

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 December 2024
Title:	Investing in the future: tackling child poverty
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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

This paper is presented to the NHS Board to provide assurance that NHS Ayrshire & Arran (NHSAA) continues to deliver on its statutory duty in line with the Child Poverty (Scotland) Act 2017. Through this paper the Board will receive an update on the most recent data and information we have regarding child poverty in Ayrshire and Arran and a report on end of financial year progress against NHSAA local actions.

Eradicating child poverty is the single greatest priority for the Scottish Government. An individual's opportunities should not be dictated by the circumstances they are born into. Sustained and cohesive effort is needed across local and national government, the voluntary sector, businesses, and communities to work collectively to achieve this, especially at a time when public finances are under acute pressure¹.

¹ Scottish Government, [Programme for Government 2024-25: Serving Scotland \(www.gov.scot\)](https://www.gov.scot), accessed 19 September 2024

First Minister John Swinney announced his first Programme for Government² on 4 September 2024. It sets out this Government's commitments to deliver for the people of Scotland. Those commitments reflect an optimism that, even in times of unprecedented budgetary constraint, we can still greatly improve people's lives by focusing on clear priorities and working with partners to make the biggest difference possible. This Government will focus their efforts and resources on four key priorities: eradicating child poverty, growing the economy, tackling the climate emergency, and ensuring high quality and sustainable public services.

Public Health Scotland (PHS) are working to reduce child poverty as outlined in their Annual Delivery Plan³. Children are the population group at greatest risk from poverty in Scotland. As a direct result of this, reducing child poverty is a major strand of focused Public Health activity for infants, children and young people in the context of family and community life.

Poverty shapes childhood, undermines family wellbeing and powerfully shapes growth and development from conception and across life: laying down risk factors for adult disease.⁴ Compelling evidence demonstrates that children who live in the most deprived areas are also more likely to experience inequalities in health outcomes and access to health services.

The evidence with regards to living in poverty demonstrates the profound impact on people's health and how they use NHS services, with far reaching implications across all directorates. From greater prevalence of a wide range of diseases and difficulties in accessing health care, to later treatment and worse health outcomes, poverty affects every stage of the life course. It is in the best interests of the health and social outcomes of our entire population to prevent and mitigate the influence and impact of poverty on our youngest citizens.

Inequality in health outcomes often reflects income inequality and related opportunities to meet basic needs with regard to income, housing and food as well as leisure and recreation. These factors, often referred to as the wider determinants of health, can be interlinked and perpetuate unfair and avoidable differences in health across the population and between different groups in society.

2.2 Background

The impact of poverty can have multiple and lasting ill effects on outcomes and opportunities across the life course, which has been well documented and presented in previous papers to the Board. NHS Ayrshire & Arran (NHSAA) Investing in the future: Tackling Child Poverty Report was presented to the Board in August 2023 and the Director of Public Health (DPH) Child Health Report was presented in August 2022.

² First Minister's programme for Government, [Programme for Government 2024-25: Serving Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/programme-for-government-2024-25/pages/summary.aspx), accessed 17/09/2024

³ Public Health Scotland, <https://publichealthscotland.scot/media/7662/public-health-scotland-delivery-plan-2021-24.pdf>, accessed 19/07/2024.

⁴ The Oxford Handbook of Poverty and Child Development: Chapter 1 'How Poverty Gets Under the Skin: A life course perspective' (Evans, GW; Chen, E; Miller, G and Seeman T), accessed 28/10/2024.

The Child Poverty (Scotland) Act 2017⁵ 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). The NHS statutory duty is to contribute to joint reports with the LAs. This board paper is in addition to that and focuses on the NHS specific contribution to poverty prevention and mitigation work, which will feed into those LCPARs.

The 2030 targets are that, of children living in households in Scotland:

- Less than 10% are living in relative poverty;
- Less than 5% are living in absolute poverty (a measure of low living standards relative to 2010/11);
- Less than 5% are living in low income and material deprivation (measuring if families are unable to afford basic necessities); and
- Less than 5% of children living in persistent poverty.

Interim targets were also set to be met by 2023/24⁶, 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.

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.

The Scottish Government uses several measures to define poverty, and these are used within this paper⁷:

- Absolute poverty aims to measure whether people living in the lowest income households are seeing their income rise in real terms and refers to people living in households where the equivalised income is below 60% of the inflation adjusted UK median income in 2010/11;
- Relative poverty refers to people living in households where the equivalised income is below 60% of the UK median income in the same year, it aims to measure whether people living in the lowest income households are keeping pace with the growth in incomes in the economy as a whole; and
- People are in severe poverty when their household income is less than half of the UK median income.

⁵ Child Poverty (Scotland) Act 2017, Acts of the Scottish Parliament, 2007 asp 6, Crown <https://www.legislation.gov.uk/asp/2017/6/section/1/enacted> accessed 05/04/2024.

⁶ Interim targets, <https://www.legislation.gov.uk/asp/2017/6/section/2/enacted> accessed 05/04/2024.

⁷ The SG uses several measures to define poverty, the definitions are provided in the Glossary at the end of this paper".

Within the terminology of child poverty, it should be noted that insecurity of income and food poverty are key outcomes that children may experience.

Insecurity of income

Insecurity of income is understood as undermining the ability of a person to meet their or their family's basic needs, such as a home and food, whilst at the same time being a challenge to a person's self-worth and efficacy. This can influence family wellbeing by parents being distracted and less able to be available and attuned to the needs of their children, or there being conflict and distress between parents that impacts children's growth and development. Children who are hungry and/or experiencing damp cold housing will be less able to learn, whilst their overall growth development and cognitive functioning can be impacted. Furthermore, income inequality results in an inequality in access to activities, social opportunities and clubs which promote positive wellbeing and, without which, can result in potential exclusion and lower attainment.

Food Security

Food security is measured at a household level.⁸ The person in the household who knows most about buying and preparing food responds to the questions about food security. Note that not everyone in the household may experience this in the same way. For example, a parent may have worried about running out of food or reduced their own meal sizes but protected their young children from this experience.⁹

In 2020-23, 78% of children lived in households with high food security. This means that 22% of children lived in households with marginal, low or very low food security¹⁰. This was 1% less than in 2019-22.¹¹

Children in poverty were less likely to have high food security. It is reported that only 58% of those in relative poverty had high food security and it is not possible to report on food security results for children in severe poverty due to a low sample size.

United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC (Incorporation) (Scotland) Bill¹² was unanimously passed in Scottish Parliament on the 7th December 2023. On the 16th January 2024, Royal Assent was granted for the UNCRC Bill meaning it is now officially an Act¹³. It is an international rights treaty that grants all infants, children and young people a comprehensive set of rights.

Both NHSAA as an organisation and individual staff members now have an obligation to comply with the UNCRC requirements and ensure a rights-based approach to work. The fundamental principles below should be at the core of our work:

⁸ Poverty and Income Inequality in Scotland 2022-23, <https://data.gov.scot/poverty/#Children>, accessed 19/09/2024

⁹ Children in poverty often live in households that lack food security, https://data.gov.scot/#Food_security15, accessed 19/09/2024

¹⁰ Poverty and Income Inequality in Scotland 2022-23, <https://data.gov.scot/poverty/#Children>, accessed 19/09/2024

¹¹ Poverty and Income Inequality in Scotland 2021-22, <https://data.gov.scot/poverty/2023/index.html>, accessed 29/10/2024.

¹² The UNCRC (Incorporation) (Scotland) Bill, [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill – Bills \(proposed laws\) – Scottish Parliament | Scottish Parliament Website](https://www.scottish.parliament.gov.uk/en/legislation/bills/2023-24/10/1), accessed 03/06/2024

¹³ United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukdsi/2024/0001/engandscot), accessed 16/09/2024

- Non-discrimination (Article 2);
- Best interest of the child (Article 3);
- Right to life, survival and development (Article 6); and
- 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, wellbeing and attainment, and a risk factor for impacting negatively on adult health outcomes, thus presenting the health services with a duty to protect children from this harm. 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, tackling and preventing poverty must be a priority action across all directorates.

2.3 Assessment

This year, in addition to the most up to date position on national and local data, the authors were keen to present:

- Case studies;
- Action Plan 2023/24 highlights;
- NHSAA child poverty governance structures; and
- Updates on the three LCPARs as Public Health work closely with our three Local Authority (LA) partners to deliver on these.

The official Scottish Government poverty statistics against the 2030 targets, along with the local position can be found in the supplementary paper at Appendix 1.

2.3.1 Case Studies

An experiential worker from RecoveryAyr has joined the team. This has provided the opportunity to benefit from a lived experience lens across numerous projects. Feedback received from those who have collaborated has been overwhelmingly positive, indicating there is now a more active view of the work being progressed to tackle child poverty. See Appendix 3 for the full case study.

An opportunity was identified within Health Protection to increase staff awareness and engagement with the poverty agenda and improve the financial application pathway for those who suffer from loss of earnings due to being excluded from work by the Public Health (Scotland) Act. A continuous professional development (CPD) session was carried out to improve staff knowledge and competencies in discussing financial circumstances and financial support to people who are excluded from work due to communicable disease control measures. Information posters for staff have resulted in increased staff confidence and engagement. Improvements to the financial application pathway included the addition of a Frequently Asked Questions (FAQ) leaflet being attached to the financial application, in letters that are sent to people who are being excluded from work. This has removed some of the steps that people would have previously had to navigate and resulted in a more inclusive

and equitable process for those who may be suffering from loss of income because of complying with communicable disease control measures. See Appendix 4 for the full case study.

2.3.2 Action Plan 2023/24 Highlights

Within the 2023/24 action plan there were 21 actions, 11 have been completed and 10 are carried over to the 2024/25 action plan. See Appendix 2 for the full list of actions and below for a selection of examples.

Financial Inclusion

- Referral Pathways developed for NHSAA and HSCP staff to use.

A financial inclusion workshop had previously been established to promote the use of Financial Inclusion Referral pathways with NHSAA and Health & Social Care Partnership (HSCP) staff, so that they can directly refer families in need to appropriate Financial Inclusion Services (FIS) and incorporate this enquiry and referral into their routine practice. A lived experience element was added to the course criteria. This will be developed further as part of the continued roll out plans and has been carried over into the 2024/25 action plan.

- Better Health Hub

The Better Health Hub developed prescription pads to facilitate meaningful conversations between health professionals and patients, their families, or members of the public regarding wider supports that they may need. These graphic prescription pads support health professionals to identify and indicate specific areas of concern from a holistic wellbeing perspective. The pads cover a wide range of services and support, including:

- Financial matters;
- Advocacy and understanding health information;
- Healthy eating;
- Weight management and
- Living with health conditions and many more.

Upon completing the prescription pad, the staff (or patient) can deposit the prescription in post boxes that are located across the two acute sites. A Better Health staff member follows up with the individual to offer further support, provide signposting, or assist with onward referrals. This approach ensures that individuals receive comprehensive support tailored to their specific needs, promoting overall wellbeing. Patients are able to access face to face contact at drop-in sessions run each week for half a day at UHA and UHC.

In year 2023/2024, the Better Health Hub had 136 enquiries making use of the prescription pads, of which 60% were staff. NHSAA are supportive of staff care and wellbeing with three purpose-built staff wellbeing centres at Ayrshire Central Hospital (ACH), UHA, and UHC, and access to specialist support such as psychology. Staff are able to make contact with the Better Health Hub at each of the wellbeing centres. Public Health will utilise learning from the work of the Better Health Hub to identify any actions that could be included in the 2025-2026 poverty action plan. There may be priority staff groups that would benefit from focused support with financial wellbeing and income maximisation advice.

- Cost of Pregnancy

The relationship between a lack of maternal resources and poorer health during pregnancy is well established, alongside the impact following the birth of a baby which can result in those close to the poverty line falling below it. Evidence shows that there can be cost-related barriers to accessing universally provided and free at the point of access services. The Public Health Workplace Team has been working on campaign materials for businesses to raise awareness around entitlement of employees to paid time off to go to their antenatal appointments. The campaign materials are ready and will be disseminated in 2024/25. The poster will be included on NHSAA maternity App called 'Badgernet', so it is available to pregnant mothers prior to their ante-natal appointment. There is also work underway to develop the poster in different languages to ensure it is accessible for all citizens across Ayrshire and Arran (A&A).

