Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed
Please state if the IIA is interim or final: **Final**

1. Title of proposal

Continuing to meet the identified health needs of care experienced young people aged 16-26 whilst factoring in service model changes within the Council's TCAC team.

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

Currently the Council and NHS Lothian jointly fund a Through Care & After Care Nurse Practitioner (TCACNP). This 50/50 funding arrangement was agreed for the 2024-25 SLA and has continued for 2025-26. Prior to this, the Council fully funded the role which has been in existence for approx.15+ years.

However, there have been significant changes in that time, not least the introduction of The Promise, the directive of CEL 16 and an overarching drive within health to raise awareness of the health needs of care experienced young people with universal and community-based services.

In addition, the TCAC service was recently reviewed and will, from c.June 2026, have 15 additional FTEs bringing the team to 23 FTEs. The intention is that every young person aged 16-21yrs will have an allocated social worker, or aftercare worker and that only young people aged 21-26yrs will be required to access support via a duty worker. This means 700 young people who currently access support via a duty system will now have an allocated worker.

Colleagues from TCAC and NHSL met to discuss the changes in delivery and to understand how these changes will impact on the need for the TCACNP role. It was noted, the TCACNP often supports young people to attend appointments, and signposts to other services. It was noted, that with the increase in FTEs within the TCAC team, that these staff can provide the support for young people to attend appointments. However, this does not take away the additional support and health expertise the TCACNP adds to consultations and using their specialist health knowledge, acting as the liaison between the young person and other health professionals. Supporting young people with explanations before, during and following health appointment, providing health promotion opportunities or advice on lifestyle changes. The TCACNP also often provides consultation to colleagues in the TCAC team and other professionals involved in care provision.

The TCACNP undertakes decider skills work with young people. The TCAC Team will undertake training so the whole team will be able to offer decider skills courses to the young people allocated to that team. With this in mind, the IIA will consider these changes and the ongoing need for the single person/TCACNP model. It should be noted this IIA is considering the TCACNP role from the Council's perspective and does not make comment on the 50% funding contributed to the role by the NHS. Therefore, this IIA will consider the potential impact, mitigating factors and unintended consequences if the Through Care & After Care Nurse Practitioner (TCAC NP) was no longer 50% funded by the Council.

3. Briefly describe public involvement in this proposal to date and planned

The NHS Lothian Care Experienced Nursing Team endeavour to record referral, intervention and outcome data for all young people who access the TCAC CNP. However, Council and NHSL colleagues recognise this has not always enabled a full understanding of the service being delivered or the impact felt by young people.

(Jillian-NHS) highlighted two main areas of development currently underway within NHS Lothian, however, these have not yet been implemented or fed into this proposal to date. These include: the use of an electronic health assessment template and a barcode system to gather the voice of young people.

Whilst Mark noted the Council's TCAC and Edge of Care service are gathering the voice of young people as part of the Council's service development plan and service restructure process via semi-structured group check-in and questionnaires.

Where appropriate, young people will be asked to specifically describe their experience of accessing the TCACNP service.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

5. Date of IIA

15th December 2025. Further meeting re-scheduled for 27th January 2026. Wider NHS requested further input February 2026 via email correspondence.

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Mark Crawford	Team Manager; Edge of Care and TCAC Service, CEC	
Kerry Millar	Strategic Commissioning Officer, CEC (chair)	Dec 2021
Jillian Boon	Advanced Nurse Practitioner for Care Experienced Children & Young People, NHS	N/A

7. Evidence available at the time of the IIA

<table>
<tr><th>Evidence</th><th>Available – detail source</th><th>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</th></tr>
<tr><td>Data on populations in need – where available use disaggregated data</td><td>NHS monitoring report submitted for the period 1 April – 30 June and 1 July – 30 Sept 2025. Submitted 15th July and 27th October 2025, respectively.</td><td>Reviewing the NHS monitoring reports and excel spreadsheet demonstrates the young people are accessing support for the following issues:
general health and wellbeing, emotional & mental health, substance use concerns, and a range of specific health matters such as dental, skin, vaccination, sexual health, infectious disease & specialist health conditions e.g. Epilepsy

However, data collection on outcomes remains inconsistent, with 26 of 35 cases lacking recorded outcomes or onward referral details.</td></tr>
<tr><td>Data on service uptake/access</td><td>As above</td><td>All referrals were processed and responded to within the timeframes set. However, at the end of each reporting period there were 4 (June) and 8 (Sept) referrals waiting to be allocated for support.

