

EH futures



Chartered
Institute of
Environmental
Health

Environmental Health Workforce Survey 2014/15

Phase 1 and 2
Summary report of findings



Project Lead: Sharon Smith, Regional Stakeholder Manager

Research: Kim Willis, Research Officer

Report editor: Will Hatchett, EHN Editor

Foreword – written by Graham Jukes OBE CFCIEH Chief Executive

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Workforce
for **our** future



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Foreword

Environmental health practitioners (EHPs) tackle the physical and social causes of adverse effects on human health based on science and legal process by: identification and engagement with the root cause of a problem; auditing; inspection; risk assessment; advocacy; evaluation; research; enforcement; and through the provision of training, education or social engineering solutions.

We recognise that the EHPs knowledge, skills and competencies are increasingly being used in a variety of different employment settings and roles. It is however mainly local government, where the profession was founded and evolved, that the focus is still, importantly, in protecting people from adverse environmental conditions. The work EHPs do in addressing unsafe food, dangerous housing, and harmful work or leisure activities and in addressing the underlying cause of the causes of a lack of wellbeing, resulting in social, mental and chronic ill health conditions is vital in today's world.

This is core public health preventative work and EHPs knowledge and application of regulatory powers in this setting are important tools in supporting the EHPs ability to think through design solutions and achieve results.

While the workplace settings and emphasis on specialist or generalist roles are constantly changing the problems that need to be addressed in both the public and private sectors by the environmental health profession as a whole still remain.

The CIEH has embarked upon an Environmental Health Futures programme consisting of a number of strategic reviews that considers the "whole system". These reports, specific in nature, are intertwined and provide an important re-statement and re-examination of the vital work that members of the profession carry out. They enable important decisions to be taken in the context of EHP workforce planning, education provision, training and workforce settings and enable roles to be fully understood appreciated and resourced.

This report provides the essential platform for the others to build upon in that it reports on the current position of the environmental health service from the detailed survey work we have carried out. The results of this report will play an important role in providing the evidence base and in its own right raising the profile, knowledge and understanding of how the EHP fits into and supports health futures in modern times. We will use this report to define a supporting action plan for the profession within the CIEH Environmental Health Futures programme which will inform and influence future service provision.

My thanks go to all those who have contributed to the report and specifically to Kim Willis and Sharon Smith who steered the programme to conclusion.

Graham M Jukes OBE CFCIEH
Chief Executive

CIEH Workforce Survey 2014/15 executive summary of findings

- The majority of environmental health services are provided directly by local authorities. Though mostly provided in house, there is an ongoing consideration in many authorities of alternative approaches, in particular, partnership arrangements with neighbouring authorities.
- The survey reveals that after taking account of inflation, the average budget for environmental health services has fallen in real terms by 6.8% between 2013-14 and 2014-15.
- Those authorities that were able to estimate their budget for 2015-16 expected a further fall in real terms of 30%.
- London boroughs have experienced the largest cuts – an average of 20% over the past two years.
- The most common services to be stopped in response to budget cuts over the past three years was pest control (71.9%). Others curtailed included: business support; health promotion; dog warden and contaminated land investigation. Out-of-hours services have also been cut back and changes are being made to the risk prioritisation of food and health and safety inspections to reduce service demands.
- Pest control was also frequently cited as the service most likely to be stopped over the next three years. Other services “at risk” include non-mandatory aspects of housing regulation; drainage; air quality and climate change/ green activities. Food safety and health and safety inspections were also vulnerable.
- While 54% of respondents reported they do not charge for services, 21% responded that they already have charging in place. A further 5% of the interviewed respondents said that they were considering it.
- Almost half of the respondents (47.4%) stated that the resources were only just adequate to provide a basic statutory service, left no contingency, and that any further cuts would compromise service delivery.
- Though 9% of the respondents said they planned to increase staff numbers, 55% of respondents replied that further reductions were planned to the number of environmental health staff over the next 12 months, split almost equally between those expecting the need for forced redundancies and others expecting reductions to be achieved through natural turnover and retirements.
- 55% of managers with in house service delivery said the impact of the cuts on staffing was “considerable”. Losses in staff were reported as including removal of middle manager tiers and loss of older more experienced staff.

- The survey identifies an almost 11% reduction in qualified environmental health professionals (EHRB certificate of registration or REHIS diploma) with an overall reduction of 12% in all environmental health staff.
- Just under half of the managers interviewed said that they were moving to a more generic rather than specialist EHP model, some providing a fully integrated, cross-cutting service.
- Most managers (57%) identified concerns about the need to manage changes in skills base and management structures following reorganisation.
- Within upper tier authorities the majority of managers thought that the changes in public health arrangements have had a positive impact on the environmental health service (65%). For many, the new arrangements have raised the profile of the environmental health services contribution to the public health agenda.
- A number of district council managers have also seen a positive impact (41%) including the reorganisation or realignment of service priorities to the public health agenda (15%) and/or a higher profile and recognition of the environmental health team's contribution to delivering the public health agenda. Others, however, found their funding reduced in the mistaken belief that public health was now exclusively an upper tier function.
- A number of managers in both upper tier and district councils reported, however, that their Directors of Public Health and his/her team were not interested in environmental health or in addressing the wider determinants of health.
- Lack of representation on Health and Wellbeing Boards was a particular issue for many of the managers of district authorities because of a restriction on the number of seats available on the board.
- Many Health and Wellbeing Boards have limited their district representation to chief executive or elected member level only and environmental health input therefore relies on internal local authority reporting mechanisms and these were often seen to overlook or under represent the environmental health service contribution.
- A number of managers describing a “very distant relationship” or “little or no contact” with the Health and Wellbeing Board were frustrated at the lack of “input” or “interest” for environmental health issues despite their efforts to engage.

