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**Report To:** Inverclyde Integration Joint Board      **Date:** 28 November 2022

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/54/2022CG

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**Subject:** COST OF LIVING PROPOSALS

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision       For Information/Noting

1.2 The purpose of this report is to outline the proposals for additional cost of living support for citizens of Inverclyde.

1. Increase cash assistance under Social Work Section 12 (Scotland) 1968 and Section 22 of The Children's (Scotland) act 1995 to reduce the impact of harm through the cost of living crisis and promote welfare principles as per the act.
2. Ensure that the increased cash distribution meets the principals of Early Help by Health Staff having direct access to resource without referral to Social Work.
3. Increase the provision of warm boxes to Care at Home and Third sector.
4. Create small grants to third sector providers for hardship payments for affected individuals within the community.

1.3 These proposals mirror the current arrangements that are being implemented in some of the HSCP's across NHS GG&C and are an enhancement of the wider suite of financial inclusion and anti-poverty response between all partners within Inverclyde.

## **2.0 RECOMMENDATIONS**

2.1 The Integration Joint Board are asked to:

- Approve the HSCP proposal to widen access under Social Work Section 12 (Scotland) 1968 and Section 22 of The Children's (Scotland) Act 1995 funding for the outlined practitioners to a maximum of £300,000 to be funded from 2022/23 underspend.
- Approve the intention to develop a Standard Operating Procedure which ensures delivery within a governance framework.

- Approve the intention to distribute warm boxes via care at home to an estimate cost of £30,000 funded from 2022/23 underspend.
- Approve the intention to work with the third sector to implement a new funding distribution scheme to Communities up to the value of £100,000 funded from 2022/23 underspend.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

#### **3.1 Extending use of Section 12 and 22 payments**

The cost of living crisis is at the forefront of everyday life across Scotland. Many individuals and families in Inverclyde are already affected by poverty and the current situation is adding to the difficulties faced, affecting increasing numbers of working people and those who would not normally approach our services. Frontline staff are increasingly seeing the effects of this and even with the range of supports available, often a referral to social work is required to access immediate funding for those in crisis. The ability to increase the number of staff that can have access and distribute hardship and destitution funding via the Social Work Section 12 (Scotland) 1968 Act and Section 22 of The Children's (Scotland) Act 1995 to a wider cohort of staff that will have immediate access to hardship and destitution funding. This will improve access to universal early help, reduce duplication from services in their response and improve residents ability to access help due to more simplified pathways.

- 3.2 At its September meeting 2022, Glasgow City IJB approved the request 'to allow Children's Services Health Visiting and Glasgow City Family Nurse Partnership to make Section 22 destitution payments to enable a more flexible, needs-led response to financial hardship, fuel poverty and destitution.'

Extending the scope and reach of Section 12 & 22 payments and a cash first approach to immediate assistance in Inverclyde will support our strategic planning intentions including:

- Strategic Plan- Six Big Actions
- Children's Services Plan
- Child Poverty Action Plan
- Financial Inclusion Strategy
- Local Outcomes Improvement Plans - Inequalities

- 3.3 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 and for adult health practitioners to access section 12 however approval is required from the IJB to agree the distribution of payments.

#### **3.4 Warm Boxes**

There are around 1500 service users receiving a Care at Home package from HSCP and commissioned providers. The proposal is to provide an initial 500 boxes which will be offered to service users of Care at Home Services. Once any further demand is established we will provide further boxes based on this. Logistics and packing boxes will be supported by third sector and Council partners.

The concept of warm boxes is not new and similar initiatives have been rolled out in Inverclyde previously. In response to the increasing cost of energy, the HSCP plans to support our most vulnerable care at home service users with the offer of a warm box. Typically this will provide: hat, scarf, gloves, socks, flask, torch, tea, coffee, sugar & powdered milk.

#### **3.5 New funding initiative with the Third Sector**

It is the intention of the HSCP to work with the Third sector to look at a separate implementation plan to distribute funding through the Community in Inverclyde.

