered through Housing Benefit (HB), i.e. those households subject to the cap will find the level of HB payable restricted, until migration onto Universal Credit. While the calculation of a household's combined living cost benefits and housing benefit might exceed the cap, their actual benefit entitlement will not. Potential issues that could emerge include shortfall in income and potential debt including risk of rent arrears and/or cutting back on food and fuel expenses to meet rental costs.

Potential local action

- The benefit cap only applies to those working less than 24 hours per week; employment services might help people either gain work, regular casual employment or increase part time hours to try and meet this threshold.
- Commissioning of advice services that incorporate benefits maximisation support, fuel poverty advice and debt advice
- Commissioning of financial capability training, e.g. budgeting, opening a bank or credit union accounts, establishing systems to manage regular payments.
- Support the establishment of credit unions and promote their use; ensure that all pay day loan establishments are working to the Good Practice Customer Charter and that this Charter is well-publicised. Address any feedback regarding poor practice at pay day loan establishments.

- Provision of training to frontline workers, including mental health professionals, to increase understanding of the welfare changes and equip them to support and signpost clients appropriately.
- Commission targeted employment support and brokerage, joining up with housing/benefits advisers.
- Co-locate debt counselling and benefit advice with primary health care services.
- Organise council revenue collection in such a way that those in financial distress are identified and supported at an early stage. Chasing debts can be considerable for councils so this may be seen as an 'invest to save' measure.
- Ensure housing staff and organisations (such as registered social landlords) intervene quickly when tenants go into arrears, to prevent the situation from worsening wherever possible

Resources

Examples of Good Practice:

- LB Tower Hamlets established a strategic group (including the NHS) to address this issue. This sought to identify all those affected, devise potential solutions and to ensure they were fully informed about the changes and their implications. The group produced a comprehensive practitioner's guide to the changes: here
- Southwark's 'Money Savvy' project aims to ensure social housing tenants are able to access appropriate and affordable financial services and products and achieve increased confidence in managing their finances and preventing debt problems
- Good Practice Customer Charter for Pay Day and Short Term Loans http://www.ccta.co.uk/adminimages/Good_Practice_Customer_Charter.pdf
- LHIN's Welfare Benefits Advice through General Practice surgeries: A Business Case http://www.lho.org.uk/Pages/viewResource.aspx?id=17974

Local links for credit unions

- Southwark, Lambeth or Westminster http://www.creditunion.co.uk/
- Tower Hamlets and Hackney http://londoncu.co.uk/
- Haringey, Islington & the City http://www.credit-union.coop/
- Greenwich http://www.greenwichcreditunion.co.uk/
- Waltham Forrest http://www.wfccu.org/index.html
- Newham http://www.newcred.co.uk/
- Hammersmith and Fulham http://www.hfcu.co.uk/
- Lewisham http://www.lewishampluscu.co.uk/
- Search facility to find other local credit unions: http://www.abcul.org/credit-unions.

National links

- Turn2Us provide a number of tools including a timetable and explanation of all the changes and a benefits calculator to help work out your tax credit and benefit entitlement if you are retired, unemployed or in low paid work: www.turn2us.org.uk/
- UK Government website: information about all benefits and entitlements: https://www.gov.uk/browse/benefits
- Money Advice Service: information on a wide range of subjects around managing finances: www.moneyadviceservice.org.uk/
- National Debt Line: information on dealing with debts: www.nationaldebtline.co.uk/ and Freephone: 0808 808 4000
- Local authority welfare rights advice, e.g. Every Pound Counts**:** benefits advice and check to ensure people are claiming the appropriate benefits www.lambeth.gov.uk/Services/AdviceBenefits/Benefits/BenefitsAdvice.htm
- NHS Choices: Financial Stress
- Money Mentors http://www.citizensuk.org/moneymentors/
- Citizens Advice Bureau provides advice guides and information on money problems, benefits, housing issues and more.
- Money A&E: information regarding services to contact around finances and benefits
- Centre 70: provides 'free, confidential, independent, impartial advice by way of appointments, home visits and outreach, and offers a counselling service
- Final demand; Debt and Mental Health: What people want health and social care workers to know AND DO (Royal College of Psychiatrists)
- Poverty and Social Exclusion unit at: http://www.poverty.ac.uk/definitions-poverty/minimum-budget-standards
- London Living Wage at: http://www.london.gov.uk/publication/fairer-london-2012-living-wage-london
- Good Practice Charter for Payday and Short-Term Loans: http://www.cfa-uk.co.uk/documents/PDandSTL_Charter.pdf

6. Fuel poverty

There is national evidence that people's coping response to reduction of income includes self-rationing on energy consumption and disconnection. The elderly, people with disabilities, babies, children and adolescents are more likely to suffer from the effects of fuel poverty[79] . Tenants in the private rented sector are among those at highest risk of fuel poverty[80]. Furthermore, poorly insulated houses may add to financial problems.

Fuel poverty can result out of one or a combination of the factors, including: poor energy efficiency of the home; low household income; and the increasing cost of fuel. A damp, cold home has a direct effect on health and is a trigger for increased deaths during cold snaps. In England, the risk of dying during cold weather is greater than in countries where winters are colder[81] because of a combination of poor thermal efficiency of buildings, low household incomes and high-energy prices.

A shortfall in income is likely to lead to increased fuel poverty, which will have both physical health and mental health impacts because of the cold and dampness. This increases the risk of winter deaths, respiratory problems (including asthma, respiratory infection and allergies), increased blood pressure/ heart attack/ stroke (especially in older people), falls in the elderly (affecting mobility and worsening the symptoms of arthritis), carbon monoxide poisoning, social isolation and impaired mental health, and poor diet. A 'household in fuel poverty' in the UK spends more than 10% of its annual income on all fuel use including heating its home to an adequate standard of warmth, usually defined as 21 degrees for the main living area, and 18 degrees for other occupied rooms. Five per cent of households spend more than 30% of their income on fuel in London[82]. Through the economic downturn, as the cost of energy has increased more than incomes, many people are finding harder to pay the fuel bills. Citizens Advice Bureau (CAB) has seen a big increase in people coming for help because they cannot afford to pay for their gas and electricity bills.

Ensuring warm homes among the high risk group could reduce excess winter deaths by two thirds especially among people over 65 years and people suffering from CVD, a reduction in COPD hospital admission by 50%. A warmer home is also associated with reduction of the prevalence of severe mould [83], lower risk of acute hospitalisation among children and improved educational attainment[84]. Improvement in house warmth is also associated with mental wellbeing.

Potential local action

- Promoting activity that will secure 'affordable warmth'[i], e.g. installation of gas central heating, good insulation and energy efficient electric appliances, through increasing energy efficiency[ii], allowing homes to be heated for less money. Reducing fuel bills by switching to a cheaper energy tariff or modifying consumption. The independent gas and consumer watchdog, Energy Watch, can supply information on the best prices in each area of the UK. Paying by direct debit is usually the cheapest method. Pre-payment meters are the most expensive.
- A new service, http://www.moneysavingexpert.com/cheapenergyclub, offers monthly monitoring and automatic notification of cheaper deals
- Promotion of programmes and grants for home energy efficiency improvements
- Ensure health and social care professionals can recognise the signs of fuel poverty when they visit people in their own homes and appropriately signpost them to relevant local services, perhaps targeting those on chronic disease registers
- Raise awareness that people can self-register or have a third party register them for a 'priority service' register (PSR) by gas and electricity suppliers. If the person falls into arrears then the procedure follows specific guidelines before the person is disconnected from supply.
- The policy of moving more services out of hospital and into community based settings needs to be implemented with due regard to the context of fuel poverty – discharging hospital patients back into homes that are cold and damp will not promote their recovery and may lead to repeat hospitalisations.

Resources

Examples of Good Practice:

- Home Health Programme in Lambeth: a GP supported letter is sent to every household in areas of high deprivation and to those identified by nurses and community workers as at risk of ill health due to poor living conditions. A free home energy, security and hazard survey is offered, as well as advice on grants and other local initiatives. A rapid response repairs and hazard removal service for vulnerable people is also available.
- Lambeth's "A breath of fresh air" initiative aims to make homes more 'asthma-friendly' for families with children suffering from asthma or other respiratory illness.

[i] The Affordable Warm index (AWI) provides a simple but accurate assessment of whether a householder can afford the energy required for their specific property. It is calculated on the basis of the householder's disposable income, exclusive of housing costs (2003)

[ii] The energy efficiency of houses can be measured by the Standard Assessment Procedure (SAP).The ratings range from 0 (poor) to 100 (good). The rating covers insulation and heating, but not house size, use of appliances, individual heating patterns, occupancy levels or position and weather variations

- Westminster's Well@Home scheme links GP practices with a high IMD score with a Residential Environmental Health Officer and an outreach Nurse Practitioner to target vulnerable and 'at risk' patients with an offer of a 'healthy homes' check and nursing support.
- The Shine Referral Scheme in Islington is a one-stop referral system for affordable warmth and seasonal health interventions. A single referral to SHINE leads to an assessment for more than twenty potential interventions. There is a particular emphasis on securing referrals relating to those aged over 75, children under 5 and those who have cardiovascular or respiratory conditions, but any vulnerable resident can be referred.
- Warm and Well is a pilot programme run by six local authorities in the South of England with funding from three primary care trusts for measures directly related to health issues. The project aims to improve energy efficiency and reduce the levels of health problems and health risk associated with poorly heated, cold, damp homes.

