



The Potential of Health Justice Partnerships in Integrated Care Systems

Workshop: February 15th 2023

UCL Faculty of Laws

Health Justice
Partnership

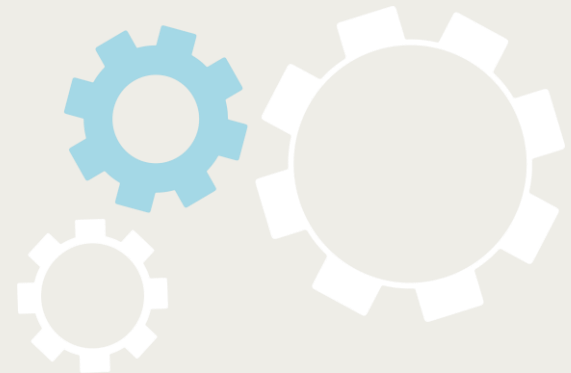
Session 1

Introducing Health Justice Partnerships



Hazel Genn

Director, UCL Centre for Access to
Justice



Death of two-year-old from mould in flat a 'defining moment'

Awaab Ishak died in 2020, eight days after his second birthday, following 'chronic exposure'

As Awaab's parents said:

"We cannot tell you how many health professionals we have cried in front of and Rochdale borough housing staff we have pleaded to expressing concern ... We shouted out as loudly as we could."



Family of Awaab Ishak killed by mould in Rochdale flat say racism played part in his death

The landlord failed to fix the mould or improve ventilation and suggested issues such as bathing habits and cooking techniques might be a cause...



What does law have to do with health?

Law is both a social determinant of health and a remedy for addressing health harming inequalities





Social determinants of health

Income security

Early life

Education

Employment

Housing

Crime

Social inclusion

Social welfare legal rights and health harming unmet legal need



BENEFITS



HOUSING



EMPLOYMENT



MENTAL CAPACITY LPA



COMMUNITY CARE



DISCRIMINATION



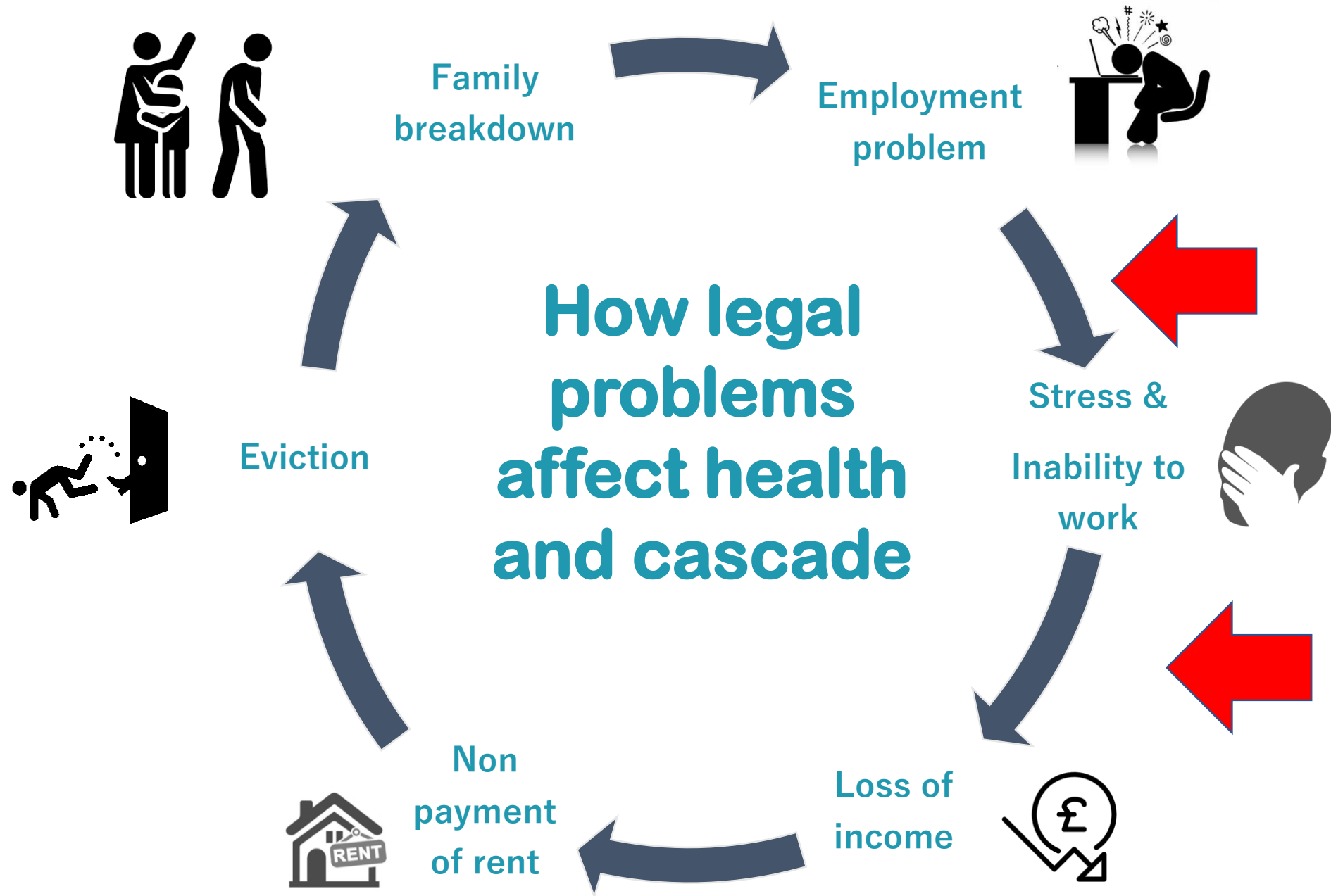
FAMILY



DOMESTIC VIOLENCE/ABUSE



IMMIGRATION








Social welfare legal support can be critical for gaining access to safety net rights and services among low income and vulnerable groups

**GP surgery often first
place people seek help**

'Critical Noticers'

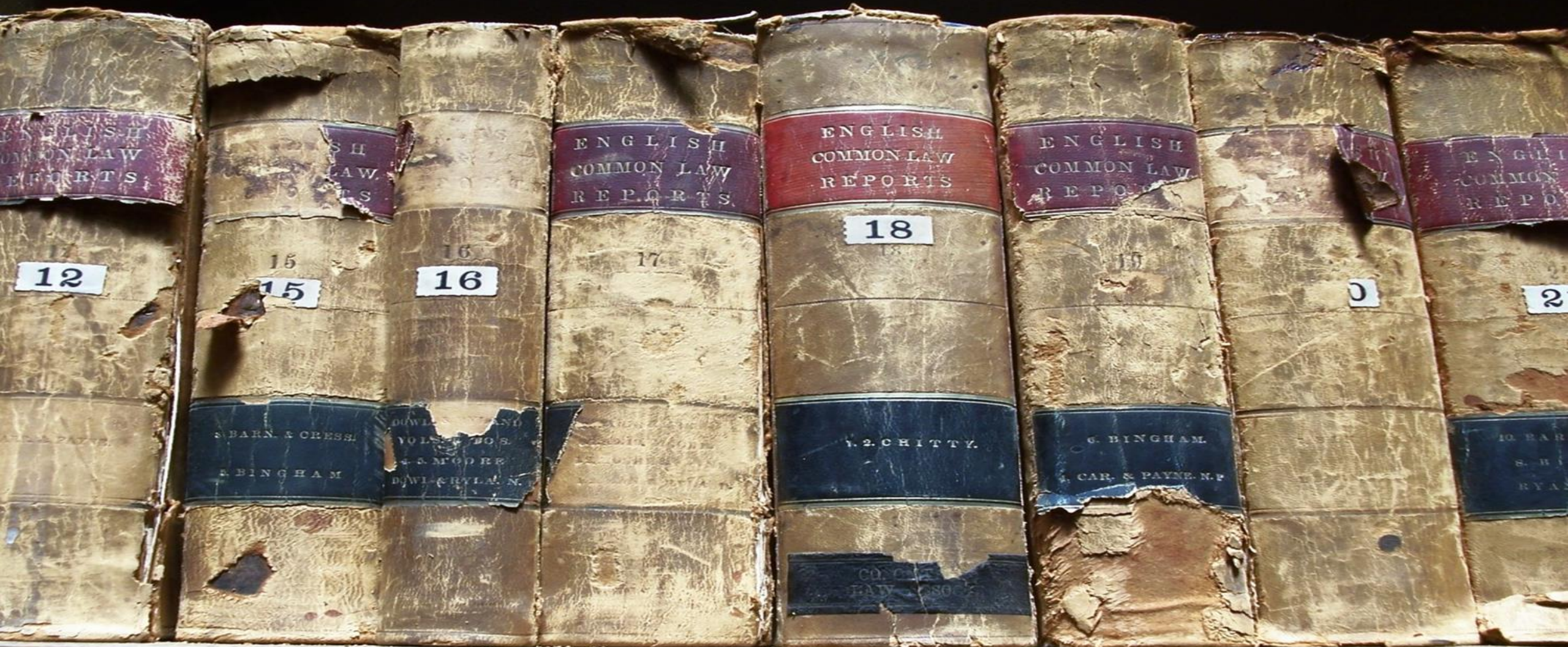


**Does the patient need
anti-depressants or to sort
out problem with housing,
benefits, family breakdown**



**Recognising the
need for legal
assistance is not
intuitive to health
professionals**

Law has the potential to improve health
where medicine alone cannot





Health Justice Partnerships

Practitioner-led collaborations between health and welfare rights services for low income & vulnerable groups

**International development
UK, USA [MLPs], Australia, Canada**

Address health-harming legal needs and social determinants of health

What can HJPs do?

Embed legal support into multidisciplinary teams

Combine health and legal tools for better outcomes

Train doctors to identify health harming unmet legal needs

Reach people early, improve material, mental and physical wellbeing

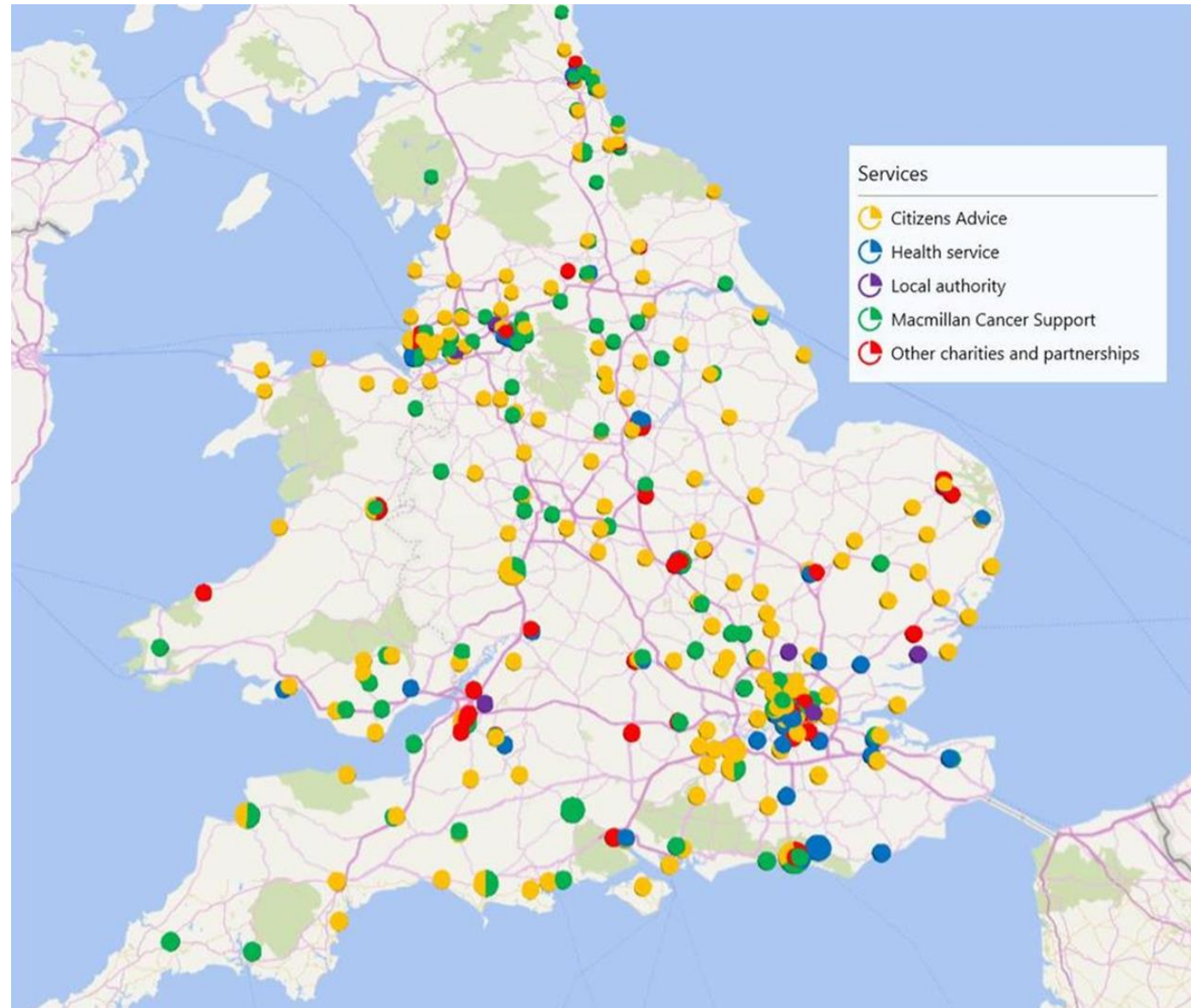
Support and **transform** community health services



Health Justice Landscape in England & Wales

Over 350 Collaborations

UCL Centre for Access
to Justice 2018



Exist in many healthcare settings

General Practices (GP)