2.3.3 NHSAA child poverty governance structures

An overview of the Child Poverty and associated reporting structures can be seen in Appendix 6. NHSAA Child Poverty work is governed through the Infant, Children and Young People Programme Board (ICYPPB)¹⁴. Highlight reports feed directly to the Strategic Planning and Operational Group (SPOG) which has representation from the Directors of the three HSCPs, Director of Acute Services, Director of Finance and Director for Transformation & Sustainability (T&S).

On behalf of NHSAA, Public Health have the lead responsibility to contribute annually to local child poverty strategies and action plans culminating in our role to jointly develop LCPARs. Thus, supporting our NHS legislative duty. The Health Improvement Lead engages with partners across each LA area and provides Public Health knowledge and support as part of the remit within the local child poverty groups. This ensures a co-ordinated link to the work underway across NHSAA to support and progress partnership approaches to mitigating and preventing child poverty.

The work NHS AA is conducting around child poverty is inextricably linked with the NHSAA Employability Steering Group, the NHSAA Community Wealth Building (CWB)/NHS as an Anchor Organisation Programme Board, and the Staff Financial Wellbeing Steering Group. However, to reduce duplication the actions currently being considered by these wider groups are not, in the main, noted in the child poverty action plan, in Appendix 2.

This collaborative leadership approach is pivotal to a shared responsibility to address the wider determinants of health and work to reduce health inequalities.

2.3.4 Local Child Poverty Action Report (LCPAR) updates

Members of the Public Health Department collaborate with each of the three LAs with regards to NHS contribution to the LCPARs.

¹⁴ The Pan-Ayrshire Infant, Children and Young People's Programme Board (ICYPPB) provides an Ayrshire and Arran forum to bring together key partners with a focus on improving the health and wellbeing, and reducing inequalities for infants, children, young people and their families/carers. This encompasses pre-conception and continues through the early years of life, school years and transition to adulthood, as well as supporting families/carers. The purpose is to work together to hold the child at the centre of all that we do and uphold the principles of the UNCRC.

South Ayrshire (SA)

Since last year's board paper, SA has published a five-year Child Poverty Strategy. This strategy focuses on three priority areas:

- A child poverty system in SA that delivers the best possible outcomes for our communities.
- Coordinated income maximisation following principles of proportionate universalism
- High quality, flexible, accessible, and affordable education and childcare.

These SA agreed priority areas complement the priority areas within the NHSAA Child Poverty Action Plan.

SA reporting route will be to the Financial Inclusion & Growth Strategic Delivery Partnership (SDP). This SDP has a focus on the priorities of financial inclusion; and economic, employability and lifelong learning opportunities.

SA Child Poverty Strategy was shared with the National Improvement Service and it was subsequently agreed that SA did not need to produce a separate LCPAR, as the strategy would suffice this year. PHS will continue to support SA in developing their associated action plan for submitting their LCPAR in 2025.

The NHS AA Public Health's Health Improvement (HI) Lead for Mental Health, Poverty and Work will continue to maintain and further develop relationships to contribute to the Financial Inclusion and Growth SDP, the Child Poverty Strategy and LCPAR reporting.

A copy of the SA's Child Poverty Strategy can be accessed [here](#).

East Ayrshire (EA)

In order to ensure consistency, the NHSAA Public Health's HI Lead for Mental Health, Poverty and Work will be the lead contact for the Child Poverty Leads in EA to progress the Public Health contribution to tackling child poverty in EA. Going forward the HI Lead will be a member of the Anti-Poverty and Inequalities Oversight Group which is currently being established

During the past year, NHSAA Public Health Department has delivered Child Poverty and Financial Inclusion Referral Pathway Training, created in support of the objectives set out in the NHSAA Child Poverty Action Plan. It aims to raise awareness of child poverty and the impact it can have on infants, children and young people. Participants also gain an understanding of the financial inclusion pathway which has been updated specifically for NHSAA staff to refer to appropriate supports in EA. A lived experience video has also been created to accompany the training and enable the issue to be spoken about through the lens of someone who has experienced this first hand.

This training may also be of value to staff on a personal level as we know that in-work poverty is experienced by many of our own NHS staff - this links to the Staff Financial Wellbeing workstream and ties in with the referrals to the Better Health Hub mentioned earlier.

The Local Child Poverty Action Report has been incorporated into EA's Children and Young People's Service Plan annual report 2023/24. A copy of the report can be accessed [here](#).

North Ayrshire (NA)

NA continues to lead efforts to tackle child poverty through the Tackling Child Poverty and Cost of Living Board. This Board is led by the Council Leader showing the dedication the authority has in tackling and preventing poverty and child poverty. NHSAA Public Health's Health Improvement Lead for Mental Health, Poverty and Work is a core member of this group. Contributions are made to the LCPAR through attendance at workshops and through the annual survey which the LA sends out. NHSAA Public Health are also invited through their representation on this Board to respond to funding applications being made to the Tackling the Cost of Living fund.

Colleagues from NHSAA Public Health, NHS Employability and North Ayrshire Council (NAC) Employability recently presented on activity taking place in partnership with a focus on parental employment.

Following publication of a Tackling Child Poverty Strategy 2023-2026 for NA, the most recent LCPAR can be accessed [here](#).

NHSAA Public Health

As part of Public Health working arrangements, the HI Lead for Mental Health, Poverty and Work ensures the portfolio areas are linked up and will continue to ensure consideration across other Public Health priorities, for example links to:

- Healthy places, active transport, green health and spatial planning and ensuring accessibility, availability and affordability are considered;
- Understanding and developing dialogue regarding a life course approach to mental health and the role that insecurity of income, food and housing has on children, families and communities and the potential for exacerbating existing inequalities;
- Food provision, emergency food and food insecurity; and
- Economy, employability, workplace and in-work poverty.

Over the coming year, opportunities to raise awareness of these wider factors and build capacity through local structures will be explored. An example being input to local groups on 'Transport Poverty: A Public Health issue'.

It is evident from the updates contained within the assessment of child poverty that this work is far reaching and encompasses services across the life course and community planning partnerships.

2.3.5 Quality / patient care

The child poverty work brings together colleagues from a range of disciplines and departments, as well as linking with wider CWB, employability and staff financial wellbeing work. For example: the Midwifery Department has been instrumental in producing materials outlining pregnant mothers' right to attend their ante-natal appointment. The Workplace Team within the Public Health Department has also

produced campaign materials for businesses to raise awareness around entitlement of employees to paid time off to attend their antenatal appointments. There are plans to produce the poster in different languages and this work will carry over to the 2024/25 action plan.

2.3.6 Workforce

The governance diagram (Appendix 6), highlights the investment NHSAA is making to try to reduce and mitigate the effects of poverty. Through these various groups a wide range of actions are being pursued. However, resources are limited and it is recognised that there is a core of staff who are consistently responsible for implementing change across a range of areas. As well as the Child Poverty Theme Lead, dedicated time has also been identified, as part of broader portfolios, for a Health Improvement Lead, Senior Health Improvement Programme Officer and Health Improvement Officer in relation to tackling poverty and child poverty, financial inclusion and workplace. For a limited time, the experiential worker from RecoveryAyr has capacity assigned to child poverty.

2.3.7 Financial

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

2.3.8 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 A&A which mean the vehicle for carrying out the necessary work exists. These are augmented by the NHSAA CWB/NHS as an Anchor Organisation Programme Board, NHSAA Employability Steering Group, and Staff Financial Wellbeing Steering Group.

2.3.9 Equality and diversity, including health inequalities

An equality impact assessment (EQIA) for relevance was conducted for this board paper and reviewed by the Equality and Diversity Adviser, and is available online [here](#).

Furthermore, this work is in line with the public sector responsibility under the Fairer Scotland Duty.

2.3.10 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; and

- The role that child poverty plays in circumstances and experiences across the life course and how this impacts on inequalities, outcomes and demand for services and support.

2.3.11 Communication, involvement, engagement and consultation

This is a priority within the NHSAA Child Poverty Action Plan. Members of the Public Health Department continue to engage with each of the three LAs with regards to NHS input into the LCPARs.

Child poverty is a theme within the pan Ayrshire Infant Children and Young People's Programme (ICYPP) and routine highlight reports and risks are shared with the 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.

2.3.12 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; EA Economy & Skills Group; South Financial Inclusion Strategic Delivery Partnership (SDP); SA Employability and Lifelong Learning Partnership; SA Youth Services Strategic Group; NA Tackling Child Poverty and Cost of Living Board; NA Local Employability Partnership; and NA 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; and
- An update on the child poverty work is routinely given to the SPOG.

2.4 Recommendation

For awareness. The paper is presented to the NHS Board to provide assurance that NHSAA delivered on its statutory duty and to receive an update on end of financial year progress against NHSAA 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 2023/24
- Appendix 3: Lived Experience Case Study
- Appendix 4: Health Protection Case Study
- Appendix 5: Child Poverty Financial Inclusion Pathway Training
- Appendix 6: NHS Ayrshire & Arran Child Poverty Governance Meeting Structure

Glossary of terms/Abbreviations

ACH	Ayrshire Central Hospital
AHCs	After housing costs
BHCs	Before housing costs
BSG	Best Start Grant
CAMHS	Children and young people's mental health services
CHW	Child Healthy Weight
CPAG	Child Poverty Action Group
CPD	Continuous Professional Development
CPPs	Community Planning Partnerships
CWB	Community Wealth Building
EA	East Ayrshire
EAC	East Ayrshire Council
EQIA	Equality Impact Assessment
FAQs	Frequently Asked Questions
FIS	Financial inclusion service
GDS	General Dental Services
HC1	Health Costs 1 form
HSCPs	Health and Social Care Partnerships
HV	Health Visiting
ICYPP	Infant Children and Young people's Programme
ICYPPB	Infant, Children and Young People's Programme Board
LA	Local Authority
LAs	Local Authorities
LCPAR	Local Child Poverty Action Report
LEP	Local Employability Partnership
NA	North Ayrshire
NAC	North Ayrshire Council
NHS	National Health Service
NHSAA	National Health Service Ayrshire & Arran
O&HRD	Organisational and Human Resource Department
PDS	Public Dental Services
PH	Public Health
PHS	Public Health Scotland
SA	South Ayrshire
SAC	South Ayrshire Council
SPIRU	Scottish Poverty and Inequalities Research Unit
SIMD	Scottish Index of Multiple Deprivation
SPOG	Strategic Planning and Operational Group
SSS	Social Security Scotland
SDP	Strategic Delivery Partnership
T&S	Transformation & Sustainability
UHA	University Hospital Ayr
UHC	University Hospital Crosshouse
UNCRC	United Nations Convention on the Rights of the Child

Definitions of Poverty and Material Deprivation

Relative poverty	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.
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.
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.
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.



Appendix 1: Tackling Child Poverty Supplementary paper:

November 2024

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Introduction

This report provides more details to the NHS Board paper. It is in three sections:

- Table of figures and tables
- Child poverty data
- Helpful concepts when trying to reduce child poverty

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2. Child Poverty Data

The child poverty data report outlines Scotland and local authority progress against the national targets; with a particular emphasis on children living in low income and material deprivation.

Scotland wide data has been updated since the last board paper to include 2022/23. These data are considered by the Scottish Government to be representative of the Scottish Population¹⁵. The Local Authority data has also been updated.

Scottish Child Poverty Data related to Statutory Income Targets

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 national position against the four Statutory Income Targets

Income Target	Statutory Income Target by 1 April 2030	Interim Target by 2023-24	Scotland (after housing costs) 2020-2023	Scotland (after housing costs) 2019-2022
Percentage of children living in relative poverty (after housing costs)	Less than 10%	Less than 18%	24% (2020-2023) 240,000 children	21% (2019-2022) 210,000 children
Percentage of children living in absolute poverty (after housing costs)	Less than 5%	Less than 14%	21% (2020-2023) 210,000 children	17% (2019-2022) 170,000 children
Percentage of children live in a low-income family with material deprivation , i.e. unable to afford basic necessities (such as a winter coat)	Less than 5%	Less than 8%	10% (2020-2023) 100,000 children	11% (2019-2022) 110,000 children
Percentage of children in persistent poverty	Less than 5%	Less than 8%	14% (2010-2022) 140,000 children	18% (2010-2021) 180,000 children

Source: ¹⁶

A further relevant data point is 22% of children lived in households with marginal, low or very low food security (2020-23)¹⁷. Children in poverty were less likely to have high food security: just 58% of those in relative poverty. It is not possible to report on food security results for children in severe poverty due to a low sample size. People are in severe poverty when their household income is less than half of the UK median income.