## 4.0 PROPOSALS

### 4.1 Extending Access to Section 12 & 22 payments

The proposal is to allow a wider range of HSCP services and staff to access hardship and destitution funds via Section 12 & 22 which would make immediate payment available to both adults and children/ families. Additional funding will be made available via HSCP underspend. All Health staff who have operational responsibility should be given access to the distribution of payments. This may include not an exhaustive list:

- Health Visitors
- Family Nurse Partnership
- Advice Services Team Lead
- Community mental health team
- District Nurses
- Occupational Therapists

4.2 A Standard Operating Procedure will be developed to ensure consistency of application alongside a financial governance framework. The HSCP does not currently use the Paypoint system used by Council Revenue & Benefits Team. Extending the use of Paypoint would allow recording and analysis for Health staff with use of the Community Health Index (CHI) number offering a Unique Reference Number to track spend to individuals or families. Local Authority staff would continue to utilise SWIFT for recording purposes.

4.3 Support from staff partnership and a comprehensive roll-out and briefing programme for staff will be required.

4.4 The HSCP would make a total of up to £300,000 available to be passed out to service users for this initiative.

### 4.5 Warm Boxes

There are around 1500 service users receiving a Care at Home package from HSCP and commissioned providers. The proposal is to provide an initial 500 boxes which will be offered to clients of Care at Home Services. Once any further demand is established we will provide further boxes based on this. Logistics and packing boxes will be supported by third sector and Council partners. The HSCO will make a total of up to £30,000 available for this initiative.

### 4.6 Third Sector Funding Initiative

The HSCP will work with its colleagues in the Third sector with the view of setting up a new fund in which Community groups can access funds to pass out to the most financially vulnerable people in Inverclyde. The HSCP will allocate up to a total of £100,000 for this initiative.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	X		
Legal/Risk	X		
Human Resources	X		
Strategic Plan Priorities		X	

Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

## 5.2 Finance

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
			£300,000		Additional S12 & S22 payments funded from 2022/23 Projected underspend
			£30,000		Warm boxes and use of premises for logistics/ packing Funded from 2022/23 Projected underspend
			£100,000		Third sector funding initiative funded from 2022/23 projected underspend.

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

## 5.3 Legal/Risk

A Standard Operating Procedure, Governance framework and staff training will address any risks of increasing access to Section 12 and 22 payments.

## 5.4 Human Resources

None

## 5.5 Strategic Plan Priorities

This proposal supports Big Actions 1, 2, 3.

## 5.6 Equalities

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

X	YES – Assessed as relevant and an EqIA is required.
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Recipients likely to be from a range of the protected characteristics, eg. Older people & those with disabilities
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	
People with protected characteristics feel safe within their communities.	
People with protected characteristics feel included in the planning and developing of services.	
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	

## 5.7 Clinical or Care Governance

None

## 5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increased, timely access to money to alleviate Food, fuel poverty etc.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Increased, timely access to money to alleviate Food, fuel poverty etc.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Supports a cash non – judgemental first approach.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Supports a cash non – judgemental first approach.
Health and social care services contribute to reducing health inequalities.	Increased, timely access to money to alleviate Food, fuel poverty etc.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Increased, timely access to money to alleviate Food, fuel poverty etc.
People using health and social care services are safe from harm.	Increased, timely access to money to alleviate Food, fuel poverty etc.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff work within a governance framework and exercise professional responsibility to act at times of need.
Resources are used effectively in the provision of health and social care services.	Staff work within a governance framework

	and exercise professional responsibility to act at times of need.
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### 5.9 Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

### 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X



## **7.0 CONSULTATION**

7.1 This paper has been prepared after consultation with Inverclyde Chief Social Work Officer, Chief Financial Officer & Glasgow City HSCP.

## **8.0 BACKGROUND PAPERS**

8.1 The Glasgow City HSCP paper referred to can be accessed [here](#)