LEEDS BECKETT UNIVERSITY
SCHOOL OF HEALTH & COMMUNITY STUDIES

Health Inequality and the Welfare State

Professor Mark Gamsu


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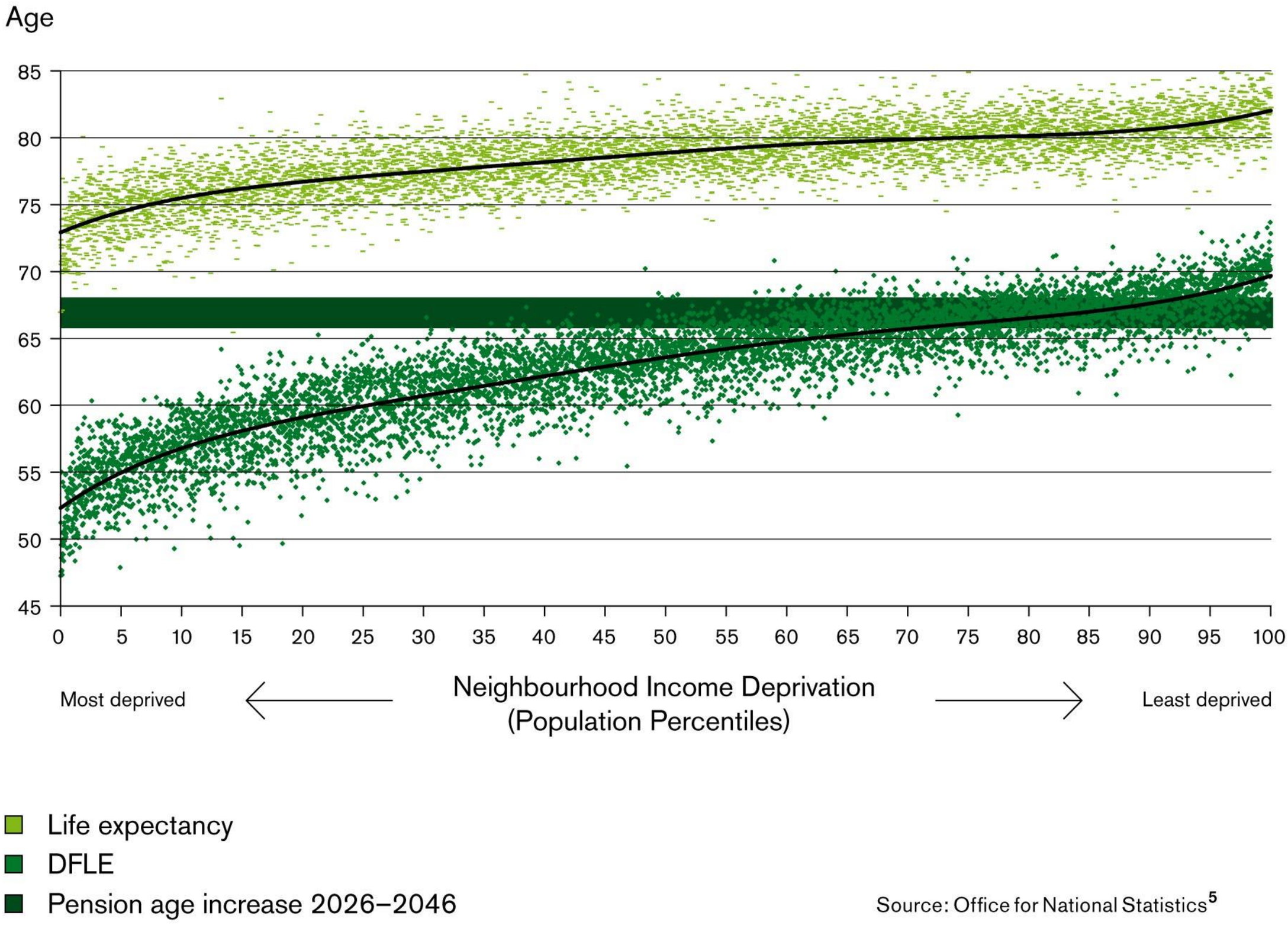
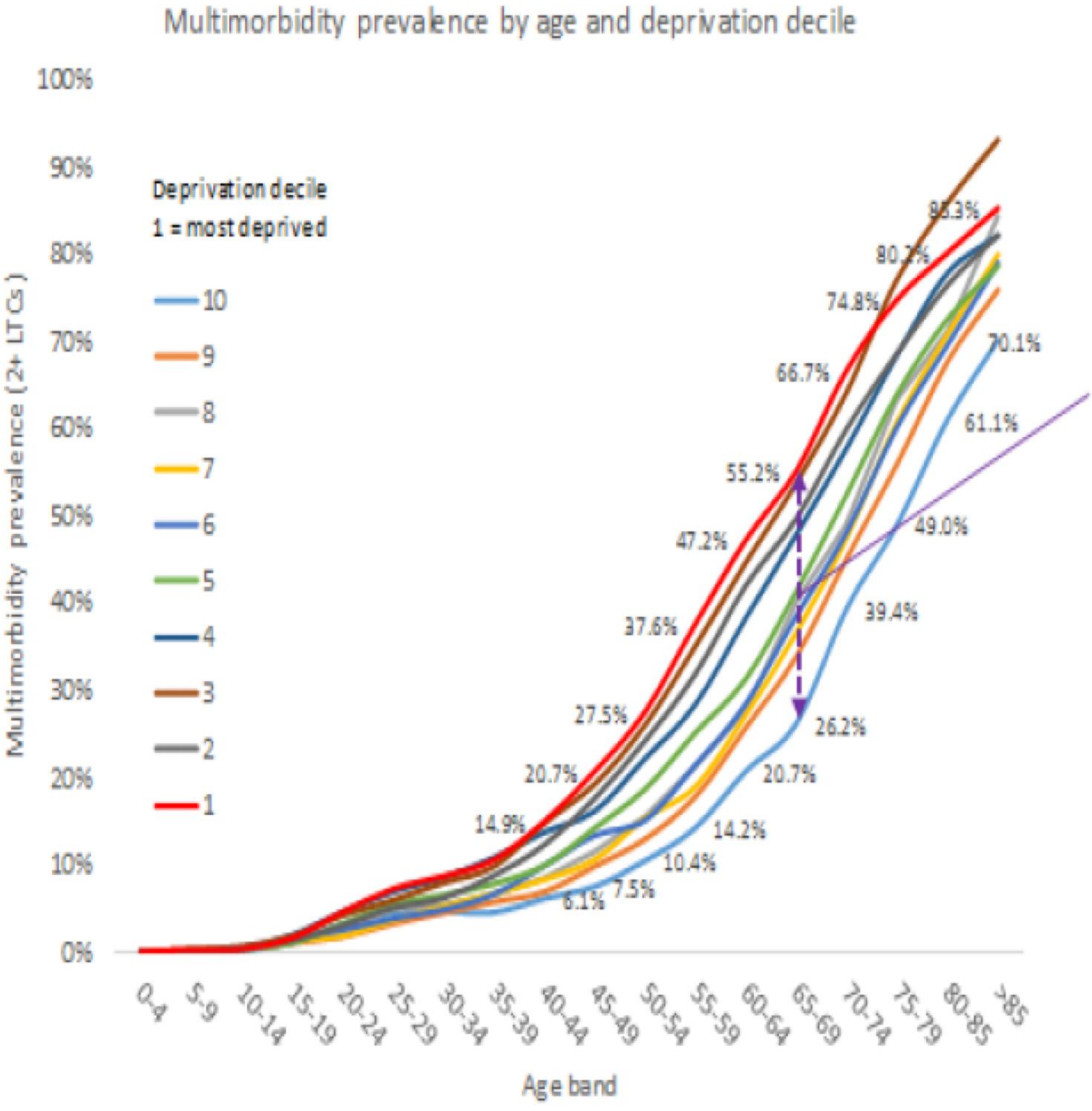
1948 Welfare State

