

Improving Access to Health Justice in Suffolk

Bridging the gap between accessing legal advice and improving health outcomes in Suffolk.

Suffolk Health Justice Partnership

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Introduction

Suffolk Health Justice Partnership (SHJP) is a partnership of like-minded organisations within the county of Suffolk which share a common belief that the law makes it possible to resolve a range of social welfare needs.

The partnership's founding members are Suffolk Law Centre, one of the newest Law Centres in the UK and Citizens Advice Ipswich which, for the purposes of this project, is representing the charity's eight branches in Ipswich, Felixstowe, Sudbury, Leiston, Newmarket, Mid Suffolk, West Suffolk and North East Suffolk.

As established, Suffolk-based organisations with long track records of enabling access to legal advice, the two organisations are well-placed to lead the new Suffolk Health Justice Partnership, which was established in the latter part of 2017.

Both founding partners are trusted providers of advice services within the county and possess the specialist skills to deliverable tangible outcomes and sustainable change for clients facing social welfare problems.

About the Research

SHJP believes that legal advice may not always lead to the end of a social welfare legal problem, but it can often provide a means to the end.

Following sweeping cuts to Legal Aid, access to good quality legal advice has become the exception rather than the norm and partners share a common vision of increasing access to legal advice in non-legal settings, particularly in health settings, where the relationship between social welfare problems and their impact on health and wellbeing becomes apparent.

Thanks to the generous support of The Legal Education Foundation, Suffolk Health Justice Partnership has been presented with an opportunity to explore this relationship in more detail and commissioned this research in 2018 with a view to achieving the following outcomes:

- Improve understanding of how social prescribing in healthcare settings could increase access to social welfare legal advice.

- Summarise the potential benefits to the health sector of improved access to legal advice.
- Provide an overview of social prescribing activities in Suffolk and their effectiveness in improving access to legal advice.
- Draw upon good practice from around the UK to inform developments in Suffolk.
- Provide a summary of challenges faced by social prescribing activities within the county and an overview of potential opportunities for further exploration.
- Summarise evidence of need and develop a case for support for potential funders.
- Develop an outline model for successful delivery of legal advice within healthcare settings in Suffolk.

The research also engaged local and national partners in establishing current practice and developing a potential model for Suffolk.

During the course of the research, through ongoing engagement and dialogue with key local partners, Suffolk Health Justice Partnership successfully secured funding to develop a model for legal welfare advice which is already improving outcomes for people across Suffolk.

Key Achievements

Suffolk Health Justice Partnership has already proven to be highly effective in realising its vision of improved access to legal welfare advice in health settings in Suffolk.

Whilst the original intention of SHJP was to develop a model in response to this research, developments within both the legal advice and health sectors within Suffolk have required the Suffolk Health Justice Partnership to take a more dynamic approach and to develop their offer in response to emerging needs and opportunities.

In December 2018, the Suffolk Community Foundation received a grant from Ipswich & East Suffolk Clinical Commissioning Group to extend the reach of Citizen's Advice Ipswich to deliver a pilot to 13 GP surgeries across Ipswich.

An invitation to tender was also circulated inviting interested parties to lead delivery of social prescribing in each of the six Integrated Neighbourhood Teams (INTs), potentially accessing a total population of 248,628 people as follows:

- Eye and North West (6 GP practices)
- Stowmarket (3 GP practices)
- South Rural (4 GP practices)
- Felixstowe (4 GP practices)
- Woodbridge (6 GP practices)
- Saxmundham and North East (4 GP practices)

Ipswich & East Suffolk CCG is a key supporter of social prescribing activity in Suffolk and has expressed its commitment to tackling deprivation by developing transformational, efficient and sustainable services in the county.

West Suffolk Clinical Commissioning Group has also demonstrated its commitment to delivering welfare advice services for those in need by, along with Ipswich and East Suffolk CCG, stepping in to provide £374,000 in February 2019 when Suffolk County Council announced that its core funding to Citizens Advice across the county was to be halved in 2019-20.

Dr Ed Garratt, Chief Officer of the two Clinical Commissioning Groups, has publicly stated their recognition of the positive contribution of

Citizens Advice in supporting the health and wellbeing of people across Suffolk.

In addition to these positive developments, the Suffolk Health Justice Partnership has been proactive in developing collaborative relationships with a number of those involved in our research, particularly Ipswich & East Suffolk CCG and The Suffolk Community Foundation, both of which are very supportive of the vision to increase access to legal welfare advice in Suffolk.

Suffolk Health Justice Partnership is building on this successful start by launching the report in April 2019 and reaching out to additional partners who can make this vision a reality.

Connect For Health: An Outline Model for Suffolk

Vision

Suffolk Health Justice Partnership's vision is one of the law being used effectively to resolve or reduce legal welfare needs which impact negatively on health and wellbeing.

Mission

Our mission is to realise this vision by embedding legal advice within healthcare settings which enables people across Suffolk to enjoy free and equal access to high-quality advice which resolves or reduces their legal welfare needs and improves their quality of life, health and well-being.

To achieve this mission, Suffolk Health Justice Partnership (SHJP) has developed an innovative pilot model, Connect For Health, which will bring together those with the skills, expertise or resources to resolve legal welfare needs from the

public, private and voluntary sectors to achieve the following aims:

- Increase access to legal welfare advice
- Improve health and wellbeing
- Reduce pressure on NHS health services

Ipswich & East Suffolk CCG has already provided funding to Citizens Advice Ipswich through Suffolk Community Foundation to develop the model as a pilot in 13 surgeries across Ipswich and SHJP will continue to explore the potential to replicate the pilot across the whole of Suffolk.

Connect For Health is based on increasing the provision of face-to-face advice in healthcare settings and our research finds this to be the most effective method of reducing or resolving legal welfare needs and improving health and wellbeing.

However, a key advantage of Connect For Health over other forms of social prescribing is that Suffolk Health Justice Partnership colleagues have the necessary training, skills and experience to provide advice at the point of access, reducing or even removing the need for a further referral to specialist services and

therefore resolving or reducing an individual's legal welfare need more quickly and effectively.

Trained advisors understand the advice process, key dates and time limits. They don't simply gather information from clients, they analyse it, consider the assessment process, use the right documents and communicate professionally and confidently with relevant parties.

Our research indicates that those clients who will benefit most are least likely to benefit from following a script.

Furthermore, the evidence from our research suggests that this model of delivery provides a number of key advantages to health sector colleagues; primarily by creating additional capacity for GPs by enabling them to focus on clinical needs and potentially reducing mid to long-term demands on their time by patients whose legal welfare needs are impacting on their health and wellbeing.

Led by a cross-sector steering group of experts from the fields of health and social justice, the Suffolk Health Justice Partnership will recruit, train and lead a team of specialist advisors who

will provide advice directly to members of the public at key access points within the healthcare system; initially working in GP Practices, but potentially also in hospitals, A&E departments and hospices as the offer becomes established.

Connect For Health provides three levels of access to legal welfare advice, with each level designed to effectively reduce or resolve presented needs.

1) Stage 1: Bronze Support

Advisors from Citizens Advice work directly in surgeries to support GPs and medical staff in resolving legal welfare issues which may have initially presented as clinical issue. Practices may like to focus on one area, such as respiratory problems, so as to monitor impact effectively.

Connect For Health advisors are recruited by Citizens Advice and undertake extensive training, in addition to undergoing background checks by individual practices.

