

# The Financial Inclusion Service – Glasgow

## Economic and quality case study

### Service summary

The Macmillan benefits service in Glasgow was developed initially through a partnership between Glasgow City Council and Macmillan Cancer Support in November 2008. It was expanded in February 2010 to cover other long term conditions by bringing together seven other agencies working in partnership, including: Glasgow City Council; Chest, Heart and Stroke Scotland; Glasgow Housing Association; NHS Greater Glasgow & Clyde; The Pensions Service; Jobcentre Plus; and Glasgow's Advice and Information Network. This Financial Inclusion Service supports service users to maximise income; increase benefit uptake; and reduce debt. It also provides help with financial problems.

The figure overleaf provides an overview of the service including what is required to set it up and to run it; what it delivers; and the types of benefits it generates for service users, for the healthcare system and for other local services. While the service now includes other long term conditions, **this case study is based only on the clients affected by cancer.**

This case study proceeds to describe how the service helps enhance productivity in health and social care services as well as other public services, while delivering quality outcomes for service users and their families.

#### Return on investment

- Improved the wellbeing and quality of life of those affected by cancer by alleviating stress and anxiety related to financial pressures.
- Prevented individuals and families reaching crisis point.
- In addition to these quality outcomes for service users and their families, every **£1** invested in the service generated **£0.46** of monetised benefits to the healthcare system, **£4.40** to other local services and **£18.55** to service users.

# Glasgow Financial Inclusion Service



## INPUTS

### Investment



- ✓ **Set up costs: £25,000** (funded by Glasgow City Council in 2008)
- ✓ **Operational costs: £252,911 per year on average** (funded by Macmillan Cancer Support; Glasgow City Council; Chest, Heart and Stroke Scotland; Glasgow Housing Association; NHS Greater Glasgow and Clyde; The Pensions Service, Jobcentre Plus; and Glasgow's Advice and Information Network since 2010, all of whom form the service's steering group)

### Staffing



- ✓ 8 FTE funded by the project
- ✓ 8 FTE seconded from partners
- ✓ The team = 1 project manager, 9 financial inclusion advisers, 2 housing benefit officers, 3 visiting officers for customers over 60 and 2 clerical assistants

### Facilities



- ✓ 7 outreach outlets
- ✓ Team office and advice area in city centre

## THE SERVICE

### Referral routes



- ✓ Self-referral
- ✓ Health professionals (73%)
- ✓ Local authority & other agencies
- ✓ Voluntary sector

### Delivery volume



- ✓ 1,694 cancer patients were referred to the service between Dec 2009 - Dec 2010

### Services



#### Advice and information

- ✓ Increasing awareness of eligibility
- ✓ Information about other services

#### Practical support

- ✓ Assistance with debt management and prevention
- ✓ Assistance with claiming process
- ✓ Applying for grants
- ✓ Advice on appealing decisions

#### Other

- ✓ Training & awareness raising for health & social care professionals

## BENEFITS

### For service users

- ✓ Raised **£4,691,690** worth of welfare benefits and grants
- ✓ Prevented 14 individuals/families from losing their homes 
- ✓ Prevented 13 individuals/families from having utility supplies disconnected
- ✓ Alleviated stress and anxiety related to financial pressures

### For healthcare system

- ✓ Productivity gains of **£108,434** by enabling CNSs to concentrate on core clinical tasks 
- ✓ Savings of **£9,108** through appropriate use of psychology services

### For other local services

- ✓ Savings of **£602,000** by preventing tenancy failure
- ✓ Savings of **£511,212** by preventing debt-related mental health issues 

**On an annual operational basis, every £1 invested generated £0.46 worth of monetised benefits to the healthcare system, £4.40 to other local services and £18.55 to service users**

# 1) Benefits for the healthcare system

## 1.1 Productivity

- ✓ **Conservative estimate of £108,434 in productivity gains by enabling healthcare professionals to concentrate on their core clinical tasks**

Clinical Nurse Specialists (Cancer) (CNS) regularly refer patients to the service for benefits advice rather than spend time researching information, offering advice or helping patients to complete forms themselves. This saves them between 2.1 to 5.8 hours, or 3.95 hours on average per patient, enabling them to focus on their core clinical tasks and contributing to the NHS 'releasing time to care' initiative<sup>1</sup>.

