Advice as a Health Intervention: Supporting Neighbourhood Health in Hart

July 2026

citizens advice Hart

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Advice and the Neighbourhood Health Framework

Citizens Advice Hart sits alongside primary care, social prescribing link workers and community health teams as part of the wider neighbourhood health and care system. The evidence in this report shows why advice belongs in that picture: income, debt, housing and access to services are among the social determinants of health, and resolving problems in these areas is very often, in practice, a health intervention in its own right.

The NHS Neighbourhood Health Framework sets out a shift toward prevention; earlier intervention and care delivered closer to where people live, built around integrated neighbourhood teams working across health, care and community services. Advice services are well placed to support this shift. By identifying and resolving problems with benefits, debt, utilities and housing before they escalate, Citizens Advice Hart reduces the stress and hardship that so often translate into a need for GP appointments, mental health support or emergency care. This report sets out the scale of that contribution in Hart, and the outcomes it delivers for people with long-term health conditions and multiple long-term conditions in particular.

As neighbourhood health models develop across Hampshire and beyond, there is clear scope to strengthen referral pathways between general practice, social prescribing and specialist advice, and to embed advice more formally within local neighbourhood health provision. The data that follows shows why that investment matters: advice helps address the social and financial problems that contribute to poor health, while also reducing pressure on health and care services.

Executive summary

This report shows that Citizens Advice Hart is supporting a growing number of people with a disability, long-term health condition or access need, and that these people often present with more complex and interrelated issues. In 2025/2026, **51% of clients who disclosed this information reported a disability, long-term health condition or access need, compared with 13% of Hart residents in the census**. The proportion has increased substantially since 2021/2022, indicating that health-related need is becoming an increasingly central feature of local advice demand.

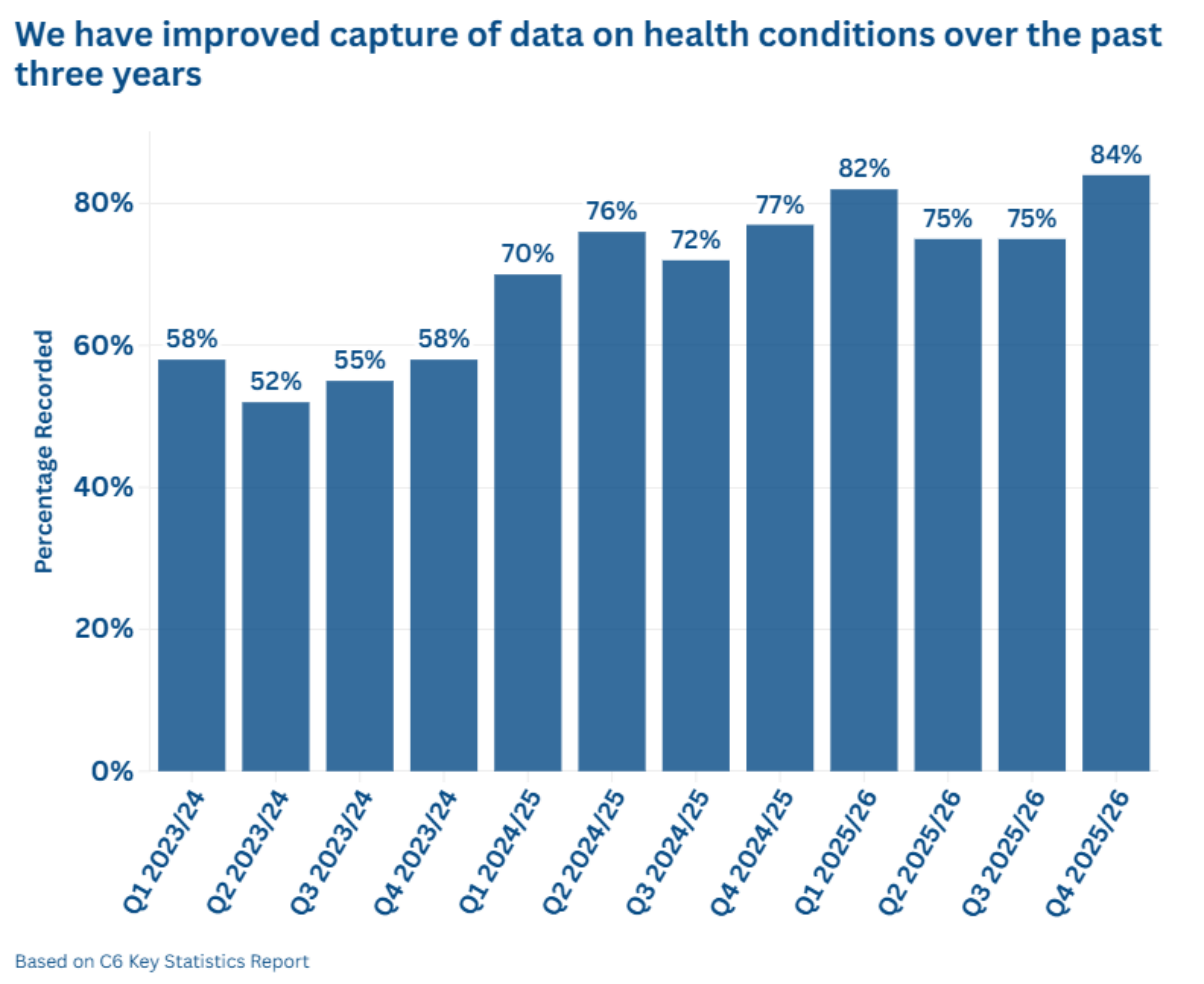
People with a long-term condition are more likely to require higher-support channels such as telephone and face-to-face advice, and they present with more issues on average than people without a recorded health condition or access need. **The data also points to significant need around benefits and tax credits**, particularly Personal Independence Payment and general benefit entitlement, alongside debt, utilities and communications issues.