¹⁵ Scottish Government (2024) Poverty and Income Inequality in Scotland 2020-2023, [Poverty and Income Inequality in Scotland 2020-23 \(data.gov.scot\)](https://data.gov.scot), accessed 03/062024.

¹⁶ Comparison of current position against the four Statutory Income Targets. Sources can be found on footnotes 2-5 on page 2.

¹⁷ Scottish Government (2023) Child Poverty Summary 2022/2023. Available at <https://data.gov.scot/poverty/cpupdate.html> accessed 3 June 2024.

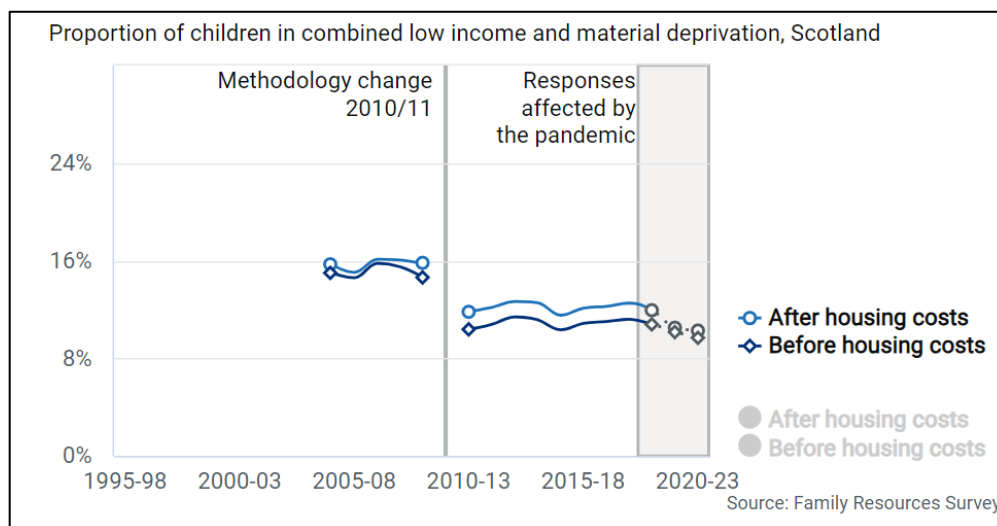
Children living in low income and material deprivation

The long-term trend in the rate since 2010-13 should be viewed as stable. Although the chart shows a recent, gradual fall it covers a time when families were less able to undertake certain activities due to the pandemic, and not necessarily because they couldn't afford to. This changed how people responded to the material deprivation questions and should be taken into consideration.

It is not possible to say how many children are affected in the latest period due to the low sample sizes achieved during and following the pandemic. However, between 2015-18 and 2018-2021, it is useful to observe that numbers of children in combined low income after housing costs and material deprivation were stable at 110,000 each year.

Combined low income and child material deprivation is an additional way of measuring living standards. It is a way to identify households who cannot afford basic goods and activities that are seen as necessities in society.

Figure 1: Proportion of children in combined low income and material deprivation, Scotland



Source: ¹⁸

Children Living in Relative Low Income Families

In relation to children living in Relative Low Income Families, these data show a return to the figures from 2020/2021 of 26%, this dropped to 23% during 2021/2022 with a rise again to 26% for 2022/2023.

Overall, there has been an increase, at local and Scotland levels, in the proportion of children living in relative low income families. When comparing 2021/22 figures against 2022/23 this is very slight change, but when you compare 2014/15 against 2022/23 there is a much steeper increase locally and nationally.

¹⁸ Scottish Government (2024) Poverty and Income Inequality in Scotland 2020-2023, [Poverty and Income Inequality in Scotland 2020-23 \(data.gov.scot\)](https://data.gov.scot), accessed 03/06/2024.

The most recent data for 2022/23, shows the proportion of children living in relative low income families (in order of magnitude): 21.9% in Scotland, 21.9% in SA, 26.1% in EA and 28.5% in NA¹⁹.

The increases over time were interrupted by a temporary dip in 2020/21, due to data quality issues related to the COVID-19 pandemic and need to be interpreted with caution. The Covid19 pandemic has shone a harsh light on some of the health and wider inequalities that persist across our society, however the third sector response to the pandemic shone a light on the ability of this sector to mobilise volunteers, build support and solidarity at grassroots levels in communities and activate adaptability across organisations to allow for ongoing support and services for those who need it. A report on third sector responses to the pandemic highlights the importance of both trust and formal recognition of the important role the third sector play as collaborative partners, not just in times of crisis but as key workers who provide vital public services.²⁰

The National Children and Young People's Commissioner Scotland note that even before the pandemic, poverty was the biggest human rights issue facing children in Scotland and this has got worse.²¹ The increase in the poverty rate for working-age adults may be due to the increase of inactivity since the pandemic alongside a deterioration of the value of social security and a decrease in the value of family benefits. While the value of benefits increased during the pandemic due to the Scottish Child Payment and the Universal Credit uplift, any improvements has now stalled since the removal of the Universal Credit Uplift²².

Furthermore, the impact of inflation continues to counteract pay rises and reduce opportunities for income growth. It is anticipated that average household incomes are set to remain below the levels seen pre-pandemic until 2027.²³ This will continue to affect people's standards of living and insecurity of income, housing and food.

As an NHS Board we need to ensure we are maximising every opportunity to mitigate the impact of child poverty and work with our partners to co-ordinate plans and share evidence and good practice from national networks including the NHS Child Poverty Leads Group and the Improvement Service Child Poverty Peer Network.

In 2022/23, rates for all council areas based in A&A were among the eleven highest (of 32) reported in Scotland. SA was ranked twelfth highest, EA fourth and NA second, only behind Glasgow City. EA and NA figures occupied the top quintile of reports, along with those of Glasgow City, Clackmannanshire, Dundee City and West Dunbartonshire. SA, though not included in the top quintile, made the second top quintile.

¹⁹ Children Living in Relative Low Income Families, www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023, accessed 05/06/2024.

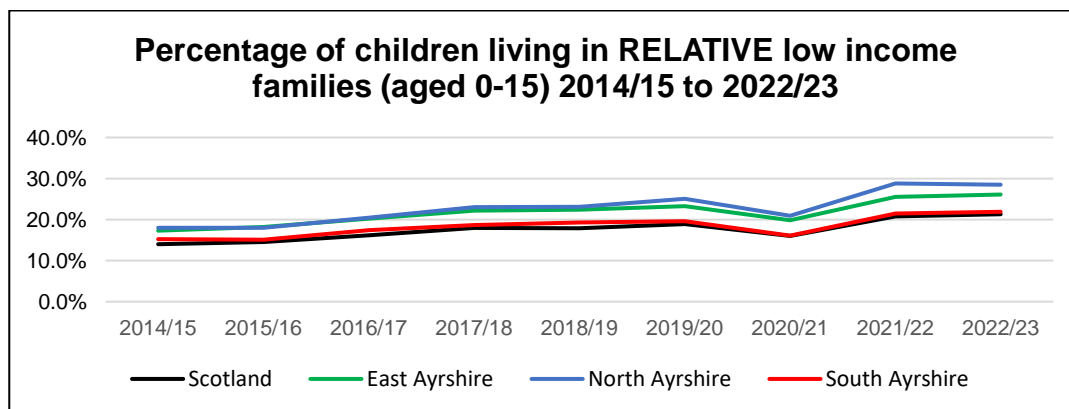
²⁰ The Third Sector and COVID-19: A rapid realist evidence synthesis of third sector responses to the COVID-19 pandemic, https://www.gcu.ac.uk/_data/assets/pdf_file/0019/150733/Report_The_Third_Sector_and_Covid_19_21277.pdf, accessed 30/10/2024

²¹ The pandemic's impact on: Children and young people in poverty, <https://www.cypcs.org.uk/coronavirus/independent-impact-assessment/pandemic-impact-children-young-people-poverty/>, accessed 28/10/2024.

²² Poverty in Scotland 2024, <https://www.irf.org.uk/sites/default/files/pdfs/poverty-in-scotland-2024-6be6ec062e8e897ce70e4f386661bd64.pdf>, accessed 28/10/2024

²³ Child poverty cumulative impact assessment – update, <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2024/02/child-poverty-cumulative-impact-assessment-update/documents/child-poverty-cumulative-impact-assessment-update/child-poverty-cumulative-impact-assessment-update/govscot%3Adocument/child-poverty-cumulative-impact-assessment-update.pdf>, accessed 28/10/2024.

Figure 2: Proportion of Children Living in Relative Low Income Families, by Local Partnership Area and Scotland, 2014/15-2022/23



Source: ²⁴

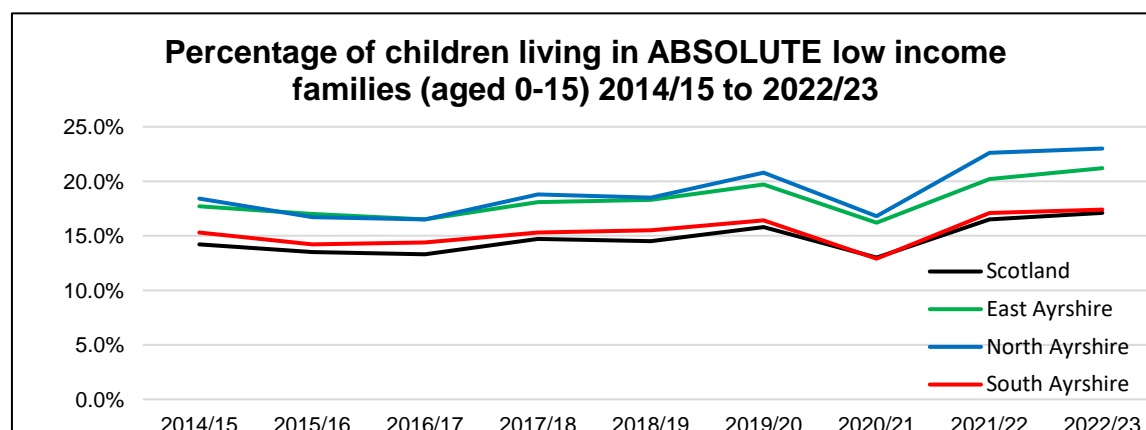
Children Living in Absolute Low Income Families

The absolute percentage increases from 2014/15 to 2022/23 were a 6.3% rise in North Ayrshire, followed by a 4.2% rise in East Ayrshire and 2.1% rise in South Ayrshire, compared with a 3.9% rise in Scotland as a whole, as can be seen in Figure 3 below.

This requires urgent action across all partners to mitigate the risks of absolute poverty on the health and wellbeing of infants, children and young people. As previously stated, child poverty occurs within the context of the wider poverty agenda.

The Scottish Government provides local areas with a Parental Employment Support Fund. This fund is focused on providing person centred support that is flexible and can support parents into work as well as helping those in work to increase their household income. Each of the Local Authority areas across Ayrshire and Arran are progressing Fair Work and parental employment programmes.

Figure 3: Proportion of Children Living in Absolute Low Income Families, by Local Partnership Area and Scotland, 2014/15-2022/23



Source: ²⁵

²⁴ Children Living in Relative Low Income Families, www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023, accessed 05/06/2024.

