

Implementation of the Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

Equality Impact Assessment (EQIA)

April 2024

Implementation of the Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (EQIA)

Title of policy/practice/strategy/legislation etc. - Equality Impact Assessment Screening

Minister - Cabinet Secretary for Health and Sport, Jeane Freeman MSP

Lead official - Kirstie Campbell, Maternal and Infant Health

Officials involved in the EQIA - Beverley Lamont, Amy Brown, Stephanie Rodger-Phillips, Maternal and Infant Health Team

Directorate: Division: Team - Directorate for Children and Families: Improving Health and Wellbeing Division: Maternal and Infant Health Team

Is this new policy or revision to an existing policy? Implementation of The Best Start, published in 2017, following the Strategic Review of Maternity and Neonatal Services in Scotland in early 2015.

Screening

Policy Aim

Background

The Minister for Public Health announced the Strategic Review of Maternity and Neonatal Services in Scotland in early 2015. This Review focused on creating a refreshed model of care and approach to maternity and neonatal services and to examine choice, quality, and the safety of those services in light of current evidence and best practice, in consultation with service users, the workforce and NHS Boards. A Review team was convened and tasked with making recommendations for a Scottish model of care that contributed to the Scottish Government's overall aim of delivering person-centred, safe, and effective care. The Review team was comprised of representatives from key professional groups involved in managing and delivering maternity and neonatal services, representatives from Scottish Government, staff-side organisations, third sector representatives and academics working in maternal and infant health research.

This Review was grounded in a strong evidence base, led by an Evidence and Data Sub-Group. Eight efficient evidence reviews were produced by the Sub-Group and provided the evidence base for the Review. The outcomes of these efficient evidence reviews are published online: [Review of Maternity and Neonatal Services: efficient evidence review - gov.scot \(www.gov.scot\)](http://www.gov.scot/Review-of-Maternity-and-Neonatal-Services-efficient-evidence-review)

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

Following this, in January 2017 the Scottish Government published The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. The report contains 76 recommendations which focus on putting families at the centre of maternity care so that all women, babies, and their families get the highest quality of care according to their needs. This is intended to ensure that mothers, babies, and families are at the centre of service planning and delivery and that mum and baby are kept together as much as possible.

Implementation of The Best Start will contribute to the delivery of the Scottish Government's National Outcomes 5, 6, 7 and 16.

- Our [children](#) have the best start in life and are ready to succeed.
- We live longer, [healthier lives](#).
- We have tackled the significant [inequalities](#) in Scottish society.
- We have improved the life chances for [children, young people and families](#) at risk.
- Our [public services](#) are high quality, continually improving, efficient and responsive to local people's needs.

Implementation of the recommendations contained within The Best Start is fundamental in ensuring that all children and their families have the best possible start in life.

Recommendations

The main recommendations and themes of The Best Start are:

- **Continuity of Carer:** all women will have continuity of carer from a primary midwife, and midwives and obstetric teams will be aligned with a caseload of women and co-located for the provision of community and hospital-based services. Early Adopter Boards (EABs) will be identified to lead change.
- **Mother and baby at the centre of care:** Maternity and Neonatal care should be co-designed with women and families from the outset and put mother and baby together at the centre of service planning and delivery as one entity.
- **Multi-professional working:** Improved and seamless multi-professional working.
- **Safe, high quality, accessible care,** including local delivery of services, availability of choice, high quality postnatal care, colocation of specialist maternity and neonatal care, services for vulnerable women and perinatal mental health services.

- **Neonatal Services:** proposes a move to 3-5 neonatal intensive care services in Scotland in the short term, progressing to 3 within 5 years. Note: report does not recommend closing any neonatal services but reducing the number who care for the very smallest and sickest babies (currently managed in 8 units across Scotland).
- **Supporting the service changes:** Report also includes a number of recommendations about transport services, remote and rural care, telehealth and telemedicine, workforce, education and training, quality improvement and data and IT.

