

**Report to the Health and Wellbeing Board
From the Mental Health Action Group
23rd February 2023**

‘Financial Problems and Mental Health’

1. Introduction and background

This is a report from the Mental Health Action Group as part of its work in addressing elements of the delivery plan for the West Berkshire Health and Wellbeing Strategy, agreed by this Board in 2021.

The specific aim in the delivery plan that we are addressing is.

5.1.1: Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)

This is part of the broader strategic objective to:

“Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness”

The current context for this is the escalating cost of living crisis. While this work needs to be aware of that context, and to help where it can in addressing the issues, it has a more enduring aim: to try and reduce the extent of mental health problems arising from personal financial difficulties in the longer term.

The work so far has included the following actions:

- a sub-committee including key local organisations and individuals was formed to offer advice and support. It includes a councillor and officers from West Berkshire Council, the DWP, Citizens Advice, a social prescriber, Eight Bells and the ICB GP lead for mental health
- discussions with a number of individuals and groups
- an online stakeholder event on 14th September with 20 participants representing statutory and voluntary sector bodies including the key ones providing help to people in need.
- A face-to-face event at Shaw House on 23rd November, with twelve attendees.
- An online event on 29th November with 11 attendees.

Proposals have been gradually developed throughout the process on an iterative basis. An early version of the final proposals was put to consultation in an online survey between later December and early July.

[Please note that the comments in italics throughout this report are summaries of what was said at the stakeholder event rather than direct quotes, though often close to the wording used.]

2. The Nature of the Problem

The personal financial problems that people are suffering are worse at the moment than they have been, but the same underlying issues were there before the cost of living crisis and will probably still be there afterward.

It is abundantly clear that mental health problems are closely tied up with financial and other difficulties (some of the research evidence is presented later in this report). The agencies participating in the September stakeholder workshop said that many of the people using their services had mental health problems. At the start of the workshop we ran a poll asking “What proportion of your service users have a mental health problem?” with options from 0% to 100% in 20% bands. No-one selected the 0% option. The answer with most responses was 60% having mental health problems. Four respondents said 100% of their service users have mental health problems. As one participant noted, *“why would you not have mental health difficulties given the sort of situation they are faced with”*.

2.1 The main, broad types of problem

While everyone in financial difficulty is different, common factors and patterns in problems and circumstances can be identified. Identifying these groupings can be helpful when trying to identify ways of tackling the problems. (These are not mutually exclusive groups and people can move between them, but they represent features that were highlighted by the people we have spoken to).

2.1.1 Multiple problems and chaotic lives

At one extreme are those with a range of serious problems such as addiction, homelessness and serious mental illness. They are sometimes described as living ‘chaotic lives’.

We try and talk to people about budgeting but they’ve got nothing to budget with, so it kind of feels insulting.

2.1.2 Trigger event and spiral down

There is another group of people who have been managing (albeit ‘just about’) who have been tipped into financial, mental health and other difficulties, then find it difficult to escape

I see other people who have been in work. Things like life changing events, addictions, health issues can trigger people and take them over the edge and force them into financial difficulties. Once they struggle with the debt they spiral down into serious mental health conditions and it's very difficult to get out of that.

There are many sorts of such trigger factors such as bereavement, unemployment, relationship breakdown or taking on caring responsibilities. Some are, in principle, preventable, while others (such as bereavement or some ill health) are just part of life, but where timely support can still reduce the negative impact.

2.1.3 External events – the cost of living crisis

Because it is currently so salient, it is also worth separating out those who are affected by 'external' events (i.e. outside of local control, albeit that national governments have a role in addressing them). These are different because they affect many more people and are factors that can be mitigated against rather than controlled. It includes things like energy prices, inflation more generally, the impact of war, pandemic etc.

We heard how people who have not experienced such problems before are being brought into the net of vulnerability and poverty.

People are scared, so, so scared. Those on a fixed income, working families, we are finding all of those people are struggling with it, and they are feeling down because they can't see an end to it.

We are seeing client groups that historically have been able to manage. People that are only in receipt of state retirement pension that have always been able to manage, now can't.

The demographic of people that come to the foodbank has changed considerably. ... 60% of the people that come to us are on universal credit but are working. I am speaking to intelligent, educated people who for some reason don't know about the amazing charity work that's going on in West Berkshire and the support available.

2.1.4 Deficit budgets

Increasingly, there are people in each of the groups above, whose income is not enough to meet their basic needs. So, this is not an issue of budgeting better and making 'sensible' life choices. Better management of personal finances is not, on its own, a viable path to resolving such situations.

There are no more ways of maximising income, of squeezing people's budgets. Deficit budgets are becoming the norm. We know that people can't cope with that and they will be driven to take out debt with very

high interest rates, particularly people on benefits. It causes added pressure, stress and anxiety – and we've only seen the tip of the iceberg on mental health.

We're finding that people are struggling just to pay their day to day rent and if they've fallen into arrears or have other debts, no matter how much you look at their income and expenditure there is no disposable income to pay the arrears.

According to the National Institute of Economic and Social Research:

“We project that 7 million UK households (1 in 4) will be unable to meet in full their planned energy and food bills from their post-tax income in 2023-24, up from around 1 in 5 in 2022-23.”¹

2.2 Particular groups affected more than others

There are particular groups of people within those identified above who tend to be more affected than others. They are especially those who are vulnerable for other reasons or face additional costs, e.g. disabled people, those with chronic health conditions, those who are discriminated against (whether intentionally or systemically). Some examples are given below.

According to the Food Foundation, “People who are limited a lot by disability are approximately 5 times more likely to be food insecure (in the past six months) than people who aren't living with a disability.”² They also note that “People on Universal Credit are 5 times more likely to have experienced food insecurity the past six months.”

According to the Runnymede Trust, while black and minority ethnic people make up 15% of the population, they account for 26% of those in ‘deep poverty’:

“Black and minority ethnic people are ... 2.2 times more likely to be in deep poverty (having an income that falls more than 50% below the relative poverty line), than their white counterparts.”³

Families with dependent children, and particularly lone parent families, are hit worse by fuel poverty. “26.5 per cent of all lone-parent households were fuel-

¹ <https://www.niesr.ac.uk/publications/recession-avoided-prospects-remain-bleak?type=uk-economic-outlook> (accessed 8/2/23)

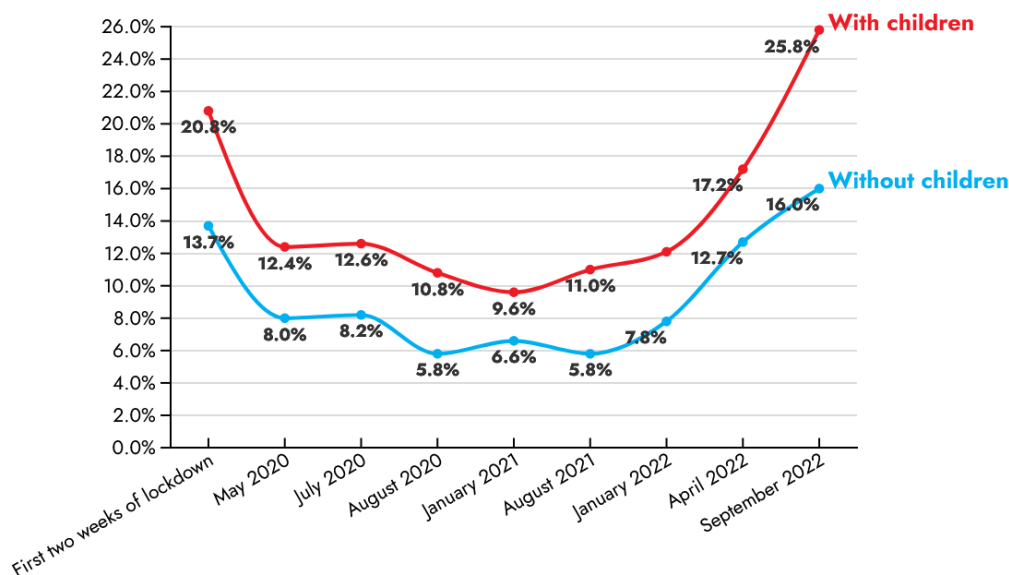
² <https://foodfoundation.org.uk/press-release/new-data-shows-food-insecurity-major-challenge-levelling-agenda>

³ <https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk>

poor in 2020 (2).⁴ This is particularly illustrated in the following graph from the Food Foundation⁵:

Food insecurity has increased more in households with children

Percentage of households experiencing food insecurity*:



2.3 Helping people

Clearly many services provide invaluable help, offering advice, support, and food. But sometimes it is just listening compassionately that makes a difference.

A little bit of compassion can make a huge difference to enable people to start facing up to, and addressing, their problems

Often, people are doing the best they can and wouldn't choose the challenges they face. [A] little bit of compassion [can lead to an] outcome where they feel, 'I'm not as to blame for this as I'm made to feel by society'.