Productivity gains can be calculated based on the number of clients<sup>2</sup> supported by the service who would otherwise have used CNS time<sup>3</sup>. **Table 1** presents the productivity gains that could be realised based on the following assumptions:

- Lower estimate: saving 2.1 hours of CNS time per client and assuming that 50% of clients would have used their CNS for non-clinical information and support.
- Mid estimate: saving 3.95 hours of CNS time per client and assuming that 75% of clients would have used their CNS for non-clinical information and support.
- Upper estimate: saving 5.8 hours of CNS time per client and assuming that 100% of clients would have used their CNS for non-clinical information and support.

**Table 1:**

Lower estimate	Mid estimate	Upper estimate
Productivity gain of <b>£38,435</b>	Productivity gain of <b>£108,434</b>	Productivity gain of <b>£212,311</b>

Using the mid estimate, the service contributed to £108,434 in productivity gains of other healthcare professionals.

- ✓ **Efficiency savings for the healthcare system of £9,108 by ensuring more appropriate use of psychology services**

Patients had, previously, been wrongly referred to the psychology department as a result of showing symptoms of anxiety or stress when the source of stress was in fact their financial situation. Referring these patients onto the Financial Inclusion Service reduced the inappropriate use of psychology services. **Table 2**<sup>4</sup> illustrates the savings generated as a result of more appropriate use of services.

**Table 2:**

Average number of patients a CNS sees per year	550
40% of whom are currently referred to the Glasgow service <sup>5</sup>	220
30% of whom are likely to be suffering from anxiety or stress as a result of their financial situation	66
In the absence of the service 50% are potential cases the CNS would refer to a psychologist in one year	33
A psychology intervention costs to NHS Greater Glasgow and Clyde	£276 per attendance <sup>6</sup>
<b>Total savings based on an individual attending one psychology session</b>	<b>£9,108</b> (£276 x 33)

## 2) Benefits for other local services

### 2.1 Prevention

- ✓ **Conservative estimate of £602,000 in savings to other local services by preventing tenancy failures**

In 2010, the service prevented 14 individuals/families from losing their homes. A tenancy failure costs the wider system £13,000 in housing provider costs, £5,000 in temporary accommodation costs, and £11,000 in support costs for a simple case. In a more complex case, the costs are £23,000 (housing provider costs), £10,000 (temporary accommodation costs) and £24,000 (support costs)<sup>7</sup>. **Table 3** illustrates that savings to other local services, as a result of preventing the loss of 14 homes, can be as high as £798,000. Tenancy failure is not simply a housing issue but has implications for health and wellbeing, criminal justice, community relations and more.

**Table 3:**

<b>Lower estimate</b> (100% simple cases)	<b>Mid estimate</b> (50% simple, 50% complex cases)	<b>Upper estimate</b> (100% complex cases)
Total cost per case = £29,000	7 X £29,000 7 X £57,000	Total cost per case = £57,000
<b>Saving of £406,000</b>	<b>Saving of £602,000</b>	<b>Saving of £798,000</b>

Using the mid estimate, the service contributed to £602,000 in savings to other local services by preventing 14 individuals/families from losing their homes.

- ✓ **Savings for wider local services of £511,212 by preventing debt-related mental health issues**

It is estimated that 20% of all cancer patients suffer from depression<sup>8</sup>. The evidence from the users of the service is that this service prevents anxiety and stress, which may lead to depression. It is estimated that the annual cost of health and social care services for someone with debt related mental health issues is £1,508<sup>9</sup>. Assuming that the service prevented 20% of service users (i.e. 339) falling into depression, this saves the wider health and social care system **£511,212**.

## 3) Benefits for service users

### 3.1 Quality and prevention

- ✓ **Raised £4,691,690 worth of welfare benefits and grants for service users**

Advisers help service users to access a wide range of benefits and grants to help alleviate the negative financial consequences of cancer, such as changes to living arrangements, extra costs in relation to travel and parking, heating bills and altered dietary and clothing requirements.