Hospitals

Mental health services

Maternity services

Hospices

... others



Continuum of collaboration

Fully integrated services -> referral systems

Lawyer part of healthcare team

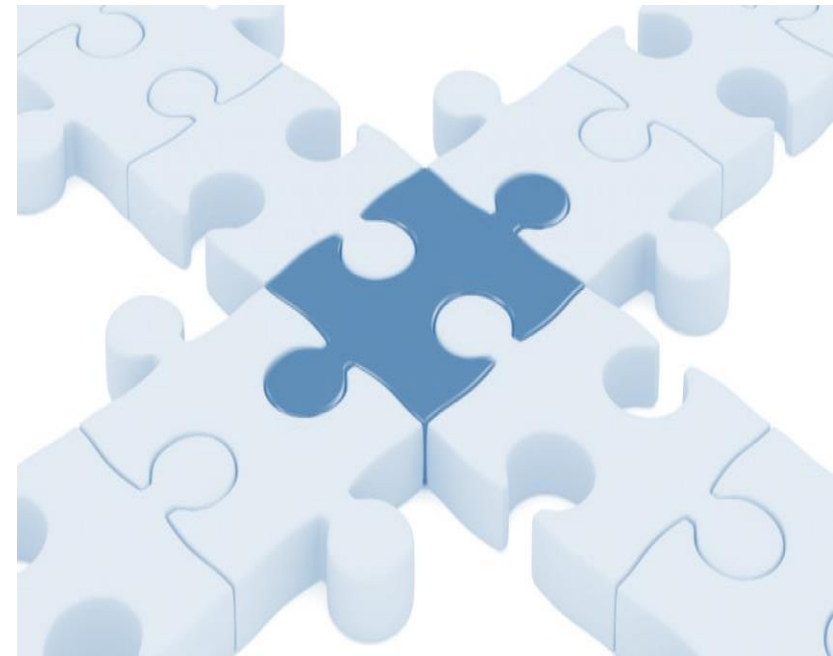
Co-located service

Pop-up services

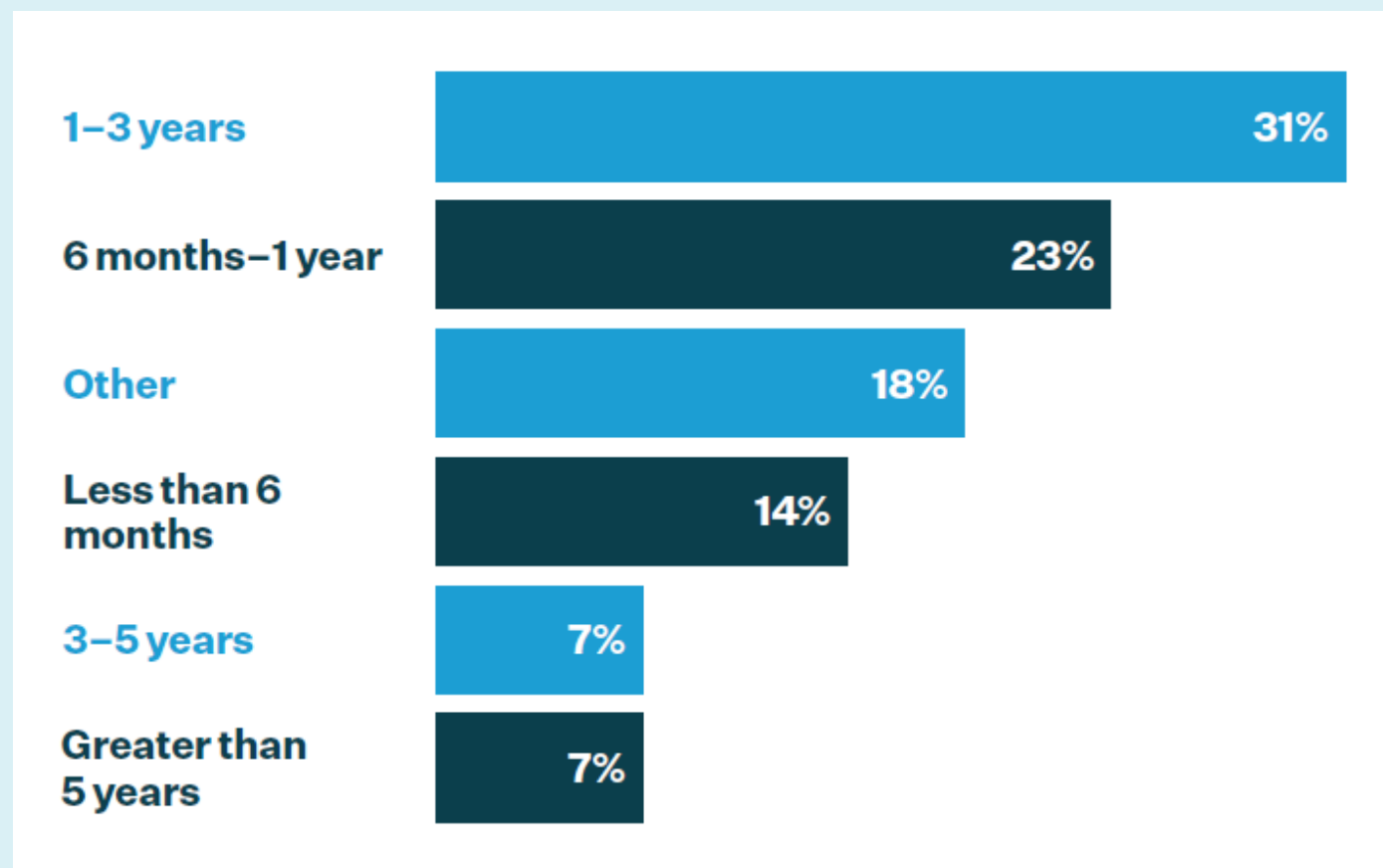
Co-located link worker

Referral service

Fragile funding – local initiatives



Funding for Health Justice Partnerships



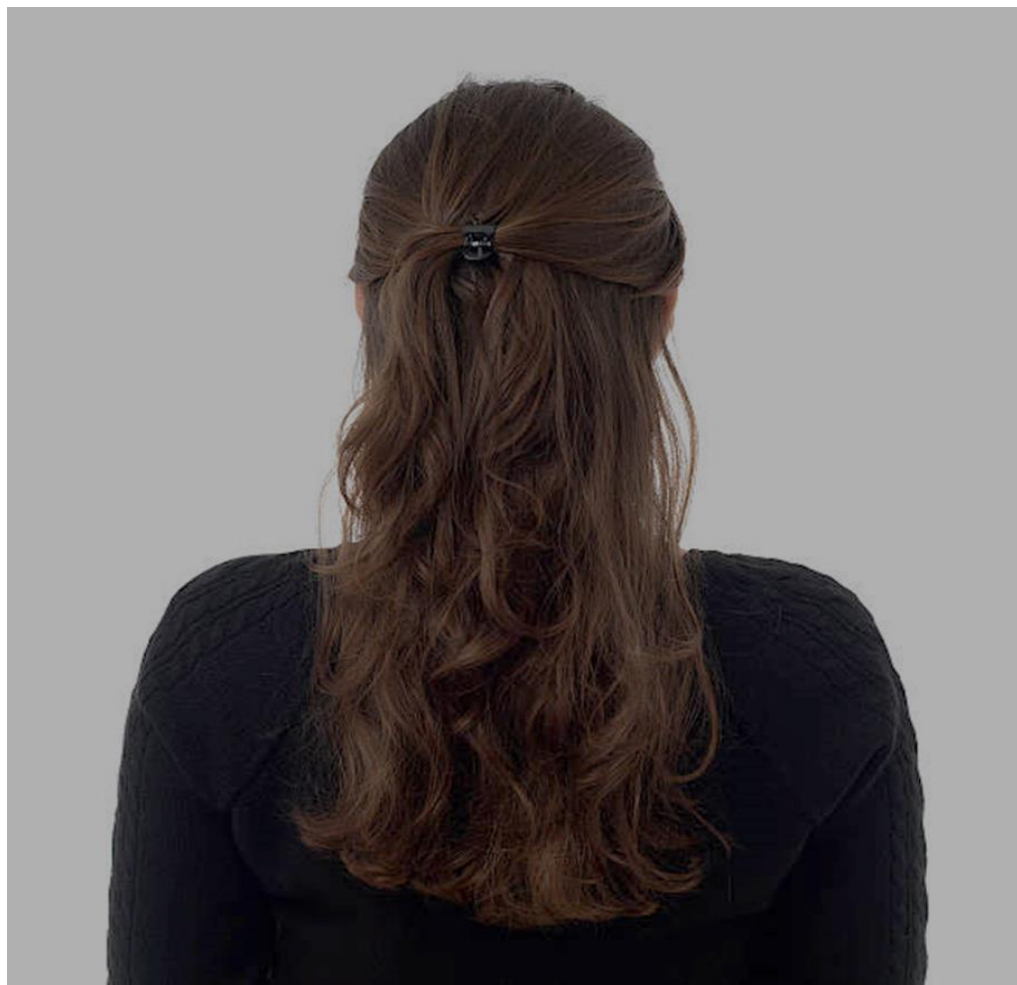
Beardon & Genn (2018) [The Health Justice Landscape in England & Wales: Social welfare legal services in health settings](#). UCL Centre for Access to Justice.

UCL Health Justice Partnership Pilot 2016-2018



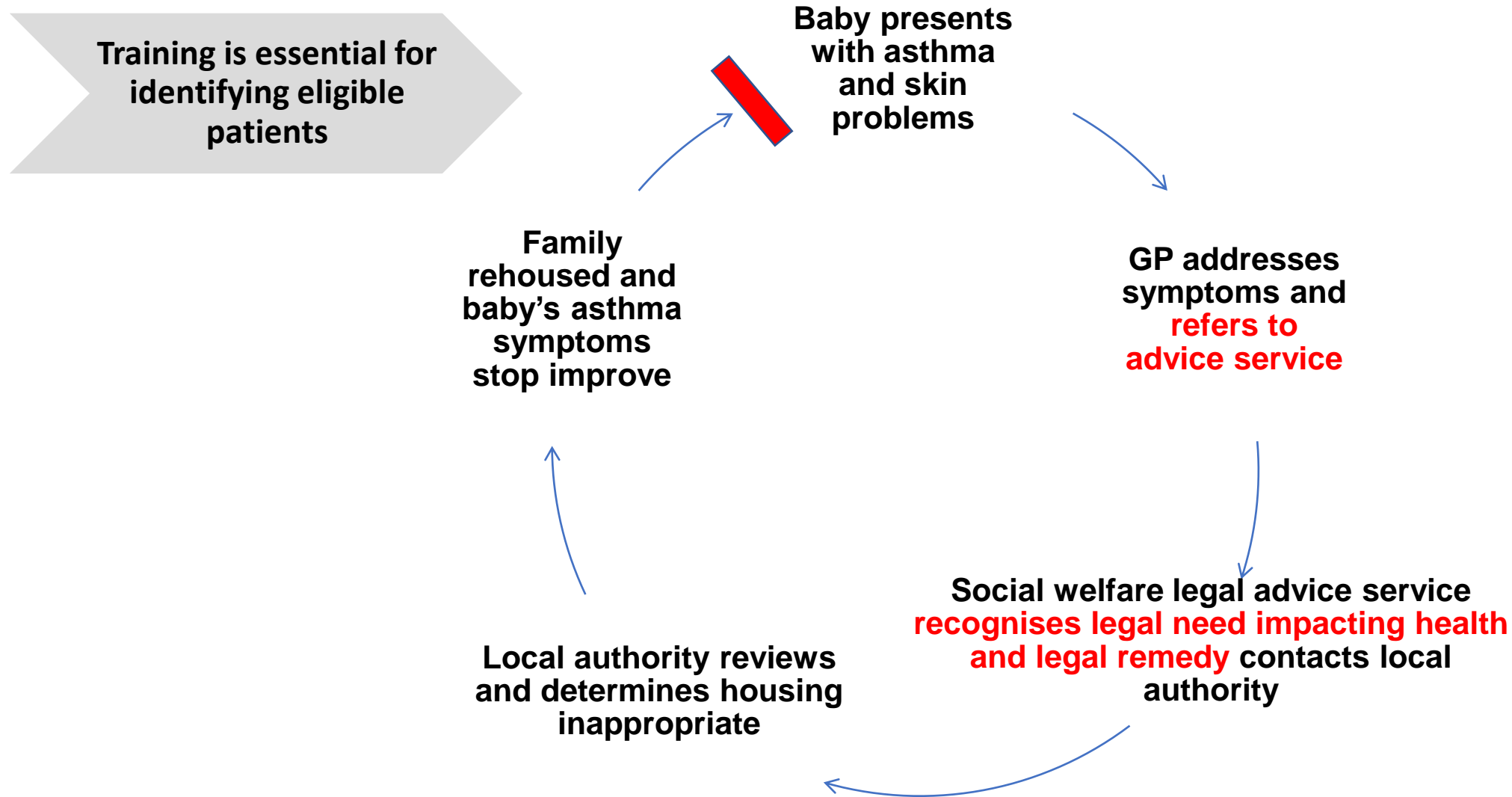
UCL CENTRE FOR
ACCESS TO JUSTICE

Alicia, her baby and mould



Recognition of legal need is an essential first step

Example: Cycle Of Care For Baby's Asthma With Legal Intervention



“We see a high proportion of social problems... I’d say there’s a social element to at least a third of the consultations that I deal with... It’s a lot easier to medicalise problems than to address social determinants... We have 10 minutes. We often have multiple problems to deal with... and sometimes it’s easier to ignore a problem than to try to take it on.

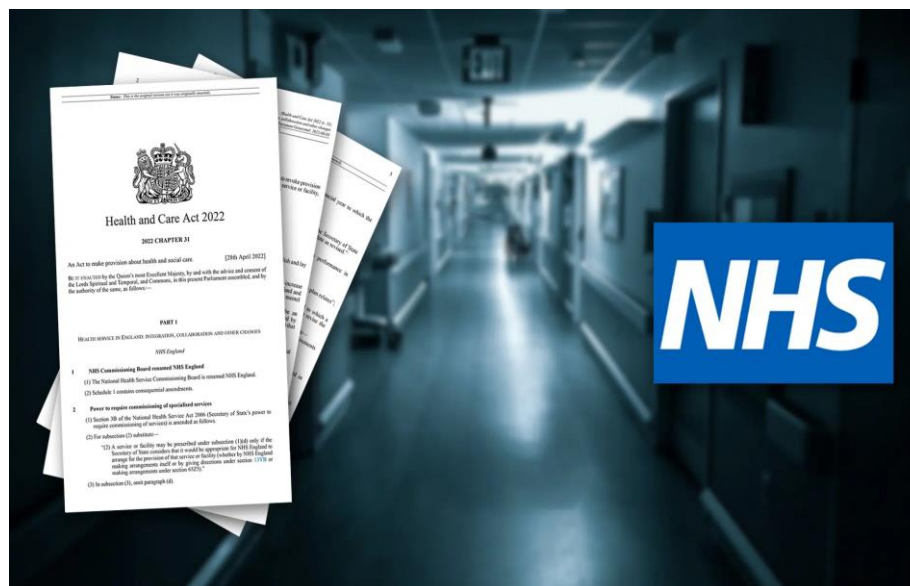
The co-location element is important... Patients are really delighted when you say ‘We’ve got this service and it’s in the next room or it’s one floor up’. Patients really like that.” **GP in practice.**

Evidence on HJPs

Improving	Improving access to legal assistance
Resolving	Resolving legal problems
Improving	Improving the social determinants of health
Reducing	Reducing health inequalities
Improving	Improving health and wellbeing
Supporting	Supporting healthcare services

Legal Support: The Way Ahead

An action plan to deliver better support to people experiencing legal problems



Now is the time for strategic action



Health and Care Act 2022

2022 CHAPTER 31

An Act to make provision about health and social care. [28th April 2022]

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

PART 1

HEALTH SERVICE IN ENGLAND; INTEGRATION, COLLABORATION AND OTHER CHANGES

NHS England

1 NHS Commissioning Board renamed NHS England

- (1) The National Health Service Commissioning Board is renamed NHS England.
- (2) Schedule 1 contains consequential amendments.

2 Power to require commissioning of specialised services

- (1) Section 3B of the National Health Service Act 2006 (Secretary of State's power to require commissioning of services) is amended as follows.
- (2) For subsection (2) substitute—

"(2) A service or facility may be prescribed under subsection (1)(d) only if the Secretary of State considers that it would be appropriate for NHS England to arrange for the provision of that service or facility (whether by NHS England making arrangements itself or by giving directions under section 13YB or making arrangements under section 6SZ5)."

- (3) In subsection (3), omit paragraph (d).

Health service context Health & Care Act 2022

Use of non-medical interventions
to promote health and reduce
inequalities

Integrated Care Systems:
statutory 'duty to collaborate'

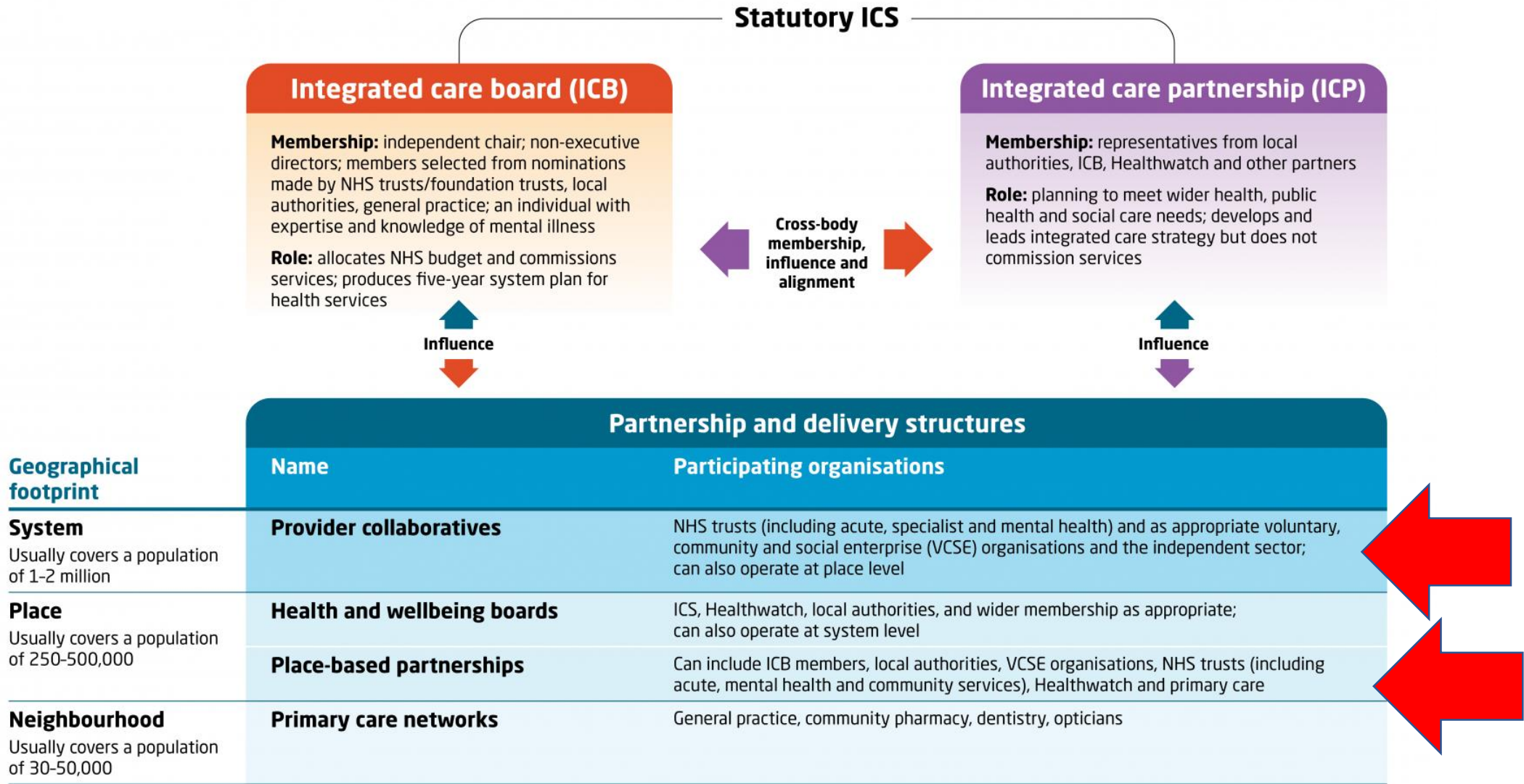
Cross-sector partnerships with
VCS organisations

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS



Legal services context

Early resolution

Targeted assistance

Integration with healthcare

Co-locate services



Welfare Advice and Health Partnerships

[WAHPs] 2021 - £3m+ investment



The Scottish
Government



- Reduce pressure on GPs and primary care services
- Allow them to focus on clinical care and treatment for patients
- Dedicated advisor addresses patients' social and economic needs

2022 Nicola Sturgeon extends funding

“Dedicated money and welfare advice in the same location where people are already receiving mental and physical health support is about providing people with more convenient access to the help they need, whilst also reaching those who do not engage with traditional advice services.”



Forge Medical Practice Glasgow 2022

The background of the slide is a photograph of the United States Capitol building in Washington, D.C. The image shows the iconic neoclassical architecture with its white marble columns and the large dome. An American flag is flying in front of the building. The text is overlaid on the left side of the image.

US House of Representatives 2022

2023 Congress Appropriations Bill

(H.R. Rep. No. 117-403, 2022)

\$2,000,000 Medical-Legal Partnership Grant Programme

“The Committee recognizes the value that MLPs provide to underserved communities by **combining health and legal services at a single site of care.**”

The \$2m MLP grant program is to assist individuals with **health-harming legal needs**, including... housing stability, income support, family stability, civil rights, immigration, and environmental health.

Multidisciplinary teams will work together to address medical and social/legal problems that have an impact on overall health.”



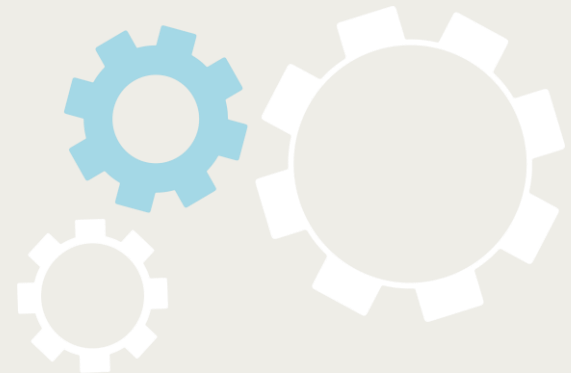
Health Justice Partnerships

Where now?

Co-ordinated policy
Focus on benefit to the public
Funding
Evaluation
Inter-professional education

Natalie Davis

Head of Legal Support Policy, Ministry
of Justice





Ministry
of Justice

Health Justice Partnerships – The Legal Side

February 2023

Natalie Davis
Head of Legal Support Policy
Ministry of Justice





**Legal
Support
Policy**



Legal Support: There are four stages that apply to user journeys through the civil justice system – early intervention legal support policy operates in the first two stages

1) Pre-dispute

1) Pre-dispute focuses on individuals who have a problem, which they may or may not be aware has a legal element to it. At this stage they are operating alone or reaching out to a trusted intermediary and looking to access sources of public legal education to try to understand the best route in to meeting their legal need. This part of a journey can also work conversely, where users who had intent to enter the system when they did not need to be successfully diverted to simpler services that can resolve their issue outside of legal process.

