

Dear Colleague

LOCAL CHILD POVERTY ACTION REPORTS AND INCOME MAXIMISATION MEASURES

Summary

This Director's Letter is to notify you of the additional funding amounts allocated to Health Boards to support:

- production of the first Local Child Poverty Action Reports; and
- creation and/or enhancement of formal income maximisation referral routes between the early years workforce and local money/welfare advice services.

Background

Local Child Poverty Action Report

In her letter to NHS Board Chief Executives dated 19 April 2018, Angela Constance, the then Cabinet Secretary for Communities, Social Security and Equalities, outlined the new duty on Health Boards and Local Authorities in the Child Poverty (Scotland) Act 2017 (the Act), to jointly prepare Local Child Poverty Action Reports.

The letter also confirmed that, in recognition of the additional staff time that may be required to prepare a Local Child Poverty Action Report, the Scottish Government would provide financial support to local partners to aid with the production of their first report covering the period 1 April 2018 to 31 March 2019. Non-statutory guidance¹, co-produced with a cross-sectoral group including key health board staff, was published in March 2018. This outlines that it would be helpful for these reports to be published by the end of June each year to align with Scottish Government reporting windows.

DL (2018) 17

Addresses

For action

Chief Executives, NHS Boards
Directors of Public Health
Nursing Directors
Directors of Finance
Integration Authority IJB Chief
Officers

For information

Chairs, NHS Boards
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¹ Local child poverty action report: guidance, The Scottish Government, June 2018. Access at: <https://beta.gov.scot/publications/local-child-poverty-action-report-guidance/>

A Local Child Poverty Coordination Group has been set up by NHS Health Scotland, the Improvement Service and the Scottish Government, amongst others, to support local partners with this new duty. It would be helpful if you would direct a lead official in your organisation to get in touch with the Group now, so that they can plan the support needed going forward. Contacts are: Kerry McKenzie kerry.mckenzie@nhs.net and Hanna McCulloch Hanna.McCulloch@improvementservice.org.uk

As outlined in the health board allocation schedule issued on 1 October 2018, the amount allocated to each Health Board for this purpose is £2,641, which is equivalent to one month's salary of a Band 7 grade (as outlined in the Financial Memorandum that accompanied the Child Poverty (Scotland) Bill on introduction to the Scottish Parliament on 9 February 2017). Note that additional monies are to be provided to local authorities for the same purpose.

Income maximisation

As per section 13(5) of the Act, Local Child Poverty Action Reports produced **must** include a description of the income maximisation measures taken in the local authority area during the reporting year to provide pregnant women and families with children with information, advice and assistance about eligibility for financial support and assistance to apply for that support. Additional monies are now being provided to Health Boards to support this activity.

Late last year, NHS Health Scotland carried out a scoping exercise to assess the extent to which NHS Boards and Integration Authorities are developing or delivering financial inclusion referral pathways between midwifery, health visiting and welfare/money advice services. Overall, there was substantial inter-Board and intra-Board variation across Scotland in terms of the development and the implementation of formal pathways.

NHS Health Scotland established a sub-group of Health Promotion Managers (the Sub-group) to make recommendations to Scottish Ministers on how to embed the approach in areas that do not currently have early years and advice pathways.

Investing £500,000 over two years

Subsequently, in *Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-22*, published in March 2018, the Scottish Government committed to investing an additional £500,000 over two years to support income maximisation services in health settings.

The Sub-group submitted their recommendations to Scottish Ministers in June 2018 (see **Annex A**), which set out the types of activities that the funding to Health Boards should support:

- create local capacity in Health Board areas to establish or enhance referral pathways
- plan and deliver training on child poverty, money matters and referral pathways for universal maternity and health visiting workforce
- develop formal referral pathways (including consideration of electronic referrals)
- negotiate additional capacity with local advice services.

We accepted the Sub-group's recommendation and to support each Health Board undertake local activities in the four areas outlined above (and for no other purpose whatsoever), we have created an approach to allocating funding on a geographical basis as follows:

- Greater Glasgow & Clyde - £63,750 pa
- West of Scotland - £68,750 pa
- North of Scotland - £61,250 pa
- South East Scotland - £56,250 pa

Annex B contains further information on the allocation formula applied (for this area of work only), details of the individual Boards that comprise each geographical region and details of the lead Director of Public Health in each region.