Over the period April – Sept 2025, an average of 11 young people either ‘did not attend’ or cancelled their appointment each month. However, due to the needs and demographic of this cohort of young people the service is designed to not penalise non-engagement and instead offer further opportunities for re-engagement.</td></tr>
<tr><td>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</td><td></td><td>This data is not specifically recorded as part of accessing the TCACNP service. Young people are referred based on their health needs, however, due to being care experienced all practitioners are cognisant of the likely socio-economic disadvantage facing this group of young people.</td></tr>
<tr><td>Data on equality outcomes</td><td>As above</td><td>Of new referrals for the period:

<table><tr><td></td><td>April - June</td><td>July - Sept</td></tr><tr><td>Male</td><td>10</td><td>9</td></tr><tr><td>Female</td><td>8</td><td>9</td></tr></table></td></tr>
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<tr><td>16-18</td><td>11</td><td>10</td></tr>
<tr><td>19-21</td><td>4</td><td>4</td></tr>
<tr><td>22-26</td><td>3</td><td>4</td></tr>
</table>

The underlying protected characteristic for young people accessing this service is the recognition of their care experienced status.</td></tr>
<tr><td>Research/literature evidence</td><td></td><td>Anxiety - One of the most frequently reported issues among care-experienced

Trauma and PTSD - High prevalence due to early adversity, abuse and neglect (CELCIS)

The Association between Aggression, Traumatic Event Exposure and Post-traumatic Stress Disorder of Looked After Young People.

Behavioural and Conduct - Elevated rates of disruptive behaviour and hyperactivity reported in Scottish health assessments (Scottish Government:

Section 2: Health Outcomes in Looked After Children - Guidance on Health Assessments for Looked After Children in Scotland - gov.scot

Iriss – Care-experienced children and young people’s mental health

Care experienced children and young people’s mental health | Iriss

• Care Inspectorate – Learning Reviews Data Report 2023–24
Learning Review_Children_Data Report_23-24.pdf

Care Inspectorate – Review of deaths of looked-after children (2012–18)
report-on-the-deaths-of-looked-after-children-in-scotland-2012-18.pdf

Scottish Government – Health Assessments for Looked-After Children</td></tr>
</table>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Public/patient/client experience information		SU feedback is not currently formally collected but the TCACNP endeavours to build good positive relationships with each young person to enable them to be a conduit to the acceptance of other medical services/input.
Evidence of inclusive engagement of people who use the service and involvement findings		None to date specifically for this consideration but the restructure of the Edge of Care and TCAC service undertook work with young people to better meet their needs by aligning resources to demand.
Evidence of unmet need		For the period April – October 2025 the postholder was unavailable for 24.8% due to leave.
Good practice guidelines	The Promise CEL 16 National Performance Framework UNCRC CYP Act	
Carbon emissions generated/ reduced data		N/A
Environmental data		N/A
Risk from cumulative impacts		The intersectionality of protected characteristics and/or cumulative health conditions are considered when supporting individual young people with their health needs.
Other (please specify)	Learning Reviews	Learning Reviews: Mark has attended, 2-3 over past few years have identified the following areas of concern: - lack of info sharing between services - suicide and drug deaths - early identification of MH services and pathways are key for these issues.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Additional evidence required		

8. In summary, what impacts were identified and which groups will they affect?

Given that the Health & Wellbeing of young people is the primary focus of this service the IIA sets out each of the health needs identified in the monitoring information received in its own table to ensure full consideration can be explored, of the issues raised, if the TCACNP role was not 50% funded.