2) Earlier intervention

2) Users who have identified their legal problem at pre-dispute and now need to be supported towards the right pathway, information and signposting route for their issue. Typically, this will be provided by a trusted intermediary, adviser or caseworker who may not have formal legal training. In certain services, such as affordable advice pathways or pro bono support, this stage can also be stewarded by a legal service provider, be that a professional or, increasingly, Lawtech-enabled services. Potential sources of support could also include other parts of Government, including local authorities and services funded by OGDs (e.g. DFE's family hubs). The intent at earlier intervention is not necessarily to provide outright resolution, but more a clear path for the user into support services who can help identify the entry points for their range of issues and understand where they have clustered.

3) Constructive resolution

3) Constructive resolution seeks to provide access to mediation and conciliation, whereas at directive resolution it is accepted that there will be issues that need to be adjudicated. At constructive resolution, we will seek to maximise the use of non-court-based means of redress.

4) Directive resolution

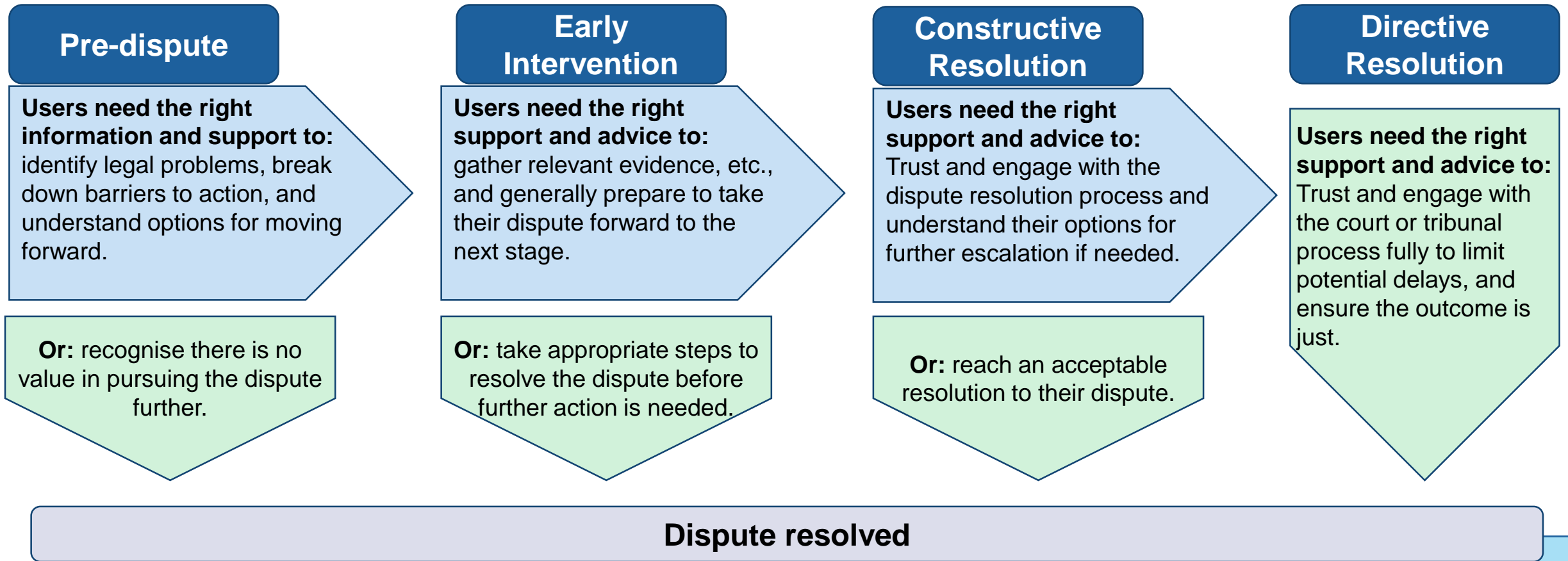
4) Directive resolution covers the elements of the user journey where the issue at stake requires that a decision be imposed, for instance through more adversarial court or tribunal proceedings.

To date, our work on early intervention has aimed to gather evidence to help us understand how best to break down barriers to accessing support at the earliest stage possible. We want to devise a system of early intervention that enables users to either resolve disputes before they escalate to the latter two stages or ensures those who do progress can do so swiftly and receive appropriate support.

Legal support acts in the **pre-dispute** and **earlier intervention** stages of this journey. The next slides illustrate the steps a user may take in these first two stages.

We want to develop a system that enables people to get the right support to resolve their legal issue fairly, in a way that works for them.

At each stage, this system should empower users to resolve their disputes at the earliest opportunity, and/or ensure their passage into the next stage of their journey is as seamless as possible.



People should have a range of options to access early legal support, tailored to the particular stage of their problem, and be able to address any barriers they may be facing



**Legal
Support
Action
Plan**



Legal Support: The Way Ahead

An action plan to deliver better support to people experiencing legal problems

Legal Support Action Plan:

Published in February 2019.

Sets out a range of actions which aim to give people the tools to resolve their problems before going to court (where appropriate).

Evaluation of interventions is a critical theme throughout the action plan. Gathering the evidence to understand what works is critical in order to scale up pilots into a more systemic approach.

The action plan included the action to “pilot, test and evaluation the provision of holistic legal support hubs to more effectively support earlier resolution of a person’s legal problems”.

Two areas of investment by Ministry of Justice:

- Flourish Wellbeing Hub
- Evaluation of HJPs in primary healthcare settings



Flourish
Wellbeing
Hub



Flourish Wellbeing Hub: Victoria Central Health Centre in Liverpool

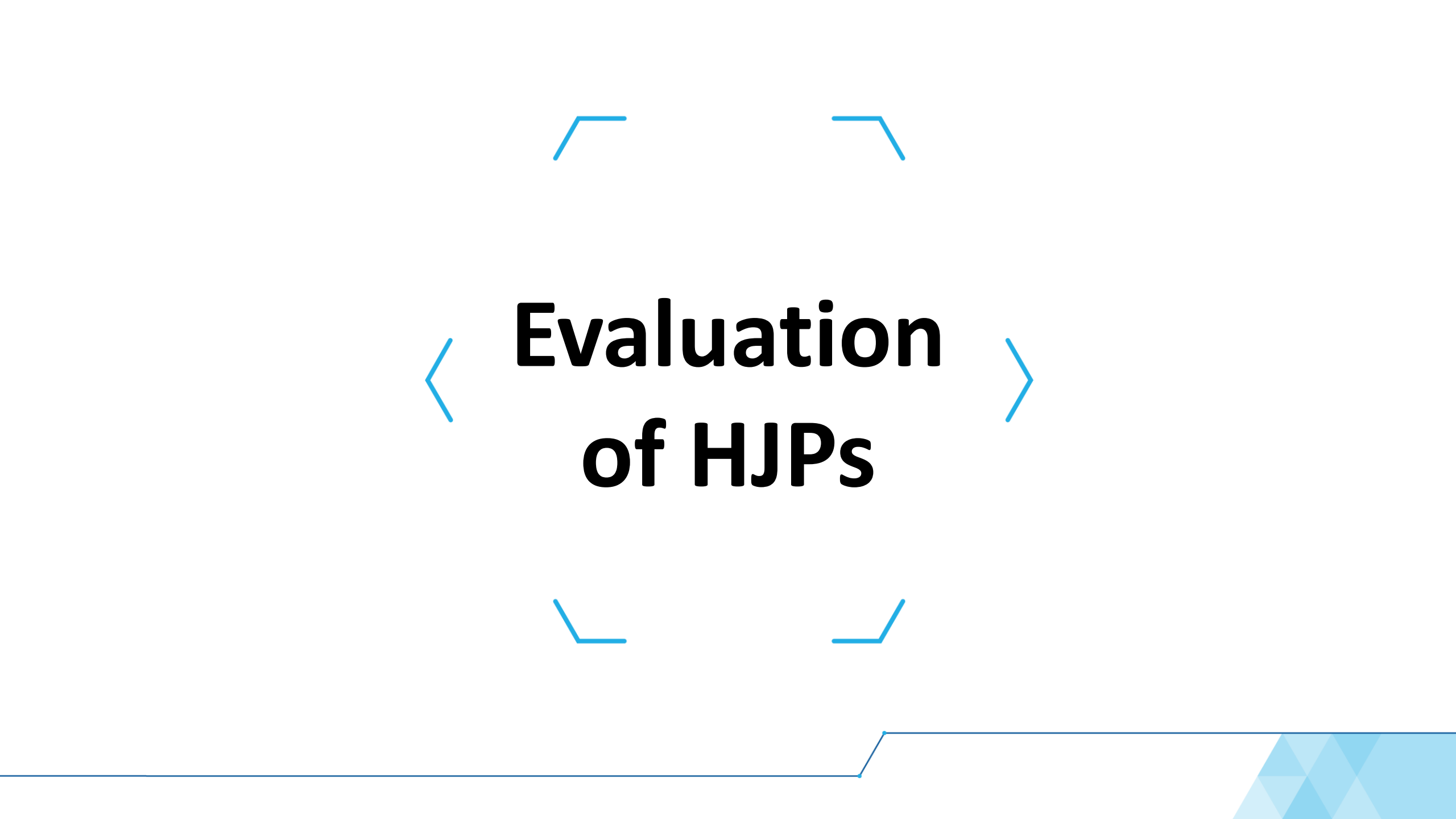
Partnership with Citizens Advice Wirral.

Launched 25 November 2022.

Two on-site GP practices. Other services include support relating to welfare benefits, debt, housing employment, drug and alcohol dependency and family issues. Organisations located at FWH are working collaboratively to build a strong social prescribing network, benefitting a wide range of people with potentially complex combination of health, legal and other issues.

Users can access services in a range of ways including via: (i) self-referral, (ii) the two GPs based within VCH; (iii) the wider network of GP practices in the Wirral area; and (iv) the partner organisations located in FWH.

Ministry of Justice funds a facilitator's role to provide information and training to GPs to help them identify if an individual may have a legal issue or would benefit from other services onsite.



Evaluation of HJPs

Evaluation of Health-Justice Partnerships in primary health care settings

Ministry of Justice has commissioned IFF Research and York Health and Economics Consortium (YHEC) to carry out an evaluation of health-justice partnerships (HJPs) in primary care settings.

An initial Feasibility report was completed to (i) identify the appropriate methodology and (ii) confirm the health justice partnerships that will take part in the evaluation.

Three objectives:

1. **Process** – this explores what challenges exist when implementing and delivering co-located advice in a health care setting.
2. **Impact** – this aims to understand the impact of the advice on users.
3. **Economic** – this will utilise a cost-benefit economic evaluation to measure whether these changes in outcomes lead to reduced costs for government and wider society.

Key research questions:

- To what extent does integrating advice in a healthcare setting result in legal problems being resolved earlier?
- To what extent does integrating advice in a healthcare setting result in improved socio-economic outcomes for individuals?
- To what extent does integrating advice in a healthcare setting result in improved health outcomes?
- What models and types of advice are most effective in securing positive outcomes?
- What are the challenges to setting up and delivering integrated services in healthcare settings?



Ministry
of Justice

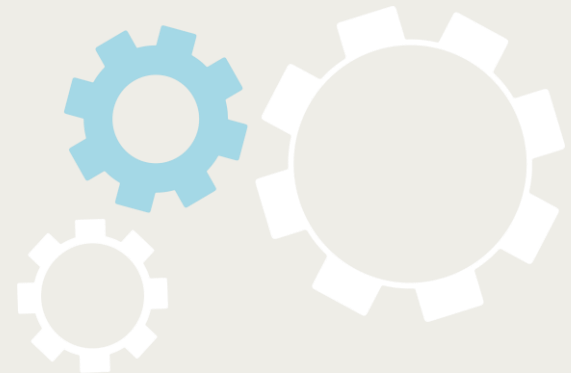
Thank you

Natalie Davis
Head of Legal Support Policy
Ministry of Justice



Cedi Frederick

Chair, NHS Kent and Medway
Integrated Care Board



Health Justice Partnerships in Integrated Care Systems

15th February 2023

**Cedi Frederick,
Chair - Integrated Care Board**

**Independent Chair – NHS London, Legacy and Health Equity Oversight Partnership
Group (LHEP)**

Integrated Care Boards were established on 1 July 2022 with a mandate to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

For the first time we have...

- A legislative mandate **plus**
- A coalition of the willing **plus**
- An enthusiasm to change

If we add them together we can deliver change. But...

- It will take time
- We need everyone to play their part

Kent and Medway

- 1.9m residents now + 414,000 by 2031
- Kent - 'The Garden of England'
- Medway – Significant maritime history
- Politically complex
- Changing demography



Today's Kent and Medway Reality

- Females – 18.5 year gap in life expectancy
- Males – 17.8 year gap in life expectancy
- In Medway c30% of children in Reception – overweight or obese. 44.2% in year 6
- In Thanet 31.0% of children affected by income deprivation. 27.1% in Swale to 8.1% in Sevenoaks and 1.5% in Tunbridge Wells
- 700+ people in hospitals waiting to be discharged!
- 300+ people waiting for Local Authority funded care packages
- 29% of residents with >1 significant long-term condition use 71% of health and social care resources
- The economic and social challenges faced by coastal communities



- An opportunity for the NHS, Local Authorities and other partners inc. District Councils, social care, the VCSE sector, education, business, housing to work together in different ways by:
- Putting our residents at the heart of everything we do
- To work together with local government and other partners to ensure those chances to improve population health are recognised and maximised
- To ensure that we use our resources to address our population's most pressing needs

Inequalities in Health

Kent and Medway

Maternity

Maternal mortality rates are more than **4 times higher** for Black women compared to white women in the UK

Stillbirth rates for babies of Black ethnicity are double that of white ethnicity



Cancer

Black British women are **more likely** to be diagnosed with metastatic disease and have poorer survival outcomes than white British women



Obesity

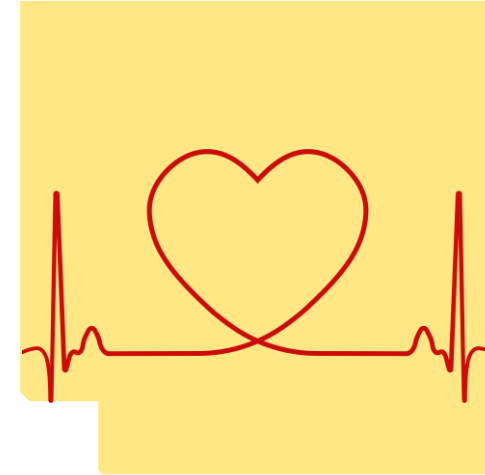


Black Londoners have a nearly **2 times higher prevalence of obesity** compared to White Londoners.

In the last 10 years, the reduction of the prevalence of obesity among **black Londoners is less than 1%**.

Black children have **1.5 times higher prevalence of obesity** compared to White children in London and there has been an increase in the prevalence over the past 10 years.

Heart



The leading cause of death for Black African people in England is ischemic heart disease

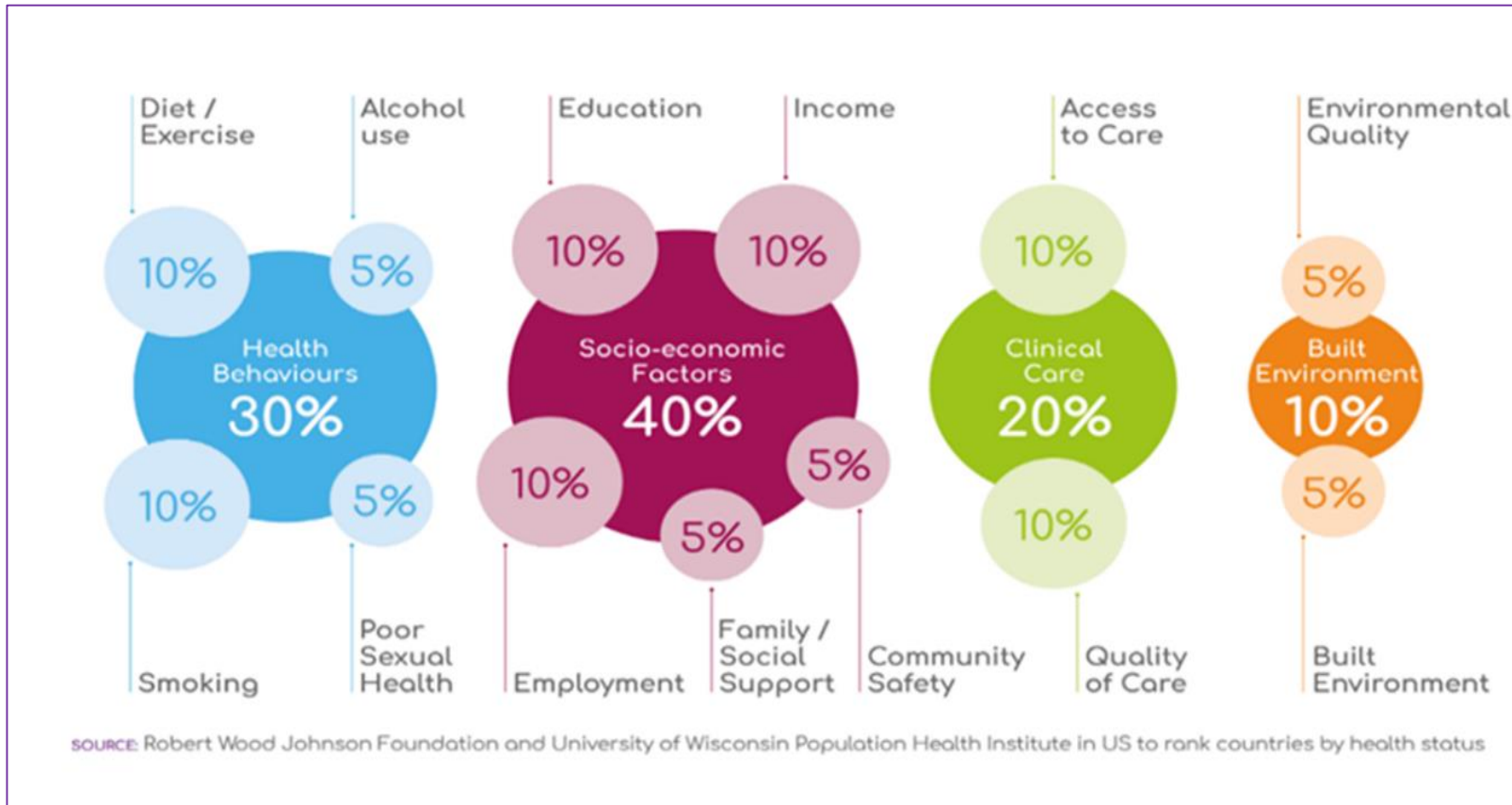
Hypertension is **3 to 4 times more** prevalent among Black African people than in the white population in the UK

Diabetes



Diabetes prevalence in Black ethnic groups is up to **3 times higher** and a higher mortality rate from diabetes, than in the white population

Key attributes that affect ‘good health status’



‘Only **20%** of good health is considered to come from clinical interventions. **80%** is associated with health-related behaviours, socio-economic factors and environmental factors.

