

# NHS Ayrshire & Arran

<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 14 August 2023</b>
<b>Title:</b>	<b>Investing in the future: tackling child poverty</b>
<b>Responsible Director:</b>	<b>Lynne McNiven, Director of Public Health</b>
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## 1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The impact of poverty has wide reaching implications across all directorates and it is in the best interests of the health and social outcomes of our entire population to prevent the impact of poverty on our youngest citizens.

Child poverty levels in NHS Ayrshire & Arran (NHS A&A) are high. In 2019/20, North, East, and South Ayrshire each had a higher percentage of children living in relative poverty, than the Scottish average. Data on child poverty is outlined in appendix 1: supplementary report.

The Child Poverty (Scotland) Act 2017<sup>1</sup> places a duty on Local Authorities (LAs) and Health Boards to report annually on activities they are taking, and will take, to reduce child poverty through Local Child Poverty Action Reports (LCPARs). Our statutory duty is to contribute to joint reports with the LAs. This Board paper is in addition to that and focuses on 'in house' poverty prevention and mitigation work, which will feed into those LCPARs. The paper is presented to the Board to provide assurance that NHS

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<sup>1</sup> Child Poverty (Scotland) Act 2017, Acts of the Scottish Parliament, 2007 asp 6, Crown <https://www.legislation.gov.uk/asp/2017/6/contents/enacted> accessed 26/08/2022

A&A delivered on its statutory duty and to receive an update on progress against local actions.

The Child Poverty (Scotland) Act 2017 sets out four statutory income targets, which require to be met by the financial year beginning 1 April 2030. Of children living in households in Scotland:

- Less than 10% of children are in relative poverty<sup>2</sup>;
- Less than 5% of children are in absolute poverty<sup>3</sup>;
- Less than 5% of children experience combined low income and material deprivation<sup>4</sup>; and
- Less than 5% of children are in persistent poverty<sup>5, 6</sup>.

More recently the Scottish Government has produced the Child Poverty Delivery Plan 'Best Start, Bright Futures: Tackling child poverty delivery plan 2022 to 2026'<sup>7</sup>. The Scottish Government allocated almost £3 billion to help households mitigate the impacts of the cost of living crisis, including support for childcare, health, travel, energy, social security payments.<sup>8</sup> In November 2022 the Scottish Child Payment increased from £20/week to £25/week per eligible child<sup>9</sup>.

There are concerns that the current cost of living crisis, which includes increase to fuel costs, following on from the COVID-19 pandemic, will have undermined progress nationally and locally to reduce child poverty<sup>10</sup>. While the cost of living crisis will affect everyone, those on lower incomes are most at risk of being more negatively affected<sup>11</sup>.

NHS A&A staff are working to reduce child poverty and mitigate against its impacts. The NHS A&A action plan is available at Appendix 2 and these actions are described and updates provided in more detail in appendix 1. The child poverty work is closely linked with the NHS A&A Employability Steering Group, the NHS A&A Community Wealth Building/NHS as an Anchor Organisation Programme Board, and Staff Financial Wellbeing Steering Group (Appendix 3).

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<sup>2</sup> Relative poverty - individuals living in households whose equivalised income is below 60 percent of median income in the **same year**. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole. Source: Scottish government [https://data.gov.scot/poverty/2021/#Poverty\\_measurement](https://data.gov.scot/poverty/2021/#Poverty_measurement) accessed 14/10/2022

<sup>3</sup> Absolute poverty - individuals living in households whose equivalised income is below 60 percent of inflation-adjusted median income in **2010/11**. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms. Source: Scottish government [https://data.gov.scot/poverty/2021/#Poverty\\_measurement](https://data.gov.scot/poverty/2021/#Poverty_measurement) accessed 14/10/22

<sup>4</sup> Material deprivation - whether households have goods and services that people in the UK believe to be necessary. A suite of 21 items and activities is compared. Households are asked whether this is because they do not want them or because they cannot afford them. Within the scoring more weight is given to lacking items that most of the population have. This measure also combines use of an income threshold of 70% of the median income. Source: Scottish government [https://data.gov.scot/poverty/2021/#Poverty\\_measurement](https://data.gov.scot/poverty/2021/#Poverty_measurement) accessed 14/10/22

<sup>5</sup> Persistent poverty – individuals living in poverty for three or more of the last four years. If someone lives for longer in poverty, it has more impact on their well-being, health, and overall life chances.

Source: [Persistent Poverty in Scotland 2010-2019 \(data.gov.scot\)](https://www.gov.scot/publications/persistent-poverty-in-scotland-2010-2019/data.gov.scot) accessed 31/03/2023

<sup>6</sup> Interim targets were also set to be met by 2023-24, these are: fewer than 18% of children living in families in relative poverty in 2023-24, reducing to fewer than 10% by 2030; fewer than 14% of children living in families in absolute poverty in 2023-24, reducing to fewer than 5% by 2030; fewer than 8% of children living in families living in combined low income and material deprivation in 2023-24, reducing to fewer than 5% by 2030; fewer than 8% of children living in families in persistent poverty in 2023-24, reducing to fewer than 5% by 2030. <https://www.gov.scot/news/tackling-child-poverty-delivery-plan-2022-26/> accessed 15/04/23

<sup>7</sup> Scottish Government (2022) Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026,

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/> accessed 26/08/2022

<sup>8</sup> Scottish Government (2022) The Cost of Living Crisis in Scotland: analytical report, <https://www.gov.scot/publications/cost-living-crisis-scotland-analytical-report/> accessed 04/04/2023

<sup>9</sup> Scottish Child Payment: high level statistics to 31 December 2022, Social Security Scotland Statistics, <https://www.socialsecurity.gov.scot/asset-storage/production/downloads/Scottish-Child-Payment-publication-Feb-2023.pdf> accessed 04/04/2023

<sup>10</sup> Improvement Service (2022) Child Poverty and the Cost of Living, 1-18, [https://www.improvementservice.org.uk/\\_data/assets/pdf\\_file/0014/40523/child-poverty-cost-of-living-briefing.pdf](https://www.improvementservice.org.uk/_data/assets/pdf_file/0014/40523/child-poverty-cost-of-living-briefing.pdf) accessed 15/04/2023

<sup>11</sup> Scottish Government (2022) The Cost of Living Crisis in Scotland: analytical report, <https://www.gov.scot/publications/cost-living-crisis-scotland-analytical-report/> accessed 04/04/2023

## **2.2 Background**

The last child poverty report to the Board was in October 2022 and the Director of Public Health Child Health Report was reported to the Board in August 2022. The timing of this report was to help align with LCPARs. However, the Child Poverty Lead will review this timing again and may request an alternative Board meeting to present next year, depending on how LCPAR timings progress this year.

The impact of poverty is well documented and experiencing poverty can have multiple and lasting ill effects on outcomes and opportunities across the life course. Within appendix 1, national and local data have been documented.

The United Nations Convention on the Rights of the Child (UNCRC) is enacted this year. It is an international rights treaty that grants all infants, children and young people a comprehensive set of rights.

Both NHS A&A as an organisation and individual staff members should work compatibly with the UNCRC requirements and ensure a rights-based approach in our work. The fundamental principles below should be at the core of our work:

- Non-discrimination (Article 2)
- Best interest of the child (Article 3)
- Right to life, survival and development (Article 6)
- Right to be heard (article 12)

A single UNCRC article does not cover the right to live free of poverty. Within appendix 1 the articles relevant to the three drivers to mitigating the effects of child poverty are outlined.

Poverty should be viewed as a threat to children's health and wellbeing which has the potential to impact their adult outcomes and which health services and LAs have a duty to protect children from. Causes are likely to be multifactorial, and tackling inequalities will require action across many fronts, including reducing structural inequalities and addressing barriers to equitable care. To mitigate the impact, poverty must continue across all directorates.

## **2.3 Assessment**

This year in addition to data, the authors were keen to present a fuller update on the different actions that have been progressed over the year. Therefore the data and work progressed are reported separately in appendix 1. The assessment section covers the NHS A&A child poverty governance structures and updates on the three LCPARs.

### **2.3.1 NHS A&A child poverty governance structures**

An overview of the Child Poverty and associated reporting structures can be seen in Appendix 3. NHS A&A Child Poverty work is governed through the Infant, Children

and Young People Transformational Change Programme Board<sup>12</sup>. Highlight reports go to the Strategic Planning and Operational Group (SPOG) which has representation from the Directors of the three Health and Social Care Partnerships (HSCPs), Director of Acute Services, and Director for Transformation & Sustainability.

Work within LA areas is reported on through LCPARs and various partners and work streams feed into this. The work NHS A&A is conducting around child poverty is closely linked with the NHS A&A Employability Steering Group, the NHS A&A Community Wealth Building/NHS as an Anchor Organisation Programme Board, and the Staff Financial Wellbeing Steering Group. However, the actions currently being considered by these wider groups are not, in the main, noted in the child poverty action plan (Appendix 1).

### **2.3.2 Local Child Poverty Action Report (LCPAR) updates**

Members of the Public Health Department are engaging with each of the three LAs with regards to NHS input into the LCPARs.

#### South Ayrshire

Within South Ayrshire there has been a change in leadership around Child Poverty. A Public Health Department representative is contributing to the planning of, and workshops involved in, the creation of the new LCPAR for South.

#### East Ayrshire

Within East Ayrshire the link to the most recent LCPAR report can be found [here](#)<sup>13</sup>. The next LCPAR will be submitted to the Scottish Government for approval in September 2023. In response to the recent publication 'Developing a local child poverty action report: guidance'<sup>14</sup> it is the intention to align the East Ayrshire LCPAR with the East Ayrshire Children's Services Plan more closely. To facilitate this, the Health Improvement Lead in East, will attend the Children's Young Peoples Strategic Partnership. Additionally, the Health Improvement Lead in East has now joined the Economy & Skills Group in East to facilitate ongoing collaborative working.