Introduction

The whole of the UK is experiencing a period of unprecedented austerity and this is testing the resilience of all councils including those in the devolved administrations. Even before the current round of cuts many councils were moving away from the provision of “discretionary” aspects of their services such as advice and support, in attempts to protect “core” or statutory services.

It is clear that the most recent cuts, following the 2010 Public Spending Review, have reduced many UK environmental health services to “tipping point” – that their resilience is being challenged and that, in some cases, they are becoming unsustainable.

Over the next three-year spending round (2015 – 2018) further reductions and in particular “arbitrary cutting” of local authority services risk having a disproportionate impact on smaller departments such as environmental health. Reductions in public health funding for councils announced by the government in May 2015 will have the effect of curtailing innovative programmes stimulated by the return of public health functions into local government. Changing public sector structures and political arrangements stimulated by the change in Government will generate further disruption in the services and support in public protection provided to communities. Addressing the future shape and capacity for the environmental health workforce and its essential role in addressing health inequalities and the preventative agenda over the coming 10-15 years is therefore ever more important.

To assist in building that, the CIEH began a workforce survey in 2014 to provide a detailed and reliable picture of the environmental health services being delivered across the local authority sector in England. Its findings will help the CIEH to track work force capacity as well as providing an indication of the impacts that local government budget cuts and the new public health structures are having on the delivery of environmental health services.

Externally, the information gained will also help create a narrative about the environmental health service, profile the service for stakeholders

especially national and local government politicians and provide lobbying platforms to support national and local campaigns around the contribution of environmental health and the impacts from service changes to the health of local communities.

The findings will contribute directly to our **Workforce for our Future** strategy which in turn forms part of a wider CIEH programme of activities collectively known as **Environmental Health Futures** comprising **Workforce for our Future, Education for our Future, Health for our Future** (our manifesto) and **Membership for our Future**. The CIEH programme also ties in with the Public Health England and Health Education England’s workforce development initiatives, helping stakeholders to understand and support the wider public health workforce of which environmental health professionals are a significant part.

Other relevant work

While the CIEH workforce survey applies only to England its findings are echoed by several other contemporary reports.

The *Remodelling of Public Protection* by the Local Government Association, reports on the overall impact of cuts to regulatory services and on varying responses to budget restrictions. It argues that localism requires councils to ensure their services address local concerns and circumstances but reports tension between centralised workforce planning and local delivery. Importantly, it raises concern about national resilience in the event of a major public protection incident. The report lays out different future scenarios for the delivery of regulatory services, including outsourcing but notes that it has not proved a popular option with most prominent market providers of outsourced council services.

The 2014 Wales Audit Office report, *Delivering with less – the impact on environmental health services and citizens*, considers how the local authorities in Wales are managing to deliver environmental health services through resource cuts acknowledging that citizens highly value

services provided by council environmental health teams such as tackling noise nuisance, inspecting food premises and dealing with dog fouling, the report concludes:

“Councils are mostly meeting their statutory environmental health obligations but because of budget and staff cutsenvironmental health services are at risk of being unable to effectively deliver their current responsibilities or take on new statutory duties to protect the public and the environment in the future.”

Highlighting that environmental health spending is not being protected during the current period of financial austerity, the report identifies that there has been a significant reduction in council environmental health services resources in the last three years, which is making it more difficult to deliver national strategic priorities. The report calls for support to protect the service from further cuts.

The Audit Scotland report *Protecting Consumers in 2013* similarly highlighted the important consumer protection work carried out by environmental health services in Scotland, and the impact of above-average cost savings being felt by these services, raising similar issues about the sustainability of their activities and the impact on the wider health protection agenda.

Citing in particular cost savings which prevent some inspectors from working out-of-hours, and meaning that late-night takeaways are not being visited, the report suggests an increase in food poisoning could be the result and recommends action to ensure that there are enough environmental health staff to maintain an effective and safe service.

In Northern Ireland local government reorganisation has substantially changed the shape and delivery of environmental health services and the previous centrally supported coordination mechanisms. These new councils are still being formed and during such a period of significant change it is not possible to draw conclusions about current provision.

Methodology

The initial stage of the research (which is the subject of this report) was conducted in two phases:

Phase 1 was a quantitative survey targeting managers of environmental health services in all English local authorities. The survey was conducted in the autumn of 2014.

Phase 2 was a series of structured interviews with environmental health managers in a stratified sample of English local authorities. This explored in more detail the impacts on service delivery of the cuts in local government budgets, of the new arrangements for public health and the public health priorities of the local community from an individual perspective. This was completed in early 2015.

A third phase, to survey the workforce within private and other employment sectors is planned for later this year. Together the three phases are designed to lay the groundwork for a Workforce Strategy to be produced in 2016, **Workforce for our Future**, and this report contributes towards that and the action plan going forward.