The outcomes data demonstrates substantial impact. **In 2025/2026, Citizens Advice Hart achieved more than £1.5 million in financial income gains for the people it supports**, with 72% of these gains achieved for clients with a health condition. The service also recorded improved health or capacity to manage outcomes, and **satisfaction levels among people with health conditions remain high**, including 91% saying they would recommend the service. Our advice also delivers wider public value, with an estimated **£155,879 annual saving to the NHS** through reduced health intervention costs and reduced demand for GP services.

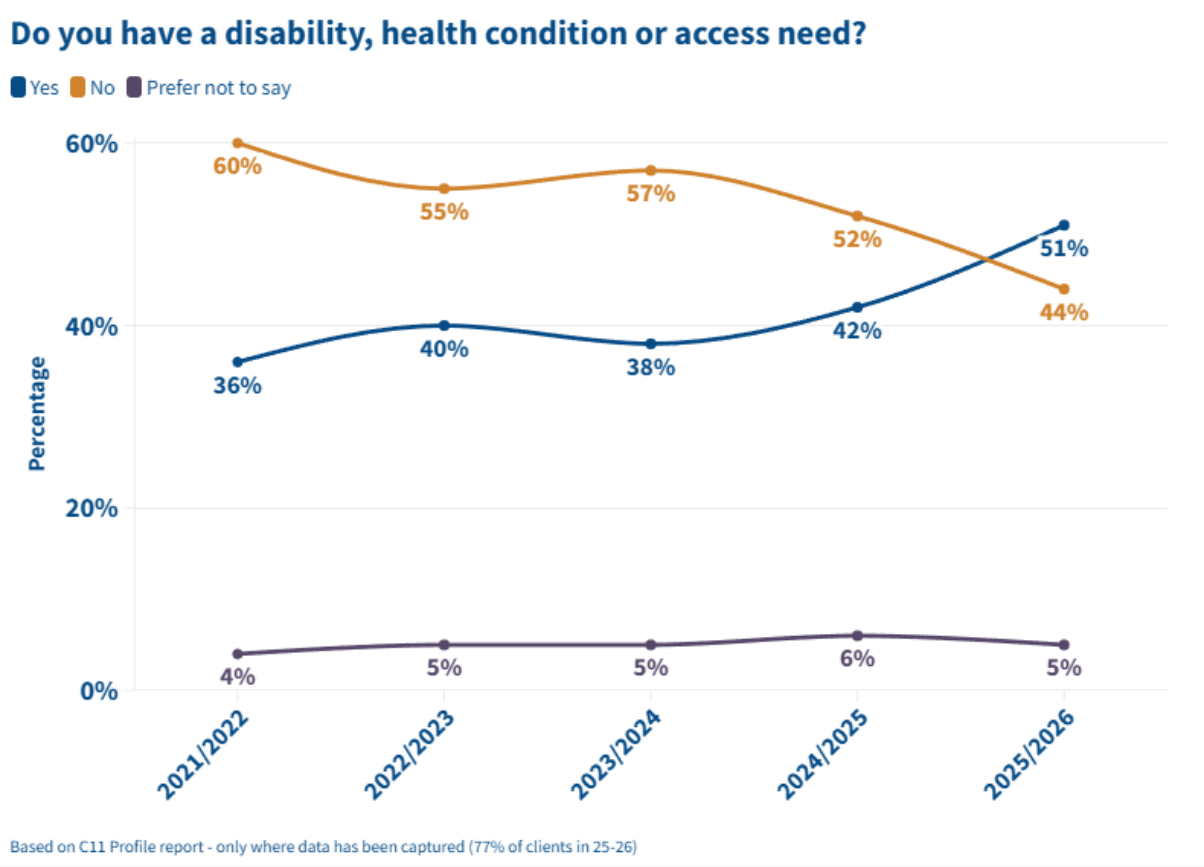
Overall, the findings suggest that Citizens Advice Hart is providing vital support to a group of residents with higher levels of need, greater complexity and strong reported outcomes – and that advice has a clear role to play as part of the neighbourhood health and care system.

We are seeing more people with health needs than ever before

At Citizens Advice Hart we see a wide range of people from across Hart District and beyond. We capture a range of information from the people we help to enable us to support them and to ensure we represent our local community and address their needs. One area we capture data on is around the health and wellbeing of the people we see. Whenever someone comes to us with an issue, a record is created and we ask if the client has a disability, long-term health condition or access need. For the purposes of this report we will use "health condition" to cover all three areas. We have had a focus recently on improving the number of clients for whom we capture this data. **We currently capture data on this area for 84% of our clients** (clients can respond "Prefer not to say" if they do not wish to disclose this information).



In 2025/2026, for the first time, over half of the clients we saw stated that they had a disability, long-term health condition or access need – 51% – an increase of 15 percentage points from 2021/2022.



