



Improving health outcomes through reducing financial inequality

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Enhance



Introduction

Enhance is funded by [Leeds Community Healthcare NHS Trust](#) (LCH) and managed by [Leeds Older People's Forum](#) on behalf of [Forum Central](#). Enhance brings together 13 third sector delivery partners with LCH teams across the city. Enhance provides person-centred, community-based support to individuals to help avoid delayed hospital discharges and readmissions, and to enhance capacity throughout the health system. This short thematic report draws on learning from the second year of Enhance delivery.

How does financial inequality impact on health?

A review by the [World Health Organization](#) found that non-medical factors account for 30-55% of health outcomes. Those with a lower socioeconomic status experience worse health outcomes, with poverty leading to ill health, inequality in health outcomes and increased use of all health services (The [Kings Fund](#), 2024, Marmot).

Tackling inequality due to low income and poverty and working with those from lower socio-economic backgrounds is a key theme across Enhance. Nearly half of Enhance participants live in deciles one and two on the Index of Multiple Deprivation for England. This links in with the Leeds-wide ambition of reducing health inequalities and achieving equity ([ICB](#)) and Leeds commitment to be a “Marmot [City](#)” - which recognises the role social factors play in health inequalities.

Supporting people to keep warm was a frequently reported outcome achieved through Enhance. The health consequences of older people living in cold temperatures is broad and serious, with research showing that if patients are unable to heat their home they will likely require clinical support for longer as their condition is more likely to deteriorate. The cold increases the risk of strokes, heart attacks and respiratory conditions such as flu. It has also been linked to more frequent falls and higher incidence of depression, anxiety, cognitive decline, increased need for care, and increased likelihood of needing institutional care ([BMJ](#), 2022; [Marmot Review Team](#), 2011). The Marmot review team highlights how cold, damp homes impact on strength and dexterity through increasing the risk of arthritic conditions. The review also highlights the link between social isolation as people are reluctant to invite friends around, or fear going out as they do not wish to return to a cold home. Significant improvements in health-related quality of life were found in randomised controlled trials of home insulation, which concluded that targeting support toward low-income households significantly improved social functioning and both physical and emotional well-being (cited in [Marmot](#)).

What approach is being taken by Enhance?

The holistic, person-centred offer meant that Enhance staff took the time to explore ‘what is on top’, and worked to identify where low income may be leading to barriers around maintaining physical and mental health.

A key way in which Enhance works to alleviate the impact of low income on health inequality is through supporting people to keep warm. Some participants had conditions that health professionals advised meant they needed to keep warm to support recovery. Others talked about how feeling cold had exacerbated their health issues as they struggled to get around and carry out day to day tasks. Enhance supports people to keep warm through different avenues – such as tackling fuel poverty, or maximising heat efficiency in the home. Sometimes financial support was used to avert crisis at a time of need through topping up meters, checking fuel bills are paid (through Enhance or wider funds accessible to delivery partners), or loaning an electric heater.

Actions taken to support longer term impact include: money management and debt advice (particularly around fuel and utilities), benefit maximisation, support to claim financial help to manage health conditions and remain independent (this was used to pay for transport, cleaners, food delivery, a gardener, mobile hairdresser and digital aids), and facilitating provision of furniture and white goods.

Other support that tackles inequality includes ensuring people are not excluded from accessing services, such as support around literacy skills (through signposting to a course and accompanying the person until confidence was built up). Enhance also tackled other sources of inequality that could lead to inequitable access – such as digital exclusion.

Outcomes and impact for participants

Of the delivery partners who provided information about successful benefit claims, the amount of additional benefits secured for participants totalled just over £311,000 (yearly equivalent amount). This does not consider financial impact beyond successfully getting benefits. For example a delivery partner helped to reduce a utility bill by 75% due to advocating with a water company who had overcharged a participant.

Enhance participants reported how support had enabled them to heat their homes affordably and efficiently – through a mix of referrals, signposting and direct advocacy and support. Some examples include signing up with a cheaper provider, setting up payment plans, helping to resolve errors, and maximising income so that keeping the heating on is more affordable. One person had a more efficient boiler installed; a few others were supported to upgrade their insulation. Another participant reported how help to get thicker carpets had reduced their bills, as heat was less likely to escape. Yet others talked of getting outstanding repairs sorted out, so cracks in windows were fixed quickly to prevent heat escaping. One Enhance worker collected documents and evidence from a GP and worked directly with an energy supplier to get a debt reduced and an affordable payment plan in place – and ensured the participant was registered as a vulnerable customer in case issues come up in the future. Another incorporated getting out into the community with keeping warm through being navigated to local ‘warm spaces’:

“My physio gave me some exercises to do at home, the [Enhance worker] encouraged me to give these a go, but I can’t seem to get warm and don’t like to keep the heating on too long. The [Enhance worker] told me about some warm spaces outside, like the library. I knew the library was there but had never gone. But I went there and it is good, I never knew you could access these warm spaces...getting out has helped me too, I feel 95% better.”

Impact on LCH roles and wider health and social care services

The extent to which Enhance tackles health inequity is difficult to unpick, as it can be attributed to a number of small and overlapping tasks that achieve this together. For LCH Neighbourhood Team staff whose role involved working more holistically with patients, it was suggested that a few were completing Attendance Allowance forms to support additional income, which could take up to 90 minutes to complete. Though LCH staff did not have time to support patients to maximise income or keep their homes warm – some reported how it could mean visits last longer due to concern for the person’s welfare. A few LCH staff referred to a reluctance to close cases – even where a clinical need has been met if a patient was living in poor conditions or was unable to afford to eat or fuel their homes. This had a significant reported impact on staff wellbeing, as NTs talked about worrying for the rest of the day and sometimes at night if a patient did not seem okay and they had no potential service to refer them into.

Further reading

Please visit the [resources section of the Leeds Older People’s Forum website](#) to read more short thematic reports sharing learning from the evaluation of the second year of Enhance delivery, and to access the full range of Enhance reports and briefings.