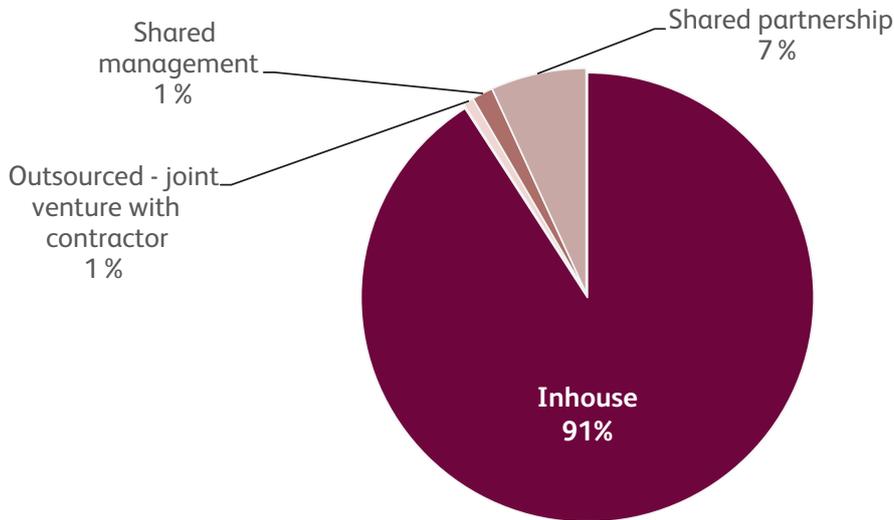
Responses

Forty-three percent of English local authorities responded to the Phase 1 survey. Among the authorities responding to Phase 1, 7 respondents completed the survey only for private sector housing services and 8 respondents only provided data on the section of the survey looking at staffing numbers.

The response rate for the Phase 2 structured interviews was 89% (57 managers were interviewed out of a target of 64). As many of these were shared services, the interviews covered 79 LA areas

Key findings

How is the environmental health service delivered?



Delivery models

The great majority of environmental health services are still provided entirely in house ie within a single authority. Many respondents reported maintaining an ongoing consideration of alternative approaches in particular a variety of partnership arrangements with neighbouring authorities working across council borders, including sharing specialist officers such as contaminated land and other scientific officers and pest control officers. While ad hoc charging for the provision of specialist advice is not unusual, more rarely, these arrangements may involve local authorities hosting trading companies to provide environmental health services to others.

On a less day-to-day basis, there is a trend towards collaborative, mutual aid agreements for cover in crisis/emergency situations.

However, some respondents reported departmental structures had been changed to align services thought to be more efficiently delivered together, in some cases using a “systems thinking” methodology.

Within 58% of the responding local authorities, some aspects of the environmental health services were reported to be delivered in different departments. Of these, the regulation of private

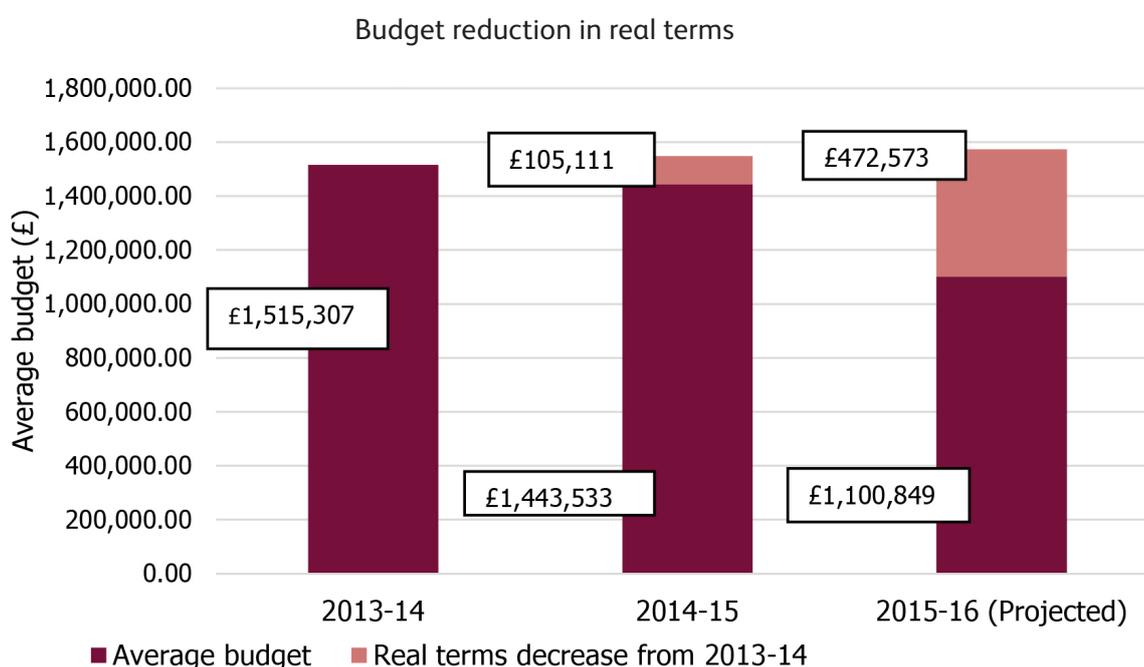
sector housing conditions (57%) predominates, with a small number of others cited including pest control, licensing, pollution control; noise and other nuisance.

Service budgets

The survey indicates that the average budget for environmental health services in the responding authorities has fallen by 4.7% between 2013-14 and 2014-15. Those authorities that were able to estimate the budget for 2015-16 expected a further fall in average budget of 23.7%. After adjusting the figures to take into account inflation*, the real terms decrease in average budget for 2013-14 to 2014-15 was 6.8% and the projected average budgets are for a further fall of 30%.

Total budgets were also examined for differences between type of local authority and showed the largest average budgets were found in London boroughs with English Districts having the smallest average budgets. London boroughs have been experiencing the largest cuts in funding – a consistent 20% for the past two years.