The feedback we get is that, even if it's just a listening ear, just looking at grants and funds available, people feel better after getting advice.

⁴ Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

⁵ <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-11-> (accessed 4/2/23)

3. How financial problems, mental health and other factors affect each other

3.1 Impact of poverty, low incomes and debt on mental health

Much of the research evidence on the impact of financial problems on mental health is based on people in ongoing poverty. However, there is also evidence on the effect of immediate changes such as loss of job or income. Both are relevant for this work.

A review of the research⁶ says there is clear evidence that economic shocks (e.g. loss of job or income) affect mental health. They say that there is robust evidence that:

“... across a wide range of populations and study designs, positive economic shocks to individuals are shown to improve mental health, whereas negative economic shocks undermine mental health.”⁷

A recent report by the Joseph Rowntree Foundation⁸ uses a range of indicators, particularly drawn from official surveys, to show correlations between income, savings and various measures of security with anxiety. They conclude that:

“... virtually every indicator of insecurity we could find went hand in hand with a raised risk of all 12 of our anxiety indicators. The effects were often very large – with many of the risks doubling or more for those in insecure situations in comparison with those in secure ones.”⁹

A systematic review found a clear link between debt, and particularly short-term, unsecured debt and mental health¹⁰. There was less likely to be an association with longer term, secured debt, such as mortgages.

There seems to be evidence, perhaps unsurprisingly, that worry and uncertainty drive mental ill health¹¹. Worrying about what the next bill will bring and the stress of managing a complex financial situation are threats to mental health. This was also clearly reflected in what we heard as part of this work.

⁶ Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583.

⁷ Ridley et al, 2020, p.3.

⁸ Clark, Tom; Wenham, Andrew, Anxiety nation?

Economic insecurity and mental distress in 2020s Britain, Joseph Rowntree Foundation, York, 2022 November, <https://www.jrf.org.uk/report/anxiety-nation-economic-insecurity-and-mental-distress-2020s-britain>

⁹ Ibid, p.37

¹⁰ Guan N, Guariglia A, Moore P, Xu F, Al-Janabi H (2022) Financial stress and depression in adults: A systematic review. *PLoS ONE* 17(2): e0264041. Pp.9-10.

¹¹ Ridley et al, 2020, p.4.

We had several single clients who were living on £190 a month to pay for gas, electric, t.v., water, council tax, food. How is anyone not depressed with this, how can people not be anxious?

While there is less firm evidence, it is thought that environmental factors like pollution, temperature extremes and sleep deprivation are factors affecting mental health¹². Some of these are more likely to affect those in persistent poverty than those being pushed into financial dire straits by the current cost of living crisis, although the recent increases in energy costs means some people will be living in cold homes.

Poverty in children and even in the womb can increase mental ill health even in adult life¹³. Around 50% of mental health problems have been developed by the age of 14 and 75% by 17.¹⁴

There is some evidence on associations between poverty, trauma, violence, crime and domestic violence¹⁵. People living in more deprived areas are more likely to experience crime, domestic violence and the early deaths of loved ones (given the lower life expectancy in those areas).

There is evidence of impact of social status, shame and isolation on mental wellbeing. Research in Norway found that when tax records became easily accessible online, so everyone could see everyone else's income, the gap in happiness between richer and poorer individuals rose by 29% and the gap in life satisfaction rose by 21%¹⁶. The health impact of social relationships is comparable to the health impact of smoking¹⁷. Stigma and marginalisation can also increase social isolation and loneliness.

With our older clients, isolation is an issue as well. They have always been able to cope and make do and mend but they feel like they are failing which is affecting their mental health.

3.2 Impact of mental health on financial problems

There are a number of mechanisms by which mental health problems affect people's financial situation.

Firstly, people with mental ill health may be less able to work or to work so many hours, so reducing their income.

¹² Ridley et al, 2020, pp.4-5.

¹³ Persson, Petra, and Maya Rossin-Slater. 2018. "Family Ruptures, Stress, and the Mental Health of the Next Generation." *American Economic Review*, 108 (4-5): 1214-52.

¹⁴ Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Davies, Sally C. and others. Department of Health. 2013 October.

¹⁵ Ridley et al, 2020, p.5.

¹⁶ Perez-Truglia, Ricardo. 2020. "The Effects of Income Transparency on Well-Being: Evidence from a Natural Experiment." *American Economic Review*, 110 (4): 1019-54.

¹⁷ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. <https://doi.org/10.1371/journal.pmed.1000316>, p. 14.

Both poverty and mental health can capture attention and tax ‘mental bandwidth’¹⁸. There can be a lot of planning, thinking and problem solving needed to stay afloat financially. Depression often involves rumination, taking attention away from the necessary tasks of financial management. It also distorts decision making, potentially leading to worse financial choices.

Although progress has been made in recent years, there remains a good deal of stigma in having mental health problems and conscious or unconscious bias in recruitment and retention. Isolation from social networks can reduce opportunities for finding work.

The effect of mental ill health on education can reduce the ability to find better work in the future.

3.3 Financial problems and physical health

According to a review of the evidence quoted earlier, “Lower income is robustly associated with worse physical health.”

“Worse physical health may affect mental health through various channels. Chronic pain, worries about health and mortality, the financial costs of illness, and reduced physical activity may all worsen mental health. It is therefore unsurprising that physical ill-health often co-occurs with depressive and anxiety disorders.”¹⁹

Some examples of the impact of financial problems on physical health are given below.

Research in South Africa found that significant financial stress was associated with a 13 fold increase in the chance of having a heart attack.²⁰

Food insecurity is associated with lower intake of fruit and vegetables. There is some evidence for a link between food insecurity and weight gain, particularly for women. There’s an association between food insecurity and diabetes prevalence and management. Some people are affected more than others (depending on their biology). There are also greater effects at particular periods of life (e.g. young childhood, puberty, pregnancy).²¹

¹⁸ Ridley et al, 2020, p.6

¹⁹ Ridley et al, 2020, p.5.

²⁰ Significant financial stress associated with 13-fold higher odds of having a heart attack. *Cardiovasc J Afr.* 2018 Jul-Aug;29(4):217. PMID: PMC6291807. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3649100/>

²¹ Laraia BA. Food insecurity and chronic disease. *Adv Nutr.* 2013 Mar 1;4(2):203-12. doi: 10.3945/an.112.003277. PMID: 23493536; PMID: PMC3649100.

A report by Michael Marmot's Institute of Health Equity identified links between fuel poverty, cold homes and health inequalities²². Some quotations from the report make the point clearly.

“In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp and dangerous homes.”

“England saw an estimated 63,000 excess winter deaths in 2020–21. Estimates suggest that some 10 per cent of excess winter deaths are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes.”

“... studies have found that visits to GPs for respiratory tract infections increased by up to 19 per cent for every 1°C drop in mean outdoor temperature below 5°C (58). A case-control study also found that people with asthma were two to three times more likely to live in cold and damp household conditions than those without asthma (55). A cross-sectional study found people with COPD experienced better health when they lived in an indoor temperature of 21° ...”

4. Interrelationships between factors

Something that was clear from the people we have spoken to, and which is confirmed by the research evidence, is there isn't a simple, single line of causation, with one thing starting a chain of events. Rather one thing affects another, but that then affects the first thing.

There are two strands. You have mental health problems and the debt makes it worse. Or you can't budget, which affects your mental health.

Actually, it is even more complicated than that, because, as noted above, other factors are often involved as well. Financial and mental health problems do not exist in a vacuum. There are often many other factors involved, such as physical health problems, substance abuse, bereavement, relationship breakdown or unemployment.

As we have seen, there is often a trigger event which means that people who were managing before, no longer can. This can be a one-off event but whose repercussions continue for some time. Or it could be an ongoing issue. These other factors may be of at least three sorts:

- internal to the person (e.g. things which in principal they have some control over like gambling, drugs, alcohol),

²² Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity.
<https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

- things specific to the person over which they do not necessarily have control (e.g. bereavement, redundancy, physical ill health) and
- external factors affecting all or most people (e.g. rising prices etc.).