- ✓ **Alleviated stress and anxiety related to financial pressures**

Qualitative evidence from user case studies and feedback, service staff and CNSs who regularly refer to the service indicate that the service helps to improve the wellbeing and quality of life of service users by alleviating the anxiety and stress around financial circumstances. This benefits not only the service users, but all those around them who are affected by the condition, as the following quote illustrates:

*“As my dad had worked hard all his life, he wouldn’t have known what benefits he was entitled to. Due to the strain of coping with the illness, my parents were also in no position to start filling out forms. It was a huge relief to them when...the benefits adviser came to see them, especially as the household bills had risen so much. As my dad felt the cold more during his treatment and the heating was on all the time, the fuel bills were rising massively and so to get some help to pay the bills was a huge weight off their mind.”* (feedback from a family member of a Glasgow service user)<sup>10</sup>

## ✓ Prevented individuals and families reaching crisis point

In addition to helping service users access benefits and grants, advisers also help address other issues such as child care, elderly abuse, poor housing conditions, fuel poverty, and severe disabilities relating to conditions other than their diagnosis. The strong partnership approach ensures that, where necessary, service users are referred to additional support, such as occupational therapists, home care support, complementary therapies, carer's organisations, and counselling. These prevent service users reaching crisis point. In 2010, in addition to preventing 14 individuals/families from losing their homes, the service also prevented 13 individuals/families from having their utility supplies disconnected.

## 4) Economic overview

In generating the above benefits, the service:

- required £25,000 in set up costs, provided by Glasgow City Council in 2008.
- has average annual operational costs of £252,911<sup>11</sup> provided by Macmillan Cancer Support; Glasgow City Council; Chest, Heart and Stroke Scotland; Glasgow Housing Association; NHS Greater Glasgow and Clyde; The Pensions Service; Jobcentre Plus; and Glasgow's Advice and Information Network.

Applying a return on investment (ROI) calculation to the monetised costs and benefits, we see that on an annual operational basis<sup>12</sup> every **£1** invested by the partnership in the service generated **£0.46** of monetised benefits to the healthcare system, **£4.40** to other local services, and **£18.55** to service users.

## 5) Summary

The stress and anxiety caused by the financial implications of living with cancer can have a negative impact 'almost worse than the disease itself'<sup>13</sup>, in terms of living with the symptoms of the disease. Nearly 90 per cent of cancer patients' household incomes are negatively affected 'as a direct result of cancer'<sup>14</sup>. In spite of this, there is a wealth of evidence demonstrating significantly low awareness and/or take-up of financial support entitlement<sup>15</sup> and key barriers to access<sup>16</sup>.

It is unclear where the responsibility or capacity for dealing with the financial consequences of cancer lies within the healthcare system. The boundaries between medical and social issues are often blurred, and there are no routinely available services with the expertise to deal with socio-legal issues arising from ill health<sup>17</sup>. Services such as Glasgow's Financial Inclusion Service therefore play a critical role.

Research into the psycho-social aspects of cancer found that patients with fewer social and economic resources had significantly higher levels of need for practical help with matters such as form-filling, and that help with financial matters was identified as a significant unmet need<sup>18</sup>.

The Glasgow service is effective in the context of a strong partnership approach and good external relations across health and social care, as well as other partners. Branding the service as a Financial Inclusion Service covering long term conditions has been critical to increasing delivery volume and maximising the productivity gains and efficiency savings it helps generate. Different services operating in a locality are brought together in a way that is attractive to and accessible for a wide range of service users. A mix of skills and expertise are brought to bear in the provision of support.

The service's specific interventions to prevent tenancy failure have generated considerable returns by addressing a cross-cutting issue that extends beyond the conventional health and social care sector. This holistic approach to supporting people affected by cancer takes into account the multiple factors contributing to a person's wellbeing.

This case study is one of 16 economic appraisals of Macmillan-funded benefits advice services, cancer information and support services, and social work services. Details of specific methods and data are discussed in a separate technical report. Overarching assessments of the 6 cancer information and support services; 7 benefits advice services and 3 social work services in terms of their impact and points of learning that have emerged are presented in separate overview reports for each service type.

## Notes and references

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<sup>1</sup> See [http://www.institute.nhs.uk/quality\\_and\\_value/productivity\\_series/productive\\_ward.html](http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html)

<sup>2</sup> This relates to the base figure of 1,694 service users referred to the service.

