

OFFICIAL



Item No: 9

Meeting Date: Wednesday 28th September 2022

Glasgow City Integration Joint Board

Report By: Mike Burns, Assistant Chief Officer, Children's Services

Contact: Janet McCullough, Head of Children's Services, South

Phone: 07435735144

Health Visiting and Family Nurse Access to Section 22 Funding

Purpose of Report:	The purpose of the report is to seek approval to allow Children's Services' Health Visiting and Glasgow City Family Nurse Partnership staff to make Section 22 destitution payments to enable a more flexible, needs-led response to financial hardship, fuel poverty and destitution.
---------------------------	--

Background/Engagement:	<p>The proposal has received the support of the HSCP Business Meeting and the Children's Core Leadership Team.</p> <p>The proposal has also been discussed with Glasgow City Council Internal Audit team, the CBS team and the HSCP finance team.</p>
-------------------------------	---

Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>HSCP Business Meeting</p> <p>Not Applicable <input type="checkbox"/></p>
--------------------------	--

Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>a) Note the content of this report;</p>
-------------------------	--

OFFICIAL

OFFICIAL

	<p>b) Approve the proposal to extend Health Visitors' and Family Nurses' access to social work s22 destitution funds to support earlier and effective whole system anti-poverty family support approaches; and</p> <p>c) Confirm that social work staff can continue to carry out this function in addition to health visitors and family nurses.</p>
--	---

Relevance to Integration Joint Board Strategic Plan:

<p>This proposal aligns strongly with the IJB strategic priority for Early Intervention and Prevention as illustrated in the Children's Services Family Support Strategy (Joint IJB Strategic Plan, Page 30, para 3 &4) where the IJB commits to enable greater flexibility in services to respond to needs, at the point they first emerge.</p> <p>It also aligns with the IJB commitment to tackle poverty in Glasgow, through Health Improvement service development (page 33, para 2).</p> <p>https://glasgowcity.hscp.scot/publication/qchscp-strategic-plan-2019-2022</p>

Implications for Health and Social Care Partnership:

<p>Reference to National Health & Wellbeing Outcome(s):</p>	<p>Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.</p> <p>Outcome 5: Health and social care services contribute to reducing health inequalities.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>
--	--

<p>Personnel:</p>	<p>If agreed, the facility to respond to families in destitution will be widely welcomed by practitioners and managers, as has been evidenced through various fora, and through the extension of financial support to families identified by Health Visitors via the Winter Pressure monies. Partnership representation are aware of the plan to allow Health Visitors and Family Nurses to respond more directly to destitution, and the associated impact on capacity, and are supportive of it.</p> <p>A comprehensive guidance document will be rolled out through systematic briefings for staff to address any skill issues, once approved.</p> <p>There are therefore not anticipated to be any further HR issues to this development.</p>
--------------------------	---

<p>Carers:</p>	<p>N/A</p>
-----------------------	------------

<p>Provider Organisations:</p>	<p>N/A</p>
---------------------------------------	------------

OFFICIAL

Equalities:	<p>AN EQIA has been completed for the Children's Services Transformation programme. The Children's Services transformation strategy has at its heart a commitment to anti-poverty initiatives. Learning from Winter Social Protection Fund payments to families in 2021 has highlighted the need to be able to respond to need in a flexible person-centred way, underpinned by the Family Support strategy and the Promise.</p> <p>https://glasgowcity.hscp.scot/sites/default/files/publications/EQIA%20-%20Childrens%20Services%20Transformation%20Programme%202022%20-%202025_0.pdf</p>
Fairer Scotland Compliance:	<p>The proposal to increase access to destitution payments at an earlier stage will support improve families' quality of life and reducing health and social inequalities.</p>
Financial:	<p>Extension of the power to directly respond to situations of destitution may result in an increase in spend from the s22 budget. This will be offset by the reduction in referrals from Health Visiting and Family Nurse colleagues to Social Work staff to make the payments. This proposal will be funded from within existing Children's Services' budgets</p> <p>As the cost of living and fuel crisis deepens over the winter, it will be imperative to respond quickly to families in acute need to prevent further deterioration in health, wellbeing and family functioning and to prevent escalation in need, which may require a more expensive and intrusive service deployment.</p> <p>The spend from Health Visiting and Family Nurse staff will be closely governed and monitored.</p>
Legal:	<p>The legal implications are laid out within the body of the report.</p>
Economic Impact:	<p>It is anticipated that there will be a small increase in the s22 spend as access is opened to Health Visitors and Family Nurses but that this will be reduced over time by systematic guidance, briefing of staff and managers, and oversight of the spend by localities and sub-teams. It will also be offset by reductions in referral to Social Work duty teams (where this spend is currently incurred), and savings in efficiencies in terms of staff time due to reduced assessments and duplication.</p>
Sustainability:	<p>N/A</p>
Sustainable Procurement and Article 19:	<p>N/A</p>