#### North Ayrshire

North Ayrshire, in the past year, identified the wider cost of living issues facing its communities and residents and made the decision to develop the Tackling Child Poverty Board to include tackling the cost of living. The Health Improvement Lead for North Ayrshire attends and contributes to the work of the Tackling Child Poverty and

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<sup>12</sup> The Pan-Ayrshire Infant, Children and Young People's Transformational Change Programme Board (ICYPTCPB) provides the partnership vehicle to support and improve the health and social outcomes for infants, children and young people in Ayrshire and Arran and provides a strategic view across Ayrshire for children's health and social outcomes and health inequalities.

The focus of the group is prevention and early intervention and the role it has to play in improving child health outcomes, breaking the cycle of health inequalities in Ayrshire and Arran. It proposes ways of encouraging all agencies to work together to offer infants, children and young people the best start in life and realise their full potential. This begins before birth and continues through the early years of life, school years and transition to adulthood supported by the national practice model, 'Getting it Right for every Child' (GIRFEC). The work of the Board is intrinsically linked to the vision of Caring for Ayrshire and with the individual at the centre of care.

<sup>13</sup> Local Child Poverty Action Report for East Ayrshire 2021/22, <https://www.eastayrshirecommunityplan.org/resources/files/Local-Child-Poverty-Action-Report-For-East-Ayrshire.pdf> assessed 13/04/2023.

<sup>14</sup> Scottish Government (2022) Developing a local child poverty action report: guidance, [Statutory requirements - Developing a local child poverty action report: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/Statutory-requirements-developing-a-local-child-poverty-action-report-guidance-gov.scot) accessed 14/04/2023

Cost of Living Board through which the LCPAR is generated. The link to the most recent report can be found [here](#)<sup>15</sup>.

The North Ayrshire Tackling Child Poverty Board are taking the approach of a series of 'mini-inquiries' to inform strategic action plans and a longer-term strategy. NHS A&A has supported and contributed to these inquiries and the development of plans, which to date, have covered a 'no wrong door approach', employability and food. The aim of the 'no wrong door approach' is that no matter what service residents within North Ayrshire access, they can be provided with holistic support and advice including signposting/referral to financial inclusion and money matters. NHS A&A are partners in the no wrong door approach; the Health Improvement Lead for North Ayrshire is involved in this work, and in conjunction with colleagues, working to do what we can, in line with this approach within NHS A&A. Health and wellbeing information has also been shared for the health and wellbeing section of the recently developed cost of living portal for North Ayrshire

### **2.3.3 Quality / patient care**

The child poverty work brings together colleagues from a range of disciplines and departments, as well as linking with wider community wealth building, employability and staff financial wellbeing work. For example: the cross-departmental participation in a cost of living crisis roundtable and considering actions that need to be pursued to improve the situation for patient going forwards; midwifery department working to implement recommendations from the 'Exploring the Cost of Pregnancy Pathway' report; paediatrics working to increase the uptake of the Young Patient Family Fund. By helping address the key drivers of poverty through our services, the NHS are not only helping our patients, but have the potential to improve the quality of patient care more broadly, and help staff feel empowered that they can provide support to patients at this challenging time of the cost of living crisis.

### **2.3.4 Workforce**

The governance diagram (Appendix 3), highlights the investment NHS A&A are making to try to reduce and mitigate the effects of poverty. Through these various groups a wide range of actions are being pursued. However, the Child Poverty Lead recognises that nonetheless resources are limited and frequently it is the same staff who are trying to implement change on a range of areas. Within Public Health a Consultant in Public Health (CPH) is in post with, amongst her portfolios, a specific lead for the child poverty, and some members of the Health Improvement Team have been aligned to support the child poverty agenda, primarily in collaboration with LA colleagues. For a limited time, the Experiential Worker from RecoveryAyr has some capacity assigned to child poverty. The work presented here is a collaborative effort and the authors are keen to acknowledge the hard work of staff across NHS A&A.

### **2.3.5 Financial**

It is currently expected that the work will be undertaken within existing resources.

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<sup>15</sup> Child Poverty Report 2021-22 & Action Plan 2022-23, [Child Poverty Report 2021-22 and Action Plan 2022-23 \(north-ayrshire.gov.uk\)](#) assessed 13/04/2023.

### **2.3.6 Risk assessment / management**

There is a need for specific focus and action to prevent greater numbers of children experiencing poverty and help mitigate the impacts for those experiencing poverty. There are mechanisms for collaborative working in place, in order to meet related legislative duties. Structures exist across Ayrshire and Arran which mean the vehicle for carrying out the necessary work exists. These are augmented by the NHS A&A Community Wealth Building / NHS as an Anchor Organisation Programme Board, NHS A&A Employability Steering Group, and Staff Financial Wellbeing Steering Group.

### **2.3.7 Equality and diversity, including health inequalities**

An EQIA assessment for relevance was conducted for this Board paper and reviewed by Elaine Savory, Equality and Diversity Adviser, and is available online at <https://www.nhsaaa.net/media/13650/2023-05-03-afr-child-poverty.docx>. Furthermore, this work is in line with the Public Sector responsibility under the Fairer Scotland Duty.

### **2.3.8 Other impacts**

- Best Value
  - Vision and leadership
  - Effective partnerships
  - Governance and accountability
  - Performance management
- Compliance with corporate objectives
- Child poverty is high on the agenda across our Community Planning Partnerships (CPPs) and is interwoven through each of the respective Integrated Children Services Plan priorities.

### **2.3.9 Communication, involvement, engagement and consultation**

The child poverty action plan has a communication section, which is described in appendix 1.

Members of the Public Health Department are engaging with each of the three LAs with regards to NHS input into the LCPARs.

Child poverty is a permanent work stream within the pan-Ayrshire Infant Children and Young people's Transformational Change Programme Board (ICYPTCPB) and highlight reports are sent to Strategic Planning and Operational Group (SPOG).

The Experiential Worker from RecoveryAyr who is contributing to various pieces of child poverty work has also reviewed an earlier version of this paper.

### **2.3.10 Route to the meeting**

- The action plan has been shared with the LA Leads for child poverty and those involved in drafting the LCPARs in North, South and East Ayrshire.
- This action plan has been shared with: East Financial Health and Wellbeing Partnership; East Ayrshire Economy & Skills Group; South Financial Inclusion Strategic Delivery Partnership; South Ayrshire Employability and Lifelong Learning Partnership; South Ayrshire Youth Services Strategic Group; North

Ayrshire Tackling Child Poverty and Cost of Living Board; North Ayrshire Local Employability Partnership; and North Ayrshire Financial Inclusion Partnership

- This action plan has been shared with North, South and East Children's Services Partnerships.
- Those leading on actions have agreed their actions.
- The action plan and North Ayrshire 'no wrong door' approach were presented to the ICYPTCPB on 18 May 2023. An update on the Child Poverty work will be given to the SPOG on 22 May 2023.

## **2.4 Recommendation**

For awareness. Members are asked to take assurance from the update that NHS Ayrshire & Arran has delivered on its statutory duty and to note the progress against local actions.

## **3. List of appendices**

The following appendices are included with this report:

- Appendix 1: Investing in the future: tackling child poverty - Supplementary report
- Appendix 2: NHS Ayrshire & Arran Child Poverty Action Plan 2022/23
- Appendix 3: NHS Ayrshire & Arran Child Poverty Governance Meeting Structure

## **Glossary of terms**

AHCs – after housing costs

BSG – Best Start Grant

CAMHS – Children and young people's mental health services

CBG – Community Benefits Gateway

CHW - Child Healthy Weight

CPH – Consultant in Public Health

CPPs – Community Planning Partnerships

CWB – Community Wealth Building

EA – East Ayrshire

EAC – East Ayrshire Council

E.coli – Escherichia coli

EQIA – Equality and Diversity Impact Assessment

FIS- Financial inclusion service

GDS – General Dental Services

GGC – Greater Glasgow and Clyde

HC1 – Health Costs 1 form

HSCPs – Health and Social Care Partnerships

HISA – Health Inequalities Impact Self-Assessment tool

HR – Human Resources

HV – Health Visiting

ICYPTCPB – Infant, Children and Young People Transformational Change Programme Board

LA – Local Authority

LCPAR – Local Child Poverty Action Report

NA – North Ayrshire

NAC – North Ayrshire Council

NHS – National Health Service

NHS A&A – National Health Service Ayrshire & Arran

O&HRD – Organisational and Human Resource Department

PDS - Public Dental Services

PH - Public Health

PHS – Public Health Scotland

QR code – Quick Response code

QYW – Quit Your Way

SA – South Ayrshire

SAC – South Ayrshire Council

SIMD – Scottish Index of Multiple Deprivation

SPOC – Single Point of Contact


SPOG - Strategic Planning and Operational Group

SSS – Social Security Scotland

UNCRC – UN Convention on the Rights of the Child

YPPF – Young Patient's Family Fund





# Appendix 1: Investing in the future: Tackling child poverty Supplementary report

Ruth Mellor, Consultant in Public Health & Michelle Kennedy, Infant, Children  
and Young People's Transformational Change (ICYPTC) Programme Manager  
June 2023

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## Introduction

The supplementary report has been written to provide more details to the NHS Board paper. It consists of three sections:

1. Child poverty data;
2. Helpful concepts when trying to reduce child poverty;
3. Description of the work being carried out in the NHS A&A Child Poverty Action

### 1. Child Poverty Data

Within the child poverty data section the report outlines: the data periods used; Scotland's progress against the national targets; local authority relative poverty data; data on in-work poverty.

#### Data periods used

This report has a cross-over in data reporting periods. Scotland wide data has been updated since the last board paper to include 2021/22 data. The 2021/22 data is considered by the Scottish Government to be representative of the Scottish Population<sup>16</sup>. Local Authority data has been updated for 2021/22, but the authors from Loughborough University advise caution in its interpretation, due to sampling during the pandemic, and advise against comparing year-on-year<sup>17</sup>. Updated ward level data, taking into account 'after housing costs' is currently unavailable, furthermore in line with caution over local authority level data, it may be imprudent to place too much emphasis on ward level data, therefore this data has been repeated from the previous Board paper.

In relation to the Scotland-wide data, in some instances the period April 2019 - March 2022 is reported upon. However, the period April 2020 - March 2021 was removed due to data quality issues related to the COVID-19 pandemic. Therefore with regards to this 3 year period, due to the missing data year and the ongoing impact of the pandemic on survey response rates, the sample size is much reduced. This means that data is more volatile, and sudden changes need to be interpreted with caution.