	Response (N)	Minimum (£)	Maximum (£)	Average (Mean)
Budget in 2013-14	66	333,607	7,697,000	1,515,307.36
Budget in 2014-15	68	303,602	9,899,000	1,443,533.53
Projected budget 2015-16	43	306,610	5,037,000	1,100,849.00



* Adjustment for inflation was based on the most recent GDP deflators (June 2014) from HMT, which have 2013-14 as the reference year

Net cost per head of population

The managers responding to this question indicated from their calculations the net cost per head of population of providing an environmental health service in the responding authorities

decreased by 3.5% from 2013-14 to 2014-15. For a few local authorities able to provide data on projected budgets for 2015-16 a further drop of 11.4% was expected.

	Response (N)	Minimum (£)	Maximum (£)	Average (Mean)
Budget in 2013-14	56	4.1	47.38	9.15
Budget in 2014-15/ £ per head	58	4	47.48	8.83
Projected budget 2015-16	34	3.96	38	7.82

Services delivered

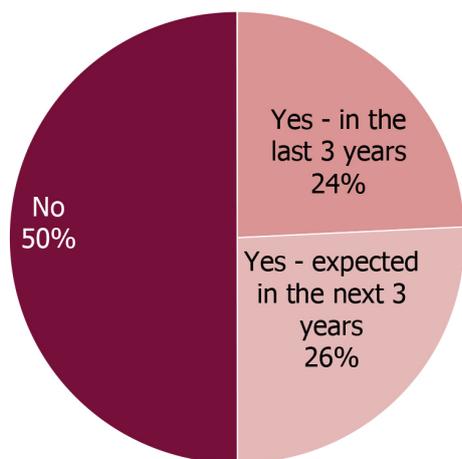
Typically the environmental health functions listed as part of the service delivered were: environmental protection (involving air quality; land contamination; environmental permitting); food hygiene; health and safety; private sector housing; animal welfare/dog wardens; licensing; pest control; statutory nuisance (including noise); public health; infectious disease; port health.

Other functions listed: water supply/ empty properties; business continuity; planning; taxis licensing; public safety at events; home improvements; fuel poverty; community safety; trading standards; emergency planning; drainage.

Less obvious functions cited included: clean neighbourhoods; waste; envirocrime; carbon management; mortuary and crematoria; street trading; tenancy relations; public health funerals; corporate safety; coast defence; highways enforcement; bereavement; town centre management; building control.

The impact of budget cuts on services

Have any EH services been stopped because of funding cuts



Almost half of the respondents (47.4%) stated that the resources were only just adequate, left no contingency, only a statutory basic service could be delivered and any further cuts would compromise service delivery.

The most commonly stopped aspects of the service over the past three years was pest control services (71.9%). Others included: business support; health promotion; dog warden; contaminated land.

When asked about ending the provision of aspects of the service, managers reported "out of hours" and changes were being made to the risk prioritisation of food and health and safety inspections to reduce service demands.

Pest control was most frequently cited as the likely service to be stopped over the next three years. Others "at risk" are non-mandatory aspects of housing regulation and business support; contaminated land; drainage; air quality; climate change and green activities.

Among these lists it is difficult not to think that some local authorities are now being forced to ignore some statutory duties.

While some managers interviewed said environmental health was protected as a statutory service (10%), others responded that environmental health as an entity was lost or shared in the functions of other departments (9%).

Other comments made by respondents included:

- a concentration on core services /reactive responses
- undertaking an options appraisal for charging of pest control services
- Not dealing with non-mandatory/discretionary areas of service (energy advice, health promotion, green work and advice to business but low level noise complaints too)
- Reduced response times
- Introduction of call centres as first responders
- Mobile working increasing flexibility and responsiveness

In attempts to make ends meet, just over 20% of authorities are already charging recipients for the provision of services where they can and a further 5% are actively considering income generation.

Management of environmental health services

Almost 60% of the respondents stated that the managers of the service were positioned at ‘Tier 3’ and a further 31% at Tier 4 (Chief Executives being Tier 1). In respect of the environmental health leads in housing services 50% of the respondents cited being at Tier 4 and 17% at Tier 3.

Table showing management levels of environmental health by local authority type:

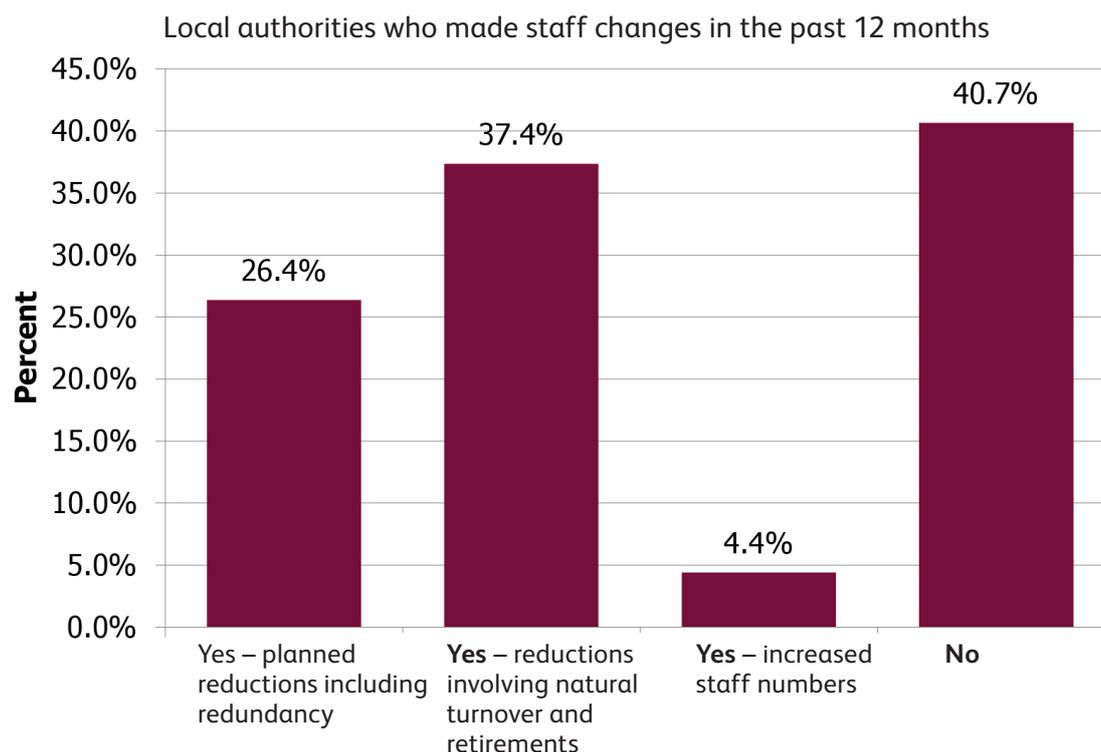
	Tier 2	Tier 3	Tier 4
District	15%	75%	10%
Unitary	0%	50%	50%
Metropolitan	0%	25%	75%
London Borough	0%	0%	100%

The impact of budget cuts on staffing

While staffing reductions have been spread across most of the services, the service area that has been most affected as reported by the respondents has been environmental protection (including noise control) followed by food safety and health and safety services.

Most of the reductions had been achieved through increases in flexible time working and in particular, natural wastage but in shared/ partnership services, cuts were made mainly, and more suddenly, in the establishment of the sharing arrangement.

Respondents reported the deletion of middle management tiers and loss of older more experienced staff particularly. Almost half of the



respondents (47.4%) stated that the resources left were only just adequate to provide a basic statutory service, left no contingency, and that further cuts would compromise service delivery.

The survey indicates that the numbers of EHPs (down by 11%) and technical staff have been reduced within the workforce, with an overall reduction of 12% in all environmental health staffing. 55% of managers perceived the impact of the cuts on staffing as “considerable”.

Slightly more than half (55%) of respondents replied in the survey that further changes were planned to the number of environmental health staff over the next 12 months. Of respondents indicating changes, nearly 9% said that they planned to increase staff numbers, however, 46% had planned reductions in staff. Where numbers were being reduced, just under half of respondents anticipated forced redundancies, with the remainder relying upon natural turnover and retirements. In the case of shared and partnership services, staff cuts were mainly made during establishment of the shared arrangement.

Just under half of the managers interviewed said that they were moving to a generic rather than specialist EHP model, some providing a fully integrated, cross cutting service. Others cited the adoption of a lead officer model, with operational staff working generically across disciplines but with lead or specialist officers. In others, officers were working across trading standards and licensing in an all “regulatory” service directorate.

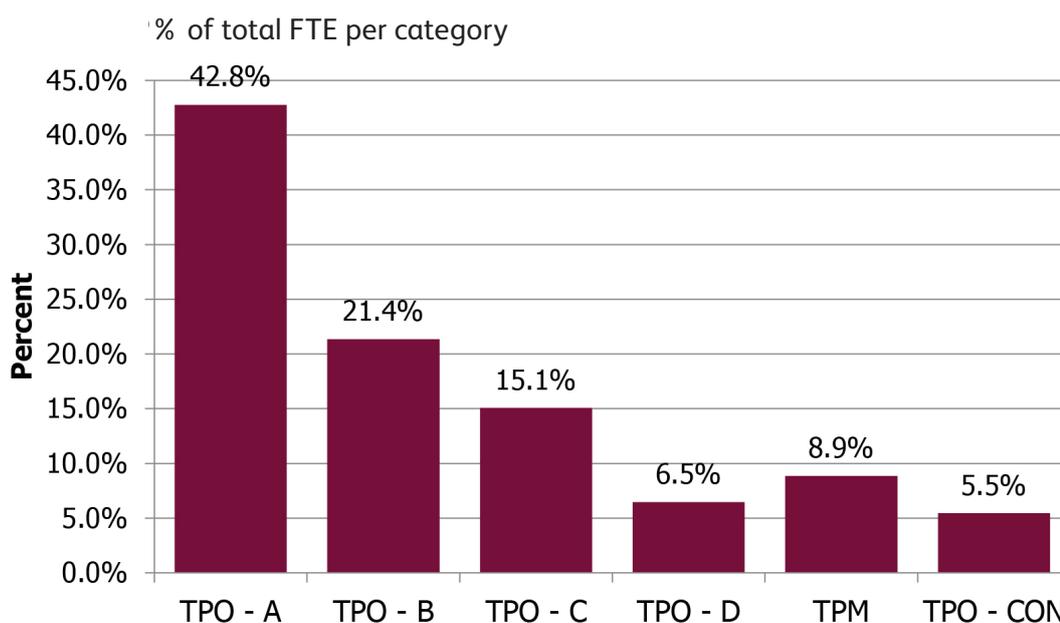
Managers reported different views on the impact of the changes on staff morale, some experienced low morale following changes others citing that different ways of working had increased morale and improved the service.