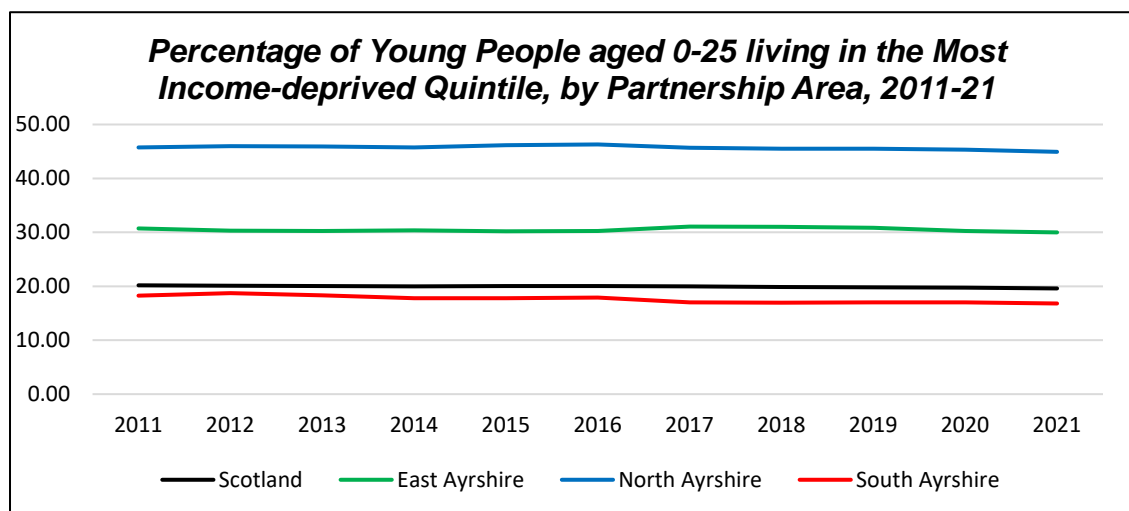
²⁵ Children Living in Absolute Low Income Families, www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023, accessed 05/06/2024.

Children and young people living in income deprived communities

Children in households with relatively low incomes echo those for percentages of young people aged 0-25 living in the most income-deprived quintiles in Scotland, with the exception of North Ayrshire when it was 44.93% compared to children at 28.5%.

These data are the same as the previous report as Public Health Scotland (PHS) are still awaiting the release of small area population estimates by NRS for 2022, which they use to build up their indicators for larger geographies such as LAs. PHS hope to be able to update these indicators to provide 2022 and 2023 figures in autumn/winter 2024.

Figure 4: Proportion of Young People aged 0-25 living in the Most Income-deprived Quintile, by Partnership Area, 2011-2021



Source: ²⁶

The data demonstrated above has been pivotal to influence and drive forward the local authority child poverty action plans.

Scottish Child Payment

The Scottish child payment was introduced by the Scottish Government in February 2021. It's a weekly payment of £26.70 that is available for every child looked after who is under 16 years of age. Scottish Child Payment is one of the 5 family payments that can be claimed from Social Security Scotland, along with Best Start Grant (BSG) and Best Start Goods²⁷.

²⁶ Children Living in Relative Low Income Families, www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023, accessed 05/06/2024.

²⁷ Scottish Child Payment, www.mygov.scot/scottish-child-payment, 05/06/2024.

There has been a fourth rise in uptake since support was increased to under-16s²⁸. The Scottish Child Payment was helping the families of more than 327,000 children at the end of December 2023, official statistics have shown.

Within each locality, families are signposted and referred to local money advice and income maximisation services. Additional activities to increase access to benefits, such as the Scottish Child Payment, includes having Welfare Rights Officers in schools.

Through the delivery of child poverty workshops we promote the Financial Inclusion pathways which exist across Ayrshire and where staff and patients can access advice and support. Future reviews of the workshop will identify whether more detailed information on how to claim family payments would be helpful.

In addition to the previously mentioned deep dive of income maximisation in health services, North Ayrshire's HSCP has piloted hosting Income Advisors within primary care to provide welfare rights advice. The Improvement Service who were a key partner in this work has identified that welfare advice and health partnerships can have a number of positive outcomes including:

- Reduced GP consultations;
- Improved patient health and wellbeing;
- Increases to household income with approximately £39 of social and economic benefits being recognised for every £1 invested;
- Reduced health inequalities; and
- Opportunities to link patients with other sources of support.

Local Authority data

The 2022/23 national child poverty data (Table 2 below) lists the percentage of children living in relative poverty AHC, by LA, from largest to smallest proportion. In 2022/23 across Scotland, North and East Ayrshire have the 1st and 5th largest and South Ayrshire has 11th highest percentage of children living in relative poverty, with 29.2%, 27.9% and 25.0% respectively, which are all in excess of the Scottish average²⁹. Estimating that in 2022/23, 18,394 children in A&A were living in relative poverty AHC. This is 132 more children than in 2021/22 when it was 18,262.

²⁸ Scottish Government, [Families of more than 327,000 young people helped by Scottish Child Payment - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/families-more-than-327000-young-people-helped-by-scottish-child-payment/pages/10_to_12.aspx), accessed 17/09/2024.

²⁹ Local child poverty indicators 2022/23– estimates of rates, after housing costs' - the data here included can be found at: <https://act.cpag.org.uk/>, accessed 25/06/2024.

Table 2: Estimates of children living in relative poverty, below 60% median income after housing costs (AHC)³⁰, by Scottish LA (2022/23)

Local Authority	Number	Percentage
	2022/23	2022/23
Glasgow City	36348	32.9
North Ayrshire	7181	29.2
Clackmannanshire	2813	29.2
Dundee City	7391	28.2
West Dunbartonshire	4728	28.0
East Ayrshire	6342	27.9
North Lanarkshire	18264	26.9
Dumfries and Galloway	6841	26.9
Fife	18711	26.6
Falkirk	7882	26.2
Inverclyde	3600	26.1
South Ayrshire	4871	25.0
Angus	5147	24.9
West Lothian	9440	24.6
Renfrewshire	7944	24.0
Moray	4182	23.9
Scottish Borders	4937	23.6
South Lanarkshire	14641	23.6
Argyll and Bute	3258	23.5
Highland	9776	23.3
Midlothian	4592	23.2
Aberdeen City	8476	21.8
Perth and Kinross	5750	21.7
East Lothian	4679	21.3
Stirling	3499	20.8
City of Edinburgh	17907	20.4
Orkney Islands	786	19.3
Na h-Eileanan Siar	860	18.5
Aberdeenshire	8846	16.5
Shetland Islands	765	16.4
East Dunbartonshire	3440	15.7
East Renfrewshire	3247	14.0

When comparing the number and percentage of children living in relative poverty between 2022/23 and 2021/22, it has increased in all three local authorities by 0.2% in North Ayrshire, 0.7% in East Ayrshire and 0.6% in South Ayrshire, as outlined in the table 2, above. As part of LCPAR planning and reporting data at local authority level is reviewed and utilised to inform plans and areas for priority alongside more local level data to identify pockets of deep poverty within localities.

³⁰ Local child poverty indicators 2022/23– estimates of rates, after housing costs’ - the data here included can be found at: <https://act.cpag.org.uk>, accessed 25/06/2024.

Table 3: Shows the estimates of children living in relative poverty, below 60% median income after housing costs (AHC)³¹, by North, South and East LA, comparing against 2022/23 and 2021/22.

Local Authority	2022/23	2021/22	Difference
North Ayrshire	29.2 (7181)	29% (7141)	0.2% (40)
East Ayrshire	27.9 (6342)	27.2% (6314)	0.7% (28)
South Ayrshire	25.0 (4871)	24.4% (4807)	0.6% (64)

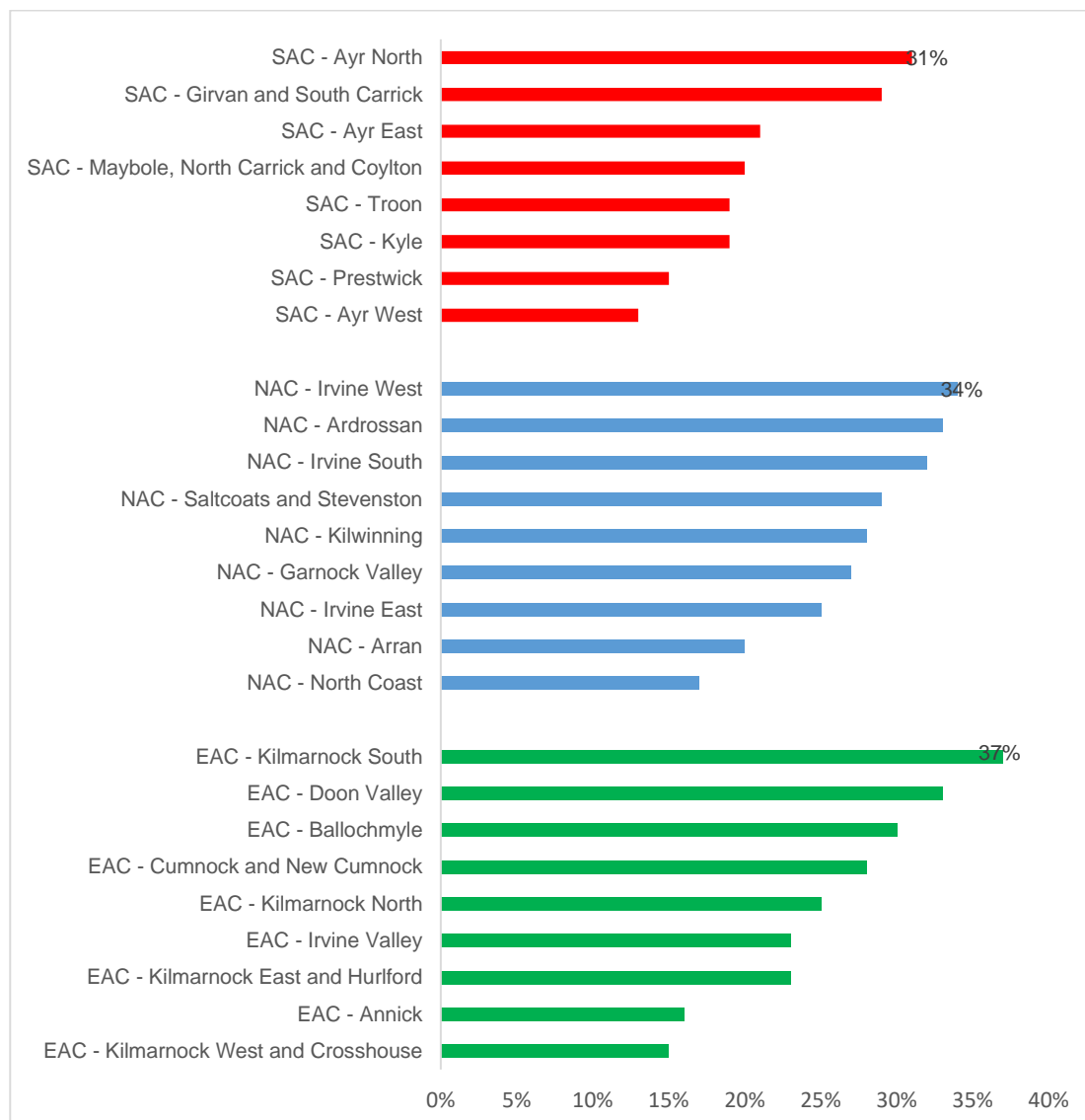
Table 4: Shows the difference of children living in relative poverty between After Housing Costs (AHC) and Before Housing Costs (BHC)³², by North, South and East LA (2022/23).

Local Authority	2022/23		Worst off after housing costs
	AFC	BHC	
North Ayrshire	29.2 (7181)	28.5 (6234)	0.7%
East Ayrshire	27.9 (6342)	26.1 (5429)	1.8%
South Ayrshire	25.0 (4871)	21.9 (3774)	3.1%

³¹ Local child poverty indicators 2022/23— estimates of rates, after housing costs' - the data here included can be found at: <https://act.cpag.org.uk>, accessed 25/06/2024.

³² Official Statistics, Children in low income families [Children in low income families: local area statistics 2014 to 2023 - GOV.UK](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023) (www.gov.uk), accessed 12/09/2024

Figure 5: Highlights the Wards within each Local Authority across Ayrshire in 2022/23 in relation to children living in relative poverty Before Housing Costs (BHC)



Source:³³

Local Authority partners report on how child poverty varies across their communities through LCPARs and highlights activities that are targeted in addition to locality wide activities. The information highlights that there are pockets of deep deprivation within certain communities that are higher than the average for the local authority as a whole.