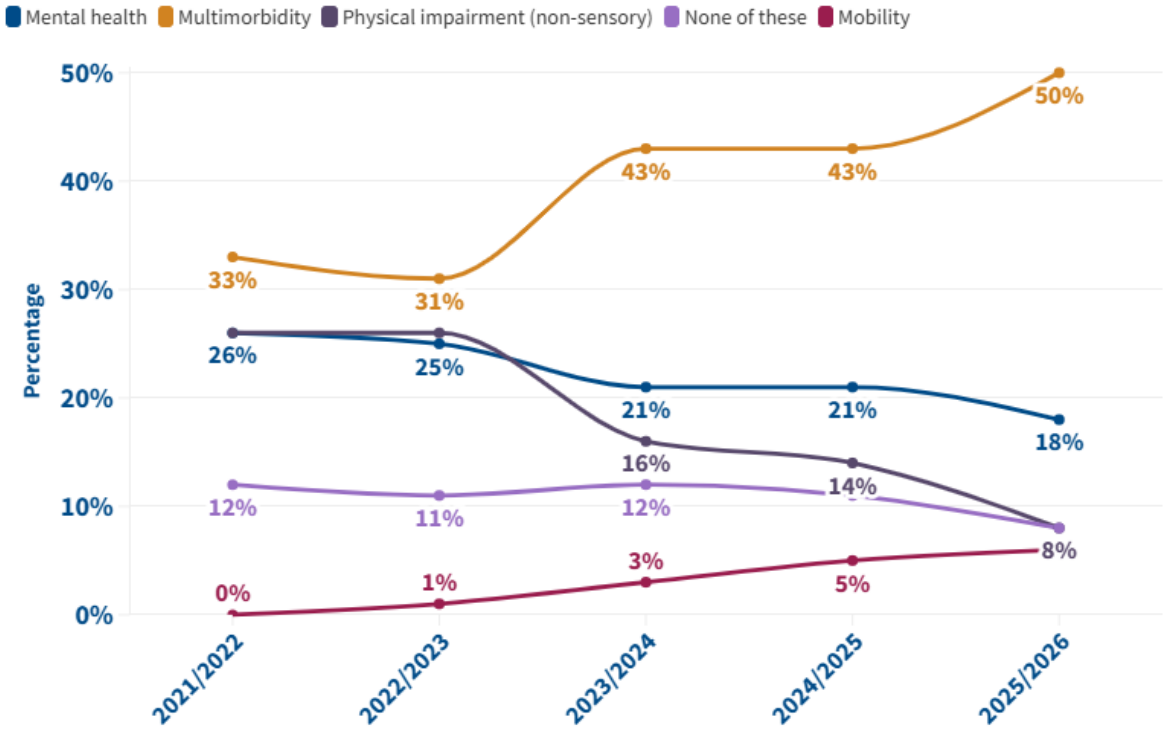
We compare the percentage of people who say they have a health condition with the local population. Comparing our client responses with local population data indicates significantly higher health-related need among the people we support than would be expected in Hart overall. This difference may partly reflect how the questions are framed. The census asks whether individuals consider themselves disabled under the Equality Act, whereas our question asks whether someone has a disability, health condition or access need — wording that is likely to generate a higher "yes" response. Even so, the gap remains substantial: **51% of our clients responded "yes", compared with 13% of Hart residents in the census, which suggests our service is supporting a group of residents with markedly higher health needs than the wider population.**

Disability/Long-Term Health Condition	Hart Population	Hart Clients	Difference (percentage points)
Yes	13%	51%	38%
No	87%	44%	-43%
Prefer not to say	0%	5%	5%

Prefer not to say is not an option on the census

We can explore this data further by looking at the most common disabilities, health conditions and access needs presented to us. Half of clients who come to us with a health condition report that they have multiple conditions, or multimorbidity. This proportion has increased from 33% in 2021/2022 to 50% in 2025/2026, reflecting growing complexity in need. The next most common conditions relate to mental health (18%) and physical conditions (non-sensory) at 8%. There has also been a decrease in the percentage of people saying we do not have an option that reflects their needs, from 12% in 2021/2022 to 8% in 2025/2026, which is a result of improvements to our data fields.