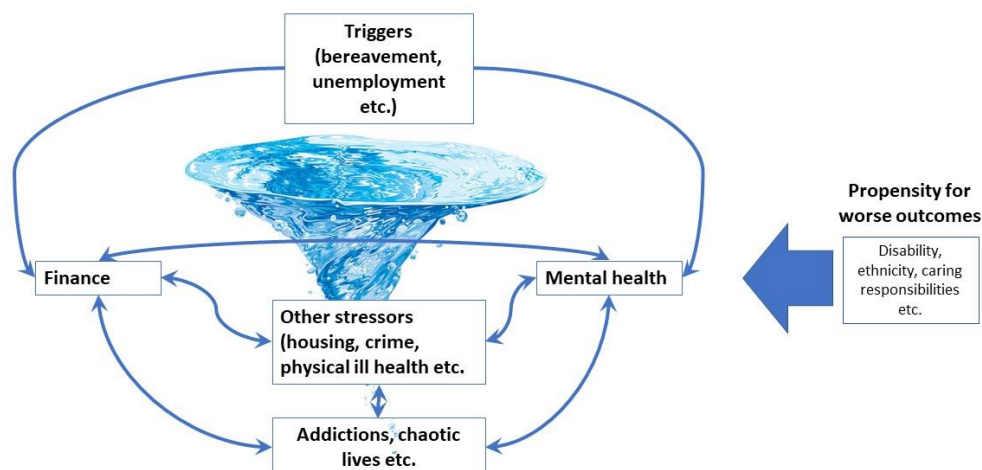
These differences are important because they influence how you address the problems (e.g. whether it is possible to remove the negative factors or if they have to be mitigated, and how targeted any interventions will need to be).

Often these factors interreact, with each making the others worse. So, for instance, it isn't just that money problems create stress leading to depression which means you don't look after yourself and you become ill. Rather, while that chain of causation may occur, it is also happening in the reverse direction. Being physically ill makes you more likely to lose emotional wellbeing. Having less time (because you're resting in bed) makes it harder to earn money and manage the finances. Excessive use of alcohol and mental ill health or unemployment and financial difficulties may each be a trigger but also a consequence of the other.

The risk, then, is that this whirlpool of issues gradually sucks people under, financially and emotionally. In such cases, any success in tackling just one of the issues, such as mental health, on its own will be reversed if the other problems – like finance or substance abuse – are not also addressed at the same time.

These interrelationships are illustrated in the following diagram.

Triggering a downward spiral in finance and mental health



The other factor involved is how people respond to the circumstances they face. This is not always as objectively rational as you might expect.

An understandable response is having difficulty managing the situation. As noted above, managing difficult financial and other situations can be complex and the capacity to sustain focus and attention is drained. That means that

the optimal approach may be missed, or stress and anxiety may mean sub-optimal decisions are hurriedly made (such as obtaining a loan on disadvantageous terms).

Less obvious but recognised phenomena are wilfully ignoring problems or even doing things that will make the problems worse. This was mentioned several times in our discussions with stakeholders.

Very often they make an arrangement which they can't keep and they don't keep in touch. They hide from it because they are terrified. The paperwork comes through the door, but they're frightened to open the letters.

Sometimes people make 'terrible' decisions – but it is easier to understand that if you take into account the context of their lives. This may be the only thing to give them pleasure, meaning or self-esteem, or it may seem like the only way to escape their situation and circumstances.

A lot of my clients make – what in their circumstances are – terrible choices. So, they'll spend money getting their hair or their nails done which they haven't got the money for. But they need to feel better about themselves. And society makes them feel dreadful about themselves, because they're not being sustained – they've got deficit budgets where their benefits don't cover what they need and society is saying you're not worth anything and they need to find that from somewhere else.

The idea of spending on luxury goods, albeit cheaper than what you might otherwise buy, is a recognised phenomenon, known as 'the lipstick effect'.²³ More people buying cheaper, but still 'luxury' items, during downturns and recessions has been noted by a number of observers over a number of decades.

It is clear then that the trajectory of people's situations can be complex and can easily career out of control. This makes the business of finding approaches to tackle the problems even more difficult.

5. Intermediate actions

The stakeholder workshop held in September and other meetings produced various suggestions for things that could be done immediately to tackle the identified problems. We were able to initiate or facilitate action on some of these and others were things that other bodies were already doing. We have been keen to work with others and not duplicate activities unnecessarily.

Some of the identified actions were:

²³ e.g. <https://www.sciencedirect.com/science/article/abs/pii/S2214804319304884>

- *Increase skills and knowledge of support services, e.g. training on managing money or on mental health*

Some contacts were made at our 14th September event, and a training session was included in the subsequent 23rd November event. Public Health are funding some mental health first aid courses for volunteers and people working in the voluntary or not-for-profit sector. However more needs to be done and this is addressed in this report's final proposals.

- *Help improve co-ordination between support organisations such as a quarterly forum.*

This was requested by attendees at our stakeholder event. We learned from subsequent discussions with the Volunteer Centre that they were already planning such meetings.

- *Online platform for sharing information between organisations*

Cllr Steve Masters independently set up a WhatsApp group following an event for voluntary bodies.

We have held further discussion on the possibility of having another sort of platform which allows for static information (like on a website, as opposed just to discussion). The feeling so far is that this would risk adding to the confusion rather than clarifying it, particularly as the Council now has its cost of living hub. Again, this is addressed further in the final proposals.

- *Working with organisations to streamline procedures and make access easier*

An issue that was identified, was convoluted and inefficient procedures by public and private sector organisations (like taking over an hour to get through to someone on the phone) adding to the stress and anxiety of clients. It was suggested that one or more events could be held, focussing on a particular issue (like benefits or housing), bringing together support organisations and public services and utilities, to home in on particular problems and try and find improvements. As noted in the final proposals, Citizens Advice already have meetings similar to this and the Volunteer Centre have expressed interest in some sort of event, so this seems to be an initiative worth pursuing.

- *Information to the public*

In the light of the cost-of-living crisis, the Council and others have already been providing information and any co-ordinated information campaign might be best directed by the Health and Wellbeing Board partner bodies.

One specific proposal was to draft a one-page leaflet encouraging people to obtain help and giving a few key sources for a first port of call. An initial draft was produced and the Council expressed an interest in using it.

6. Developing a system-wide approach to address the problems

The analysis outlined above (suggesting that there is often an interrelationship of factors) has at least two implications when considering the way forward.

Firstly, there are a number of different circumstances (such as people who were able to manage but have now been plunged into debt as opposed to those with an addiction which could be a constant drain on their finances) which may each require different sorts of solution.

Secondly, it often won't be enough to only tackle financial problems without addressing a range of other factors which may continue to have a negative effect.

The outline model (the whirlpool) above suggests that initiatives or interventions will need to have an impact on one or more of:

- Finances – increasing income, reducing expenditure, improved financial management.
- Mental health – treatment, peer support, developing resilience and coping strategies
- Addressing other 'stressors' (usually already the purview of other services) such as substance abuse, housing, employment, bereavement.
- Combined approaches tackling more than one issue at once – e.g. mental health services signposting financial advice and support; dual diagnosis support; help for troubled families; homelessness support, family counselling, etc.

Any given intervention, initiative or service may not fit into those categories, but it will need to consider the impact it will have on those areas.

7. Consultation on early draft of proposals

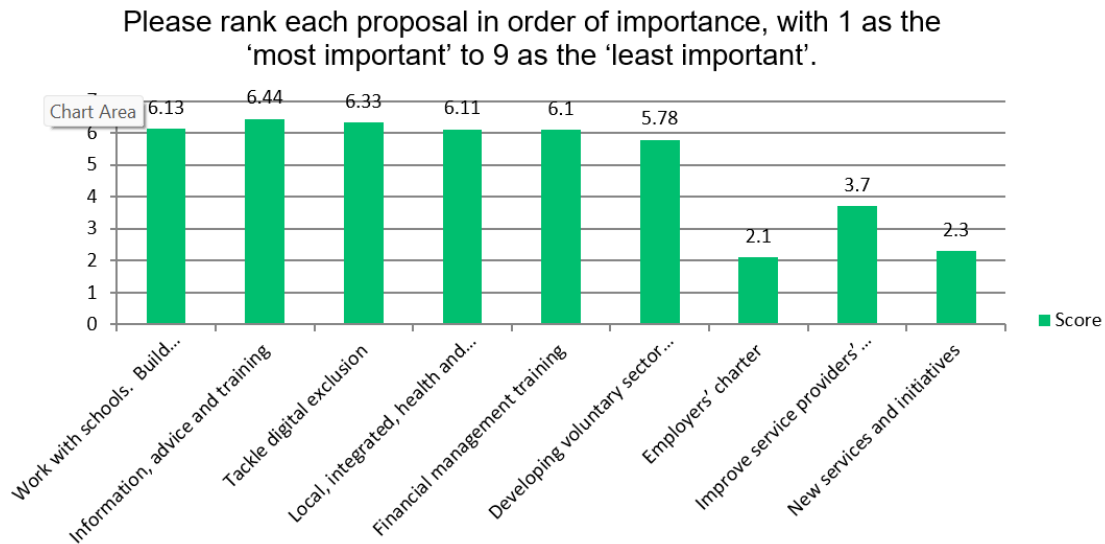
On line survey was sent out to all those who had been involved in the process so far on 24th December with responses required by 8th January. Any further comments by email were also invited. There were ten responses. The proposals have been further developed since this consultation, but it gives some indication of where most people saw the priorities to be.