Without the involvement of local authorities, voluntary and community sectors, housing, education, environment and other key partners, a huge opportunity is likely to be missed to improve the health and wellbeing of our population’

Who's at the table?



Kent and Medway

Relationships

Listening

Risk Sharing

LA Planning

LA Adult Social Care

Housing Associations

Voluntary Sector

Community
Pharmacy

Police

Business

Challenge

LA Members

Openness

Primary Care

Faith leaders

Education

NHS

Social Care

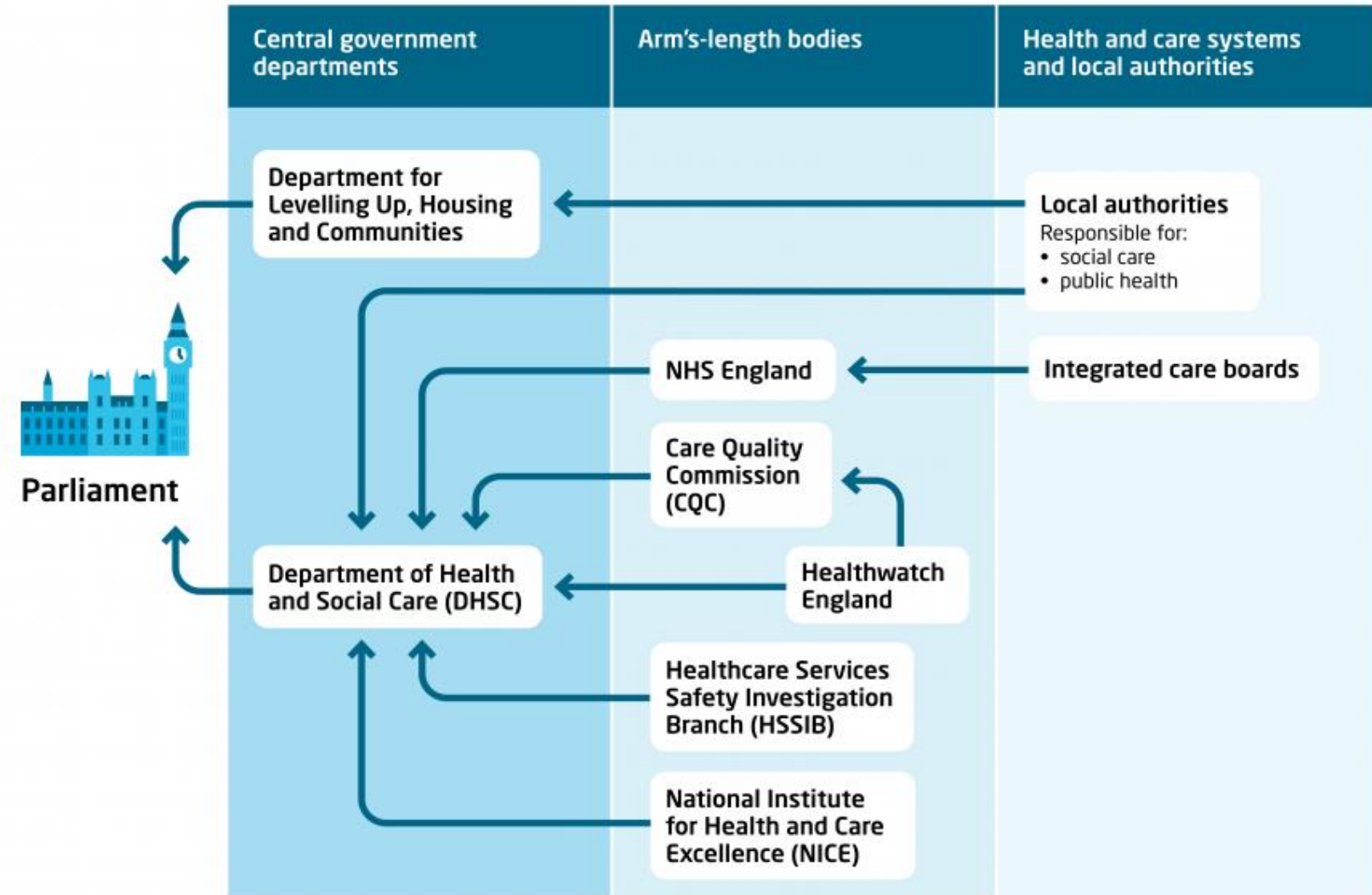
LA Children's Services

Leisure



#togetherwecan

Accountability Framework! What's Missing?



Our focus – what NHS Kent and Medway will do

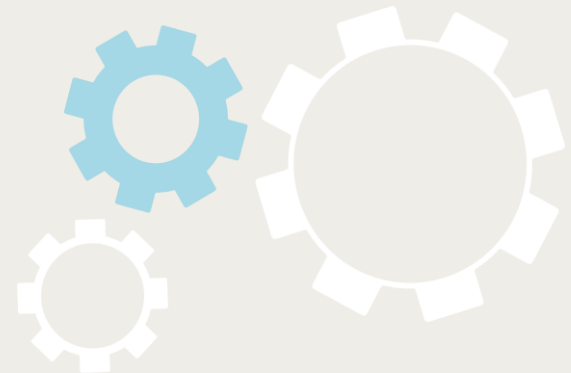
- Facilitate and enable joined-up care – we serve and support System partners to do what they do
- To recognise and address the wider determinants of health and well-being
- Recognise that our citizens have multi factorial needs many of which are interdependent
- Put the person we serve at the centre, and do it in a way that works for them
- Lead the move from a system that confuses to a place where we put the citizen at the centre; enabling them to live the best version of their life that they can

We are starting a Movement across Kent and Medway



Paul Sweeting

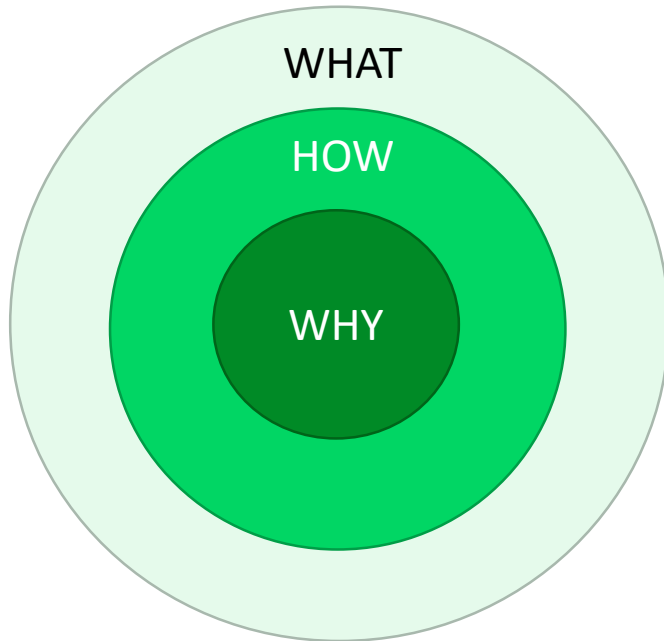
Insight and Performance Partner,
Macmillan Cancer Support



Developing Health Justice Partnerships – An Insight based approach

Paul Sweeting, Insight and Performance Partner, Macmillan Cancer Support

Today's presentation



1. What

- *What social welfare advice related support does Macmillan currently provide to People Living with Cancer?* An overview of the routes into Macmillan's current 'Money and Work' services.

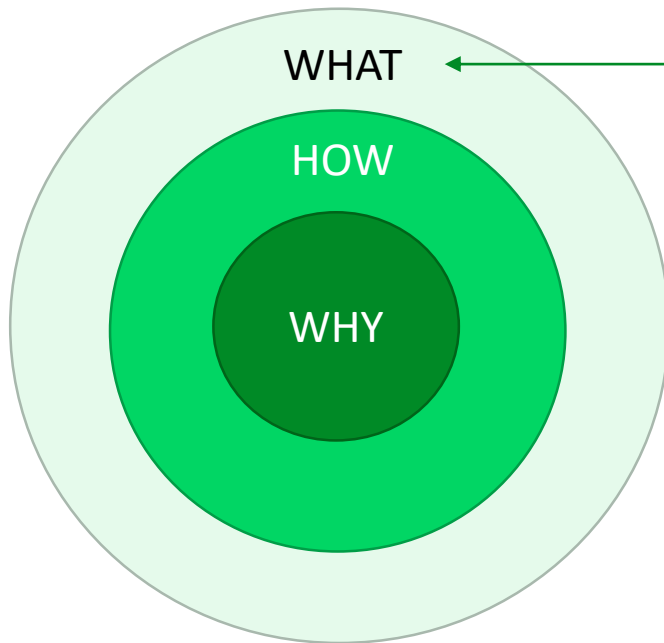
2. How

- *How are we using the data that's available to us to identify gaps and develop service provision?* Anonymised service development example, England.

3. Why

- *Why do we prioritise this support? Why should the NHS and others partner with us to deliver it? What is the impact for the patient?* Excerpts from the evaluation of the 'Glasgow: Improving the Cancer Journey' programme, undertaken by Edinburgh Napier University.

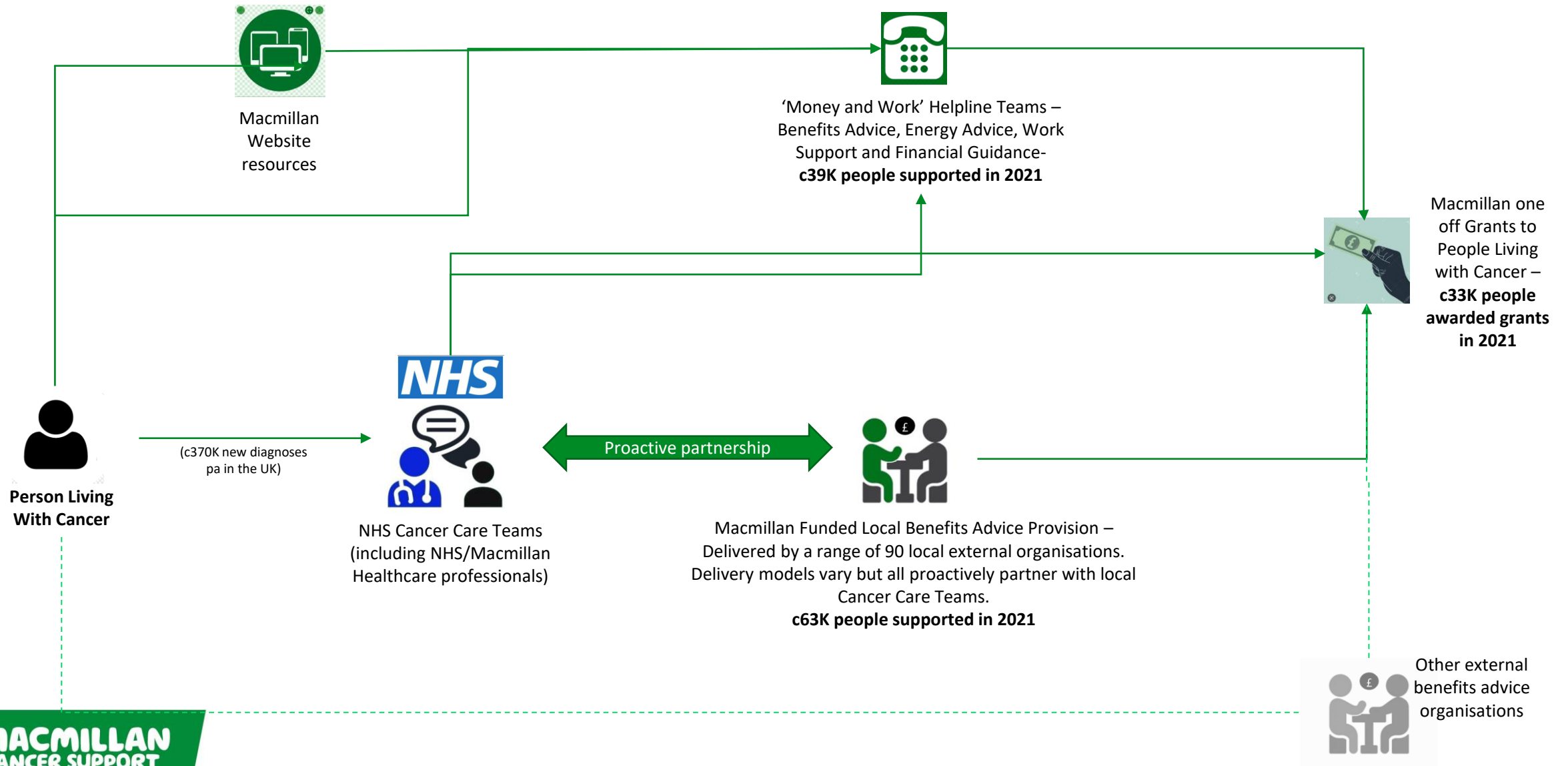
1. What



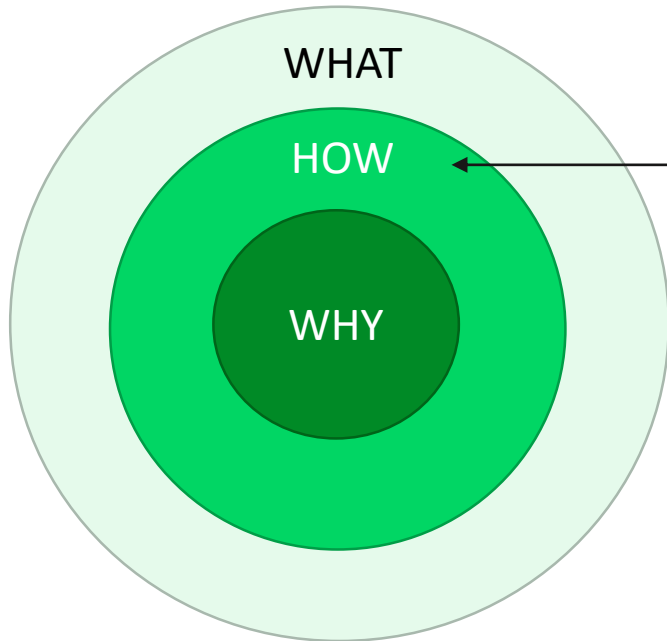
What social welfare advice related support does Macmillan currently provide to people living with cancer?
An overview of the routes into Macmillan's current 'Money and Work' services.

Macmillan has been supporting people living with cancer with their financial issues since 1925 when we made our first grant award of 10 guineas to support a man with his medical bills.

Routes into Macmillan's money and work related support



2. How



How are we using the data that's available to us to identify gaps and develop service provision?
Anonymised service development example, England.

Our local/hospital based advice partnerships have developed over time in response to locally identified needs and opportunities.

As such we know that access to support is currently better for some people living with cancer than others.

Mapping need

Our first step in identifying potential gaps is to map relative levels of need.

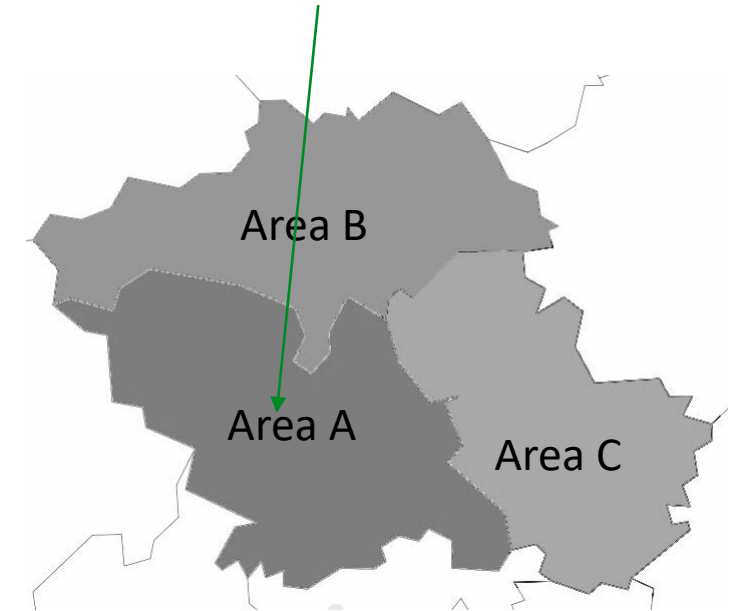
Our health data team have brought together cancer incidence and IMD data to estimate the relative levels of income deprivation amongst people living with cancer across the different local authority areas of England, Wales and Scotland.

Note: this is only one lens we use to try and understand need against current service provision. We have, for example, parallel workstreams designed at understanding barriers to current provision from an EDI perspective.

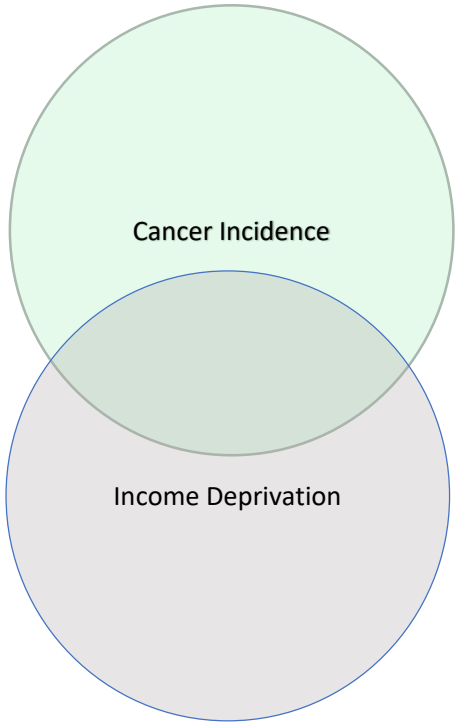
Estimated size of resident population living with cancer and experiencing income deprivation (relative)

In this example our modelling estimates:

- Local Authority Area A has the biggest resident population of people living with cancer experiencing income deprivation



- Local Authority Area B has the second biggest resident population of people living with cancer experiencing income deprivation
- Area C has the lowest resident population of people living cancer experiencing income deprivation (of the three areas).