Examples of activity include:

- Holiday programme sessions for families in certain early childhood centres;
- Work with local resilience groups and community ladders to provide food security and dignified food provision to families;
- Provision of an interactive map showing food with dignity sites;
- Action to close the poverty attainment gap;
- Targeted holiday programme opportunities and holiday meals;

³³ Graph generated from the Improvement Service. Accessed 25/08/2024.

- Working to remove barriers for targeted young people to access sport and physical activity and individual support for access to community club provision by removing barriers i.e. costs, clothing and equipment;
- Cost of the school day activities to remove inequality in opportunities;
- Welfare Rights Officers in Schools with a view to reducing stigma and increasing engagement;
- Exploration of different challenges facing rural and urban communities with regards to poverty; and
- Listening to the voices of lived and living experience.

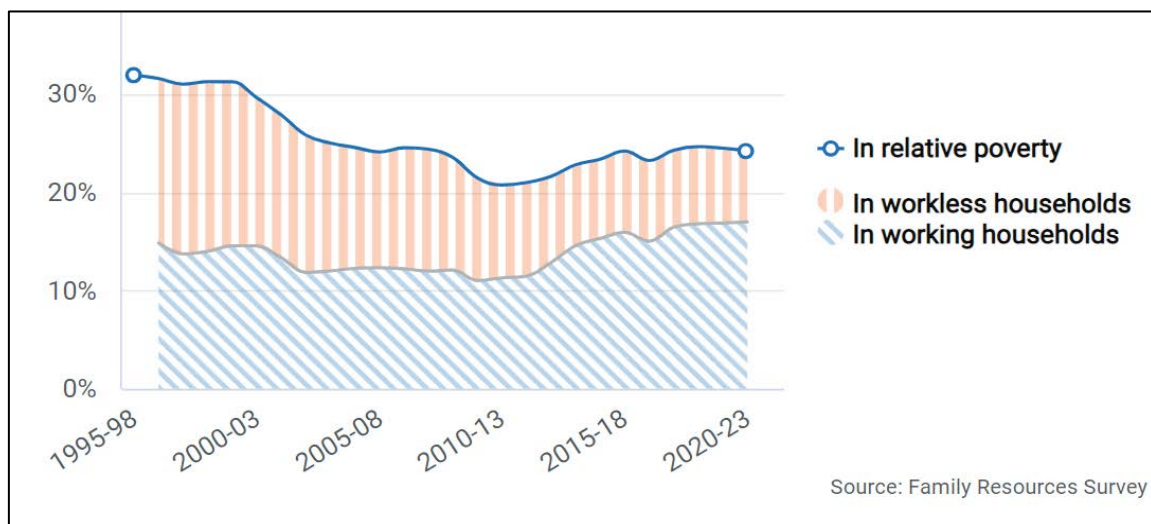
Working Families are Experiencing Poverty

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 2020-23 in Scotland, over two thirds, 70% (190,000) of children in relative poverty after housing costs were living in working households. This is an increase of 1% (20,000 children) from 2019-22. (Figure 6) below.³⁴

The Public Health Department work in partnership with the workplace health programme (often referred to as Healthy Working Lives) to provide a range of information to local employers and their employees to share sources of support that are available to those who are in work but may benefit from financial support/advice. Examples include:

- Promotion of Challenge Poverty Week
- Fair Work
- Energy saving and fuel poverty awareness
- Cost of living supports
- Food waste action

Figure 6: Percentage of children living in relative poverty, after housing costs, by household work status, Scotland



Source: ³⁵

³⁴ 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. Poverty and Income Inequality in Scotland 2020-23. A National Statistics publication for Scotland. Available at: <https://data.gov.scot/poverty> accessed 25/06/2024.

³⁵ Office for National Statistics, [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/), accessed 05/06/2024.

Unemployment

Levels of unemployment vary. In 2023/24, Scotland had an estimated unemployment rate for people aged over 16 of 3.7%, up 0.3% since 2021/22. Within East Ayrshire it was lower at 3.2% (0.6% lower than in 2021/22). It was slightly higher in North and South Ayrshire at 4.1% (up 0.5% since 2021/22) and 4.2% (same as in 2021/22) respectively, see Figure 7, below.

Each Local Authority has a team which focuses on employability, employment and skills providing person centred support. An example of services and support include:

- Work placements
- Work coaches
- Supported employment
- Job brokerage

Further information on each of these services can be accessed below:

East – [Employability team · East Ayrshire Council \(east-ayrshire.gov.uk\)](https://www.east-ayrshire.gov.uk)

North - [Help finding work \(north-ayrshire.gov.uk\)](https://www.north-ayrshire.gov.uk)

South - [Thriving Communities - Employability - South Ayrshire Council \(south-ayrshire.gov.uk\)](https://www.south-ayrshire.gov.uk)

Fair work and workforce is a key pillar of Community Wealth Building and this is recognised through our NHS Ayrshire and Arran Anchor/Community Wealth Building Strategy. Within NHS Ayrshire & Arran a range of employability programmes have been progressed, examples of which include:

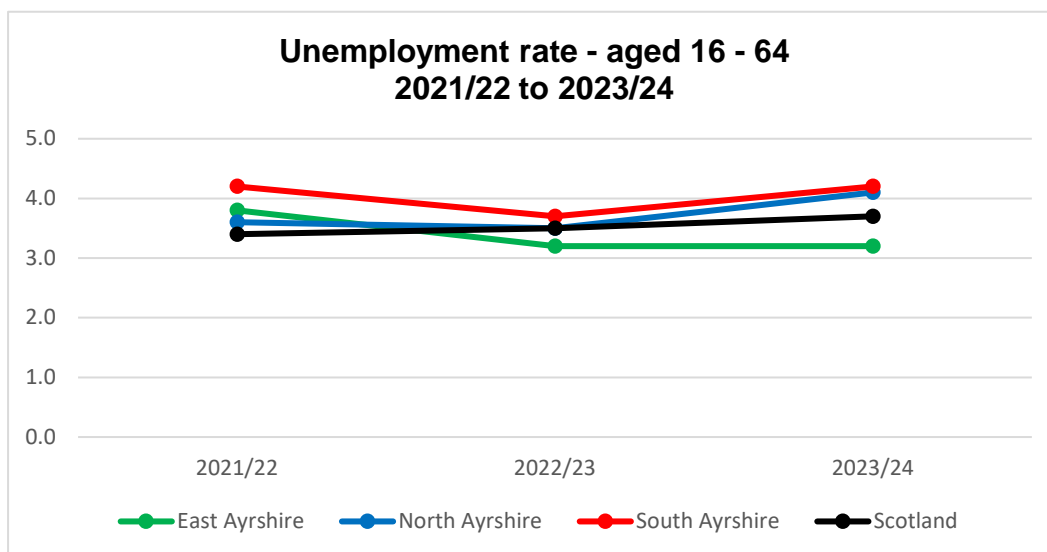
Apprenticeships – with Public Health hosting a Business and Administration apprentice, who has now been successful in securing a permanent Band 3 administration post within the organisation.

Project Search – a transition to work programme committed to transforming the lives of young adults aged 18-30 with a learning disability or autism. This project is delivered in partnership between NHSAA, East Ayrshire Council and Ayrshire College and NHSAA hosts around 10 young adults on average each year.

Step into Business – a pilot project in partnership with North Ayrshire Council providing lone parents with flexible opportunities in business placements within NHSAA.

All employability programmes within NHSAA have actively targeted both those with a disability through Project Search and those from child poverty priority family groups.

Figure 7: Unemployment rate



Source: ³⁶

Anchor Organisation

NHS Ayrshire & Arran is a significant Ayrshire anchor organisation employing approximately 11,345 staff (as at financial year 2023/2024), spending £147,360,092 on goods and service in 2023/2024 and controlling significant land and assets in Ayrshire. This makes NHS Ayrshire & Arran a powerful ‘anchor institution’ within the Ayrshire Community Wealth Building commission, working towards the five NHSScotland Anchor/Community Wealth Building dimensions as outlined in the Public Health Scotland paper, ‘How can NHS Scotland use its role as an anchor to reduce health inequalities’³⁷.

The Chief Medical Officer’s (CMO) Annual Report 2023/2024, ‘Realistic Medicine: Taking Care’³⁸, also discusses our role as anchors in the community. Our CMO advises us to think about a ‘triple focus’ of improving outcomes for people while also reducing the environmental impact of and ensuring sustainability of the services we deliver. The three areas of focus are ‘people, planet and pound’. Alongside our ongoing commitment to savings and best value, place is one of our PH Department’s priorities. The “Environmental sustainability, healthy places and green health programme” includes influencing place and spatial planning, environment and sustainability, green health and active travel.

NHS Ayrshire & Arran has a responsibility, to play its role beyond the boundaries of our hospitals and community services, in contributing to a greener, healthier and more sustainable Ayrshire. The size, scale and reach of the NHS means it is uniquely positioned to positively influence the social, economic and environmental factors that help create the conditions for good health.

³⁶ Office for National Statistics, [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk), accessed 05/06/2024.

³⁷ ‘How can NHS Scotland use its role as an anchor to reduce health inequalities in Scotland’, <https://publichealthscotland.scot/publications/how-can-nhs-scotland-use-its-role-as-an-anchor-to-reduce-health-inequalities/>, accessed 06/06/2024

³⁸ ‘The Chief Medical Officer’s Annual Report 2023/2024’, [Realistic Medicine: Taking Care - Chief Medical Officer for Scotland Annual Report 2023-2024 - gov.scot \(www.gov.scot\)](https://www.gov.scot), accessed 02/09/2024

It is essential that our NHS Board, managers and employees understand work being addressed under our Child Poverty action plan and [Anchor/Community Wealth Building Strategy](#) as health inequalities such as insecurity of income, good food and housing have a serious impact on the health of individuals, families, children and communities. The strategy aligns across the five traditional pillars of community wealth building and climate change with identified senior managers leading actions against these.

Work to help reduce the impact of the cost of living crisis is led by our local authority partners in North, East and South Ayrshire and our voluntary sector partners. Our Health Improvement Lead for Mental Health, Poverty and Work is linked into these partnerships as outlined in section 2.3.4.

Internally, work which relates to the CWB Financial Powers Pillar is implemented by the Staff Financial Inclusion Group with leadership for this pillar sitting with the Director of Public Health. Examples of some work are:

- The [NHSAA Cost of Living web page](#) signposts staff, patients and the general public to relevant cost of living information and advice;
- NHS Ayrshire & Arran Child Poverty and Financial Inclusion training which aims to raise awareness of child poverty and the impact it has on infants, children and young people and increase staff knowledge and awareness of local support pathways. This training is targeted at staff who come into contact with families, children and others who may benefit from a greater understanding of financial inclusion support and advice;
- Managers are actively encouraged to the new LearnPro module entitled [Your Financial Wellbeing](#) to enable them to provide appropriate support to staff in regards to money concerns
- Ongoing promotions of staff benefits, discounts and the Blue Light Card;
- Resources developed by the Dietetic Health Improvement team are highlighted to both staff and the general public via the Cost of Living webpage;
- Provision of staff financial wellbeing courses which have been developed and delivered by the Finance Department; and
- Support for the shop local campaign.

From January 2023, NHS Ayrshire & Arran initiated work to support use of the NHSScotland Community Benefit Gateway (CBG) a free and easy to use online service that connects NHSScotland suppliers with third sector community organisations in Scotland who are looking for assistance with community initiatives (needs).

As of 12 July 2024, in financial year 2023/2024 Ayrshire charities registered 26 community benefit requests on the CBG an increase of 23 requests (76%) on previous financial year. To date in financial year 2024/2025 a further 13 new community benefits have been registered.

More information will be available through the Anchor / CWB year 2 report, which is in draft and will be available after it's been finalised by the Programme Board.