Once approved, advisors will be able to access System One (the database used by GP practices), which enables them to update notes on patients' behalf and provide consistent access to relevant information.

Referrals for Connect For Health come from the GP or health professional who, having identified a legal welfare advice need, can handover to an advisor or request an appointment via reception.

The advisor leads the patient through the consent process, obtaining their permission to move forward and maintaining a record on System One and the Citizens Advice database. They can also provide a warm handover to other agencies who could provide additional support.

The impact of Connect For Health is measured using the outcomes star, which can track progress in self-management, health and wellbeing. Satisfaction surveys measure how people feel and note any reduction in use of health services.

The initial pilot is funded by Ipswich & East Suffolk Clinical Commissioning Group, through Suffolk Community Foundation, and will be rolled out into 13 GP practices in Ipswich on a quarterly basis throughout the course of 2019.

Suffolk Community Foundation will monitor data on a quarterly basis and identify any areas for

development or improvement. Ipswich & East Suffolk CCG will receive six monthly reports.

2) Stage 2: Silver Support

In addition to the support provided in Stage One, the advisor based in the surgery can assist in coaching people to identify non-medical support, including further exploration of underlying problems and warm referrals to another voluntary sector organisation.

The advisor role can be shared across practices and led by the evidence established during Stage 1, with Connect For Health capturing evidence of the impact of handing patients over to other organisations, therefore avoiding the risk of intangible signposting and unknown impact.

3) Stage 3: Gold Support

The final stage of the Connect For Health model enables people to receive support with their legal welfare needs from a wider range of voluntary sector organisations, with each organisation being funded for their intervention.

Support provided at Stage 3 is through a Community Connector, this person is needed with the most vulnerable and least confident people. The Community Connector builds on the evidence of need provided at stages 1 and 2 and the advisor will be required to collect evidence of impact from the third party organisations to complete the circle of impact.

Innovative Practice

In developing the model, we've researched other successful projects around the UK and, whilst the initial project is based on face to face access to legal welfare advice, we believe there is scope to include additional innovative methods as the model develops.

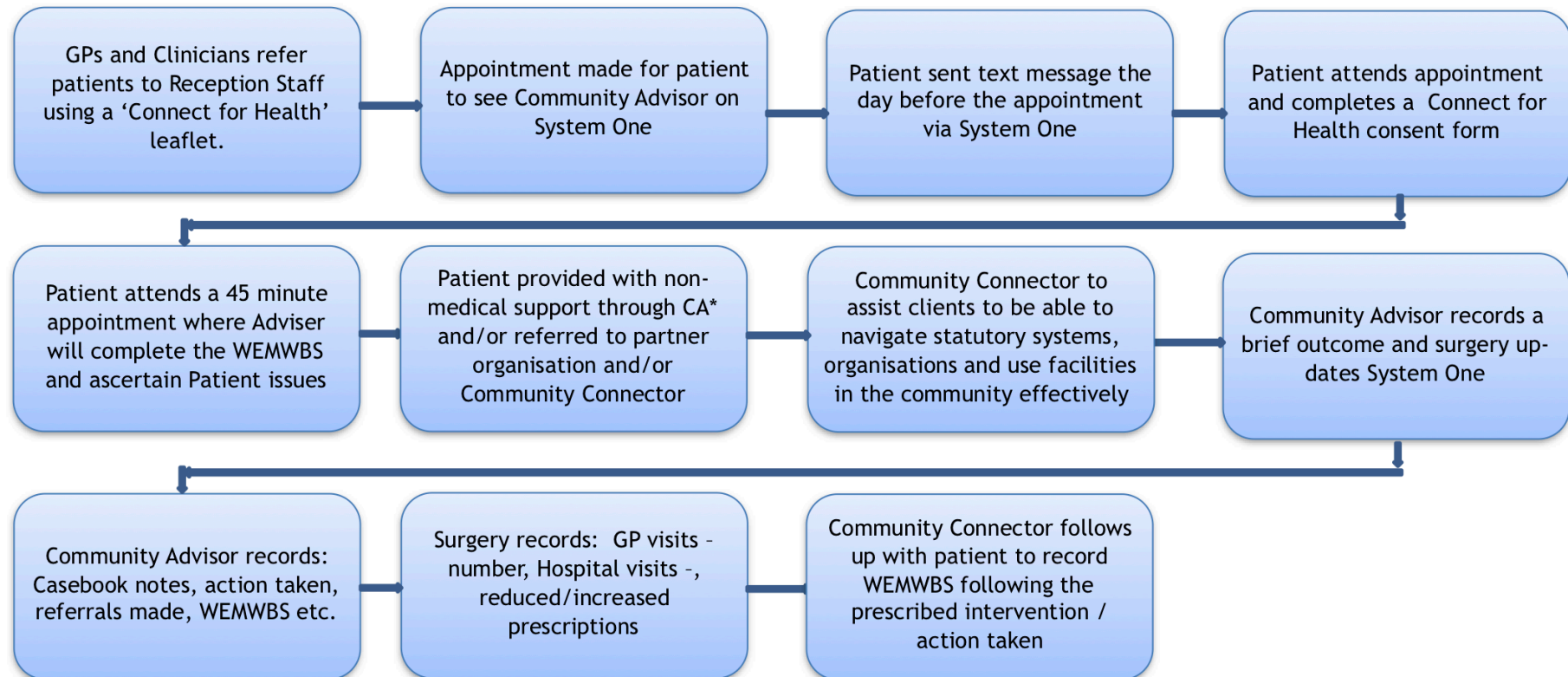
Chatbot - developing an online chatbot could potentially help to resolve the challenge that people who need legal welfare advice do not always know what kind of advice they need. A chatbot could potentially triage needs and direct people to the most appropriate and effective method of support. By asking a series of questions, an automated chatbot can help to narrow the range of potential solutions and provide a logical "next step".

There is also the potential to benefit from other technological solutions, such as providing advice via Skype and FaceTime and by using high-definition scanners to share key documents with advisors who may be working remotely.

Connect for Health – Process Flow

Key: WEMWBS – Warwick-Edinburgh Mental Well-being Scale. GP – General Practitioner

*Citizens Advice support includes Money Advice, specialist Benefit Advice, Advice on Consumer, Employment, Family, Housing, Immigration, Law & Courts



What Is Social Prescribing?

Social prescribing is a means of enabling GPs and other primary healthcare professionals to refer patients to a range of local, non-clinical services or activities which may improve their health and wellbeing.

Social prescribing may also serve to reduce pressure within the health system by resolving need and increasing the capacity of health professionals to focus on clinical needs.

Social prescribing aims to enable people to take greater control of their own health and can include accessing activities including sports, cookery, healthy eating and volunteering.

It is thought to be particularly effective in improving mental health and physical wellbeing, particularly for those experiencing long-term mental health problems, vulnerable groups, and those who frequently access primary or secondary health care.

The most prevalent model of social prescribing in the UK is the connector/link worker model, which provides patients with a face-to-face conversation during which they can learn about other services and opportunities to improve their health and wellbeing.

Link workers refer patients to existing services, often within the voluntary sector, which may help to resolve social, emotional or practical needs.

However, Suffolk Law Centre and Citizens Advice recognise a significant gap for people requiring more specialist advice, particularly legal advice, which is a gap that the Suffolk Health Justice Partnership is keen to address.

How Can It Benefit The Health Sector?