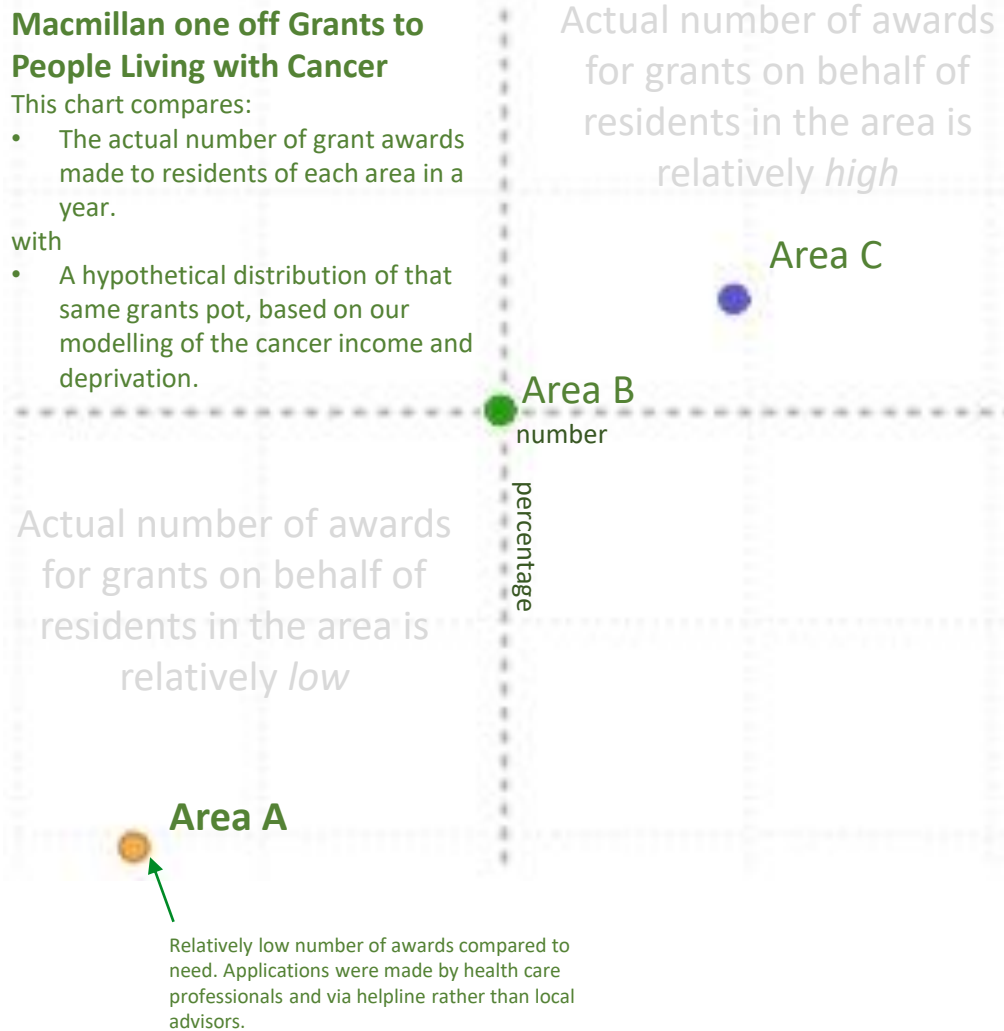


Identifying potential gaps in local provision

Macmillan one off Grants to People Living with Cancer

This chart compares:

- The actual number of grant awards made to residents of each area in a year.
- with
- A hypothetical distribution of that same grants pot, based on our modelling of the cancer income and deprivation.



Comparing relative levels of need to service uptake is challenging as we don't have access to customer level data relating to the local services we fund, or for other external advice organisations.

However, analysis of our grant awards to people living with cancer does give us an indication of the support that is being provided this is because applications can only be made via professionals acting on behalf of the beneficiary.

Therefore, if the number of awards made to people living with cancer in an area:

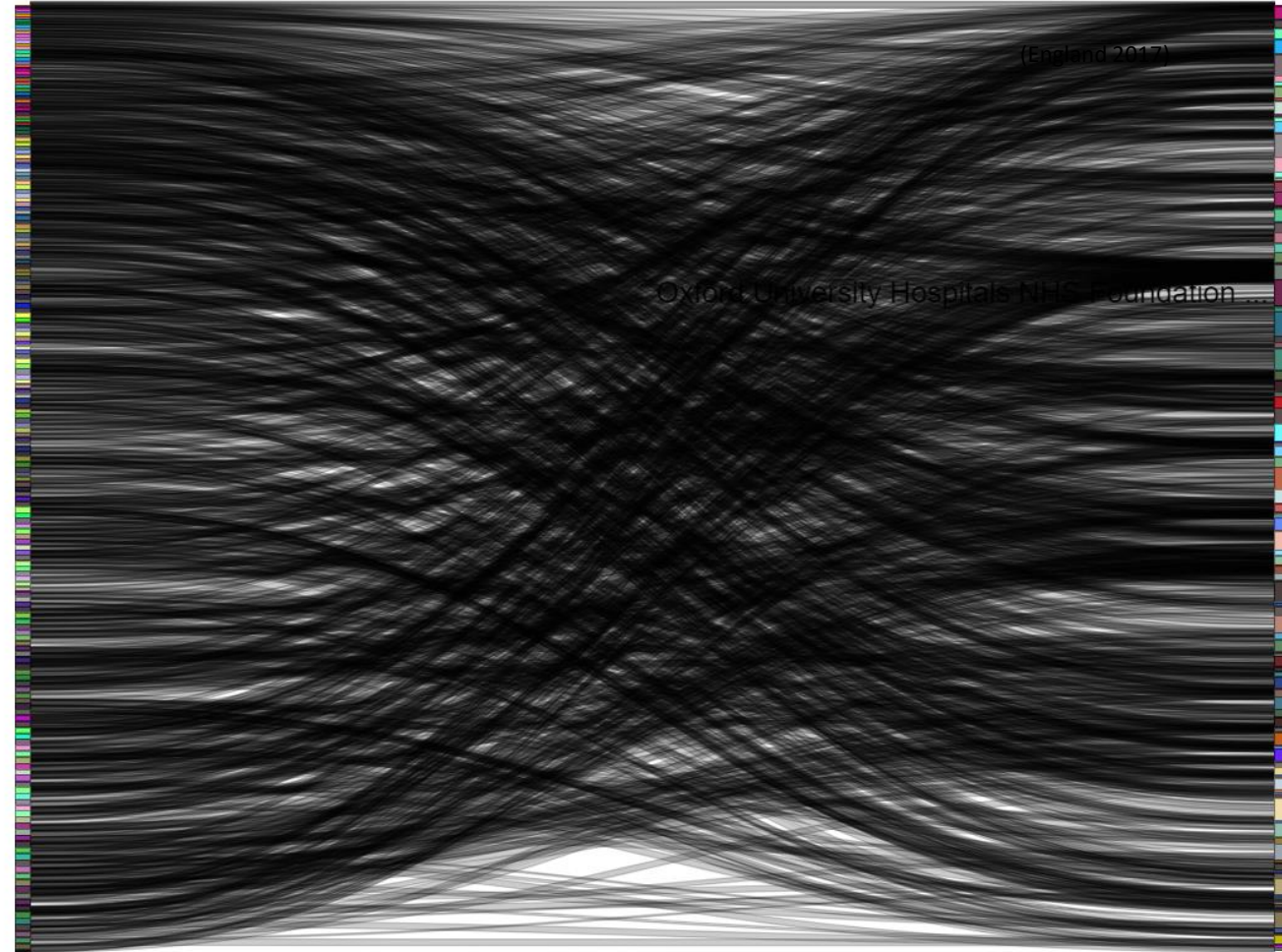
- appears relatively low compared to the level of need and
- largely result from applications made by health and social care professionals or our helpline, rather than local benefits advisors

this suggests a gap in local provision of benefits advice

Developing service provision around complex cancer pathways

Identifying and prioritising the gaps is a challenge as cancer care pathways are extremely complex and varied.

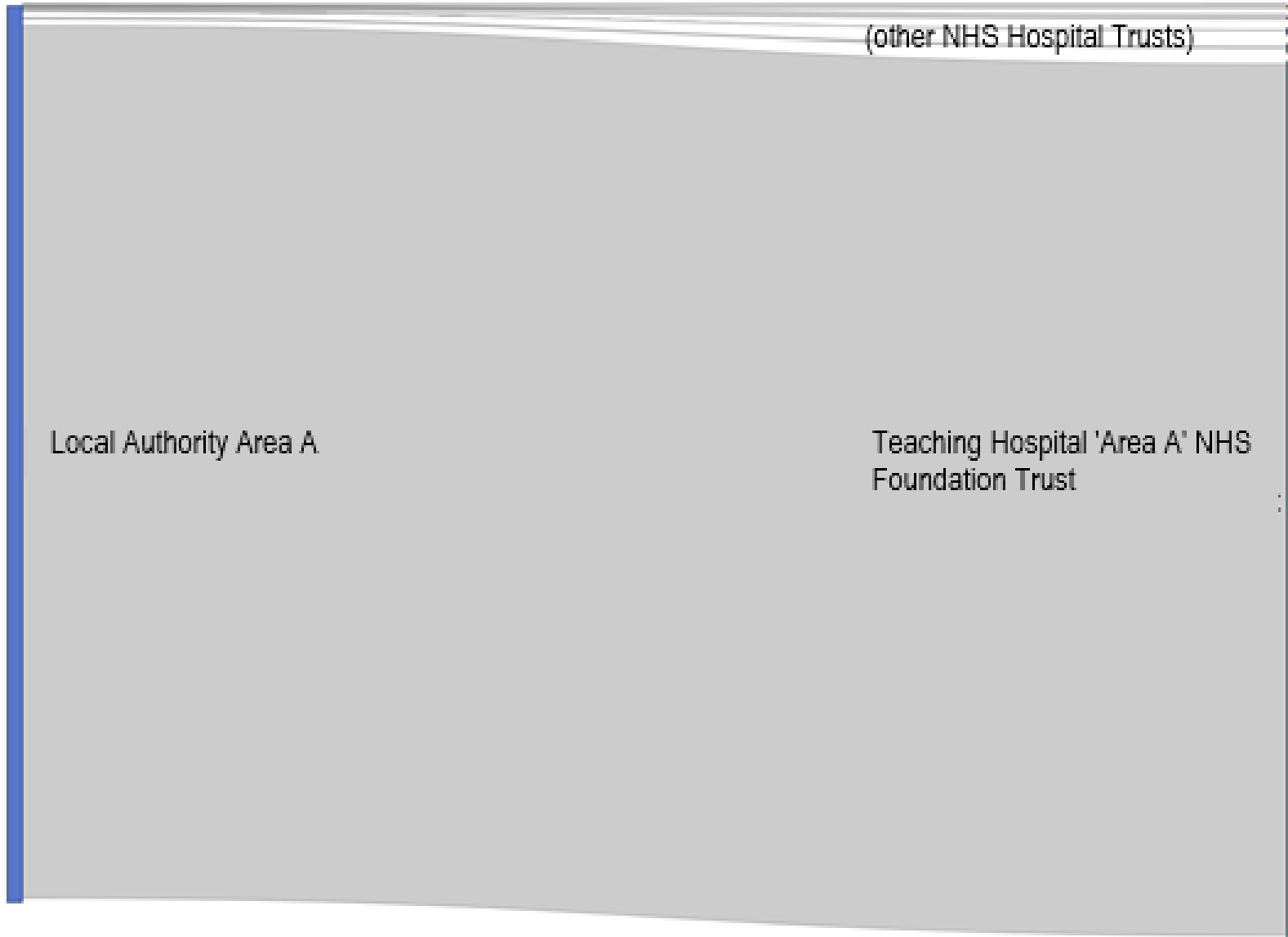
Cancer incidence: patient flow between Local Authority of residence and NHS Trust of diagnosis



In 2021, through our partnership with NCRAS (the National Cancer Registry for England) we were able to map patient flow from Local Authority area of residence to NHS Trust of Cancer Diagnosis, helping us to better plan service development and identify gaps in provision.

Developing services to fill the gaps

Cancer incidence: patient flow between Local Authority of residence and NHS Trust of diagnosis



We want to reach residents of Area A early in their cancer journey.

With the dataset developed in partnership with NCRAS, we can now map the flow from area of residence to trust of diagnosis. This indicates which NHS Trust(s) we need to work with to develop service provision.

Reviewing patient demographic data

We have identified the NHS Trust that diagnoses the majority of residents in Area A.

This Trust also diagnoses people from a range of other areas and we want to ensure that the service we design meets the needs of all patients.

The dataset we developed in partnership with NCRAS helps with this as it provides comparative demographic data relating to people diagnosed with cancer by the trust. This, alongside local intelligence, will feed into the service design.

Select Trust

Trust

- 'Area A' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT
- 'example other' NHSFT

Select patient group

Tumour group

- All malignancies
- Brain + CNS
- Breast
- Colorectal
- Gynaecology
- Haematology
- Head and neck
- Lung
- Malignant melanoma
- Prostate
- Sarcoma
- Upper GI
- Urology excl prostate
- Urology incl prostate

% of **All malignancies** diagnoses

Age at diagnosis

Age Group	% of All malignancies diagnoses
00-17	~1%
18-54	~15%
55-69	~25%
70-79	~22%
80+	~18%

Deprivation

Deprivation Level	% of All malignancies diagnoses
1 (most deprived)	~25%
2	~15%
3	~18%
4	~18%
5 (least deprived)	~18%

Ethnicity: Excluding White

Ethnicity	% of All malignancies diagnoses
Asian or Asian British	~10%
Black, African, Ca...	~10%
Mixed or Multiple Et...	~5%
Other Ethnic Group	~20%

Compare trust

- vs Cancer Alliance
- vs Geography
- vs England

Trust: 'Area A' Teaching Hospitals NHS Foundation Trust

England: England

Gender: Female

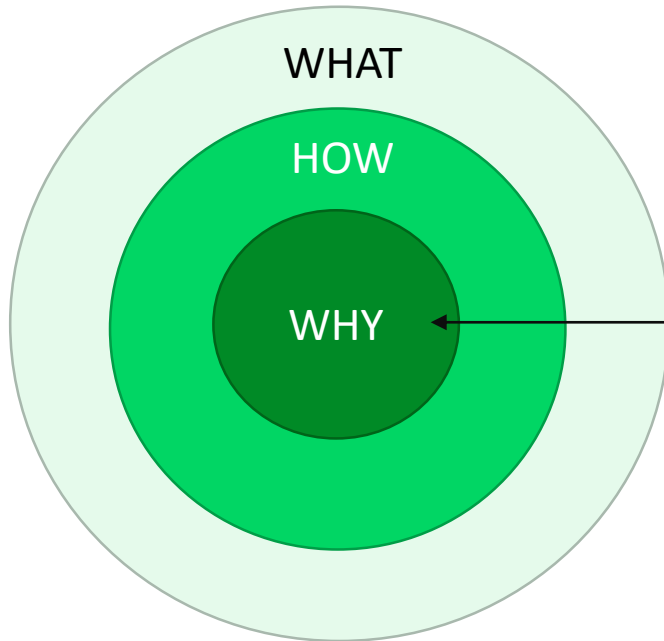
48%

Ethnicity: White

91%

70

3. Why



Why do we prioritise this support? Why should the NHS and others partner with us to deliver it? What is the impact for the patient?
Excerpts from the evaluation of the 'Glasgow: Improving the Cancer Journey' programme, undertaken by Edinburgh Napier University.

Improving the Cancer Journey is a support service rather than a 'social welfare advice' service. Integrating provision of social welfare advice has been key as the evidence has shown us that is what many people living with cancer need.

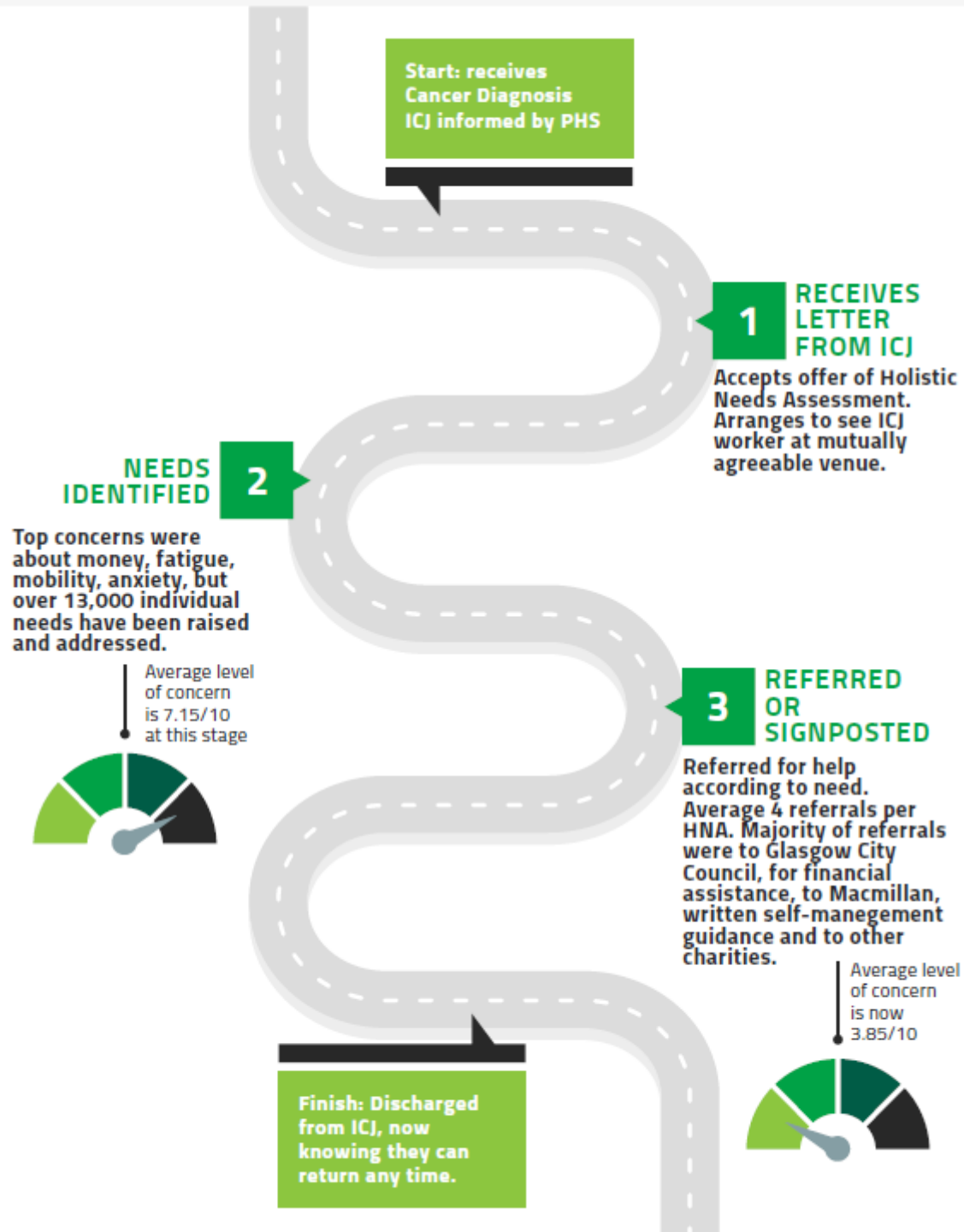
Improving the Cancer Journey, Glasgow

Initiated in 2014 as the first supportive cancer service of its kind in the UK, identifying and addressing all physical, psychological, social, financial and practical needs. Led by Glasgow City Council with Macmillan as its main partner in both funding and support, the service is:

- Proactive
- Multidisciplinary
- Non-clinical

Building on this success, Macmillan and the Scottish Government have since launched the £18m Transforming Cancer Care programme, investing £9 million each to ensure that everyone diagnosed with cancer has a dedicated support worker.

