
To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Renfrewshire's Local Child Poverty Action Report 2018/19

1. Summary

1.1 The purpose of this report is to detail the existing, new and planned work being undertaken which contributes to tackling poverty. This is in line with the Child Poverty (Scotland) Act 2017 ambitions and requirements for publication of the first Local Child Poverty Action Report (LCPAR) by 30 June 2019.

1.2 The Child Poverty (Scotland) Act 2017 included a duty on Local Authorities and NHS Boards to commit to new actions to reduce child poverty, alongside key partners, and to report annually (via the LCPAR) to the Scottish Government.

2. Recommendation

2.1 It is recommended that the IJB:

- Note the work undertaken in 2018/19 to support NHS Greater Glasgow & Clyde and Renfrewshire Council to meet their statutory duty to contribute to reductions in child poverty rates;
 - Note the commitments within the LCPAR for all staff across HSCP services to have a duty to contribute towards tackling child poverty in 2019/20;
 - Note the wider partner actions undertaken and planned to tackle child poverty and continue to influence development of these through appropriate local partnership structures.
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3. The Child Poverty (Scotland) 2017 Act

3.1 The Child Poverty (Scotland) 2017 Act sets out targets to reduce the number of children experiencing the effects of poverty by 2030. The targets state that by 2030, less than 10% of children living in Scottish households should be living in relative poverty; less than 5% should be living in absolute poverty; less than 5% should be living with combined low income and material deprivation, and less than 5% should be living in persistent poverty.

3.2 The Act also set interim targets to be met by 2023. Less than 18% of children living in households in Scotland should be living in relative poverty; less than 14% should fall within absolute poverty; less than 8% to be experiencing

low income and material deprivation, and less than 8% to be living with persistent poverty.

4. Relevance to Renfrewshire HSCP Strategic Plan

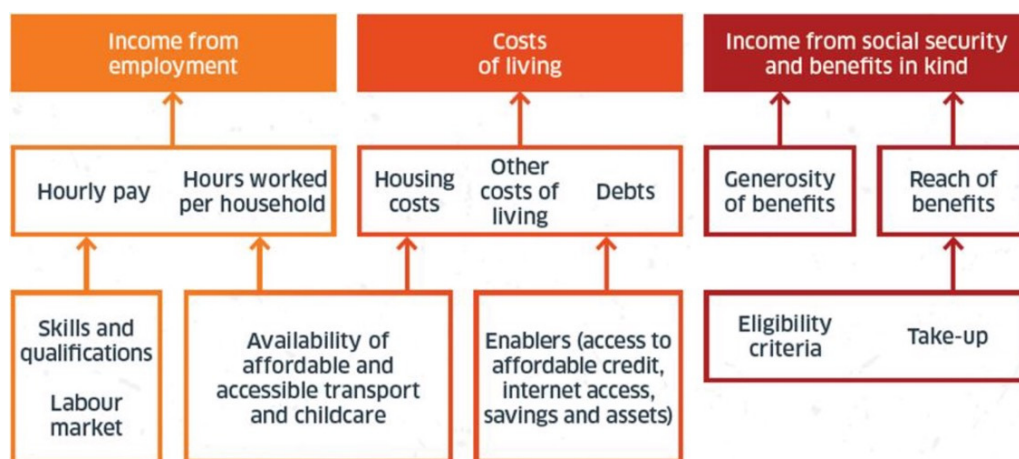
4.1 The Renfrewshire HSCP Strategic Plan 2019–22 states that “we will support local collective action to meet the requirements of the Child Poverty (Scotland) Act 2017”. The plan further states that “we will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services”. Therefore collective action across HSCP services is required to contribute to these strategic aims.

5. Renfrewshire’s Local Child Poverty Action Report (LCPAR)

5.1 The first Renfrewshire LCPAR sets out the context for child poverty in Renfrewshire and provides an annual reflection on activities undertaken during 2018/19 to mitigate and prevent child poverty and planned work for 2019/20. A copy of the LCPAR is available for members to review via the weblink below:

<https://renfrewshire.cmis.uk.com/renfrewshire/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=0S9r9JkCfnwdampO2NnBwWW%2bzNre8uHLqVlocIEISmsLq4PsnRaGgg%3d%3d&rUzwRpf%2bZ3zd4E7kn8Lyw%3d%3d&pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTlbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>

The LCPAR is supported by an additional report from NHSGGC detailing their activity (Appendix 1). There are many local programmes detailed in the report. These programmes are themed using the child poverty model recommended in the ‘Every Child Every Chance’ national action plan, as shown below.



5.2 There has been a significant investment from Renfrewshire Council, NHS Greater Glasgow and Clyde and Renfrewshire HSCP in mitigating against child poverty.

The following are examples of some of the steps the HSCP is taking, in partnership, to reduce child poverty.

