



Transforming the public health system: reforming the public health system for the challenges of our times

CIEH response to the DHSC consultation

April 2021

About the Chartered Institute of Environmental Health (CIEH)

CIEH is the professional voice for environmental health representing over 7,000 members working in the public, private and non-profit sectors. Building on its rich heritage, CIEH ensures the highest standards of professional competence in its members, in the belief that through environmental health action people's health can be improved.

Environmental health has an important and unique contribution to make to improving public health and reducing health inequalities. CIEH campaigns to ensure that government policy addresses the needs of communities and business in achieving and maintaining improvements to our environment and our health.

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Key points

We welcome the Government's new reforms to the public health system in England with the creation of the UK Health Security Agency (UKHSA), Office of Health Promotion (OHP) and the focus of the Agency on a preventative rather than a reactive agenda to prevent future pandemics.

We would like to see UKHSA support, strengthen and utilise a localised approach to public health policy development and implementation. This should include creating connections and networks between local and national levels, including the devolved nations. These networks should create open conversations and ensure that there is sharing of good practice and collaboration between public health professionals across the UK.

Environmental Health Practitioners (EHPs) have played a vital role during the pandemic, due to their focus on health impacts and training in infection control. EHPs should be considered part of the public health workforce and have good representation in the public health networks across all levels.

We would like to see the creation of a Chief Environmental Health Officer in England to work alongside the Chief Medical Officer. This should be an experienced EHP, who will provide coordination between UKHSA, central Government local authorities and regional networks.

It is important that the UKHSA maintains Public Health England's data collection functions, which provide key information to inform policy development and allow benchmarking for local authorities and regional teams.

Government should increase investment for local authorities, particularly for public health and environmental health functions. At present, local authorities are unable to afford to train enough EHPs to become fully qualified and experienced, resulting in high use of agency staff and high vacancy rates.

We would like to see an open investigation into the operation of public health services during the pandemic to re-evaluate what was done well and what processes may need to be improved in the future.

The design and culture of the UK Health Security Agency (UKHSA)

1. What do local public health partners most need from the UKHSA?

Within the reformed system, UKHSA should facilitate a more localised approach to public health policy development, working together with local public health partners on their development. This should be through robust structures with clear lines of communication, roles, and responsibilities. To be effective, UKHSA will need excellent connections and networks to achieve resilience.

Environmental Health Practitioners (EHPs) have played a vital role within local authorities' response to COVID-19. EHPs have been versatile and adaptable, moving to wherever they are needed within local authorities and being at the front of COVID operations. However, EHPs are still not widely enough recognised as a key part of the public health workforce and are not always engaged in key public health planning. We believe that this omission, where that is the case, reduces the effectiveness of health protection interventions as a whole.

During the development of the UKHSA structures and networks, we would like to see EHPs clearly recognised as being a key part of the public health workforce and resource. EHPs should be appointed within the UKHSA alongside other public health professionals. This in turn would strengthen resilience and the speed of response to a future pandemic. In addition, we have called for the establishment of a Chief Environmental Health Officer role in England, which would play a key role in providing coordination between the newly set up UKHSA and environmental health teams working within local authorities. Both Northern Ireland and Wales already have such appointments and the addition of such a role in England would add that professional expertise alongside that of others and thereby strengthen policy development for England. It would also allow for much better coordination across the UK. The important connections established by Public Health England (PHE), between health professionals across the UK, need to be retained and expanded. This would enable better and stronger links with the devolved UK nations and create a more succinct approach to public health, as these connections were shown to be frail when dealing with the pandemic.

Local public health partners need more support and funding from the Government in order to provide resilience and expertise to the UKHSA. UKHSA should raise the issue of resources with Government to ensure that services that are vital to public health have the resource they need. The current capacity of local government is restricted by a lack of resource. For the EH profession, there are currently large numbers of unfilled posts and use of agency staff combined with a lack of a training budget within LAs to enable enough future EHPs to become fully qualified and fill vacancies in the service.¹

2. How can the UKHSA support its partners to take the most effective action?

There needs to be better recognition, at a national level, of the contribution of EHPs at a local level. UKHSA should ensure there is EH representation at regional and national levels.