The provision of social welfare advice within healthcare settings, and the wider provision of social prescribing more generally, has the potential to provide additional capacity at a time when GPs are under increasing pressure:

- 762 of GP practices across the UK are thought to be in danger of closure as GPs are leaving the profession.
- 75% of GPs are aged over 55 and are approaching retirement, but GPs are also leaving as a result of workload pressures¹.
- Family practices serving 2.5 million people may close in the next five years, although this is disputed by NHS England who say more GPs are being trained.
- UK GPs have an average of 41.5 patient contacts every day, 60% more than the number considered safe by European GPs.

- Over 20% of GPs have more than 50 daily contacts and some have more than 70, with some GPs saying the pressure has forced them to resign or give up partnerships.
- The British Medical Association voted in favour of setting a safe limit of patient contacts. Whilst it did not specify a number, the European Union of General Practitioners suggests that around 25 contacts is safe.
- Patient demand is increasing, with GPs seeing 60 million more patients per year than they were five years ago.
- If demand continues to grow at the present rate and GP numbers continue to stagnate, the average GP will have to work an extra two hours a day to meet demand.
- 27% of all appointments did not need a GP, according to a review of 5128 consultations by NHS Alliance in 2015.

Research by Citizens Advice nationally found that 8 out of 10 GPs felt that they didn't have enough time to focus on clinical care in appointments because they were being asked to

help with other tasks such as writing up debt plans or helping to fill in benefits forms.

In the Ipswich & East Suffolk Clinical Commissioning Group area, 1 in 6 patients wait a week or more to see a GP. There is significant variation across the county, with 35% of patients in Saxmundham waiting a week or more compared to just 2% of patients in Ravenswood.

Research Indicates That Access to Legal Welfare Advice Reduces Pressure for GPs

Further research by Citizens Advice in 2014 followed up on 2700 clients 3-5 months after they had received advice and found that 81% of clients felt less stressed, depressed or anxious after receiving advice and 45% felt their physical health had improved.

In addition, more than half reported having more control over their finances (51%), just under a quarter felt their housing situation was more secure (24%) and over a fifth felt they had better relationships with people (21%), all of which

have positive indirect benefits on health and wellbeing.

In Suffolk, an evaluation of Citizens Advice outreach in GP surgeries reported that clients had fewer GP appointments in six months after using the service; on average, clients had 68% fewer appointments compared to the six months prior to advice.

In 2017, Citizens Advice conducted another survey of 886 GPs which found that:

- 85% had referred patients to an advice agency, with only 17% being able to refer them to advice provided "in house".
- 75% said that accessing advice had resulted in a positive impact on health and wellbeing.
- 72% reported a positive impact on overall care for those patients.
- 61% reported that accessing advice had resulted in a positive impact on their ability to focus on and treat clinical issues.
- 61% felt that the number of repeat visits about the same issue reduced as a result of receiving advice.

GPs Recognise The Potential Benefits of Increased Advice Provision in Health

Research by the Legal Action Group (supported by The Law Society) asked 1000 GPs about the impact of advice on health outcomes.

- 88% of GPs felt that lack of access to advice on social welfare issues impacted negatively on patients health to at least some extent, with almost half (48%) saying it impacted to a great extent.
- 67% of GPs reported an increase in the number of patients who would have benefited from advice on benefits and 65% had seen an increase in patients who would benefit from debt and financial advice.

Research by Citizens Advice nationally into non-clinical demands on GPs surveyed 824 GPs and found that:

- 80% of GPs felt that dealing with non-clinical queries decreased the time available to treat clinical concerns.

- GPs estimated that almost a fifth of consultation time (19%) was spent on non-clinical issues, with the most common issues being relationships, housing, employment, welfare, benefits and debt.
- 84% of GPs had referred patients to an advice agency, with only 31% reporting that they had been able to advise patients adequately themselves.

Citizens Advice Can Evidence The Need for Advice on Health-related Outcomes

Citizens Advice collates a wealth of data relating to people using its advice services across the county and, with all eight branches using the same national database, can provide evidence of local need. In Ipswich, for example, the charity provided advice to 3270 people in 2016.

Research has shown that Citizens Advice is effective in resolving 2 out of 3 problems following advice, with the majority of needs being considered to have a detrimental impact on health including:

1293 clients advised on benefits and tax credits
753 clients advised on debt issues
622 clients advised on employment issues
601 clients advised on housing issues

22% of clients in Ipswich were disabled or had a long-term health condition and 29% had a mental health problem, so it's reasonable to assume that a number of these clients will be frequently accessing the health system.

What Are The Challenges Facing GPs in Suffolk?

GPs tell us that reduced income is the biggest challenge to adopting new models or developing social prescribing services.

We sense that GP practices have a strong appetite for innovation, but increasing pressure on existing resources means it's unlikely they could support it without additional funds, nor support any model which increases the burden on existing resources, such as involving Care Navigators without additional cover.

Time spent on non-medical issues is a real challenge for GPs, with some suggesting that

there is a tendency for other agencies to suggest a visit to a GP when specialist advice or support would be more appropriate. Not only does this increase pressure on GPs, but it also results in people having to wait longer to access the support they need, often exacerbating their situation.

As one GP suggests, the clue is in the title; GPs are general practitioners and, whilst they may be able to prescribe medication or provide a listening ear and reassurance, they're often unable to recommend a long-term solution.

However, GPs are sympathetic to the reality that, following cuts in other services, there are not often any real alternatives to a GP referral.

GPs suggest that they will have a mental checklist of potential solutions, but it's unlikely to include access to legal advice, with the exception of suggesting patients contact Citizens Advice.

Referral pathways can sometimes present a challenge for GPs, both inbound and outbound, with some sharing a sense of frustration that they often have no choice but to pass a problem on.

Time is one of the most valuable commodities within modern GP Practices and creating and conserving time is a key challenge, not only for appointments but also for administration.

GPs are often the most accessible service, even if they may not be the most appropriate so, once involved they tend to stay involved.

One GP suggested that one appointment could easily become the equivalent of two or three appointments when additional paperwork is taken into consideration, particularly where the GP may be required to refer a patient for specialist services.

In addition, GPs report that their appointments system often prevents them from providing consistent coordination of care as a patient can easily rebook an appointment with another GP to discuss the same concern.

The opportunities for GPs to discuss these types of concern with each other are limited, increasing the likelihood that potential underlying legal issues are overlooked.

What's Already Happening in Suffolk and is it Effective in Resolving Legal Needs?

Access to social welfare legal advice is severely limited in Suffolk, particularly for vulnerable and disadvantaged groups. The county is one of the areas described as an "advice desert" in a 2017 report by The Law Society, which found that Suffolk did not have any housing legal aid service provider, for example.

Suffolk residents face a number of barriers when accessing legal advice. 51.8% of the population live in rural areas with poor transport/infrastructure. 21% are aged over 65 and are unlikely to access key towns.

Despite being perceived as an affluent county, a 2016 report by Suffolk Foundation found that 12% of people are living in income deprivation. This figure has increased by 6.4% since 2011 and

only three of 152 English authorities have seen a steeper decline.

Suffolk Health Justice Partnership believes that improved direct access to social welfare legal advice in health settings (in place of, or in addition to signposting by link workers) would address these problems.

Citizens Advice surgeries in libraries have been successful and initial enquiries by SHJP with potential partners including CCGs, GP consortia and other potential partners support the need for an effective, consistent model for accessing social welfare advice within primary and secondary healthcare.

Encouragingly, there is a lot of activity surrounding social prescribing in Suffolk. Many of these projects are small-scale and drive by local need, which is a challenge for advice services seeking to develop a more cohesive, strategic offer within the county.

