

### Introduction

Before we make a decision about accreditation, we undertake an impact assessment to understand likely effects on different groups, and the wider health system. We begin to gather the information required for the impact assessment when a Register first applies for accreditation. We consider any changes to impacts when we renew accreditation, and when taking other decisions that affect accreditation status such as imposing Conditions or suspension.

A key part of the impact assessment is consideration of equalities. The Equality Act 2010 imposes a legal duty, the Public Sector Equality Duty on all public bodies to consider the equality impact of its policies and decision making. The duty is known as the Equality Duty and it requires a public authority, in the discharge of its function to consider the following three aspects which form the basis of the duty:

- Consider the impact and eliminate unlawful (direct or indirect) discrimination and any other conduct prohibited under the Equality Act 2010.
- Advance equality of opportunity between people with protected characteristics and those who do not share these characteristics
- Foster good relations between people with protected characteristics and those who do not share these characteristics.

This means that public bodies must consider equality impact on individuals protected under the Equality Act 2010 in carrying out their work. The Authority, therefore, needs to be always mindful of the public duty when carrying out its oversight role which includes the approving of registers. It needs to have 'due regard' to the needs to balance the three aspects which make up the Equality Duty when achieving its goals.

The Equality Impact Assessment is an important tool/mechanism for demonstrating 'due regard' through the consideration of evidence and analysis, actual and potential to identify positive and/or adverse impacts. The key groups we need to consider when making our decisions are, sex, age, ethnicity, disability, religion and belief, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy, and maternity.



### Impacts

## **Equalities impacts - summary.**

- We have reviewed Standard One documents. Interventions offered by the public health workforce often rely on individuals in the population to act; it is important that the public and other stakeholders have confidence in this workforce for these interventions to work.
- The UKPHR registers the following roles: **public health specialist, public health practitioner, and public health specialty registrar.** UKPHR stated that those on the public health register will undertake activities 'to strengthen public health capacities, aim to provide conditions under which people can maintain to be healthy, improve their health and wellbeing, or prevent the deterioration of their health.
- The UKPHR has an Equality and Diversity Policy<sup>1</sup> to ensure all aspects of UKPHR's work comply with the Equality Act 2010 and any other UK equality legislation. In addition to this, UKPHR informed that the Education & Standards Committee has begun the process of conducting an Equality Impact Assessment (EIA) of the Specialist Registration by Portfolio Assessment (SRbPA) route and is in the initial phases of conducting a light touch review of the SRbPA route, at which the findings of the EIA can be considered.
- The UKPHR is committed to minimising negative environmental impacts, promoting responsible decision-making, and actively contributing to the broader goal of sustainable development as embodied in sustainable development policy<sup>2</sup>. The UKPHR will meet this by adopting energy-efficient technologies, sustainable procurement, waste management and disposal, and exploring renewable sources to remove carbon.

<sup>&</sup>lt;sup>1</sup> Equality-and-Diversity-Policy-UKPHR-version-3a-1.pdf

<sup>&</sup>lt;sup>2</sup> <u>UKPHR-Sustainable-Development-Policy-3rd-Edition-March-2024.pdf</u>

# Accredited Registers Impact Assessment Accredited Register: UK Public Health Register (UKPHR)

Type of Review: Full Assessment Period under review: 2023-2024 Date Approved for Panel: 28 March 2024



Impacts on groups with protected characteristics.

Age Type of impact	Group(s)	Description	Actions	Date identified
(positive/neutral/negative)	affected		required	
Positive	Older	Improving Health Services		
	people	'Supports the planning and development of services to ensure that they meet the needs of the population.' This includes screening services, needs assessments and support of inequalities-sensitive services. <sup>3</sup>		
		There are many screening services offered in the UK. The UK Screening Committee makes recommendations for the England, Scotland, Wales, and Northern Ireland. These decisions are based on recognised criteria and a robust review of evidence. An example of this is cancer screening services used in the UK to help detect the early signs of cancer and so help improve health outcomes. Bowel cancer screening is offered to those between 50 and 74 years in the UK, it is estimated that this reduces the risk of dying from bowel cancer by over 16%. <sup>4</sup> In 2021 Scotland implemented a new initiative to help detect cancer early. These early cancer diagnostic centres will		

<sup>&</sup>lt;sup>3</sup> Scottish Government (February 2016) 2015 Review of Public health in Scotland – Strengthening the Function and Re-Focusing Action for a Healthier Scotland. Available at <a href="https://www.gov.scot/publications/2015-review-public-health-scotland-strengthening-function-re-focusing-action-healthier-scotland/">https://www.gov.scot/publications/2015 Review of Public health in Scotland – Strengthening the Function and Re-Focusing Action for a Healthier Scotland. Available at <a href="https://www.gov.scot/publications/2015-review-public-health-scotland-strengthening-function-re-focusing-action-healthier-scotland/">https://www.gov.scot/publications/2015-review-public-health-scotland-strengthening-function-re-focusing-action-healthier-scotland/</a>

<sup>&</sup>lt;sup>4</sup> UK National Screening Committee (July 2021) Screening in the UK: making effective recommendations 1 April 2018 to 31 March 2019 available at <u>Screening in the UK:</u> making effective recommendations 1 April 2018 to 31 March 2019 - GOV.UK (www.gov.uk).



		aid early cancer diagnosis where patients do not meet the referral guidelines. <sup>5</sup>		
Disability				
Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Positive	Supporting those with long term health conditions	will undertake activities 'to strengthen public health capacitiesaim to provide conditions under which people can maintain to be healthy, improve their health		