The proposals were:

- 1 Work with schools. Build knowledge and capability
- 2 Information, advice and training
- 3 Tackle digital exclusion
- 4 Local, integrated, health and wellbeing hubs
- 5 Financial management training
- 6 Developing voluntary sector and peer support
- 7 Employers' charter

- 8 Improve service providers' processes
- 9 New services and initiatives

In summary the results were:



8. Proposals

This is clearly a complex topic and the scale of the work means it has been possible only to scratch the surface of it. However, there is more chance of having deeper and more sustained impact if it can address the underlying causes, and not just the symptoms, of the problems. It is also important to note that many of the proposals here interlink with actions that would support the wider Joint Health and Wellbeing Strategy and delivery plan.

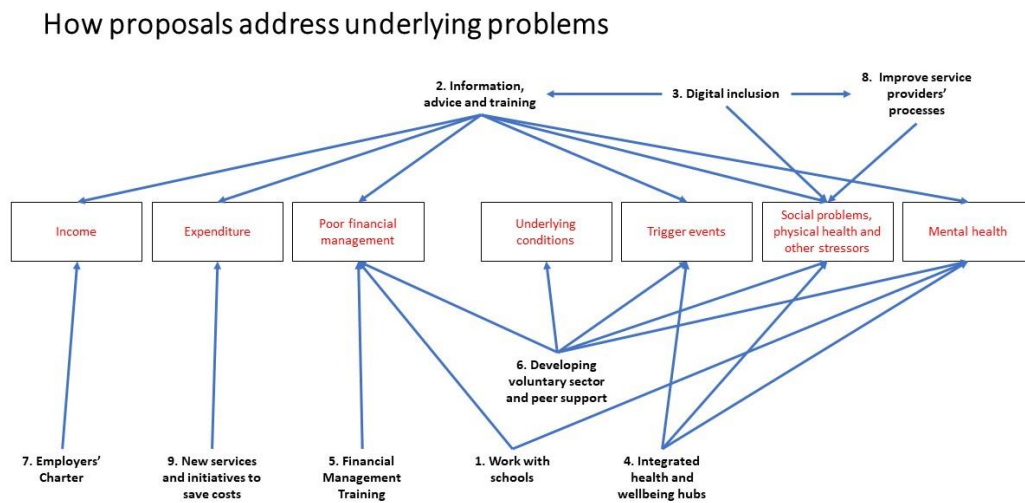
It is also important to recognise how much good work is already going on. At almost every meeting held for this work, even those working in this area would learn about things going on locally that they had been unaware of. There was also a strong wish to learn more, to work with each other and to improve the way needs could collectively be met. The proposals here are therefore are not about finding things wrong and trying to fix them, but to build on the good work already being done.

The nine broad proposals are indicated in the following sub-headings. More specific proposals under each are in bold, and numbered using the format P[broad area number].[specific number], e.g. P2.3.

Given that many of the proposals require further investigation and the development of specific plans to implement them, **(P0) it is proposed that the Board review progress against the proposals in a year's time. It may also wish to receive reports from those to whom it has delegated action in a shorter timescale.**

Response to a consultation with the HWB Steering Group on a near final draft of the report very helpfully suggested it may be easier for the Board for the proposals to be presented in the form of an action plan, with clear action owners, outputs and timescales. This has been done and appears at the end of the list of proposals. However, the proposals in the format originally formulated are retained so it is easier to see how they follow from the discussion. The Board may find it more helpful to use the action plan when decide which if any proposals to agree to.

The ways in which the following proposals address the underlying issues is illustrated in the diagram below:



8.1.1 Proposal 1 - Work with schools

The idea of preparing children in school for the issues they will face later in life, came up repeatedly in our discussions with stakeholders. In particular, this was to build awareness and skills in financial management. Ideally this would be incorporated within the curriculum rather than having to provide extra sessions.

Opportunities should also be taken to build up children’s emotional resilience and coping strategies. However, it was recognised that there is already a lot going on in relation to this, so this is likely to be more about supporting and promoting existing initiatives than starting anything new. In addition to national initiatives, the Health and Wellbeing Strategy delivery plan already includes:

- 4.4: Support a Whole School Approach to Mental health, embedding wellbeing as a priority across the school environment

Improving financial education in schools is already an objective of the Money and Pensions Service (MaPS), an arm's-length government body²⁴. The UK Strategy for Financial Wellbeing (of which the MaPS leads delivery) has a goal that by 2030, two million more children and young people in the UK should receive a meaningful financial education.

Early financial education is supported by international organisations such as the OECD, which suggests starting in schools as early as possible²⁵.

Habits developed by the age of seven, including those relevant to financial management, can stay with the child for life²⁶. In the very early years this will be about the underlying skills and behaviour, rather than teaching financial knowledge directly:

“Opportunities for parents and teachers to support a child’s capacities to defer gratification, to understand the ‘future’ in concrete terms, to talk about their understanding and new knowledge, all aid the development of a child’s executive functions, underpinning their self regulation, including the implementation of any ‘habits of mind’”²⁷

This is, of course, a key part of the broader development of the child, so this shouldn't be seen as yet another add-on to be delivered, but rather a core part of their education.

However, for older children practical financial management is relevant to many aspects of the curriculum, particularly maths, but also citizenship and PHSE.

According to the Money and Pensions Service

“... children who recall learning about managing money:

- Feel more confident about managing their money.
- Are more likely to be active savers (for example they are more likely to say they save some of their money when they are given it).
- Are more likely to have a bank account that they use.”²⁸

There are a number of barriers to the delivery of financial education.

- Lack of time and resources and competing demands on the curriculum

²⁴ <https://www.moneyandpensionservice.org.uk/financial-education-in-schools/>

²⁵ <https://www.oecd.org/finance/financial-education-and-youth.htm>

²⁶ Whitebread, David; Bingham, Sue, Habit Formation and Learning in Young Children, The Money Advice Service, , 2013 May, <https://maps.org.uk/wp-content/uploads/2021/03/the-money-advice-service-habit-formation-and-learning-in-young-children-may-2013.pdf>

²⁷ Ibid, p.24

²⁸ UK Children and Young People’s Survey Financial Education in Schools, Money and Pensions Service, December 2019, p.6. <https://www.moneyandpensionservice.org.uk/wp-content/uploads/2020/01/Money-and-Pensions-Service-Children-and-Young-People-Financial-Capability-Wellbeing-Financial-Education-in-Schools-Financial-Foundations.pdf>

- An increasingly cashless society, (with most children accessing a smart phone by age 10 and a debit card by age 11), which makes it hard to grasp the physical concept of money and its value²⁹.
- Lack of skills, knowledge and confidence among teachers to provide financial education
- "... lack of understanding of the role of primary financial education as a cross-curricular subject that develops crucial life skills rather than just an application of arithmetic."³⁰

A wide range of resources are available (much signposted by the Money and Pensions Service) to address the challenges and ease the process of increasing the delivery of financial education.

It will be for the education sector itself (recognising that this will include a diversity of interests) to develop and implement precise proposals. A possible way forward could include:

- Addressing the issue at relevant local forums (e.g. of secondary heads, Business Education Partnership etc.)
- Surveying schools to assess the extent of financial education currently provided, the extent to which schools would like this to be increased, and the barriers to doing so.
- Utilising national research and resources on how best to increase the teaching of financial management
- Setting up, or utilising existing, peer support arrangements between schools to share the load of incorporating financial management into the curriculum (such as sharing lesson plans or practical examples to support the development of particular concepts or skills).

P1.1: It is proposed that the Schools Health and Wellbeing Officer be asked to oversee the implementation of this proposal, delegating to others as appropriate. They should be asked to report back on progress to the Health and Wellbeing Board by February 2024.

8.2 Proposal 2 – Information and advice

Information, advice and training is integral to many of the other proposals. It is:

- a way of helping people find the appropriate help;
- a direct source of help (often through existing websites); and
- a way of increasing general awareness so people appreciate better that there is a problem (either their own or someone else's) and that it is possible to do something about it.

²⁹ Inquiry on Primary-School aged Financial Education, APPG on Financial Education for Young People, p.4, <https://www.young-enterprise.org.uk/wp-content/uploads/2021/07/Inquiry-on-primary-school-aged-financial-education-Report.pdf>

³⁰ Ibid, p.5

In particular ideas on information and advice put forward as part of this work included:

- A single, online point of information and support. This needn't be setting up something new, (indeed the people we spoke emphasised the confusion that could be caused by having too many sources of information) but using and possibly expanding existing sources such as the West Berkshire Directory and the cost of living hub. This is considered further below under 'Signposting online information'.
- Providing a range of hard copy information, such as leaflets and z-cards. These are more expensive and harder to keep up to date than online resources, but important for people without internet access. Where possible there should be large-font versions and translations into other locally spoken languages. Such information could be dissemination by voluntary organisations, in doctors' surgeries, parish newsletters etc.
- An information campaign³¹. When more support is in place, it may be worth having a short, sharp campaign to make people aware of it. This may be more effective and reach more people than a drip feed of information over a longer period.
- Videos on finance and mental health. These could be available for online viewing or for use in face-to-face training events. These could be traditional, documentary style videos, or other approaches could be used, such as having an event where clients talk to service providers, with those interactions being videoed.

