

Report on the SW Public Health White Paper environmental health consultation workshop

February 2011

"Environmental health practitioners have been the guardians of public health, safety and standards in local authorities for many decades" Anne Milton MP, Public Health Minister.

Introduction

The workshop took place on 25 February 2011 in Sedgemoor, Somerset. Sponsored by the CIEH and supported by the CIEH SW Region, the workshop contributed to the nationwide programme that was organised by CIEH following the publication of the Government's Public Health White Paper "Healthy Lives, Healthy People".

The workshop aimed to provide environmental health colleagues an opportunity to discuss and consider their views on the Government's public health proposals as part of the consultation process taking place until the end of March 2011. The workshop was attended by over 50 environmental health professionals representing local government, Central government agencies, private industry, NHS, academia and consultancy sectors.

The CIEH welcomes the White Paper and will continue a comprehensive approach that contributes to the consultation and shaping process of the public health service for England as well as developing a supportive programme for environmental health involvement.

This report provides a summary of the key areas discussed as part of the workshop as both a record of the issues raised but as inspiration to further action and engagement of environmental health professionals in the promotion and delivery of an effective public health service.

Copies of the presentations can be found on the CIEH SW webpage:
<http://www.cieh.org/southwest>

Healthy Lives and Healthy People

Sharon Smith, Strategic Projects Director, CIEH

The Department of Health slide set outlined the key proposals within the White Paper. The Government's stated aim is to improve and protect the nation's health and to improve the health of the poorest, fastest. The proposals are part of the Government's response to the Marmot review "Fair Society, Healthy Lives" February 2010. The consultation paper is supported by a number of other consultation and information documents. Driving the proposals is the belief that improvements in public health and reductions in health

inequalities will be more effectively secured through an empowered community and public health workforce supported by a ring fenced budget. Action will be focussed on evidence and will be measured through the public health outcomes framework which incorporates 5 domains: health protection and resilience; tackling the determinants of health; health improvement; prevention of ill health; healthy life expectancy and preventable mortality. The outcomes framework is not designed as a performance management tool but to encourage joint working, transparency, accountability and to incentivise local health improvement (through a health premium). Directors of Public Health will be employed by local government and jointly appointed by the local authority and Public Health England a national public health service set up within the Department of Health. Directors of Public Health will be the principal adviser on all health matters to the local authority. The creation of statutory health and well being boards will set the local public health strategy and commissioning framework. GP practices will form consortia and working with patients and other partners develop a patient-centred and integrated delivery of health care.

Towards a bright new future- an environmental health perspective

Mike Studden Hon Secretary, CIEH SW Region

Mike emphasised the drivers for change and that the new approach has been built on past health policies including the Wanless report. In outlining the proposals of the public health service in England, Mike identified the components of the proposals that impact directly on environmental health engagement:

- Public health leadership is at top tier local government (Unitary/County)
- Local authorities will lead health improvement and unlock the wider role of local authorities in tackling the determinants of ill health and health inequalities.
- Local authorities will lead the statutory joint needs assessment which will inform the commissioning of health care services
- Environmental health service delivery models and how they contribute to the changing shape of public health at local level.
- Positioning of the environmental health service within the local authority
- Environmental health engagement with the new structures such as the Health and wellbeing boards and the GP commissioning care.
- Jointly appointed Directors of Public health and their relationship with environmental health
- Access to the ring fenced budget
- Evidenced based intervention and how environmental health uses the data
- Population level intervention v individual service

The “new” mission for environmental health: reducing the burden of disease; preventing ill health; reducing health inequalities. Mike outlined some contributions that environmental health can bring to the new public health service including the 170 years of experiences and professional expertise as well as the local engagement and community accessibility. With the additions of the ring fenced budget and statutory status of public health the proposals offer new opportunities to re frame and focus environmental health action. The gaps in the model lie in the strategic role of environmental health and the interface with the community. Environmental health as a profession needs to enhance and profile the skills and competencies to demonstrate capability and capacity within the new public health service.

Excellence – view from a public health practitioner

Caryn Cox, Consultant in Public Health, NHS

Caryn explained that the challenge of the new proposals and fast pace of change is being felt by all public health workers in the NHS. The NHS is also facing challenging savings target

as well as the expectation of meeting the growing demands on services of an aging population.

The challenges and the issues are complex in closing the health inequalities and life expectancy gaps, preventing ill health and reducing mortality rates while improving quality, effectiveness and efficiency of services.