In addition, not all social prescribing projects include access to social welfare advice, with many relying on an additional referral to Citizens Advice, but our sense is that there is a good

foundation within Suffolk on which to develop specialist advice services within, or in addition to, existing social prescribing frameworks. We've summarised as many examples as we could find of wider social prescribing activities across Suffolk:

What's Happening in Ipswich?

Ipswich & East Suffolk CCG (IESCCG) is committed to exploring innovative ways to reduce non-clinical needs.

The CCG is working in partnership with Suffolk County Council, district councils, borough councils and the voluntary sector to develop a social prescribing offer which will increase non-clinical support, but also enable NHS professionals to develop relationships with a wider range of partners in their local community.

Citizens Advice sessions are already offered at a range of practices including Stowmarket, Otley, Debenham, Grundisburgh and Ipswich, including Hawthorn Drive surgery in Chantry.

Hawthorn Drive Surgery

Hawthorn Drive surgery in Chantry has run a regular drop-in service on Thursday mornings since November 2015. In that time, the service has helped 173 clients with 853 issues and 265 cases. 42% of clients were disabled or had a long-term health condition so, we presume, found it easier to access a local service than travel further afield.

Over 60% of clients accessing the drop-in had not used Citizens Advice previously; it's an average round-trip of 50 minutes, a return bus fare is £3 and average parking costs are £5. Some, especially those on low income, are unable to bear the cost or unable to take time off work to attend.

Benefits are the most prevalent issue presented (particularly Employment Support Allowance), followed by tax credits, debt, relationships and families, housing and employment issues. By May 2018, the service had increased overall income of clients by £61,023 and had facilitate the writing-off of £36,883.

CASE STUDY: How social prescribing helped "John".

What challenges did the client face?

Ipswich CA supported a client in his fifties who had been in receipt of benefits for most of his life due to severe agoraphobia and had never been in employment. He had been invited to make a claim for Employment Support Allowance (ESA) as part of the drive to move claimants away from incapacity benefit. However, after making the claim he attended a medical assessment and was awarded zero points and told that he was fit for work.

The client had no income as he was unable to access Job Seeker's Allowance (JSA) as he could not attend the Job Centre as a result of his health problems. His brother contacted the Council to ensure that housing and Council Tax benefit continued, otherwise his home could be at risk.

What did Citizens Advice do to help?

The client attended an outreach session and Citizens Advice supported him to request that

the claim was reviewed. Following a further delay at DWP, the claim was refused again and CA supported him to appeal.

Citizens Advice supported the client to gather medical evidence to support his claim, which included arranging an appointment with his GPs Mental Health advisor. He was referred to the Mental Health team who recommended he should be assessed for autism, which can potentially take up to 9 months. Citizens Advice supported him to communicate this development to DWP, but the claim was still refused.

Citizens Advice supported the client to have further conversations with the Mental Health team to encourage them to provide further evidence to increase the likely success of the appeal and a second supportive letter was prepared.

What did the advisor help to achieve?

The appeal hearing was held and the panel allowed the appeal and awarded him three times the number of points he needed to be successful.

The panel also recommended that he should never be re-assessed for ESA again under current law.

The client was placed in the support group for people who have long-term health conditions and are not expected to return to work.

The client became entitled to a backdated payment of all money owed to him dating back 12 months.

The total annual benefit gain to the client is £10,657 and his weekly benefit has been restored.

During the course of advising the client, Citizens Advice realised that his brother, who is also disabled and was living with him, had been underpaid benefits for 3 years as a sanction had never been removed.

With support from CA, he successfully challenged this error and was refunded a total of £8243.

Ipswich: Recent Developments

In November 2018, Ipswich & East Suffolk Clinical Commissioning Group (IESCCG) announced a new social prescribing scheme to be delivered across 40 GP practices.

The scheme is focussed on patients with mental health needs and appears to be based on the traditional link-worker model, with “connectors” being appointed who will link patients with activities including walking groups, volunteering opportunities and social clubs. We believe the total investment by IESCCG in this project to be £250,000, although this is yet to be confirmed.

Ipswich & East Suffolk CCG suggests that 38% of GP appointments in Ipswich are made for non-clinical reasons and the new scheme is designed to prevent that, although it’s unclear as to what extent the new scheme will facilitate access to legal advice and resolve welfare needs.

The model appears to be based on the Haverhill link-worker model which, from our own research, is one of the only models in the county which has not had a thorough assessment of impact.

Elsewhere in Ipswich, Citizens Advice is delivering a major pilot project across the town until December 2019, supported by Suffolk Community Foundation with funding from Ipswich & East Suffolk CCG (see Page 26).

The funding goes beyond the link-worker model to include a comprehensive assessment of patient needs by a trained, quality-assured advisor who can advise and manage crisis and provide support without delay. The advisor can also provide a “warm handover” to specialist organisations and ensure the referral loop is completed, so that practices are informed about the support offered and can evaluate the impact of the programme.

The pilot is intended to collect data to identify the primary areas of need, in addition to identifying key positive outcomes, such as reduced hospital admissions, with a view to informing the development of the Suffolk Health Justice Partnership model during 2019.

Early indications suggest that every half-day an advisor spends in each surgery creates an additional 1.5 days of work in terms of additional advice and support, or following up on

additional paperwork, such as completing benefit forms or gathering medical evidence. Ipswich Citizens Advice hope to evaluate the pilot in early 2019 and The Legal Education Foundation has indicated that they may be able to support developing the evidence-base further in Suffolk.

What’s Happening in Haverhill?

Haverhill Lifelink connects people with social activities and community groups. Following referral, people are offered up to 6 one-hour sessions with one of two Lifelink Coordinators, access to a drop-in centre providing an opportunity to meet others and support to develop a personal action plan.

The project aims to achieve a number of outcomes, including mental health and wellbeing, increased social opportunities, improve health and fitness and opportunities for volunteering.

Access to debt and benefits advice is included as one of a wide range of available activities, although it is unclear as to what proportion of the overall project this service accounts for.

The two-year pilot project began in August 2017 and is delivered by the ONE Haverhill Partnership and St Edmundsbury Borough Council. The scheme has helped hundreds of people to local services and is said to have increased the capacity of local GPs by some 44%.

What's Happening in Leiston?

Leiston Together grew out of a social prescribing pilot in Leiston, on the Suffolk coast. The pilot was developed in response to a range of needs frequently presented by patients visiting the GP practice including drug and alcohol issues, mental health and domestic violence.

The aim of the pilot was to reduce pressure on GP surgeries and A&E services by encouraging people to identify alternative support, which may include increased support from community groups, such as the Men's Shed, which supports men experience isolation and mental health difficulties, knit and natter groups, choirs, keep fit classes and volunteering.

The pilot was funded with a £35,000 grant from the Department for Communities and Local

Government's Communities Fund, via Suffolk Coastal District Council, and was one of only 54 projects in the UK to receive this funding. The service is currently delivered by Access Community Trust, a local charity that supports homeless young people which won the contract following a tender process.

Richard Best, Active Communities Manager at East Suffolk Council which commissioned the scheme, has been involved from the start. He says there were some initial challenges, including the assumption that Citizens Advice would want to be involved, as they had been in Lowestoft, but they declined to bid for the contract as their Manager was due to retire.

He also says that the pilot has been very labour intensive, with advisors tied up five days per week, and that there were some initial challenges around securing data sharing protocols with the surgery.