Equality, Health and Wellbeing and Human Rights and Children's Rights: MENTAL HEALTH	Affected populations
Positive Mark noted, in the context of MH for this group of YP- their MH issues are not necessarily in relation to a diagnosis of mental ill health but rather in relation to trauma often linked to being CE and/or their experiences. When a YP does have a diagnosis, they are often already known and supported by the relevant services. With regards to a MH crisis: IRD could go direct to specialist universal services. Further, as noted previously, the changes to TCAC team mean an additional 15 FTEs will offer better oversight of each YPs needs for those who are allocated 16-21yrs. Currently is it noted that the TCACNP offers YP support with their emotional & mental health using 'Decider Skills'. However, in 2026, the whole CEC TCAC team will be undertaking this training to offer it to young people allocated to this team. Further, improved case management protocols will enable the time for staff to build-in decider skills work with young people. In addition, case management across a team of 23 will allow workloads to be overseen and be managed with work recorded within pathway planning processes. Also noted the changes to the CMH funds, which was previously SG monies and is now part of council core funding. The allocation of these funds is being reviewed with Mark working with the	**Young people aged 16-26 with Mental Health concerns**

Equality, Health and Wellbeing and Human Rights and Children's Rights: MENTAL HEALTH	Affected populations
Service Manager for Inclusion and Wellbeing to ensure CE YP are considered with pathways of support created at community level. Jillian acknowledged that the current TCACNP has a background in Mental Health Nursing and does provide support to young people in relation to their emotional and mental health providing 'conduit' work esp. since MH services' WL are so long. They often will 'hold' a case whilst the YP waits.	
Negative There are concerns that the current 1-person model for the TCACNP role cannot meet the need/referral rate. Although the TCACNP has the knowledge & skills to support emotional & Mental Health issues up to a limited point they are not able to provide longer term specialist MH interventions. The wait for MH psych services for children and young people up to 18yrs can be up to 2 yrs and for adults (18+) it can be longer.	**Young people aged 16-26 with Mental Health concerns**

Equality, Health and Wellbeing and Human Rights and Children's Rights: SUBSTANCE USE	Affected populations
Positive Currently other supports available to the TCAC team are: - Scottish drug consortium who offers advice to workers and training - Signposting to Crew 2000 (Citywide) who offers online and in person support - Circle (NW) and Junction (NE): core and cluster model. Harm reduction-intensive and therapeutic support. - ASUS nurse – supports up to 19yrs across Edin & Lothians. Spread thin as only one post. ASUS nurse would transition YP to adult services if required. - Tier 3: SW (adults) & MH teams. Mark noted YP are eligible by virtue of age to access this support. i.e. poly drug user and if vulnerable to exploitation would stay with adult SW team. - YP shouldn't be excluded from community model of supports. If ASUS nurse has no capacity, then TCACNP provides low level lifestyle work in relation to healthy behaviours (looking at risky behaviours whilst using substances) and refers to adult services past 19yrs.	**Young people aged 16-26 with Substance use concerns**
Negative	**Young people aged**

Equality, Health and Wellbeing and Human Rights and Children's Rights: SUBSTANCE USE	Affected populations
The TCACNP communication, for this group of young people, is mostly signposting YP up to 19yrs of age to the ASUS Nurse. And with third sector orgs though this is mostly for families of YP affected by substance use.	**16-26 with Substance use concerns**