- **A health service free at point of use**
- **A social welfare system that ensured that people were protected in times of financial hardship**
- **Access to good quality housing – in particular the creation of New Towns**

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Source: Office for National Statistics[5]



29%

Is the difference in prevalence of multimorbidity in Sheffield residents in their late 60s between most deprived and most affluent deciles of neighbourhoods

IFS 
@TheIFS

"#Poverty, long associated with being out of work and with old age, is now mostly a phenomenon experienced by people who are actually in work or who are living in a household where someone is in work".

New from @PJTheEconomist:

ifs.org.uk/publications/1...

The impacts of ill health on public spending go far beyond the NHS. Spending on adult social care – largely designed to help those with disabilities or health problems that make completing activities of daily living difficult – was more than £20 billion in 2016-17. Government spending on social security for those deemed unable to work due to poor health or disability is large and rising, both in real terms and as a share of working-age benefits. Spending on the set of income replacement benefits for this group – 'incapacity benefits' (of which the primary benefit paid is Employment Support Allowance) – totalled £16 billion in 2016-17, roughly 8 times the sum spent on unemployment benefits. Spending on disability benefits – designed to help with the additional costs of living faced by disabled individuals and paid at various rates depending on eligibility – was £10 billion in 2016-17.[4] Add together spending on healthcare, adult social care and incapacity and disability benefits and the state spends nearly £200 billion a year directly to support those with health and social care need: that's a quarter of all government spending.