It will be a matter for the Directors of Public Health for each region, in discussions with their Health Promotion leads, to agree how the funding should be allocated.

This funding is shown in the allocation schedule for the lead health board issued on 1 October 2018.

Reporting on how this funding has been used and the impact generated must be included in Local Child Poverty Action Reports.

To help support you in this work, the Sub-group has also developed a '*Financial Inclusion Referral Pathways in Scotland: Action Plan*', which can be found at **Annex C**.

In relation to the bullet point above to negotiate capacity with local advice services, you may wish to note the synergy with another Scottish Government commitment, to begin roll-out in 2018 of a new personalised advice service for low income parents to help with the poverty premium.

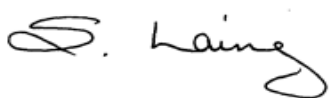
To meet that commitment, we are providing funding of £1.8 million over 12 months to Citizens Advice Scotland and the Citizens Advice Bureaux network to deliver a Financial Health Check to low income families and older people. As part of their associated grant terms and conditions, local Citizens Advice Bureaux are required, where and when appropriate, to work in partnership with Health Boards to develop and/or enhance formal referral pathways with maternity and early years practitioners.

Action

I ask that you:

- note the additional funding which has been allocated to Health Boards and the dual purpose of this;
- in partnership with relevant Local Authorities, identify suitable and adequate resource(s) to prepare and publish Local Child Poverty Action Reports;
- embed formal referral pathways suitable to local need between NHS maternity and early years workforce and money/welfare advice services to maximise the income of pregnant women and low income families with young children.

Yours sincerely



Shirley Laing
Deputy Director
Social Justice & Regeneration Division

Recommendations from the Sub-group of Health Promotion Managers

Thank you for the opportunity for the Scottish Health Promotion Managers to influence potential areas of spend for the £500000 allocated in the Child Poverty Delivery Plan to further development of financial inclusion referral pathways between maternity, health visiting and financial advice services.

In order to extend, and scale up, the referral pathways in every NHS Board area across Scotland we recognise that **local leadership and ownership** for the actions are key, requiring to be tailored to the current position in each area. Acknowledging that the funding would be only a contribution to this effort, Boards reported that the main uses of this funding would be used to support the following types of activity:

- **Create capacity:** Appointing or seconding staff to support the local development work required to create or enhance referral pathways
- **Develop the workforce:** training and development of staff in universal maternity and health visiting services to raise the issue of money matters and promote the referral pathway
- **Develop electronic referral processes:** Adaptions to local e-health systems to automate referrals between the NHS and the advice provider to minimise the burden on health staff and make the process slicker for the pregnant woman and families with young children.
- **Provide advice services:** Negotiate additional capacity with local advice service providers. Almost all Boards reported that the key factor that could hamper the development of referral pathways in their area was the lack of, or dwindling, advice provision at a local level. Enabling the collection of data by providers is key to measuring the impact of the intervention.

So we suggest the following:

- An allocation of funding is made directly to every NHS Board. A suitable baseline for allocating funding should be explored, one which would take account of levels of child poverty across Scotland but balance the consideration of remote and rural factors.
- The responsibility for disbursement of the allocation would be with the Board Health Promotion Manager (Via Director of Public Health)
- The reporting of how the allocation has been used and impact generated should be via the local child poverty action plan.

You also asked about the specific actions for Scottish Government at a national level that would support local action. These are as follows:

- Secure buy-in from SG colleagues in Maternal and Child Health; Chief Midwife; Chief Nurse, particularly concerning workforce development.
- Secure alignment with policies including Best Start, Universal Pathway for Health Visiting, Best Start Grant, Best Start Foods and Health Promoting Health Service.
- Consider how national data systems can be adapted to include data fields on asking about money matters and referral to advice - Child Health Surveillance Programme; Scottish Maternity Record / BadgerNet developments etc.
- Explore further opportunities to direct Scottish Government's funding of wider financial advice sector to support this work and the recognition of the unique setting provided within health care to raise financial concerns with patients.

We would be happy to discuss these further should you have any queries.

