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# The future of Environmental Health (and District Councils?)

Tim Everett - CIEH

# Introduction

## Time of extraordinary change

- Banking crash
- Global recession
- Public and private debt
- Spending cuts
- New government with new ideas



# Introduction



- Essential to review all aspects of EH
- Define how EH can contribute to the new landscape
- Make the most of the talent of our members

# What is the CIEH!



- A well established professional body with a history of over 115 years, with
  - 10,500 members across all sectors
  - 6000 registered trainers
  - An accredited University network
- A charity with a royal charter
- An independent public health lobby and campaigning organisation
- An awarding body issuing 500,000 certificates each year

# Our Charitable Objects



The object for which the Chartered Institute is established is to promote for the public benefit the theory and science of environmental health in all its aspects and the dissemination of knowledge about environmental health.

# What is Environmental Health for?

- To protect human health
  - By acting on the physical and social determinants of health
  - By regulating, setting standards, advising, promoting, helping, mediating etc.



# What are District Councils for?

- The great debate – pre '74 and on!
- Is it providing and delivering services (which and how?)
- Is it being the local community leaders and representatives?
- The sense of place
- The health and well being of their public



# The problems of being a District Council

- Overheads of being a council
- Fixed cost/variable cost gearing of districts and boroughs
- Limited scope to reduce unit costs
- Little desire to stop doing things or reduce services
- The public don't care about how you are organised behind the scenes but want more for less!
- CSR10 – 25% off now, then halved again?



# Shared Services

- Shared services are being considered widely, beyond Adur & Worthing
- Several emerging models
  - County/sub-county regulatory services, shared managers, shared front office, shared back office
- Sharing managers allows savings in the fixed cost area

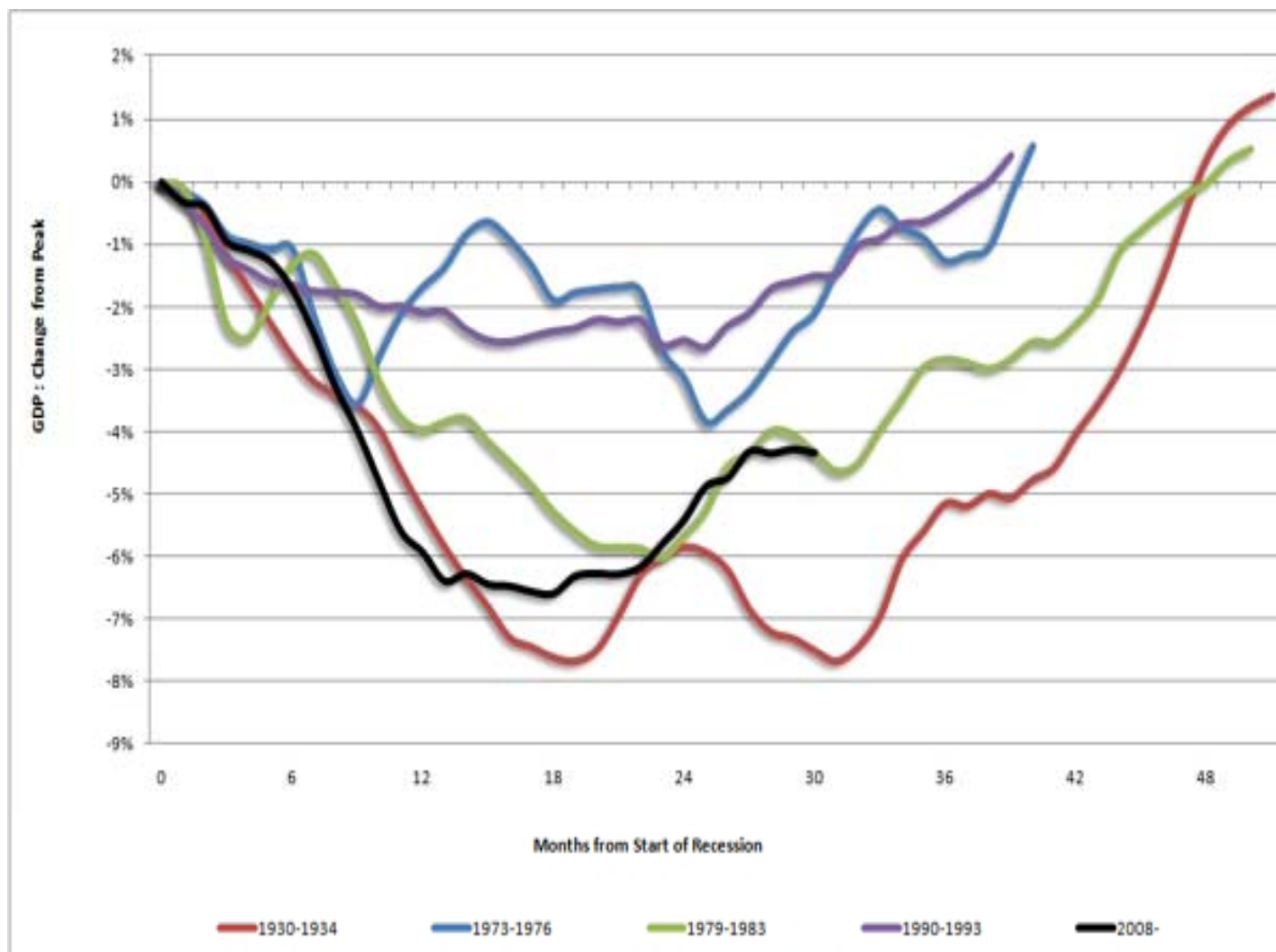
***But the big savings are from delivering shared services to a common standard across a larger area***