Key points

- Poverty among children and pensioners has risen in the last few years. 30% of children and 16% of pensioners now live in poverty.
- One in eight workers live in poverty – 3.7 million.
- 47% of working-age adults on low incomes spend more than a third of their income (including Housing Benefit) on housing costs. More than a third of working-age adults receiving Housing Benefit now have to top it up out of their other income to cover their rent[1].
- 30% of people living in a family with a disabled member live in poverty, compared to 19% of those who do not.
- Nearly a quarter of adults in the poorest fifth of the population experience depression or anxiety.
- More than one in 10 working-age adults in the poorest two fifths, and around one in six pensioners in the poorest fifth, are socially isolated.
- 20% of those in the poorest fifth have 'problem debt'. 70% of people in work are not contributing to a pension.

JRF 2017

Cancer

'I have increased electricity and gas bills because I can't take heat nor cold. If it is too hot I have to have a fan on, if it is too cold I have to have the heating on. Because I cannot reach the washing line since having surgery I have to tumble dry the washing.'

Cancer patient

'I spend more on special foods for him because he can't swallow a lot of things. He was in hospital in Glasgow so travel costs for me to visit were expensive.'

Carer of cancer patient

'We went to the hospital every day and the bus works out quite expensive. It must have been about 300 times back and forth on the bus.'

Carer of cancer patient

'Receiving the benefit has made a big difference. My husband has to take me here, there and everywhere and petrol is expensive. I feel the cold, especially when I take the wig off so I run the heating more.'

Cancer patient

Need

On average cancer patients are **£570** a month worse off because of a cancer diagnosis.[8]

Only **54%** of cancer patients had received information about financial help or benefits they might be entitled to in 2014.[2]

Mental Health

"The stress from my financial position is making my illness worse making recovery unlikely."

"The additional worry of how I'm going to pay the debts back is holding me back from recovery."

Effect of poor mental health on debt

One in six British adults live with a mental health problem.[8] One in four adults with a mental health problem report being seriously behind in paying a bill or making a repayment in the last 12 months.[9]

- This is three times the rate of indebtedness in the wider 'mentally healthy' British population.
- This affects 1.75 million British adults.

Increased levels of debt are experienced by those with mental illness [2]:

- 8% of people with no disorder.
- 24% with depression and anxiety (common mental disorder).
- 33% with psychosis.
- 25% with alcohol dependency.
- 24% with drug dependency.

We find that an intervention on financial difficulty boosts the likelihood of recovery for an individual with depression and financial difficulties from 22% to 48%. For an individual with anxiety and financial difficulties, meanwhile, the likelihood of recovery increases from 38% to 50%.

Across the programme overall, an intervention on financial difficulty would likely improve the recovery rate for depression to 53%, and would raise the recovery for anxiety disorders to 52%. **Addressing financial difficulties could lift IAPT over its 50% recovery target.**

Great article by @markgamsu

Remember, appointments and home visits sky-rocket when people lose benefits.

Wipes out Motability car, blue badge, extra money for heat/food and entitlement to a carer. So they get sicker, and can't self-care properly.

General Practice – Social Prescribing, Medical Evidence Le...

localdemocracyandhealth.com

08/06/2018, 20:12

Tweet your reply

Tom Ratcliffe
@TomRatcliffe2

Replying to @samliddle @markgamsu and 7 others

It may well be the case that patients who are helped to secure PIPs are more financially secure, have better wellbeing and consult less often / in less of a crisis scenario... my experience is that certainly reduces mental health crisis presentations where we can help with £

06/06/2018, 18:54

#hellomynameis JT
@mellojonny

Replying to @samliddle @markgamsu and 8 others

It makes far more of a difference to most patients lives than anything we prescribe

07/06/2018, 14:24

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1 Retweet **2** Likes

Engaging the NHS - bringing social context into General Practice

“There is no requirement for GPs to provide reports or offer an opinion on incapacity for work to anyone else, such as Citizens Advice Bureau. We have made it clear to Citizens Advice representatives that they should not involve GPs in the process.”

Sheffield Medical Committee

Sam Liddle
@samliddle

Replying to @mellojonny @markgamsu and 8 others

Not denying this, but all we are doing is mitigating a harmful action by a third party, a ludicrous inefficiency of public service. And the work we are trained to do, must suffer as a result (do you block off appointments to do this non NHS work?)

07/06/2018, 14:34

1 Like