Best wishes

Kerry McKenzie, Organisational Lead, Child Poverty, NHS Health Scotland
Linda Smith, Chair of the Scottish Health Promotion Managers Group
Dr Andrew Fraser, Chair of the Scottish Directors of Public Health

APPROACH TO FUNDING ALLOCATION AND NHS BOARDS AND ALLOCATION REGIONS

Scottish Public Health Network

Healthier Wealthier Children: Developing financial inclusion referral pathways in Scotland

Proposed Approach to Allocating Funding

Background

The Scottish Government's Healthier Wealthier Children programme seeks to contribute to reducing child poverty in Scotland by helping families with financial concerns. Non-recurrent funding has been made available for 2018/19 and 2019/20 to help support the work set out in the action plan of the Financial Inclusion Referral Pathway Short-life Working Group of the Scottish Health Promotion Managers Group.

Specifically the funding It is intended to facilitate actions that ensure that *'all pregnant women and families with young children to be routinely asked about money worries and offered a referral to an advice service that is accessible and sensitive to the needs of children and families.'* More specifically, the funding is expected to be targeted on the implementation of formal pathways between maternity and health visiting services and advice services.

The funding is made available as an allocation made directly to every NHS Board, with disbursement be made to the relevant NHS Board Health Promotion Manager, via the Director of Public Health. Reporting on the use of the allocation and its impact will be expected via the local child poverty action plan.

Approach to Funding Allocation

There is an expectation that a suitable baseline for the allocating funding would need to be explored, taking into account of levels of child poverty across Scotland and balancing the consideration of remote and rural factors.

Early discussion focussing on the appropriate approach to allocation; for example, using the NHSScotland Resource Allocation Committee (NRAC) formula or allocating by local child poverty rates. Analysts in the Scottish Government Social Justice Directorate were not minded to specify recommend an existing model and cautioned against developing a model for the sake of disbursing such a relatively small amount of money. Initial views from with public health colleagues in Scotland confirm that whilst the NRAC formula is extremely robust when it comes to allocating target shares for hospital and community health services, it is less robust when seeking to alleviate social (for which read financial) disadvantage. This reflects underlying components of the NRAC formula that use service activity data to recognise demand for care and need, based on their death rates and self-reported, limited long term illness.

Overall, the view was formed that what was needed was a way to allocate the funding that was: pragmatic; simple to apply; make use of existing data; and reconcile known limitations in allocation formulae associated with urban and rural disadvantage. Overall, such an allocation process needed to provide funding which was likely to be meaningful in supporting local action.

The Proposed Approach

Having carefully considered the requirement, it was clear that any approach needed to find a way of taking into account:

1. geographical and population variation across Scotland;
2. variations in the distribution of child poverty in Scotland; and
3. the distribution of children in Scotland.

- Geographical and population variation across Scotland

In dealing with the geographical and population variation in Scotland, the existing NHS geographies do not simply allow allocation on the basis of population share. However, with increasing regionalisation in Scotland, there is a potential to make a more balance allocation across Scotland. Given the population size and levels of social disadvantage in NHS Greater Glasgow and Clyde, it seems sensible to treat this NHS Board as a “region” in its own right, with the other thirteen NHS Boards being arranged along evolving NHS regional commissioning lines – North of Scotland, West of Scotland, and South East Scotland (see table 1).

Table 1: The Relationship between NHS Boards and Allocation Regions

Allocation Region	NHS Board	Lead DPH
Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde	Linda De Caestecker (NHS Greater Glasgow and Clyde)
North of Scotland	NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Western Isles	Maggie Watts (NHS Western Isles)
West of Scotland	NHS Ayrshire and Arran NHS Dumfries & Galloway NHS Forth Valley NHS Lanarkshire	<i>Lynne Niven / Joy Tomlinson</i> (NHS Ayrshire & Arran) - <i>Unconfirmed</i>
South East Scotland	NHS Borders NHS Fife NHS Lothian	Alison MacCallum (NHS Lothian)

This approach would also be in line with the need for funding to be allocated through the Directors of Public Health as – in each area – there are existing formal or emerging regional public health arrangements / networks which could determine onward funding allocations appropriately.

- Variations in the distribution of child poverty in Scotland

Advice from analytical colleagues in the Social Justice Directorate were cautious in suggesting the use of existing data on child poverty in Scotland. One alternative identified was the recently published pilot data on children in families with limited resources across Scotland.² These data are based on data from the Scottish Household Survey and looks at children in families that experience both low income and material deprivation. Low income means household incomes below 70% of the Scottish median income after housing costs. Material deprivation means families are unable to afford three or more out of a list of 22 basic necessities that are agreed by the public as such and which satisfies statistical requirements for a robust measure of material deprivation.

Data for the period 2014-16 has been published on both a local authority and NHS Board basis. NHS Board data was used to create a measure of the proportion of children in families with limited resources for Greater Glasgow and Clyde, North of Scotland, West of Scotland and South East Scotland.

- The distribution of children in Scotland

Given the expectation that the funding should be used help with the implementation of formal pathways between maternity and health visiting services and advice services, it was considered that the allocation approach should include a measure of activity that related to these services.

To do this, a measure of the relative proportion of livebirths in Scotland by the four regions was calculated. To allow a more close alignment to the data on children in families with limited resources, data from 2016 was used for this purpose.³

Applying the Allocation Model

The funding allocation model is simple. For each year, half of the available funding is allocated to the children in families with limited resources factor and the second half to the livebirth rate factor. Within each of the two factors, the relative proportion across the four regions is then allied as a weighting to the available funding.

² See: <https://news.gov.scot/news/children-in-families-with-limited-resources-across-scotland-2014-2016>

³ See: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2016/section-3-births>

The table below shows this allocation in practice.

Allocation Region	Proportion of Children in Families with Limited Resources (%)	Factor Allocation (£K)	Relative Proportion of Scottish Livebirths by Region (%)	Factor Allocation (£K)	Overall Allocation (£K / year)
Greater Glasgow & Clyde	29.3	36.25	22.2	27.5	63.75
West of Scotland	27.9	35.0	26.6	33.75	68.75
North of Scotland	23.4	28.75	25.5	32.5	61.25
South East Scotland	18.8	23.75	26.0	32.5	56.25

Phil Mackie
September 2018

Developing financial inclusion referral pathways in Scotland: an action plan

Ashleigh Jenkins

NHS Health Scotland on behalf of the Scottish Health Promotion Managers Group

August 2018



Introduction

This plan has been developed by the Financial Inclusion Referral Pathway Short-life Working Group of the Scottish Health Promotion Managers Group (SHPMG). It is intended to describe delivery actions in support of the vision for *'all pregnant women and families with young children to be routinely asked about money worries and offered a referral to an advice service that is accessible and sensitive to the needs of children and families.'* The actions will enable implementation of recommendations made within *'A mapping of financial inclusion referral pathway activity in midwifery and health visiting services in Scotland'* report.

The plan also supports:

- the statement made by the Cabinet Secretary for Health, Ms Shona Robison, in Parliament on 21 September 2016 outlining the Scottish Government's support for the roll out of NHS Greater Glasgow and Clyde's [Healthier Wealthier Children](#);
- the statement made by Scottish Government within [Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-22](#) *'to build on the recommendations of the Health Promotion Managers group to work with NHS Boards, Integration Authorities and Local Authorities to ensure referral pathways suitable to local needs are embedded in all health boards by the end of this Parliament,'* and their commitment of £500,000 to explore implementation;
- the wider approach highlighted in [Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-22](#) to *'embed welfare advice services in health and social care settings.'*
- 'Getting it right for every child' (GIRFEC) as outlined by the [Children and Young People \(Scotland\) Act 2014](#)
- ['Mitigating the impact of Welfare Reform on health and NHS services, service users and employers'- outcomes focused plan \(March 2018\)](#)

Actions have been described at three distinct levels with functions and responsibilities as follows:

- **Scottish Health Promotion Managers Group (SHPMG):** this section outlines the leadership role of SHPMG
- **Local NHS Boards:** this section outlines generic actions that are required to be taken but adherence will vary between Boards depending on their current status in developing pathways, delegation of services for children and young people and local community planning arrangements. It is acknowledged that this will be done with, and through, Health and Social Care Partnerships/community planning partners and Local Authorities However, there is a specific leadership and governance role for every Health Promotion Manager (summarised in a driver diagram: see Appendix 1).
- **NHS Health Scotland (NHS HS):** this section outlines the actions relating to [NHS Health Scotland's](#) role in the development of *'once for Scotland'* resources and those required at a national level that would support local delivery. NHS HS will act as primary contact with national organisations, including Scottish Government, to progress national developments.

