

Audit Risk Level:

(Risk level will be added by EQIA steering group)

3. Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

Interim report

Final report

(Tick as appropriate)

1. Children and Young People's Health and Wellbeing Strategy 2014 to 2020

2. What will change as a result of this proposal?

This strategy sets out a clear vision, principles and approach for how NHS Lothian will work with children and young people, their families, the public, the voluntary sector and the four local authorities across Lothian to improve the physical and emotional health and well-being of children and young people across Lothian. We will start with reducing inequalities during pregnancy and continue to reduce inequalities throughout the life course. There is a plan to support implementation of this strategy. It includes a suite of performance measures that will demonstrate NHS Lothian's progress towards achieving our vision.

- NHS Lothian and its partners will work to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions to improve health or resilience in those more vulnerable to poor health
- Every child and young person will have access to high quality healthcare that is accessible and appropriate to all children and their families, delivered proportionately to need and at the earliest opportunity
- Children and young people with disabilities will have their additional needs met
- Children, young people and their families will be involved in decisions that affect their health and wellbeing

3. Briefly describe public involvement in this proposal:

Since May 2013, a series of meetings have been held and presentations made to ensure that staff across NHS Lothian representing different disciplines and services had opportunities to engage with the development of the draft strategy. It was also discussed with local authority and voluntary sector partners to ensure consistency with integrated children's services plans.

Subsequently a full public consultation was held, targeting children and young people in particular, through a variety of methods and with support from the Children's Parliament. Additionally the views of parents, carers, general members of the public and professionals from the NHS as well as partner agencies were sought. 350 responses were received and analysed from children and young people and 170 from adults. A programme of feeding back is planned to take place over the summer.

4. **Date of RIA:** 04 April 2014

5. **Who was present at the RIA? Identify facilitator and any partnership representative present**

| Name | Job Title | Email |
|--------------------------------|--|---|
| Christine Wallis (facilitator) | Programme Leader, Sexual Health, BBV & Healthy Respect | Christine.Wallis@nhslothian.scot.nhs.uk |
| Jane Dalrymple | Assistant Programme Manager | Jane.Dalrymple@nhslothian.scot.nhs.uk |
| Laura Hamilton | Senior Health Promotion Specialist | Laura.A.Hamilton@nhslothian.scot.nhs.uk |
| Mike Massaro-Mallinson, | Strategic Programme Manager, Children & Maternity | Mike.massaro-mallinson@nhslothian.scot.nhs.uk |
| Andrew Massie | Senior Information Analyst | Andrew.Massie@nhslothian.scot.nhs.uk |
| Dona Milne | Public Health Specialist | Dona.Milne@nhslothian.scot.nhs.uk |
| Chris Ridley | GIRFEC Strategic Development Manager (Lothian and Borders) | Chris.Ridley@nhslothian.scot.nhs.uk |
| Sarah Rodgers | | sarah.rogers@westlothian.gov.uk |
| Nicola Tait | Assistant Programme Manager | Nicola.tait@luht.scot.nhs.uk |
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6. **Evidence available at the time of the RIA**

| Evidence | Available? | Comments: what does the evidence tell you? |
|--|------------|---|
| Data on populations in need | Yes | Included within Strategy |
| Data on service uptake/access | Yes | Included within Strategy |
| Data on quality/outcomes | Yes | Included within Strategy |
| Research/literature evidence | Yes | Included within Strategy |
| Patient experience information | Yes | Included within Strategy |
| Consultation and involvement findings | Yes | 170 adult responses and 350 from Children & Young People had been received |
| Good practice guidelines and Government Policy | Yes | The strategy is based on: 1. The principles of the United Convention on the Rights of the child. 2. The Scottish Government policy, Supporting Young People's Health & Wellbeing March 2013 3. The key themes of the Children and Young People (Scotland) Bill 4. The Refreshed Maternity Framework (2011) 5. <i>Neonatal Care in Scotland: A Quality Framework</i> , (2013) 6. Fair Society, Healthy Lives, Marmot Review (2010) |
| Other (please specify) | | |

7. Population groups considered

| | Potential differential impacts |
|---|---|
| Older people, children and young people | <p>The focus of the strategy is on Children & Young People and improving outcomes for them. A child and young person friendly consultation was planned and undertaken. Views from children and young people were that they agreed with the outcomes of the strategy.</p> <p>Adults and older people had been considered in roles as carers and parents only and the group agreed that the strategy should positively impact upon those undertaking this role by working in partnership. All partners in the four CPPs in Lothian have signed up to the high level outcome, 'Every child has the best start in life and is ready to succeed'.</p> |
| Women, men and transgender people (include issues relating to pregnancy and maternity) | <p>The consultation had raised the importance of considering gender language for all staff. Domestic abuse issues are also included and positively impacted on by the strategy. The strategy looks for consistency across Lothian with for example, Family Nurse Partnership (FNP) and Prepare Team - therefore having a positive impact. Transgender young people are a small population so have not been specifically mentioned although there is a strong care pathway in place overseen by a transgender patient group including young people.</p> |
| Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems) | <p>The 27-30 month review is covered in the strategy and will have a positive impact, identifying issues and promoting interventions at an early stage. This will be monitored in the implementation plan.</p> <p>An event was held during the consultation period focusing on children with a learning disability which helped identify services and gaps. This is featured in the implementation plan and should also have a positive impact by reducing inequalities for this group..</p> <p>There are issues in collecting data for this group and in order to inform the policy the special needs system had been used, highlighting a greater need than anticipated. This knowledge should impact positively allowing services to plan appropriately.</p> <p>The strategy also promotes that people with a disability use a range of services not all</p> |