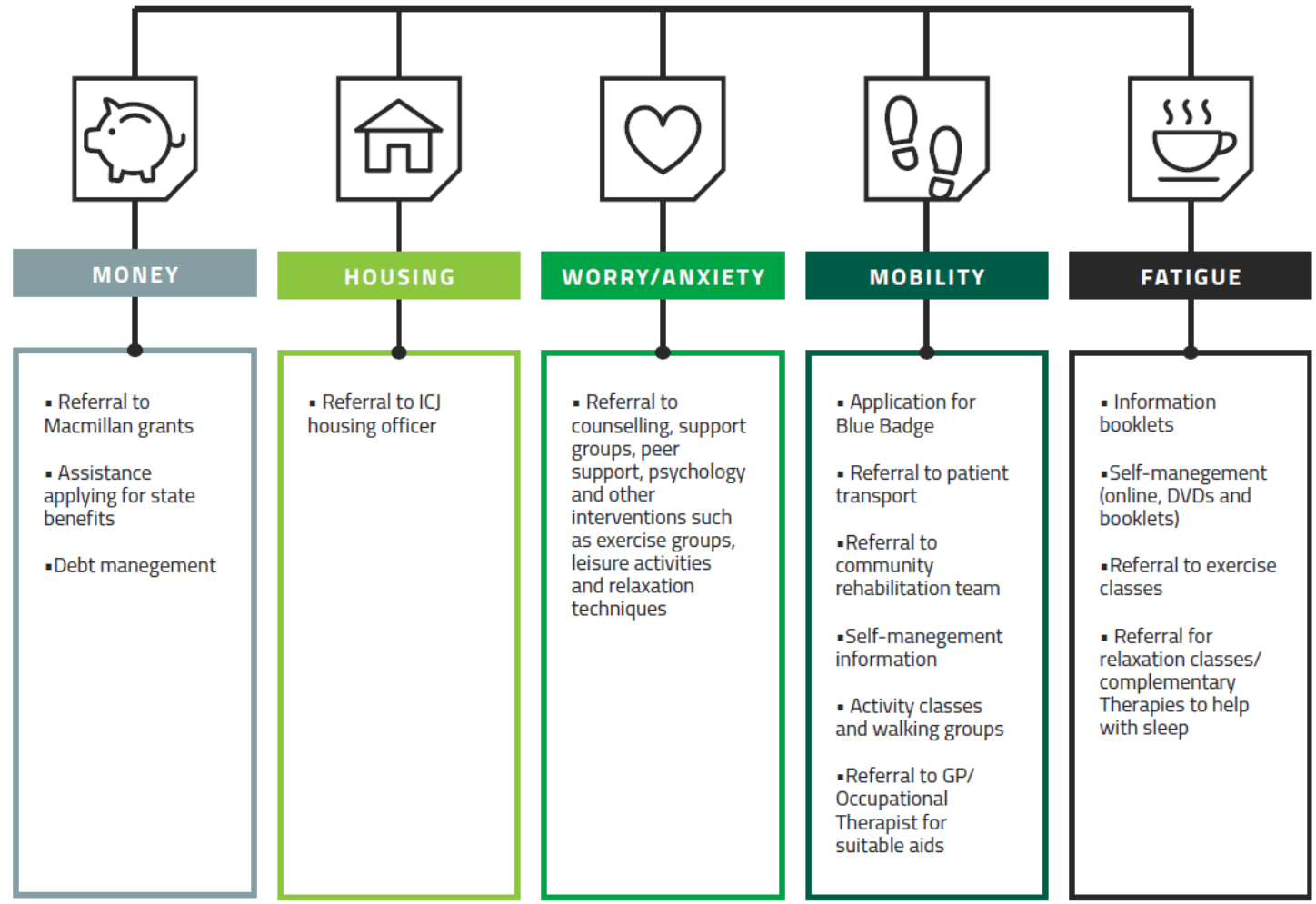
MACMILLAN
CANCER SUPPORT



ICJ: support based on need

The ICJ evaluation found that finances and housing were consistently among the main areas of concern for ICJ clients, alongside physical effects (mobility and fatigue) and emotional effects (worry/anxiety), noting that:

“These were common for individuals across different cancer types, stages, ages and socioeconomic backgrounds. Of note was that finance/housing was a priority concern, not just for individuals from the most deprived areas in Glasgow, but also the least. Almost every ICJ client interviewed did not know that they were entitled to financial support, or how to go about making a claim.”

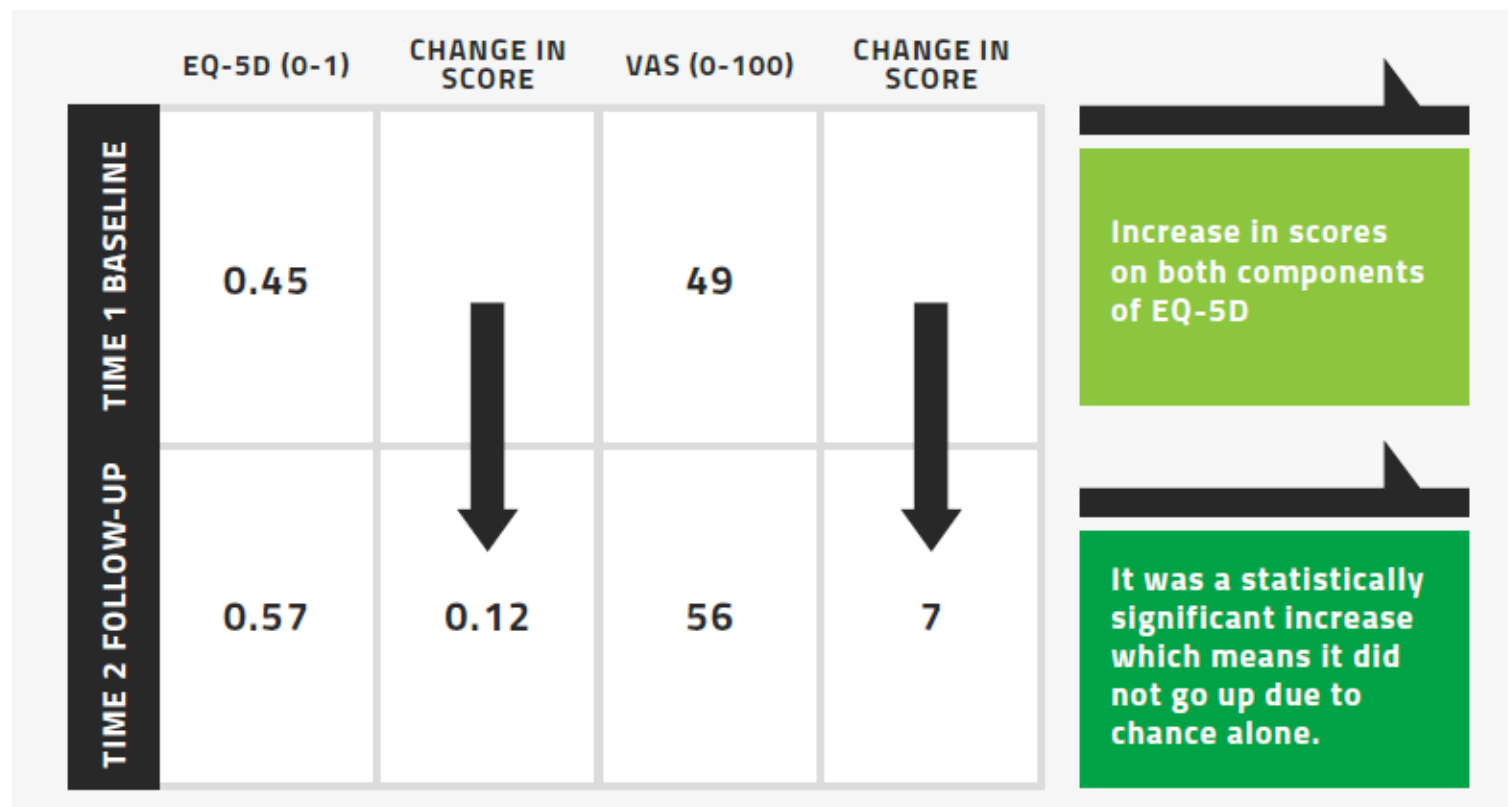


Summary of top five concerns and associated supportive actions for people supported through ICJ. Glasgow City Council’s Welfare Rights Team provide Benefits and Housing advice to ICJ clients.

ICJ – impact on health status

Edinburgh Napier University used the EQ-5D questionnaire to capture any quality of life improvements in ICJ clients.

Between the two EQ-5D measurements taken, individuals received support from ICJ including the supportive actions detailed on the previous slide.



“In 2018/19, a sample of 437 ICJ clients completed the EQ-5D during their initial visit with the ICJ link officer and again at their follow-up review. As reviews usually happen over the telephone, the link officer, through conversation, completed it for the individual on their behalf. The time between assessments ranged from 14 to 456 days, with an average of 117 days.”

Excerpt from the evaluation of ‘Glasgow: Improving the cancer journey’.

ICJ – reduction in severity of concern

When completing the holistic needs assessment (HNA), clients are asked to rate the severity of their concerns (relating to finance, fatigue etc.) on a scale of 0-10.

Scores are then subsequently recorded again when the link workers review their case.

In evaluating the impact of the service on clients, Edinburgh Napier University also explored the link between change in health status and change in the severity of concern reported.

**EQ-5D
AND
HNA**

↓
HNA
CONCERN
SEVERITY
DECREASE

↑
HEALTH
STATUS
INCREASE

HNA CONCERN
SEVERITY REDUCED
FROM 6.4 TO 2.9

EQ-5D SCORE
0.45 TO 0.57

“HNA data and EQ-5D data was obtained and analysed for 332 individuals. Following intervention from ICJ, the mean HNA concern severity fell from 6.4 to 2.9. At the same time, the EQ-5D score rose from 0.45 to 0.57. Therefore, a reduction in overall HNA concern severity was associated with an overall improved health status in this sample of participants. While we acknowledge that other factors may contribute to the improvement, such as completing treatment, that individuals can be helped in a statistical and personally meaningful way is a marker of success.”

Excerpt from the evaluation of ‘Glasgow: Improving the cancer journey’.

Further information on today's presentation

The full evaluation of the 'Glasgow: Improving the Cancer Journey programme' is available to download here:

[Evaluation of Glasgow: Improving the Cancer journey programme \(napier.ac.uk\)](https://napier.ac.uk)

A version of dataset developed through the NCRAS / Macmillan partnership detailing number of cancers by NHS Trust of diagnosis is available here:

[\[MI\] Number of cancers by diagnosis Trust - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

Q&A

Online viewers please
use Slido

Share thoughts via Twitter
[@HealthJusticeUK](https://twitter.com/HealthJusticeUK)



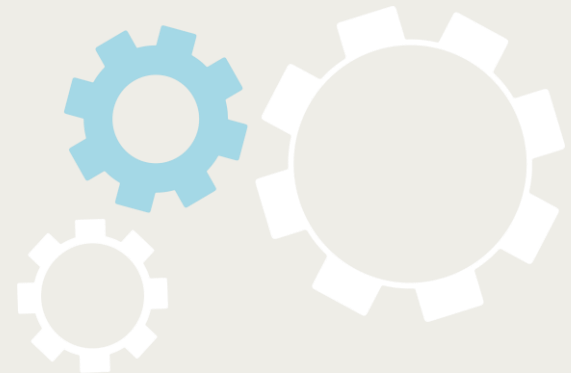
Session 2

Health Justice Partnership
case studies



Catherine McClennan

Director, Cheshire and Merseyside
Women's Health and Maternity
Partnership





Cheshire & Merseyside

Women's Health and Maternity Programme

Maternity Health Justice Partnership

Catherine McClennan – Programme Director



The Cheshire & Mersey Local Maternity & Neonatal System - setting the context

The Cheshire and Merseyside LMS sits within one of the largest ICS, with seven maternity providers covering a population of **2.5** million people living across a large and diverse geographical footprint.

The ICS brings together nine 'Places' co-terminus with individual local authority boundaries, 19 NHS Provider Trusts and 51 Primary Care Networks.

C&M LMNS Maternity Providers x 7
Countess of Chester Hospital
Liverpool Women's Hospital
Mid Cheshire Hospitals
Southport & Ormskirk Hospital
St Helen's & Knowsley Teaching Hospitals
Warrington & Halton Hospitals
Wirral University Teaching Hospital

ICB Places
Cheshire East
Cheshire West
Halton
Knowsley
Liverpool
Sefton
St Helens
Warrington
Wirral

We are a Women's Health & Maternity (WHaM) partnership as well as an LMNS with a fully staffed engagement team working with other stakeholders including the HCP, MVP, NW Coast & adjoining Clinical Networks, C&M already has many programmes in place to reduce variation.

The main goals of the partnership are:

- Empowering women to take control in decisions about the care they receive to better meet their needs and preferences.
- Engaging in decision making about the services that are offered by working together through collaboration, co-operation, and co-production.
- Deliver safer, more personalised care for all women and every baby, improve outcomes, and reduce inequalities.

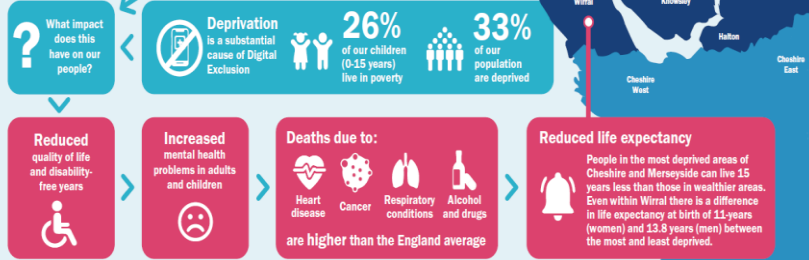
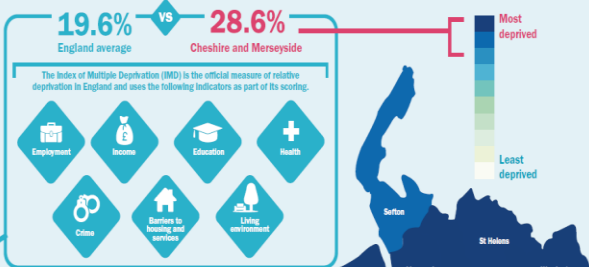


Cheshire and Merseyside - Health Inequity & Population Overview

Understanding the challenges in Cheshire and Merseyside

Cheshire and Merseyside ICS represents a large and diverse geographical footprint.

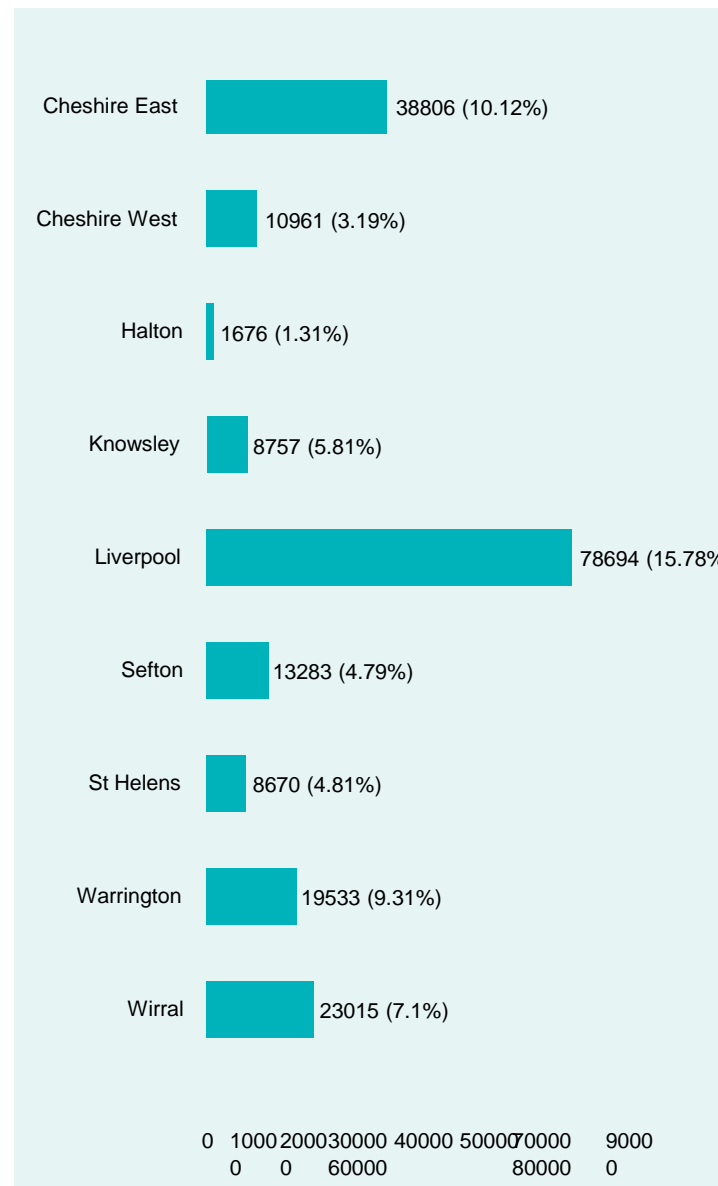
There are 2.7 million people living across areas of both significant wealth and substantial deprivation. The mental and physical health and care challenges are faced by some of the most deprived neighbourhoods with the greatest health inequalities in England.