#### Scottish Child Poverty Data related to Statutory Income Targets

Table 1 shows the four Statutory Income Targets, interim targets and the most recent data as to where Scotland stands in relation to them. A further relevant data point is 23% of children lived in households with marginal, low or very low food security (2021/2022)<sup>18</sup>.

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<sup>16</sup> Scottish Government (2023) Poverty and Income Inequality in Scotland 2019-2022. Available at [https://data.gov.scot/poverty/index.html#What\\_you\\_need\\_to\\_know](https://data.gov.scot/poverty/index.html#What_you_need_to_know) accessed 31/03/23.

<sup>17</sup> J Stone (2023) Local indicators of child poverty after housing costs, 2021/22. Available at: [Local-indicators-of-child-poverty-after-housing-costs\\_Final-Report-3.pdf](https://endchildpoverty.org.uk/local-indicators-of-child-poverty-after-housing-costs-Final-Report-3.pdf) (endchildpoverty.org.uk) accessed 30/6/23

<sup>18</sup> Scottish Government (2023) Child Poverty Summary 2021/2022. Available at <https://data.gov.scot/poverty/cpupdate.html> accessed 06/04/2023.

There is still much work to be done to achieve the interim 2023/24 target of fewer than 18% of children living in relative poverty in Scotland, to show that the country is on track to achieve the less than 10% children in relative poverty by 2030. Continued wide and transformational action must be taken to meet the 2030 statutory income targets.

Table 1: Comparison of current position against the four Statutory Income Targets

Income Target	Statutory Income Target to be met by the financial year beginning 1 April 2030	Interim target to be met by 2023-24	Where Scotland is currently, after housing costs (data period)
Percentage of children living in <b>relative poverty</b>	Less than 10%	Less than 18%	24% (2019-2022)
Percentage of children living in <b>absolute poverty</b>	Less than 5%	Less than 14%	21% (2019-2022)
Percentage of children live in a low-income family with <b>material deprivation</b> , i.e. unable to afford basic necessities (such as a winter coat)	Less than 5%	Less than 8%	9% (2021/2022)
Percentage of children in <b>persistent poverty</b>	Less than 5%	Less than 8%	18% (2017-2021)

Sources: <sup>19</sup> & <sup>20</sup>

## Local Authority relative poverty data

The 2021/22 national child poverty data (Table 2) lists the percentage of children living in relative poverty AHC, by LA, from largest to smallest proportion. In 2021/22 across Scotland, North and East Ayrshire have the 2<sup>nd</sup> and 5<sup>th</sup> largest and South Ayrshire has joint 11<sup>th</sup> highest percentage of children living in relative poverty, with 29%, 27.2% and 24.4% respectively, which are all in excess of the Scottish average<sup>21</sup>. Estimating that in 2021/22, 18,262 children in Ayrshire and Arran were living in relative poverty AHC.

<sup>19</sup> Child Poverty (Scotland) Act 2017, Acts of the Scottish Parliament, 2007 asp 6, Crown <https://www.legislation.gov.uk/asp/2017/6/contents/enacted> accessed 26/08/2022

<sup>20</sup> Scottish Government (2023) Poverty and Income Inequality in Scotland 2019-2022. Available at [https://data.gov.scot/poverty/index.html#What\\_you\\_need\\_to\\_know](https://data.gov.scot/poverty/index.html#What_you_need_to_know) accessed 31/03/23.

<sup>21</sup> 'Local child poverty indicators 2021/22– estimates of rates, after housing costs' - the data here included can be found at: 'Download the data tables' <https://endchildpoverty.org.uk/> accessed 30/06/2023.

Table 2: Estimates of children living in relative poverty, below 60% median income after housing costs (AHC), by Scottish LA (2021/22)

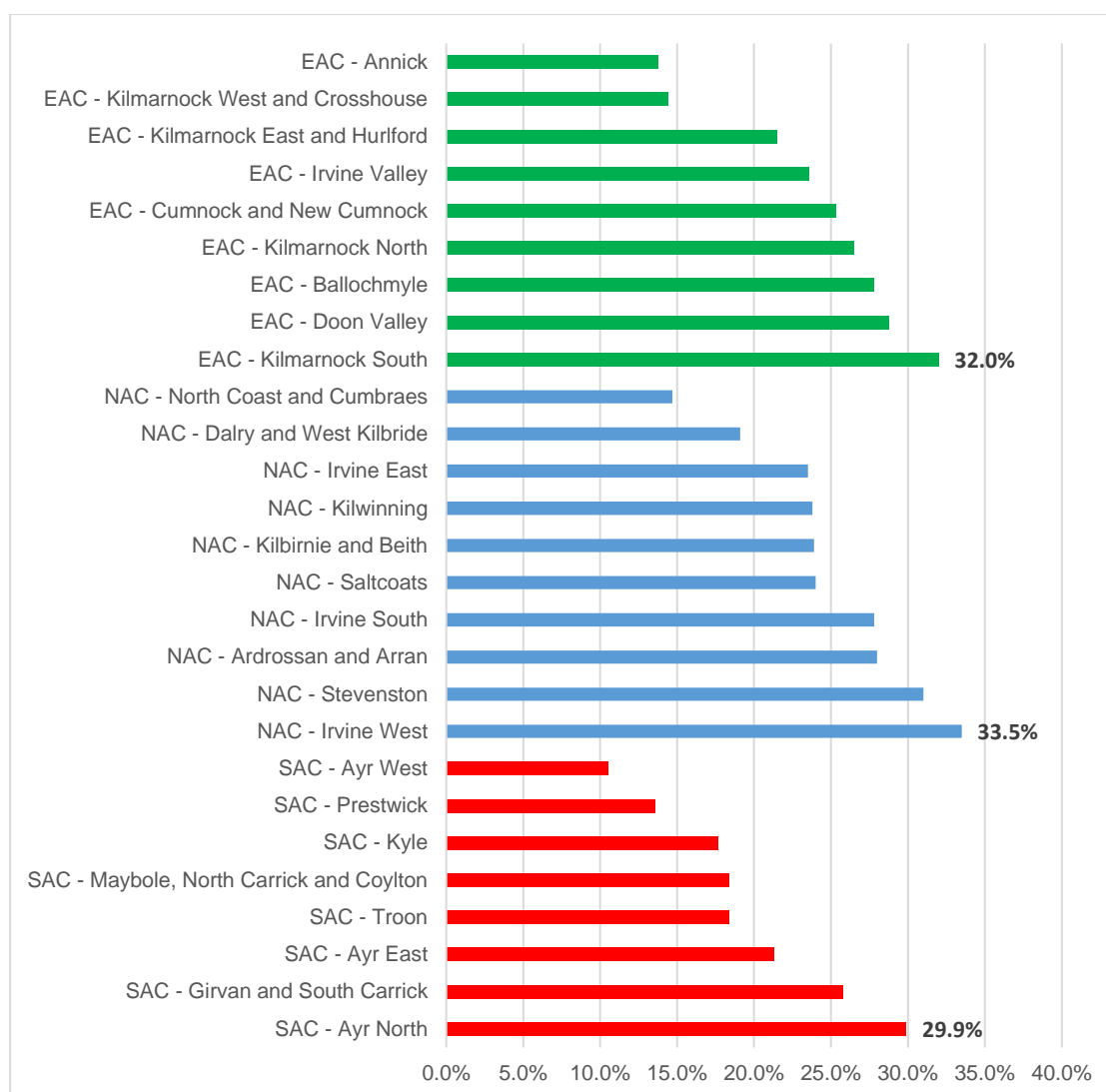
Local Authority	Number	Percentage
Glasgow City	35891	32.0%
North Ayrshire	7141	29.0%
Clackmannanshire	2764	28.3%
West Dunbartonshire	4696	27.6%
East Ayrshire	6314	27.2%
Dundee City	7208	27.1%
North Lanarkshire	18252	26.6%
Fife	18602	26.1%
Dumfries and Galloway	6751	26.0%
Falkirk	7771	25.3%
Inverclyde	3427	24.4%
South Ayrshire	4807	24.4%
Angus	5067	24.2%
Moray	4228	24.1%
West Lothian	9364	23.9%
Scottish Borders	4963	23.4%
Renfrewshire	7840	23.3%
Highland	9799	22.8%
South Lanarkshire	14292	22.8%
Midlothian	4590	22.7%
Perth and Kinross	5914	21.9%
Argyll and Bute	3062	21.7%
East Lothian	4765	21.1%
Stirling	3529	20.8%
Aberdeen City	7994	20.5%
Orkney Islands	824	20.1%
Na h-Eileanan Siar	913	19.8%
City of Edinburgh	17339	19.5%
Aberdeenshire	8799	16.0%
Shetland Islands	700	15.4%
East Dunbartonshire	3367	14.9%
East Renfrewshire	3288	14.4%

Source: <sup>22</sup>

Figure 1 highlights that there are differences between percentages of children living in relative poverty by wards across Ayrshire in 2019/20. There are differences both between and within the three LA areas.

<sup>22</sup> 'Local child poverty indicators 2021/22– estimates of rates, after housing costs' - the data here included can be found at: 'Download the data tables' <https://endchildpoverty.org.uk/> accessed 30/06/2023.

Figure 1: Estimates of children living in relative poverty (AHC), by Wards within LA in Ayrshire and Arran (financial year ending in 2020)



Source:<sup>23</sup>

## Working Families are Experiencing Poverty

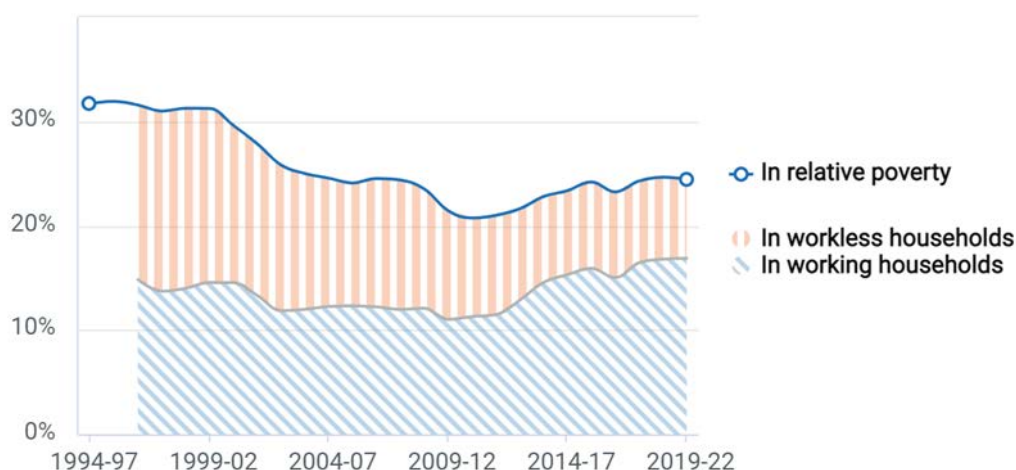
While the risk of poverty is lower for children in working households compared to those in non-working households, not all work pays well enough to lift the household above the poverty threshold. It is estimated that in 2019-22 in Scotland, over two-thirds, 69%, of children in relative poverty AHC were living in working households (Figure 2)<sup>24</sup>; this equates to 170,000 children each year<sup>25</sup>. This is 10,000 more children than in the previous reporting period (2017-20).

<sup>23</sup> Graph generated from Department of Work and Pensions (2022) Tables: Children in Low Income Families: local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2021. UK Government Official statistics downloaded from <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021>, accessed 03/04/2023

<sup>24</sup> Households where one or more adults within the household is in either full or part-time paid work. This does not include unpaid work such as caring for your children or other family members. Source: Scottish Government (2021). Poverty and Income Inequality in Scotland 2019-22. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty> accessed 31/03/2023

<sup>25</sup> Scottish Government (2021). Poverty and Income Inequality in Scotland 2019-22. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty> accessed 31/03/2023

Figure 2: Percentage of children living in relative poverty, after housing costs, by household work status, Scotland



Source:<sup>26</sup>

Levels of unemployment vary, in 2020/21, Scotland had an estimated unemployment rate for people aged over 16 of 4.6% (+/- c.i. 0.4), whereas the rates for East, North, and South Ayrshire were higher at 5.1% (+/- c.i.1.1), 5.8% (+/- c.i.1.3), 4.8% (+/- c.i.1.0), (although there was a crossover in confidence interval (c.i.) range)<sup>27</sup>.

NHS is a major employer within Ayrshire and Arran and it is essential that the NHS collectively understand the impact of poverty in families and communities and ultimately upon our own workforce, whilst also recognising the key role that our workforce have in mitigating poverty in the patient population. For example, Human Resources (HR) staff who liaise with colleagues experiencing long term sickness absence have been given access to the child poverty and financial inclusion training, empowering them to raise financial concerns and support routes, with those colleagues.

The actions currently being considered by the Employability Steering Group are not noted in the child poverty action plan. Nonetheless one initiative is the NHS Employability Steering Group having linked with North Ayrshire Council in relation to 'Step into business'. This is a new scheme through which North Ayrshire Council are utilising Parental Employment Support Scottish Government funding to train up 10 parents and help them into employment. This training includes completing training with Ayrshire College where they gained a PC Passport qualification, confidence building work and skills in relation to job application processes. This year 2022/23, 10 parents have come through the scheme, three of these 10 are now coming to NHS A&A for their 26 week work placement and will work towards achieving an SVQ Level II Business Administration. Another initiative is the Modern Apprentice work, a further minimum of three business and admin modern apprentices are due to start within NHS A&A in 2023/24.

<sup>26</sup> Poverty and Income Inequality in Scotland 2019-22, [Poverty and Income Inequality in Scotland 2019-22 \(data.gov.scot\)](https://data.gov.scot/publications/poverty-and-income-inequality-in-scotland-2019-22/) accessed 03/04/2023.

<sup>27</sup> This is pulled from the Scottish Labour Market survey data, thus confidence intervals are included. Data tables 'Scotland's Labour Market - People Places and Regions - Jan-Dec 2022 Tables', <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables-and-charts/> accessed 03/04/2023.



## NHS midwifery data by SIMD

There were 2706 births in NHS Ayrshire & Arran in 2022. Table 3 shows information about these births in relation to Scottish Index of Multiple Deprivation (SIMD)<sup>28</sup> quintile that they live in. The majority of births (54.8%) occurred in SIMD 1 datazones (most deprived datazones)<sup>29</sup>. Mothers living in SIMD 1 were more likely to smoke during pregnancy, and less likely to breastfeed their babies at the point of discharge from hospital.

Table 3: Number of births, mothers smoking during pregnancy, and babies' breastfed at discharge, by SIMD quintile, NHS Ayrshire & Arran, in 2022

	SIMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)
<b>No. births (% total)</b>	1483 (54.8%)	568 (21.0%)	277 (10.2%)	203 (7.5%)	175 (6.5%)
<b>No. Mothers smoking* (%)</b>	421 (28.4%)	141(24.8%)	41 (14.8%)	18 (8.8%)	9 (5.1%)
<b>No. babies breastfed at discharge** (%)</b>	531 (35.8%)	220 (38.7%)	145 (52.3%)	105 (51.7%)	89 (50.8%)

Source: SMR002, \*data from patients' questionnaire, \*\* data collected in maternity, pulled by Public Health Analyst Colleague

## 2. Helpful concepts when trying to reduce child poverty

Two concepts that are particularly helpful when considering how to reduce child poverty are: the drivers of child poverty reduction; and the priority groups who are most at risk of child poverty.

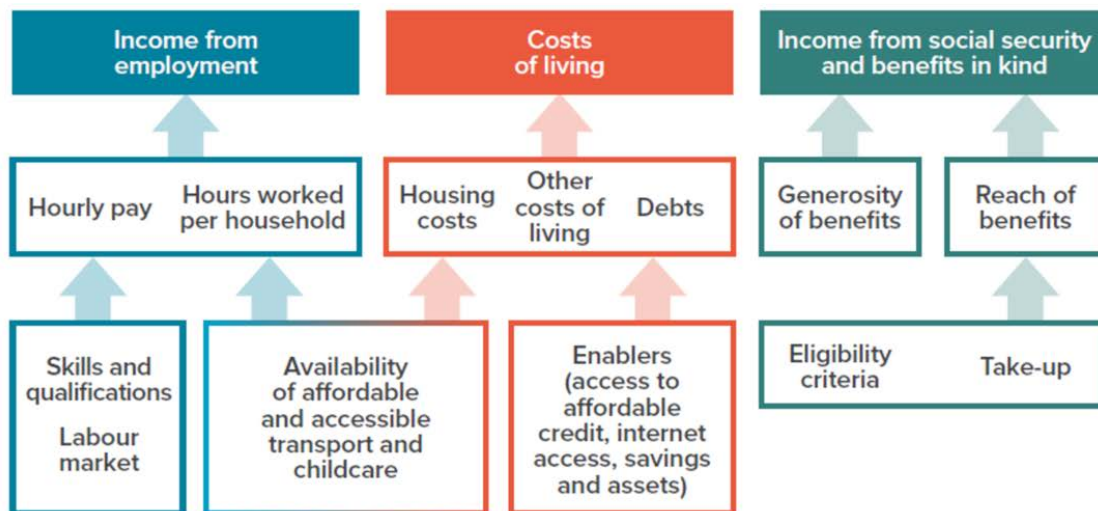
### Drivers of Child Poverty Reduction

There are three main drivers of child poverty reduction, namely: increasing income from employment; increasing income from benefits; and reducing the cost of living (Figure 3). The NHS is able to influence all of those either for our staff and/or our patients. The action plan (Appendix 2) notes per action, which driver(s) it relates to. The mitigation of child poverty through these drivers can contribute to the UNCRC articles, shown in Figure 4.

<sup>28</sup> "Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing." <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/> accessed 28/04/23. SIMD ranks data zones from across Scotland, from most deprived to least deprived. Here SIMD split data zones into quintiles.

<sup>29</sup> The percentage of children living in A&A in SIMD quintiles in 2018 was: SIMD 1 33%, SIMD 2 21%, SIMD 3 19%, SIMD 4 14%, and SIMD 5 12%, source: National Registers of Scotland.

Figure 3: Drivers of child poverty reduction



Source:<sup>30</sup>

Figure 4: UNCRC articles that relate to the drivers of child poverty reduction

Income from Employment	Income from Benefits	Cost of Living
<p><b>Art 32</b> the right to be protected from economic exploitation and performing any work that is likely to be hazardous or to interfere with the child's education or be harmful to the child's health.</p> <p><b>Art 18</b> States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.</p> <p><b>Art 27</b> Right to a standard of living adequate for a child's physical, mental, moral and social development.</p>	<p><b>Art 26</b> Right to benefit from social security.</p> <p><b>Art 27</b> Right to a standard of living adequate for a child's physical, mental, moral and social development.</p> <p><b>Art 4</b> The state must do all it can, through passing legislation and creating administrative systems, to promote and protect children's rights. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources.</p>	<p><b>Art 6</b> Right to life, survival and development.</p> <p><b>Art 31</b> Right to rest and leisure and to engage in play and recreational activities and to participate freely in cultural life and the arts.</p> <p><b>Art 24</b> Right to the highest attainable standard of health.</p> <p><b>Art 27</b> Right to a standard of living adequate for a child's physical, mental, moral and social development.</p>

Source: <sup>31</sup>

<sup>30</sup> Scottish Government (2022) Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026, <https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/> accessed 03/04/2023

<sup>31</sup> Improvement Service (2023) Understanding Child Poverty as a Children's Rights Issue – Introductory Paper, 1-25, [https://www.improvementservice.org.uk/\\_data/assets/pdf\\_file/0012/42114/Understanding-Child-Poverty-as-a-Childrens-Rights-Issue.pdf](https://www.improvementservice.org.uk/_data/assets/pdf_file/0012/42114/Understanding-Child-Poverty-as-a-Childrens-Rights-Issue.pdf) accessed 15/04/2023,

## Child Poverty Priority Groups

Families across Scotland and Ayrshire can be at higher risk of poverty. It is documented that households with the following characteristics are at higher risk of poverty: lone parents; three or more children; disabled household members; minority ethnic background; a child aged under one, or; a mother aged under 25<sup>32</sup>. It is recognised that families often belong to more than one of these groups, for example among children experiencing relative poverty, 50% of the children in families with three or more children also have someone who is disabled and 54% of children who have a mother under the age of 25, they are also living in a lone parent family<sup>33</sup>.