Top five types of disability, health condition or access need

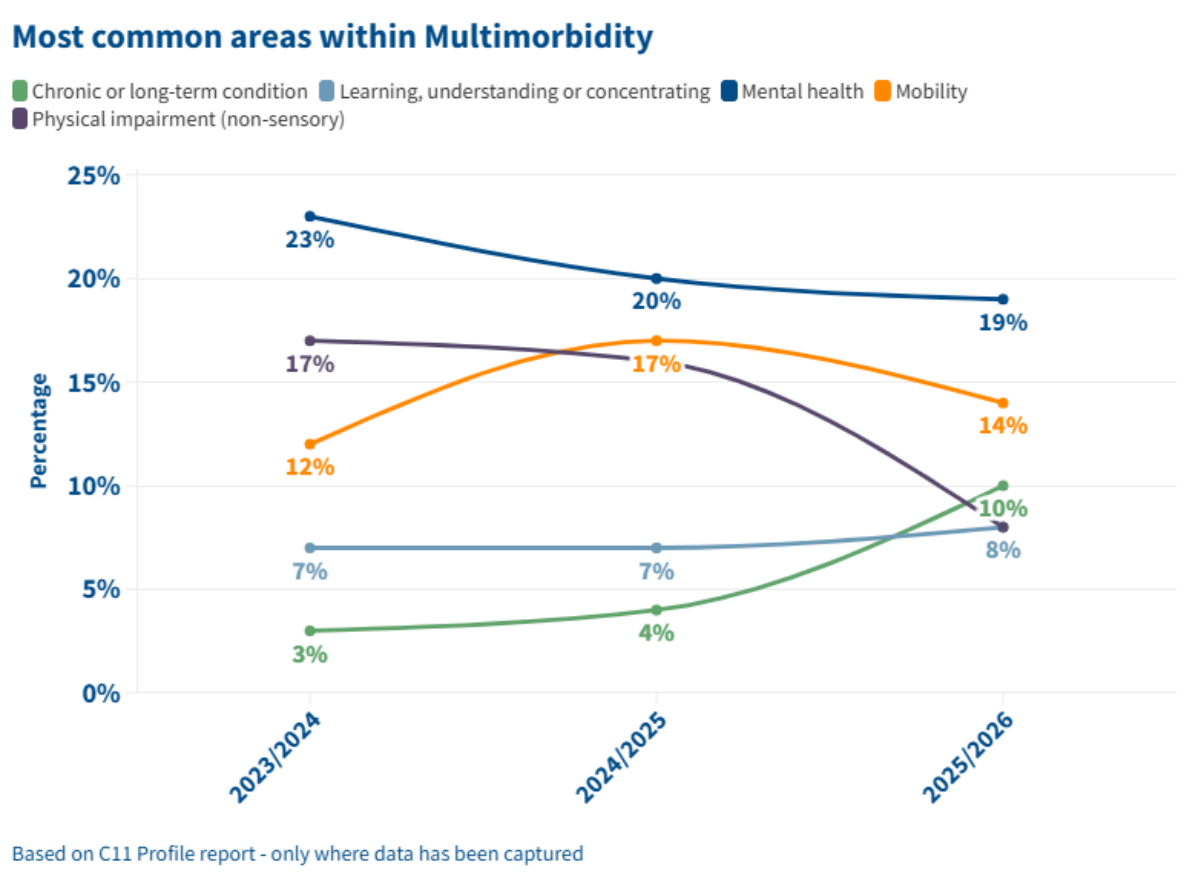


Based on C11 Profile report - only where data has been captured

As so many people come to us with multiple conditions, it is helpful to break this group down to see which conditions are most reported. **On average, each client recording more than one condition in 2025/2026 selected 3.2 conditions**, up from 2.8 in 2023/2024 - a further indicator of growing complexity in need.

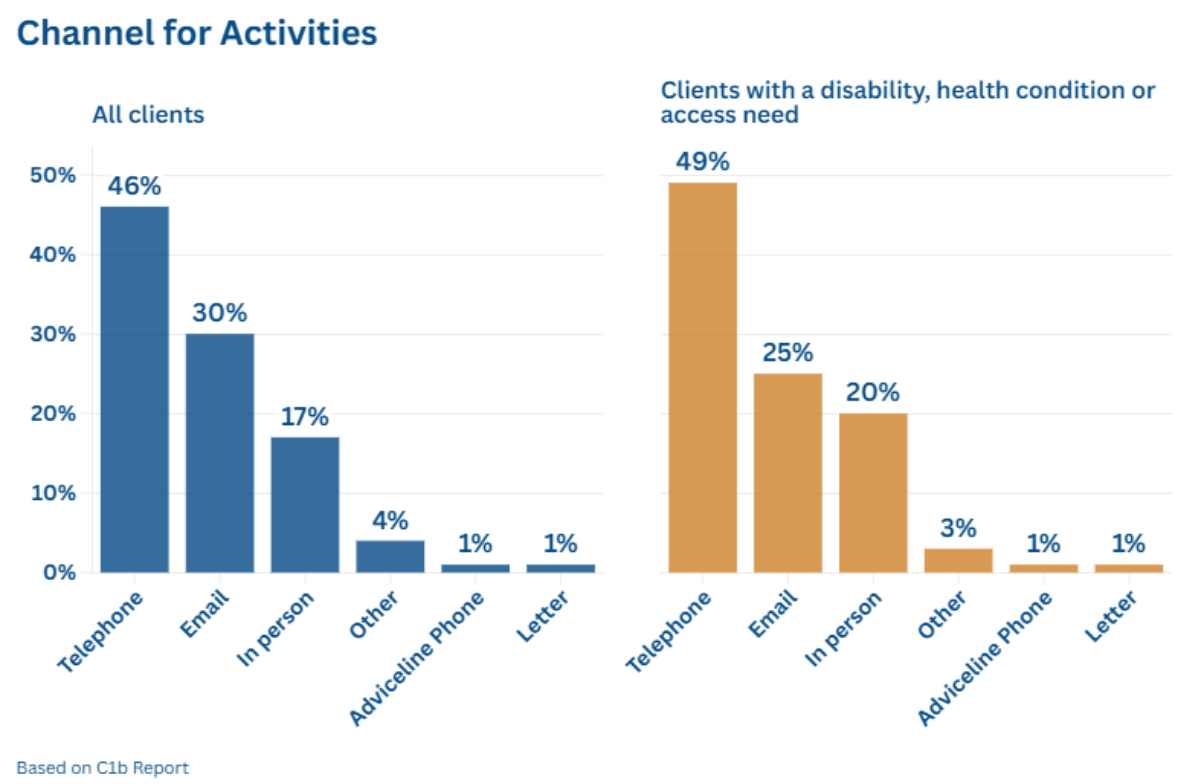
	Number of clients selecting multiple conditions	Total number of conditions selected	Average number of conditions selected per client
2023/2024	186	523	2.8
2024/2025	204	609	3
2025/2026	264	845	3.2

The most common condition selected by people with multimorbidity was mental health (19%), followed by mobility (15%) and chronic or long-term conditions (10%). As mental health is also the second most common condition selected on its own, this indicates an increased need for support for people with mental health conditions within the Hart area.