While the sentiment and goals of the Government's proposals are not new (see past health policies) the White Paper is keen to ensure the new public health services deliver QUIPP:

- Quality -patient satisfaction
- Innovation- best practice
- Productivity- doing more for the same money or less
- Prevention- awareness

The tool to achieve this is evidence through the Joint Strategic Needs Assessment (JSNA), partnerships, joint funding streams and involvement of the voluntary and community sector. The impact of the differing cultures of public health partners will add to the richness of the development process and the opportunity this proposal opens to environmental health.

Group discussion and feedback

The workshop identified six areas for small group discussion. The following summarises the key areas of discussion. Appendix 1 tables the feedback from the groups.

Evidence – identify what data is available within own organisation and partners, decide what information is needed, use to set priorities but be aware of wider definition of wellbeing and conflicts between long term effects and short term impacts.

Professional training and competence- needs assessment and practitioner profile to identify gaps in skills set and develop programme of competence based training to meet skill gaps/ confidence. There is a need to recognise other disciplines and routes to qualifications within UK and within EU.

Role of District Councils and other structures- need for environmental health role at district council level to be recognised fully or be re sited within top tier local government. All structures need an understanding of what environmental health contributes now in all sectors and how it may contribute in the future.

Community based action/projects- identify key stakeholder groups such as GP consortia, other public health service providers, business, voluntary sector and enable, provide information and models for activity an action. Continue developing links with local strategic partnership and keep local services operational with innovative ways of funding.

Priorities- founded on evidence, supporting a strategic overview and providing a local focus. Priorities create opportunities for leadership and outcomes measured although some may need longitudinal research. How will the long term outcomes impact on resource allocation? Is environmental health the same as public health?

Localism v nationalism - at central government level there is the need to recognise trends in disease and inequalities (Big society). At the local level develop local solutions/deliver together with smaller stakeholders (local society). Interventions and measures of impacts inform central and local priorities and actions.

Resources – ring fenced budgets- health and wellbeing boards are gate keepers and the funding needs to be focussed on whole communities to achieve best public health outcomes.

Representation of districts and varying needs at district council level may impact on cohesive approaches. Central government "dictats" also impact on how local resources can be utilised as well as the effect of the cutbacks on reduction of existing resource prior to 2013. The JSNA and the medical influences from GP consortia may influence budget allocations.

Action

The following actions were identified by the workshop and added to from contributions made on the evaluation forms:

At individual level:

- Respond to consultation and encourage others to also respond
- Advocacy and leadership- cascade information and encourage discussion in workplace/business - take the lead
- Take part in MyCIEH forums
- Contribute to and use CIEH website – make your views heard
- Take part in and encourage debates at branch and CIEH SW region
- Participate-get invited to key discussions and meetings
- Challenge the boundaries of existing/ traditional environmental health and links between issues and public health
- Keep informed about the proposals, developments and others views
- Explore business opportunities
- Explore further personal development and training opportunities around public health
- Include public health within work with clients
- Share examples of good practice

At local level:

- Respond to consultation at a team, service, organisational, branch, region or business
- Engagement in JSNA and local service competency building among environmental health staff
- EHPs on Health and Well being boards and contribute to JSNA
- Seek alternatives to influence JSNA and local strategic priorities of Health and Wellbeing Boards.
- Review existing commitments on JSNA and issues for adult and child care and consider how environmental health can link to these
- Recognise the power of locals to influence national issues
- Utilise the expertise and experience of public health to enhance evidence skills
- Set up a SW public health focus group for EHPs
- Map and link into existing local organisations and GP consortia
- Leadership and advocacy within organisation and with other local partners
- Identify lead contacts and consider alternative contact opportunities such as GP training/ CPD in local medical schools
- Research and collate existing data/evidence within the organisation particularly use of GIS systems
- Consider other environmental issues to link to public health such as climate change
- Support heads of service group such as SWERF
- Ensure projects and activities have outcomes and that evaluation is recognised as a key part of the project
- Influence portfolio holders and other stakeholders who may be represented on the health and wellbeing boards

CIEH and national:

- Professional competency and skills gap analysis to provide CPD training programme to meet professional needs
- To explore alternative tools to JSNA and mechanisms for influence should environmental health not be able to obtain representation on Health and Wellbeing Boards
- Promote environmental health access to public health competency
- Evidence priorities in longitudinal terms
- Guidance /template for response to encourage as many individuals and groups to respond
- Guidance for managers/ heads of service/ Councillors on how environmental health may contribute to the new proposals at strategic and delivery level
- Competence framework for academic institutions
- Contribute to and support heads of service/environmental health managers groups such as SWERF
- Ensure private sector and independent consultant views are considered
- Develop into action workshops- sub national public health working group
- Road show for members
- Evidence base development promotion
- Increase media coverage

