



Chartered
Institute of
Environmental
Health

Our contribution to the Government's Comprehensive Spending Review 2010

October 2010

The Chartered Institute of Environmental Health (CIEH)

Who we are

The CIEH is a registered charity and a professional and educational body. We are dedicated to promoting environmental health and encouraging the highest possible standards in the work and training of Environmental Health Practitioners (EHPs).

The CIEH has a history and heritage that gives us an authority, a wealth of knowledge and a keen commitment when it comes to environmental and public health issues. We have strength in depth thanks to the 10,000 or so members and the many partners we work with.

The CIEH has long argued that reducing health inequalities calls for prevention as well as cure. We believe our society benefits when there is an enhanced role for EHPs. We have produced numerous publications on the subjects of public health, the links between housing and health and the need for more sustainable development.

For more information go to our website: www.cieh.org

Our overall approach to the Comprehensive Spending Review (CSR) 2010

We recognise that the Government's top priority is tackling the deficit in the public finances and we understand that this means that public spending will therefore be constrained over the next three financial years. We know there is no point in putting forward suggestions for new public policies that involve significant additional expenditure.

However we do, like the Government, have policy priorities which we believe will benefit from increased attention and, where possible, a re-ordering of existing spending. We also see some opportunities for income generation and new ways of working which provide additional resources. We believe that it is particularly important not to cut things now which will impede economic recovery, reduce competitiveness or consumer confidence, or which will mean that the essential capacity for future development is harmed.

Our proposals

We have five key areas to put to the Government for consideration in the CSR:

1. How we modernise regulatory services to ensure that businesses are able to compete successfully and fairly while at the same time the public is properly protected;
2. How we ensure that the UK's good record on workplace safety is maintained and further improved;
3. How we improve public health and reduce health inequalities;
4. How we design a successful Public Health Service for England;
5. How we ensure the housing stock is safe and is effectively used.

Our proposals

1. Modern regulatory services

The CIEH has been closely involved in the many developments that have taken place in recent years regarding regulatory services in which EHPs, our members, are involved.

These services include air quality, climate change risks, food safety, housing conditions, noise, public health and workplace safety.

We have worked to make the introduction of the Local Better Regulation Office successful. We contributed to the design and introduction of the new primary authority status. We have helped develop the concept of earned autonomy and earned recognition for businesses which demonstrate high levels of compliance.

The CIEH believes that the Government's desire for world class regulation that protects the public without hampering the performance of responsible businesses can be realised. This can be done by accelerating the use of these new approaches, using existing and modified infrastructure, and designing an all-encompassing system within which they are to operate.

We will gladly work with Government to make this happen.

We believe that this approach retains the competencies and standards that are the hallmark of the existing systems of regulation while releasing the enterprise and innovation that the Government seeks. These new ways of working ought to reduce, not increase, the costs of regulation over the CSR's three year period.

We do not make a case for a general power for regulators to charge businesses for their services, but we do ask for the Government to give clarity regarding the power to charge in the following specific situations:

- (a) Under the new Food Hygiene Rating System being introduced by the Food Standards Agency (and there are some equivalent systems that have been introduced by local authorities) it should be permissible for the regulator to charge for a re-visit where the only purpose is to meet a business' request for a higher rating before a further formal inspection is due;
- (b) The Meat Hygiene Service already charges for its services and it should be permissible for full cost recovery under this charging scheme;
- (c) For some permits, licences and registrations that ensure particular businesses operate safely, there is a power to charge the actual costs incurred in the process. For others the charges are prescribed, and often do not meet the relevant costs, particularly if not updated regularly. We believe a clearer approach is needed to identify which regulatory activities are to be subsidised from the public purse, and which should be paid for by the businesses themselves.

We see the possible benefits of introducing more widespread use of civil penalties alongside the criminal prosecution route. We are willing to work with the Government to see how civil penalties can play a greater role in support of more effective regulation.

The CIEH is a large-scale provider of practical training that is complementary to effective regulation for example, in respect of food safety and workplace safety. We are able to deliver high volume training solutions to meet changes to regulatory systems and practice.