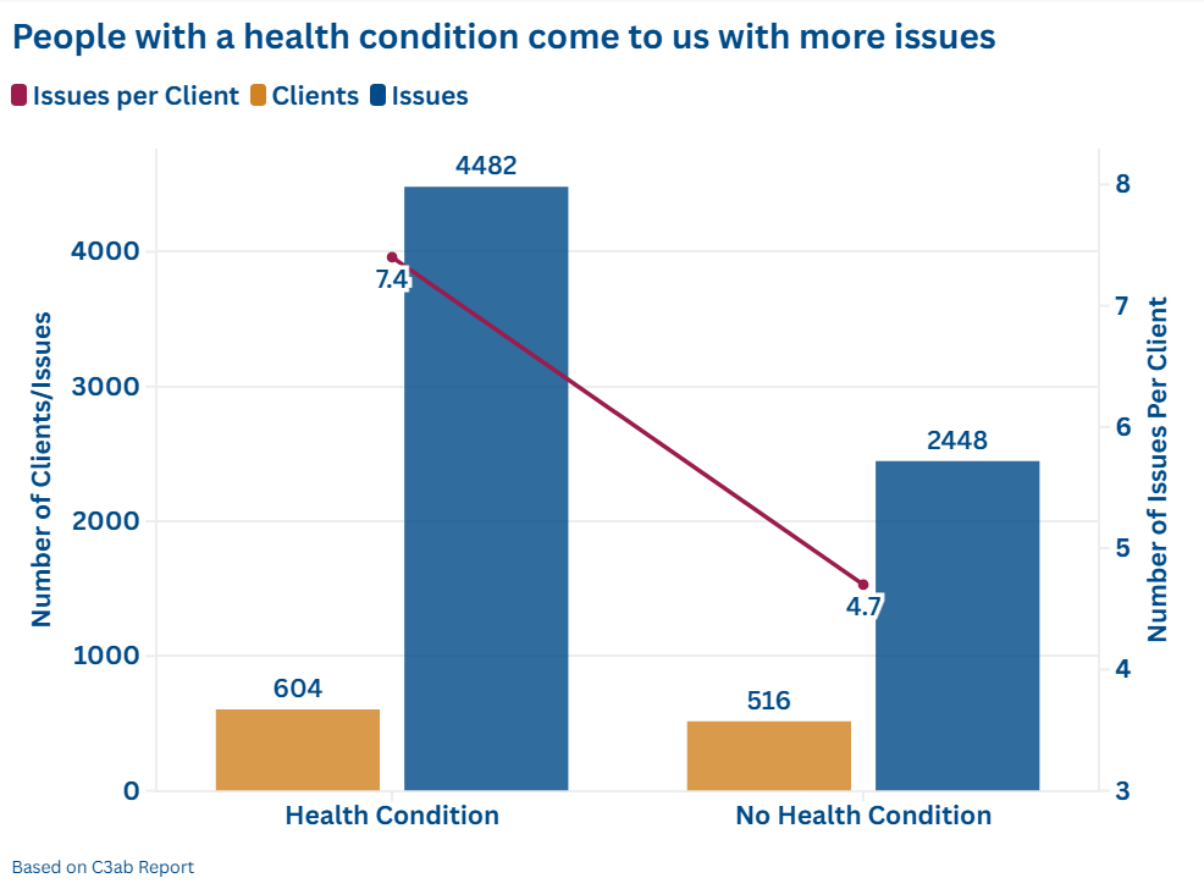
People with a health condition use different contact channels

We record an “activity” each time someone contacts us, or when our advisers complete work on their behalf. Compared with the overall client base, **clients with a health condition show a modest shift towards higher-support channels**: a greater share of their activities take place by telephone (49% versus 46%) and in person (20% versus 17%), with fewer handled by email (25% versus 30%). This pattern suggests that clients with health conditions may be more likely to need real-time conversation, reassurance, or adjustments that are easier to provide by phone or face to face. Operationally, this points to an ongoing demand for telephone and in-person capacity, including accessibility considerations, and suggests that digital or email channels alone may not be sufficient for this group.



People with health conditions have complex issues

While supporting someone, the types and number of issues they present with are recorded via Advice Issue Codes (AICs). **People with a disability, long-term condition or access need who came to us in 2025/2026 had an average of 7.4 different issues** compared with 4.7 for those without a health condition or access need. The overall number of issues per client is 4.2. If simple queries and simple query issues are excluded, so that only clients who needed full advice are included, this increases to 5.3 issues per client. While this higher issue count could indicate a higher need for advice among people with a health condition, other contextual factors could also play a role, so this data must be interpreted with caution.



