

**Conclusion** There have been distinct inequalities in the reduction of spending for CEP services. LAs with a higher baseline level of deprivation, those with a single-tier local government structure, and English rural LAs have been worst affected. These inequalities in cuts to services that impact public health risk widening geographical and social health inequalities. Understanding these inequalities will provide crucial evidence to inform the UK government's 'leveling up' strategy as the country recovers from the COVID-19 pandemic. One limitation of our study is that we were unable to investigate how resources have been distributed within LAs.

**P88 HOW CAN WE OPTIMISE THE CO-LOCATION OF WELFARE RIGHTS ADVICE IN A HEALTH SETTING TO BENEFIT THOSE MOST IN NEED? A NARRATIVE SYNTHESIS SYSTEMATIC REVIEW**

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**Background** Financial difficulties can precipitate and perpetuate mental health problems and are a predictor of chronic physical illness. The COVID-19 pandemic is an unprecedented public health crisis with profound health and socioeconomic impacts and the long-term consequences are yet to be seen. The poorest and most vulnerable groups are worst affected, further widening the health inequality gap. It is known that there is low uptake of universal and means-tested benefits in some communities. Various schemes have been put in place to improve uptake of benefits by co-locating welfare advice within health services. However, we need more research on how to do this most effectively to reach the populations most in need and to assess its impact on health, social and financial outcomes.

**Methods** We conducted a critical systematic narrative synthesis review of relevant papers published between 2010–2020 using an evidence-led framework described by Rodgers et al. consisting of four elements used to characterise the approach: developing a theory; developing a preliminary synthesis; exploring relationships within and between studies; and assessing the robustness of the evidence.

**Results** In total, 16,625 participants accessed and were supported by the welfare services, with £19,576,223 successfully claimed as one-off payments for participants. Participants benefitted from an additional £2,757 household income per annum and improved financial literacy. The services across this review generated an average of £21.95 of social, economic and environmental return on investment per £1 invested. Co-located welfare advice services actively incorporate elements of proportionate universalism and target those who are most at need of this support and who would not otherwise access the services. The services raised the profile of the importance and value of addressing social determinants of health with healthcare professionals and policy makers and de-stigmatising access to welfare services and being in receipt of benefits. Access to welfare services also produced demonstrable cost savings for the NHS. Welfare services facilitated more appropriate use of NHS resources,

promoting access for those who needed it but were not accessing it and reducing the burden of welfare issues on healthcare practitioner's time.

**Discussion** Overall, this review demonstrates significant financial gains for participants and for the first time demonstrates wider welfare benefits to participants, including access to housing, food, transport and employment. This contributes to the theory that these welfare services both directly and indirectly address social determinants of health thereby improving health and wellbeing and reducing health inequalities.

**P89 MEASURING THE IMPACT OF A MEDIA CAMPAIGN ON APPLICATIONS FOR LEGAL AID TO REGISTER A POWER OF ATTORNEY; AN INTERRUPTED CONTROLLED TIME SERIES**

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**Background** Power of attorney (POA) is a legal document in which one individual gives authority to another to act or make welfare and health care decisions for them, in the event that they become incapacitated. A public awareness campaign, first implemented in Glasgow City, and rolled out to other parts of Scotland in stages, was previously found to increase POA registrations. The current study measures the impact of the campaign on registrations and applications to legal assistance, as a proxy for low socioeconomic (SES) status applications.

**Methods** POA registration and legal aid application (LAA) for POA data were analysed between January 2010 and December 2018. Multilevel Negative Binomial models for POA and LAA registrations nested by council and annual quarter were run using RIGLS estimation in MLwin, adjusting for pre and post intervention period for each locality, campaign (variable ranging between 0–3 dependent on intensity of campaign measured by the number of media platforms received), and offset term mid-year population estimate for those aged 65 year+. A further model was then run for outcome LAA registrations with offset term total registrations, in a similar way, to examine the impact of the campaign on the proportion of registrations with legal assistance.

**Results** In Glasgow City POA registrations rose by 33.3% between 2013 and 2014, following the introduction of the campaign, compared with 17.3% in the rest of Scotland. LAA during this period rose by only 10.6% in Glasgow and 16.3% in the rest of Scotland. However, when the data for the whole study period were modelled, the relative risk of a registration for those living in an area with the full campaign was RR=1.12 (1.07, 1.17) those living where no campaign was in place. Relative Risk rose in an approximate stepwise fashion with increasing campaign intensity. Relative risk of a LAA for the same group was 1.10 (1.01, 1.21). When LAA proportion of registrations was instead modelled over time, ie LAA as outcome with total registrations as an offset, the campaign variable was not significantly associated with the outcome.

**Conclusion** During the period of the campaign, area-level increases in LAA were associated with the timing, intensity and location of the media campaign, in a similar way to that of all POA registrations. This suggests that the campaign