There are advantages and disadvantages to both universal (whole population) and targeted (specific group) interventions. Universal interventions aim to improve outcomes at a population level, thus creating better outcomes overall, but can potentially exacerbate inequalities, if those already doing better are better able to access or utilise the intervention. However, targeting interventions have disadvantages, for example, ability to successfully identify the high risk group and potential for stigmatisation<sup>34</sup>.

Within the action plan (Appendix 2), whether members of particular groups are impacted is considered per action. The Child Poverty Lead's reflection is that on the whole the actions being progressed are universal, rather than targeting particular groups. Although work done by particular specialities will impact on certain areas, i.e. cost of pregnancy work will target families with children under the age of one. Going forwards action leads will be asked to consider whether there are further or variations to interventions that could better target priority groups, and members of the Public Health Child Poverty Leads meeting will be considering if there are work areas where we need to invest more resource to facilitate targeted interventions.

### 3. Description of the work being carried out in the NHS A&A Child Poverty Action Plan

The Child Poverty Action plan is found in appendix 2. For this report a fuller description of the work is provided. The priorities covered here are:

- Financial Inclusion
- Cost of Pregnancy
- Early years - Best start food, Best Start Grant, and vitamins
- Oral Health
- Cost of Health Protection
- Access to Services
- Procurement
- Participation
- Communication

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<sup>32</sup> Scottish Government (2022) Tackling child poverty delivery plan 2022-2026 - annex 6: what works - evidence review Available at: <https://www.gov.scot/publications/annex-6-evidence-review-works/> Evidence review of what works accessed 03/04/2023

<sup>33</sup> Scottish Government (2022) Tackling child poverty delivery plan 2022-2026 - annex 6: what works - evidence review Available at: <https://www.gov.scot/publications/annex-6-evidence-review-works/> Evidence review of what works accessed 26/08/2022 referencing <https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/>

<sup>34</sup> FPH – Public Mental Health Specialist Interest group, 'Interventions', <https://www.fph.org.uk/policy-advocacy/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/interventions/> accessed 15/04/2023.

## Financial Inclusion

An area that has had a particular focus has been increasing awareness of, and access to, financial inclusion services. This includes: delivery of staff training around child poverty and financial inclusion; the introduction of the wellbeing prescription pad; and a poster for acute services.

### Staff training on child poverty and financial inclusion referral pathways

Child Poverty and Financial Inclusion workshops has taken place and evaluated positively. The first workshop had 20 colleagues from a mix of staff groups who engage with Children, Young People and Families represented, such as Maternity Care Assistants (MCAs), Promoting Attendance Advisors, School Nurses, and Quit Your Way advisors. A separate session was delivered to three Paediatric Nursery Nurses. A further workshop is planned for the financial year 2023-24.

The workshop enabled those in attendance to:

- Describe what child poverty is and what causes it
- Outline how child poverty is defined in Scotland
- Explain how poverty impacts children and young people's health and wellbeing
- Reflect on their role in reducing the impact of child poverty and understand how to utilise the Financial Inclusion Pathways

### Wellbeing prescription pad introduction

The wellbeing prescription pad is a graphic tool that allows participants to easily circle specific elements of wellbeing that they wish further support or advice with. The tool includes topics such as money worries, advocacy and understanding health information, and housing/home energy. If circled the advisor will provide information, signposting or one to one advice on the topic.

The wellbeing prescription pad is now being used at all initial wellbeing conversations and post-programme assessments with families participating in the Child Healthy Weight programme called JumpStart. The JumpStart Team work with families with children and young people aged 5 - 17 who are above a healthy weight providing a programme incorporating education, advice and ongoing support tailored to individual needs of participating families. Families are supported by Health Coaches for up to 18 months to make sustainable healthy lifestyle changes that will move the child or young person towards achieving and maintaining a healthy weight.

The wellbeing prescription pad is also being used with almost all service users who visit the Better Health Hub. The Better Health Hub are based within the staff wellbeing hubs at Crosshouse, Ayr and Ayrshire Central hospitals but also available by telephone and Near Me. The Better Health Hubs aim to support people live healthier lives. Working with patients, visitors or staff, the Hubs provide a safe space to discuss wellbeing and can provide information and direct support with a wide range of health and wellbeing matters such as managing physical and mental wellbeing, financial matters, caring for others, living with health conditions etc.

## Financial inclusion poster

The cost of living crisis has highlighted the challenges families face and increased the necessity of Financial Advice services. The three LA areas have different services and set ups. Staff recognise that the patients and families they meet may need this support. Through creation of a poster with the contact details for all three LA areas it is easier for staff to signpost to these services. Discussion is currently under way as to where within Acute Services the patient facing poster could be displayed.

**Do you or the person you are visiting have money worries?** NHS Ayrshire & Arran

This could be money worries in general or heating your home. If so, there are people who can help. You can find contact information for local support below.

**If you have money concerns you can contact the services based where you live:**

East Ayrshire	South Ayrshire	North Ayrshire
Phone: 0800 389 7350 Email: <a href="mailto:financialadvice@nhs.uk">financialadvice@nhs.uk</a> Website: <a href="http://www.ayrshire.gov.uk">www.ayrshire.gov.uk</a> Contact us: <a href="http://www.ayrshire.gov.uk/contact-us">www.ayrshire.gov.uk/contact-us</a> Opening hours: Monday - Thursday from 9.30am - 4.30pm and Friday 9.30am - 4pm	Phone: 0300 123 0900 (select 'option 2', then 'option 1' and ask for the information & advice hub) Email: <a href="mailto:informationandadvicehub@south-ayrshire.gov.uk">informationandadvicehub@south-ayrshire.gov.uk</a> Website: <a href="http://www.south-ayrshire.gov.uk/informationandadvicehub">www.south-ayrshire.gov.uk/informationandadvicehub</a> Opening hours: Monday - Thursday from 9am - 4.45pm and Friday 9am - 4pm	Phone: 01289 31666 (leave a voice message and someone will call you back) Email: <a href="mailto:money@nhs.uk">money@nhs.uk</a> Website: <a href="http://www.nhs.uk/yourmoney">www.nhs.uk/yourmoney</a> Contact us: <a href="http://www.nhs.uk/contact-us">www.nhs.uk/contact-us</a> Opening hours: Monday - Friday from 9.30am - 4.30pm

**If you are struggling to cover the cost of heating your home, you can contact:**

Home Energy Scotland  
Phone: 0800 800 2282  
Website: [www.homeenergyscotland.org](http://www.homeenergyscotland.org)  
Contact: Go to the 'Contact' page, scroll down and select 'complete our contact form'  
Opening hours: Monday - Friday from 9am - 5pm, Saturday 9am - 5pm (hold to speak to an advisor, then select 'option 1')

Follow us on Twitter @NHSAA and find us on Facebook at [www.facebook.com/nhsaa](http://www.facebook.com/nhsaa)  
Visit our website [www.nhsaa.net](http://www.nhsaa.net) All our publications are available in other formats

## **Cost of Pregnancy**

Being pregnant and preparing for the arrival of a baby can be both an exciting and expensive time. Midwifery colleagues and wider staff are working to support women and their families during this period.

## Considering recommendations from the Cost of Pregnancy report

A short life working group (SLWG) is in progress, reviewing the recommendations from the 'Exploring the Cost of Pregnancy Pathway' report<sup>35</sup>. The SLWG has highlighted areas of good work already in place such as: up skilling of community-based MCAs, who underwent training in financial inclusion services in the three Ayrshires, to support clear pathways between maternity and financial inclusion services; and the Safeguarding Midwifery Team having expertise on local third sector support that is available to help pregnant women and their families with limited means to prepare for the arrival of their baby. The SLWG has highlighted some opportunities that the group has pursued such as, facilitating gestational diabetes screening in the home when there are logistic or other vulnerabilities impacting their ability to have this in the hospital. The SLWG has also highlighted some areas that need wider organisational consideration such as provision of crèche facilities within hospital setting to enable adults to attend appointments.

## Audit of midwifery questioning around financial inclusion

An action already in place is that midwives ask women about financial difficulties at their booking appointment. The Child Health Lead was interested in how many referrals to financial services this resulted in. Badgernet data from financial year 2021/22 was reviewed. This highlighted 77.9% (2515 for 3234) of women booked were recorded as having been asked about financial difficulties at their booking appointment. However, very few 1% (24) reporting difficulties and even fewer taking up referral, 0.1% (<5). The Cost of Pregnancy Group discussed this data and considered potential actions going forwards. For example, whether booking is the best time for this discussion, as it is a busy appointment and trust has not yet been built. The group recognised that MCAs are already involved in raising and supporting families/women with financial concerns further along the woman's pregnancy, for example at the 22 week appointment. Some MCAs have now attended the child poverty and financial inclusion workshop. There is discussion ongoing about whether the new 'nursery nurse' model for midwifery could include financial inclusion elements, and plan to have within their training.

<sup>35</sup> Suphi, M, Bishop, R & Miller, A (2020) Exploring the Cost of Pregnancy pathway, NHS Greater Glasgow and Clyde and NHS Ayrshire & Arran, 1-80. [Exploring the cost of the pregnancy pathway | Glasgow Centre for Population Health \(gcpgh.co.uk\)](https://www.gcpgh.co.uk) accessed 04/04/2023

Subsequently an update to the audit has been completed and for financial year 2022/23, 99.3% (3197 of 3219) of women booked were recorded as having been asked about financial difficulties at their booking appointment, so improved recording of this question, but again very few, 1% (30) reporting difficulties and even fewer taking up referral, 0.1% (>5).