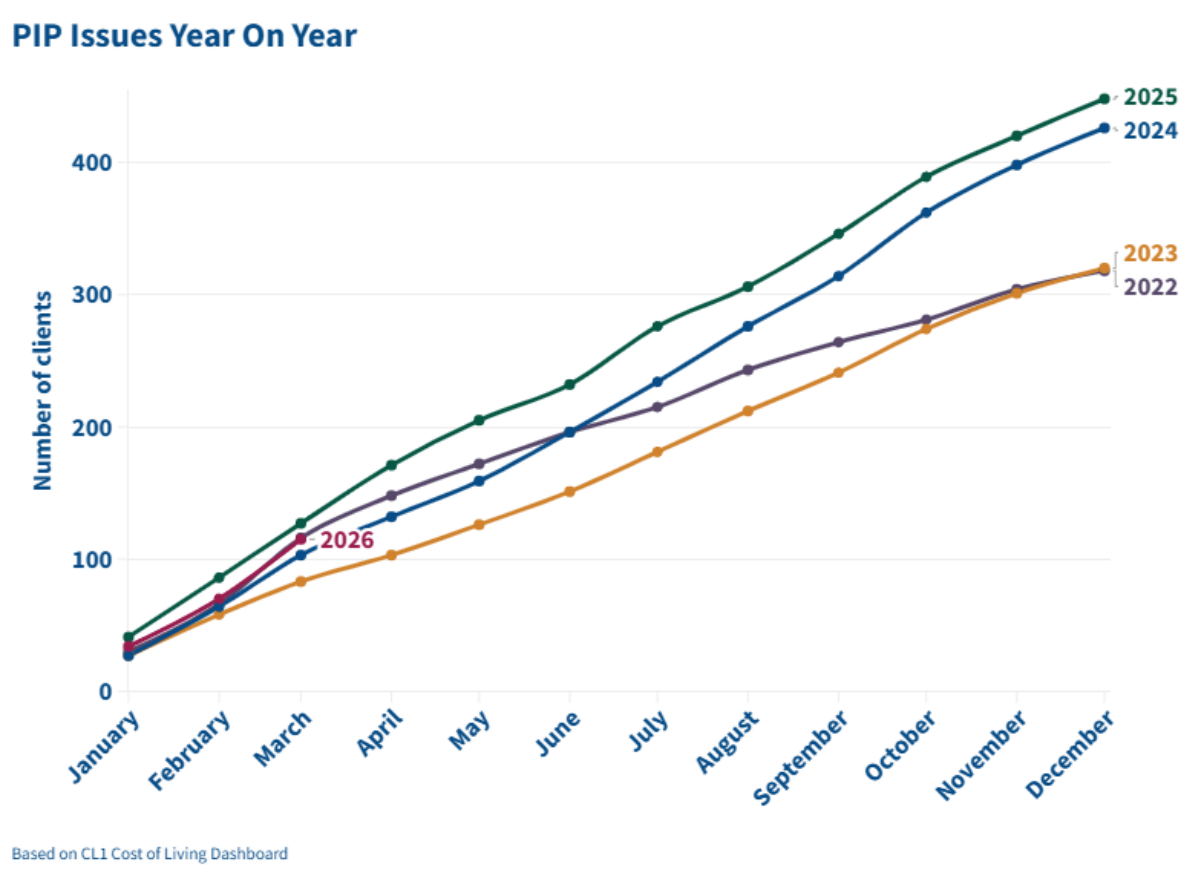
When we consider what types of issues people with health conditions present with, the top five issues are very similar to those for all people we support; however, the proportions differ slightly. As might be expected, **people with a health condition are more likely to have issues relating to benefits and tax credits**. They also have a slightly higher proportion of issues relating to debt, utilities and communications.

Overall Top Five Issues	Percentage	Health Condition Yes	Percentage
Benefits & Tax Credits	27%	Benefits & Tax Credits	30%
Debt	11%	Debt	12%
Utilities & Communications	10%	Utilities & Communications	12%
Housing	10%	Benefits Universal Credit	9%
Benefits Universal Credit	7%	Housing	7%

We can also look at which issues are most common among the top conditions reported. For people with multimorbidity, the overall pattern is similar to that seen for all people with a health condition. People with a mental health condition are marginally less likely to need benefits and tax credits advice, but more likely to need help with debt (16% of all issues for this group compared with 11% overall).

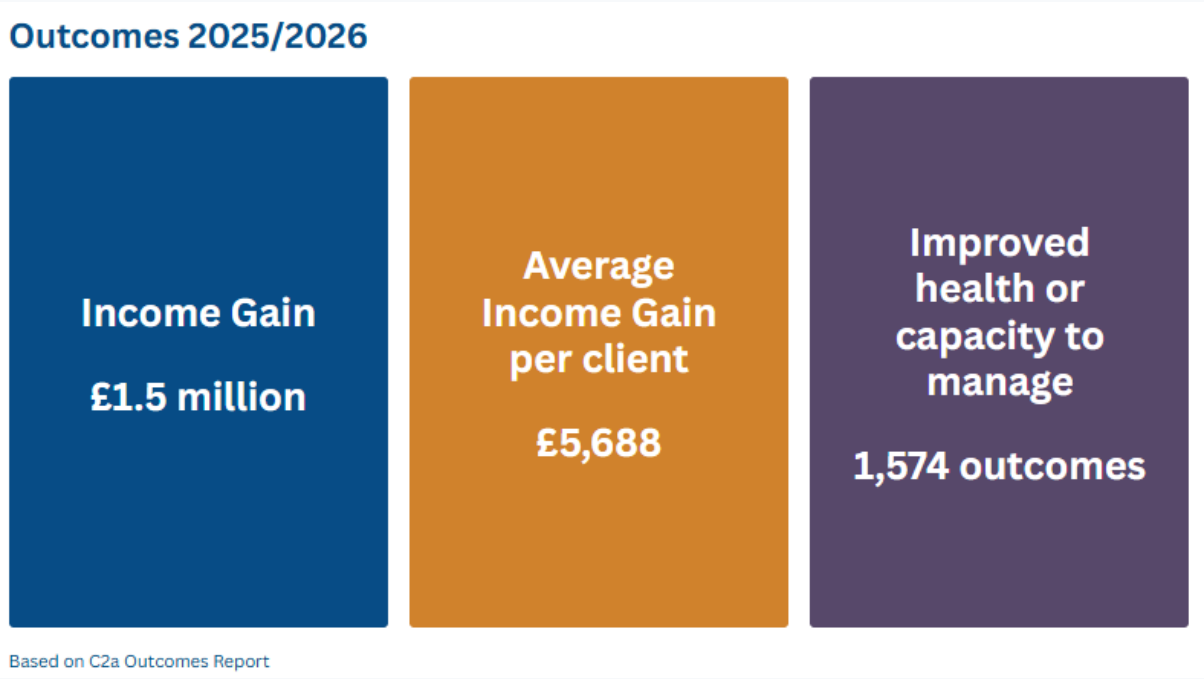
Multimorbidity	Percentage	Mental health condititions	Percentage
Benefits & Tax Credits	32%	Benefits & Tax Credits	25%
Utilities & Communications	13%	Debt	16%
Debt	11%	Utilities & Communications	14%
Benefits Universal Credit	11%	Housing	10%
Housing	7%	Benefits Universal Credit	7%