Despite the general contraction in the sector, some posts have to be filled and a number of respondents reported difficulty in the recruitment of suitably qualified professionals. Most managers (57%) identified concerns about the need to manage changes in their skills base and management structures following reorganisation.



Table showing inventory of environmental health staff in responding authorities

	Full time posts	Part time posts	Total FTE	% of total FTE per category	Average FTE for responding LAs	Maximum FTE in any LA
TPO - A EHRB Certificate of Registration or REHIS Diploma	703	147	803.5	42.8%	9.5	59.3
TPO - B EHRB 'Higher' certificates /technical qualifications	364	61.6	401.3	21.4%	5.2	27.9
TPO - C qualified in a professional discipline other than environmental health	255	48	283	15.1%	4.4	20.5
TPO - D employed to visit within rudimentary qualifications and/or limited experience	109	23	121.8	6.5%	3.1	8
TPM Managers	156	19	166.4	8.9%	2.6	12
TPO - CON Contractors	85	37.2	102.45	5.5%	2.0	17
Total Staff	1672	335.8	1878.45	100.0%	17.2	111.7



The average FTE vacancies in responding local authorities is 1.42 posts. The calculation of number of officers per 1000 population was 0.062 (Total

FTE TPO) and 0.145 (Total FTE all categories). The significance of these figures becomes more relevant in the developing workforce strategies.

Student environmental health officers/ practitioners

While this survey touched on the number of placements offered to students within the local authority a more detailed analysis of student engagement and support is provided within the CIEH **Education for the Future** - separately reported.

LAs providing student placements	61 (44%)
Total number of placements	180
Average number of placements per LA	1.23
Maximum placements in any LA	23

General trends and representative comments

“We have such a shortage of staff there is no longer any cover available in the event of staff absences due to sickness or maternity etc. In these events we will have to stop lower priority inspections and all discretionary work.”

“Staff losses have left the service so stretched we can only just manage our statutory obligations, we can’t carry out any discretionary work. A recent audit by the Food Standards Agency actually remarked that the service was under staffed.”

“We can only carry out statutory duties and have cut back on almost all of the discretionary services, we have reduced our response to requests from the public and can no longer provide advice to business, this is storing up problems for the future.”

“We have no capacity for emergencies.”

“The service is in crisis and we are just fire-fighting, all resilience has been stripped away by staff cuts and budget reductions. The service is just a lowest cost possible statutory function.”

“Piecemeal staffing cuts do affect our knowledge and skills mix since they are not strategic.”

“We have had 32% staff cuts, across all levels and much of this is by voluntary redundancy and retirements so there is no control over where the losses took place and it means a lot of experience has been lost and the service is not functioning as effectively as a result of this.”

“We have gone back to generic EHO roles, more like the old district EHOs..... This wasn’t popular at first, but now it is established most staff seem to be enjoying the change and like this way of working.”

“We are set up to be more flexible and fully integrated, with all staff work across local authority boundaries and across all disciplines and functions. We keep all EHPs and support staff skilled across the board to ensure flexibility. Some senior staff are still specialists but they still work flexibly. Work is regularly reviewed using risk assessment and staff are assigned accordingly, and then at the next review staff will be moved around according to the latest priorities.”

The impact of public health arrangements on environmental health services

The policy context

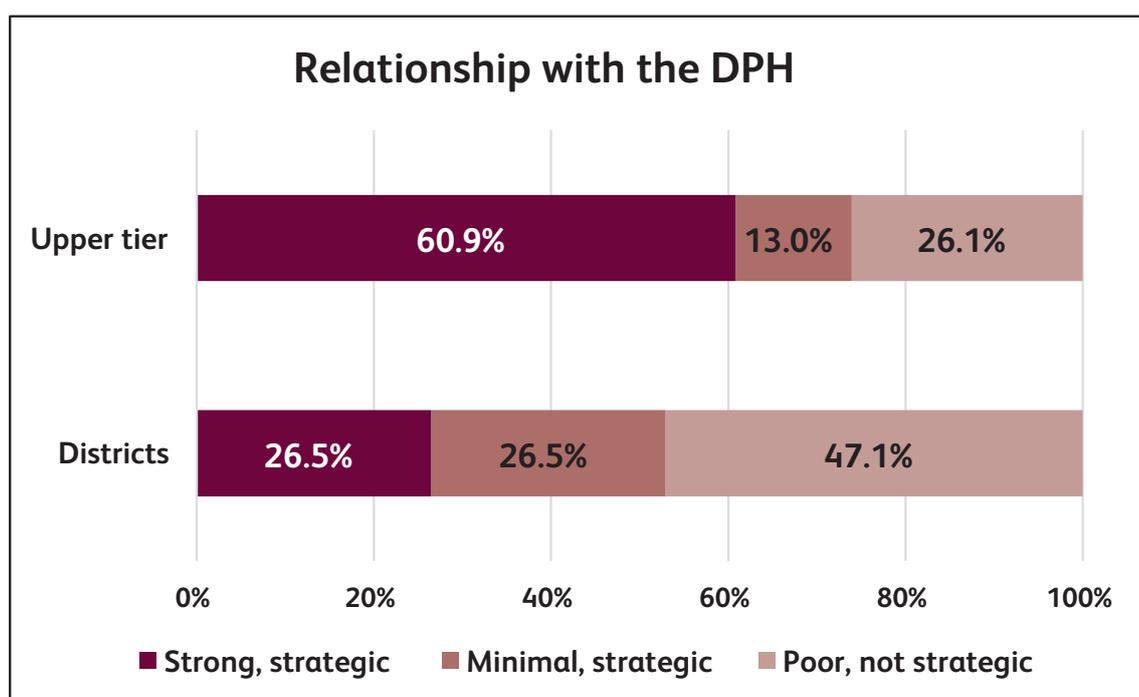
The Health and Social Care Act 2012 established public health as a statutory function of unitary and upper-tier local authorities. These changes came into force on 1 April 2013 and upper tier authorities are now responsible for appointing a specialist public health team, led by a Director of Public Health (DPH), and for establishing a Health and Wellbeing Board. District councils have no statutory role in these new structures, but the expertise within districts is essential in supporting these new arrangements. Public Health England recognises EHPs to be one of the key groups of the public health workforce, accordingly the opportunity of the workforce survey was taken through a set of structured interviews to explore the level of engagement with Directors of Public Health and Health and Wellbeing Boards, and the extent to which the new arrangements for public health are impacting on the way that environmental health services are delivered.