Implementation

An Implementation Programme Board chaired by Jane Grant, Chief Executive of NHS Greater Glasgow and Clyde was established with representation from across the maternity and neonatal community in Scotland, as well as service user representation via the National Childbirth Trust (NCT) and Bliss.

The 76 recommendations were split into those suitable for local implementation and those requiring national implementation. A Local lead was appointed in each of the 14 NHS Boards, and they are currently progressing 23 recommendations.

Four subgroups were established to drive forward many of the nationally led recommendations. The subgroups are Continuity of Carer and Local Delivery of Care, Perinatal Services, Evidence and Data and Workforce and Education. The remaining nationally led recommendations sit with the Scottish Government for implementation.

Who will it affect?

Implementation of The Best Start targets pregnant women, babies, and their families. It will also have an impact on service delivery, and so on the maternity and neonatal workforce including midwives, obstetricians, neonatologists, neonatal nurses, and healthcare support staff. This means that it has the potential to impact on anyone who interacts with maternity and neonatal services in either a personal or professional capacity.

Equality legislation covers the protected characteristics of age, disability, gender reassignment, gender including pregnancy and maternity, race, religion and belief, and sexual orientation. Implementation of The Best Start has the potential to affect women, their babies, and their families so the scope of this equality impact assessment (EQIA) is extended beyond the list of protected characteristics to include wider socio-economic considerations, including people living in low-income households and people living in remote rural areas.

What might prevent the desired outcomes being achieved?

Achievement of the desired outcomes will be dependent on a number of factors. The implementation landscape is complex and there are various opportunities and risks across workstreams towards implementation of the recommendations. Close working with service providers, including multidisciplinary health professionals, third sector and service users, is critical.

- Workforce considerations: movement to the new models of maternity and neonatal care is a departure from previous models of care, with potential implications for health professionals across a variety of settings, from primary to tertiary care.
- Infrastructure considerations: including development of community hubs and facilities to allow health professionals to deliver care closer to home, development of transitional care facilities; provision of full range of places of birth, as well as provision of space for partners to stay nearby and provision of emergency overnight accommodation for parents with babies in neonatal care.
- Education: for both workforce and prospective parents.
- Cross-cutting policy work, including work being delivered by other policy teams (e.g. Perinatal Mental Health).

Stage 1: Framing

Results of framing exercise

As noted above, the recommendations in The Best Start are predicated on research and best practice evidence. Broad consideration of the protected characteristics under the Equality Act 2010 is recorded below.

Protected Characteristic: Age

Potential Impact:

- The Best Start addresses concerns for babies and pregnant women, their babies, and families as its primary focus. Impact on wider families may be incidental to this but is not the primary focus.
- Young parents are not addressed specifically within the recommendations but the focus on person-centred care mitigates against this, as the focus is on individualised care for each person, rather than standardised care stratified by needs profile. Recommendation 35 makes specific reference to vulnerabilities. Continuity of carer (Recommendation 1) is intended to enable the development of a closer relationship between a woman and her midwife across her pregnancy journey, which may be of particular importance for younger and older mothers, particularly, in the case of the latter, in terms of age-related risks in pregnancy.
- No recommendations within the Best Start should adversely impact the workforce directly because of age. There is the chance of an indirect impact as the age demographic of the workforce may include people with caring responsibilities.

Protected Characteristic: Disability

Potential Impact:

- The ethos of Best Start is that care is individualised around each woman and any clinical, social, physical, and psychological needs.
- Continuity of carer (Recommendation 1) is intended to enable the development of a closer relationship between a woman and her midwife across her pregnancy journey, which may be of particular importance for those living with a disability.
- Best Start aims to deliver care closer to home wherever possible, including the use of technology where appropriate.
- It is not expected that any recommendations within the Best Start should adversely impact the workforce because of disability. Any adjustments that are required currently to enable a member of the workforce to carry out their job would also be expected to be made for any change to how that job is carried out in the future.