¹ Environmental health workforce survey report: local authorities in England, CIEH, April 2021

Regulatory teams are increasingly contributing to the health improvement agenda by Government. These contributions need to be better recognised and appreciated. UKHSA should encourage Government to increase financial support to local authorities in order to maintain resources within LAs for regulatory and public health work, especially following the pandemic.

The pandemic has highlighted the regional disparities in health outcomes across the UK. It is important that addressing these disparities is part of the UKHSA's remit.

This means creating better links between UKHSA and its partners in the devolved nations: Public Health Scotland, Public Health Wales and the Public Health Agency in Northern Ireland. This is vital.

3. How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?

We would like to see an open investigation into the operation of public health services during the pandemic to evaluate what was done well and what was not. The structure of public health needs to be more adaptable and resilient in the future and include environmental health teams as part of that.

Lessons need to be learnt about the importance of local lead responses. National approaches are often too generic and not fit for purpose in every area or authority. The one-size-fits-all approach should be amended in favour of working with local insights to ensure that projects and initiatives are successful on the ground.

We believe that Public Health England's data functions must not be lost during the restructure. PHE provides vital datasets, which help inform policy and allow for benchmarking for local authorities and regional teams. Datasets such as wider determinants of health, for example, are not replicated anywhere else. These datasets are therefore a vital source of information for local authorities, who have commissioning responsibility for some public health services. They are also of vital importance to environmental health teams. The datasets also help local authority leaders to connect the wider services provided by local authorities with achieving better public health outcomes overall.

An example of this is the work CIEH currently carries out with PHE to provide noise data for England.² This is the only source of such data, which provides a direct connection between noise exposure to human health. Without this data, an important link between the wider environment and health may be overlooked by decision-makers.

4. How can UKHSA excel at listening to, understanding and influencing citizens?

UKHSA needs to take a pragmatic and adaptable approach to public health protection. Putting in place structures based on this current pandemic, might not be appropriate for the next crisis. Planning and preparation should be at the forefront of the new organisation. This

² <https://www.cieh.org/policy/campaigns/noise-survey/>

pandemic should not have been a surprise to the Government, with many predictions of a worldwide pandemic being highlighted by human security academics. There is a high likelihood another pandemic will occur at some point, as well as other possible public health emergencies, and crisis management needs to become a permanent part of public health organisations. This means a structure that allows for open conversations between national, regional and local professionals; the pandemic proved that top-down implementation does not work. The Chief Medical Officer (CMO) has had an important role in managing the current pandemic but the CMO's role in relation to this new organisation needs more clarification.

Health improvement

5. Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

We are pleased to see that the role of the CMO will be “strengthened”, however, the independence of teams working in the Office for Health Promotion (OHP) should also be safeguarded. The CMO needs to be able to work independently without fear of political repercussions or pressure. The independence of the OHP therefore should be protected as it grows, with strong structures in place, ensuring the independence of scientific advice provided to the CMO and OHP.

6. Where and how do you think system-wide workforce development can be best delivered?

There is a lack of resource for local authorities across the country. This issue needs to be addressed so that locally based approaches to protecting public health can be properly managed and staffed. Networks between all public health professionals should be strengthened and maintained to develop a resilient system-wide workforce.

We believe this is a great opportunity for the new UKHSA to take on strategic workforce functions and give more support to the development of the public health profession. EHPs are a key part of this wider public health profession, working to protect food standards, ensure business compliance as well as being trained in infection control. EHPs are an important resource, which was invaluable during the pandemic, due to their versatility and range of skills.