8.2.1 Signposting online information

As noted above, there is a lot of information available online already and care needs to be taken when adding more to avoid duplication and confusion. Two key existing sources are the West Berkshire Directory and the Council's Cost of Living Hub. The latter is due to become part of 'business as usual' when the current crisis has abated somewhat, so could well become a first port of call online.

There are already actions in the Health and Wellbeing Strategy delivery plan relating to the Directory, in particular:

2.9.5 promote awareness and access to the Directory and keep it up to date (HWB Engagement Group)

2.9.6 review strategic signposting, including the Directory (Communities and Wellbeing)

³¹ See a case study here of such a campaign by the Royal Borough of Windsor and Maidenhead: <https://www.local.gov.uk/case-studies/royal-borough-windsor-and-maidenhead-here-help>

There is a lot of national information available online already on financial problems, to which people could be signposted. Much of this is organised by particular problems or circumstances (such as help with particular benefits or energy costs). While this makes it easier for people to find the information specifically relevant to them, it doesn't provide an easy overview of everything you need to think about.

One site which does provide such an overview, is part of the Christians Against Poverty website.

<https://capuk.org/money-and-debt-advice/improving-your-financial-situation>

The Government backed 'Money Helper' website provides a wide range of advice under the headings: Benefits, Family and Care, Money troubles, Savings, Everyday money, Homes, Pensions and Retirement and Work.

<https://www.moneyhelper.org.uk/en>

Turn 2 Us is a long-established charity providing, amongst other things, financial advice and a benefits calculator and also a helpline to help people in financial hardship to access welfare benefits, charitable grants and other financial help.

<https://www.turn2us.org.uk/>

Step Change is a national debt charity providing free advice and support.

<https://www.stepchange.org/>

Links to such sites might be supplemented by information tailored to local circumstances (such as problems associated with rural isolation).

While the West Berkshire Directory and the Cost of living hub are already excellent sources of information a constant effort is needed to keep them up to date.

P2.1: As part of delivery action 2.9.5 and 2.9.6 it is proposed that a brief task and finish group, including relevant voluntary organisations and individuals, be set up to review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources (including those described above) are linked to.

P2.2: The Public Health and Wellbeing team at West Berkshire Council, and others providing such material, should be asked to review the leaflets, z-cards and other hard copy information they provide to make sure the full range of information on financial management is available.

P2.3: The Health and Wellbeing Board is asked to consider whether any other communications such as videos or an information campaign would be worthwhile and if so to delegate action to the appropriate communications teams.

8.3 Proposal 3 –Digital Inclusion

Tackling digital exclusion was raised a number of times by stakeholders and was felt to be an important component of proposals.

This was felt to be important because it enables access to comprehensive advice and support, but is also important for management of day to day affairs which impact on finances, such as easily being able to see bills and pay them, getting better deals through online purchases and managing benefits.

There are three interrelated elements:

- Make equipment available to more people, through loans, grants or donations for equipment or making kit available in public places (like libraries, village halls, GP surgeries, etc.)
- Training in operating online. This should include security, which can be a concern putting people off using the internet.
- Handholding and assistance. Even when people have the equipment and training, they may still like someone to sit next to them while they access services or information.

Digital enablement is one of the eight principles in the Joint Health and Wellbeing Strategy so is fundamental to its achievement. This then appears in the delivery plan as “1.6.2: Develop Digital Inclusion Champions” (currently allocated to the BOB ICB). This is part of the strategy’s commitment to “ensure services and support are accessible to those most in need through ... promoting digital inclusion ...”.

There are a number of pieces of work going on in this area and it is not clear that they are happening in a co-ordinated way, so making the most of possible economies of scale available.

For instance, the Berkshire Digital Infrastructure Group, which includes all six Berkshire unitary authorities, aims to:

“...provide physical and digital connectivity to give our residents and businesses a cutting edge and to help Berkshire enjoy greater flexibility in how and where they get online.³²”

There are a number of projects and a strategic approach at both the BOB ICB and Berkshire West levels³³, as well as work across the NHS South East region³⁴. This includes websites providing help in the early stages when people have got online. There has been some work by GP surgery Patient Participation Groups helping patients get online.

A number of internet service providers offer ‘social tariffs’ to people on benefits³⁵.

³² <https://www.berkshiredig.org.uk/>

³³ Presentation to the Patient Panel West Berkshire, 7/7/22

³⁴ Personal communication.

³⁵ See <https://www.moneysavingexpert.com/broadband-and-tv/cheap-broadband/>

P3.1: It is proposed that a task and finish group be set up to consider how this work could best be co-ordinated and report back to the Health and Wellbeing Board by September 2023. Invitations to attend should include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.

8.4 Proposal 4 - Support and Develop the Community Mental Health Transformation Programme

The Community Mental Health Transformation programme, aimed at helping people with serious mental illness, is currently being implemented in Reading and Wokingham and is due to be rolled out in West Berkshire from 2023-24. This is an ambitious national programme with the potential for a far reaching impact, and which could be used for prevention of a wider range of mental health problems including those where personal finances are a factor.

The proposed change, a move to integrated mental health provision at community level, is a key part of the NHS Long Term Plan. The vision for this objective is set out in *The Community Mental Health Framework for Adults and Older Adults*³⁶ which provides a description for how a wrap-around, whole-person service in Primary Care Networks (PCNs) could work. It envisages integrated mental health support, care and treatment at PCN level, bringing in some of the care currently provided in secondary care, by CMHTs (Community Mental Health Teams) and in residential settings (p.9), with seamless transfer to secondary care where necessary.

“Implementing this Framework will break down the current barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.”, p.4.

The aim is to work collaboratively across statutory and non-statutory partners “to address health inequalities and social determinants of mental ill health” (p.6). There should be services for such things as drug and alcohol problems, employment, training, benefits, housing and social care services (p.10). Care planning will provide for a “greater involvement of carers” (p.13). The framework advocates co-production, and people with mental health problems should be active participants. (p.6).

³⁶ National Collaborating Central for Mental Health, *The Community Mental Health Framework for Adults and Older Adults*, NHS England and NHS Improvement, September 2019, <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/> September

There is £2.9bn funding nationally over three years for the transformation, with up to 50% going to the VCSE (voluntary, community and social enterprise) sector³⁷.



Figure 1 - Community mental health transformation: opportunities and challenges. Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/news-and-features/blogs/detail/the-rcpsych-blog/2022/01/05/community-mental-health-transformation-opportunities-and-challenges>

This way of working – whole person, cross sector – provides the ideal way of tackling the challenges identified earlier, of a whole series of factors interrelating with each other. It can start to deal with some of the underlying issues rather than just the symptoms, and can prevent problems getting out of hand, rather than only addressing them when they reach crisis point.

However, even though this is a nationally mandated approach, there are major challenges in implementing it effectively³⁸. Many of these are the familiar ones associated with any major transformation, such as leadership, collaboration and the ability to measure and monitor progress. A significant one is in working through genuine co-production, which is fundamental to the approach³⁹. These are not insurmountable problems, but require commitment from all the relevant parties – public sector bodies, the voluntary and community sector, people with lived experience and the public more generally. The first part of this proposal, therefore, is:

P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success. That should include leading by example

³⁷ <https://www.rcpsych.ac.uk/news-and-features/blogs/detail/the-rcpsych-blog/2022/01/05/community-mental-health-transformation-opportunities-and-challenges>

³⁸ *Getting started: Lessons from the first year of implementing the Community Mental Health Framework*, Rethink Mental Illness, 2022 September

<https://www.rethink.org/aboutus/what-we-do/community-mental-health-unit/community-mental-health-framework-research>

³⁹ Ibid.

in supporting the programme, encouraging its partner members to engage productively with it and receiving regular progress reports on the implementation.

P4.2: The second element of this proposal is, in time, to expand the programme to support a wider range of people. In principle this should not be too difficult, because the Community Mental Health Transformation Programme includes support when people are not in crisis and it includes addressing the full range of a person's problems. The outputs and outcomes of the programme should be measured and evaluated from the outset to assess its cost-effectiveness in dealing with a range of issues and to assess whether it is a more effective use of resources than the current approach.

The idea of using the Community Mental Health Framework to address the needs of a wider cohort is already identified in the Health and Wellbeing Strategy delivery plan:

4.7.3. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers

One issue which was raised in stakeholder events but was also something raised in a national evaluation was the importance of physical spaces.