However, when it works it works, and Richard feels it's important to have an appropriate organisation in the lead as GPs will need to trust the provider if they are to make referrals. He says the Practice Manager is key to the success

of the scheme and it's important to have a positive impact on the first round of patients referred so GPs can see that it's working, particularly for high-intensity patients who may be attending appointments frequently.

The Leiston surgery has recently become a "Parkrun Practice" as part of a new social prescribing project by Parkrun UK and the Royal College of General Practitioners to promote outdoor activity as an alternative to prescribing medication.

What's Happening in Shotley?

In Shotley, the Community Connector project seeks to connect health and social care professionals with voluntary groups that can provide additional support.

Suffolk County Council is working in partnership with Suffolk Family Carers to deliver the project, which includes using a bus as a mobile access point for the most rural parts of the peninsula around Shotley, Holbrook, Stutton and Chelmondiston.

Another mobile scheme has been developed in the Suffolk Coastal district, where the Rural Coffee Caravan provides an access point for additional signposting and support.

What's Happening in Stowmarket?

Citizens Advice Mid Suffolk worked in partnership with the CCG and StowHealth, a "super practice" formed by the merger of a number of practices within the town. The six-month pilot saw the practice develop a team-based approach, with a number of partners on hand to enable the practice to transfer a wide range of patient issues each day.

Whilst the pilot was considered to be successful, it was unclear who was accessing the surgery that couldn't otherwise access Citizens Advice and the practice decided not to extend the project for another six months (which would have cost approximately £3000).

The practice has developed the pilot further and has introduced a new system of Care Navigation which, during its first week, resulted in 120 patient contacts which would have been direct

at GPs being redirected to another professional within the practice.

What's Happening in Lowestoft?

The Solutions service in Lowestoft provides patients with a 45 minute assessment with a specialist advisor from North East Suffolk Citizens Advice to discuss their social welfare needs, in addition to exploring other services such as respite, dementia support and housing.

The project began at Kirkley Mill surgery, partly because of local needs, but also because East Coast Community Healthcare managed the surgery and were supportive of developing innovative approaches. It was initially funded by a £17,000 grant from a range of sources.

Richard Best at East Suffolk Council, says that partnering with Citizens Advice was a "no-brainer" as the organisation has a good reputation locally, staff have experience and qualifications, have a good understanding of the law and are used to carrying out assessments, so they could ensure that all referrals to the project were appropriate.

Patients accessing the scheme are given a discreet yellow token to share at the surgery's reception, where an appointments diary is maintained by surgery staff.

Morning appointments are with Citizens Advice and afternoon appointments provide access to a wide range of specialists including Turning Point, One Life Suffolk, Access Community Trust and mental health services.

Almost 100 patients accessed the service in its first 12 months of operation, with mental health and benefits being the main issues presented. Evaluation of the initial project found that two locums were the primary referrers, with a spike in self-referrals noted following flu clinic letters being sent and a marketing event to introduce patients to the range of other services on offer at the surgery.

Early challenges included promoting the scheme to patients and clinical staff alike and overcoming the challenge of patients not attending appointments.

Clare Angell at Great Yarmouth & Waveney CCG says it takes 12-18 months to develop a

significant change in culture and practice and the project was a little ambitious going from concept to delivery within 2 months. She believes that supportive partners are key to a projects success and the Lowestoft model had support from the Clinical Commissioning Group, local council and a range of other partners.

Patients provided Citizens Advice with a number of positive comments about their support:

'I am so pleased to have seen the adviser because I know they are professional and they aren't going to scam me and I am being taken seriously because they are in the surgery so I know I can trust them'.

'I felt the appointment with Solutions was really good, the adviser listened to me and took lots of notes. She is going to get some information to send to me so it was 45 minutes well spent'.

'After visiting Solutions I feel like everyone is coming together to help me and I am going to be able to sort everything out now. For so long I have been getting bits of advice from 'here and there' and have never resolved anything'.

Solutions now delivers to 8 surgeries in Lowestoft and is achieving positive outcomes including a 44% reduction in GP appointments, 22% reduction in A&E appointments and a 100% improvement in wellbeing, using the Warwick & Edinburgh scale, an assessment tool which provides a score for mental health wellbeing following a series of questions.

The project has extended its range of partners to include housing associations, IMCA and DWP, who can advise on debts and benefits and has appointed navigators to support patients by connecting them with the full range of services provided by the project.

Sadie Parker, Commissioning Manager at Great Yarmouth & Waveney CCG, believes that the pilot's success has been its ability to match people with the help they need immediately, otherwise the risk of non-attendance, or non-resolution increases.

Maintaining and increasing the resilience of GPs is a key priority for the CCG and Sadie would welcome further evaluation of the impact of social prescribing and feels that the most successful schemes will be flexible enough to

keep up with the changes in health service delivery across the NHS.

CASE STUDY: How social prescribing helped "Jan" in Lowestoft:

What challenges did the client face?

Solutions supported a client who was suffering from depression, anxiety and low self-esteem. She was anxious about leaving the house, but had a dog so would use a back alley to take it for walks. The client also struggled with alcohol addiction and hadn't found previous services to be helpful.

The client was in receipt of benefits, but wasn't sure what, although a recent PIP application had been rejected and a work capability assessment was pending. She was struggling to pay her utility bills.

What did Solutions do to help?

Solutions put the client in touch with the wellbeing service, who contacted her to arrange a meeting. Following a benefit check, Solutions determined that she may be eligible for PIP after

all and telephoned PIP to make the initial claim and arranged an appointment with their own special advisor who specialises in completing PIP forms.

Solutions made an online application to have a water meter fitted and, because the client is on a low income, offered to help her apply for a LITE tariff. They also discovered that the client was struggling with bathing due to her health and explored the potential of accessing the Disabled Facilities Grant.

Solutions helped the client to complete an ESA 50 form and made a referral for support from Adult & Community Services. The client enjoys singing and Solutions offered help to find a local choir, with a view to reducing her feelings of isolation and improving her confidence.

Solutions helped the client to complete a reconsideration letter for PIP and helped her establish what further evidence was required. They helped with the appeal and wrote letters to her GP and Mental Health nurse to request further evidence. Solutions responded to the appeal package, correcting some erroneous

remarks and arranged to attend the PIP appeal with the client.

What outcomes did Solutions help to achieve?

- Solutions supported the client with the PIP application and supported her to attend the assessment.
- Eligibility for Disability Facilities Grant was established and will be revisited following PIP outcome.
- A water meter has been requested and will reduce the client's bill and long-term tariff.
- The client was referred to One Life Suffolk and received 12 weeks of slimming world vouchers.
- The client's WEMWBS score has improved by 32 points from 24 to 56.
- Solutions are advocating for the client to receive a PIP assessment at home after supporting her at an assessment in Norwich which had to be abandoned after a long wait increased her level of anxiety.
- Following the referral made by Solutions, a social worker has been assigned to the client and they have out her in touch with Leading Leaves who are helping to declutter her home and bid for new social housing.

Connect Suffolk

Connect Suffolk appears to share a similar vision of improving access to healthcare and ensuring that patients receive appropriate support.

The project was established in 2015 with two trial projects in Sudbury and East Suffolk. It aims to bring together health and social care services, local councils and voluntary organisations to ensure people can access early help and support.

There are 13 Connect Suffolk projects across East and West Suffolk, with the project supported by the Health & Wellbeing Board. Connect brings professionals and communities together in Integrated Neighbourhood Teams as part of an Integrated Care Model and includes a wide range of partners who can respond to specific needs.