OFFICIAL

OFFICIAL

Risk Implications:	Failure to approve and implement this plan risks not being able to deliver an earlier and more responsive approach to addressing poverty, with delays associated with referral to social work exacerbating need, increasing stigma and increasing pressure on social work services. Challenges associated with the cost of living crisis are likely to exacerbate families' needs and level of distress for a prolonged period, which will have an impact on broader wellbeing outcomes if appropriate supports, as outlined in this plan, are not in place.
---------------------------	--

Implications for Glasgow City Council:	<p>This proposal has the potential to further enhance the system of earlier intervention approaches to addressing poverty and reducing distress for families. Meeting needs earlier and preventing escalation will relieve pressure on the Social Work Service (which is currently supporting around 9,000 children and young people, and their families).</p> <p>This proposal is aligned to other initiatives seeking to work alongside families in applying a strengths-based approach and promoting choice and participation, such as the additional Family Support Services which have been operational since 2021 and the new community mental health services, which increase access to earlier intervention support to improve wellbeing outcomes.</p>
---	--

Implications for NHS Greater Glasgow & Clyde:	This proposal aims to further strengthen our integrated whole system approach (aligned to Getting It Right for Every Child) to meet families' wellbeing needs and reduce distress by extending access to s22 payments to health visitors and family nurses. This partnership approach will increase the likelihood of meeting children, young people and families' needs at an earlier stage which should enable targeted supports to be directed at those most in need of specialist interventions and support.
--	--

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input checked="" type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

1. Purpose

- 1.1. The purpose of the report is to seek approval to extend access to the facility to make S22 destitution payments to Children's Services' Health Visiting and Glasgow City Family Nurse Partnership staff to enable a more flexible, needs-led response to financial hardship, fuel poverty and destitution.

OFFICIAL

- 1.2. Section 22 of the Children (Scotland) Act 1995 stipulates that local authorities can support the welfare of children in need by “giving assistance in kind or, in exceptional circumstances, in cash.”

2. Background

- 2.1. Over the last six years, the Children’s Services transformation programme has reset the service aims away from a ‘risk and removal’ approach towards a strengths-based approach, working alongside families to support them to care for their children within their homes and communities. This has delivered considerable savings and enabled investment in services which will continue to shift service provision to early intervention and prevention.
- 2.2. This shift strongly aligns with recommendations of the national Independent Care Review which strongly advocates an approach which mobilises support to families at the point of need and for as long as is required. This is being incorporated into Scottish Government policy and reinforces the needs for more flexible, earlier responses to need and distress.
- 2.3. The HSCP and Scottish Government currently have a strong focus on addressing child poverty. The economic impact of Covid, already apparent and likely to worsen, necessitates a flexible and efficient response to supporting families in the community. This is further exacerbated by the cost of living crisis, the economic impact of Brexit, the war in the Ukraine and the profound interplay of all of these factors as they impact on families.
- 2.4. The current deepening economic and fuel crisis is leading to reported increased demand on safety-net services such as foodbanks, money advice services and on Council delivered services such as Scottish Welfare Service and the Glasgow Helps service. Frontline services are reporting an increase in destitution presentations. It is therefore imperative that HSCP Children’s Services promotes more direct access to this funding at the earliest point in the system aligned to Health Visiting and Family Nurse Partnership teams.
- 2.5. The importance of extending access to this spend has been underlined through the evaluation of the Covid Winter Social Protection Fund monies, paid out by the HSCP to families in need in 2021 and again in 2022. This approach strengthened relationships between families and services, fostering trust, which is also a mechanism for increasing families’ readiness to engage with further supports and services, therefore increasing the likelihood of positive longer-term outcomes.
- 2.6. There is also anecdotal evidence that these payments may reduce demand on statutory services in Glasgow City, which aligns with a recent review by Bywaters and Skinner which cited evidence across 17 studies which showed that providing direct payments to families reduces the incidence of abuse and neglect (Bywaters and Skinner, 2022).

OFFICIAL

OFFICIAL

3. Health Visiting and Family Nurse Partnership Services

- 3.1 Health Visiting (HV) is a universal service which offers guidance and support to parents of pre-school children to maximise the health and development of their child, to strengthen parenting and support parents to enable their children to flourish.
- 3.2 Family Nurse Partnership (FNP) is an intensive community nursing programme supporting young parents, (up to 19 at last menstrual period) through pregnancy and up to the first child's second birthday. The FNP service is a GGC board-wide service, hosted by Glasgow City. Any payment from Glasgow HSCP s22 budgets would only be available to Glasgow families: families in the GGC area outwith Glasgow would require local responses to financial crisis in the usual way.
- 3.3 In many of our communities, staff support families who are profoundly affected by poverty, which can augment existing difficulties within the family to the point of crisis and referral to social work services.
- 3.4 At the current time, Health Visiting and FNP staff are unable to readily access financial support to families without referral to social work services. Health Visitors regularly refer to financial inclusion services and seek charitable support. In circumstances where immediate needs require to be met to avert acute hardship or crisis, a referral to social work is required to access funding, causing delay, and a duplication of assessment and of staff time. The majority of these situations are one-off spends, and can span immediate need for food, clothing, fuel costs, and many other essentials. This, in turn, leads to the creation of a social work record for a family, in line with current policy, which reinforces the stigma of crisis and of poverty.
- 3.5 The concept of delegation of decision making to Health Visiting has been tested through giving Health Visiting Team Leaders direct access to authorise Covid voucher payments to families in need. Undertaken latterly in 2020, this process has worked well, saving staff time and avoiding delays for families in need.