The clients that we work with would benefit from it being a physical space and people coming together and being in one place. I know we're looking at digital and everything but my experience is that people want to see people and if they're taking that time out ... we can physically signpost them while they're there. I know it's a massive resource but the people we're working with would benefit from a physical hub.

A national report on rolling out the model said,

“Community hubs were identified as a key enabler of involving local VCSE partners. A community hub is a ‘one stop shop’ where a service user can have access to a large variety of support under one roof to suit their needs – inhabited by the therapeutic support, local authority services, and wide range of VCSE initiatives. Hartlepool, for example, uses a local library as one of three community hubs around the town. Lambeth (see Appendix 1: Case study – Lambeth Alliance) have implemented a similar model, calling it the SPA (Single Point of Access).”

(Getting started: Lessons from the first year of implementing the Community Mental Health Framework, Rethink Mental Illness, 2022 September, p.19)

The ideal might be for a physical ‘wellbeing hub’, perhaps in each PCN (Primary Care Network) area, with a wide range of services available. While new, bespoke, buildings would have to be a long-term ambition, using existing

buildings in a more ad hoc way is more realistic and already happens to a large extent (e.g. warm hubs, Loose Ends etc.). This could form the basis of a network of physical sites making it easier for people to know where they would be going for help, and promoting co-ordination between the services operating from them.

P4.3: The third element of this proposal is to build into the estates strategies or other policies (such as land use planning) of the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs.

8.5 Proposal 5 – Financial Management

We are taking ‘financial management’ to mean making best use of all available assets (including claiming all benefits to which one is entitled) and adjusting expenditure to match income. This is considered under two headings: financial management training; and claiming all benefits and making use of cost reductions. A third strand, ‘online advice’ has already been considered under Information and Advice. It is always worth remembering that financial management is important for dealing with money stresses, but it may not be sufficient, for instance if there is just not enough income to meet the minimum necessary expenditure.

8.5.1 Financial management and mental health training

The feedback we received was that financial management training could be very valuable, but that it is hard to engage people with it before they get into a crisis situation.

Financial management training is not a discrete proposal but is integral to many of the others, in particular work in schools and information and advice.

There needs to be a general offer, particularly for those in the early stages of financial difficulty. In addition, it may be worthwhile offering support at particular life stages such as:

- Young people leaving school, college or university
- Home buyers or people taking out a mortgage
- Starting a family
- Redundancy
- Retirement

There should also be training for front-line staff, in the voluntary, public and private sectors on the basics of financial management, so they can help clients where this an element of their problems. A priority for such training is those (voluntary and public sector) bodies providing mental health support, given how closely finances and mental health are intertwined. Social prescribers should also receive training in basic financial management, since this is likely to be a component in the issues that many of their clients experience.

It was also stressed to us by stakeholders that front-line staff also needed a basic understanding of mental health issues and where to signpost to help. Although this does not strictly fall under the heading of Financial Management, it is included here since the same sort of mechanisms for delivery will be relevant for both financial management and mental health.

The training could be provided in a number of ways, from general online advice to personalised support to individuals.

The Multiply scheme was mentioned as a potentially good vehicle for spreading some of the learning around financial management.

It was noted that the Education Business Partnership provide courses, which could be another way of providing financial management training.

There is a link with another action in the delivery plan, in relation to children and families:

3.5.1: Map out current provision for financial support for families, including childcare costs

3.5.2: Raise awareness of support services available through the Family hubs

Some of this support is particularly related to child care costs, but provision of information on the West Berkshire Directory relates directly to the broader provision of financial management information.

A number of voluntary bodies offer training including Christians Against Poverty, and individual volunteers, (Richard and Ann of 'Money Matters' – who have been very helpful to us as part of this research. They have offered to provide training to the council and to voluntary bodies). However, if the availability of training was to be guaranteed, for instance at the life stages identified above, there might be a need to commission services.

A spectrum of mechanisms for providing such training should be mapped out and a gap analysis performed to identify where more needs to be done. This could involve commissioning some new services.

P5.1: The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should also include basic mental health training.

P5.2: The Locality Integration Board should be asked to consider whether training of this sort could be commissioned in future as part of the Better Care Fund.

8.5.2 Claiming all benefits and cost reductions

A response made forcefully to us in the online consultation in early January 2023, was the importance of ensuring everyone claims the benefits to which they are entitled. The response noted that there are around £15bn unclaimed benefits each year⁴⁰. It suggested that this is because many people are not aware that they are entitled to this money or how to claim it. It was felt that more needs to be done to make those who have contact with people in need more aware of how to get free help including:

- “A benefits calculator that shows the benefits, and other support they might be entitled to
- Where to get free debt help, rather than commercial providers who can charge thousands for IVA or other ways to "solve" debts
- How to access the Money Helper website and all the information it offers including the budgeting tool”

Advice on eligible benefits should be included in all financial management training and support.

Whilst the Council website provides links to more comprehensive benefits calculators, the ones it directly provides only give estimates for council tax support and housing benefit. The respondents suggested it would be better to use one such as ‘Entitled to’, which provides a more comprehensive estimate of benefits. An example of how that is done is: <https://citizensadvicewokingham.entitledto.co.uk/home/start>.

The response suggested that since much support is provided by the Council and third sector organisations, that this information should be shared with those front-line staff, to make use of the trusted relationships they have. They add that this approach has already been used in other parts of the county including:

- Working with Bracknell Recovery College who now run a Money and Wellbeing course at least once a term
- Training staff and volunteers at Home Start Reading so they can use the knowledge with families they support
- Training library, welfare and other staff at Wokingham Borough Council so they can use the tools when supporting vulnerable members of the community including helping residents carry out a benefits check
- Making sure that their revenues collection teams suggest residents do a benefit check and budget when working out repayment plans for arrears of rent, council tax or care charges

According to the Institute of Health Equity, there is:

“...medium-strength evidence that good welfare advice and support to people claiming benefits results in reduced stress and anxiety,

⁴⁰ <https://www.entitledto.co.uk/blog/2022/february/our-annual-review-suggests-about-15-billion-of-benefits-remain-unclaimed-each-year/>

improved sleep, increased rates of smoking cessation and improved diet and physical activity.”⁴¹

As well as benefits, cost reductions are also often available to those in need. They include reductions on energy bills, mobile phone tariffs, and online access. Given the requirement to deal with Universal Credit online, DWP noted that claimants could talk to their work coach about getting access to a laptop.

Following up these suggestions should be relatively straightforward but could make a substantial difference in ameliorating financial problems in some cases.

P5.3: The relevant Council departments should be asked to review the benefit calculators they use to ensure that comprehensive advice is being given.

P5.4: The Berkshire Healthcare Foundation Trust, through its representative on this Board, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board by September 2023.

8.6 Proposal 6 – Develop voluntary sector and peer support

For many of the problems contributing to financial and mental health difficulties, it is unrealistic to expect statutory support, but much can be done through informal and voluntary help. Much of this happens spontaneously – friends and neighbours helping each other, people setting up new support groups – but there is a role in ensuring there are not major gaps (geographically as well as in the types of support) and in providing seed funding, whether financially or in kind. While there is a particular need for support on financial problems and mental health, there is also evidence that a wider range of community activities helps build ‘social capital’ and ‘community resilience’.⁴²

This could include facilitating the setting up of new peer support or community groups, such as, perhaps, a network of ‘finance buddies’ to provide encouragement and informal advice on financial management.

There may also be links between this proposal and item 1.5.3 in the Health and Wellbeing Strategy delivery plan, which talks about voluntary and

⁴¹ Alice Munro, Jessica Allen and Michael Marmot, The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London, London: Institute of Health Equity, 2023. <https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-London>

⁴² Mental Health and the Cost of Living Crisis, Mental Health Foundation, 2023, pp.36-7, <https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/mental-health-and-cost-of-living-crisis-report>

community sector support and increasing co-production, under the auspices of Building Communities Together.

There are a number of means by which such expanded support might come about. Needs could be identified through the local, integrated health and wellbeing hubs, described in Proposal 4 above. This would identify where the expansion of voluntary support was needed, to be assessed on a case-by-case basis.

Alternatively, a more strategic approach could be taken, identifying the needs and commissioning the necessary support under the auspices of the Health and Wellbeing Board. While local authority and health finances continue to be under extreme pressure, the sums involved would be fairly modest and would be likely to generate a positive payback over a period of time. The Better Care Fund would be an appropriate mechanism to pool the risks, costs and benefits. It would appear to fit well under the 'Prevention / Early Intervention' scheme type.

As part of the response to the cost of living crisis a £100,000 emergency crisis fund was set up by the Council and Greenham Trust. Experience of other such funds (such as Thriving to Striving) suggests that the available funding is not always fully taken up. There may be a need, therefore, to investigate why voluntary organisations do not put forward bids, or bids that prove to be successful and what can be done to remedy this.