- 5.2.1 Healthier Wealthier Children is funded through Renfrewshire Tackling Poverty Programme. This service supports families, with children under the age of five years, with benefits advice. Our health visitors routinely ask and refer families to an advice service. In 2018 the referrals increased by 157% from 35 in quarter two to 90 in quarter three. In the year 2018/19 the additional income of £885,526 was generated for families in Renfrewshire.
- 5.2.2 Employability resource – this information resource was developed to support health professionals and third sector organisations raise the issue of employability with patients and participants.
- 5.2.3 Child Poverty Information for Staff:
- Universal credit training to HSCP, Renfrewshire Council and partner organisations to understand the impact of moving from legacy benefit to Universal Credit.
 - All new health visitors receive information on financial wellbeing; the benefits of income maximisation and referral pathways.
- 5.2.4 Reduce Fuel Poverty – In partnership with Home Energy Scotland support staff and patients visiting the Tannahill Centre in Ferguslie Park increase their knowledge on how to minimise their home energy costs and sign up those eligible to warm home discount scheme.
- 5.2.5 Provision of Financial Advice in GP Practices – A pilot will run in three GP practices to offer patients direct access on the premises to an advice worker at the GP practice. The advice worker will be able to help with money, debt and welfare benefits advice.

Implications of the Report

1. **Financial** – Healthier Wealthier Children Advisor post funded through Tackling Poverty project until 31st March 2020.
2. **HR & Organisational Development** – None
3. **Community Planning** – The final LCPAR will be presented to Renfrewshire Community Planning Executive group.
4. **Legal** – None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – Recent data (May 2019) indicates that 1 in 4 (24%) children in Renfrewshire live in poverty. Family poverty is associated with a health risks and adverse social outcomes. It is known that household income is a causal factor in a child's cognitive, emotional, behavioural and physical development.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – It is estimated that £78 billion (£1 in every £5) is spent in the public sector each year dealing with the consequences of poverty. The risk to the HSCP in the long term is increased service pressure as a result of Poverty. Poverty is the single biggest risk factor associated with mental ill health (Scottish Government 2017).
11. **Privacy Impact** – n/a.

List of Background Papers – Renfrewshire HSCP Strategic Plan 2019–22

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NHS Greater Glasgow and Clyde

Public Health Standing Committee

17 April 2019

Paper No: 19/14

Dr Sonya Scott, Consultant in Public Health
Dr Noreen Shields, Planning and Development Manager

NHSGGC Corporate and Acute Service Child Poverty Action Report 2018

Recommendations

The Public Health Committee is asked to:

- Note the work undertaken by NHSGGC staff in 2018/19 to meet our statutory duty to contribute to reductions in child poverty rates in Scotland.
- Respectively approve and endorse the planned deployment of health resource directly managed by the health board and delegated to Integration Authorities (IJB's) in pursuit of reduced child poverty levels in 2019/20, as described in our six local area child poverty action reports and summarised in this paper.
- Approve the wider partner actions undertaken and planned to reduce child poverty in each of our six community planning partnership areas and continue to influence development of these through appropriate local partnership structures.

Purpose of Paper

This paper aims to summarise the range of activities undertaken in 2018/19 by NHSGGC staff which contribute to reducing child poverty rates in Scotland and outline planned future actions for approval.

Summary of Key Messages:

- The NHS has a new statutory duty to report in partnership with local authorities, action taken to reduce child poverty and maximise the incomes of pregnant women and families with children.
- A range of activity has been undertaken by corporate, acute and health and social care partnership (HSCP) health staff to contribute to reducing child poverty across Greater Glasgow and Clyde (GGC).
- Employability actions have focused on promoting NHS career opportunities and pathways into NHS employment via a range of activity including awareness and guidance sessions for unemployed people in the community and awareness and guidance training sessions for staff in Jobcentre Plus and employability advisors in partner agencies. IJB's also support, fund and deliver a range of employability programmes for groups of patients with specific engagement needs. Note the review of employability services funded and managed through GGC specialist mental health services hosted within Glasgow Integration Authority.
- Work has also been undertaken to understand and support staff financial wellbeing, with training for managers on universal credit and available sources of support for staff experiencing money worries.
- There has been a substantial amount of work undertaken to refresh and extend the Healthier, Wealthier Children Programme (HWC)¹, including staff information and

¹ HWC is a programme routine enquiry about family financial wellbeing by maternity and health visiting staff and referral to money advice services where required.

training sessions and the development of staff support materials and promotional materials.