Whilst the provision of advice is not explicit within the Connect offer, it's certainly an implied outcome of the programme, which aims to help people manage their care, access the right support and increase awareness of community services.

What's Happening Around the UK and What Can Suffolk Learn?

We've looked at a number of social prescribing initiatives around the UK to explore what works, and what doesn't, to inform the development of the Suffolk Health Justice Partnership's model.

We've focused on initiatives which improve access to social welfare advice and reduce pressure on health services as these are the outcomes we'd like the Suffolk model to achieve.

In **Bristol**, GP practices and voluntary sector partners developed three models of social prescription support, light, medium and holistic. Evaluation of one holistic project found that, three months after being introduced to the project, patients showed statistically significant improvement in levels of isolation, physical exercise and wellbeing.

Analysis of GP contact time found that attendance rates reduced for 60% of patients in comparison with the previous 12 months.

In **Rotherham**, a consortium of 20 voluntary organisations working alongside NHS partners has actively led to a reduction in the use of NHS services, with evaluation finding that more than 80% of patients referred to the project had reduced attendance at A&E and admissions at both outpatients and inpatient services.

In **Glasgow**, cancer charity Macmillan is working in partnership with the NHS to ensure that every patient is offered a legal advice session with a specialist worker following a cancer diagnosis.

The charity developed a specialist benefits advice team after finding that 80% of cancer patients in Scotland are, on average, £420 a month worse off after their diagnosis. The team offers advice which eases financial uncertainty and enables patients to focus on recovery.

In **Sheffield**, specialist mental health workers from Citizens Advice have been incorporated into the NHS Trust to ensure that every patient experiencing mental health challenges is offered

a session with a welfare rights worker as a routine element of the service.

In **Newcastle**, St Oswald's Hospice has developed an innovative project to support people with legal issues as they approach end of life. The project, which is funded by The Legal Education Foundation, works in partnership with specialists, including disease-specific organisations such as Dementia UK to identify and resolve legal needs including care-planning and power of attorney.

The project has identified that not all legal needs require a lawyer and many issues can be resolved by local specialist advisors, but not by link workers who would ultimately have to refer to a specialist advisor following their own engagement.

The project has also identified a need to improve generic knowledge and awareness of legal need within the health workforce, a challenge which we have also identified in developing the Suffolk model.

Coventry Law Centre has embedded advice workers within the Troubled Families team,

which supports 800 families across the city. The pilot has identified that every troubled family has at least one social welfare legal problem which, if resolved, could reduce demand on statutory services.

We imagine a similar model could work well in Suffolk, with advice workers on the frontline backed up by specialist advice from Citizens Advice and Suffolk Law Centre.

Another model with the potential for replication exists in **Scotland**, where Welfare Rights Advisors are embedded within 50 GP practices, funded by NHS and local Health and Social Care Partnerships.

In Leith, for example, an Early Years Centre has been working to improve uptake of Healthy Start food vouchers after realising that 25% of eligible families do not receive them. By skilling up midwives linked to local surgeries, the project has increased take up by 10% at a time when the rest of Scotland has seen a 9% reduction.

Furthermore, the centre has colocated welfare rights advisors in antenatal clinics, in addition to those already in GP surgeries, funded by the

Scottish Legal Aid Board's Tackling Money Worries Fund. This work has identified significant under-claiming of pregnancy and childcare entitlements, but has also concluded that healthcare workers can not be expected to be experts in welfare and the inclusion of specialist advisors is essential.

In **Manchester**, dedicated phone lines which put patients in immediate contact with a Citizens Advice worker have been introduced in half of the city's GP surgeries following a successful pilot. By July 2018, more than 80% of patients who had used the service said welfare rights issues had had a negative impact on their health and more than 50% of calls had been for benefits advice.

The project is funded by Manchester Health & Care Commissioning and independent evaluation has shown that a third of clients are facing multiple issues that required support, with almost 65% of issues being resolved in just one phone call.

One patient visited the GP with frostbite on her hand and it transpired that she had developed frostbite as she could not afford to heat her

home during a cold spell and was immediately able to access specialist advice.

Other social prescribing projects around the UK are making innovative use of technology and there is certainly the potential to include elements of these in our Suffolk model.

In **Cornwall**, law students are accessing training from University House in London via Skype and Bromley-by-Bow, the centre which pioneered social prescribing, is providing legal advice via online sessions where a facilitator supports clients to upload documents and establish the connection, remaining on hand to provide technical support.

In **Norwich**, GP practices have been trialling social prescribing in partnership with the voluntary sector, including Age UK Norwich and Community Action Norfolk, which offers grants of £5000 to fund the advice partners.

Whilst benefits, housing and debt advice only form part of the offer, GPs speak positively about the impact of the project, which includes additional intensive support for those at risk of losing their homes and a "digital" health

coaching session, offering online support for people to manage long-term health conditions.

In **London**, the Mayor has expressed a desire to see social prescribing in every GP surgery and the Greater London Authority is developing a ten-year social prescribing vision for London. The vision contains four key work streams including workforce development (primarily within the NHS but also within the voluntary sector), digital delivery, sharing good practice and providing legal advice.

The GLA is part of a task and finish group, which includes The Legal Education Foundation, and is actively exploring next steps. They are also a member of Healthy London Partnership, a conglomerate of organisations working with CCGs on funding and service delivery.

GLA doesn't have a statutory responsibility for health, but does for health inequalities. The Mayor's health advisor is a GP (Tom Coffey) who happens to have social prescribing and Citizens Advice services running from his surgery. Social prescribing is patchy across London with some boroughs, including Bexley, Tower Hamlets and Redbridge benefiting from advanced schemes,

whereas others have not undertaken any activities.

In **Redbridge**, Redbridge Council for Voluntary Services (CVS) is working with the Redbridge Clinical Commissioning Group (CCG) and Public Health on a new social prescribing project, funded by Department of Health. The project is focussed on connecting people with diabetes, low level mental health issues and those facing isolation with local groups and services.

GPs refer clients to the project and Redbridge CVS matches them with a "Health & Wellbeing Buddy", a pool of casual staff who are paid London Living Wage of £10.20 per hour. The Buddy helps clients access the help, support and advice they require from the range of providers working across the Borough.

Whilst the primary focus is not on legal advice, Redbridge is the 21st most-deprived London Borough (2015) and is ranked 138th most-deprived authority in England (2015), so it seems likely that some of those accessing the project will have social welfare needs. We believe that the mechanism for delivery may be transferrable to the potential Suffolk model.

What Are The Challenges Facing Social Prescribing Activities in Suffolk?

The Link Worker model doesn't work for legal needs

We have no doubt that the link worker model is effective in linking patients with local services which can resolve a wide range of needs, particularly for those services which can maintain a supportive environment for the patient following an initial introduction.

However, the nature of resolving legal need is such that we do not consider the link worker model to be effective as, in almost all cases, a referral to a specialist advisor will be required, resulting in the link worker's engagement being an additional, unnecessary step in the overall process, rather than a step closer to a solution as they often can be in non-advice situations.

Link workers do not typically have training or expertise in providing advice and, consequently, lack the means to resolve legal needs.

They often have no choice but to refer elsewhere, prolonging the time it takes for a person to have their need resolved, but also transferring pressure away from the NHS into other services, such as Citizens Advice or other advice-providing charities.

There are no regulatory requirements in relation to insurance or quality assurance as there are for advisors.