# Four great challenges

1. The public and private finances
2. Government's new approach to regulation
3. Government's new approach to health and safety
4. Government's new approach to public health



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# Regulation - issues to confront



- The limitation of inspections
- Earned recognition
- Primary authority
- Competence of regulators
- Relationship management
- AGMA

# Better Regulation

- National Better Regulation agenda  
“better outcomes to consumers, workers and citizens by the most effective and efficient means” Hampton (2005)
- Risk-based enforcement (no inspection without a reason)
- Key question now – how to redesign enforcement with less resources?



# How to reduce the cost....

- Three main strategies
  - Reduce the number of inspections
  - Reduce the cost of inspections
  - Shared services, economies of scale particularly for the use of specialist expertise

# Coalition statement



“We will end the culture of ‘tick-box’ regulation, and instead target inspections on high-risk organisations through co-regulation and improving professional standards”..

# Statement has four specific components

- Tick box
- Targeting
- Co-regulation
- Professional standards

# Health and safety



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- Excellent record of working with employers and employers' representatives
- The UK's health and safety record is impressive
- Lord Young's review
- Register for accredited safety consultants



# Public health



- Challenges to our environment
- Global threats like climate change and pandemics
- Marmot Review
- Recognition for work of environmental health
- Environmental health function is central to local public health provision
- The CIEH is a large scale provider of relevant training

# Public health service for England



- Government's new public health service
- Delivered through a service based in local government
- Based on national strategy, local leadership and individual responsibility
- Opportunity to review strategies and address health inequalities

# The new public health service – some questions

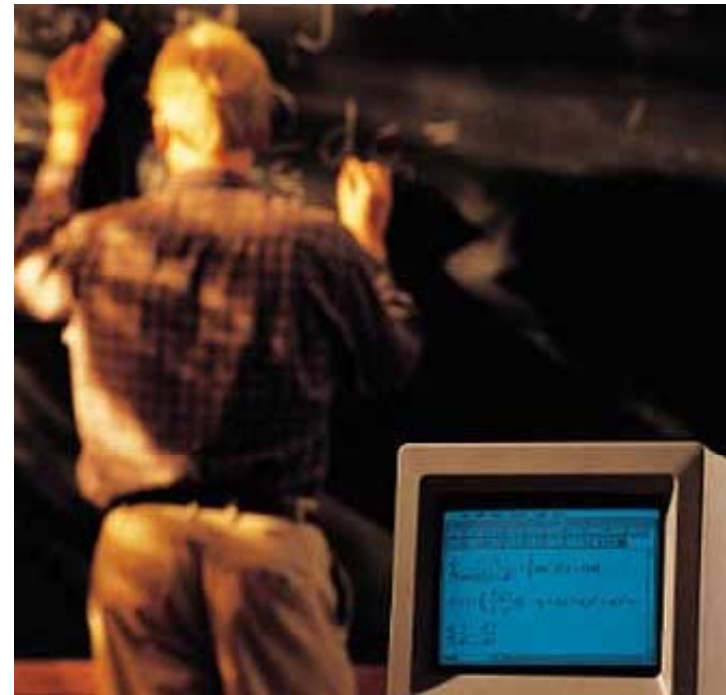
- The DPH – to upper tier Councils?
- The HPA – do the HPUs and the regional labs go to the DH?
- How does EH fit in for 2 tier areas?
- What's the extent of the GP role?
- How will this all be co-ordinated?
- How will we manage the transition safely?

# Workforce planning



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- Staff with necessary knowledge and skills
- Qualification requirements and competence
- Workforce demographics
- Professional standards for EHPs
  - National Occupational Standards for Public Health
  - UK Public Health Register



# Inequalities in health – the Marmot Review

- The Social Gradient (LE & DFLE at birth)
  - Inequalities affect more than the worst off
  - Only about 35% can expect DFLE over 65
  - Only about 5% can expect DFLE over 68
  - Average 9 years less LE across UK (100/1)
  - Average 16 years less DFLE

# So you understand risk?

## The threats

- Smoking 10 cigs a day
- Influenza
- Involved in a car accident
- Asteroid hitting earth
- Plane crash
- Playing football
- Homicide
- Hit by lightning
- *Winning the lottery*

## The yearly odds of dying

- 1 in 200
- 1 in 5,000
- 1 in 8,000
- 1 in 20,000
- 1 in 20,000
- 1 in 25,000
- 1 in 100,000
- 1 in 10,000,000
- *1 in 14,000,000*



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# The vision

- To harness the skills of the private and public sector to:
  - Deal with the health threats of climate change
  - Improve health and deal with inequalities
  - Ensure fair and effective regulation
  - Provide safe and decent homes for all

# A big yellow taxi moment?



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