- HWC continues to result in substantial financial gains for families resident in GGC.
- An innovative and enhanced model of co-located money advice support for families has been piloted with our Special Needs in Pregnancy Service, highlighting the significant financial vulnerabilities of this patient group (average household income <£6000).
- Co-location of money advice services in GP practices in deprived areas has been successfully piloted in Glasgow.
- Evidence and data briefings have been produced and a development session hosted by NHSGGC to support evidence-informed action in partner local authority areas.
- In 2019/20 there will be a continued focus on improving the practice of routine enquiry of financial wellbeing. We will develop electronic referral pathways into money advice services for health visitors and in some HSCP areas pilot the co-location of money advisors with vaccination clinics in deprived communities. We will also explore how we can have a focus on parents within our employability programmes and understand current gains from community benefits with a view to maximising for children and families.

Any Patient Safety/Patient Experience issues

This work seeks to improve patient experience by ensuring assessment and treatment of social health has parity with physical and mental health.

Any Financial Implications from this Paper

NHSGGC received a small amount of funding (£2, 640) to provide for one month of a band 7 officer's time to report on child poverty reduction actions and an additional £63, 750 to: enhance referral pathways from maternity and children's services into money advice services, provide training for midwives and health visitors on family financial wellbeing and provide capacity in money advice services for responding to referrals from maternal and child services.

A recent review of NHSGGC's Healthier Wealthier Children (HWC) programme² noted the precarious nature of funding for money advice services, which are often reliant on non-recurrent funding and funding from charitable sources.

NHSGGC's Child Poverty Strategy seeks to ensure maximal community benefits are gained from our procurement spend.

Any Staffing Implications from this Paper

Effective action requires strategic leadership on a board-wide and community planning partnership-specific basis and therefore time of health staff working in corporate and acute directorates and health and social care partnerships.

The new statutory duty requires that midwives and health visitors in particular, support action to maximise the incomes of pregnant women and families with children.

Any Equality Implications from this Paper

Some members of our population are at greater risk of experiencing poverty in childhood. Action to reduce child poverty should therefore particularly benefit children of lone and/or

² Naven, L. Review of Healthier, Wealthier Children (HWC) in NHS Greater Glasgow and Clyde. Glasgow Centre for Population Health. 2018. Available at: https://www.gcph.co.uk/assets/0000/6927/Review_of_Healthier_Wealthier_Children_HWC_for_Financial_Inclusion_Group.pdf [Accessed 4 February 2019]

young parents, children with disabilities and/or children of parents with a disability and black and minority ethnic children.

Any Health Inequalities Implications from this Paper

Health inequalities are fundamentally caused by inequalities in income, resource and power. Work to reduce child poverty will contribute to reduced inequalities in income and therefore inequalities in health outcomes.

Has a risk assessment been carried out for this issue? If yes, please detail the outcome.

No

Highlight the Corporate Plan priorities to which your paper relates

Produce and implement joint reports and plans on tackling child poverty including maintaining and developing the healthier, wealthier children programme and exploring how to use our role as an employer and procurer of goods and services to help tackle child poverty.

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Tel No: 01412014888

Date: April 2019

NHS Greater Glasgow and Clyde Child Poverty Report 2018/19

1. Purpose

This paper aims to summarise the range of activities undertaken in 2018/19 by NHSGGC staff which contribute to reducing child poverty rates in Scotland and outline planned future actions for approval.

2. Background

The Child Poverty (Scotland) Act 2017 placed a new statutory duty on health boards to maximise the incomes of pregnant women and families with children and to jointly plan and report on these and other actions taken to reduce child poverty in each local authority area. The submission deadline for the first local area action reports is 30th June 2019.

Family poverty is associated with a range of health risks and adverse outcomes including unplanned pregnancy, smoking in pregnancy, stillbirth, injury in childhood, child neglect and maltreatment, emotional and behavioural problems and adverse health-related behaviours. Furthermore it is now known that household income is a cause factor in a child's cognitive, emotional, behavioural and physical development. It is estimated that £78 billion (£1 in every £5) is spent in the public sector each year dealing with the consequences of poverty.

Twenty-nine percent of children are living in relative poverty after housing costs³ in NHSGGC. Over 40% of all children in poverty in Scotland are in the Greater Glasgow and Clyde Valley Region. Rates vary across local authority areas from 1 in 7 children in East Dunbartonshire and East Renfrewshire to 1 in 3 in Glasgow City. As a result of welfare reform it is predicted that if we do nothing child poverty rates in Scotland will increase from 26% to 38% by 2030.

Child Poverty is not inevitable, indeed rates halved in the UK between 1997 and 2012. The causes of poverty are often confused with the consequences which can impede progress in reducing rates of poverty. The new legislation and accompanying guidance makes clear that poverty is caused by the costs of essential goods and services outstripping household income from employment and/or social security. It requires local authorities and health boards to work with other community planning partners to consider and act on powers they have to maximise incomes and reduce costs for families.

In 2018/19 NHSGGC received Scottish Government funding of £2, 641 to report on child poverty actions and an additional £63, 750 to enhance the Healthier Wealthier Children (HWC) Programme. HWC is a programme of routine assessment of the financial wellbeing of pregnant women and families with children by health staff and where required referral into money advice services. This programme was established in NHSGGC in 2010. In the last eight years the programme has resulted in over £20 million financial gain for families living in GGC. Due to its success in NHSGGC it is currently being rolled out across all Scottish health boards. Recent funding has been provided to: enhance or develop referral pathways from maternity and children's health services into money advice services, provide training on addressing family financial wellbeing for midwives and health visitors and/or fund increased capacity within money advice services to respond to referrals from maternity and children's health services.

The majority of HWC monies (£35812) were disbursed according to the national funding formula to Health and Social Care Partnership (HSCP) health improvement teams. These teams have been strategically leading HWC in their areas since 2013. The remaining

³ defined as living in a household with less than 60% of the average household income for equivalent family size and composition

£27938 (including South Glasgow and Renfrewshire’s HWC funding) has been used to fund continued provision of a co-located money advice service with our Special Needs in Pregnancy Service.

3. Approach

While statutory responsibility for local area planning and reporting falls to the NHS and Local Authority the guidance accompanying the legislation states, “we know that solving poverty requires collaborative working across a range of partnerships. In many cases it will make sense for the Community Planning Partnership process to provide a helpful vehicle to coordinate reports.”

Community Planning Partnerships (or similar partnership fora e.g. Glasgow City Poverty Leadership Panel) have therefore often been the structures through which local partnership strategies have been created, agreed and delivered.

Health staff have contributed to reducing child poverty on both a board-wide and locally specific basis. Board-wide actions are delivered through the following existing strategic groups: The Financial Inclusion Group, The Employment and Health Strategic Group and The Equalities and Health Group. At a local level health improvement staff in health and social care partnerships have been integral to, sometimes leading, local partnership planning processes.

NHSGGC staff can and have taken action to increase family incomes and reduce family costs in our role as an employer and in the provision of our service. Staff have also advocated evidence informed action to relevant partners where authority for action lies out with our control. Appendix 1 describes the range of action undertaken in 2018/19 within these categories.

Impact

Action to maximise incomes and reduce costs for pregnant women and families with children through Healthier, Wealthier Children and the Neonatal Expenses Fund have resulted in the financial gains for families in NHSGGC detailed in tables 2 and 3. Referrals and average financial gain have increased substantially between 2017 and 2018 for all services. This could be the result of improved detection of need and/or increasing levels of financial needs.

Table 2. Healthier Wealthier Children referrals and financial gain Jan-Dec 2017 & 2018

Year	Midwifery referrals	Health visiting referrals	Other referrals*	Average gain per family p.a.	Total gain
2017	293	1581	708	£2,100**	£2,498,258
2018	304 (4% ↑)	1965 (24% ↑)	767 (8% ↑)	£2,533**	£4,415,769

*GPs and health care assistants

**Approximately 46% of those referred take up the referral.

Table 3. Money advice referrals from wards and Family Support and Information Service (FSIS) in the Royal Hospital for Children (RHC) and families supported through the Neonatal Expenses Fund 17/18 & 18/19 (Q1-3)

	Number of families supported	Average gain per family p.a.	Income gained
17/18			
Referrals to money advice services from RHC wards and FSIS	361	£6,743	£2,434,358 (income)
18/19 (Q1-Q3)			
Referrals to money advice services from RHC wards and FSIS	332	£8,024	£2,664,077
Neonatal expenses fund	206	£195	£40, 201

4. Future Areas of Development

Appendix 2 details child poverty reduction-relevant actions which are planned for 2019/20.

5. Challenges

- Local action to reduce child poverty necessarily requires relationships, intelligence and influence across a complex range of internal and external policy areas.
- Funding to NHS boards has been provided for one month of reporting activity only and being the same for all boards does not reflect local levels of child poverty or the number of local authority reporting partners.
- Despite clear and compelling evidence of effectiveness in maximising incomes, referral rates from maternity and health visiting services into money advice service are less than we might expect, more work is required to develop relationships between health and money advice services, embed routine enquiry in practice and reduce stigma of accepting a money advice referral.
- Demand for money advice services is increasing at a time of static or decreased funding⁴.

6. Recommendations

The Public Health Committee is asked to:

- Note the work undertaken by NHSGGC staff in 2018/19 to meet our statutory duty to contribute to reductions in child poverty rates in Scotland.
- Approve and endorse the planned deployment of health resource in pursuit of reduced child poverty levels in 2019/20 as described in our six local area child poverty action reports and summarised in this paper.
- Note the wider partner actions undertaken and planned to reduce child poverty in each of our six community planning partnership areas and continue to influence development of these through appropriate local partnership structures.

⁴ The Improvement Service. *Money Advice Services – Investing in the Future*. 2018. Available from: http://www.improvementservice.org.uk/documents/em_briefing_notes/em-briefing-future-money-advice-svcs.pdf [Accessed Feb 2019].

APPENDIX 1. Actions undertaken by NHSGGC staff to maximise incomes and reduce costs for families in 2018/19

A	Employer-related actions	Poverty driver	Partners involved	Priority Groups ⁵	How measure success?	Timeframe
A1	<p>Promotion of NHS career opportunities and pathways into NHS employment via:</p> <ul style="list-style-type: none"> schools engagement activity awareness and guidance sessions for unemployed people in the community awareness and guidance training sessions for staff in JobcentrePlus and employability advisors in partner agencies college visits attendance at community jobs fairs and careers events <p>. A total of 84 events have been hosted in 2018/19</p>	Income from employment	<p>NHS Workforce Employability Team Local Authority Education Services Developing the Young Workforce Regional Groups Jobcentre Plus Clyde Gateway Rosemount Learning Centre Prince's Trust Jobs and Business Glasgow</p>	All	May be possible in future to report activity by SIMD of school, community organisation and report the number of parents reached.	2018/19
A2	NHSGGC pre-employment training programme delivered to 21 people, 13 of whom gained employment following the programme, 11 within NHSGGC.	Income from employment	NHSGGC Workforce Employability Team Clyde Gateway and partner agencies	All	Number of people supported into good quality employment.	2018/19
A3	<p>Apprenticeship opportunities provided for young people including:</p> <ul style="list-style-type: none"> 3 Foundation Apprenticeship Engineering placements for senior phase school pupils hosted by hospital based Estates Teams Modern Apprenticeship Programme recruitment (20 MAs starting with NHSGGC in next 6 	Income from employment	NHSGGC Workforce Employability Team and range of services across NHS accepting MAs.	All	Number of apprentices securing positive destination following programme.	2018/19

⁵ Lone parents, families with disabled member, families with child aged <1y, families with three or more children, BME families.

	months).					
A4	Research on staff financial health needs and creation of an action plan to address those needs.	Income from employment, social security, reduced costs and mitigation of impact.	Public Health, staff participants across range of directorates.	All	As below for actions A5-A7	2018/19
A5	Poverty Awareness training for HR, occupational health and support and information services staff, delivered by Public Health Staff in partnership with Poverty Alliance and Child Poverty Action Group. Training content included Welfare Reform and 'in work' benefits, the rise in 'in work' poverty and the impact of poverty, how to raise the issue of money, the support and resources available and appropriate pathways for referral and signposting staff.	Income from employment, social security, reduced costs and mitigation of impact	Public Health Poverty Alliance Child Poverty Action Group	All	Number of staff trained (100 in 2018/19) Pre and post training assessments Explore feasibility of monitoring number of staff supported through support and information services.	2018-20
A6.	Money advice information to be included with standard Payroll letters informing staff of either move from full to half or half to no pay during sickness absence or recovery arrangements for overpayments.	Income from social security. Reducing household costs.	HR and Payroll staff.	All	Standardisation of process.	2018/19
A7.	Money and debt advice webpage developed for managers and staff on NHSGGC intranet.	Income from social security. Reducing household	Public Health	All	Number of visits to website.	2018/19

		costs. Mitigation of impact.				
A8.	Continued provision and promotion of family-friendly working policies and opportunities.	Income from employment and reduced costs.	HR	All but may particularly benefit lone parents and families with disability.	.	Ongoing
A9.	Continued provision of monthly payment scheme for annual travel cards for staff.	Reduced costs	First Glasgow, ScotRail, Scottish Passenger Transport.		890 staff benefited during 2018 calendar year.	Ongoing
A10	Provision of educational bursaries to support in-work progression for staff.	Income from employment	Learning and Education Team.	All	Number of applications received and awarded by job band.	2018/19
B	Service-related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timescale
B1	Four child poverty information sessions reaching 70 staff in total across all HSCP areas, two chaired by Director of Nursing and in collaboration with University of Stirling, to raise awareness of new child poverty legislation and new statutory income maximisation duty , provided for health visiting, family nurse and senior midwifery staff.	Income from social security. Reduced costs	Director of Nursing, public health, health visitors, midwives, family nurses, academic colleagues.	All	Post-event evaluation on knowledge and confidence responding to money worries	2018/19
B2	Development of refreshed staff and patient-facing materials to promote new statutory duty, routine enquiry of financial wellbeing, maternity benefits available and referral pathway into money advice services.	Income from social security. Reduced costs	Public Health Communications colleagues	All	Number of referrals from midwifery and health visiting colleagues into money advice services.	2018/19

B3	Development of materials for staff on sources of support for asylum seekers who have no recourse to public funds.	Mitigation of impact	Public Health	All particularly black and minority ethnic families.		2018/19
B4	Further development and promotion of a poverty and financial inclusion e-learning module for staff. 83 staff have completed in 11 months from 1/4/18	Income from social security, reduced costs and mitigation	Public Health	All	Number of staff completing e-module	Ongoing
B5	Face-to-face briefing sessions for new midwives and Royal Hospital for Children staff on assessment of family financial wellbeing. 32 new midwives and 16 RHC staff attended these briefings.	Income from social security, reduced costs and mitigation of impact.	Public Health, midwifery and paediatric staff.	All	Number of staff trained	2018/19
B6	Development of team-level training programme on raising issue of money worries for existing midwifery staff.	Income from social security and reduced costs	Public Health, Glasgow City Health Improvement.	Priority groups highlighted	Increased referrals from midwifery teams into money advice services.	2018/19
B7	Training for new health visitors on financial wellbeing, benefits of income maximisation, referral pathways and broader employability services available from money advice providers.	Income from social security and reduced costs	Public Health HSCP Health Improvement teams.	Priority groups highlighted	Increased referrals from health visiting teams into money advice services.	2018/20
B8	Use of health visiting peer champions for promotion of routine financial health enquiry and referral in Glasgow City HSCP.	Income from social security and reduced costs	HSCP Children and Families Teams and Health Improvement	All	Increased referrals from health visiting teams into money advice services.	2018/20

B9	<p>Training and information for adult health service staff on assessment of patient financial wellbeing.</p> <p>Information provided at nursing induction sessions in both Greater Glasgow and Clyde.</p> <p>FI briefings provided to Diabetes MCN, Beatson and Pulmonary Rehab staff. 78 staff in total attended these sessions.</p>	Income from employment, social security, costs of living and mitigation of impact.	Public Health and range of community and acute adult service staff.	All	Number of staff attending sessions.	2018/19
B10	<p>Inclusion of a question on financial wellbeing in adult acute ward nursing admission documentation and associated staff training.</p> <p>Three training sessions for senior nursing staff and 26 ward briefings delivered.</p>	Income from employment, social security, costs of living and mitigation of impact.	Public Health and acute adult service nursing staff.	All		2018/19
B11	<p>Development of a NHSGGC briefing for organisations representing priority groups on referral pathways from maternal and child services into money advice services.</p>	Income from social security and reduced costs	Public Health		Increased referrals into money advice services for priority groups.	2018/19
B12	<p>Management of the Financial Inclusion, Money Advice service in the Royal Hospital for Children (RHC) which provides parents/carers with a range of services to support their financial wellbeing including: benefits checking, income and expenditure support, financial capability and budgeting information debt management support, assistance with housing and eviction issues and energy advice. Parents and carers can also access emergency family funds and foodbank vouchers via the Family Support and Information Service co-located with the Financial Inclusion service at the RHC.</p>	Income from social security and reduced costs. Mitigation of impact.	Public Health	All	Number of families' supported, average and total financial gain.	Ongoing

B13	Management of neonatal expenses fund for parents or guardians with either premature or sick babies in neonatal care to claim reimbursement for food and travel expenses.	Reduced costs	Public Health	Families with child under age of one.	Number of families supported and average financial gain.	Ongoing
B14	Facilitation of co-location of money advice services with Special Needs in Pregnancy Service (SNiPs) to target income maximisation support and advocacy to those with greatest financial health needs (e.g. average household income for this client group <£6000 per annum).	Income from employment, social security, reduced costs of living and mitigation of impact.	Third sector money advice service SNiPs staff, Glasgow City and Renfrewshire HSCP Health Improvement, Public Health	All, particularly pregnant women, young families.	Number of families' supported, average and total financial gain.	Ongoing
B15	Development of electronic referral pathway into money advice services developed for health visiting staff.	Income from social security, reduced costs.	Public Health, children and families staff, e-health, local authority and third sector money advice providers	All	Increased number of referrals into money advice from health visiting.	2018/20
B16	Regular feedback to health visiting teams on money advice referrals and patterns.	Income from social security and reduced costs.	HSCP health improvement teams	All	Increased number of referrals into money advice from health visiting.	Ongoing
B17	Analysis of uptake of healthy start food vouchers for low income families to support ongoing promotion to families by midwifery and health visiting staff.	Income from social security	Public Health, midwifery and health visiting teams.	All, particularly Pregnant women and families with children under one.	Increased uptake of health start benefit.	2018/20