National links

- The Big London Energy Switch encourages anyone who pays a household energy bill (including most tenants and people on pre-payment meters) to register for the Big London Energy Switch to increase the collective bargaining power of people across London to negotiate lower cost energy bills : www.biglondonenergyswitch.org.uk.
- The Energy Saving Advice Service run by the Energy Saving Trust offers professionals, residents and business advice on how best to reduce fuel bills: www.energysavingtrust.org.uk/Organisations/Government-and-local-programmes/Energy-Saving-Advice-Service
- A Fuel Poverty Action Guide has been produced by National Energy Action (NEA), a national charity which aims to eradicate fuel poverty and campaigns for greater investment in energy efficiency to help those who are poor and vulnerable.
- Home improvement agencies assist vulnerable homeowners and private sector tenants who are older, disabled or on a low income to repair, improve, maintain or adapt their homes. http://www.foundations.uk.com provides details of local schemes.
- Age UK provides on line advice and fact sheets at http://www.ageuk.org.uk/ as well as a telephone advice freephone line: 0800 169 6565
- NHS Choices: http://www.nhs.uk/Livewell/winterhealth/Pages/KeepWarmKeepWell.aspx

Addressing health issues which can arise from poor financial wellbeing

7. Stress, anxiety and depression

Debt is a much stronger risk factor for mental disorder than low income[85]. There is a very marked increase in the rates of different mental disorders with increasing numbers of debts. The majority of mental health issues are depression and anxiety. Only half of all people with debt problems get advice[86] and without any help around two-thirds with debt problems will not get them resolved within a year.

The negative health impact of financial exclusion cannot be underestimated. Exclusion from affordable financial services and over indebtedness can be seen as both a cause and an effect of health problems. This issue is two-sided, with financial problems impacting negatively on health, but also health problems frequently leading to financial and debt problems.

There is a growing body of research illustrating the direct impact of financial and social exclusion on individuals. Financial exclusion can lead to unemployment and worklessness, crime, family breakdown and poor housing. Resulting health problems include depression, stress and anxiety leading to alcoholism and drug addiction as coping mechanisms.

A number of studies have determined the relationship between debt and mental health issues – these have been summarised [87] as:

- The more debts people have, the more likely they may be to have a mental disorder.
- Debt may have indirect effects on household psychological wellbeing over time, e.g. parental depression, conflict-based family relationships, and mental health problems among children.
- There is some evidence between debt problems and increased health service usage
- Debt or repayment difficulties appear to be independently associated with thoughts about suicide, but – with the exception of one study - not with suicide attempts.
- People with debt and mental health problems often do not seek help for financial difficulties.

Poor health can also be a significant cause of debt problems; higher levels of unemployment and poverty are prevalent amongst those with moderate and severe mental health issues. Those suffering from poor health, long-term sickness,

disability and mental health issues are all particularly at risk of experiencing financial exclusion and its consequences.
The most vulnerable people - those on very low incomes, in poor health or unable to work - are often those who are unable to obtain credit from reputable sources, making them prey for sub-prime borrowing and loan sharks.

The costs of employment days lost from mental ill health are £11,432 per year, while the annual costs of health and social service use are £1,508[88]. Face to face services are the most cost effective option, but should be mixed with telephone and internet based provision (see Table 1). This intervention could be targeted at specific groups who may be vulnerable to financial debt and poor mental wellbeing e.g. low income groups.

Table 1: Impact on costs/pay-offs of face-to-face debt intervention (with NHS paying one third of the costs of the debt advice services) 2009 figures[89]

	Year 1	Year 2	Year 3	Year 4	Year 5
Health and social care	151, 512	-13, 209	-13, 017	-12, 829	-12, 643
Legal	-87, 908	-	-	-	-
Productivity losses	-7827	-100, 128	-98, 677	-97, 426	-95, 837
Net costs/pay-offs	55, 777	-113, 336	-111, 694	-110, 075	-108, 480

Potential local action

- Ensure front line professionals providing financial and debt advice signpost clients to primary care and psychological therapies as appropriate, and promote the 'five ways to wellbeing'.
- Ensure appropriate front line staff across the system (e.g. GPs and frontline staff in key agencies e.g. housing offices, criminal justice agencies, welfare rights centres, job centre plus) are trained in Mental Health First Aid[90] and population level suicide awareness.
- Ensure routine mental health assessments include assessment of financial and debt management.
- Basic wellbeing measures, such as getting outside for a short walk, and reducing isolation, contribute greatly to increasing wellbeing and reducing depression [91].
- Ensure all benefits and debt advisors know how to signpost effectively to related local services.
- Ensure debt and benefit advisors know how to signpost effectively to local timebank and volunteer services

Examples of good practice

- Westminster's Wellbeing Service offers emotional wellbeing support to individuals, community organisations and other services. This support includes bespoke training (including Mental Health First Aid) and emotional health workshops focusing on community engagement and reducing stigma. The weekly open access session (with a mental health practitioner) allows individuals to drop-in to explore how the 5 ways to wellbeing can help improve their emotional wellbeing. The service signposts to local activities, organisations and services, and can assist someone in accessing the right information and support around debt and finances as well as look at additional ways to help them cope with the stress. Examples include a relaxation programme, self-help materials, and information about physical activity and community groups. When appropriate the team can also refer patients for appropriate treatment (such as IAPT) once their immediate priorities are being addressed.
- 'Books on Prescription' is a self-help reading scheme available in public libraries working with local health partners. Mental health professionals, where appropriate, prescribe Cognitive Behavioural Therapy-based self-help reading to patients experiencing mild to moderate mental health problems. Variations of the scheme are offered by around 80% of English library authorities and there is strong evidence to suggest that it delivers therapeutic benefit for some people. http://www.lahf.org.uk/new-national-library-books-prescription-scheme