P6.1: It is proposed that under the auspices of the Locality Integration Board, the commissioners of voluntary sector services, from the ICB and Council, together with the Volunteer Centre, be invited to review arrangements for commissioning services which could impact, directly or indirectly, on financial problems and mental health. They should also consider ways of improving the take-up of funding opportunities on offer. Where it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.

8.7 Proposal 7 – Employers' Charter

The impact of employment on health and wellbeing is recognised at various points in the Joint Health and Wellbeing Strategy, so it would make sense for any initiatives relating to employers to be co-ordinated across the various strands of delivery.

An employers' charter could be helpful to the specific issues being addressed here in two ways: ensuring sufficient income to meet basic needs, and supporting people's mental health, rather than the work environment exacerbating problems. However, there are more general benefits for health and wellbeing from setting standards and providing recognition, such as:

- Rates of pay (e.g. whether meeting the ‘real living wage’).
- Security of employment (e.g. guaranteed hours vs zero hours contracts)
- Terms and conditions (e.g. financial and other support when sick)
- Organisation of work (e.g. extent of control over one’s work and other factors that influence stress and mental health).

As well as benefits to the employee, such a scheme could benefit employers through better recruitment and retention, reduced absenteeism and higher productivity.

There are a number of existing schemes. They can be self-assessed or with external validation, though the latter come at a cost. In addition, an on-line listing of employers and their achievement against a charter or standards would help those seeking jobs to identify those scoring highest. This might be supplemented by ratings given by existing or former employees.

There is a NICE Guideline on Mental Wellbeing at Work⁴³. Amongst its recommendations is:

1.4.2 Consider using workplace accreditations or charters, such as guidance to improve the organisation-wide workplace environment and culture (for example, the [Workplace Wellbeing Charter](#), [Mindful Employer](#) and [Mind's Workplace Wellbeing Index](#)).

The Workplace Wellbeing Charter originally started as a local authority initiative, later taken up by Public Health England. It contains eight standards, one of which is mental health. It is now supplied by ‘Health@work’, whose website says it is the only licensed provider of the charter. It appears to be operated as a commercial endeavour, with the costs of accreditation starting at £3,725.

‘Mindful Employer’ is part of the Devon Partnership NHS Trust. It has a ‘Charter for Employers Positive About Mental Health’, which is a public declaration of the ambition to support the mental health and wellbeing of employees, rather than accreditation for reaching a particular standard. To remain a charter signatory, employers have to undertake a self-assessment review every two years, reflecting on current practices and policies. An independent and confidential employee advice line is available at an extra cost.

Mind’s Workplace Wellbeing Index involves staff and employer surveys, an analysis of the results with recommendations of where to improve, tools and resources to make changes and an index ranking to celebrate the work being done.

The Delivery Plan for the Joint Health and Wellbeing Strategy contains the intention:

⁴³ [NG212] Published: 02 March 2022
<https://www.nice.org.uk/guidance/ng212>

5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment).

The Mental Health at Work Commitment, is a framework rather than an accreditation and there are no fees for its use (unlike the Workplace Wellbeing Charter). The Commitment is made up of six 'standards' and 21 'supporting actions'. It is supported by the CIPD, FSB, CBI, IoD and others.

P7.1: It is proposed that under the auspices of the Skills and Enterprise Partnership (a sub-group of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters and commitments to employers as well as employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.

8.8 Proposal 8 - Improve service providers' processes

We heard many examples of people (and voluntary organisations on their behalf) spending hours trying to get through to statutory service providers, utility companies etc. In addition, many processes are hard to manage, with impenetrable web pages and long, complicated forms. This will be even harder when stressed or anxious. Improving such processes should reduce the stress of clients, make it easier to manage their affairs and improve efficiency for service providers.

As the Mental Health Foundation says:

“Frontline workers in health, social care, money and debt advice services and anti-poverty, and other community organisations, as well as energy companies, water and telecoms services and private financial services companies, have regular contact with individuals who may be experiencing mental distress due to the Cost-of-Living Crisis. It is important to ensure that this interface is a supportive experience for people, and does not stigmatise or distress them. This can be done by building the capacity of frontline workers in a variety of community and service settings to be able to sensitively respond to mental distress and signpost to support.”⁴⁴

Getting it right at the start, and considering the full range of a person's problems can save time and resource further down the line. One London Borough found that

⁴⁴ Mental Health and the Cost of Living Crisis, Mental Health Foundation, 2023, pp.36-7, <https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/mental-health-and-cost-of-living-crisis-report>, p.39.

“as much as 68 per cent of the demand presented to advice agencies was ‘preventable’, because it could have been resolved by other agencies at an earlier stage.”⁴⁵

Similarly, the Cost of Living Hub has found that each case is taking an average of two hours from listening to the various issues to making referrals⁴⁶. If this is the time it takes in practice to deal with the issues, then having an ostensibly quicker and cheaper service that doesn’t address the underlying problems, may turn out to be a false economy, causing more work for a range of agencies further down the line.

A list, provided by the Money and Mental Health Policy Institute, of 15 simple, practical steps that energy companies can take to reduce their customers’ stress, can also apply to other service providers⁴⁷. It includes such things as reviewing communications about missed payments and debt, making it easier for customers to get in touch, proactively offering payment plans for those struggling to pay and ensuring staff are trained to recognise where customers are vulnerable and may need extra support. They suggest there are also business benefits such as from reducing the strain on customer services teams, a reduction in customers defaulting on their payments and reduced debt collection costs.

We heard that feedback to public sector organisations and other providers is already given to such organisations by the Volunteer Centre and Citizens Advice, so these could be built on, perhaps with co-production workshops involving the service providers, voluntary organisations and people with direct, personal experience. These could also improve understanding of how processes are supposed to work which in itself could help.

Another strand of work might be to review service providers’ websites and make suggestions for change. This would ideally be done by the people who use those websites.

The Volunteer Centre already has an action to “Arrange a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available.” (HWB action Ref 212). While this was specifically in relation to CAMHS, the same approach could be extended, over a period of time to cover other services areas such as housing, benefits and utilities.

Where there is discretion to increase benefits or loans, waive or delay payment of bills, the co-produced workshops could explore how these could be targeted to reduce the overall level of financial distress.

⁴⁵ Reshaping financial support How councils can help to support low-income households in financial difficulty, LGA, 2019, p.18 <https://www.local.gov.uk/publications/reshaping-financial-support-how-local-authorities-can-help-support-low-income>

⁴⁶ Presentation to Health and Wellbeing Conference, 31st January 2023.

⁴⁷ http://www.moneyandmentalhealth.org/wp-content/uploads/2022/04/mha_energy_standards_guide_web.pdf

P8.1: It is proposed that the Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.

8.8.1 Council tax

Council tax was mentioned several times as a particular burden for people. Ways should therefore be considered in which policy can be amended to exercise greater discretion in reducing the impact of council tax on those in financial difficulties. In their implementation of the Council Tax Reduction Scheme, the council have decided that except for certain defined categories of people, everyone should pay a minimum of 30% of their council tax bill⁴⁸. We were informed by the council tax department that they are flexible if possible when dealing with people's problems. It can be difficult, though, for people to know what is available or what they need to do. As with benefits more generally, therefore, there is scope for improving the ways in which people are informed.⁴⁹

P8.2: It is proposed that West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, investigate ways of reducing the council tax burden on the most vulnerable families.

8.8.2 Debt collection

As noted above, there is research evidence of a link between debt, particularly short-term unsecured debt, and mental health. The stressors are even greater when bailiffs are attempting to seize assets to cover the debt. The extent to which this is a real and present problem has been highlighted by the recent exposure by the Times of forced access to homes by agents of British Gas to install pre-payment meters⁵⁰.

There is an existing Debt Respite Scheme (Breathing Space), introduced in 2020 and providing 60 days protection from creditor action. There is an additional scheme, providing more protection, for people being treated in mental health crisis.⁵¹

Pilot work in London suggests that such debt collection methods are not necessarily even the most efficient way of reclaiming money owed. In Barking and Dagenham, active support for residents in trouble produced greater

⁴⁸ <https://westberks.gov.uk/council-tax-reduction-discounts-exemptions>

⁴⁹ The LGA provides examples of what some other councils are doing on cost of living, including council tax reduction, here: <https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/cost-living-hub/cost-living-money-and-debt#>

⁵⁰ <https://www.bbc.co.uk/news/business-64491243>

⁵¹ <https://www.gov.uk/government/publications/debt-respite-scheme-breathing-space-guidance>

engagement and additional repayment compared to a control group⁵². In another example, a pilot in Lambeth and Southwark involves a Joint Debt Protocol between the two local authorities and four housing associations and "...brings GP practices, Primary Care Networks, social prescribing teams, and local authority and housing association creditors together with advice and community-based support agencies to provide a holistic response to people's financial and health support needs."⁵³

It has not been possible as part of this work to investigate the detailed arrangements operating in this area, but unless such initiatives already exist, **(P8.3): it is proposed that the Health and Wellbeing Board asks the departments involved in debt collection in the council, relevant health bodies and other local organisations who are willing to participate, to review their arrangements through co-designed groups involving voluntary organisations and people with relevant lived experience.**

8.9 Proposal 9 – Other ways to increase income and reduce expenditure

Throughout this project, we have heard of the tremendous work being done locally to directly meet people's needs, by the likes of the food bank, Thatcham Community Larder, Loose Ends, Newbury Soup Kitchen, Two Saints, Newbury Community Resource Centre and many others. In researching ways in which people's costs have been lowered in other parts of the country, it is hard to find things not already being done in this area. It is nevertheless always worth trying to learn from other areas, even if it is just about marginal changes to existing schemes.