Equality, Health and Wellbeing and Human Rights and Children's Rights: DENTAL, SKIN, VACCINATIONS & INFECTIOUS DISEASES	Affected populations
Positive With regards to recent work, the TCACNP provides health support for UASC YP. All UASC YP that arrive in Lothian are entitled to receive a Paediatric (Rowan) Medical. However, the current WL for this is 8 months. Over 18s will be receive medical input via adult services. While waiting for medical input either the CECYPN (for under 18s) or the TCACNP will assess over 18s due to delays with the Rowan medical assessment. This early intervention work involves assessing individual health needs which include ensuring identification of any public health risks in relation to infectious diseases e.g. Scabies, TB, Hep B & STDs. Providing support to access vaccinations & initiating referrals to other health specialists e.g. Infectious Diseases, Public Health, Sexual Health. TCACNP has also been involved in awareness raising sessions with YP as a one off and is not an ongoing part of her work. TCACNP is also involved on regular basis with consultation work, supporting SW to ask the right question of 'where do I refer to?' Jillian noted it's in the job description for TCACNP to provide multi-agency working and health promotion with SW colleagues. The CECYPN Service & TCACNP have been key in the development of the health pathway for UASC YP.	**Young people aged 16-26 with Dental, Skin, Vaccinations & Infectious Diseases concerns**
Negative For under 18s – SW support to attend clinics as CEN Team don't have capacity.	**Young people aged 16-26 with Dental, Skin, Vaccinations**

Equality, Health and Wellbeing and Human Rights and Children's Rights: DENTAL, SKIN, VACCINATIONS & INFECTIOUS DISEASES	Affected populations
	& Infectious Diseases concerns

Equality, Health and Wellbeing and Human Rights and Children's Rights: OTHER – i.e. RISKY PREGNANCY	Affected populations
Positive TCACNP liaises and signposts to Family Nurse Partnership and Prepare, if required. Once the YP is linked in with specialist services the TCACNP will 'step back' or ensure appropriate transition. Mark noted the additional 15 FTEs will be allocated to YP so there should now be an improved and stable relationship provided by CEC TCAC team and support will continue to be provided by a specialist worker. Managers will be able to advise on appropriate signposting and who/when to refer to other services with SW staff during supervision and will become part of the YP support plan. Being part of the one referral system will ensure SW staff become familiar with what these services offer. TCAC Team will offer support to all care leavers.	**Young people aged 16-26 with Other health concerns**
Negative	**Young people aged 16-26 with Other health concerns**

Equality, Health and Wellbeing and Human Rights and Children's Rights: TRANSITIONS	Affected populations
Positive • Consideration was given to whether young people (YP) should be signposted prior to age 18. However, it was agreed that all YP should be registered with GPs and universal community services (e.g. dentists) at the point of transition. • Jillian noted that one of the current key areas of development within the CECYPN and TCACN services is	**Young people aged 16-26 with Transition concerns**

Equality, Health and Wellbeing and Human Rights and Children's Rights: TRANSITIONS	Affected populations
transitions. Current transition points of focus include starting school and leaving school to progress into TCAC. • It was noted that the NHS is currently working towards delivering annual assessments, aimed at ensuring health needs are reviewed around the point of transition. However, limited CE nursing provision, relative to population size, presents challenges in meeting this demand. • Any joint working could align with transition points for YP leaving school. However, the TCACNP role currently sits within a post-transition space. • Changes to the TCAC team are expected to improve the post-transition phase. As a result, it is unclear what role the TCACNP would fulfil once this need is addressed. • Jillian highlighted that, due to capacity and demand pressures in delivering annual assessments leading up to transition, TCACNP input can at times become reactive and feel more like crisis management. • The pathway into Adult Health Services was discussed. However, the CECYPN team does not currently work with individuals over 18 years of age, and involvement may end earlier if a YP is no longer Looked After (LAC). • The TCACNP does not hold a caseload of all CE YP—only those referred. YP in Continuing Care without identified health needs will access healthcare through universal services (e.g. GP). However, as CE YP, they are entitled to access TCACNP support up to the age of 26. • Where a YP is engaged with specialist services, TCACNP may not be involved unless there are concerns about non-attendance, understanding of health conditions, or a need for support with engagement. • For YP in Continuing Care, approximately 95% are placed out of authority (accuracy to be confirmed). Their health needs are therefore met by other health boards. • LAC at home are supported by CENP. Jillian noted that this group can be particularly vulnerable if their home circumstances break down. • Transitions are a critical period, as YP are at increased risk of crisis. However, as noted by Mark, this responsibility would sit within the children's element of the CEN team rather than TCACNP. Legislative changes mean YP remain in care for longer, and transitions therefore look different for this cohort. • The TCAC allocated worker will support a model of delivery whereby they act as a gateway or pathway for YP, strengthening transitions into health services and identifying those at risk of being removed from GP lists.	