In some cases, the transfer of public health funding has increased recognition within the authority of environmental health as a core public health service provider. This has led to increased funding and support for many of the environmental health departments in upper tier authorities. This support includes funding environmental health staff to work on joint projects, cross working between the teams, and in one case provision of monitoring equipment.

A number of managers also reported that the public health team support environmental health services by providing research and intelligence which they have not previously had the resources to carry out themselves.

A key, but not unexpected finding was that the type and closeness of the relationships with DPH reflect the type of local authority in which the environmental health service sits and the related public health arrangements.

Findings



As would be expected, a strong strategic relationship was described by the majority (61%) of managers working in upper tier authorities. The DPH and the public health teams are working within the same authority and as a result there are more often coordinated and formal channels of communication with the environmental health service. Routine contact and co-ordination was best when, environmental health and public health were located in the same department.

Supporting Health and Wellbeing Boards, a number of upper tier authorities reported establishing a “*health outcomes boards*” or in one case “*several themed boards*” on which the environmental health manager and public health leads sit to coordinate the public health strategies for the authority.

In 26% of upper tier authorities, however, where the organisational relationship with the DPH was considered by managers as having no strategic grounding, the relationship being described as “*ad hoc*”, “*little day to day contact*” or “*nothing structured with no strategic dialogue*”.

Managers of district authorities described a mixed picture of strategic coordination between the DPH and the environmental health service.

Only 27% of these managers described a strong, strategic relationship and the majority of managers of district authorities interviewed for this survey, have no formal contact with their public health teams.

Where some managers did, nevertheless, describe good personal relationships with the DPH, this was “*personality based*”, but with “*no strategic, sustainable footing*” and they reported limited input into public health strategy and delivery.

Overall 41% of managers reported a positive impact including the reorganisation or realignment of service priorities and/or a higher profile and recognition of the environmental health team’s contribution to delivering the public health agenda. In some cases this has led to an increase in proactive public health work carried out by environmental health staff provided for by the new avenues of funding available.

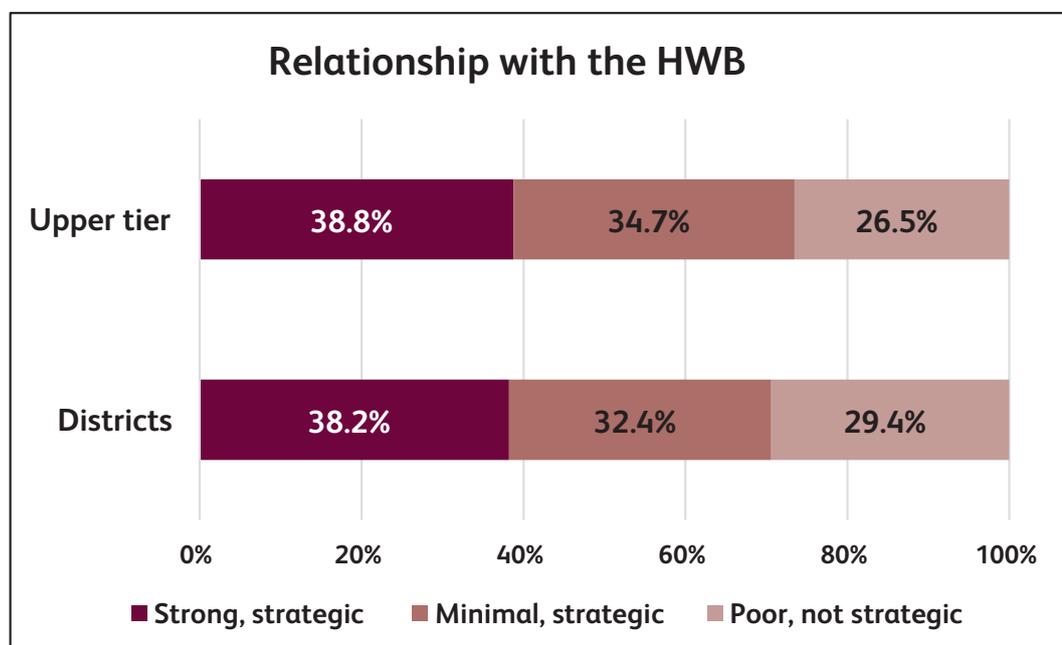
Overall half of the managers interviewed (50%) described the public health changes as having had little or no impact in their service areas and the main reason cited for this was that the DPH and public health teams are still “*embedding*” or are “*just beginning to engage*”

A number suggested that it was also partially a consequence of their own reduced staffing and resources with limited capacity to engage or carry out more work.