<sup>3</sup> Calculations are based on an average Band 7 CNS salary of £42,229 per annum, or £21.66 per hour (including on-costs (12.8% NI and 5% Pension)). Available at: <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

<sup>4</sup> Using primary data from a CNS and costs data from IDS Scotland.

<sup>5</sup> There is evidence to suggest that financial burden can increase anxiety and stress in the patient and their carer – the figure in the table is a conservative estimate of the % of service users likely to be suffering from anxiety and stress based on a CNS's average caseload of patients.

<sup>6</sup> Based on cost data from IDS Scotland: [http://www.isdscotland.org/Health-Topics/Finance/Costs/Costs\\_R200s\\_2010.xls](http://www.isdscotland.org/Health-Topics/Finance/Costs/Costs_R200s_2010.xls)

<sup>7</sup> Scottish Council for Single Homeless Briefing, [www.scsh.org.uk](http://www.scsh.org.uk)

<sup>8</sup> Mitchell, A J et al (2011) Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies, *Lancet Oncol.* 12 pp.160-74. Available here: [http://mail.elsevier-alerts.com/AEM/Clients/ELA001/Articles/psych\\_prevalence.pdf](http://mail.elsevier-alerts.com/AEM/Clients/ELA001/Articles/psych_prevalence.pdf)

<sup>9</sup> [http://www.pssru.ac.uk/pdf/Knapp\\_et\\_al\\_2011\\_MHPMHP-Economic-Case.pdf](http://www.pssru.ac.uk/pdf/Knapp_et_al_2011_MHPMHP-Economic-Case.pdf)

<sup>10</sup> See

[http://www.macmillan.org.uk/Fundraising/Inyourarea/Scotland/West\\_Scotland/Local\\_news/Glasgowfinancialadviceserviceextendedafterithelpspatientsclaim4million.aspx](http://www.macmillan.org.uk/Fundraising/Inyourarea/Scotland/West_Scotland/Local_news/Glasgowfinancialadviceserviceextendedafterithelpspatientsclaim4million.aspx)

<sup>11</sup> Operational costs include salaries, employer costs, pension scheme, staff training, travel costs, stationery and other office equipment. It also includes the levered in costs of seconded staff. The average annual operational cost for the entire Financial Inclusion Service is £414,609. Over the period studied, 61% of the Service's clients have cancer-related issues. We have therefore estimated the average annual operational cost for the part of the service supporting clients with cancer to be £252,911.

<sup>12</sup> This excludes the set up costs.

<sup>13</sup> Soothill et al., (2001) p. 602 cited in: Moffat, S., Noble, E. and Exley, C. (2010) "Done more for me in a fortnight than anybody done in all me life". How welfare rights advice can help people with cancer, *BMC Health Services Research*, 10:259 [online] Available at: <http://www.biomedcentral.com/1472-6963/10/259> [Accessed: 22.09.10].

<sup>14</sup> Macmillan Cancer Support (2006) *Cancer Costs: The hidden price of getting treatment*, London: Macmillan Cancer Support.

<sup>15</sup> For example: Chappell, A., Ziebland, S., McPherson, A. and Summerton, N. (2004) Lung cancer patients' perceptions of access to financial benefits: A qualitative study, *British Journal of General Practice*, 54(505), pp. 589–594; and, Macmillan Cancer Relief (2004) *The Unclaimed Millions*, London: Macmillan Cancer Relief.

<sup>16</sup> Social Security Agency and Macmillan Cancer Relief (2003) *Benefits Access for People Affected by Cancer in Northern Ireland - A Joint Report for Macmillan Cancer Relief and Social Security Agency*.

<sup>17</sup> Noble, E., Moffat, S. and White, M. (2011) "It's a hard enough worry cancer itself, without having to worry about money as well". *The impact of a dedicated welfare rights advice service for people affected by cancer*, Newcastle: Newcastle University.

<sup>18</sup> Peace, S., Kelly, D. and Stevens, W. (1999) 'More than just money' - widening the understanding of the costs involved in cancer care, *Journal of Advanced Nursing*, 33(3), pp. 317-379.