Scottish Health Promotion Managers Group		
Action	Key Activities	Timescales
Ensure targeted dissemination and utilisation of the final mapping report and recommendations	Share mapping report with relevant colleagues, contacts and partners	November 2017- March 2019
	Share mapping report and action plan with Scottish Directors of Public Health Group to identify relevant strategic influence and action	April - September 2018
	Share mapping report and action plan with Chief Officers Group – Health & Social Care to identify relevant strategic influence and action	April - September 2018
	Initiate and influence appropriate strategic considerations (policy and practice) relating to report recommendations and local opportunities for financial inclusion referral pathways	November 2017- March 2019
Provide leadership to influence national & local level action, in order to maintain momentum of agenda and to seize emerging policy & practice opportunities	Ensure that a progress update on the action plan is tabled regularly at SHPMG meetings	Quarterly SHPMG meetings April 2018 – March 2019
	Use the group's influence to promote progression of the action plan	April 2018 – March 2019

Authorise the establishment of a Financial Inclusion Referral Pathway Short-life Working Group, as a sub-group of the SHPMG, with remit to develop an action plan from the mapping report	Review and approve the action plan	April 2018
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Local NHS Boards		
Action	Key Activities	Timescales
Leadership role	Health Promotion Manager to: <ul style="list-style-type: none"> - take overall lead for governance and accountability, including responsibility for strategic reporting within their Board area (including Community Planning Partnership and Integration Board)and SHPMG on progress, - delegate the development of referral pathways across the Board area - work with, and through, Health and Social Care Partnerships/community planning partners and Local Authorities to identify capacity to support local development work 	April 2018 - ongoing
Ensure targeted dissemination and utilisation of the final mapping report & recommendations and advocate for the continuation of developmental, or improvement actions, from a local Board perspective	Targeted dissemination of report and action plan with key local stakeholders, particularly midwifery and health visiting leads	April 2018 - ongoing

Identify and facilitate local opportunities for pathway development or enhancement	Explore local policy drivers and priorities that support financial inclusion	April 2018 - ongoing
	<p>Work through existing structures or establish new financial inclusion partnership(s) to embed into maternity and health visiting services by:</p> <ul style="list-style-type: none"> • Formulating local priorities and actions • Aligning the work on the pathway development with relevant local initiatives as part of the wider contribution to tackling poverty • Scope potential opportunities to commission the provision of advice services that are person-centred and sensitive to the needs of pregnant women, children and families • Resourcing or facilitating workforce and operational developments considering flash card reporting (a template to enable succinct, meaningful engagement reporting on local progress), as a means to enabling local and national reporting and engagement. 	April 2018 - ongoing
<p>Strategic alignment</p> <p>Review and explore local alignment opportunities presented in:</p> <ul style="list-style-type: none"> • ‘The Best Start’- a Five –Year Forward Plan for Maternity and Neonatal Care in Scotland, • Universal Health Visiting Pathway in Scotland- Pre Birth to 	Establish buy-in and leadership for local action(s) with partners	April 2018 - ongoing
	Assess the feasibility of improvement in local systems, taking a person centred approach (to enable improved monitoring, reporting, engagement and feedback)	April 2018 - ongoing
	Understand and influence the development of financial inclusion pathways from the perspective of local Maternity and Health Visiting services	April 2018 - ongoing

<ul style="list-style-type: none"> • Pre School, • Best Start Grant, • Healthy Start, • Child Poverty (Scotland) Act 2017 • Every Child, Every Chance, The Tackling Child Poverty Delivery Plan 2018-2022 • Local Child Poverty Action Report Guidance • CMO Letter (April 2018) Health Promoting Health Service • Children and Young People (Scotland) Act 2014, - wellbeing indicators • Welfare Reform – NHS Outcome Focused Plan 	<p>Inform local workforce development opportunities to ensure that midwives and health visitors have the skills, knowledge, awareness and confidence to ask all pregnant women and families with young children about money worries.</p>	<p>April 2018 - ongoing</p>
<p>Data</p> <p>Assess local health systems and</p>	<p>Scope existing data sets from established formal pathways</p>	<p>April 2018 - ongoing</p>

<p>scope the feasibility for changes to help improve:</p> <ul style="list-style-type: none"> - the referral process such as electronic referrals - the available data - monitoring mechanisms - impact reporting - influence practice through data feedback loop <p>Specify data required from advice service providers</p>	<p>Seek to influence improvements and enable local consistency based on learning from existing formal pathways</p>	<p>April 2018 - ongoing</p>
<p>Report progress regularly to SHPMG as a means to providing continued impetus and influence</p>	<p>In conjunction with NHS Health Scotland, support the establishment of a process for highlight reporting to SHPMG</p>	<p>April 2018 – March 2019</p>
	<p>Tailor card flash reporting (a template to enable succinct, meaningful and engaging reporting on local progress) mechanism to the local context, to enable engagement and continuous improvement</p>	<p>April 2018 – March 2019</p>

NHS Health Scotland

Action	Key Activities	Timescales
<p>Report mapping findings and recommendations to Scottish Government Social Justice Policy Team and Children & Families Directorate as a means to exploring national policy and practice development</p>	<p>Share mapping report and meet to consider recommendations with Scottish Government Social Justice and Children & Families policy teams</p>	<p>Initial meeting:</p> <ul style="list-style-type: none"> • December 2017 <p>Follow up meetings:</p> <ul style="list-style-type: none"> • January 2018 • February 2018 • April 2018
	<p>Discuss specific actions for Scottish Government at a national level that would support local action and agree a mechanism for updating on progress (to NHS HS and SHPMG) on the following actions:</p> <ul style="list-style-type: none"> • secure buy-in from SG colleagues in Maternal and Child Health; Chief Midwife; Chief Nurse, particularly concerning workforce development. • secure alignment with policies and their implementation including Child Poverty, Best Start, Universal Pathway for Health Visiting, Best Start Grant, Best Start Foods and Health Promoting Health Service. • Consider and influence links to the Scottish Family Financial Health Check commitment (Scottish Government commitment as denoted in ‘Every Child, Every Chance’ - The Tackling Child Poverty Delivery Plan 2018- 2022’) • consider how national data systems can be adapted to include data fields on asking about money matters and referral to advice e.g. Child Health Surveillance Programme; Scottish Maternity Record / BadgerNet developments; Health Visiting local systems, etc. 	<p>April 2018 and ongoing</p>

	<ul style="list-style-type: none"> • explore further opportunities to direct SG's funding of wider financial advice sector to support this work and the recognition of the unique setting provided within health care to raise financial concerns with patients 	
Detailed national actions for NHS Health Scotland	<p>Establish the Financial Inclusion Referral Pathway Short-life Working Group (see Appendix 2);</p> <ul style="list-style-type: none"> • undertake chairing and secretariat roles • identify Maternity Service and Health Visiting representation • draft action plan and submit to SHPMG 	November 2017 – April 2018
	<p>Share mapping report and recommendations with identified Scottish Government Maternal Health Lead; scope actions for cascade and influence in relation to alignment with 'The Best Start- Maternity and Neonatal Plan; liaise with Royal College of Midwives (RCM) Scotland</p>	March 2018 – September 2018
	<p>Share mapping report to National Maternity Leads Network and consult with the network (through SLWG representative) on action plan development and guidance/resource developments</p>	March 2018 – September 2018
	<p>Share mapping report with Scottish Executive Nurse Directors (SEND) to identify relevant strategic influence</p>	

	Scope the feasibility of change in systems from a national level that would enhance monitoring, reporting and aspects of workforce development	April 2018 – September 2018
	Cascade mapping report to National Health Visiting Leads Network and consult network through SLWG representatives on action plan and guidance/resource developments	March 2018 - September 2018
	Share the mapping report to (NES) Higher Education Institutions Group and scope actions for progressing recommendations and influencing resource development and engagement	September 2018
	Influence development of financial inclusion supplementary information to the Universal Health Visiting Pathway document	March 2018 - ongoing
	Utilise NHS HS's representation on the Scottish Government Best Start Grant Reference Group to highlight and influence opportunities arising from the development and implementation of Best Start Grant	November 2017- March 2019 or BSG implementation (anticipated Summer 2019)
	Align and influence relevant developments in relation to the Scottish Government commitment to a 'Scottish Family Financial Health Check'	April 2018 – March 2019 or implementation of the Scottish Family Financial Health Check

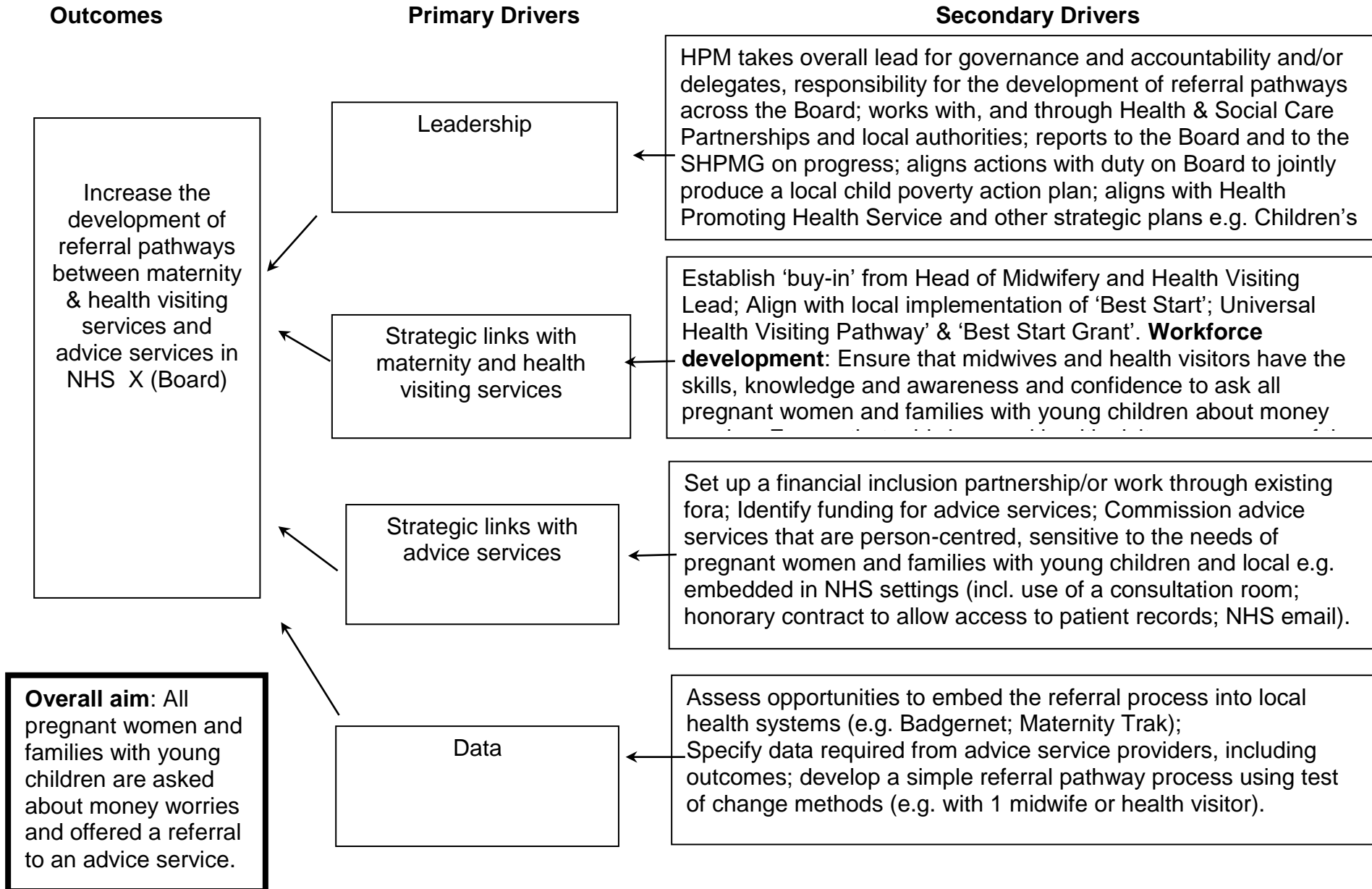
	<p>Utilise NHS Health Scotland’s membership to Scottish Government Child Poverty Local Action Plans Reference Group, to:</p> <ul style="list-style-type: none"> • raise awareness of evidence based approach to FI & HS role in supporting NHS financial inclusion pathways • help inform local planning decisions relating to FI aspects of the Child Poverty (Scotland) Act 2017 	November 2017- April 2018
	<p>Utilise NHS Health Scotland’s engagement with Child Poverty Action Group Scotland’s Child Poverty Leads Network to:</p> <ul style="list-style-type: none"> • raise awareness of evidence based approach to financial inclusion (FI) and HS role in supporting NHS financial inclusion pathway development • help inform local planning decisions relating to FI aspects of the Child Poverty (Scotland) Act 2017 (Local Authority and NHS) and reporting duties • seek national efficiencies to approach through cascade of guidance and resources 	November 2017- March 2019
	<p>Work with COSLA to:</p> <ul style="list-style-type: none"> • raise awareness of Board-led action on development of financial inclusion referral pathways • scope and enable relevant policy and practice opportunities, specifically in relation to the provision and commissioning of advice that is relevant to pregnant 	March 2018 - ongoing