Local links

- **Every Pound Counts**: benefits advice and check to ensure people are claiming the appropriate benefits: www.lambeth.gov.uk/Services/AdviceBenefits/Benefits/BenefitsAdvice.htm

National links

- **Centre 70:** http://centre70.org.uk/
- **Mind:** Money and mental health booklets http://www.mind.org.uk/money/
- **NHS Choices, Financial Stress:** http://www.nhs.uk/livewell/onabudget/pages/creditcrunchstress.aspx
- **Final demand: Debt and Mental Health – What people want health and social care workers to know AND DO** (Royal College of Psychiatrists): http://www.rcpsych.ac.uk/pdf/Final_Demand.pdf
- **Five ways to wellbeing** Provides a range of evidence based tools for professionals regarding a set of five simple actions which can improve well-being in everyday life: http://www.neweconomics.org/projects/five-ways-well-being
- Good Practice Awareness Guidelines: Debt management and debt collection in relation to people with mental health problems

- **Mental Health First Aid Training**: http://www.mhfaengland.org/
- The Debt and Mental Health Evidence Form (DMHEF): A standardised form for health and social care professionals to provide clear and relevant evidence

8. Alcohol Misuse

Whilst those from higher socio-economic classes (professional and managerial) are more likely to consume more alcohol than those who are unemployed[92], it is the most deprived fifth of the UK population who suffer more from the ill effects. For example, they suffer two to three times greater loss of life attributable to alcohol; three to five time's higher death rates due to alcohol-specific causes and two to five times more admissions to hospital because of alcohol than those in wealthy areas[93]. Other factors linked to deprivation can exacerbate problems linked with alcohol, adversely affecting those on the margins of society - offenders, homeless, and the unemployed[94].

The World Health Organisation names alcohol as the third greatest risk factor for ill health in developed countries, after smoking and obesity[95]. Long-term alcohol misuse can lead to numerous health problems, including liver and kidney disease, acute and chronic pancreatitis, heart disease, high blood pressure, depression, stroke and several cancers. A survey from 2000 found that people suffering from anxiety or depression were twice as likely to be heavy or problem drinkers. Alcohol has also been linked to self-harm, suicide and psychosis. Heavy drinking can lead to problems with work and with relationships[96]. Alcohol is also a factor in anti-social behaviour, crime, domestic violence and other important social issues, including the well-being and development of children[97 98 99] . It is estimated to contribute to 1.2 million incidents of violent crime per year, 40% of domestic violence cases and 6% of all road casualties[100]

Alcohol is relatively cheap (an issue which may be partially addressed by the recent proposals to introduce a minimum unit price[101]) however in times of recession any extra income can make a difference. By halving alcohol consumption from 2 bottles of wine per week (at approx cost of £4.00 per bottle), savings of over £200.00 per year can be made. Similarly, reducing a weekly intake of ten cans of beer to five will save a person £234 per annum (based on a 10 pack costing £9). This is on top of an overall improvement in health and wellbeing. Clearly the financial benefits of reducing the levels of alcohol consumption will be greater for those drinking at harmful levels (i.e. over 50 units a week for men, 35 for women) and hazardous levels (more than 21 units a week for men and 15 for women). Those at greatest risk of alcohol related harm may also be under the greatest financial strain. A study in 2008 by Sheffield University estimated the average yearly spend on alcohol among those drinking at harmful levels to be as much as £2,300 a year[102].

Overall, alcohol misuse is estimated to cost the NHS £3.5bn per year [103]. The cost of alcohol to the whole society is much greater with estimates ranging from £17-55 billion a year[104]. Apart from the obvious financial benefits, drinking less is clearly better for overall physical and mental health and will lessen the chances of

developing diseases associated with alcohol misuse, such as cardio-vascular disease.

How to support locally

At a population level, identification and brief advice is a proven effective intervention for reducing alcohol consumption in individuals drinking at increasing or high risk levels[105]. Brief and/or enhanced interventions for alcohol can range from 5-10 minutes of information and advice, to 2-3 sessions of motivational interviewing or counselling to work on reducing drinking levels. Dependent drinkers will require access to specialist treatment services, including inpatient and community detoxification and counselling. Embedding brief and enhanced alcohol interventions better in primary care and A&E settings and extending these into non-medical settings should be considered as a means of ensuring more wide spread coverage of alcohol screening programmes, for example in sexual health and criminal justice settings.