Protected Characteristic: Sex

Potential Impact:

- As implementation of The Best Start concerns the provision of maternity and neonatal services, there are inherent differences in how men and women will be affected.
- The recommendations and the overarching ethos of The Best Start focus on establishing family-centred care, ensuring that partners feel included at all stages.
- No recommendations within the Best Start should adversely impact the workforce because of sex.

Protected Characteristic: Gender Reassignment

Potential Impact:

- Where clinical care is the key consideration, reference is made to the 'woman'. This language recognises that biological women can achieve a pregnancy and is not intended to exclude trans men.
- No recommendations within the Best Start should adversely impact the workforce because of gender reassignment.

Protected Characteristic: Sexual Orientation

Potential Impact:

- The Best Start references partners and is intended to be inclusive of all sexual orientations and genders.
- Noted that Human Fertilisation and Embryology Authority (HFEA) confidentiality requirements preclude disclosure of pregnancies resulting from IVF/ assisted conception treatment between health professionals.
- No recommendations within the Best Start should adversely impact the workforce because of sexual orientation.

Protected Characteristic: Race

Potential Impact:

- The ethos of Best Start is that care is individualised around each woman, taking account of any additional requirements.
- No recommendations within the Best Start should adversely impact the workforce because of race.

Protected Characteristic: Religion/Belief

Potential Impact:

- The ethos of Best Start is that care is individualised around each woman which would include religious or cultural need.
- No recommendations within the Best Start should adversely impact the workforce because of religion or belief.

Extent/Level of EQIA required

As a result of the framing exercise, a full EQIA was carried out, covering the implementation of The Best Start as a whole thematically, as some of the individual recommendations are more complex and multi-faceted than others. In this way, implementation of each of the 76 recommendations is considered in a proportionate manner.

- Continuity of carer.
- Person-centred maternity and neonatal care.
- Multi-professional working.
- Safe, high quality and accessible care.
- Re-designing neonatal care and services.
- Supporting the changes.
- Wider implications.

It should also be noted that, for the implementation of recommendations which are being led locally, it is expected that Health Boards will undertake their own Impact Assessments to satisfy their local requirements. This EQIA therefore takes national implementation as its primary focus.

Stage 2: Data and evidence gathering, involvement and consultation

Include here the results of your evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys, or consultations with relevant equality groups.

Characteristic¹: Age

Evidence gathered and Strength/quality of evidence

In relation to age, we know from Information Services Division (ISD) statistics that women are now giving birth later in life. Often this can bring an additional element of complexity to a pregnancy therefore care needs to be based around each woman and her individual needs.

Source

[Maternity and Births Publications](#)

Data gaps identified and action taken

- Choice of place of birth location currently contains guidelines on age. A literature review has been undertaken to establish if these restrictions are the most up to date evidence.
- Research into the rising Caesarean section rate will consider if age is a factor.

Characteristic: Disability

Evidence gathered and Strength/quality of evidence

In 2012, 28 per cent of men and 35 per cent of women in Scotland reported a limiting long-term condition or disability.

In 2011, the proportion of people in Scotland with a long-term activity-limiting health problem or disability was 20 per cent (1,040,000 people), the same proportion as reported in 2001 (1,027,872 people).

Sources

Scottish Health Survey 2012
2011 Census

Data gaps identified and action taken

- The ethos of Best Start is that care is individualised around each woman and any clinical, social, physical, and psychological needs.
- Care should be delivered closer to home wherever possible, including the use of technology where appropriate.

¹ Refer to Definitions of Protected Characteristics document for information on the characteristics

Characteristic: Sex

Evidence gathered and Strength/quality of evidence

The large majority of lone parent households are headed by women and these households tend to experience high poverty rates: 34% were in poverty in 2014/15, compared with 26% of single working age women without children. For comparison, 16% of couples with dependent children were in poverty in 2014/15. These statistics have implications for child poverty, as women tend to be the main carers of children.

Source

Sourced from the Equality Impact Assessment for the Child Poverty (Scotland) Bill.