Some managers of district authorities (9%) reported that the change in public health arrangements has had a negative impact on the environmental health services role in delivering public health. The reasons cited for this involved political poor relations between the county council and district councils and public health was being perceived by senior executives/elected members as a county council function. As a consequence in these authorities there is now less funding available for public health interventions than there were previously.

A number of managers from both upper tier and district authorities voiced concern that the DPH and public health team are not interested in environmental health issues or the wider determinants of health (21% district authorities and 17% of upper tier). They were seen to be more focused on clinical issues and the narrower agendas of the adult and children’s social care services within which many are located.

Relationship with the Health and Wellbeing Board



The extent of engagement with Health and Wellbeing Boards was equally mixed for both upper tier and district authorities. 39% of upper tier authorities and 38% of district authorities have formal channels of input whilst environmental health departments in 27% of upper tier authorities and 29% of districts have no direct involvement in Health and Wellbeing Boards.

Notwithstanding that environmental health managers might have some input to them, direct representation on the Health and Wellbeing Board was reported by only 6 of the managers interviewed. In five of these authorities, the environmental health manager had a seat on the board and in one authority the manager described them as a “key player”. In the other cases it was the DPH who represented the service on the board and this was considered an effective approach to influencing the work of the board and ensuring that environmental health priorities are included within the health and wellbeing strategy.

Environmental health managers’ contribution was more typically with the subgroups commissioned by the health and wellbeing board to inform commissioning decisions and to coordinate service delivery. These groups coordinate work on specific themes or priorities of the board but whilst many are long-standing permanent delivery arms, others are set up only as task and finish groups.

In four of the district authorities included in this survey, district level local health and wellbeing partnerships have been established. Environmental health managers sit on these boards and contribute in this way to the Health and Wellbeing Board.

Conclusion – threats and opportunities

Although many environmental health services in English local authorities are stretched, the resourcefulness and adaptability of EHPs has often ensured the viability of services often through great organisational upheaval.

Councils making local strategic choices are finding new ways of working in an attempt to continue to meet their current and future statutory responsibilities. But with the long term sustainability and resilience of services under threat how will local authorities ensure citizens are protected from threats to health and well-being? The general emergency preparedness of the environmental health service is clearly being jeopardised. With front line services such as pest management being reduced or removed, for example, it won't be long before the public sees and feels the impact.

However, it's encouraging that over 90% of councils are still providing environmental health services entirely in-house and which largely comprise of traditional core services (food safety, health and safety, environmental protection, statutory nuisance, private sector housing). Environmental health remains a responsive service that can adapt to community needs and demands and this is illustrated through the range of peripheral and allied services that can be incorporated into environmental health departments. Will this indicator of responsiveness and local adaptability be an important attribute to riding further challenge and austerity?

The survey indicates that there is a move to using neighbourhood approaches that maximise qualified and experienced officers in more generalised roles. The holistic nature of the environmental health qualification means that such professionals provide a unique pool of adaptable and flexible resource. But the survey also highlights a potential threat of "down-skilling" whereby the skills and qualifications of staff delivering environmental health functions are reduced.

The survey gives us some important messages about the actual and potential impacts of the shift of public health responsibilities to local

government in 2013. Whilst interviews revealed mixed levels of integration and recognition of environmental health services by Directors of Public Health and Health and Wellbeing Boards, the national English picture is far from uniform. In some cases, in both in upper-tier and district councils, the public health arrangements have brought additional recognition and funding for environmental health services, strengthening their role and service delivery.

Although some managers have reported the loss of environmental health as an "entity" through the integration into wider directorates such as sport or leisure, others see its re-orientation, particularly into the policy fields of health and wellbeing as an opportunity. It has been proven that where service heads take opportunities and build relationships rather than adopting a "silo" or "bunker" mentality, environmental health can flourish. In many authorities, although private housing is not always located as environmental health service, the development of additional and selective licensing schemes for the private rented sector, linked to health objectives, has led to increased complements of professional staff.

The survey portrays a professional service that, whilst challenged and insufficiently recognised by local and national politicians, is still coherent and above all relevant, to the policy imperatives of central and local government. This relevance has been illustrated recently by the CIEH's signing of Memorandum of Understanding with Public Health England and by its creation of the National Environmental Health Board, which has fulfilled the need for a national professional local authority environmental health workforce co-ordinating body, complementing the CIEH.

Workforce planning to meet the changing shape of services now and into the future is vital to ensuring an objective and rational approach to staffing within local authorities. This is particularly the case to help set adequate environmental health staffing levels as part of the wider public health workforce. The CIEH **Environmental Health Futures** programme and in particular the **Workforce for our Future** and **Education for our Future** strategies will be designed to help address these future scenarios.

CIEH Environmental Health Futures – the CIEH response

From the extensive data provided by the survey and the general conclusions that have been drawn from it, the CIEH has suggested a “direction of travel” encapsulated within the CIEH Environmental Health Futures programme in order to ensure growth in the future.

Environmental Health Futures encompasses Education (the qualification process), the Workforce (where people work and what they are doing), Health for our Future (the changing environmental health agenda and our part within it) and Membership for our Future (membership support) and together these pieces of work set out our vision for the environmental health profession over the next 10 years.





Chartered
Institute of
Environmental
Health

Chartered Institute of Environmental Health
Chadwick Court, 15 Hatfields, London SE1 8DJ

Telephone 020 7928 6006

Email info@cieh.org **Web** www.cieh.org

Registered charity no. 290350

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