Type of impact (positive/neutral/negative)		Description	Actions required	Date identified	
Marriage and civil partnership					

Type of impact (positive/neutral/negative)	Description	Actions required	Date identified

<sup>&</sup>lt;sup>5</sup> Scottish Government (June 2021). New services to help find cancer sooner. Available at New services to help find cancer sooner - gov.scot (www.gov.scot)

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# Pregnancy and maternity

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Race				
Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Positive		This is the analysis of data to support evidence-based decisions on public health interventions used under the three domains above. Activities include surveillance and monitoring of population health and assessments of the effectiveness of policies.		
		For example, the Health Foundation published a paper in March 2022 looking at the public's understanding of health and health inequalities. This paper explores the reasons behind public attitudes to health and health inequalities and how this can be used to make improvements in the framing of evidence for different groups. The paper found that 'In the face of life expectancy stalling, and falling for some, a sustained focus on policies to enable people to stay healthy for longer is paramount.		

Religion or belief

Type of impact (positive/neutral/negative)	• • • •	Description	Actions required	Date identified
Sex				
Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified



Positive Women	<ul> <li>Health protection is the protection of individuals, groups, and populations through the effective collaboration of experts in identifying, preventing, and mitigating the impacts of infectious diseases and of environmental, chemical, and radiological threats.'<sup>6</sup> This can include immunisation programmes, ensuring the quality of food, water, and air, preventing the transmission of communicable diseases and managing outbreaks.</li> <li>In November 2021, <i>The Lancet</i> published a paper on the effect of the national human papillomavirus (HPV) vaccination programme in England. HPV is a cause of cervical cancer, in 2008 the UK implemented a vaccination programme for teenage girls to help prevent this type of cancer. The paper describes an observational study which found that there was a substantial reduction in the incidence of cervical cancer following the implementation of the vaccination programme and that 'the HPV immunisation programme has successfully almost eliminated cervical cancer in women born since Sept 1, 1995.'<sup>7</sup></li> </ul>		
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#### Sexual orientation

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified

<sup>&</sup>lt;sup>6</sup> OP-IJEJ170095 1722.1724 (silverchair.com)

<sup>&</sup>lt;sup>7</sup> Falcaro et al (2021) The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. The Lancet Volume 398 Issue 10316 Page 2084-2092. Available at <a href="https://doi.org/10.1016/S0140-6736(21)02178-4">https://doi.org/10.1016/S0140-6736(21)02178-4</a>



## Cost and market impacts – summary

- Those registered with UKPHR work across the UK in a range of settings. UKPHR reports that the main employers are the NHS, local authorities, and national public health agencies in the four nations: Public Health Wales, Public Health Scotland, Public Health Agency (Northern Ireland), UK Health Security Agency (England), and the Office of Health Inequalities and Disparities (England). Individuals do not bear the costs of public health professionals. There are no direct costs to patients for services.
- Accreditation is not anticipated to have associated costs for employers and so should not have any cost impact.
- A paper written by the department of Health and Social Care in 2021 noted that 'we have made great progress in recent decades in enabling people to live longer, healthier lives; we have improved cancer survival rates; reduced stigma around mental health conditions; rolled out new vaccines to prevent infectious diseases; and brought smoking to its lowest levels. But improvements in life expectancy appear to have stalled and on average around 20% of our lives are spent in poor health. Vaccine-preventable diseases are re-emerging worldwide, and the risk from antibiotic-resistant infections continues to grow. The gap in life expectancy between rich and poor areas has widened even further.<sup>8</sup>'

# Social and environmental impacts – summary

- UKPHR aspires to make a positive impact on environment, and the communities.
- It appears that public health profession role can support in the impacts of climate change and the increases in health inequalities. Public Health England's '*Fit for the Future*' report (2016) highlights some of the benefits of having a good public health system. These include

<sup>&</sup>lt;sup>8</sup> Department of health and Social Care (March 2021). Policy paper *Transforming the public health system: reforming the public health system for the challenges of our times.* Available at <a href="https://www.gov.uk/government/publications/transforming-the-public-health-system/transforming-the-public-health-system-reforming-the-public-health-system-for-the-challenges-of-our-times#future-of-the-public-health-system</a>



people being more engaged with their own health, the need and demand for health and care services is better managed and health inequalities and trends in disease burdens are reduced.

- The WHO website provides key statistics for the Covid-19 pandemic for the UK. Between March 2020 and the end of November 2022, there were 24,000,101 cases and 196,821 deaths. By 11 September 12,959,275,260 doses of the vaccine were administered.<sup>9</sup> These demonstrate the need to have coherent public health systems and people properly trained in public health in place to tackle infectious diseases. Registered practitioners will support this.
- There are positive outcomes from having a cohesive public health workforce during the COVID-19 pandemic<sup>10</sup>. It means that the country can quickly and effectively respond to global health events.

## Decision

The Accreditation Panel thought that the equivalence route would have a positive impact by having diverse applicants and acknowledged the condition issued under Standard 4. No other issues were identified that could affect the impact assessment. The Accreditation Panel found that it was in the public interest to continue to accredit the UKPHR.

 <sup>9</sup> The United Kingdom: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data | WHO Coronavirus (COVID-19) Dashboard with Vaccination Data
 <sup>10</sup> Public health England (May 2016) Fit for the Future – Public Health People A review of the public health workforce available at <u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/524599/Fit\_for\_the\_Future\_Report.pdf</u>