Equality, Health and Wellbeing and Human Rights and Children's Rights: TRANSITIONS	Affected populations
Negative Jillian noted the CECYPN Team have an SOP for transitions. Despite this there is a small cohort of YP who still haven't had that input the point of transition. This could be possibly due to changes in threshold, no consent, possibly YP experiencing crisis and receiving specialist input at the point of transition and equally there may not be any need for health input if deemed to be in a stable placement with no health needs identified. Though it was noted no service will ever eradicate crises.	**Young people aged 16-26 with Transition concerns**

Environment and Sustainability including climate change emissions and impacts N/A	Affected populations
Positive	
Negative	

Economic	Affected populations
Positive	
Negative	

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

The service is currently delivered by a TCACNP who is employed by NHS Lothian who have strong policies in place to maintain the equality and human rights of service users including those of children and young people.

Previously Care Experience YP didn't always get their health needs met but the health landscape has now changed as a result of the work being done in universal and community-based services to ensure the needs of CE YP are understood. Although it's not perfect, the reception offered to CE YP has changed positively.

Jillian noted; within NHS work has been progressing the CE agenda and the needs of the population is more widely recognised. However, mental health is still a

concern, largely due to significant demands on the service resulting in long waiting times.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Since all young people who access the service are referred by the TCAC team a communication plan will be implemented through managers and social workers, reinforced through supervision, to ensure staff know how best to support, sign post or refer onto other appropriate services.

If the decision is taken to not continue the TCACNP role then a transitions plan will be implemented to ensure YP currently accessing support know where to turn to. Plus, other professionals such as specialist services within the NHS, teachers, Prepare and FNP, ASUS, for example will be made aware of the new approach and will be advised of any proposed change to pathways.

A YP with specific communication needs will be supported by their identified worker including any UASC where English may be a second language.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

N/A

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title	Deadline for progressing	Review date
TCAC Team to undertake Decider Skills training	Mark Crawford; Team Manager	2 cohorts: to be completed by December 2026	
Clear signposting processes for onward referral to other health services	Mark Crawford; Team Manager	October 2026	
TCAC Team to be part of the implementation team for the revised Community Mental Health funds to ensure young people aged 16-26 are included	Mark Crawford; Team Manager	October 2026	
TCAC Team to link with the work undertaken by EADP and ASUS nurse to ensure substance use support is available to young people aged 18+	Mark Crawford; Team Manager	Frequent meeting schedule starting 12 Feb 2026	
Transitions working group to include health transitions	Mark Crawford; Team Manager	Commenced with no deadline in place yet	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

Although it is intended that all 16-21yr olds will have an allocated worker within the TCAC team the young people aged 21-26 yrs will still be required to access support via the duty worker.

Further, as noted in section 8, there are significant waiting times for NHS mental health support (up to 2yrs for those up to 18yrs and longer for 18+yrs). Unfortunately, this IIA or any mitigating actions will not change this situation.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

The TCAC Team will monitor the impact of the proposal on the health needs of the young people accessing support from their team. The change of circumstances forms should be completed and sent to LAAC Nurse team when a young person leaves care and highlight date of transition to care leaver service/TCAC.

16. Sign off by Head of Service

Name Neil Bruce (Acting Head of Service - Corporate Parenting)

Date 9/7/26

17. Publication

Completed and signed IIAs should be sent to: integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/