### Raising employer awareness of right to attend antenatal care

In light of the SLWG highlighting various reasons why some women are unable to attend all their midwifery appointments, the Workforce Team within Public Health are planning a campaign to raise awareness of the right for employees of small and medium enterprises to be paid for time off to attend antenatal care appointments. Research has shown that 20% of maternal deaths were in women who did not attend antenatal care until after 20 weeks gestation, missing vital screening and care, or did not attend at all<sup>36</sup>.

### **Early years - Best start food, Best Start Grant, and vitamins**

Best Start Grant and Best Start Foods are payments that help families in receipt of certain benefits or tax credits<sup>37</sup>. The Best Start Grant is three one-off payments, at different stages: pregnancy/baby; early years; school age. Best Start Foods provides pregnant women and families with children up to the age of 3 years with a prepaid card to enable them to buy foods including milk, fruit, vegetables, eggs, pulses and first stage infant formula.

The promotion of Best Start Grants and the Best Start Food scheme and other supports to maximise household income is part of the universal Health Visiting (HV) pathway. Resource to promote Best Start Grants and Best Start Foods are included within the newly refreshed Early Years Information Pathway and within the Health Visiting app, 'Ayrshire Bairs'.

Within East Ayrshire, there are financial inclusion staff within the Early Year's Teams who support parents to maximise their income, following the 32 week antenatal visit, if required. They are able to visit and support families less able to complete required documentation etc. In the first 6 months they have managed to secure at least £300,000 and potentially more, as not all families have fed back. East Ayrshire is intending that this continues.

As part of the Scottish Vitamins Scheme, all breastfeeding mothers and children up to the age of 3 years are all eligible to receive a free daily vitamin D supplement. This is in addition to existing Scottish Government policy that all pregnant women in Scotland will be provided with vitamins containing vitamin D throughout their pregnancy. Vitamins are provided by midwifery and health visiting staff at specific appointments. Since the introduction of universal provision of vitamin D, uptake has been high.

### **Oral Health**

Two oral health interventions are helping to tackle child poverty: distribution of oral hygiene resources, and promotion of HC1 forms.

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<sup>36</sup>Scottish Government (2011) Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance, [A snapshot of inequalities in Maternal and Infant Health Outcomes - Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/evidence-into-action-guidance-2011/pages/10.aspx) accessed 04/04/2023.

<sup>37</sup> Mygov.scot (2022) Best Start Grant and Best Start Food <https://www.mygov.scot/best-start-grant-best-start-foods>, accessed 15/04/2023.

## Distribution of oral hygiene resources

NHS A&A Childsmile Team has broadly re-established their previous distribution schedule of oral hygiene resources (toothpaste/toothbrushes), which slowed/stopped due to COVID-19 pandemic. Future developments will include mapping current delivery and gap analysis of possible missed stakeholders and continue to take adhoc requests, as needed and support services as NHS A&A become aware of them.

## Promotion of HC1 forms

NHS A&A will continue to promote the use of HC1 forms with relevant groups. The HC1 form is a health costs form and you can use this form if you need help with paying for - NHS dental treatment; NHS wigs and fabric supports; sight tests, glasses and contact lenses; or travel to receive NHS treatment if referred by a doctor (GP or hospital doctor), optician or dentist<sup>38</sup>. The issue of free dental care up to the age of 26 has been raised with those who are working with care experienced young people. Staff will endeavour to promote this message, where possible, however this requires to be balanced against the availability of dental registration which remains a significant issue across Scotland.

## **Cost of Health Protection**

One of the ways that the Health Protection Team within the Public Health Department, can support population health is helping reduce the spread of notifiable diseases such as E.coli O157. One of the tools to do this, is reducing the risk to potentially vulnerable people through restricting or excluding those at risk of spreading the notifiable disease, from their work, school, etc.

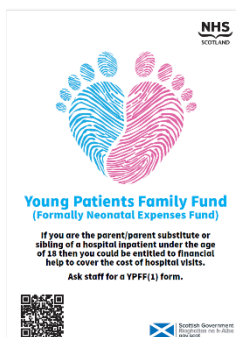
These restrictions can be for a period of weeks or months, with no notice. One of the ways the restrictions can be detrimental is through loss of earnings. The NHS has provision to assist with compensation. Representatives from the NHS A&A Health Protection Team and Finance Department, along with help from RecoveryAyr's Lived Experience Lead, and the Communications Department, reviewed the existing restriction/exclusion documentation and health protection process. The team have developed documentation which will hopefully encourage eligible people to request this financial support, and thus be better able to prevent the spread of notifiable diseases. Concurrently Finance colleagues are reviewing their processes too. In the next financial year we will review the number of applications for compensation for loss of earning.

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<sup>38</sup> The HC1 form can be found here: [HC1 Form \(nhsbsa.nhs.uk\)](https://nhsbsa.nhs.uk), accessed 14/04/2023

## Access to Services

The cost and time for travel as well as challenges over childcare have been highlighted as barriers to accessing services<sup>39</sup>. Therefore, one area that the child poverty action plan is trying to progress on is access. Here we note work around increasing uptake of the Young Patients Family Fund (YFFF) and promotion of free bus travel for under 22s.



### Young Patient's Family Fund

The YFFF is provided by the Scottish Government to support families visiting children up to 18 years old who are receiving inpatient care. The uptake has been low within NHS A&A, particularly within the Paediatric Ward at Crosshouse Hospital. A process mapping exercise was undertaken and various materials were produced internally to encourage uptake.

### Free bus travel for under 22s

The Scottish Government introduced free bus travel for those aged under 22 from 31 January 2022. However, applying for this was a slightly challenging online process. The Child Poverty Lead reached out to the LA areas Education Departments (and Ayrshire College) to understand how they were supporting families to access this, and how this has influenced uptake in the local areas. Consideration has been given to how this could be promoted within the NHS and information has been disseminated to relevant departments.

### **Procurement – Community Benefits Portal**

The NHS in Scotland spends considerable amounts of money on goods and services every year<sup>40 41</sup>. Asking suppliers to deliver 'community benefits' as part of their NHS contract is one way that the NHS can deliver wider economic, environmental and social benefits to an area. The NHS Scotland Community Benefits Gateway (CBG) is a free and easy to use online service that connects NHS Scotland suppliers with third sector community organisations within Scotland who are looking for assistance with community initiatives ('needs'). It can be accessed [here](#).

A community benefit initiative (or 'need' as it's known) is something which improves the economic, social and environmental wellbeing of a local area. So, a third sector organisation might ask for support with volunteering, work placement opportunities, the provision of professional advice, assistance with building community facilities and much more.

Unfortunately, currently there are low numbers of Ayrshire and Arran community benefits registered on the NHS Scotland CBG. From January 2023, the gateway has been promoted by NHS A&A to the third sector interfaces for distribution to their networks of third sector organisations. There is an ongoing social media campaign via the NHS A&A Facebook page,

<sup>39</sup> Suphi, M, Bishop, R & Miller, A (2020) Exploring the Cost of Pregnancy pathway, NHS Greater Glasgow and Clyde and NHS Ayrshire & Arran, 1-80. [Exploring the cost of the pregnancy pathway | Glasgow Centre for Population Health \(gcphe.co.uk\)](https://www.gcphe.co.uk/publications/scottish-health-service-costs-high-level-costs-summary-2020-to-2021/) accessed 03/04/2023

<sup>40</sup> NHS National Services Scotland. 'Annual Procurement Report 2021-2022'. Available at: <https://www.nss.nhs.scot/media/3492/nhs-nss-annual-procurement-report-2021-22.pdf> accessed 04/04/2023.

<sup>41</sup> Public Health Scotland 'Scottish Health Service Costs'. Available at: <https://publichealthscotland.scot/publications/scottish-health-service-costs/scottish-health-service-costs-high-level-costs-summary-2020-to-2021/> accessed 04/04/2023.



to promote the gateway aimed at increasing the number of registered community benefit 'needs'.

An example of a child related community benefit success was in May 2021 when Ayrshire Cancer Support uploaded a community benefit need to the CBG requesting support to enhance the services they could offer to children and young people to help them cope when a relative had been diagnosed with cancer. The NHS Scotland Supplier - Arco Ltd – contacted Ayrshire Cancer support on the same week the community organisation had submitted their community need, offering to support their children's' services with the recruitment of a Therapeutic Support Practitioner and two seasonal Wellbeing Practitioners and a seasonal Counsellor.

## **Participation**

The Public Health staff working on child poverty are very keen that lived experience influences the direction and content of our work. An Experiential Worker from RecoveryAyr has now become part of the team. Lived Experience is an element that can be missing when impactful decisions have been made or material has been distributed. Since the start of the Experiential Workers involvement, she has been able to provide lived experience view on an array of projects, from exclusion letters wording and presentation, to feedback on the National Child Poverty E-Learning hub.

## **Communication**

NHS A&A continue to communicate and advocate for change to reduce inequalities and poverty. Child poverty mitigation is advocated at departmental level, cross-departmentally, NHS A&A wide, LA, and National meetings (Appendix 3). Communication methods and audiences have varied between work streams. For example, tweets relevant to reducing child poverty were sent during Challenge Poverty week in October 2022 and retweeted at relevant points during the year. Through the Staff Financial Wellbeing Strategy Group Stop Presses have been developed and circulated to staff on the topics of: Maintaining good health through the cost of living crisis; cost of living: energy bills; credit unions; food banks and food larders; and gambling. Posters around the Young Patient Family Fund have been put up in the Paediatric Department.

## **Acknowledgements**

We would like to acknowledge the raft of people from across the organisation, including from the Midwifery, Paediatrics, Public Health, Finance, Management, and Communications departments, who have inspired, delivered, and continue to enable this work.

## Appendix 2: NHS Ayrshire & Arran Child Poverty Action Plan 2022/23

Please find below the 2022/23 NHS Ayrshire & Arran Child Poverty Action Plan. Progress on actions is noted within the plan. The action plan has 26 actions. Twenty actions are either: ongoing and will roll over from year to year; or finite and not yet completed, and therefore will continue into the next financial year. Five actions are now going to be closed as they have been completed or have moved to another work portfolio and will be removed from next year's plan. This is a live document and will be edited going forward, further additional actions are expected to be added to the plan over time.