There are long standing inequalities in health across C&M, as in the rest of England.

- Life expectancy for women living in most deprived areas across C&M is **9.5 years less** than those living in the least deprived
- Females with a Learning Disability (LD) life expectancy is **18 years less** than those without LD
- 8.1%** of the C&M population are from Black, Asian, or Minority Ethnic backgrounds, with a **5th recording English as their second language**
- 44%** of the population in the Liverpool City Region live in the top **20%** most deprived areas in England
- Liverpool City** has the highest numbers of **asylum seeking and refugee families** in the Northwest Region
- 26%** children (0-15 years) live in **poverty** as compared to the England average of **15.6%**
- 25%** of the female population claim employment allowance and identify as having a core disability

It is well documented through evidence-based research that social deprivation has a direct impact on long-term health and educational outcomes and this is likely to **worsen with the current cost-of-living crisis.**



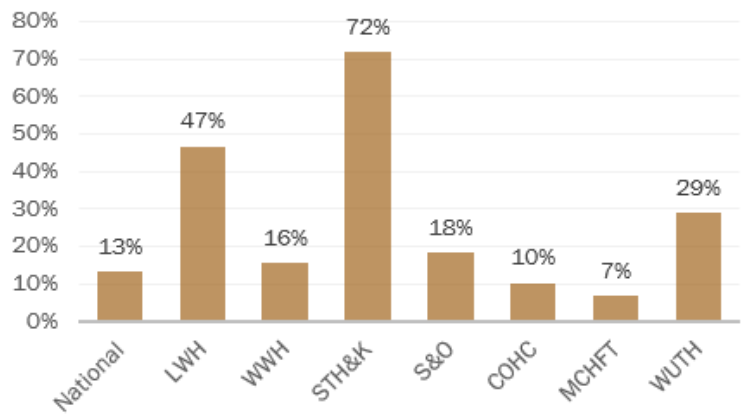
Postcode sectors with higher BAME population:

L7 6, L8 8, L8 3, L15 0, L8 1, L8 2, CW2 7, L8 7, L7 3, CH41 2, L8 5, L7 2, L6 9, L1 7, L3 5, L8 9, L18 1, L7 9, PR9 9, L8 6, L6 7, SK9 2, SK11 7, CW2 6, CW1 3, L1 5, L7 8, CW2 8, CW1 2, L4 1

Total BAME Population size (Total= 203,395)

Source: UK Office for National Statistics/ Census Records 2020

Cheshire & Merseyside Women from the most deprived areas at booking Average Nov-20 - Oct-21

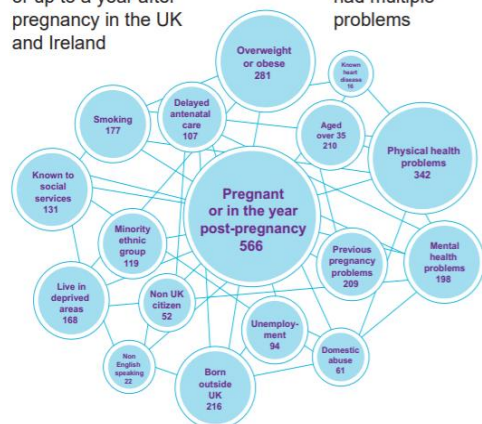


C&M Women's Health Inequality and Access to Justice Working Group

[MBRRACE-UK Maternal Report 2019](#)

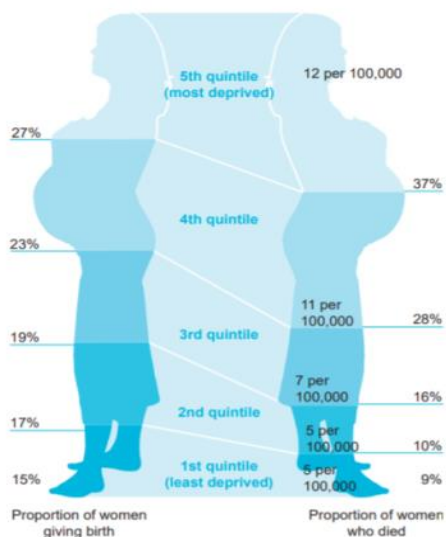
A constellation of biases

566 women died during or up to a year after pregnancy in the UK and Ireland
510 women (90%) had multiple problems



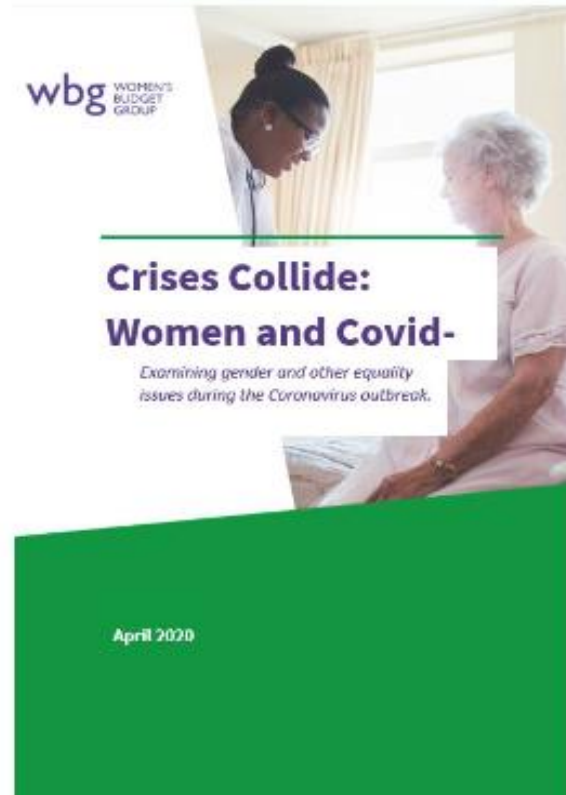
Systemic Biases due to pregnancy, health and other issues prevent women with complex and multiple problems receiving the care they need

Living in more deprived areas



Black and Asian women have a higher risk of dying in pregnancy

White women	1 icon	7/100,000
Asian women	2 icons (2x)	13/100,000
Mixed ethnicity women	3 icons (3x)	23/100,000
Black women	5 icons (5x)	38/100,000



C&M Stillbirth Review (Sept 2021)

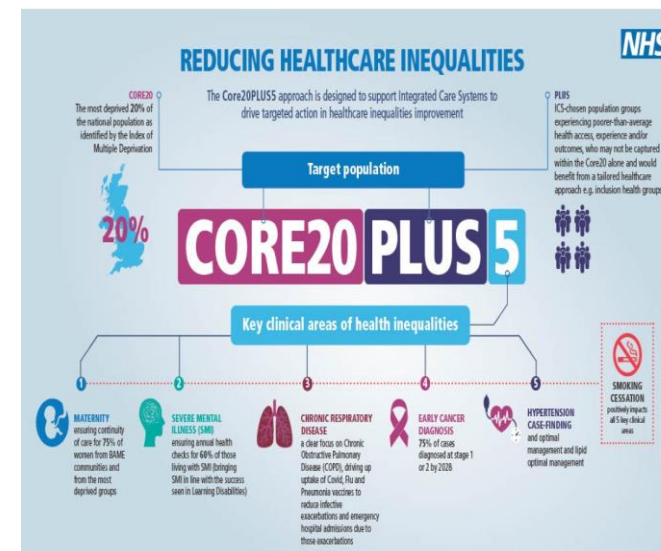
C&M Rate below national average

2020/21 = 3.7/1000

2019/20 = 4.22/1000

Key themes identified

- Safeguarding
- Care for socially vulnerable women
- Access to interpreters
- Risk Assessment (intrapartum escalation & SBL processes)

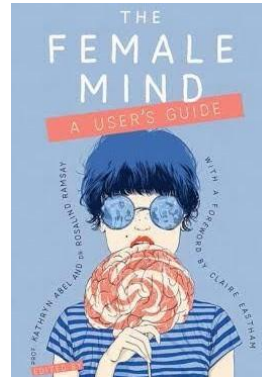
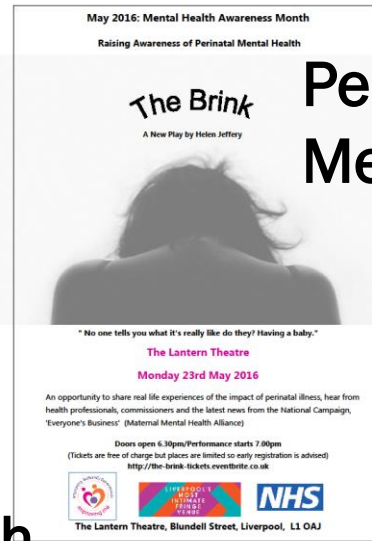




Track Record

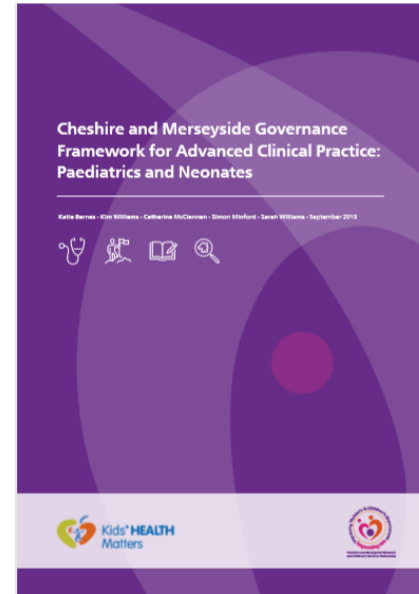


Perinatal Mental Health



Women's Health

Workforce



Choice



Research



Equity



Digital Innovation



Childhood Obesity



Community Hubs



Collaboration

C&M LMNS - Health Inequity – Engagement & Feedback

The LMNS greatest asset is its own **Community Engagement Team (CET)** who support enhanced engagement work with a particular focus on co-designing new models of care with service users and staff across C&M.

The team members are representative of our local population, speak a number of languages and dialects and have lived experiences which are vital to supporting equity in healthcare for women.

Engagement and feedback given is vital to understand the challenges women face and how they can access health care services at the right time.

Some of the feedback received by the team through their extensive and continuous engagement activities is shared below:

- Language barriers
- Accessibility of services and inclusion of all people
- Understanding the context of poverty across Cheshire and Merseyside
- Violence against women
- Mind the gap – organisations need to work together to support families from slipping through the net
- Workforce issues – no time to speak to healthcare professional about everything
- ‘Person-centred’ – autonomy and shared decision making (includes before, during and post COVID)



Team Twitter handles:

Banin @Banin14162191
Dani @DaniG4_
Deqa @Deqa48678473



Current innovations being delivered to Reduce Health Inequalities for Women



Improved uptake of C-19 vaccinations for pregnant women from 46% to 70.8%

Trailblazer project

Local maternity and neonatal system- Women's Health and Maternity (WHM) Programme

The pregnancy vaccination dashboard is not only being used to monitor Covid-19 vaccination uptake, the tool is being used for Health Equity and Equality (HEE) groups all of health inequality being identified and proactively worked on by the community engagement team. The team members are representative of the local population, they speak several languages and dialects and have lived experiences which are vital to supporting equity in healthcare for women and their babies.

- Knowning that 40% of unvaccinated pregnant women, this dropped to 39% in 3 months.
- Language had 28% of unvaccinated pregnant women, this dropped to 23.8 % in 3 months.
- 13 women with learning disabilities were identified through the LHMW data.
- Targets for smoking advice in pregnancy are being met.
- Discovery 30.3% of pregnant women have mental health condition (MHC).

Our greatest asset is in our own Community Engagement Team

Digital Inclusion Project

NHS England Planning Guidance Priority 2: Mitigate Against Digital Exclusion

The C&M LMNS Community Engagement Team leads: Baris Ali and Deepa Malar are valued members of the team who are able to translate a number of languages between them to support women and birthing people whose first language is not English. They also delivered an innovative Digital Inclusion Project to understand why women, birthing people experience issues with IT and educational settings.

Digital Inclusion Project Aims:

- Trying to break the barrier of digital skills and education, through providing a mix of services, collaborating with local community service providers to create a digital skills program.
- Build strong, trusting relationships with local community leaders.
- Raising awareness of Women's Health Services.
- Increase health literacy - supportive of under-18s.
- Maternity services, including mental health services.
- Supporting social inclusion and personal participation.
- Empower the woman to be self-advocating.
- Support Enhanced CoC, outcomes and Personalisation.

Community Assets Digital Platform

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance 4.2 Map the community assets which help address the social determinants of health

All community assets were mapped across C&M in October 2022 to be used in the community assets digital platform. This information was used to create a map of the community assets which help address the social determinants of health.

The LMNS has identified Equity & Equality Assets (EEAs) for the LMNS which include: voluntary, local, community, and social enterprise assets.

Our greatest asset is our own Community Engagement Team

The engagement team are essential to help support maternal engagement work with a particular focus on supporting the needs of our most vulnerable women and their babies.

Smoking in Pregnancy (SiP) Programme

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

Reduce Smoking in Pregnancy (SiP) is a key driver in reducing the risk of stillbirth, miscarriage, and sudden infant death syndrome. The LMNS is committed to implementing a smoke free pregnancy pathway for mothers and their partners. Smoking rates vary significantly across geography, socio-economic groups and age.

We are working in partnership with the C&M Cancer Alliance over the next 3 years to deliver a transformational SiP programme and co-develop resources to support quitting smoking.

Aim: To develop a personalised maternity pathway of care for women and their partners which will reduce the number of women smoking in pregnancy, and ultimately, resulting in better cancer, and health, outcomes for women and their partners.

Objectives:

- To provide a consistent approach across C&M LMNS to significantly reduce tobacco and the total numbers of women smoking in pregnancy, and as a result, to be with the UK national target.
- To review and improve where necessary the current data capture and reporting systems to ensure that the LMNS can track and report, in real time, on each woman's progress from booking to birth, to measure reduction in smoking rates.
- To provide training and support for the maternity staff health and social care workforce to provide specialist and relevant smoking cessation services and support women with the community.
- To ensure that systems (both office and non-office) are in place to ensure that the LMNS can track and report, in real time, on each woman's progress from booking to birth, to measure reduction in smoking rates.
- To further develop the understanding of issues and barriers which prevent women from stopping smoking in pregnancy and look for innovative and social prescribing solutions to support them.
- To develop peer support models and groups within the community with leaders and champions who women are most likely to listen to.
- To create a targeted prevention campaign for all women but focusing on young women on the dangers of SiP and the risks to infant and pregnancy.

Developed a C-19 and Health Inequalities Dashboard



Personalised Care Plans – Recording Complex Social Factors

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

Personalised Care Plans (PCPs) are available to everyone - % of PCPs where ethnicity is recorded

A Personalised Care and Support Plan (PCSP) is a place where women, birthing people can record their feelings, thoughts, beliefs and cultural wishes. With their midwife or obstetrician they can consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes.

Recording ethnicity and postcode data at the booking appointment supports clinicians, the LMNS and wider system partners to understand how health outcomes vary by geographical area and ethnicity.

C&M LMNS carried out a baseline audit to ensure ethnicity codes are being recorded within PCSPs along with the 5 other criteria. Compliance varied across Maternity Providers and the LMNS Lead Midwife & Programme Lead will continue to monitor progress until Maternity Information Systems (MIS) have been appropriately configured to record PCSPs in the required formats.

July 2022 data contained antenatal personalised care plan fields completed for 95% of women booked in the month. (MSD10/2)

Gynaecology Network & Delivering the Women's Health Strategy

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEP- Gynaecology Network & Delivering the Women's Health Strategy Goals

The LMNS is committed to an in partnership with the C&M Gynaecology Network to deliver the health strategy which has a six-point long term plan for transformational change as detailed below:

- Ensuring women's voices are heard** – tackling taboos and stigmas, ensuring women are listened to by healthcare professionals, and increasing representation of women at all levels of the health and care systems.
- Improving access to services** – ensuring women can access services that meet their reproductive health needs across their lives, and promoting services for women's conditions such as endometriosis. Ensuring conditions that affect both men and women, consider women's needs by default.
- Addressing disparities in outcomes amongst women** – ensuring that a woman's age, ethnicity, sexual identity, or where she is from does not impact upon her ability to access services, or to the treatment they receive.
- Better information and education** – enabling women and wider society to easily equip themselves with accurate information about women's health, and healthcare professionals to have the initial and ongoing training they need to treat their patients knowledgeably and empathetically.
- Workplace** – Greater understanding of how women's health affects their experience in the workplace – normalising conversations on topics such as periods and the menopause.
- Research** – Supporting more research, improving the evidence base and spearheading the drive for better data - addressing the lack of research into women's health condition, improving the representation of women of all demographics in research, and plugging the data gap and ensuring existing data is broken down by sex.

Infant Feeding – supporting uptake from under-represented groups

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

Infant feeding rates are significantly lower in the most deprived areas. UNICEF accreditation is based on a set of international evidence-based standards for maternity, health visiting, neonatal and children's centres services for transforming care for all babies, their mothers and families.

Across England 28% of Maternity Providers are listed as achieving full accreditation or 'Gold Award' 80% of Maternity Providers across C&M met this standard which is the highest % within the NW region.

All Maternity Providers across C&M Baby Friendly Accredited 2021 position:

- Liverpool – Full accreditation
- Countess of Chester – Full accreditation
- Wirral – Full accreditation - Re-assessment due
- Mid Cheshire Hospitals – Full accreditation with Leighton Hospital being the 1st Neonatal unit in C&M to achieve full accreditation in March 2022
- Southport & Ormskirk Hospital – 2nd stage accreditation
- St Helens & Knowlsey Teaching Hospitals – No accreditation listed
- Warrington & Halton Hospitals – Full accreditation - Re-accreditation suspended
- Wirral University Teaching Hospital - Listed as Arrow Park - Full accreditation

All UNICEF accreditation programmes were suspended due to the Covid-19 pandemic with UNICEF recently advising that programmes should be recommenced.