The CIEH would like to thank everyone who took part in contributing to the successful outcomes of workshop. Further information on the CIEH public health policy development can be obtained from the CIEH website link: http://www.cieh.org/policy/public_health.html

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Appendix 1 –Small group discussion feedback

Area of discussion	Feedback
Evidence	<ul style="list-style-type: none"> • Supports alternative work to central requirements • Supports alternative “process” • But visits acts as advocacy to business • Could support generalist • Some issues (litter etc) affect wellbeing • Long term v short term • Use of SW observatory • What data do “ new” colleagues have? • A and E statistics? • GP statistics? • How does this happen? • WHO Statistics? • Risk assessment supported • Supports embracement

	<ul style="list-style-type: none"> • Allows entry to JSNA • Setting the priorities such as AQMAS • Trawling for relevant data • "Requesting" data
Professional training and competence	<ul style="list-style-type: none"> • Practitioner profile – new / existing • Engagement over professional competencies • Funding • Recognition <ul style="list-style-type: none"> - Other disciplines - EU - To other qualifications
Role of District Councils and other structures	<ul style="list-style-type: none"> • Key issue EH must be on health and wellbeing boards • Current concerns re cuts in Eh services down to only statutory services – where does Public health fit in? • Concerns that EH will not be represented alongside social services etc as health and wellbeing board needs to be a legal responsibility for EH to sit in board • Political issues such as County Councillor separate from District councillors • Possibility for EH to go to County level • Concerns about ring fenced budget remaining with County level and not going down to DC level • Some Dcs are remote geographically from County level • Concerns that each DC may not be represented at the Health and wellbeing board • Costs of obtaining evidence to justify our role in Public health (ring fenced budget?) • Need more regulatory back up from government for certain functions that EH can get involved with • Influence on Council members • Promote what EH do already (eg emergency planning, bathing water regulations, HHSRS. Infectious disease, ASB AQ, planning applications, consultations etc etc) • Paper currently says that Dc may sit on health and wellbeing board should be shall • Concerns about possibility of Dcs EH

	<p>still not being able to sit on a Health and wellbeing boards due to political and local set ups</p> <ul style="list-style-type: none"> • Will the PH director be led by central govt or locally.
Community based action/projects	<ul style="list-style-type: none"> • GP Consortia <ul style="list-style-type: none"> - Co terminus with local Government districts - Influence with non medical model - Change contract to reflect GP being paid for PH not medical care of pre existing conditions - Offer projects which will provide evidence to GPs such as air quality, house conditions, food standards, food labelling, two way evidence, out sourced projects • Links <ul style="list-style-type: none"> -work with health visitors, dieticians, community lenders (as per localism bill) army, child care organisations, providing evidence, support enabling - school nurses not LA provided in academies • Service to business – checks on food service in care homes • Voluntary sectors- youth sectors, guides, scouts, parent and toddler groups, enable, provide info and models for activity/action. • Work with other groups< 40 not yet ill and change to life style (workplace) – health in health and safety • Local strategic partnership- continue links in some form and build on what has been established • Keep services joined up- don't close local sports centres- find new ways of funding- back to GP consortia
Priorities	<ul style="list-style-type: none"> • Evidence based • Localism conflict? • Advocacy and influence • Strategic role and voice • Local focus advantage/ education • Longitudinal studies-long term outcomes • Quality of life issues – mental health • Leadership • Health and well being board • EH or PH? Conflict of duties? • Skill set • Outcomes – proportionality in

	resource allocation- outcomes as profits?
Localism v nationalism	<ul style="list-style-type: none"> • Recognise disease trends and inequalities (at national level- set priorities)- <i>big society</i> link to business • Can you/ are you measuring locally and informing priorities? • Local solutions/delivery together with smaller stakeholders- <i>local society</i> • Leading to interventions • Leading to evidence impact measures
Resources – ring fenced budgets	<ul style="list-style-type: none"> • Influence at health boards – gatekeepers • 8 districts in Devon – effective representation – need for countywide EH services to be cohesive- health and wellbeing board sub group? • Funding will be focussed on whole community priorities to achieve best public health outcomes • EH must engage in JSNA and be prepared to make evidence based case • Will transfer of PCT staff mean local PH will tend to continue as now • LA resources must be released from top down dictats such as FSA HSE DEFRA • LA cutbacks priori to 2013 political priorities- budget/elections • Concern about strong medical influence by GP consortia • EH representation. Employment at County level to deliver wider community public health • Role for SWERF to promote EH contribution and consistency