On line alcohol screening tools and smartphone applications such as 'Drinks Meter' (used by Hammersmith and Fulham, Kensington and Chelsea and Westminster) and Haringey's' 'dontbottleitup' (see below) should be considered when targeting the younger age group and those less mobile, as well as promoted more generally to reach the wider population. The confidential nature of on line-screening means that it can form a useful part of an organisations Health and Wellbeing services for staff.

Recent changes to the Licensing Act give public health the opportunity to input into local licensing decisions for the first time. The current government proposal to include 'health' as a factor in Cumulative Impact Policies will further strengthen public health input and health considerations in licensing decisions.

Resources

Examples of good practice

- Drinks Meter is a free online website survey (also available as a smartphone app) which allows the user to record their drinking levels and compare themselves to others who have completed the survey from the same age group and/or region. It also provides alcohol related advice and information to reduce harms associated with heavy drinking. This is used by Public Health in Hammersmith and Fulham, Kensington and Chelsea, City of Westminster. The site can be found at: http://www.drinksmeter.com
- An Interactive PDF Guide to Alcohol Services and Pathways was developed for healthcare and other referring agencies who refer to alcohol services by Hammersmith and Fulham to raise awareness of alcohol treatment pathways. An adaptable version can be requested from the local Public Health team.

- Kingston's 'Down your drink programme' a free on line programme for people who want to reduce the amount they drink this is available at www.dyd.kingston.nhs.uk
- Haringey's free on line alcohol screening tool (Audit) can be accessed at http://dontbottitup.org.uk/
- DrinkCoach – Tools to track and change drinking can be downloaded for £1.49. All profits go to HAGA, a Haringey based alcohol charity. Available at: www.drinkcoach.org.uk

National links

- Information about support and services are available from most local authority websites or NHS Choices, Alcohol: http://www.nhs.uk/livewell/alcohol/pages/alcoholhome.aspx
- Alcohol Concern's Harm map shows the real cost of alcohol on local health services http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map
- Guidance on the effective implementation of Direct Enhanced Services for alcohol which is useful for GP's and CCG's can be found at www.haga.co.uk/
- The Alcohol Learning Centre provides on line resources and learning for commissioners, planners and practitioners to reduce alcohol related harm available at: www.alcohollearningcentre.org.uk/
- The Alcohol Academy provides free half day workshops for strategic alcohol leads throughout England. Available at: www.alcoholacademy.net/
- Drinking self-assessment: http://www.nhs.uk/Tools/Pages/Alcoholcalculator.aspx also range of apps and tools to support people worried about their drinking

9. Drug Misuse

There is a complex relationship between deprivation and the development of more serious drug problems[106] [107]. Drug misuse, especially amongst crack and opiates users, is linked to unemployment[108] [109110]. In 2011-12, less than one in five (18%) people entering drug treatment in England were in employment. Nearly a third (29%) came via the criminal justice system and around one in four (24%) were of no fixed abode or had other housing problems[111]. Research also suggests that those most susceptible to developing problematic substance misuse problems are from vulnerable groups such as children in care, persistent absentees or excludes from school, young offenders, the homeless and children affected by parental substance misuse[112] [113]. Although there is no conclusive evidence as to whether drug misuse is primarily a symptom or a cause of these issues, the association with other social problems is clear.

The impact of drug misuse on health and wellbeing and socio-economic circumstances depends on various factors, including the type(s) of drugs used and the patterns of use. It is difficult to estimate the financial impact of drug misuse on the individual as the using patterns and the price of different drugs vary significantly. There is no price regulation of these drugs owing to their illegal status, which on the whole tends to mean that prices are high. This can result in those who become addicted getting involved in acquisitive crime to fund their habit and/or turning to money lenders as a means to get credit, with no questions being asked. The person using drugs and by definition their family or those close to them are often then caught in an ever increasing spiral of debt. Research in the UK suggests that those caught in the spiral of debt have two to three times the frequency of depression or psychosis than the general population, double that of alcohol dependence and four times that of drug dependence[114].

Findings from the annual British Crime Surveys suggest there has been little variation in class A drug use amongst 16-64 year olds during 1996-2010/11[115]. International evidence indicates that recession can lead to an increase in people seeking drug treatment, as it is thought to improve their employment opportunities[116]. Reductions in drug use can have far reaching social, financial and health benefits, the extent of which depends on the individual's situation. Treatment also offers value for money: every pound spent in drug treatment saves £2.5 in crime and health costs[117].

How to support locally

The effectiveness of the specific harm reduction interventions, for example needle exchange, hepatitis C & B testing, advice and information, and structured drug treatment, for example substitute prescribing, residential detoxification and

community treatment motivational interviewing, counselling, outlined in Medications in Recovery and various NICE guidelines, is well established. As substance misusers typically present to services with a range of complex issues these needs are usefully established through assessment and referral to local Recovery Oriented services and activities alongside 'standard treatment', including peer (service user) led initiatives. Overall treatment effectiveness is monitored through the National Drug Treatment Monitoring System (NDTMS) and evidenced in other national research projects [118] [119] [120]. The National Treatment Agency guidance[121] highlights the need to have a balanced treatment system that seeks to reduce the associated harm by stabilising drug use, helping people to become drug free and achieve better social reintegration in their 'recovery'. The research in the drugs field[122], the drug strategy[123] and the recent Marmot review into health inequalities[124] recognise that access to meaningful employment is a key factor in addressing health inequalities. Being in meaningful employment itself has an intrinsic therapeutic value[125] and is protective to health overall, however this must be introduced at the right stage in the treatment and recovery process in order to produce maximum benefit and not to undermine treatment and recovery itself.

Local areas can support those with drug problems through the commissioning of comprehensive harm reduction and structured intervention services, including services for children affected by parental substance misuse, and by ensuring access to education, training and employment is embedded within the overall approach to treatment[126] . These factors along with access to secure housing are the main long-term indicators of a person's recovery from substance misuse.

Resources

Examples of Good Practice:

- In Hammersmith & Fulham, Kensington & Chelsea and Westminster there are weekend services for drug and alcohol misusing residents which provide social activities including sports and film. A Recovery Cafe is also opening in spring 2013 in Kensington and Chelsea at Earls Court, run by peer led charity Build on Belief (BoB).
- Haringey's Recovery Champions Group challenges the stigma associated with substance misuse which can prevent those with former histories of substance misuse accessing mainstream services and employment. Public events such as Haringey's Recovery Pride which directly challenge the stigma associated with substance misuse are part of an ongoing programme.
- The 'Individual Placement and Support' (IPS) employment model in mental health and drug treatment services combines mental health/drug treatment with access to employment[127]. In Hammersmith & Fulham and Kensington & Chelsea, 'Employment and Aftercare' services work closely with Jobcentre Plus to resolve issues with benefits and treatment.

- Haringey commissions welfare benefits advice sessions in primary care as means of maximising people's income and managing the impact of welfare reform, which will disproportionately affect 'vulnerable' groups including those with drug, alcohol and mental health problems.

National links

- Information about local treatment services can be found from most local authorities websites or NHS Choices, http://www.nhs.uk/livewell/drugs/pages/drugshome.aspx.
- FRANK offers friendly, confidential and non-judgemental service to anyone wanting help, information or advice about drugs: http://www.talktofrank.com/?&gclid=CN_o3dup77UCFZDKtAodUnUAWg.
- Adfam provides advice and information for families of drug and alcohol users: http://www.adfam.org.uk/
- London Drug and Alcohol policy Forum promotes best practice in the drug and alcohol field: www.citylondon.gov.uk
- Drugscope is a UK charity supporting professionals working in drug and alcohol treatment: http://www.drugscope.org.uk/
- National guidelines,are available from the National Treatment Agency, including http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf, which outlines a good evidence base for harm reduction
- NICE guidance on Alcohol-use disorders - preventing harmful drinking (PH24) and Alcohol Use Disorder Pathway at: http://www.nice.org.uk/guidance/PH24

10. Gambling

There is an inverse relationship between gambling risk and income, with problem, at-risk and moderate risk gambling most common in deprived areas and among non-white ethnic groups. Gambling is associated with employment status, being highest among the unemployed (e.g. five times higher rate of problem gambling (3.3%) and twice the rate of low or moderate risk gambling (11%)). The relationship between problem gambling and deprivation suggests that the number of people undertaking risky and problematic gambling will increase as more people face shortfalls in their personal or household income.

There has been a proliferation in gambling opportunities over the last couple of decades, and in particular since the introduction of the Gambling Act 2005 in Britain. Gambling may be understood along a continuum: while the vast majority of people experience no problems, an increasingly significant minority experience harm. Around 451,000 adults (aged 16 and over) in Britain are considered problem gamblers, around 2.57 million people (5.5%) undertake 'low risk' gambling, 0.8 million 'moderate risk' (1.8%) and 350,000 'problem gambling' (0.7%)[128] . Pathological gambling is a classified psychological disorder (DSM-IV and ICD-10). The term "problem gambling" is often employed to capture the negative impact on the health and social wellbeing of individuals who gamble and their families[129]. The National Problem Gambling Centre estimates that for every one-problem gambler, 15 people experience significant health and social issues[130] . These include:

Financial harms: fuel and food poverty; pawning or selling possessions; borrowing from high interest bodies; debts; eviction or repossession; committing illegal acts like fraud and theft; bankruptcy.

Health harms: increased risk of hypertension and heart disease; low self-esteem; stress-related disorders – anxiety, poor sleep and appetite; increased substance misuse; depression, suicidal ideas and attempts.

Family and personal relationship harms: preoccupied with gambling causing relationship difficulties; increased arguments over money and debts; emotional and physical abuse, neglect and violence towards spouse/partner and/or children; separation/divorce; children underperforming at school.