As benefits and tax credits issues account for such a large proportion of all issues seen, it is helpful to break this area down further. Within benefits and tax credits, the top two issues overall are General Benefit Entitlement, accounting for 29% of all benefits issues, and Personal Independence Payment (PIP), accounting for 27% of all benefits issues. **2025 was a record year for issues relating to PIP**: by the end of the year, we had seen 448 PIP issues. Most of the people we help with PIP issues need support with making or managing a claim, which accounts for 21% of all PIP issues. Within General Benefit Entitlement, the most common issue we help with is eligibility and entitlement, which accounts for 32% of all such issues.



We achieve real outcomes for the people we support

In 2025/2026, we achieved financial income gains of over £1.5 million for the people we support. 72% of these income gains were achieved for people with a health condition, with an average of £5,688 achieved per client. This is to be expected, as a large proportion of our income gain outcomes relate to benefit claims, which are especially significant for people with health needs. Overall, for every £1 invested in Citizens Advice Hart we generate £7.55 in value for the people we help (through a range of financial benefits such as helping benefit claims, writing off debt and consumer refunds). We also record non-financial outcomes. In 2025/2026, we recorded 1,574 improved health or capacity to manage outcomes for 691 people, meaning cases where a person's ability to manage their situation, or their reported health or wellbeing, improved as a direct result of our support. Of these 1,574 outcomes, 42% were for people with a health condition; excluding cases where profile information was not captured, this rises to 55% of 1,203 outcomes.



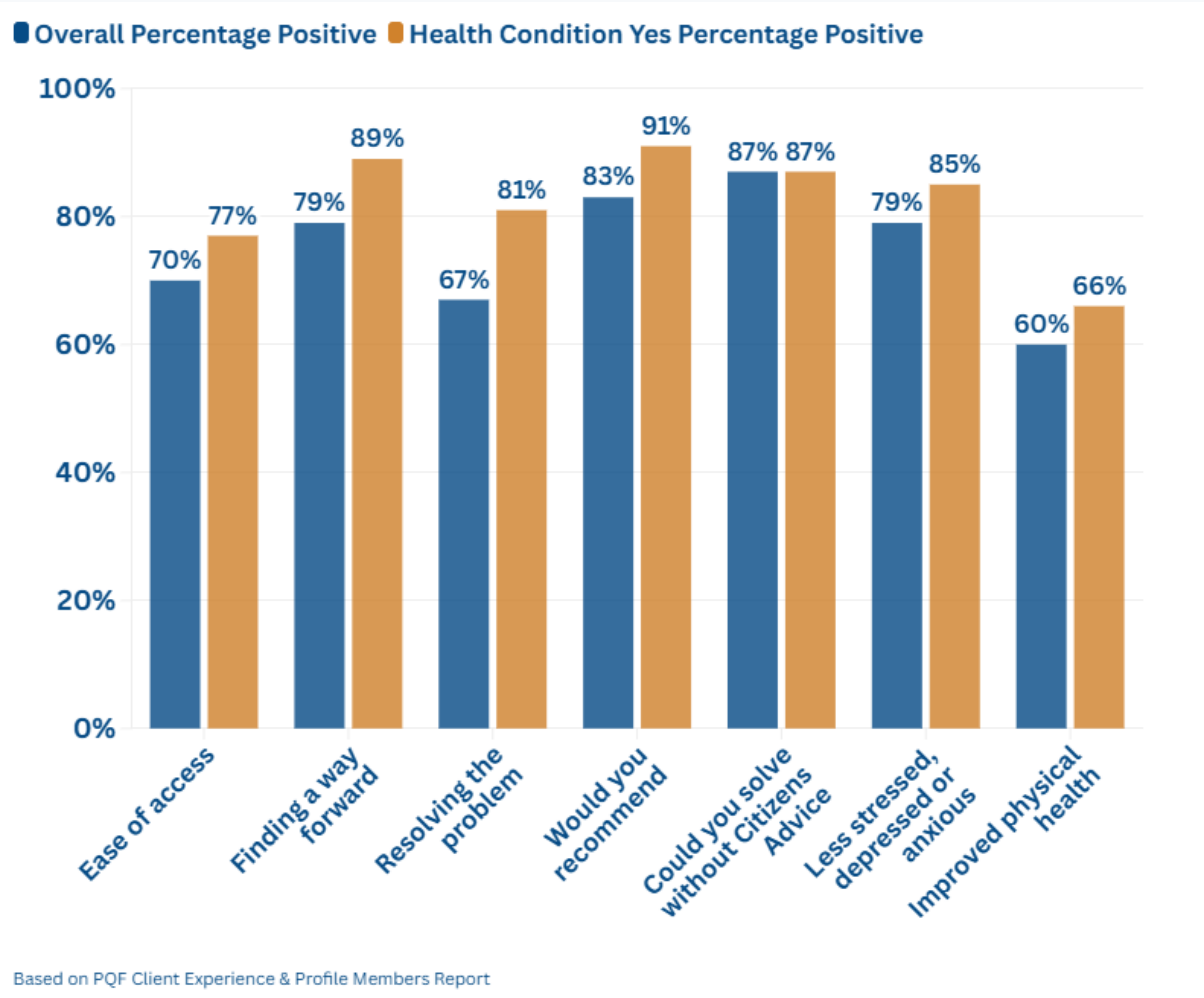
Our impact also extends beyond the individuals we support directly. By helping people resolve problems before they escalate, advice creates wider financial value for public services and society. Based on calculations produced by National Citizens Advice in conjunction with New Economy, the advice provided by Citizens Advice Hart in 2025/2026 is estimated to have saved the NHS £155,879 through reduced costs of health interventions and reduced demand for GP services. It is also estimated that for every £1 invested in Citizens Advice Hart, £2.10 of financial savings was generated for local and national government. This reflects the preventative value of advice: by helping people resolve issues relating to income, debt, housing, utilities and access to support, we reduce stress, improve people's ability to manage and help prevent problems from escalating into greater health need. We also generate £16.99 in public value as, when people have fewer problems, they have higher levels of wellbeing, participation in society and productivity.

People with health conditions report high levels of satisfaction

Following contact with Citizens Advice Hart, people are asked if they are happy to be contacted to provide feedback on our services and their experiences. Where someone agrees to be contacted by SMS or email, a proportion are asked about ease of access, whether they found a way forward, problem resolution, whether they would recommend the service, the state of their problem when they contacted Citizens Advice, and whether their health or wellbeing improved as a result of advice.

Across all the above areas, **positive response rates for people with a health condition are higher than for the overall client base**, except for whether they would have been able to resolve the issue without help, where the two groups are equal.

91% of people with a health condition say they would recommend the service and there were higher rates of both reported **physical and mental health improvement** among this group. This may reflect the greater complexity of support these individuals typically need compared with more straightforward queries; even so, it indicates that satisfaction levels among this group are high.



Based on PQF Client Experience & Profile Members Report

Advice as part of the health and care system

The findings in this report reflect a wider evidence base showing that income, debt, housing, employment and access to services - the social determinants of health - have a direct bearing on physical and mental wellbeing. Financial hardship and the stress of navigating complex systems such as PIP are known to exacerbate anxiety, depression and long-term conditions, while problems such as fuel poverty or unmanageable debt can worsen physical health outcomes and increase reliance on primary and emergency care. Advice services such as Citizens Advice Hart address these upstream drivers of poor health directly, relieving pressure at the point where financial and administrative problems would otherwise translate into a health need.

This is borne out in our own data. Clients with a disability, long-term condition or access need are not only more likely to come to us, but come to us with more complex, interlinked issues - most commonly spanning benefits, debt and utilities. The £155,879 in estimated NHS savings and the 1,574 improved health or capacity to manage outcomes recorded in 2025/2026 both point to the same conclusion: resolving a benefits, debt or housing problem is very often also a health intervention, reducing stress, preventing escalation and easing demand on GP and hospital services.

We believe there is scope to strengthen this role further as part of the developing neighbourhood health model. Referral pathways from general practice, social prescribing link workers and other NHS and care settings into specialist advice remain limited, and we welcome the opportunity to develop these further alongside NHS and system partners. Embedding advice more formally within local neighbourhood health and care pathways and sustaining the telephone and face-to-face capacity that people with long-term conditions disproportionately rely on would allow more people to access support before problems escalate into greater health need - delivering both individual and system-wide benefit.

Conclusion

The evidence in this report shows that people with a disability, long-term condition or access need are a significant and growing part of Citizens Advice Hart's work. These residents are not only more likely to need support, but also more likely to present multiple and complex issues that require time, expertise and accessible channels of advice. The increase in people reporting multimorbidity, the higher average number of issues per client and the continuing demand for benefits-related advice all point to a service environment where health, income, debt and wellbeing are closely connected.

The outcomes achieved demonstrate the value of this support. Financial income gains of more than £1.5 million, alongside improved health and capacity to manage outcomes, show that advice provision is making a measurable difference to people's lives. The high satisfaction and recommendation rates among people with long-term conditions also suggest that the service meets needs in a way people value. The estimated £155,879 annual saving to the NHS further demonstrates the wider preventative value of advice in reducing pressure on health services and supporting better wellbeing.

Looking ahead, we see a clear opportunity to embed advice more formally within neighbourhood health provision: maintaining accessible advice channels, continuing to improve profile data capture, strengthening referral pathways with NHS and care partners, and using outcome evidence to demonstrate the wider social value of Citizens Advice Hart's work as part of the neighbourhood health system.

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