Data gaps identified and action taken

- Redesigning neonatal care may have an impact on the ability of women and their partners to be able to visit and bond with their baby. Creation of the Neonatal Expenses Fund should mitigate this by reimbursing travel costs. However, this would affect a very small number of families whose baby would require highly specialised care.
- This is also balanced with the overall redesign of neonatal care which will see an increased role for families in caring for their baby in neonatal care and an increase in facilities for families to stay, for example in Neonatal Transitional Care.
- An increase in partners to stay in maternity units should be consistent across Scotland to ensure equity of access and improve support for mothers and increased bonding.

Characteristic: Pregnancy and Maternity

N/A

Characteristic: Gender Reassignment

N/A

Characteristic: Sexual Orientation

N/A

Characteristic: Race

Black women still have more than five times the risk of dying in pregnancy or up to six weeks postpartum compared with white women, women of mixed ethnicity three times the risk and Asian women almost twice the risk.

Source

[Oxford Population Health - Research](#)

Data gaps identified and action taken

- Outcomes for Black, Asian, and minority ethnic (BAME) women and their babies are poorer. Introducing continuity of carer should help mitigate this.
- Individualised care planning should identify clinical, social, physical, and psychological needs including risks associated with women from BAME background. Best Start recommendation 29: Women who present out with a maternity setting or have a pre-existing condition should receive timely medical advice in relation to their pregnancy.

Characteristic: Religion or Belief

N/A

Characteristic: Marriage and Civil Partnership

N/A

(the Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example HR policies and practices - refer to Definitions of Protected Characteristics document for details)

Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence you have gathered; this section requires you to consider the potential impacts – negative and positive – that your policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

Do you think that the policy impacts on people because of their age?

Eliminating unlawful discrimination, harassment, and victimisation

Impact - None

Advancing equality of opportunity

Impact - Positive and Negative

Reason for your decision

- Continuity of midwifery carer will be offered to all women, regardless of characteristic. Where a woman requires input from a Consultant Obstetrician, she should expect to receive continuity of obstetric carer in addition.
- Evidence for choice in place of birth will be reviewed to ensure policies are up to date with the best available evidence and clinical opinion.
- There is the chance of both a positive and a negative indirect impact as the age demographic of the workforce may include people with caring responsibilities. Continuity of carer may require a different working pattern for staff which may affect staff with caring responsibilities. However, evidence indicates increased autonomy and flexibility in setting working hours that comes with this policy should allow staff the flexibility to work around these caring responsibilities.

Promoting good relations among and between different age groups

Impact - None

Do you think that the policy impacts disabled people?

Disability - Eliminating unlawful discrimination, harassment, and victimisation

Impact - None

Disability - Advancing equality of opportunity

Impact - Positive and Negative

Reason for your decision

- Continuity of midwifery carer will be offered to all women, regardless of characteristic. Where a woman requires input from a Consultant Obstetrician, she should expect to receive continuity of obstetric carer in addition.
- Increased use of technology in maternity and neonatal care could have a positive impact on disabled people if it meant more care could be delivered virtually and decrease travel needed. However, care would have to be taken to ensure that there were no negative impacts on a disabled person if they were unable to use technology and that they could still receive the same level of care without technology.

- No recommendations within the Best Start should adversely impact the workforce directly because of disability. For continuity of carer, it is expected that more midwives would work in a community-based setting. Necessary adjustments may have to be made as they would have been in the current work setting. Increased use of technology, working flexibly and bringing care closer to home may have a positive impact on a disabled member of the workforce.

Disability - Promoting good relations among and between disabled and non-disabled people

Impact - None

Do you think that the policy impacts on men and women in different ways?

Sex - Eliminating unlawful discrimination

Impact - None

Sex - Advancing equality of opportunity

Impact - Positive

Reason for your decision

- Partners to stay should allow more partners to be involved in the care of their baby.
- The Neonatal Expenses Fund will provide equal access for both men and women to visit their baby in neonatal care.
- Parents will be encouraged to take an active part in the care of their baby in neonatal care.

Sex - Promoting good relations between men and women

Impact - Positive

Reason for your decision

- Bringing care closer to home allows partners to be involved in all aspects of pregnancy care. Providing facilities for partners to stay, either on the postnatal ward or in Neonatal Transitional Care promotes family bonding.

Do you think that the policy impacts on women because of pregnancy and maternity?

Pregnancy and Maternity - Eliminating unlawful discrimination

Impact - None

Pregnancy and Maternity - Advancing equality of opportunity

Impact - Positive

Reason for your decision

- The aim of Best Start is that all women will be offered an equitable service across Scotland based around their individual needs and circumstances.

Pregnancy and Maternity - Promoting good relations

Impact - Positive

Reason for your decision

- Women should feel part of the decision-making process around all aspects of her pregnancy care including personalised care planning, relationship-based care, choice of place of birth and receive continuity of midwifery carer and obstetric carer where applicable.

Do you think your policy impacts on transgender people?

Gender reassignment - Eliminating unlawful discrimination

Impact - none

Gender reassignment - Advancing equality of opportunity

Impact - none

Gender reassignment - Promoting good relations

Impact - none

Do you think that the policy impacts on people because of their sexual orientation?

Sexual Orientation - Eliminating unlawful discrimination

Impact - none

Sexual Orientation - Advancing equality of opportunity

Impact - none

Sexual Orientation - Promoting good relations

Impact - none

Do you think the policy impacts on people on the grounds of their race?

Race - Eliminating unlawful discrimination

Impact - none

Race Advancing equality of opportunity

Impact – Positive

Reason for your decision

- Continuity of carer will be offered to all women, regardless of race and will be tailored around individual needs and circumstances. Where a woman requires input from a Consultant Obstetrician, she should expect to receive continuity of obstetric carer in addition. All women will receive equity of access to midwifery and obstetric services, with the target of carrying out the initial booking appointment before 12 weeks applicable to all women, regardless of race.

Do you think the policy impacts on people because of their religion or belief?

Religion or belief - Eliminating unlawful discrimination

Impact - none

Religion or belief - Advancing equality of opportunity

Impact – positive

Reason for your decision

Continuity of carer will be offered to all women, regardless of religion and belief and will be tailored around individual needs and circumstances. Where a woman requires input from a Consultant Obstetrician, she should expect to receive continuity of obstetric carer in addition.

Religion or belief - Promoting good relations

Impact - none

Do you think the policy impacts on people because of their marriage or civil partnership?

Marriage or civil partnership - Eliminating unlawful discrimination

Impact - none

Stage 4: Decision making and monitoring

Identifying and establishing any required mitigating action

If, following the impact analysis, you think you have identified any unlawful discrimination – direct or indirect - you must consider and set out what action will be undertaken to mitigate the negative impact. You will need to consult your legal team in SGLD at this point if you have not already done so.

Have positive or negative impacts been identified for any of the equality groups?
Yes.

Is the policy directly or indirectly discriminatory under the Equality Act 2010²?
No

If the policy is indirectly discriminatory, how is it justified under the relevant legislation?

If not justified, what mitigating action will be undertaken?

Describing how Equality Impact analysis has shaped the policy making process

The ethos of the Best Start is to individualise care around the needs of women, their individual circumstances, and their family circumstances. By being aware of the key characteristics within the Equality Impact analysis, we are clear on the benefits that can be gained by tailoring care to women.

Monitoring and Review

The Best Start Implementation Programme Board will take cognisance of the Equality Impact analysis and review to ensure that there are no unintended consequences during policy implementation.

² See EQIA – Setting the Scene for further information on the legislation.

Stage 5 - Authorisation of EQIA

Please confirm that:

This Equality Impact Assessment has informed the development of this policy:

Yes No

Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice, and promoting understanding.

Yes No

If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment, and victimisation in respect of this protected characteristic:

Yes No Not applicable

Declaration

I am satisfied with the equality impact assessment that has been undertaken for The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: John Froggatt

Position: Deputy Director, Head of Improving Health, and Wellbeing Division

Authorisation date:



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