Other social wellbeing harms: absenteeism and other problems in the workplace / unemployment; criminal behaviour and legal problems

Gambling is a significant cause of money problems, which are proportionate to the level of gambling (i.e. higher risk gambling is associated with more severe financial problems). The financial savings associated with reducing and/or stopping gambling depend on the individual's level of income, affordability and their general financial situation. Reducing and/or stopping gambling may also make a difference to the

quality of life of the person and their family. Potential health benefits relate to both physical and mental health.

Potential local action

To date, the main approach to dealing with individuals with problem gambling and their affected others has been clinical treatment through five categories of intervention[131]: brief treatment (e.g. motivational interviewing, telephone contact, helplines and websites); psychosocial treatment (based on behavioural, cognitive and cognitive-behavioural methods); psychopharmacological treatment; Gamblers Anonymous; family therapy132. More recently, the focus has started to shift to 'public health' approaches:

- **Identification of vulnerable individuals:** Routine screening (and brief treatment if required) for gambling problems at alcohol and drug treatment facilities, mental health centres, outpatient clinics, probation services and prisons is recommended by the British Medical Association.[133]
- **Developing and building evidence on the impact of gambling in local communities:** Development of cumulative impact assessment tools (e.g. numbers of gambling venues and hours of operation; their density and location); monitoring and measuring the socio-economic impacts of gambling in local communities to inform policy responses and advocacy.
- **Working with local communities to respond to gambling-related harm:** incorporating problem gambling and gambling-related harm into community action initiatives whereby communities collect local information and intelligence on gambling issues and work with local enforcement agencies (trading standards, police etc) to come up with local solutions to prevent and minimise gambling-related harm.
- **Player protection and other harm minimisation strategies:** Mandatory limit on the amount players can gamble e.g. pre-commitment, mandatory breaks in play, lower bets, lower prizes, problem limitation programmes and player exclusion options.

Resources

- **Gambling and Public Health Alliance International** - an international coalition of groups and individuals that seeks to develop and promote internationally best practice policies, programs and strategies for reducing gambling harm: http://www.gaphai.org/
- **Gambling Watch UK** – a UK organisation that is independent of government and the gambling industry. It challenges the present policy of support for the expansion of gambling in the UK, arguing that gambling is harmful from a public health perspective and inconsistent with support for positive cultural values: http://www.gamblingwatchuk.org

- **Responsible Gambling Council** – Canadian organisation that develops health promotion resources and social marketing campaigns to prevent and minimise gambling related harm: http://www.responsiblegambling.org/

National links

- National Problem Gambling Clinic – a London-based self-referral specialist NHS clinic for over 16s living in England or Wales. Gamblers Anonymous uses the same twelve-step programme: http://www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic/
- GamCare – a London-based charity providing information and advice and individual and group-based treatment for problem gamblers and their affected others: http://www.gamcare.org.uk
- Gambling Strategy Board – the Gambling Commission's advisory board on responsible gambling. Responsible for setting strategic priorities for research, education and treatment of problem gambling: http://www.rgsb.org.uk/
- Gambling Reform and Society Protection (GRASP) Group – an independent service user based organisation campaigning for structural reform of gambling policy to reduce gambling opportunities: http://www.grasp-group.org/
- Royal College of General Practitioners: gambling related harm training for GPs and other primary health care professionals http://www.rcgp.org.uk/revalidation-and-cpd/substance-misuse-and-associated-health/gambling-related-harm.aspx
- NHS Choices website with links to resources http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx

Section 3: Whole systems approaches

The number of residents experiencing income shortfall is clearly an issue of importance for councils and social housing providers. There is an increased likelihood of an increase in rent arrears and the number of homeless people, including families, is expected to increase, which will place greater pressure on homelessness services and the associated budgets. It is also expected that some households, rather than find themselves homeless, might overcrowd themselves. Overcrowding correlates with poor health and wellbeing and social problems - in the short, medium and long term.

At the strategic level

Section two of this document demonstrates that there are a range of areas of service provision which provide opportunities to reduce the impact of economic hardship and a drop in income. Indeed, if London's vulnerable individuals and families are to be identified and supported it is important that this whole systems approach is adopted in the different boroughs.

Public Health departments will have a central role to play in securing the whole systems approach. They have strong relationships with NHS commissioners and providers, as well as the opportunity through their migration into the Local Authorities to influence and shape work programmes to address the needs of affected households held by housing departments.

There are a number of strategic levers available to assist public health in pursuing this agenda, not least of which are the Health and Wellbeing Boards and Strategies, CCG commissioning strategies, Local Authority Core Strategies and urban renewal strategies. To optimise these, local areas may wish to establish a multi-agency strategic group, including NHS and voluntary/community sector partners[iii], to address this specific issue, perhaps with the aim of accurately identifying all those households affected and the services with the greatest potential to address their needs. They might then seek to ensure these are in place and that they are appropriately tailored and targeted.

[iii] The VCS has a key role to play in informing service planning and delivering services to mitigate the impact of welfare reform and income shortfalls. Many of the services commissioned specifically to provide financial support and advice are within the voluntary/community sector and have genuine and real time insight into residents' experience. Other organisations in the sector, while not providing financial advice, have insight into the needs of some of the most marginalised and vulnerable residents that statutory services don't have and can provide invaluable intelligence for service planning.