B18	Survey of family financial health needs undertaken for families of children with disabilities attending child development centres.	Income from social security and reduced costs.	Families with lived experience of poverty. Specialist Children's Services. Glasgow City Council, Third sector Carers' Centre and Money Advice Services Public Health, Glasgow City HSCP Health Improvement.	Families with a disabled household member.	Increased money advice referrals from CDC staff. Average financial gain of £5000 per family supported.	2018/19
B19	Proposal developed and funding secured for research into the financial impact of pregnancy and possible cost-related barriers to attending antenatal care for low income families living in NHSGGC	Reduce costs, mitigation of impact.	NHS Health Scotland, NHS Ayrshire and Arran, Glasgow Centre for Population Health (GCPH), The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Funding secured.	2018/19
B20	Financial incentives for pregnant women to stop smoking in pregnancy.	Mitigate impact of poverty	Midwives, Lead Midwives, University of Glasgow, Corporate Communications, HSCP Health Improvement Teams, eHealth, Public Health Directorate, Quit Your Way Services (Pregnancy, Pharmacy, Community, Acute)	All eligible pregnant women.	Number of women who receive full incentives by SIMD. Number and rate of women who maintain quit at 12 and 24 weeks post-	2018/20

					quit date.	
B21	Colocation of money advice service in nine GP practices in deprived areas in North East Glasgow. Over 350 people supported in the first three quarters of 2018/19 with total financial gain of £1,148,423 for those benefiting financially.	Income from social security and reduced costs	Money Advice services, Clyde Gateway, Primary Care Teams, Glasgow City Health Improvement Team	All	Total and average financial gain	2018/19
C	Advocacy	Poverty driver	Partners involved	Priority Groups	How measure success?	Timescale
C1	Child Poverty Action network for local authority and HSCP leads established to co-ordinate board-wide and local area action and to share evidence and best practice across GGC.	All	All six local authorities and HSPCs, NHS Health Scotland, Public Health.	All	A number of supporting resources have been developed for local areas including an evidence briefing and data guide.	2018 -
C2	Development session for local area child poverty leads organised with input from NHS Health Scotland, The Improvement Service and the Scottish Poverty and Inequalities Research Unit – focus on advocacy of automation of local area benefits and return on investment from referrals into money advice services from health service sources.	All	All six local authorities and HSPCs, NHS Health Scotland, The Improvement Service, GCPH, Public Health.	All	A number of areas are now exploring automation of local benefits.	2018/19
C3	Presentations on impact of child poverty on health, new statutory duty and evidence base for local action presented to: - NHSGGC Board Heads of Children’s Health and Social Care Services and Area Partnership Forum and also -partnership forums in each local authority area	All	Public Health	Priority risk groups highlighted.	Child Poverty plans discussed at and endorsed by senior strategic partnership	2018/19

	-the national Scottish Local Authority Economic Development Conference.				committees.	
C4	Guidance on evidence informed action to reduce child poverty at a local level produced.	All	Public Health	All		2018/19
C5	Guidance on data available at local authority level to measure poverty and its drivers produced.	All	Public Health	All	Indicators being used in local child poverty action reports	2018/19
C6	A range of articles produced for staff news, core brief and hot topics related to child poverty.	All	Communication Staff and Public Health	All	Increased awareness of child poverty legislation amongst staff	2018/19
C7	A blog on evidence informed local action to reduce child poverty written for GCPH - https://www.gcph.co.uk/latest/news/861_poverty_isn_t_in_evitable_local_action_is_possible	All	Public Health and GCPH	All	Increased awareness of causes of poverty and evidence informed actions which can be taken at local level in local policy makers and practitioners	2018/19
C8	A blog on the benefits of integrating money advice into primary care health services written for GCPH https://www.gcph.co.uk/latest/news/877_at_the_deep_end_integrating_money_advice_workers_into_gp_practices	All	Glasgow City Health Improvement Team and GCPH	All	Further roll out of co-location of money advice support in general practice.	2018/19

APPENDIX 2. Planned actions to maximise incomes and reduce costs for families in 2019/20

FA	Employer related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timeframe
FA.1	Implementation of the NHSGGC Widening Access to Employment Strategy recommendations with specific action to support parents to access NHS job opportunities	Income from employment.	Widening Access to Employment Strategic Group, Workforce Employability Lead, Public Health Employability partner agencies	All	Number of parents accessing employability programmes going on to sustained employment.	2019/20
FA.2	Explore how we could optimise the impact of our procurement spend on local job creation and/or job quality for low-wage employees ⁶ .	Income from employment	Head of Procurement, Commodity Manager Corporate Services, Public Health	All	Number and type of community benefits gain through capital spend and contracted services.	2019/20
FA.3	Plans in place to deliver Poverty Awareness training to Payroll staff in 2019/2020	Income from employment, social security, reduced costs and mitigation of impact.	Public Health	All	Number of staff trained. Pre and post-training assessments.	2019/20
FA.3	Include information on support for financial wellbeing in attendance management policy guidance and processes.	Income from social security and reducing costs of living.	Public Health and HR	All	Staff know sources of support for financial wellbeing.	2019/20
FA.4	Payslip messages	Income from social	Public Health and	All	Staff know sources of	2019/20