	<p>women, children and families</p> <ul style="list-style-type: none"> • identify future actions to support positive partnerships between NHS and Local Authority/other advice providers 	
Lead the development of financial inclusion pathway national guidance	Review and adapt the current NHS HS financial inclusion referral pathway toolkit to a national guidance document	April 2018 - September 2018
	<p>Consult with NHS Health Scotland colleagues on approaches undertaken in Gender Based Violence and seek to identify transferable learning from Gender Based Violence portfolio in regard to:</p> <ul style="list-style-type: none"> • strategic engagement • workforce development and • routine enquiry 	September 2018
	<p>Consult with NHS Health Scotland colleague to review, identify and influence Financial Inclusion Referral Pathway opportunities in the context of ‘Mitigating the impact of Welfare Reform on health and NHS services, service users and employers’- outcomes focused plan (March 2018)</p>	September 2018
Assess the feasibility of a national data set for financial	Scope existing data sets from established formal pathways	April 2018- June 2018

inclusion enquiry within health systems to help improve: -the available data -monitoring mechanisms - impact reporting - influence practice through data feedback loop	Develop and consult on draft data set to embed as exemplar to national guidance	April 2018 – June 2018
Review and propose opportunities arising from Children and Young Peoples Improvement Collaborative (CYPIC), allowing CYPIC leaders to identify and highlight opportunities to employ improvement approaches to financial inclusion.	Collate additional intelligence relating to improvement-led approaches to financial inclusion referral pathways (FIRP) – including NHS Highland, NHS Lanarkshire, NHS Tayside and NHS Lothian	September 2018
	In conjunction with the SLWG, scope and identify appropriate CYPIC national and local contacts and seek to develop an approach to cascade future learning and resources	September 2018
Review existing resources and scope the need for development of supplementary resources	Achieve consensus and approval on resource plans with and through SLWG and other identified FIRP stakeholders	February 2018
	Publish and market resources – including embed to guidance	December 2018
Support a ' <i>once for Scotland</i> ' approach to marketing materials	Integrate approach to resource development considerations - as above	December 2018

Report routinely to SHPMG to provide continued impetus for advocacy and influence	Establish a short standing item at SHPMG meetings for progress reporting on financial inclusion referral pathways	April 2018
	Develop a communication network/mechanism such as flash card reporting (a template to enable succinct, meaningful and engaging reporting on local progress) for scoping and documenting progress (beyond action plan report) for routine reporting to SHPMG	March 2018- March 2019
	Continue to identify and influence FIRP alignment opportunities within emerging poverty policy opportunities at a national level	Ongoing

Appendix 1 - Financial Inclusion Referral Pathways Development Driver Diagram: NHS Boards



Appendix 2: Acknowledgements

With thanks to the following financial inclusion referral pathways short-life working group members.

Kerry McKenzie - Organisational Lead Child Poverty, NHS Health Scotland (CHAIR)
Aileen Tait - Programme Manager - Welfare Reform and Health/Financial Inclusion (<i>Equality and Diversity Champion</i>), NHS Tayside
Allison Yule - Health Visitor and Community Practice Teacher, Torry Medical Practice, NHS Grampian
Allyson McCollum - Associate Director of Public Health, Child Health Commissioner, NHS Borders
Ashleigh Jenkins - Senior Health Improvement Programme Officer, NHS Health Scotland
Elizabeth Robinson - Public Health Principal, NHS Shetland
Gillian Lindsay- Assistant Health Promotion Manager, NHS Lanarkshire
Hilary Alba - Team Lead, Community Special Needs in Pregnancy (Asylum/FGM), Princess Royal Maternity, NHS Greater Glasgow & Clyde
Jane Hoeflich - Marketing Manager, NHS Health Scotland
Liz Sturley - Route Lead and Lecturer, MSc ANP HV, School of Nursing and Midwifery, Health Sciences and Applied Social Studies, Robert Gordon University
Sandra Sankey - Project Manager, Money Advice Outcomes, Improvement Service