4. Recording of Payment

- 4.1 Recording and analysis for Health Visiting and Family Nurse Partnership teams will be supported through Paypoint enabling recording, which offers a reporting facility which could enable reporting at a granular and team level. The use of the child's Community Health Index (CHI) number offers a Unique Reference Number to track spend to individual children or families. Social Work staff will continue to record through Carefirst.
- 4.2 A Standard Operating Procedure for HV and FNP staff has been developed. Briefings to staff and managers to outline the process and governance will be undertaken to ensure that there is a similarly robust approach to the management of public money, and to provide the same oversight arrangements as there is governing social work processes.

OFFICIAL

OFFICIAL

- 4.3 A record will be created in the child's EMIS file and the child's CHI number will be used as a unique identifier to track and provide oversight of repeat payments and allow financial governance by Team leaders, Service Managers and Heads of Service.
- 4.4 The spend to sub team and worker will be auditable through team codes and will be reviewed closely in the early implementation of the facility to support families directly.

5. Financial Implications

- 5.1 It can be anticipated that there will be a small increase in the s22 spend as access is opened to Health Visiting staff. This will be reduced by systematic guidance, briefing of staff and managers, and oversight of the spend by localities and sub-teams. It will also be offset by reductions in referral to Social Work duty teams, where spend is currently coded.
- 5.2 There will be staff efficiencies for Social Work duty in terms of reduced destitution referrals from Health Visiting staff, resulting in reduced assessment and duplication.
- 5.3 There should also be a component of reduced whole-system spend due to the nature of the early intervention and prevention response to a family crisis, enabling a response that reduces deterioration in the situation and decreased likelihood of escalation in need which may otherwise result in referral to more targeted supports and services.
- 5.4 It is intended that the initial period of implementation will necessitate close governance arrangements by Health Visiting and Family Nurse Partnership front line managers and service managers. PayPoint offers reporting facilities which will allow tracking of spend by teams, and with analysis locally by individual workers and to individual families. It is agreed that first line managers would review this on a fortnightly basis for 6 months with a substantive baseline of monthly review as ongoing governance once the process is embedded. Service Managers will review initially on a monthly basis, reducing to 3-monthly once embedded. Heads of Service will also oversee through the usual processes.

6. Legal Implications

- 6.1 Legal advice has been provided, and it has been confirmed that it is possible for Health Visiting and Family Nurse Partnership staff to authorise section 22 payments, but that approval is required from the IJB to extend access to this fund. As a consequence of this advice, the team progressing this proposal have developed the Standard Operating Procedure to guide staff, to support the roll out and to provide reassurance of the governance of the spend in discussion with colleagues from Internal Audit who are satisfied with the procedures proposed.

OFFICIAL

OFFICIAL

7. Conclusion

- 7.1 In line with the wider transformational approach within Children's Services and the HSCP, the proposal to enable HV staff to have direct access to s22 monies to alleviate crisis and the economic impact of Covid offers frontline staff the opportunity to resource early intervention and prevention strategies by access to cash when need is immediate and critical.
- 7.2 For families it reduces the delays and duplication of assessment by both services and reduces the stigma and fear of help seeking from social work. It enables a timely response to acute need at a point of crisis which constitutes a preventative approach to family stress caused or exacerbated by destitution.
- 7.3 It also offers efficiencies for frontline staffing by reducing duplication of service activity. By shifting the monitoring of spend to PayPoint reporting, we can avert the creation of a social work record footprint for a child, without loss of the capacity to closely monitor spend to individual families and by teams or localities.

8. Recommendations

- 8.1. The Integration Joint Board is asked to:
- a) Note the content of this report;
 - b) Approve the proposal to extend Health Visitors' and Family Nurses' access to social work s22 destitution funds to support earlier and effective whole system anti-poverty family support approaches; and
 - c) Confirm that social work staff can continue to carry out this function in addition to health visitors and family nurses.

OFFICIAL

OFFICIAL



Direction from the Glasgow City Integration Joint Board

1	Reference number	280922-9
2	Report Title	Health Visiting and Family Nurse Access to Section 22 Funding
3	Date direction issued by Integration Joint Board	28 September 2022
4	Date from which direction takes effect	28 September 2022
5	Direction to:	Glasgow City Council only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Glasgow City Health Visiting Service Family Nurse Partnership for Glasgow City residents
8	Full text of direction	Glasgow City IJB directs the Council to extend access to section 22 budgets to Glasgow HSCP Children’s Services Health staff employed in Health Visiting and Family Nurse Partnership services for Glasgow city residents assessed as in need, in line with the standard Operating Protocol developed for the purpose. This Direction does not affect access to s22 funding for staff with existing access.
9	Budget allocated by Integration Joint Board to carry out direction	The existing Children’s Services Budget will be used to meet the costs of the proposed direction.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	September 2023

OFFICIAL