The LMNS is supporting the reaccreditation of the programme across C&M, by providing with key roles and training.

This is in collaboration with the local Operational Delivery Networks (ODNs) to ensure that providers are reviewing infant feeding across both maternity/neonatal services.

Key meetings have commenced, with the potential to roll out peer support roles within infant feeding. Funding and training have all been confirmed.

Maternal Mental Health (MMH) Silverbirch Hubs

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

C&M LMNS are working collaboratively with Marescare (provider) to deliver inclusive Maternal Mental Health Services (MMHS) by offering specialist psychological therapy and support to women, birthing people, over the age of 18, that experience distress, which impacts significantly on their life and their relationships, especially with their babies.

This distress would be linked to trauma and fear that has happened because of an experience within a Maternity, Neonatal or reproductive environment.

As a service we work closely with other providers. The service is designed to be available to support women and birthing people by offering specialist psychological therapy and support to women, birthing people, over the age of 18, that experience distress, which impacts significantly on their life and their relationships, especially with their babies.

Marescare are automatically recording ethnicity and deprived area postcodes data when booking women, birthing people into Maternal Mental Health (MMH) Services.

Since March 2022, 70 referrals have been received by the service. 55/79% managed by the team with the remaining 15/21% referred into other services. 16/29% referred into the service are from the 7 most deprived postcodes across C&M with 5% recorded as being from ethnic minority groups.

Maternal Mental Health Service

- Addressing the gaps in service provision for women, birthing people who have suffered trauma/perinatal loss within a Maternity/Neonatal setting.
- LMNS Midwives jointly working to deliver psychology interventions for women, birthing people who have/had moderate to severe MH needs due to trauma/perinatal loss
- Engagement with women, birthing people to ensure experiences are used to support the future development of the service

Social Prescribing Initiatives

NHS Equity & Equality for Local Maternity & Neonatal System (LMNS) Guidance Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes

pre care principles of social prescribing are that it:

- is a holistic approach focusing on an individual's needs
- promotes health and wellbeing and reduces health inequalities in a community setting, using non-clinical methods
- addresses barriers to engagement and enables people to play an active part in their care
- utilises and builds on the local community assets in developing and delivering the service or activity
- aims to increase people's control over their health and lives

The LMNS along with system partners has provided women, birthing people on socially deprived or under represented groups access to services via Social Prescribing initiatives to improve their health and wellbeing. Some examples which have been delivered by C&M LMNS are:

- Midlife Time Project** was designed to create greater cultural awareness of the needs of breastfeeding mothers
- Maternity Action** is a free specialist advice line at Wirral Women and Children's Hospital to help pregnant women and new mums sort out maternity pay and benefits and resolve an problems at work (detailed information within slide2)

Lullaby Project which was a national and regional partnership to support mums with babies and young families to improve Perinatal Mental Health. The outcome being a set of 8 new lullabies written by women from across C&M working with professional musicians from Live Music Now.

Perinatal Pelvic Health (PPH)

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEP- Perinatal Pelvic Health Service (PPHS) Fast Follower Site (FFS)

Background: C&M LMNS was successful in their bid to become a FFS to mobilise a PPHS to ensure "women have access to multidisciplinary pelvic health clinics and pathways along with conservative measures being offered before surgery by March 2024.

Currently there's significant variation and inequity in PPHS support women with pelvic floor difficulties across C&M and recognize the national shortage of physiotherapists in our area. By locally delivering a PPHS we aim to improve the prevention, identification, and treatment of 'mild to moderate' pelvic floor dysfunction following birth, and ultimately reduce the number of women living with pelvic floor dysfunction postnatally and in later life.

The overriding responsibilities of a PPHS are to:

- Evidence based practice in antenatal, intrapartum and postnatal care to prevent and mitigate pelvic health issues resulting from pregnancy and childbirth.
- Improve the rate of identification of pelvic health issues antenatally and postnatally.
- Ensure timely access to NICE-recommended treatment for common pelvic health issues antenatally and postnatally.
- Development of a Band 4 physio assistant role which will increase access to services.
- Embed the service offering in community hubs to ensure care closer to home.
- To offer pelvic health exercise videos in the language of choice
- Standardise the referral process across the system.
- Develop a training programme which will be tailored for Midwives, Physiotherapists and Physio Assistants in both face to face and Learning formats to improve access to core training.

NICE Guideline 10- Pelvic floor dysfunction

Maternity Action

C&M LMNS Additional Transformation Programmes which support Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes within the EEP- WH&M & Maternity Action

C&M LMNS is leading an innovative new project to establish a specialist advice line at Wirral Women and Children's Hospital to help pregnant women and new mums sort out maternity pay and benefits and resolve any problems at work.

Research shows high levels of deprivation, stress and anxiety can increase the chances of premature birth and complications. In the first trial of its kind at the Wirral Women and Children's Hospital, mothers will have direct access to an employment lawyer who can give them advice on everything from access to benefits, maternity pay and how to deal with unfair or unsafe working conditions.

National charity Maternity Action will deliver the dedicated **Specialist Advice Service** for women and families using the maternity service which will deliver free and confidential specialist advice on maternity rights and maternity pay and benefits.

The service will be delivered by a dedicated employment lawyer who will be able to advise on a range of issues including employment rights during pregnancy, maternity pay and benefits, maternity leave, health and safety issues and flexible working requests.

Midwives will be able to signpost any women and families who raise questions or concerns about these issues directly to Maternity Action and the service will also be promoted in the maternity unit through posters, stickers and business cards, as well as on social media.

The project is being funded through the Cheshire and Merseyside Women's Health and Maternity (WH&M) Programme.



Maternity Health Justice Partnership



C&M LMNS is leading an innovative new project to establish a specialist advice line at Wirral Women and Children's Hospital to help pregnant women and new mums sort out maternity pay and benefits and resolve any problems at work.

Research shows high levels of deprivation, stress and anxiety can increase the chances of premature birth and complications. In the first trial of its kind at the Wirral Women and Children's Hospital, mothers will have direct access to an employment lawyer who can give them advice on everything from access to benefits, maternity pay and how to deal with unfair or unsafe working conditions

National charity Maternity Action will deliver the dedicated Maternity Rights Advice Service for women and families using the maternity service which will deliver **free and confidential specialist advice** on maternity rights at work and maternity pay and benefits.

The service will be delivered by a dedicated employment lawyer and will be able to advise on a range of issues including employment rights during pregnancy, maternity pay and benefits, maternity leave, health and safety issues and flexible working requests.

Midwives will be able to signpost any women and families who raise questions or concerns about these issues directly to Maternity Action and the service will also be promoted in the maternity unit through posters, stickers and business cards, as well as on social media.

The project is being funded through the Cheshire and Merseyside Women's Health and Maternity (WHaM) Programme.



Link to the media release: [New and expectant mothers given free legal and financial advice in ground-breaking trial | ITV News](#)



Wirral partnership service



- For women and families booked for care at Wirral University Hospital Trust - (Arrowe Park)
- Dedicated phone and email service to deliver free, expert, confidential legal advice on work and benefits:

<https://maternityaction.org.uk/wirral-maternity-rights/>



- Employment rights in pregnancy
- Maternity pay & benefits
- Maternity leave
- Flexible working
- Health and safety issues
- Redundancy
- Discrimination & dismissal
- Breastfeeding rights

The service is run by Maternity Action in-house Solicitors

Pregnant & worried about money?

Maternity Action can help.

We can check you're getting all the support you are entitled to.

Contact Maternity Action for completely FREE and confidential legal advice on work and benefits for pregnant women and new parents.

Call 0808 802 0062 (freephone)
10am - 1pm Monday - Friday

Or complete the online form:
maternityaction.org.uk/wirral-maternity-rights



Partnership and Collaboration

Working in partnership with the maternity service

- Promotion throughout the service via different channels
- Reaching women at early point in pregnancy journey (booking letter)
- Signposting and encouraging women / families to use the service

Engagement with the maternity team

- Midwife specific materials
- Attending existing midwifery meetings / conversations with staff
- Short video training / information materials

Embedding service and developing connections to other local agencies to support wider needs

Objectives of the Project

- Make it easier for women and families to access advice
- Reduce impact of stress in pregnancy
- Save midwifery time
- Support objectives in the NHS Equity and Equality guidance by enabling the midwifery team to help women with wider social issues that impact on health and wellbeing in pregnancy



Benefits

The partnership supports delivery of Equity and Equality objectives to address social determinants underpinning health inequalities. Since launching in June 2022, the service has advised nearly 100 women and families and supports the midwifery team to assist with common issues causing stress in pregnancy. Midwives view the service as a valuable addition to the maternity pathway, signposting women to the advice line and supporting them to access dedicated, specialist legal advice in order to resolve their concerns. The benefits include freeing up midwives time to provide clinical care, reducing stress for women and families, improving mental well-being and optimising outcomes of pregnancy.

Early evaluation data shows majority of respondents reporting:

- More confidence to deal with their situation
- Feeling less stressed
- Service has helped resolve issues at work or increase income / improve financial situation

"Talking to someone really helped reduce my anxiety. I have felt very isolated and having someone listen and advise made me feel better".



Quotes and Feedback

Quotes from Midwives

“Its really good to have somewhere specific to refer them to, dedicated to maternity advice”

“We can’t keep everything in our heads and can’t be experts in everything and don’t know the ins and outs of the legalities around maternity rights”

“The telephone number is extremely valuable as not all women are computer-literate”

“Signposting women to the service keeps my clinic ‘ticking over’ as its so easy to signpost them and free up my time”

“The issues can be so complex”

Quotes from Women

“I just wanted to thank you (belatedly) for the information you gave me below. It was really helpful and gave me a good grounding to approach my employer with some criteria and requests for my employment. Thank you again for all of your help.”

“Talking to the adviser helped so much. I felt much more empowered to talk to my boss about my flexible working request.”

“Talking to someone really helped reduce my anxiety. I have felt very isolated and having someone listen and advise made me feel better.”

“Thank you so much for your help, it's helped me understand what I can do around my health and safety concerns.”

“Really pleased with the help I’ve been given by MA. Work in a school and have had a really tricky time with HR and the advice has really helped.”

Key Learning

- Ensure everyone knows what you are doing and why?
- Leading Clinical Advocate
- Embed the offer within a service/pathway/team – not an add on
- Access – require confidentiality but needs to be visible
- Promote in the right way:
 - Access to legal advice may seem too scary and too daunting
 - May only think it's a small issue/niggle
 - Make it a family offer – not just for the woman
- Ensure the team working with have training, feel comfortable referring
- Get feedback
- Not everyone will/can use a phone line? Or internet so what else?
- Would benefit from a Hub/non-clinical setting approach too
- Takes time to establish, needs refining along the way
- Numbers initially small but benefits huge - prevention of escalation or worse outcome
- Initial pilot now looking to roll out across C&M funding dependent and want it part of maternity pathway
- Maternity Action now developing model for Greater Manchester due to national funding based on Wirral Pilot
- C&M HJP follow on event



Thank You

www.improvingme.org.uk

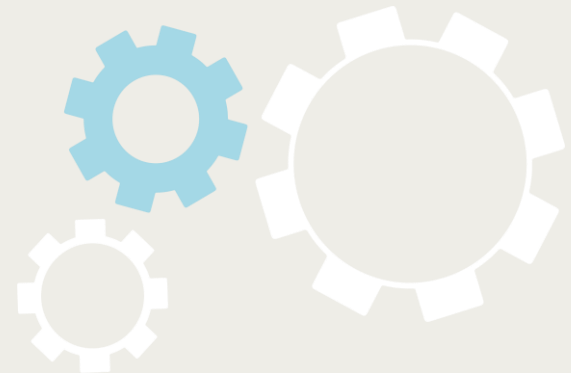
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info@improvingme.org.uk



Sally Causer

Executive Director, Southwark Law
Centre





HOMELESS PATIENTS LEGAL ADVOCACY SERVICE

THE PROJECT

In January 2020 Southwark Law Centre (SLC) and Guy's and St Thomas' (GSTT) Homeless Team were awarded funding from the Guy's and St Thomas' Charity Samaritan Fund to provide advice and legal representation for homeless hospital patients.

The project builds on a partnership funded by Pathway to provide second tier advice for health professionals.

The original Pathway project helped to identify the need for specialist legal advice for homeless patients and to build relationships with the hospital teams.

The project involves providing training and second tier advice for the hospital's homeless team staff and other health professionals as well as taking on up to 30 clients per year with particularly complex immigration, housing or welfare benefits cases

In 2022 the funding was picked up by the GSTT Hospital Trust on a rolling basis

The funding enables SLC to employ a full time housing and immigration solicitor who began work with SLC as a Justice First Fellow

Immigration and Asylum accounts for over 50% of queries

Housing 30% of all queries

Welfare benefits, community care and human rights. 12%

1/3 rd of client seen need advice in 2 or more areas of law.

The wider Law Centre teams help with some of the areas of law such as welfare rights.

4 training sessions per year are provided for the hospital teams covering areas such as Care Act assessments, basic overview of immigration law, NHS Charging , and support for those with No Recourse to Public Funds'

Evaluations of the project were carried out in 2021 and 2022 by Vicky Ling Consultant

THE EVALUATOR

- Vicky was a founder member of the Civil Justice Council and IS heavily involved in access to justice and pro bono issues. She was a member of the Low Commission (2012-15) on legal advice and support in England and Wales, which carried out extensive research and developed a strategy for funding social welfare law advice and support.
- Vicky is co-author/editor of the LAG Legal Aid Handbook, most recently updated for 2022-23).
- Vicky is a Chartered Quality Professional and an approved Lexcel Consultant.
- She has carried out many reviews of legal and advice services, internally for organisations themselves, on behalf of network organisations and in partnership with funders

INFORMATION SOURCES

- Numbers of team members accessing second tier support and accessing training
- Feedback from team members on the quality of support and training
- Numbers of patients accepted as clients by Southwark Law Centre solicitors/caseworkers
- Feedback from team members and clients
 - Feedback from clients was obtained by volunteers from Southwark Law Centre not involved in the project, by telephone
- Hospital data on the use of hospital resources
- Southwark Law Centre data on the outcome of cases

MAIN FINDINGS

- The project has enabled the hospital homeless team to support patients more effectively
- Patients who would not otherwise have been able to do so could access quality assured legal advice from a single provider to address all their social welfare law needs
- The partnership model of working helps patients to obtain better health outcomes
- Legal cases had a high number of positive outcomes
- Use of high-cost hospital resources has been reduced

PATIENT/CLIENT FEEDBACK

- All clients were patients with significant health issues as well as complex legal issues
- HPLAS enables patients who would not otherwise get access to legal advice to do so
- SLC responds quickly to referrals
- SLC provides a good standard of service and clients feel they are listened to
- Almost all clients were happy with the outcome of their case
- All clients would recommend the service to others

WHAT DO WE KNOW THAT WE DIDN'T KNOW BEFORE?

- Hospital data showed there was an 87% reduction (81% Year 2) in in-patient admissions and 81% reduction in bed days comparing 6 months prior to support from the project to 6 months after
- Following support from the project patients made better use of out-patient appointments. Missed appointments were reduced by 1/3rd
- 71% of hospital staff said they felt more confident in understanding housing, immigration/asylum and human rights since the project started
- Hospital data shows the homeless team's outcomes for getting patients into supported accommodation may have improved since the project started

WHAT NEXT

- In 2022 the SE London Integrated Care Board began to fund a similar project based in Lewisham Hospital
- The ICB has also funded a project to provide welfare rights advice for patients suffering from Sickle Cell Disease
- We are now carrying out an evaluation of these new projects which should be available to share by May 2023
- We are very keen to share our experiences and the model
- For more info please contact sally.causer@southwarklawcentre.org.uk

CASE STUDIES

- A young man who had recently arrived in the country and had advanced kidney disease requiring dialysis three times per week was referred to the Law Centre after a member of the homeless team noticed that he didn't know where he was and was very reluctant to speak about what had happened to him.
- On taking his instructions the Law Centre identified him as a potential victim of trafficking and advised that he claim asylum. The member of the homeless team accompanied him to Croydon to apply for asylum and stayed with him late into the evening until he was provided with Asylum Support accommodation. The team member also helped the Law Centre to obtain supporting medical evidence to help ensure the client was housed near to the hospital to access his treatment.
- The client has since received a positive reasonable grounds decision as a victim of trafficking, and the Law Centre is assisting him in preparing for his asylum interview. At the start of the pandemic the homeless team again supported the case by providing a letter confirming that the client needed to shield and could not share a room, resulting in the Law Centre being able to arrange for him to be moved to self-contained accommodation.

CASE STUDY

- The Law Centre was referred the case of a man who had attempted suicide due to his fear that he would not be able to afford the Home Office fees to renew his leave to remain and would be removed from the UK and separated from his children. The Law Centre took on his case three days before the expiry of his leave, and made an in-time application for a fee waiver. This application was greatly assisted by a detailed letter from the homeless team confirming his destitution and his attempted suicide. The application was recently granted, and he has been given 2.5 years leave to remain with recourse to public funds. His mental health has greatly improved and he is now in supported accommodation. The same client was also recently refused Housing Benefit, and we successfully appealed this decision and he received a backdated Housing Benefit payment and ongoing support.

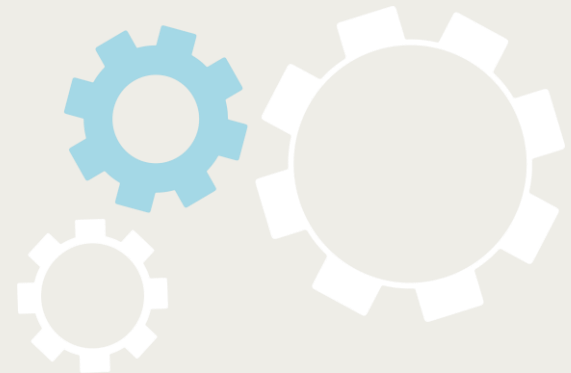
Melanie Gongga

Director & Head of Legal Practice,
Springfield Advice & Law Centre



Damon Gibbons

Chief Executive, Centre for
Responsible Credit



Q&A

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Session 3

Implementing Health Justice Partnerships



Discussion panel

Sarah Beardon, Senior Research Fellow, UCL Health Justice Partnerships team

Vicky Smyth, Acting Group Manager, Health Improvement, Derbyshire County Council

Gary Vaux, Head of Money Advice Unit, Hertfordshire County Council



Q&A

Online viewers please
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Share thoughts via Twitter
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Closing message

Matthew Smerdon

Chief Executive, The Legal
Education Foundation



Thank you!

Send us your feedback



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