Employability

Our NHS Employability Steering Group leads our Employability programme with work being driven forward by our NHS Employability Advisor. NHSAA is due to commence a funded work experience programme for 10 residents in Ayrshire. This will enable participants to gain up to 6 months paid work experience with NHSAA. These will be part-time roles based within various services and while open to anyone in Ayrshire engaging with local authority employability services the offer will predominately be targeted to parents. We are also due to host up to 10 Princes Trust participants to give them an idea of working in healthcare and how to find and apply for NHS jobs. We will also be advertising for a further Business and Admin MA in the next few weeks based within the NHS A&A Public Health team.

NHS midwifery data by SIMD

There were 2597 births in NHSAA in 2023. This is 109 fewer than in 2022. It shows information about these births in relation to Scottish Index of Multiple Deprivation (SIMD)³⁹ quintile that they live in. The majority of births (35%) occurred in SIMD 1 datazones (most deprived datazones)⁴⁰.

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. Since 2022, SIMD 1 has reduced by 19.8%, SIMD 2 has stayed the same at 21%, SIMD 3 has increased by 9.8% and SIMD 4 and 5 has increased by 4.5% respectfully.

Table 5: Number of births, mothers smoking during pregnancy, and babies' breastfed at discharge, by SIMD quintile, NHS Ayrshire & Arran, in 2022.

2022	SIMD quintile					2023	SIMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)		1 (most deprived)	2	3	4	5 (least deprived)
No. births (% total)	1483 (54.8%)	568 (21.0%)	277 (10.2%)	203 (7.5%)	175 (6.5%)	No. births (% total)	915 (35%)	553 (21%)	512 (20%)	321 (12%)	296 (11%)
No. Mothers smoking* (%)	421 (28.4%)	141(24.8%)	41 (14.8%)	18 (8.8%)	9 (5.1%)	No. Mothers smoking* (%)	255 (28%)	105 (19%)	52 (10%)	16 (5%)	6 (2%)
No. babies breastfed at discharge** (%)	531 (35.8%)	220 (38.7%)	145 (52.3%)	105 (51.7%)	89 (50.8%)	No. babies breastfed at discharge** (%)	307(34%)	225 (41%)	265 (52%)	185 (58%)	181 (61%)

Source: ⁴¹

By understanding the complex interactions at play we can put evidence based measures in place to mitigate against the impact of poverty support improved outcomes for infants.

³⁹ "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." SIMD ranks data zones from across Scotland, from most deprived to least deprived. These are called 'SIMD quintiles'. <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/> accessed 05/06/2024.

⁴⁰ 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, accessed 05/06/2024.

⁴¹ SMR002, *data from patients' questionnaire, ** data collected in maternity, pulled by Public Health Analyst Colleague, accessed 31/05/2024.

➤ Breastfeeding rates

There is resounding evidence that Breast feeding saves lives, improves health and cuts costs in every country worldwide. Breastfeeding protects children from a vast range of disease, protects mothers from breast and ovarian cancers and heart disease. Alongside the mother-baby relationship and mental health for both. Improving breastfeeding rates is a key component of NHSAA Maternal & Infant Nutrition Action Plan, as well being a key priority in local authority Children's Services Plans. The Maternity Service and Neonatal Unit at Ayrshire Maternity Unit have UNICEF Baby Friendly accreditation, which is a marker of quality of care provided to women and their families. The Community and Family Nurse Service has achieved Gold Baby Friendly accreditation, which is the next step for accredited services whose audit results consistently show the Baby Friendly standards are being met. Each of the Health & Social Care Partnerships has committed recurring funding to continue to offer a peer support service provided by the Breastfeeding Network to all mothers who are breastfeeding on discharge from Ayrshire Maternity Unit. In 2023/24, 85% (n=799) of mothers took up the offer of peer support; of those, 50.9% were exclusively breastfeeding their baby at 6-8 weeks.

➤ Pregnant Women

Locally, work to address smoking amongst pregnant women continues as an area of focus for our smoking cessation service. Whilst there has been much work to highlight the known risks, many pregnant women are not reaching cessation services as a source of support to quit. This may be for various reasons such as a lack of knowledge about the service either by the woman or midwife, time constraints during consultation appointment with which to address smoking behaviour or monitor carbon monoxide levels, or women not accurately reporting their smoking status for fear of stigma. This may also have been compounded by the reduced uptake of training available from Quit Your Way to maternity staff. The impact of the pandemic on training uptake is still being felt and work is underway to work together to understand and improve this.

To address this and the high rate of smoking during pregnancy within A&A, a taskforce to address nicotine dependence in pregnancy will be established during 2024/25; this taskforce will include Maternity, Quit Your Way and other services such as Health Visiting. Additionally, a test of change is being considered within the Quit Your Way specialist service to include wider support around the determinants of smoking behaviour alongside specialist cessation support.

3. Helpful concepts to understand and take action on child poverty

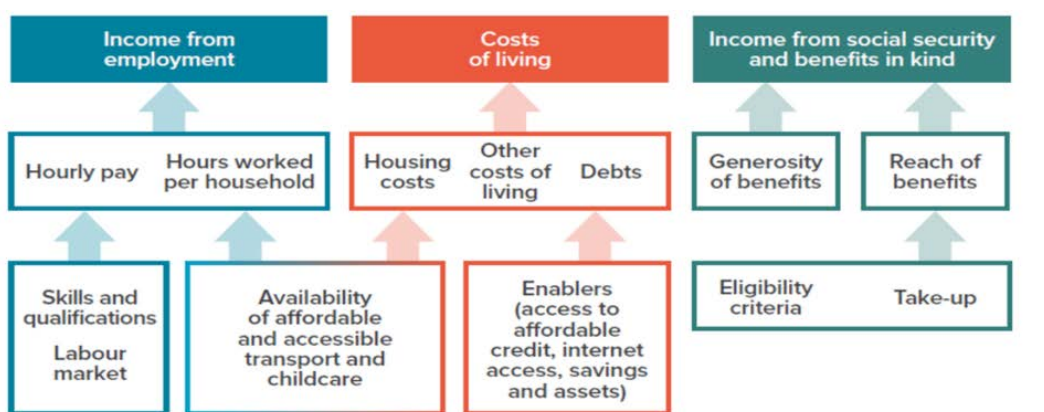
Two concepts that are particularly helpful when considering how to reduce child poverty are: the drivers of child poverty reduction; and the priority groups who are most at risk of child poverty.

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, shown in Figure 8, below. It is worth noting that all of these require a wider approach out with the scope of infants, children and young people.

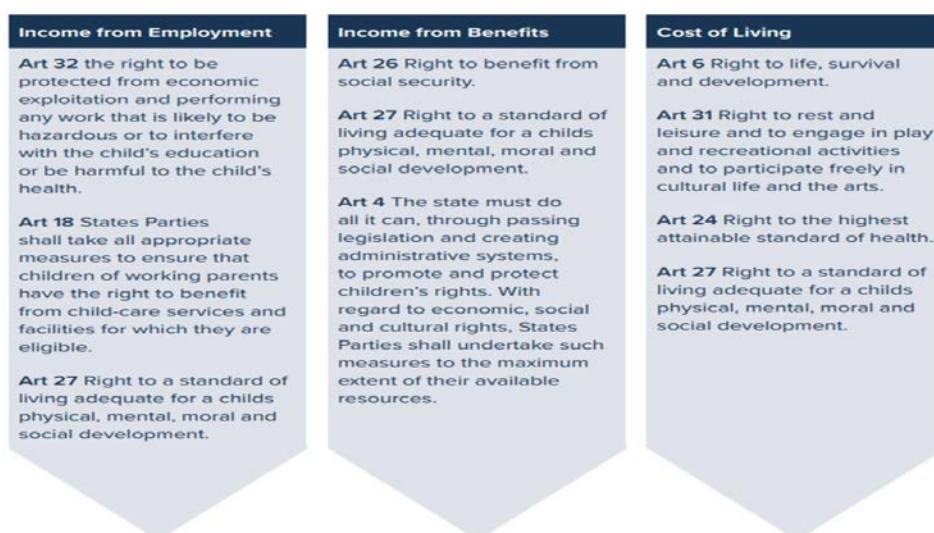
The NHS is able to influence all of those either for our staff and/or our patients. The action plan (Appendix 2) notes per action, which driver(s) it relates to. The mitigation of child poverty through these drivers can contribute to the UNCRC articles, shown in Figure 9 below. We all have a duty of compatibility to uphold the UNCRC as they are legally binding.

Figure 8: Drivers of child poverty reduction.



Source:⁴²

Figure 9: UNCRC articles that relate to the drivers of child poverty reduction.



Source: ⁴³

⁴² 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 05/06/2024.

⁴³ 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 accessed 05/06/2024.

Child Poverty Priority Groups

It is useful to be clear which 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 25⁴⁴. 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 family⁴⁵.

Across the three key drivers of child poverty, the Best Start Bright, Bright Futures Tackling Child Poverty Delivery Plan 2022-2026⁴⁶ talks about searches that were carried to identify policies or approaches that could impact positively on: income from employment; income from social security and benefits in kind; and costs of living. In addition, the search covered each of the six priority family types who are at higher risk of poverty.

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 stigmatisation⁴⁷. We will work locally and with our national partners through the NHS Child Poverty Leads group to identify good practice in improving our efforts to focus on priority families. For universal actions going forward, we will endeavour to take a proportionate universalism approach exploring whether there are variations or additions to interventions that could better target priority groups alongside working across the public health priority areas to explore opportunities to reach groups through other workstreams.

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 the majority of our actions are universal rather than focusing on priority groups, with the exception of the work around Rainbow House. Rainbow House is the child development centre in NHSAA and provides community paediatric services to the whole of Ayrshire. It provides a family centred approach to the long term care for children with developmental problems for A&A, this includes caring for their health needs and coordinating care with the multiagency teams from health, education and social work.

⁴⁴ 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 05/06/2024.

⁴⁵ 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 05/06/2024, referencing <https://www.gov.scot/publications/tackling-child-poverty-priority-families-overview/>, accessed 05/06/2024.

⁴⁶ Best Start, Bright Futures Report, [Best Start, Bright Futures Tackling Child Poverty Delivery Plan 2022-2026 - Annex 6](https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026-annex-6/) (www.gov.scot)

⁴⁷ 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 05/06/2024.

NHSAA strive to strengthen its focus on the priority families. In next year's action plan there will be a focus on the Family Nurse Partnership to further develop relationships and strengthen connections to maximise the support available for young parents as a priority family group.

Preliminary discussions have taken place with Paediatric Respiratory colleagues to explore wider support for infants, children and young people affected by respiratory issues.

Asthma outcomes in the UK continue to be the worst in Europe and the second worst in the developed world. A wealth of published evidence shows a direct correlation between poverty and poor asthma outcomes, Asthma UK (2023) found that children and young people who experience deprivation are four times more likely to be admitted to hospital. Joint work is planned with public health and respiratory colleagues to understand more fully our local demographics; understand demand and explore opportunities to mitigate the health inequalities faced due to the additional risk that child poverty has on this targeted population group.

Emerging evidence shows that persistent uncontrolled asthma in childhood leads to airway remodelling and poor respiratory outcomes in adulthood such as COPD (Bisgaard et al, 2021)⁴⁸, therefore it is essential that we work collaboratively to ensure the best possible outcomes for all children across Ayrshire.

Acknowledgements

We would like to acknowledge a range 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.

⁴⁸ Asthma-like symptoms in young children increase the risk of COPD, <https://www.sciencedirect.com/science/article/pii/S0091674920308137> accessed 08/10/2024.

NHS Ayrshire & Arran Child Poverty Action Plan 2023/24

Please find below the 2023/24 NHS Ayrshire & Arran Child Poverty Action Plan. Progress on actions is noted within the plan. The action plan has 21 actions. Eleven actions are now complete. The remaining ten 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.