Ways in which people's costs have been lowered in other parts of the country, include community growing schemes, social supermarkets and community energy schemes.

In some parts of the country, for instance, social supermarkets are combined with initiatives that provide training and advice on cooking, easy recipes, help with job interview skills or with setting a business⁵⁴.

In Fife, the idea of foodbanks has been expanded to create a bank of banks, or 'multibank' providing not just food and clothing but also other essentials such as crockery, cooking equipment, soft furnishings and bedding⁵⁵. Beyond this, though, a 'Houses are Homes' project helps people improve their environment, making use of volunteer tradespeople who can advise on DIY and help people develop the skills to do their own home improvements.

⁵² Alice Munro, Jessica Allen and Michael Marmot, *The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London*, London: Institute of Health Equity, p.60.

⁵³ *Ibid*, p.59

⁵⁴ E.g. <https://www.globalcitizen.org/en/content/uk-social-supermarket-liverpool-food-poverty/>

⁵⁵ <https://gordonandsarahbrown.com/wp-content/uploads/2022/12/HOW-TO-SURVIVE-THE-WINTER.pdf>, p.20.

There is also a new self-help gardening project, with new allotments on vacant land to grow food.⁵⁶ The aim is not just to provide emergency help, but to enable families to build for the future.

The Council has already used the mechanism of a Community Municipal Investment to raise funds, part of which were used to install solar panels. Could a similar approach be used to provide solar, or other sustainable energy sources for communities, and to improve the energy efficiency of homes, particularly those in poorer or more deprived areas? This would help reduce costs as well as contribute towards meeting net zero targets.

P9.1: It is proposed that the council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.

⁵⁶ Ibid, p.21.

9. Summary of proposals and action plan

Action	Lead	Output / Indicators	Timescale
Proposal 1 – work with schools			
P1.1: Primary and secondary schools to develop students' financial management skills in appropriate ways, building this into the curriculum where possible.	The Schools Health and Wellbeing Officer, delegating to others as appropriate.	Initial output – plans for how to develop financial management skills. Final output – development of financial management skills in primary and secondary schools in the district.	To report progress to the Health and Wellbeing Board in February 2024
Proposal 2 – information and advice			
P2.1: Review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources are linked to, as part of JHWS delivery action 2.9.5 and 2.9.6.	Communities and Wellbeing (or Engagement Group if established) to set up a task and finish group, including relevant voluntary organisations and individuals	Revised and updated online content	September 2023
P2.2: To review the leaflets, z-cards and other hard copy information provided by the council and any other relevant	The Public Health and Wellbeing team at West Berkshire Council, and others providing such material.	Updated materials	September 2023

Action	Lead	Output / Indicators	Timescale
bodies, to make sure the full range of information on financial management is available.			
P2.3: The Council and ICB communications teams to consider whether any other communications such as videos or an information campaign would be worthwhile and if so initiate the appropriate action.	The HWB Engagement Group, if re-established, but otherwise the communications teams of the Council and ICB.	Videos or other communications and / or a communications campaign	To review decisions and progress by September 2023
Proposal 3 – Digital Inclusion			
P3.1: To determine the best way of co-ordinating action to tackle digital exclusion and then to implement those arrangements.	Communities and Wellbeing to set up a task and finish group, with invitations to attend to include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.	Improved co-ordination of actions to reduce social exclusion, reducing duplication, reducing gaps in provision and exploiting opportunities for joint work.	September 2023

Action	Lead	Output / Indicators	Timescale
Proposal 4 - Support and Develop the Community Mental Health Transformation Programme			
P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success. That should include leading by example in supporting the programme, encouraging its partner members to engage productively with it and receiving regular progress reports on the implementation.	Health and Wellbeing Board Berkshire Healthcare Foundation Trust	Progress reports from BHFT to the Board on implementation over the next year	February 2024
P4.2: To commission a review of the Community Mental Health Transformation Programme, to determine whether, in time, it could be expanded to support a wider range of people	Health and Wellbeing Board	Determining who should do this review and to commission them	February 2024
P4.3: To build into the estates strategies or other policies (such as land use planning) of	Each of the organisations represented on the board.	Reports by each of the constituent organisations on whether they support the	September 2023.

Action	Lead	Output / Indicators	Timescale
the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs, probably distributed by PCN.		proposal for physical wellbeing hubs within each PCN and if so, how this objective could best be pursued in their strategic management of estates or other policies (such as land use planning).	
Proposal 5 – Financial Management			
P5.1: The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should also include basic mental health training.	Volunteer Centre	Co-ordination of training in financial management and mental health offered on a voluntary basis	To report progress by September 2023
P5.2: To ensure financial management training is available locally, particularly at key life transition stages.	Locality Integration Board	Assessment as to whether financial management training could be commissioned through the Better Care Fund.	September 2023
P5.3: The relevant Council departments should be asked to review the benefit calculators they use to ensure	West Berkshire Council, Benefits	Review of calculators and, depending on the result, the use of more comprehensive ones.	September 2023

Action	Lead	Output / Indicators	Timescale
that comprehensive advice is being given.			
P5.4: The Berkshire Healthcare Foundation Trust, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board.	BHFT representative on the HWB	Understanding of the current capacity to offer basic financial advice and signpost sources of help, and any proposals for improving this.	September 2023
Proposal 6 - Develop voluntary sector and peer support			
P6.1: The ICB and Council commissioners of voluntary sector services, together with the Volunteer Centre, be invited to review arrangements for commissioning services which could impact, directly or indirectly, on financial problems and mental health. To consider ways of improving the take-up of funding opportunities on offer. Where	Locality Integration Board (With Volunteer Centre)	Review of commissioning arrangements for relevant voluntary services. Improved take up of funding opportunities on offer. Assessment of cost-effectiveness of investing in services to prevent social and mental health problems developing. Decision on whether the Better Care Fund would be an appropriate	September 2023

Action	Lead	Output / Indicators	Timescale
<p>it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.</p>		<p>mechanism for such joint commissioning.</p>	
<p>Proposal 7 – Employers’ Charter</p>			
<p>P7.1: It is proposed that under the auspices of the Skills and Enterprise Partnership (a subgroup of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters and commitments to employers as well as</p>	<p>Skills and Enterprise Partnership</p>	<p>Decision on whether to introduce employers’ charters or commitments in the area, and if so to produce a plan for how this will be achieved.</p>	<p>To report back progress to the Health and Wellbeing Board by September 2023</p>

Action	Lead	Output / Indicators	Timescale
employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.			
Proposal 8 - Improve service providers' processes			
P8.1: The Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.	Volunteer Centre	Amended feedback to providers to improve processes.	Progress to be reported by September 2023.
P8.2: West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, to investigate ways of reducing the council tax burden on the most vulnerable families.	West Berkshire Council	Changed policy and/or procedures to reduce the financial burden on vulnerable people.	To report progress by September 2023.
P8.3: The departments involved in debt collection in the council, relevant health	West Berkshire Council	Changes to the policies and/or procedures on debt collection	To report progress by September 2023.

Action	Lead	Output / Indicators	Timescale
bodies and other local organisations who are willing to participate, be invited to review their arrangements for collecting debt, through co-designed groups involving voluntary organisations and people with relevant lived experience.		to reduce the financial burden on vulnerable people.	
Proposal 9 – Other ways to increase income and reduce expenditure			
P9.1: The council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.	West Berkshire Council, Housing	An evaluation of options.	To report progress by September 2023

10. Conclusion

This report is just the starting point of addressing personal financial problems and mental health. It is only a starting point for a number of reasons.

A one-off report cannot get to the bottom of all the possible issues or how to deal with them. Also, while approaches to deal with problems have been proposed, we cannot be sure what will work and what will not. There is therefore a need for continual evaluation, learning and revising of approaches.

It is also apparent that financial problems do not exist in a vacuum. They are often part of a much wider range of problems. The same sort of approaches that could be used to deal with financial problems may also be effective for other social and health related issues. There is therefore also a need to investigate how a variety of policy changes (such as the Community Health and Wellbeing hubs or the employers' charters) could be used to address a number of other elements of the Joint Health and Wellbeing Strategy delivery plan.