Priority	Overarching Aim	Aim 2022/23	Progress up to March 2023	Which of the 6 Priority Family Types would action influence?	Poverty Driver Target/ UNCRC Article	Partners involved	Resource	Measures	Lead(s)	Will the action continue in the plan?
<b>1.0 Financial Inclusion</b>	1.1 Develop Financial Inclusion Referral Pathways	Create a single pan-Ayrshire document that outlines the pathway for the 3 Ayrshires for NHS staff to use.	Pan-Ayrshire poster currently in development for Acute services. Considering also rolling this poster out to Dental and Health Protection Team.	All	Income from benefits, UNCRC Article – 3,6,12,26, 27	NHS A&A PH, HSCPs, Financial Inclusion Services (FIS), Acute Services	Existing resources	Referral rates to FIS	Ruth Mellor (Public Health). Michelle Kennedy (Public Health). Kevin Lyle (Public Health).	Ongoing, retain in plan
	1.2 Promote use of Financial Inclusion Referral Pathways with NHS A&A staff to directly refer families in need to appropriate FIS and incorporate this into routine practice.	<p>Pilot and evaluate the workshop covering child poverty and financial inclusion pathways.</p> <p>Decide whether further workshops are needed, in part influenced by the planned national training module.</p> <p>Explore role of Better Health Hub in referral to FIS.</p>	Child poverty and Financial Inclusion workshop has taken place and evaluated positively. Additionally, a separate session was delivered to three Paediatric Nursery Nurses. The Better Health Hub are utilising the Financial Inclusion pathways as appropriate and were in attendance at the pilot workshop.	All	Income from benefits, UNCRC Article – 3,6,12,26, 27	NHS A&A PH, HSCPs, NHS Maternity, FIS, NHS O&HRD (training), NHS Service Leads	Existing resources	Referral rates to FIS	Ruth Mellor (Public Health). Kevin Lyle (Public Health).	Ongoing, retain in plan

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	1.3 Introduction of the wellbeing prescription pad to Child Health Weight (CHW) programme	Wellbeing prescription pad is used with all participating families within CHW programme (JumpStart)	The Wellbeing prescription Pad is used at all initial wellbeing chats with participating families and again at post programme assessments	All	Cost of Living, Income from Benefits, Income from Employment  UNCRC Articles – 13, 17, 24, 26, 27, 31	NHS A&A Child Healthy Weight Team	CHW Team	Utilisation and referrals of holistic wellbeing prescription pad with and from participating families of the JumpStart programme	Alan Brown (Public Health).	Ongoing, retain in plan
	1.4 Introduction of the wellbeing prescription pad to Better Health Hubs	Wellbeing prescription pad is utilised within wellbeing contact points if appropriate	The Wellbeing Pad is a staple of discussions in almost all interactions with service users and is revisited at various contact points.	We are not always privy to this information as this data is not always known or recorded.	Cost of Living, Income from Benefits, Income from Employment  UNCRC Articles – 13, 17, 24, 26, 27, 31	NHS Better Health Hub	NHS Better Health Hub	Utilisation and referrals of holistic wellbeing prescription pad with Patients, staff and visitors	Alan Brown (Public Health).	Ongoing, retain in plan
<b>2.0 Cost of Pregnancy</b>	2.1 Implementation of the recommendations from the cost of pregnancy project.	Establish cost of pregnancy implementation group and create action plan and start implementing the action plan.	Established Cost of Pregnancy implementation group, created an action plan and started work on some actions.	All	Cost of Living, UNCRC Article – 3,6,24,26, 27	NHS A&A PH, NHS A&A Maternity	Existing Resources	Measures dependant on the action plan	Jane Henderson (Maternity). Ruth Mellor (Public Health).	Ongoing - retain in plan

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	2.2 Maternity Services Income maximisation & joint service.	Review utilisation of Badgernet for financial inclusion referrals, post pandemic. This will link to the cost of pregnancy work.	Reviewed badgernet data in relation to financial inclusion referrals between 1 Apr 21 - 31 Mar 22.	All	Income from benefits, UNCRC Article – 3,6,26,27	NHS Maternity, NHS PH, ICYPTCPB FIS	Scottish Government funding	Developments to Badgernet to enable direct electronic referrals. Monitoring of additional income to recipients by financial inclusion specialists.	Ruth Mellor (Public Health). Lee Johnston (Midwifery).	Complete and remove from plan
	2.3 Workplace team to raise awareness with businesses around entitlement of employees to paid time off to go to their antenatal appointments.	Upskill workplace team to be able to discuss the topic with workplaces and businesses.  Incorporate these discussions into their processes.  Create materials / information leaflet for businesses.	Campaign materials are in development and will be rolled out to small and medium enterprises in due course. The Health Improvement Officer has also undertaken research on the benefits of attending antenatal appointments and entitlements.	All	Income from employment UNCRC Articles 2, 3, 4, 6, 24, 26	Maternity, HI workplace team.	Existing resources	Number of businesses advised.	Stephanie McInroy (Public Health). Lesley Reid (Public Health).	Ongoing, to retain in plan
	2.3 Learning from paediatrics young patient visiting fund to midwifery work	Transfer learning from paediatrics young patient visiting fund to midwifery work.	Presented the work completed with Paediatrics at the Cost of Pregnancy Group. Posters to be produced and dissemination to the Ayrshire Maternity Unit.	All	Cost of Living, UNCRC articles 2, 24, 26, 27	Midwifery	Existing resources	Increase uptake and timeliness of receiving money from the NHS.	Michelle Kennedy (Public Health). Ruth Mellor (Public Health).	Ongoing, to retain in plan
<b>3.0 Early years - Best start food and vitamins</b>	3.1 Enable families to take up their entitlement to	Mapping out who is involved and the opportunities around it.	The promotion of Best Start Grants and the Best Start Food scheme and other supports to maximise household income is	All	Income from benefits, UNCRC	NHS Maternity, NHS A&A PH. HSCP	Scottish Government funding.	Challenging as cannot monitor take-up of	Attica Wheeler (Midwifery) Jayne Miller	Ongoing - retain in plan

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	Best Start Grant (BSG)		<p>part of the universal Health Visiting (HV) pathway. Resource to promote BSG and Best Start Foods are included within the newly refreshed Early Years Information Pathway and within the Health Visiting app, 'Ayrshire Bairns'.</p> <p>Within East Ayrshire, there are financial inclusion staff within the early years teams who support parents to maximise their income, following the 32 week antenatal visit, if required. They are able to visit and support families less able to complete required documentation etc. In the first 6 months they have managed to secure £300,000 that we know of for some of our families, as not all families' feedback. East Ayrshire is intending that this continues.</p>		Article – 3,6,26,27	Children's Services: Health Visitors and Early Years staff		additional income to recipients (via Social Security Scotland (SSS)). Awareness raising session attendance.	(South HSCP) Joanne Inglis (North HSCP) Sina Currie (East HSCP)	
	3.2 Ensure families take up their entitlement of Best Start Food Scheme	Mapping out who is involved and the opportunities around it.	As above in 3.1.	All	Income from benefits, UNCRC Article – 3,6,26,27	NHS Maternity, NHS A&A PH. HSCP Children's Services: Health Visitors and Early Years staff	Scottish Government funding.	Challenging as cannot monitor take-up of additional income to recipients (via Social Security Scotland (SSS)). Awareness raising session attendance.	Attica Wheeler (Midwifery) Jayne Miller (South HSCP) Joanne Inglis (North HSCP) Sina Currie (East HSCP)	Ongoing, retain in plan

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	3.3 Rollout Universal Scottish Vitamins Scheme	Extend distribution model to all children up to the age of 3.	A Standing Operating Procedure (SOP) for the distribution of vitamin D to breastfeeding mothers and children up to the age of 3 years was introduced in January 2022. During 2022/23, questions on uptake of vitamins were added to Care Partner. Reports from Care Partner show uptake is high however questions will be modified from April 2023 to improve the quality of the data returned.	All	Cost of Living, UNCRC Article – 3,6,26,27	NHS Maternity, HSCP Children's Services, Health Visitors.	Scottish Government Funding	Monitoring of distribution of vitamins via Pharmacy and Care Partner.	Ruth Campbell (Public Health).	Completed, remove from plan
<b>4.0 Oral health</b>	4.1 Distribution of oral hygiene resources (toothpaste/ toothbrushes)	Continue to distribute packs and will support any organisation who requires this.	In financial year 22/23, NHS A&A have taken our full allocation of resources, this is a total of 60,230 toothbrushing packs and includes the additional packs provided as part of the funding announced in 2021. We have distributed packs throughout our establishments (schools/nurseries) during the current academic year, supported local foodbanks & charities and local community groups promoting oral health.	All	Cost of Living, UNCRC Articles 3, 24, 26, 27	NHS A&A PH NHS A&A Public Dental Service Health Visitors (NA, EA, SA)	Existing Childsmile resource with additional funding financial year 21/22	Quantitative-number and type of packs delivered to different services. Increased provision and availability. Feedback on availability and response to communications drive to publicise availability of free resource.	Jacky Burns (Public Health). Childsmile team. Dental management team. Health Visitors.	Ongoing, to retain in plan
	4.2 Support for direct costs of dental care	Ensure clinics have access to HC1 forms and promote their use. Promote financial support available to adults and	All Public Dental Services (PDS) clinics have access to HC1 forms and staff are reminded to offer them to patients  Discussion with Area Dental Professional Committee about support for general	All	Cost of Living	NHS A&A PH, NHS A&A Public Dental Service, NHS A&A General Dental	National Scheme funding	Process- HC1 forms in all PDS sites  Process- HC1 forms in General Dental Services	Jacky Burns (Dental Public Health). Alison Paton (Assistant Dental Services Manager-	Ongoing, to retain in plan