PRIORITY	OVERARCHING AIM	Aim 2023/24	Progress up to March 2024	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?
1.0 Financial Inclusion	1.1 Develop Financial Inclusion Referral Pathways	Distribute poster throughout NHS Ayrshire & Arran	An Ayrshire financial inclusion referral pathway poster has been distributed throughout NHSAA. The links and phone numbers are checked bi-yearly at the end of May and November, respectfully. If phone numbers change the poster will be reprinted and distributed. This action is now closed.	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,12,26, 27	NHSAA 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).	Completed

	1.2 Promote use of Financial Inclusion Referral Pathways with NHSAA and HSCP staff to directly refer families in need to appropriate FIS and incorporate this into routine practice.	Roll out of the workshop and include a lived experience element	The workshop has been rolled out and a lived experienced video added to the course criteria. We will look at further developments and opportunities to continue roll out. This action is ongoing and will carry over to the 2024/25 action plan.	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,12,26, 27	NHSAA PH, HSCPs, NHS Maternity, FIS, NHS O&HRD (training), NHS Service Leads	Existing resources	Referral rates to FIS	Lindsey Murphy (Public Health). Kevin Lyle (Public Health).	Ongoing - carry over to the 2024/25 action plan
	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 being used well with all participating families within the Child Healthy Weight programme. This action will now close but there will be a new action in the 2024/25 action plan to annually monitor the use of the Wellbeing prescription pad.	1,2,3,4,5,6, 7	Cost of Living, Income from Benefits, Income from Employment UNCRC Articles – 13, 17, 24, 26, 27, 31	NHSAA 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).	Completed
	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 prescription pad is being used within wellbeing contact points. This action will now close but there will be a new action in the 2024/25 action plan to annually monitor the use of the Wellbeing prescription pad.	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).	Completed

<p>2.0 Cost of Pregnancy</p>	<p>2.1 Implementation of the recommendations from the cost of pregnancy project.</p>	<p>Implement action plan and report back to the Women & Children Diagnostic Governance Group at the close of the SLWG</p>	<p>The Cost or Pregnancy Short Life Working Group has now reviewed all the recommendations from "the cost of pregnancy report" and considered what to push forward. A report was reviewed by the W&C governance Group on the 29 September 2023. This action is now closed.</p>	<p>1,2,3,4,5,6</p>	<p>Cost of Living, UNCRC Article – 3,6,24,26, 27</p>	<p>NHSAA PH, NHSAA Maternity</p>	<p>Existing Resources</p>	<p>Measures dependant on the action plan</p>	<p>Jane Henderson (Maternity). Ruth Mellor (Public Health).</p>	<p>Completed</p>
	<p>2.2 Workplace team to raise awareness with businesses around entitlement of employees to paid time off to go to their antenatal appointments.</p>	<p>Finish and sign off campaign materials and then roll out to small and medium enterprises</p>	<p>The campaign materials are ready and will be disseminated in 2024/25. The poster will be put on badgernet so it is available to pregnant mothers prior to their anti-natal appointments. Also looking to get the poster in different languages. This action is ongoing and will carry over to the 2024/25 action plan.</p>	<p>1, 2, 3, 4, 5, 6</p>	<p>Income from employment. UNCRC Articles 2, 3, 4, 6, 24, 26</p>	<p>Maternity, HI workplace team.</p>	<p>Existing</p>	<p>Number of businesses advised.</p>	<p>Laura Craig (Public Health). Fiona Smith (Public Health).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>

3.0 Early years - Best start food and vitamins	3.1 Enable families take up their entitlement to Best Start Grant (BSG)	Mapping out who is involved and the opportunities around it.	Mapping has taken place and this is now core practice for the three health and social care partnerships to monitor progress. This action is now closed.	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,26,27	NHS Maternity, NHSAA 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)	Completed
	3.2 Ensure families take up their entitlement of Best Start Food Scheme	Mapping out who is involved and the opportunities around it.	Mapping has taken place and this is now core practice for the three health and social care partnerships to monitor progress. This action is now closed.	1,2,3,4,5,6	Income from benefits, UNCRC Article – 3,6,26,27	NHS Maternity, NHSAA 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)	Completed

<p>4.0 Oral health</p>	<p>4.1 Distribution of oral hygiene resources (toothpaste/toothbrushes)</p>	<p>Continue to distribute packs and support any organisation who requires this.</p>	<p>The team has continued to distribute tooth brushing resource to different organisations and groups who can support those who may need access to oral health products. The number of packs given to each child has increased with increased funding to the Childsmile programme for a short period of time, this include provision of packs to childminders. Distributing packs is now part of normal business therefore this action can be closed. As part of the new oral health action plan being developed in 2024 a renewed focus on child poverty outcomes will be taken and updated outcomes suggested for future plans. This action is now closed.</p>	<p>1,2,3,4,5,6</p>	<p>Cost of Living, UNCRC Articles 3, 24, 26, 27</p>	<p>NHSAA PH NHSAA Public Dental Service Health Visitors (NA, EA, SA)</p>	<p>Existing Childsmile resource with additional funding financial year 21/22</p>	<p>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.</p>	<p>Jacky Burns (Public Health). Childsmile team. Dental management team. Health Visitors.</p>	<p>Completed</p>
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	4.2 Support for direct costs of dental care	Ensure clinics have access to Health Costs 1 (HC1) forms and promote their use. Promote financial support available to adults and families Promote free dental care for those aged under 26'.	Dental teams continue to promote the use of HC1 forms particularly for vulnerable adults (including parents) this is alongside promoting free dental care for those eligible. This continues to be part of routine business and new outcomes will be considered as part of the oral health improvement action plan being developed in 2024. This action is now closed.	1,2,3,4,5,6	Cost of Living	NHSAA PH, NHSAA Public Dental Service, NHSAA General Dental Practitioners	National Scheme funding	Process - HC1 forms in all PDS sites. Process - HC1 forms in General Dental Services (GDS) practices. Process - resources developed and distributed.	Jacky Burns (Dental Public Health). Alison Paton (Assistant Dental Services Manager - public dental service).	Completed
5.0 Cost of Health Protection	5.1 Cost of health protection - claiming back loss of earnings due to having to isolate	Improve processes to enable people who are restricted/excluded to claim back loss of earnings	An evaluation took place and report produced. This work will be presented as a case study within John McKendrick's SPIRU Tackling Poverty Locally Directory. A shortened version of the case study will be included in the NHSAA Tackling Child Poverty board paper.	1,2,3,4,5,6	Cost of Living, UNCRC Article – 3,6,12,26, 27	Health Protection Team, Finance, Recovery Ayr.	Existing	Increase uptake and timeliness of receiving money from the NHS.	Ruth Mellor (Public Health), Fiona McKinnon (Health Protection), Fiona McGinnis, Finance.	Completed

<p>6.0 Procurement</p>	<p>6.1 Procurement community benefits portal - Increase no. and take up (by suppliers) of community benefits related to children / families (which may reduce child poverty)</p>	<p>Increase the number and uptake of Children related community benefits from the Community Benefit Gateway.</p>	<p>Since monitoring the number of registrations on the NHS Scotland community benefit gateway, numbers are still low with only a couple more children oriented community benefits noted in the portal. Since January 2023, this has been promoted by NHSAA to the third sector interfaces for distribution to their networks of third sector organisations. There is an ongoing social media campaign via the NHSAA facebook page.</p>	<p>1,2,3,4,5,6</p>	<p>Cost of living UNCRC 27, 31</p>	<p>National Procurement, NHSAA Procurement, NHSAA Public Health, third sector organisations</p>	<p>Community benefits are fulfilled by suppliers.</p>	<p>No. Children related community benefits. Uptake of these benefits by suppliers.</p>	<p>Zoe Fance (Procurement). Elaine Young (Public Health).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>
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	6.2 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.	1,2,3,4,5,6	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 - carry over to the 2024/25 action plan
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<p>7.0 Participation</p>	<p>7.1 Capture voices and experience of children and young people and their families and priority groups who are experiencing poverty and build in learning to policy and policy change.</p>	<p>Build on local learning and mechanisms to provide a voice around lived experience</p>	<p>An Experiential worker from RecoveryAyr has become part of the team. They have provided lived experience and since their involvement in numerous projects, has received overwhelmingly positive feedback indicating significant changes have been made in regard to incorporating a more conscious view of financial concerns. They have also recorded a live video for workshops discussing their experience with childhood poverty and some of the stigmatising views which occurred. A case study will be included in the NHS Board Tackling Child Poverty board paper. This action is ongoing and will carry over to the 2024/25 action plan.</p>	<p>1,2,3,4,5,6</p>	<p>Cost of Living, UNCRC Article – 3,12,</p>	<p>NHSAA PH, Champions Boards HSCP, Participation Workers NHS and HSCP, CAMHS</p>	<p>Existing Resources</p>	<p>Feedback and qualitative data being available to inform and shape actions</p>	<p>Ruth Mellor (Public Health) Faye Murfet (Alcohol and Drug Partnership). Amy-Jade Donnachie, Recovery Ayr.</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>
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<p>8.0 Communication</p>	<p>8.1 Ensure child poverty is incorporated within NHS communication plans.</p>	<p>Continue to communicate around child poverty with NHS staff and the public through social media tweets including child poverty week. Also with other child poverty colleagues across Scotland, through attending the improvement Service Child Poverty Leads meeting and also the NHS child poverty leads meeting.</p>	<p>Took part in challenge poverty week. We continue to be represented and contribute to national child poverty groups and work to align our NHS action plan with local child poverty action reports within each area. This action is ongoing and will carry over to the 2024/25 action plan.</p>	<p>1,2,3,4,5,6</p>	<p>Income from benefits, Cost of Living, UNCRC Article – 3,6</p>	<p>NHSAA PH, NHSAA and Local Authority Comms. Teams. Comms. ICYP TC PBQYWB etter Health Hub Team.</p>	<p>Existing Resources</p>	<p>Referral rates to FIS. Implementation of Communications plan. Number of tweets sent. Number of re-tweets.</p>	<p>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).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>
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	<p>8.2 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>	<p>Continue to liaise with the community wealth building/NHS as an anchor organisation programme board; the local authority local employability partnership and the NHS employability steering group to ensure the interventions and strategies in place take into consideration mitigation and prevention of child poverty</p>	<p>Work continues to ensure the interventions and strategies in place take into consideration mitigation and prevention of child poverty. In the coming year we will continue to identify opportunities where we can influence wider agendas to take account of child poverty. This action is ongoing and will carry over to the 2024/25 action plan.</p>	<p>1,2,3,4,5,6</p>	<p>Income from benefits and employment, Cost of Living, UNCRC Article – 3,26,27</p>	<p>NHSAA PH, All NHSAA</p>	<p>Existing Resources</p>	<p>Awareness-raising and engagement in partnership.</p>	<p>Ruth Mellor (Public Health). Health Improvement colleagues (Public Health).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>
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<p>9.0 Performance Reporting</p>	<p>9.1 Input to joint Child Poverty Action Reports with three partnerships</p>	<p>Health Improvement leads collaborating on ongoing basis to ensure Plans and statutory duty of collaboration is met.</p>	<p>We continue to contribute to the North Ayrshire Tackling Child Poverty and Cost of Living Board, which is chaired by the Council Leader. We have also been part of recent developments for a new Child Poverty Strategy in South Ayrshire. Within East Ayrshire, LCPAR reporting processes are being aligned to the Children's Services Plan. The Public Health, Health Improvement Lead continues to link with colleagues to explore and agree the Public Health contribution to tackling child poverty in East Ayrshire. This is ongoing and will be carried over to the 2024/25 action plan.</p>	<p>1,2,3,4,5,6</p>	<p>All UNCRC Article – 3,6,12,26,27</p>	<p>NHSAA Public Health (PH), NHS Maternity, 3CPPs, 3 HSCP</p>	<p>Scottish Gov</p>	<p>Production of joint reports: EAC, NAC, SAC</p>	<p>Health Improvement Leads (Public Health).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>
	<p>9.2 Work with local partners to identify appropriate data and health intelligence to inform monitoring of progress against four income-based child poverty targets.</p>	<p>Continue discussions with the 3 partnerships. Embed awareness of single point of contact for data.</p>	<p>Ayrshire Data compendium produced to assist East, North and South Ayrshire with key measures and analysis for local child poverty action plans. This is ongoing and will be carried over to the 2024/25 action plan.</p>	<p>1,2,3,4,5,6</p>	<p>All, UNCRC Article – UNCRC Article – 3,26,27</p>	<p>NH AA PH, 3 CPPs, 3 HSCP</p>	<p>Existing Resources</p>	<p>Robust, appropriate and meaningful local database developed.</p>	<p>Michelle Kennedy (Public Health).</p>	<p>Ongoing - carry over to the 2024/25 action plan</p>