Furthermore, ascertaining the impact of link worker activity is challenging, particularly where legal advice is concerned. Whilst joining a gym, for example, may reasonably suggest that physical health will be improved, social welfare needs are more complex and multi-faceted.

Simply referring a person for legal advice does not constitute a positive outcome and our research has not uncovered any tangible outcomes or robust methodology to suggest legal needs are resolved.

There is a lack of coordination of social prescribing across Suffolk

Social prescribing projects in Suffolk tend to be delivered at a local level by individual organisations. There is a lack of coordination, which leads to sporadic development of local projects and assessing the impact of these developments on the county as a whole is challenging.

There are organisations within the county with the skills, experience and influence to lead on an over-arching strategy for social prescribing, but this has not come into fruition as yet.

This challenge extends to the funding environment, with local pilots and other social prescribing activities being funded by a range of partners including Clinical Commissioning Groups, Suffolk County Council, Suffolk Community Foundation and others, but investment tends to be on direct service delivery without any investment in coordination and replication.

People need advice, but don't know what advice they need

The legal implications of health issues are not always immediately apparent and the majority of people do not know what they need. Primary and secondary healthcare staff will work through a mental list of solutions, but legal advice is not often included.

For example, one GP recalled treating a patient with respiratory problems caused by damp rot in social housing. He was able to treat the symptoms, but admits it did not occur to him that the patients should seek housing advice.

Our research also finds growing concern amongst professionals that, if they are unsure where to access advice and they are within the system, then those outside of the system must struggle to an even greater extent, particularly those who are already struggling with complex medical needs mental health conditions or experience other barriers, such as having English as a second language. The model developed by SHJP needs to be fully inclusive.

There is a lack of evidence to support the impact of social prescribing

Social prescribing remains a relatively new method of delivery, particularly in Suffolk where the first pilots have only begun to emerge in the last 5 years.

Whilst the level of need is well-evidenced, the full impact of social prescribing legal advice remains largely unexplored territory and clients will not always report the outcome of support to the advisor and the wider impact on key outcomes, such as savings to the NHS, is yet to be evidenced.

Outcomes are not always tangible, particularly on secondary beneficiaries such as carers, families or employers.

Professionals report data sharing difficulties

At the Hawthorn Drive pilot in Ipswich, Citizens Advice advisors are able to access the same system as GPs and see details of patients referred and appointments made. They can also

access the same functions as the Practice, such as sending SMS reminders as they do for normal GP appointments.

Embedding advice workers in the daily routines of the surgery appears to be effective, but data protection legislation can prevent this from becoming commonplace and a number of health professionals are also concerned about the impact of GDPR on data sharing and case management.

Lack of specialist skills and knowledge

Provision of good quality, effective legal advice involves specialist, technical skills with advisors undergoing significant training and advice organisations subject to regulation and governance.

These specialist skills tend to be lacking within the generic social prescription offer, leading to staff being unable to tackle advice issues directly. Similarly, health service staff do not possess these skills, nor should they be expected to, but there is an appetite for improving general awareness.

There is no centralised referral process for social prescribing

There is considerable scope to improve the referral process for legal advice and for social prescribing more generally. Even where social prescribing projects exist within a practice, GPs do not always know which patients have been referred and what the outcomes have been.

There is little communication across practices or projects, which creates a potential opportunity for the Suffolk model to offer a centralised point of access, at least as far as legal advice is concerned.

Is it really social prescribing?

There appear to be mixed perceptions as to which activities constitute social prescribing, with the majority of professionals engaged in our research suggesting that the link worker model is the most widely-accepted model in Suffolk, but not necessarily the most effective for resolving legal need.

Whilst benefit advice is frequently mentioned as a potential outcome, few projects have been able to deliver on this to the same extent as increasing access to sports activities, for example, owing to the specialist nature of support.

Whilst interested parties are increasingly working in partnership, our sense is that there is still an element of health politics within Suffolk, with social prescribing activities often being driven by funding opportunities, rather than identified needs.

What Funds Might Be Available to Develop the Suffolk Model?

Suffolk Health Justice Partnership is proactively seeking to build on the generous financial support of Ipswich & East Suffolk CCG by replicating the pilot across the whole county.

As we've seen throughout our research, social prescribing projects in Suffolk have been funded by a range of sources including CCGs, Suffolk Community Foundation, district Councils, Suffolk County Council, national government (DCLG) and one pilot was funded by a GP practice.

It's encouraging that there is increasing support for social prescribing activities, and that activities are gaining increasing prominence in health priorities and strategies, both locally and nationally. However, it's difficult to gain an accurate picture of the level of funding that may be available and any funds available at a local level would, most likely have to go through a tendering process. We've summarised a number

of potential avenues for further explanation as follows:

Health & Social Care Funds

Our early contact with commissioners suggests that social prescribing activity is a funding priority for CCGs, with some already making a significant financial investment in pilot projects.

Commissioners suggest that any model will need to show a strong correlation with health priorities, demonstrate potential savings or efficiencies to the NHS and, ideally, provide evidence that the approach is likely to be effective, perhaps from the evaluation of a small pilot project.

Public Health and NHS England have an active interest in social prescribing, with some delegating budgetary authority to Clinical Commissioning Groups or other local partnerships, such as the Strategic Transformation Partnership Board chaired by the chief executive of Ipswich & Colchester Hospitals.

NHS England has developed a £30 million **Time For Care** programme, which identifies 10 high impact actions designed to release capacity within general practice. Social prescribing is one of these ten priorities, in addition to active signposting, workforce development and improving workflows. It is reported in the national medical press that many GPs are unaware of this opportunity, but it seems to fit well with the SHJP vision.

The **Better Care Fund (BCF)** is another programme aimed at developing joined-up health and care services which enable people to manage their own health and wellbeing and live independently in their communities.

The BCF is worth £5.1 billion this year and aims to improve integrated care via a unique collaboration between NHS England, the Ministry of Housing, Communities and Local Government, Department of Health & Social Care and Local Government Association.

The total amount of Better Care Fund allocated in Suffolk is £51.4 million and whilst social prescribing is not explicitly stated, the Better Care Fund Plan 2016/17 describes two funding

priorities which are a good fit for the project; funding front line services which maintain independent living and enhancing health and social care integration.

Both Ipswich & East Suffolk CCG and West Suffolk CCG offered an opportunity to apply for **Transformation Fund** support in mid 2018. The fund was available to local organisations seeking to develop initiatives which could transform local health and social services and support people to stay well in their own communities.

The fund is now closed and it's unclear whether it will open again in 2018/19, although the documents refer to the potential of a second application round in Autumn 2018.

GP Practices

GPs are under increased financial pressure and our enquiries suggest that any substantial financial support or utilisation of existing resources seems unlikely, eg: increasing demand on receptionists without increasing cover. However, their inability to support the project financially does not indicate a lack of interest.

Colleagues suggest there is an appetite for joint bids across practices, perhaps via partnership opportunities such as Big Lottery Fund or CCG Resilience Funding.

GPs are also interested in any opportunities to increase financial resilience, ranging from shared delivery through to generating income from sharing resources or buildings, where there is the capacity to do so.

Suffolk Community Foundation

We understand that the Foundation has an interest in social prescribing and has already funded Citizens Advice to deliver a pilot project offering free legal advice in Ipswich.

From our discussions with SCF, we understand that the Foundation is in touch with private donors who have a specific interest in social justice and may welcome an opportunity to support the project, in addition to existing opportunities under the main grants programme.