The public sector plays a significant role in the financial wellbeing of a large number of employees through their own employment practice and, through their procurement code, that of their contractors. The 'minimum income for healthy living (MIHL)'[134] [135]or the London living wage, which seek to enable residents to pay for "needs relating to nutrition, physical activity, housing, psychosocial interactions, transport, medical care and hygiene" (Marmot 2010).

In the front line

Accessing the full range of services can be complex and the local offer is not always clear – either to the public or to those working in front line service provision. The template flyer attached as appendix one is one tool for signposting people to those services that are likely to be most beneficial. It refers to each of the ten areas discussed in section two of this document. The flyer will need to be tailored at a local level with information about local services and it is recommended that, before it is then designed, it is piloted with local services and service user groups. This should ensure it is appropriately tailored for the target population – both in relation to the information provided and the way in which it is presented.

The flyer will need to be distributed and displayed in those areas most likely to be accessed by those people who are likely to find it useful, for example housing or benefits advice services, GP practices. Engagement with local stakeholders, to identify the "gateway" services in the local area, is therefore also recommended. Some local authorities may have communications strategies about the policy changes and where possible the flyer should be aligned with these strategies to ensure a consistent message is conveyed across the borough.

Appendix one: Template Flyer

Facing a shortfall in your income?
Need support to help you stay well?
The following services are available locally or nationally:

1. Eating well in pregnancy and in the first year of life

Local link to Healthy Start Scheme and link for access to free vitamins

National links:

- Start 4 Life website: http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx/?
- Healthy Start Scheme www.healthystart.nhs.uk/
- Unicef's Ten Steps to Successful Breastfeeding: www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/Ten-Steps-to-Successful-Breastfeeding/

2. Eating well for less

Local link to Healthy Start Scheme and link for access to free vitamins

National links

- Change4Life, Be food smart: www.nhs.uk/change4life/pages/be-food-smart.aspx?gclid=CIOw7cvDtrUCFVHLtAodZ1QAOA
- NHS Choices 'Eat Well Plate': www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

3. Smoking is expensive, let us help you to quit

Links to local smoking cessation clinics

National links

- Department of Health Smoking Calculator: www.smokefree.nhs.uk/quit-tools/calculate-the-cost/

4. Keep active, help the environment and be easy on your purse

Links to local resources

National links

- Transport for London: Walking and cycling maps, route planning, and information about the Barclays cycle hire scheme, www.tfl.gov.uk
- Sustrans: Information on walking and cycling and route planning www.sustrans.org.uk/
- Walkit: Plan a walking route between two points www.walkit.com

5. Managing your money – advice and support is available

Links to local credit union and advice services

National links

- Turn2Us provide a number of tools including a timetable and explanation of all the changes and a benefits calculator to help work out your tax credit and benefit entitlement if you are retired, unemployed or in low paid work: www.turn2us.org.uk/
- Money Advice Service: information on a wide range of subjects around managing finances: www.moneyadviceservice.org.uk/
- National Debt Line: information on dealing with debts: www.nationaldebtline.co.uk/
- Every Pound Counts**:** benefits advice and check to ensure people are claiming the appropriate benefits www.lambeth.gov.uk/Services/AdviceBenefits/Benefits/BenefitsAdvice.htm

6. Keeping warm and well

Links to local and resources to improve energy efficiency and improve housing conditions

National links

- The Energy Saving Advice Service offers advice on how best to reduce fuel bills: www.energysavingtrust.org.uk/Organisations/Government-and-local-programmes/Energy-Saving-Advice-Service

7. Money pressures getting to you? Feeling stressed and anxious? Let us help

Links to local and resources to improve energy efficiency and improve housing conditions

National links

- NHS Choices Financial Stress: www.nhs.uk/livewell/onabudget/pages/creditcrunchstress.aspx

8. 'One drink' too many?

Links to local resources for people who want to reduce the amount they drink

National links

- NHS Choices, Alcohol: www.nhs.uk/livewell/alcohol/pages/alcoholhome.aspx

9. Concerned about drug abuse (your own or other's)?

Links to local services

National links

- NHS Choices, drugs www.nhs.uk/livewell/drugs/pages/drugshome.aspx.
- FRANK: friendly, confidential and non-judgemental help, information and advice about drugs: www.talktofrank.com/?&gclid=CN_o3dup77UCFZDKtAodUnUAWg.
- Adfam: advice and information for families of drug and alcohol users: www.adfam.org.uk/

10. Concerned about gambling

Links to local smoking cessation clinics

National links

- National Problem Gambling Clinic: London-based self-referral specialist NHS clinic for over 16s: www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic/
- Gamblers Anonymous: www.gamblersanonymous.org.uk/
- GamCare: London-based charity providing information and advice and individual and group-based treatment for problem gamblers and their affected others: www.gamcare.org.uk

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