In our recent workforce survey, we found that there are more professionals working to deliver environmental health services who are not fully qualified and/or trained in environmental health than there are fully qualified EH practitioners. We found that 56% of local authorities reporting that they had vacancies in their environmental health teams that were left unfilled for 6 months or more, which is approximately 375 FTE posts.³

³ Environmental health workforce survey report: local authorities in England, CIEH, April 2021

The survey also found that the majority of local authorities are not able to support the training of a new generation of EHPs, with 52% of LAs not supporting a single apprentice or trainee last year. This was mainly due to a lack of budget or lacking the capacity to mentor the training roles. We would like to see the introduction of a ring-fenced fund for environmental health apprentices and graduate trainees to ensure every LA can afford to support the salaries of those seeking to become fully qualified.

7. How can we best strengthen joined-up working across government on the wider determinants of health?

We welcome the commitment to a joined-up approach to working across government, mentioned in the policy paper, and the view that health is an interwoven web with a range of variants and variables.

That being said, there needs to be more collaborative learning and knowledge exchange between stakeholders, with an interest in public health at national, regional and local levels. Resource is an issue that has been highlighted across local government. Over the past decade, there has been a decrease in funding at a local level, which has affected all areas of activity, from health and safety to food safety inspections.⁴

An Office of Budget Responsibility for Population Health can strengthen joined-up working across Government on the wider determinants of health, as recommended by the UK Public Health Network: <https://ukpublichealthnetwork.org.uk/resources/return-to-investment-can-an-office-for-budget-responsibility-improve-fiscal-and-economic-planning-to-improve-the-publics-health-and-wellbeing-discussion-paper/>

Health Impact Assessments (HIAs) across Government should be encouraged. The Department of Health and Social Care has outlined simple tools for recording the results of a HIA and how to carry out good quality HIAs:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216008/dh_120106.pdf

8. How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?

We strongly welcome the focus on prevention rather than the UKHSA working in a reactive way. Preventative systems are fundamental to protecting public health. However, a lack of funding has been a key challenge for local authorities long before the pandemic and this problem has been exacerbated. We would like to see UKHSA lead the call for increased investment in public health, as well as making sure that there is a better alignment of existing money within the system.

The Integrated Care Systems (ICSs) will still be NHS bodies, which means that there is a question around how much LA views will count such as ensuring sufficient emphasis and funding on primary prevention and wider determinants action. These reforms should give

⁴ Unchecked report – The UK's enforcement gap 2020 (published in October 2020)

equal roles to local authorities as to other stakeholders as prevention must be an overarching term that creates cooperation and conversations between all those involved.

Reforming the regional tier

9. How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?

In respect of strengthening the local authority and Director of Public Health roles, UKHSA should introduce a suite of national performance indicators and outcome measurements.

The creation of a Chief Environmental Health Officer (CEHO) post would also assist UKHSA with local coordination. This post is already long-established in devolved nations, such as Wales and Northern Ireland, and is a recognised valuable resource there. CEHOs have unique skill sets and operate as the glue between government department functions as well as managing key networks across local authorities and EHPs working in business and industry, allowing for a greater understanding and early identification of new and emerging issues. With public health concerns dominating the agenda, this has become increasingly vital. This new role must be held by an experienced EHP and sit in the Chief Medical Officer's department with the ability to advise Government directly.

10. How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

We believe that creating a Chief Environmental Health Officer (CEHO) role for England will help to create effective links and collaboration between national, regional and local practitioners. Having a CEHO working with the CMO would allow for smoother collaboration, bringing together businesses, industries and local authorities to further public health aims. This will also allow for a greater understanding and early identification of new and emerging public health issues. EHPs bring an understanding of the links between different levels, providing holistic understanding and adaptable skills that can health create collaboration at all levels. A CEHO role would also allow for smoother sailing when it comes to dealing with Brexit and food standards, and the challenges that are still emerging from leaving the EU.

11. What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?

We would like to emphasise that a one-size-fits-all approach will not work. Regional arrangements must be co-designed with local partners and government. These arrangements must be adaptable and flexible to allow for the variation between regions and ensure that there is a strong connection with local systems.

Regional and local sector-led improvement (SLI) programmes need to be sufficiently resourced and funded. A strong SLI process would drive innovation by challenging and supporting local and regional teams.

We also support the UK Public Health Network response to this consultation, of which we are a member.