10.0 Cost of the school day	10.1 Contribute to reviewing the cost of the school day.	No aims specified. This will be influenced by the needs of the LA areas.	NHS AA has not contributed to this action as the work is being led through other partners. This action will be closed.	1, 2, 3, 4, 5, 6	Costs of Living, UNCRC Article – 3,6,12,26, 27	NHSAA PH, LA Education	Existing	Monitoring impact of cost of school day project	Health Improvement Leads (Public Health) from 2022/23) - linking in with the Local Authorities.	Completed
11.0 Priority Groups										
Rainbow House	Consider if and where there are areas that Rainbow House can mitigate or prevent child poverty within its patients and their families.	Establish SLWG and consider areas for improvement, create action plan, and do actions.	A Short Life Working Group was set up and an action plan produced. The action plan has now been implemented.	priority is 3, but families could fall under any of the categories		Rainbow House	existing resources	Review whether actions have been completed.	Aileen Crichton (Rainbow House) and Ruth Mellor (Public Health) - in reality Pamela Miller and Debbie Macaulay are doing bulk of work	Completed

Challenge Poverty Action Funding (CPAF)	Apply for and if successful utilise CPAF funding	Apply for CPAF funding for NHSAA, be partners in the applications for North, South, and East Ayrshire	NHSAA was unsuccessful in their application but will continue to explore options in coming years. North Ayrshire CPAF bid was successful and the Health Improvement Lead, Experiential Worker and the Health Improvement Officer will work with North Ayrshire to progress this work and support qualitative aspects of the project evaluation. This is ongoing and will be carried over to the 2024/25 action plan.	all		North, South, or East Ayrshire LA, depending on bid	Aim to win Scottish Government CPAF funding	To be confirmed if win bid.	3xHI leads	Ongoing - carry over to the 2024/25 action plan
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*** Priority Groups:**

- one-parent families
- a household where someone is disabled
- families with three or more children
- minority ethnic families
- families with a child under one year old
- families where the mother is under 25 years of age

Lived Experience Case Study

NHS Ayrshire & Arran Child Poverty and Financial Inclusion Referral Pathway Training

This case study was produced from the video within NHS Ayrshire & Arran's financial inclusion training by Amy Jade Donnachie, Experiential Worker, Alcohol and Drug Partnership, RecoveryAyr.

Summary

Whether it's specifically childhood poverty, or another public health issue, lived experience voices are critical in the development of work programmes and services. Collaborating with professionals, people and communities across A&A, there is active participation in regards to lived experience. Active experiential participation instead of a lived experience overview is what makes the work produced not only financially aware from a poverty perspective, but also allows an alternative view on stigma.

What was the aim/problem?

The aim will always be achieving genuine collaboration and inclusion of lived experience voices, especially concerning financial and poverty related issues. While there's a growing recognition of the importance of listening to lived experience voices, there's often a gap when it comes to true collaboration and real integration to inform development of programmes and services at the outset.

What was the solution?

The solution involved services working with a Lived Experience Officer to gain a genuine understanding of the realities of child poverty and how to improve action to combat stigma by amplifying the voice of lived experience. The most imperative part of the solution and something that will continue is not only allowing lived experience voice to be heard but also working in collaboration. The solution goes beyond listening to the voice of lived experience, to prioritising active and meaningful collaboration.

What were the challenges?

Many challenges were faced along the way, one that sticks out would be the challenges we faced in editing legal text as part of reviewing documents. The lack of flexibility in editing the text meant that we were constantly trying to strike a balance between simplifying language for accessible readability, maintaining professionalism and language required by law... Additionally, challenges arose over the inclusion of impactful vs potentially stigmatising images on flyers or workshop content.

While not a direct challenge as both differing opinions were listened to, these images required extensive discussion. This example shows the potential mismatch of professional and service views to those of the people, families and communities they are aiming to collaborate with.

What were the results?

Through involvement in numerous projects, I've received overwhelmingly positive feedback indicating significant changes have been made in regard to incorporating a more conscious view of financial concerns.

Some of the bigger projects I have worked on are as follows:

- Attended (and currently still attending) various meetings, and providing input as appropriate;
- Provided lived experience on the development of the Child Poverty E-Learning Hub, this was altered accordingly and a lot was adapted to incorporate suggestions;
- Public Health led Financial Inclusion Workshop - Provided Lived Experience Input on slides for workshop and took part in an interview about my experience of childhood poverty;
- Recorded a live video for workshops discussing my experience with childhood poverty and some of the stigmatising views which occurred;
- Continuously building relationships with Public Health Department members to allow them to gain knowledge of the impact of the voices of lived experience;
- Provide feedback on workplace communications around accessing midwifery appointments;
- Child Poverty NHS Board Paper – Provided an experiential view and was altered accordingly;
- Provided lived experience input to draft and final version of the Financial Inclusion letter;
- Health Needs Assessment Presentation - Accumulated statistics, create/altered slides, provided lived experience element on LGBTQ+ issues and addiction within the LGBTQ+ community;
- Reviewed antenatal poster, provided feedback, changes made and went out to printing; and
- Any many more!

What were the learning points?

Providing feedback to individuals who share their lived experiences is crucial. Not only does it allow them to see how their contributions have directly improved services and documents, but it also validates their input. Another learning point would be involving people from the outset, such as in designing survey questions. This ensures that the feedback addresses the issues that matter most to them.

Next steps and sustainability?

By empowering individuals with the knowledge of their significance in terms of their lived experience view, we pave the way for a more person-centred approach. Sustainability lies in the upkeep of continuous collaboration with the voice of lived experience and sharing learning from this across other teams, departments and services.

Want to know more?

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Poverty mitigation in Health Protection Case Study

This case study has been adapted from a conference abstract developed for the Faculty of Public Health conference by the following authors:

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Context:

It was estimated that in 2019-22 in Scotland, over two thirds, 69%, of children in relative poverty (after housing costs) were living in working households (households where one or more adults within the household is in either full or part-time paid work)².

Health protection measures, such as exclusion from work, prevent the spread of infection for the benefit of the population. However, these measures can also have adverse financial consequences for individuals and families. To mitigate against this, NHS Boards offer to repay loss of earnings, for those who would not be otherwise compensated for their time off work.

Intervention:

A multidisciplinary group came together and re-wrote the NHS Ayrshire & Arran restriction and exclusion' letters used by Health Protection and created a frequently asked questions information leaflet. The finance form which is used to apply for 'loss of earnings' was also added to the letter, ultimately, reducing the number of steps for people to take in order to make an application. This was carried out alongside development and provision of posters and a continuing professional development (CPD) session for staff working in Health Protection.

Results:

Few people applied for loss of earnings payments.

As the sample was too small to tell whether the change to the letter had an impact, results' are collated below.

- Reasons why people might not have sought loss of earning include:
 - o not in regulated paid work – child or unemployed;
 - o working from an employer who paid sick leave i.e. NHS;
 - o parent of an excluded child was on maternity/parental leave.
 - o if restricted, but able to continue to perform some duties, and therefore be paid.

In reviewing the free text around financial discussions in both the pre- and post-letter introduction, around half of the cases/contacts (or their parents) had a conversation around money recorded by the Health Protection Nurse. Prior to the introduction of the letter, there appeared to be proactive queries into financial supports needed, broader

than just reclaiming loss of earnings. Many of the people excluded were children, looking into their parents records; there was not consistent discussion around the loss of earnings implications due to caring responsibilities.

When speaking to health protection and finance colleague(s):

- recognition that they have spoken to people who are struggling financially
- mixed use of the financial inclusion poster (it is up in the Health Protection Office, but therefore not so accessible when working from home)
- process for reclaiming loss of earnings still lengthy and can take time for people to get their money back
- at time of initial conversation regarding restrictions/exclusion there is a lot of information for case/contacts to take in, so benefit in repeating the financial worries discussion
- good relationship between health protection and finance – in relation to confirming payment requests

Evaluation:

Health Protection Zone (HPZ) was reviewed, for case and contact records for E.coli O157/VTEC, Shigellosis and PVL SSTI/Osteomyelitis, for the six months before and after letter introduction (March 2023). Data was extracted on whether the case or contact were excluded and the length of exclusion. The free text within the HPZ records was reviewed to see discussions were noted about money worries or financial supports. This was matched with finance data around loss of earnings repayment. Furthermore, nine months after implementation began insights were gained from the health protection nurses, administrator and finance colleague regarding their experience of the work.

Conclusions:

Within the 1 year period only 21 people were restricted or excluded for E.coli, Shigellosis and PVL SSTI or PVL Osteomyelitis, of whom 6 received loss of earning repayments from NHSAA. The exclusion period ranged from 6 days to over 1 year, so could potentially be very impactful. However, the numbers across the period are too small to establish whether changing the letter made a difference. There was also a recognition that repayments of loss of earnings is not a sufficiently broad solution, as it does not help those who are unemployed, or working cash in hand. However, it is positive to note that there is now a smoother more accessible process for applying for loss of earnings and this could have made a big difference to those benefiting from it.

Some of the health protection nurses have noted feeling more empowered to have discussions around money worries, how to access loss of earning payments with cases or contacts and have been upskilled to refer them to the appropriate help, i.e. financial inclusion services.

We plan to also explore raising awareness through Local Employability Partnerships and local employers to share this information with people in work to allow them to understand what they can ask and discuss should they be contacted by the local Health Protection Team and be subject to exclusion from work.

This work is expected to feature in the SPIRU Tackling Poverty Locally Directory in the future. To learn about other local examples of tackling poverty, please refer to their website: - [Tackling Poverty Locally Directory | Glasgow Caledonian University | Scotland, UK \(gcu.ac.uk\)](https://www.gcu.ac.uk/tackling-poverty-locally-directory).

Acknowledgements: In addition to the authors, thank you for the support of other Health Protection colleagues, and colleagues from NHS Ayrshire & Arran's Communications Department, Finance Department, and Litigation Office, who all provided insight and made the project possible.

References:

1. 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.
2. 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



NHS Ayrshire & Arran Child Poverty and Financial Inclusion Referral Pathway Training Case Study

This case study was submitted for consideration in the Chief Medical Officer for Scotland annual report by:

Kevin Lyle Health Improvement Officer, Public Health Department, NHS Ayrshire & Arran.

NHS Ayrshire & Arran has developed Child Poverty and Financial Inclusion pathway training to support objectives set out in the Board's Child Poverty and Anchor/Community Wealth Building Strategies. The training aims to raise awareness of child poverty and the impact it has on children and young people to help to reduce poverty and inequality.

The pathway and training is intended for healthcare professionals who come into contact with families with children, citizens and NHS staff who may benefit from a greater knowledge of the range of financial inclusion support advice available. Course participants gain an understanding of the financial inclusion pathway which:

- Outlines what child poverty is using the Scottish definition of child poverty;
- Summarises the causes of child poverty and financial exclusion;
- Explains how poverty impacts children and young people's health and wellbeing; and
- Allows staff to reflect on their role, the contact they have with patients and how to utilise the pathway to reduce the impacts of the current cost of living crisis on child poverty.

Understanding the signposting pathways for financial inclusion enables our staff to refer patients and citizens to appropriate local East, North and South Ayrshire services and national agencies for advice and support.

The training has so far been delivered to 36 NHS Ayrshire & Arran staff encompassing staff from a range of backgrounds including Paediatric Nursery Nurses', Midwifery Care Assistants, School Nurses, a Senior Orthoptist, Quit Your Way Smoking Cessation Advisors, Staff Promoting Attendance Advisors and Better Health Hub staff.

Staff feedback on the pathway and training has been extremely positive. The wide range of course attendees from across different job roles will hopefully allow wide spread provision of financial inclusion advice to families and patients accessing NHS Ayrshire & Arran services. Attendance at the course by NHS Ayrshire & Arran Promoting Attendance Advisors and Better Health Hub staff will also allow financial inclusion advice and support provision to any NHS staff who are struggling to cope with the current cost of living.

NHS Ayrshire & Arran Child Poverty Governance Meeting Structure