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		families Promote free dental care for those aged under 26.	practitioners.  Links with wider financial inclusion work and signposting to available services			Practitioners		(GDS) practices Process-resources developed and distributed	public dental service).	
<b>5.0 Cost of Health Protection</b>	5.1 Cost of health protection - claiming back loss of earnings due to having to isolate	Claiming back loss of earnings due to having to isolate	Collaboration between the Health Protection Team and the Finance Department. Reviewed letters sent to those who are being restricted/excluded from work due to a notifiable disease. Letter reworded and frequently asked questions developed to make the process easier. Concurrently, in addition to helping with the letter, Finance colleagues are reviewing their system for processing loss of earning payments.	All	Cost of Living, UNCRC Article – 3,6,12,26, 27	Health Protection Team, Finance, Recovery Ayr.	Existing resources	Increase uptake and timeliness of receiving money from the NHS.	Ruth Mellor (Public Health), Fiona McKinnon (Health Protection), Fiona McGinnis, Finance.	Ongoing, to retain in plan.
<b>6.0 Access to Services</b>	6.1 Delivery of Young Patient's Family Fund (YFFF) to support families visiting children up to 18 years old who are receiving inpatient care.	Paediatric reconciliation exercise to examine uptake of the Young Patient's Family Fund by people visiting the paediatric ward and consider if any further actions required to increase uptake.	Driver diagram and process map produced to understand current process. Leaflet produced for lifts and toilet areas. Meeting took place to consider poster to show successful claims. Hope to have this ready by January 2023.	All	Cost of Living, UNCRC Article – 3,6,12	NHS A&A PH, NHS A&A Maternity, NHS A&A Comms, HSCPs	Scottish Government funding.	Utilisation and uptake of YFFF.	Michelle Kennedy (Public Health). Sam Fredrickson Freer (Paediatric). Aileen Grant (Paediatric). Lesley Wilson (Paediatrics).	Ongoing, retain in plan
	6.2 Increase uptake of free bus passes	Obtain ScotGov data on uptake in Ayrshire and Arran. Circulate to	Awareness raising of the new free bus passes for under 22 year olds. Information circulated at relevant meetings/depts.	All	Cost of Living, UNCRC Article – 3,6,31	NHS A&A PH, NHS A&A Maternity, NHS A&A	Scottish Government funding.	Uptake of bus passes	Ruth Mellor (Public Health).	Complete and remove from plan

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		paediatrics information around free bus travel.	We discussed findings of LA work with Local Area Partnership Cost of Living Group.			Comms, HSCPs				
<b>7.0 Procurement</b>	7.1 Procurement community benefits portal - Increase no. and take up (by suppliers) of community benefits related to children / families (which may reduce child poverty)	Increase the number and uptake of Children related community benefits from the Community Benefit Gateway	There are low numbers of Ayrshire and Arran community benefits registered on the NHS Scotland community benefit gateway. From January 2023, the gateway has been promoted by NHS A&A to the third sector interfaces for distribution to their networks of third sector organisations. There is an ongoing social media campaign via the NHS A&A facebook page.	All	Cost of living UNCRC 27, 31	National Procurement, NHS A&A Procurement, NHS A&A Public Health, third sector organisations	Community benefits are fulfilled by suppliers.	No. Children related community benefits. Uptake of these benefits by suppliers.	Zoe Fance (Procurement). Elaine Young (Public Health).	Ongoing, to retain in plan
	7.2 Monitor the take up of community benefits related to children / families	Monitor the uptake of community benefits e.g. Action for Children	There is a system for monitoring. A progress report is received from Public Health Scotland on a monthly basis but the report does not give enough details as would be liked for reporting purposes, we are unable to clarify the level of benefit uptake for children and families. Discussions are underway to improve this process.	All	Cost of living UNCRC 27, 31	PHS and National Procurement Scotland (NSS dept)	NSS resource for data provision.	No. Children related community benefits. Uptake of these benefits by suppliers.	Zoe Fance (Procurement). Elaine Young (Public Health) Lynn Sproat (Transformation and Sustainability)	Ongoing, to retain in plan
<b>8.0 Participation</b>	8.1 Capture voices and experience of children and young people and their families and priority groups who are experiencing poverty and build in learning	Build on local learning and mechanisms to provide a voice around lived experience'	An Experiential worker from RecoveryAyr has become part of the team. She has provided lived experience and since her arrival has: <ul style="list-style-type: none"> <li>• Joined the Infant, children and young people's board and other strategic groups/meetings - and provided lived experience insight into those groups.</li> <li>• Given feedback on various posters, official letters, E-</li> </ul>	All	Cost of Living, UNCRC Article – 3,12,	NHS A&A PH, Champions Boards HSCP, Participation Workers NHS and HSCP, CAMHS	Existing Resources	Feedback and qualitative data being available to inform and shape actions	Ruth Mellor (Public Health) Faye Murfet (Alcohol and Drug Partnership). Amy-Jade Donnachie, Recovery Ayr.	Ongoing, to retain in plan



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	to policy and policy change.		learning hubs and workshop material. • Created links with multiple people across the Public Health scope to introduce a lived experience approach into their workflow.							
<b>9.0 Communication</b>	9.1 Ensure child poverty is incorporated within NHS communication plans.	Several stop presses planned. Linking in with social media to ensure key timeframes for tweets are highlighted.	Tweets sent during child poverty week in October 2022 and retweeted at relevant points. Stop presses developed and circulated to staff around: Maintaining good health through the cost of living crisis; Cost of living- energy bills; Credit unions; Food banks and food larders ; and Gambling.	All	Income from benefits, Cost of Living, UNCRC Article – 3,6	NHS A&A PH, NHS A&A and Local Authority Comms. Teams. Comms. ICYP TC PB QYW Better Health Hub Team.	Existing Resources	Referral rates to FIS. Implementation of Communications plan.  Number of tweets sent.  Number of re-tweets.	NHS Public Health Child Poverty Group and Task and Finish group – financial inclusion (in relation to their work). PH Digital Team (Public Health). Miriam Porte, Comms  (Transformation and Sustainability)	Ongoing, to retain in plan.
	9.2 Adapt previously purchased physical resources into digital format for wide distribution using Social Media and other electronic distribution methods.	Distribution of physical resources, including utilisation of resources within the Comms plan. Decide which or any of the physical resources need to be turned into digital.	Physical resources located and distributed accordingly, on review, digital copies of these resources were located and stored for future reference.	All	All, UNCRC Article – 3,26,27	NHS A&A PH	Existing resources	Creation and sharing of digital resources.	PH Digital Team (Public Health). Michelle Kennedy (Public Health). Ruth Mellor (Public Health).	Complete and remove from plan

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	9.3 Lobby, advocate and seek to influence wider change across all systems, including focus on National Public Health Priority 5 – An Ayrshire where we have a sustainable, inclusive economy with equality of outcomes for all, which will include Child Poverty.	<p>Session for the NHS Board 16 May 2022 around the PH priorities which included a workshop on Child poverty and a report of this has been returned to the board.</p> <p>Continue to monitor what we are doing.</p> <p>Also, PH representation on the new Community wealth building/ NHS as an anchor organisation programme board.</p>	<p>Advocacy has continued this year, both within and outwith NHS A&amp;A. Child Poverty Lead was a member of the pan-Ayrshire Local Resilience Partnership Tactical Cost of Living Group for the duration the group met between 2022-2023.</p> <p>On 24 October 2022 within the Public Health Department for key Health Improvement Staff, and with our lived experience lead there was a workshop on child poverty, it was used to consider potential future actions, which were then prioritised. Some of these actions fed into the roundtable discussion on NHS Ayrshire &amp; Arran's response to the cost of living crisis on 16th January 2023 with representatives, from South and North HSCP, Facilities, Sustainability, Finance, Maternity, Nursing, Public Health and Staff side, to discuss current and potential actions to take forwards.</p>	All	Income from benefits and employment, Cost of Living, UNCRC Article – 3,26,27	NHS A&A PH All NHS A&A	Existing Resources	Awareness-raising and engagement in partnership.	Ruth Mellor (Public Health). Health Improvement colleagues (Public Health).	Ongoing, to retain in plan.
<b>10.0 Performance Reporting</b>	10.1 Input to joint Child Poverty Action Reports with three partnerships	Health Improvement leads collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.	Joint working continues.	All	All UNCRC Article – 3,6,12,26, 27	NHS A&A Public Health (PH), NHS Maternity, 3CPPs, 3 HSCP	Existing resources.	Production of joint reports:  EAC, NAC, SAC	Health Improvement Leads (Public Health)	Ongoing, to retain in plan.
	10.2 Work with local partners to identify	Revisit once looked at what KPIs and	This has not been prioritised this year. Initial discussions have taken place to produce a	All	All, UNCRC Article –	NH AA PH, 3 CPPs, 3 HSCP	Existing Resources	Robust, appropriate and	Michelle Kennedy	Ongoing, to retain in plan.

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	appropriate data and health intelligence to inform monitoring of progress against four income-based child poverty targets.	intelligence is available.	suite of indicators to support child poverty.		UNCRC Article – 3,26,27			meaningful local database developed.	(Public Health).	
<b>11.0 Cost of the school day</b>	11.1 Contribute to reviewing the cost of the school day.	No aims specified, will be influenced by the needs of the LA areas.	None planned at this point for South and East, consideration of potential actions post-North Cost of School Day conference underway.	All	Costs of Living, UNCRC Article – 3,6,12,26, 27	NHS A&A PH, LA Education	Existing resources	Monitoring impact of cost of school day project	Health Improvement Leads (Public Health) from 2022/23) - linking in with the Local Authorities.	None planned at this point for South and East. However, consideration will be given to potential actions in North, following publication of report and recommendations from the NA Cost of School Day conference.
<b>12.0 Health inequalities self-assessment tool (HISA)</b>	12.1 Promote use of HISA	Health Improvement colleagues are currently scoping out impact assessment tools, including HISA, and the situations in which they should be utilised. The scoping exercise will inform decision making in relation to HISA and the	Scoping exercise progressed around assessment tools, this work has moved over to the Place workstream. Can therefore be moved out of this workstream.	All	Income from benefits, Cost of Living (e.g. travel costs). UNCRC Article – 3,6,12,26, 27	NHS A&A PH, NHS A&A O&HRD (training), NHS A&A Service Leads, CPP children services teams	Existing Resources	Uptake rates of the on-line HISA tool. Referral Rates to FIS. Reduction in missed appointments	Health Improvement Leads (Public Health).	Remove from plan. Will be taken forward in the Place portfolio.

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		use of other available impact assessment tools'.								

### Appendix 3: NHS Ayrshire & Arran Child Poverty Governance Meeting Structure

