CRWIA – Stage 3

Publication Template

CRWIA for a non-legislative policy/measure

CRWIA title: Establishing the new national public health body, "Public Health Scotland" Children's Rights and Wellbeing Impact Assessment (CRWIA)		
Publication date: 23 October 2019		
Summary of policy aims and desired outcomes	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.	
	As part of reform, a new national public health body, to be called Public Health Scotland (PHS), 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, aligned to the National Performance Framework.	
Executive summary	The aim of the policy is to improve the health and wellbeing of the entire Scottish population so we can broadly predict that impacts on children will be positive. Public Health Scotland (PHS) will strive to promote a whole system, holistic approach to achieving population health improvement in every age group. Respecting and promoting children's rights is essential to achieving this outcome.	
Background	Scotland's current health challenges are complex and go far beyond the control of the NHS, combining an ageing population, enduring inequalities, deprivation, poverty and changes in the pattern of disease. Reducing health inequalities and increasing healthy life expectancy are two of the biggest challenges we face. For example, improvements in life expectancy have been stalling since 2013 and in 2017 life expectancy fell for the first time since	
	the 1980s. Considerable health inequalities persist: people in the most deprived communities continue to live shorter lives compared with those in the least deprived communities but, also, within those shorter lives, experience fewer years of good health. Healthy life expectancy is closely linked to deprivation with a difference of 22.5 years (males) and 23.0 years (females) between the 10% most and least deprived areas of Scotland. Early death and illnesses associated with the risks 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 economic growth, therefore there is a convincing economic argument to tackle the drivers of ill health

Scope of the CRWIA, identifying the children and young people affected by the policy, and summarising the evidence base

All groups of children and young people in Scotland will be affected, but particularly those who suffer the most health inequalities. Reducing the health inequalities which exist in Scotland will be the primary objective of our collaborative action and runs through all of our Public Health Priorities. This includes prioritising preventative measures to reduce demand and lessen inequalities. PHS will support the delivery of change at a local level, and by providing data, intelligence and leadership in digital innovation.

The Review of Public Health in Scotland (2015) identified the need for the public health function to be clearer about its priorities and delivered in a more coherent manner. The changing organisational context (including the clear emphasis on partnership and health and social care integration, as well as the importance of community empowerment and engagement) has implications for how public health is organised and operates.

Major public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities, require a concerted population health response, achieved through the organised efforts of society. They cannot be addressed solely through treatment. The evidence received by the Review Group emphasised the cost-effectiveness of preventive approaches and a wide appetite for a more active public health effort in Scotland.

Other evidence has been gathered through considerable engagement and analysis from across sectors in the context of the reform programme including; public engagement events, oversight boards and a series of collaborative commissions which will describe the functions of the new body.

A public consultation on the proposed functions and role of Public Health Scotland within the wider system was undertaken earlier this year and the final report on its findings was published in August 2019 (see: https://www.gov.scot/publications/public-health-scotland-analysis-responses-public-consultation/).

Children and young people's views and experiences

To gather views in the development of the reform programme, a population-wide approach was taken. We have engaged extensively with the third sector, including children and young people's organisations, to gain representative views of children and young people in the development of the Public Health Priorities. The Priorities are beginning to inform annual and strategic planning across the public health system. For instance, Young Scot have aligned their 2019-22 Strategic Plan and activities to the Priorities and the National Performance Framework.

We also considered responses from children's organisations to the public consultation on Public Health Scotland which have informed our thinking on policy development.

Creating healthy childhood experiences is a shared responsibility for all of Scottish society. We are working with the third sector to gather the views of children and young people, focusing on the Getting It Right for Every Child (GIRFEC) approach to improve outcomes and support the wellbeing of children and young people.

Key Findings, including an assessment of the impact on children's rights, and how the measure will contribute to children's wellbeing

There is scope for the policy to impact on a number of the articles contained within the UNCRC. These include (but are not limited to):

- Article 4 Implementation of the Convention
- Article 6 Life, Survival and Development
- Article 23 Children with a Disability
- Article 24 Health and Health Services
- Article 27 Adequate Standard of Living

Of the eight wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included - known by the acronym, SHANARRI), the policy is relevant to:

- Healthy
- Nurtured
- Active

The policy/measure clearly complies with, and advances, implementation of the Articles of the UNCRC; and it will protect and promote the wellbeing of children and young people. Given that Public Health Scotland will have a key leadership and coordination role in relation to all public health matters affecting population health, its functions will affect all children and young people up to the age of 18 in Scotland. The new body will directly impact children and young people, particularly in terms of leadership, support and advice for services involved with *pregnancy*; *Adverse Childhood Experiences*; addressing the *Attainment Gap*; and working with community planning partners to help plan and deliver joined-up local children's services which take a holistic approach to meeting the social, emotional and developmental needs of children.

Scotland's public health priority 'A Scotland where we flourish in our early years' places particular emphasis on early years, recognising the impact that early childhood poverty, disability and adverse childhood experiences can have on health outcomes throughout a person's life.

Monitoring and review

Once Public Health Scotland has been established, in April 2020, its Board will decide on it strategic priorities. This will help to inform the most appropriate stage to review the CRWIA, as well as all other impact assessments.

CRWIA Declaration			
Authorisation			
Policy lead Asif Ishaq, Public Health Priorities Lead, Health Protection Division	Date 17 October 2019		
Deputy Director or equivalent Derek Grieve, Interim Head of Health Protection Division	Date 21 October 2019		