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| | necessarily connected directly with their disability and this should not be assumed, although ensuring equity of access must be considered. A short-life working group will be formed to develop performance indicators by September 2014. |
| Minority ethnic people (includes Gypsy/Travellers, non-English speakers) | Stigmatisation particularly for gypsy travellers had been highlighted by the consultation and it was acknowledged that staff education was important for a variety of ethnic groups, as well as reducing the language barriers. This group would be impacted at a greater level (positively) through awareness raising and the implementation of the strategy. |
| Refugees & asylum seekers | It was acknowledged that staff education as well as reducing the language barriers was important for this group and there was a specific reference in the strategy that should have a positive impact. This group would be positively impacted at a greater level at implementation through awareness raising. |
| People with different religions or beliefs | The health implications surrounding beliefs such as blood transfusions, immunisations, sexual health and relationships education and HIV status were discussed. It was felt that the strategy will have no negative impact and that these issues would be greater impacted on by implementation. |
| Lesbian, gay, bisexual and heterosexual people | LGB young people had been consulted and their views heard. Stigmatisation was particularly an issue for this group and it was acknowledged that staff education and linking our messages around this with partner organisations was important. It was acknowledged that a young persons own identity might differ from their family's identification with them and staff need to be supported in the sensitive handling of this area. |
| People who are unmarried, married or in a civil partnership | No differential impact was identified. |
| People living in poverty / people of low income | There would be a positive impact for people living in poverty with the strategy concentrating on addressing health inequalities, targeting those at risk but maintaining a universal service for all. |
| Homeless people | No differential impact was identified. |

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| People involved in the criminal justice system | Developmental work was required for children of families involved in crime outwith Looked After Children (LAC) pathways. There is an action within the implementation plan to explore further the needs of children affected by their parents being in prison. There is also an action to ensure that every looked after child receives a comprehensive health assessment which includes mental health screening, within 4 weeks of referral being received by NHS Lothian. |
| People with low literacy/numeracy | The consultation considered low literacy allowing for verbal and artwork responses and gave a commitment to continue engaging using similar methods. Provision of children friendly documentation would impact positively on low literacy groups and the 27-30 month review was flagging up parental literacy. |
| People in remote, rural and/or island locations | Public transport considerations were an issue for all areas and implementation should consider clinic availability in terms of access. Drop in services would also be developed to consider a wider, holistic view. School Nursing development would also have a positive impact. Implementation of this strategy therefore identifies action that will positively impact on children and young people. |
| Carers (including parents, especially lone parents; and elderly carers) | There would be positive impacts for this group e.g. through the young carers card pilot and actions to increase the LAC work force. |
| Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal) | Capacity within the Health Visiting workforce is now registered as a corporate risk and if not addressed has the potential to adversely affect the strategy, but the strategy itself recognises the role of staff to deliver. It also promotes investment, training and an informed workforce. |
| Children with exceptional healthcare needs. | The strategy highlights positive impact of care provided closer to home. A working group will work on developing indicators to achieve positive outcomes for this group of children and young people. |

8. What positive impacts were identified and which groups will they affect?

| Impacts | Affected populations |
|--|--|
| Improved resilience Improved access to services and care closer to home | Young Carers and LAC. All and in particular Children with Exceptional Needs (CEN) |

| | |
|---|-----|
| Decrease in carbon emissions as care provided closer to home. | All |
| Promotion of children's rights | All |
| Improved health and wellbeing | All |

9. What negative impacts were identified and which groups will they affect?

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|---------|----------------------|
| Impacts | Affected populations |
| None | N/A |

10. What communications needs were identified? How will they be addressed?

- Document reading
- Report out in draft by end March with a 2 week comment window
- Report to Children and Young People's Strategic Planning team and other relevant groups
- Responses to be collated by The Children's Parliament and to be presented to senior managers
- Response launch to include interactive elements, art etc
- Individual replies to be sent to all groups that engaged
- Plan for future consultations
- All documents to be easy read
- A programme of feedback to those who participated in the consultation by the Children's Parliament

11. Additional Information and Evidence Required

None

12. Recommendations

That the implementation plan continues to be developed to include more detailed data on inequalities.

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

| | Specific actions (as a result of the RIA) | Who will take them forward (name and contact details) | Deadline for progressing | Review date |
|---|--|---|-----------------------------|-------------|
| 1 | Further develop implementation plan to include baseline and target data. | Mike Massaro-Mallinson Mike.massaro-mallinson@nhslothian.scot.nhs.uk | 2 nd April 2014 | Quarterly |
| 2 | Feedback consultation in a variety of formats | Mike Massaro-Mallinson Mike.massaro-mallinson@nhslothian.scot.nhs.uk | 30 th April 2014 | May 2014 |
| 3 | Staff training on: a) Minority ethnic groups 2) asylum seekers 3) LGBT people to reduce stigmatization | Through Line Managers | 30 th March 2015 | Dec 2014 |

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The Children and Young People's Strategic Planning team will monitor the outcomes through the development of an implementation plan developed in partnership with Service Managers and Community Planning Partnerships.

Manager's Name: Mike Massaro-Mallinson

Date:

Please send a completed copy of the summary report to:

Scott Justice: Scott.Justice@nhslothian.scot.nhs.uk

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes.