

EQUALITY IMPACT ASSESSMENT - RESULTS

<p>Title of Policy</p>	<p>Establishment of the new national public health body, 'Public Health Scotland'.</p>
<p>Summary of aims and desired outcomes of Policy</p>	<p>The Public Health Reform programme is an equal partnership between the Scottish Government and the Convention of Scottish Local Authorities (COSLA). The aim of reform is to improve the public's health through a whole system approach, focused on prevention and early intervention, and creating the conditions for wellbeing in our communities.</p> <p>As part of reform, a new national public health body, to be called Public Health Scotland, will be established which will take over the current functions and services of: Health Protection Scotland (a division of NHS National Services Scotland (NSS)); Information Services Division (also a division of NSS); and NHS Health Scotland (a Special Health Board). PHS will provide strategic leadership; support enhanced opportunities for innovation, research, learning and development; and provide assurance on the delivery of improved public health and wellbeing outcomes.</p> <p>This new model aims to deliver better health and wellbeing</p>

	<p>outcomes for communities by promoting a collaborative approach to planning and delivery, putting decision making in the hands of local communities and agencies who are best-placed to assess local public health needs. PHS will also contribute to all 11 National Outcomes of the National Performance Framework.</p>
<p>Directorate: Division: team</p>	<p>Population Health: Health Protection: Public Health Reform Policy</p>

Executive summary

The Equality Impact Assessment (EQIA) was undertaken to assess the impact of establishing a new national public health body, to be called 'Public Health Scotland' (PHS) on protected characteristic groups.

The EQIA process has identified that there are no adverse impacts on any protected characteristics group as a result of establishing PHS. Public Health Reform affects the entire population at national, regional and local levels. The new national body will be driven by a desire to improve the public's health through a whole system approach focused on prevention and early intervention, and creating the conditions for wellbeing in our communities. In particular, those who suffer from health inequalities and deprivation are likely to benefit from the leadership and work of PHS.

PHS will embed the principles of equality and human rights in policy, planning and practice across NHS Scotland and our public sector partners. It will also seek to ensure that it is advancing equality and tackling unlawful discrimination in the context of all of its functions.

As part of our collaborative approach to reform, we have engaged a wide range of stakeholders, including individuals and organisations across all sectors, who have helped inform the development of our policy and proposals.

Background

Scotland's current health challenges are complex and go far beyond the control of the NHS, combining an ageing population, enduring inequalities, deprivation and poverty and changes in the pattern of disease. Life expectancy is generally increasing, but not equally and there are marked differences in healthy life expectancy across Scottish society. The differences are particularly marked for the poorest in our society. Early death and illnesses associated with the things that harm our health the most, such as drugs, tobacco, poor diet, alcohol and mental health, are far more common in our poorest areas. The burden of preventable disease and inequality impact on Scotland's public services and long-term sustainable and economic growth.

The approach to strengthening public health was set out in the 2016 Health and Social Care Delivery Plan which outlined three key commitments: (i) to work with COSLA to set out public health priorities; (ii) to establish a new single public health body to support the wider system; and (iii) to strengthen public health approaches in local partnerships.

The first of these commitments has been delivered. By working with a range of partners and stakeholders, and through engagement with over 500 individuals from across all sectors, the Scottish Government and COSLA developed and published a set of Public Health Priorities, in June 2018. The Priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Over 70 organisations from across the public and third sector have endorsed the Priorities. They set a foundation for the whole system and we are working across the whole system – through Local Authorities, Community Planning Partnerships, Integration Authorities and the Third

Sector – to embed the priorities and to support our partners to align their work and activities accordingly.

A new national public health body, PHS, will be established as a Special Health Board and will be a key driver of our public health reforms. It will become operational on 1 April 2020. The rationale for the new organisation came from the Review of Public Health, published in 2015, which recognised the need for single, credible and visible leadership in support of public health activities and the need for a de-cluttering of the landscape. We have worked closely with COSLA to develop our approach as many of the levers for good population health lie within Local Government and in our communities.

As part of the new arrangements, PHS will take over the current functions and services of the existing bodies: Health Protection Scotland (a division of NHS National Services Scotland (NSS)); Information Services Division (also a division of NSS); and NHS Health Scotland (a Special Health Board). PHS will provide strategic leadership; support enhanced opportunities for innovation, research, learning and development; and provide assurance on the delivery of improved public health and wellbeing outcomes.

The new body will enable us to make best use of Scotland public health assets – data and intelligence and our public health professionals – in supporting local areas to create the conditions for health and wellbeing. This is consistent with the principles set out in the Christie Commission Report on the Future Delivery of Public Services and is focused on improving population health outcomes - especially for those in society whose wellbeing and life chances are poorest.

The Scope of the EQIA

The EQIA assesses the establishment of PHS against the three needs of the public sector equality duty, namely to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations

It does so with respect to the nine protected characteristics of Age, Disability, Sex, Pregnancy and Maternity, Gender Reassignment, Sexual Orientation, Race, Religion or Belief and Marriage and Civil Partnership.

As part of our approach to public health reform, we have worked with a wide array of stakeholders across all sectors to help us develop our policy and proposals. We have collated and gathered available evidence on the nine protected characteristics and assessed the impact on each.

Key Findings

The EQIA has highlighted the importance of maintaining existing NHS equality and diversity frameworks during the transition to the new national public health body. Commitment to equality, diversity and human rights is fundamental to the principles of the NHS and has been an integral part the NHSScotland Governance Framework.

The impact assessment has also highlighted the specific and varying health outcomes experienced by different protected groups. This is informative and will help to ensure better outcomes are developed for our citizens and communities. PHS will take these factors into account when developing its role and approach to equalities concerns and issues.

Recommendations and Conclusion

Our collaborative approach to reform to date, involving a range of individuals and organisations, plus the key information and evidence we have gathered, has helped us to assess the impact of our proposals on protected characteristics groups. Our assessment has concluded that there are no negative impacts for any protected group against the needs of the public sector equality duty. Hence, no changes are required to be made to our policy.

We will review the EQIA at a suitable point following the creation of the new national public health body, as part of an ongoing commitment to assessment of impact of our proposals on equalities groups.