⁶ Earning less than £17,550 per year whilst working full-time (based on living wage rate of £9 per hour and 37.5h week.

	signposting to sources of money advice and support to be issued quarterly from April 2019.	security and reduced costs of living.	Payroll colleagues.		support for financial wellbeing.	
FB	Service-related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timeframe
FB.1	Develop electronic prompt for routine financial health enquiry and promotion of Best Start Pregnancy and Baby grant at 22 week antenatal appointment.	Income from social security.	Maternity services, Public Health.	All, particularly pregnant women	Midwifery referrals to money advice services increase. High levels of uptake of Best Start Pregnancy and Baby Grant in GCC	2019/20
FB.2	Explore development of electronic prompt for promotion of Best Start Grant Nursery and School grant payments at 27month and pre-school health visiting assessments on EMIS Web.	Income from social security	Children and Families, e-Health, Public Health	All	High levels of uptake of Best Start Nursery and School grant payments in GGC.	2019-21
FB.3	Develop quality assurance process for electronic referrals into money advice services from maternity service IT system.	Income from social security and reduced costs of living.	Maternity services, public health, money advice providers.	All, particularly pregnant women.	We can evidence referrals made are being received by the eleven money advice providers across GGC.	2019/20
FB.4	Facilitate targeted co-location of money advice services in vaccination settings in East Dunbartonshire, East	Income from social security and reduced costs of living.	Children and Families teams, money advice services, health improvement teams.	All particularly families with a child under the age of one.	Referrals made, families engaging with service and financial gain.	2019/20

	Renfrewshire HSCPs.					
FB.5	Provide dedicated money advice support for family nurses in North East Glasgow City.	Income from social security, reduced costs of living.	Family nurses, health improvement staff.	All, particular young parents.		2019/20
FB.6	Expand provision of co-located money advice service in GP practices in Glasgow	Income from social security, reduced cost of living	Money advice services, primary care teams, Glasgow Health Improvement Team.	All	Referrals made, average and total financial gain	2019/29
FB.7	Raise awareness of child poverty legislation, statutory duty and available support services with GPs working in Deep End practices.	All	GPs, public health.	All	Increased referrals to money advice services from primary care.	2019/20
FB.8	Undertake research into the cost of the pregnancy pathway to explore the financial impact of pregnancy on low income families and how services can mitigate, given evidence that this can be a point of transition to poverty for some families.	Reduce costs, mitigation of impact.	Families with lived experience of poverty, NHS Health Scotland, NHS Ayrshire and Arran, GCPH, The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Breadth of participants recruited. Useful insights and actionable recommendations generated.	2019/20
FB.9	Develop questions on	Income from social	Public Health, acute	All	Families are routinely	2019/20

	money worries for Children's Hospital admission documentation.	security, reduce costs, mitigation of impact.	children's services.		asked about social health when child admitted for acute care.	
FB.10	Disseminate findings of family financial health needs of families attending child development centre (CDC) to improve pathways into support services for families of disabled children.	Income from social security, reduce costs.	Public health, specialist children's services	Families with a disabled child	CDC staff are aware of new statutory duty on child poverty, the likely levels of need in families using their service and the benefits or referring to money advice services. Referrals into money advice from CDC's increase.	2019/20
FB.11	Develop child poverty microsite for staff, partners and general public on causes, relevance for health, local rates and current NHS actions.	NA	Public Health	All	Number of visits to site	2019/20
FB.12	Continue to deliver and improve routine financial health enquiry and referral into money advice in midwifery, family nurse and health visiting services.	Income from social security and reduced costs of living.	Maternity, family nurse, children and family services, public health and health improvement.	All, with focus on pregnant women and young parents.	Recorded enquiry Referrals made Number of families engaged Total and average financial gain.	Ongoing.
FB.13	Continue to monitor and feedback on income maximisation referrals	Income from social security and reduced costs of	Public health and health improvement in HSCPs	All	Increasing enquiry and referrals made.	Ongoing.

	from maternal and child services.	living.				
FB.14	Research into the prevalence of financial hardship in families of children attending outpatient ENT clinics in Royal Hospital for Children	Income from social security, reduced costs.	ENT staff, public health, service users.	All	Completion of results with actionable recommendations to improve health and/or care.	2019/20
FC	Advocacy	Poverty Driver	Partners involved	Priority Groups	How measure success?	Timeframe
FC.1	Analysis and reporting, in partnership with GCPH, on indicators of child poverty and economic, housing, childcare and transport drivers in the Glasgow and Clyde Valley Region.	Income from employment and costs of living.	GCPH, Glasgow City Region, Glasgow City Council, Children's Specialist Services, Public Health, Health Improvement.	All	There is a greater understanding of levels and distribution of determinants of child poverty amongst relevant senior decision makers across GGC	2019/20