Big Lottery Fund

SHJP has a preference for developing an integrated model for social welfare advice which can become sustainable within the health service, rather than develop a service based on a short-term grant.

However, we understand that Big Lottery Fund currently has a particular interest in social prescribing and is actively seeking innovative and unusual projects to support through its two main programmes, Reaching Communities and Partnerships.

This may present an opportunity for funding pilot projects to gather evidence, or develop a matched funding offer with a health partner.

We can see considerable scope for a partnership bid between Suffolk Law Centre and Citizens Advice, but also a potential partnership bid with a Health sector colleague, national organisation such as The Legal Education Foundation, or a combination of all.

What Are The Opportunities For Improving Access To Social Welfare Advice in Health Settings?

Our research has identified a number of opportunities which may assist in improving access to social welfare legal advice in Suffolk.

Some of these are contextual opportunities, cultural or strategic changes within the health landscape which support the development of the project. Others are opportunities which may inform the development, design and delivery of the model.

Development of GP super-hubs in Ipswich

Ipswich and East Suffolk CCG is working with Ipswich Borough Council to create five new hubs across the town where GP practices could unite.

The hubs will be based on the Two Rivers Medical Centre model, borne out of the merger of Lattice Barn and Woodbridge Road surgeries.

Commissioners hope the new model will reduced costs and improve communication between health services and Ipswich Borough Council has formed a new task group to gather evidence of need before the plans are considered in more detail at the CCG meeting in November 2018.

This presents a potential opportunity to consult with practices in the planning stages and explore the potential for embedding legal advice within the new hubs from day one.

Growing local recognition that legal issues impact on mental health

Locally, a number of health colleagues have referred to the increasing needs of people experiencing mental health difficulties and the potential benefits of a social prescribing approach, particularly for those with less complex mental health difficulties which may be linked to life events such as redundancy or

limited access to children following divorce or separation.

The Suffolk model presents an opportunity to meet these needs and, in addition, the Norfolk and Suffolk Mental Health Team is currently in special measures and exploring innovative methods of delivery in order to reduce the pressure on existing primary and secondary healthcare services.

Increased role of Housing Associations

Housing associations are playing an increasingly prominent role in the lives of their tenants, developing holistic strategies designed to meet a wide range of needs and they are well-placed to provide a point of access. In London, housing associations are included as key partners in the emerging GLA strategy and we recommend SHJP builds further links at a more local level.

Care Navigators are taking a more prominent role in Suffolk

Receptionists are becoming Care Navigators, in recognition that they are often the first port of

call for patients and that their role is more diverse and substantial than it ever has been.

Whilst practices are reluctant to add to the workload of Care Navigators, there is a potential opportunity to work alongside them to develop their awareness of welfare advice issues and solutions, in addition to supporting them to triage legal need and refer patients to the Suffolk project, thereby reducing demand on GPs, but also link workers who may ultimately refer them in any case.

Lawyers are interested and open to working in partnership with advisors

Lawyers are supportive of advice services, but most firms are running to tight budgets and the amount of pro bono available is limited. All lawyers engaged in our research were already making a contribution as charity trustees, school governor and other volunteering activities.

However, there may be an opportunity to support the Suffolk Health Justice Partnership on a “low bono” basis, perhaps as part of a block-purchase or framework agreement, similar to those used in social care. This would see a

number of approved firms working alongside SHJP who could be called upon at a reduced rate if an issue can not be resolve by an advice worker. It’s an ambitious plan and, to our knowledge, it hasn’t been tried elsewhere, but it seems to warrant further exploration with firms.

Lawyers engaged with our research are also interested in positive marketing activities. There is potential scope for partnership arrangements which present firms positively or expose them to new markets and we also envisaged that firms might sponsor fact-sheets about various legal issues which can be shared in GP practices.

Potential benefits of legal expenses insurance

There is considerable interest in legal expenses insurance and whether some people may already be insured for legal advice without knowing.

Eddie Coppinger Director of the Legal Advice Centre at University House, London, has been researching the issue and suggests that a third of the 400 home contents insurance policies in the UK have legal expenses included.

The law provides for people to source a lawyer and invoice the insurance company the commercial rate at the end of the case. It's common practice in Northern Europe, but less common in the UK. A survey of 250 insurance companies in 2017 found that 98% believed there was a demand, but 45% said the main barrier was lack of public awareness.

Innovative use of technology

Some of the best examples of social prescribing legal advice that we've seen make innovative use of technology to increase access, reduce administration and save time for key parties.

Whilst the likely model for Suffolk will be face-to-face, we believe technology can add value, both to direct support and administration. We recommend including telephone support, Skype and Face-time as potential access points in the wider model and exploring the potential to combine databases and share systems which will increase the integration of welfare advice in daily Practice routines.

Citizens Advice's own CRM system provides an example of what's possible; the national

database means that clients can walk into any branch of CA in the UK and advice workers will be able to access their data immediately and provide whatever support they may require.

Developing new tools to support access to legal advice

There is an opportunity for SHJP to lead on developing new tools which would increase access to welfare advice and have the potential to be replicated on a wider scale, perhaps generating additional income for SHJP.

We believe that a legal needs-audit tool could assist in helping clients to diagnosis the issue and establish the best course of action, potentially by completing an online self-assessment.

We also believe that developing a "patient journey" for social prescribing in relation to legal advice could be beneficial; these are commonplace within the health system and will assist in explaining legal needs in a health context to those who may be unfamiliar.

Acknowledgements

We'd like to thank everyone who took the time to contribute to this research and for the interest and enthusiasm for developing access to legal advice in healthcare settings across Suffolk.

The Legal Education Foundation

The Legal Education Foundation (TLEF) believes that the law plays an essential role in supporting civil society, economic development and democracy.

TLEF's vision is of a society where everyone understands the role and value of the law and has the capability and opportunity to use it to ensure their rights and to fulfil the obligations that accompany these rights.

The Foundation's charitable purpose is to "promote the advancement of legal education and the study of the law in all its branches".

The Foundation achieves this so that those working in legal services can be equipped to

meet legal needs to the highest standards and reflect the diversity of our society.

The Foundation also does this so that individuals and organisations with legal needs can learn about how to use the law so as to secure fair treatment and protection.

www.thelegaleducationfoundation.org

Suffolk Law Centre

Suffolk Law Centre is one of the newest law centres in the UK. It's a free legal service delivered in partnership between Ipswich & Suffolk Council for Racial Equality (ISCRE), Suffolk & North Essex Law Society (SNELS) and national pro bono charity, LawWorks.

Suffolk Law Centre offers thirty minutes of free legal advice from legally qualified professional volunteers on issues such as family, employment, immigration, housing, small claims, wills and probate, community care, personal injury and dispute resolution.

The law centre, which is based in Ipswich but supports people across Suffolk, offers weekly

sessions of general law, employment law, personal injury, immigration, housing and family law, all of which are staffed by specialist lawyers.

Citizens Advice

Citizens Advice provides free, confidential, impartial and independent advice and information on a wide range of issues. The charity can provide help to resolve any debt issues and reclaim benefit entitlements, help with housing and employment issues, consumer issues, immigration and family issues.

The charity is a member of the national network Citizens Advice, which provides a comprehensive client information system, full training and quality assurance of advice offered.

About Steve Allman

Steve Allman is an independent consultant and researcher with an extensive background in the health and social care sector, both at practitioner and strategic levels in Suffolk and nationally.

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