Our proposals

2. Workplace safety

The CIEH has an excellent record of working with Government and the Health and Safety Executive (HSE), with employers and employees' representatives and with other professional organisations like the Institute for Occupational Safety and Health (IOSH) for the improvement of safety standards in the workplace.

The UK's health and safety record is impressive. The number of fatalities last year was at an all time low – 151 – and corresponds to a rate of fatal injury of 0.5 per 100,000 workers. This represents a statistically significant decrease compared with the average rate for the previous five years therefore a downward trend over time. Eurostat have made a comparison of the fatal injury rates across EU countries. This reveals that the fatal injury rate for Great Britain is consistently one of the lowest in Europe. This is a performance to be proud of but needs to be maintained.

We have just completed a significant project with IOSH for the HSE, developing a register for accredited safety consultants. This fits with Lord Young's approach ensuring that we retain a high degree of health and safety compliance by employers and workers whilst taking further steps to ensure that regulation is proportionate to risk. The safety consultants on the new register will be bound by professional standards of behaviour and a specific requirement will be that their advice is both accurate and proportionate.

This approach has the potential of reducing costs for businesses (with an ability to find appropriate advice and implement proportionate recommendations) and reducing costs for Government.

The CIEH is a large-scale provider of practical training in relevant subjects such as workplace safety, fire safety and first aid. We have the ability to expand, diversify and adapt our training provision to meet the needs of changing law and practice in occupational health and safety.

3. Reducing health inequalities

Addressing issues of public health and well-being is at the heart of much of the work of the environmental health profession. This work is critically important – while overall life expectancy continues to rise, the inequalities in premature mortality and years of disability-free life in England are stark.

We see public health in the context of challenges to our environment and climate impacting on the wellbeing of all communities. Increasingly, EHPs are at the forefront of preparing our society's responses to global threats to public health like climate change and pandemics.

The Marmot Review report *Fair Society, Healthy Lives (February 2010)* is a blueprint for reducing health inequalities and should inform any future plans for public health services. Many of the causes of ill health such as smoking and nutrition are linked to the social gradient in terms of household income.

There should be proper recognition of the work of environmental health in addressing the key determinants of health including air quality, contaminated land, wellbeing (including mental health), food, health and safety,

Our proposals

housing standards, litter, noise and other environmental impacts. EHPs have an established track record of working in the NHS and other agencies. Our members support the health and wellbeing of individuals, families and communities. The CIEH believes that the environmental health function is central to local public health provision and that EHPs should always be involved in developing national public health policy as well as local delivery.

The CIEH is also a provider of practical training and we are constantly developing appropriate courses and qualifications to meet the changing needs of public health, including meeting the need for more sustainable development and addressing new health risks as a consequence of climate change.

4. A Public Health Service for England

The Government has announced its intention to set up a new Public Health Service.

The recent government consultation “Liberating the NHS” has outlined plans for a core national Public Health Service delivered through a local service based in local government and led by Directors of Public Health. EHPs employed by Districts and Unitary Councils have been at the heart of dealing with the physical and social determinants of health over many decades and are local government’s main professional workforce with the skills to deliver public health outcomes. Prevention is usually better than cure in the long run, and investment in such services show long term gains.

The Government says the new Public Health Service will be based on the three pillars of a national strategy, local leadership and individual responsibility. It aims to integrate and streamline existing health improvement work. The CIEH sees the proposals as an important opportunity to review strategies and action to address health inequalities.

To support the development and implementation of a national public health strategy, the CIEH proposes the formation of a Public Health Forum (a national “Health and Wellbeing Board”). This Forum could provide a central focus for environmental health together with other key public health stakeholders. In addition, England should have a Chief Environmental Health Officer, providing advice and support and working to the Forum.

The Government is promising ring fenced funding for health improvement work and a “health premium”. The CIEH will expect that the government ensures that the new Public Health Service at both the national and local levels is adequately funded from the start.

In some parts of England local authority services are two-tier and the CIEH recognise that this will pose a challenge for environmental health involvement if the public health service is led at County level. There needs to be clear mechanisms to support engagement of environmental health within the planned local structures in order to provide for effective local delivery.

The CIEH believes that the new Public Health Service must be underpinned by a workforce which has the necessary knowledge and skills, qualification requirements and competence-based career progression. The professional standards for EHPs including education, qualification, training and discipline provide the assurances needed for public health practice.

The CIEH has played a full role in the development of the National Occupational Standards for Public Health and the UK Public Health Register specification of competencies for Specialists, Practitioners and Advanced Practitioners. As a large-scale provider of practical training the CIEH is well placed to help develop the workforce skills that will be required to ensure that the new Public Health Service in England is fully staffed with an appropriately skilled workforce in time for its introduction.

Our proposals

5. A safe housing stock

Housing should not be viewed simply in terms of price and supply; there is a crucial need to consider the adverse health effects of poor housing and the positive benefits and savings that accrue from safe and healthy housing.

EHPs working for local government and other agencies are closely involved in working to ensure that the existing housing stock provides a safe and healthy environment for occupants. According to the last English House Condition Survey, about 4.8 million homes are classified as non decent due to the presence of Category 1 hazards (as assessed under the Housing Health and Safety Rating System (HHSRS))¹. There is therefore much to be done to ensure that the existing housing stock is effectively used. This is particularly important due to the current low levels of new house building, and the growth in the number of households.

Local authorities have a duty to deal with these hazards, which are based on the impacts to their occupants health. Two of the most common category 1 hazards relate to slips, trips and falls, and excess cold. In relation to falls, more die and are injured in the home due to accidents every year than on the roads or in workplaces. The elderly are particularly at risk from hypothermia due to excess cold. Both of these hazards lead to substantial costs for the NHS and social care services, and failure to deal with them leads to avoidable hospital visits and admissions, as well as delayed discharges. Many serious hazards can be removed at minimal cost resulting in ongoing annual savings to the nation's health budgets.

The CIEH has been working with the Building Research Establishment to demonstrate, by the use of a cost calculator, the significant cost savings to the NHS that can accrue from targeted housing interventions to remove serious hazards². Such savings, which can be quantified using the latest data analysis techniques, far outweigh the costs of providing the current housing services and can make major cost savings for the NHS.

Dealing with poorly insulated homes, apart from improving the health and safety of the occupants, can also make a substantial contribution to reducing UK CO₂ emissions. The domestic sector accounts for a significant percentage of the total emissions, so is integral to Government plans in this respect. Many insulation improvements can be carried out at low cost.

Current initiatives therefore serve to protect lives, improve health and comfort, help meet environmental goals and reduce other burdens on public expenditure. The CIEH believes that cuts in the relevant programmes are not cost effective, and are unsustainable.

Some of the worst housing conditions are to be found in houses in multiple occupation (HMOs), including disrepair, inadequate means of escape from fire, lack of basic amenities, unsatisfactory management and low standards of energy efficiency. They often provide lower cost housing for those who are vulnerable and may have limited or no alternative housing options. It is important that they are safe to use and fire safety is a key element of this.

The HHSRS enables local authorities to take action requiring owners of private sector HMOs to carry out necessary work to remove or minimise health and safety hazards.

We provide a range of training packages around both the HHSRS, HMOs and other housing standards.

The CIEH believes that continuing and effective action is needed to save lives, improve health and safety, and reduce burdens on limited social housing. The CIEH wishes to work with the Government in making sure that good professional standards are properly applied, to enable the best possible use of the nation's housing stock.

¹ The Housing Health and Safety Rating System is the prescribed method for assessing housing conditions under Part 1 of the Housing Act 2004

² See www.cieh.org/policy/good_housing_good_health.html

Conclusion

In conclusion

There is much work to be done. The CIEH has a proven track record of working with other organisations to achieve common aims and objectives for the public good.

The CIEH wishes to work with the Government to ensure that valuable opportunities for changes in services are properly evaluated and that new systems are designed to endure successfully over time. The CIEH recognises that different ways of doing things can enable savings to be made without lowering standards.

Talk of huge public spending cuts has alarmed many people, including people we all rely on for public protection and public safety. It is essential that changes are signalled appropriately, that people are drawn in to participate in designing the details of new systems and that there is proper investment in workplace planning and training, especially where new services are to be set up.

As set out above, many of the actions of EHPs at local level help to reduce burdens on other parts of the public purse, although this may not always be appreciated.



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