



Chartered
Institute of
Environmental
Health

The Lyons Inquiry into Local Government – Public Debate and Consultation Paper

Submission of the Chartered
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INTRODUCTION

Founded in 1883, the Chartered Institute of Environmental Health is a professional and education body, dedicated to the promotion of environmental health and to encouraging the highest possible standards in the training and the work of environmental health practitioners. Environmental health is one of founding professions of local government.

The Chartered Institute has approximately 10,000 members; about 70% of these work for local authorities in England, Wales and Northern Ireland. As well as providing services and information to its members, the Chartered Institute provides information to government departments and evidence to them on proposed legislation and policies relevant to the delivery of environmental health and sustainable development.

The mission of the Chartered Institute is to maintain, enhance and promote improvements in public and environmental health. In support of this mission, our strategic aims include the enhancement of health through improved physical and social environment, and lifestyles within a framework of sustainable development. In relation to the debate on the future role, function and funding of local government, our concern is therefore to press for the conditions that best enable local authorities to contribute to the maintenance and enhancement of public and environmental health as a principle. In general terms we believe that this can only be achieved where greater autonomy and flexibility is afforded to local authorities.

COMMENTS OF THE CIEH ON THE QUESTIONS POSED BY THE LYONS' INQUIRY

The strategic role of local government

Question 1

What is the strategic role of local government? Is my description sufficient, or are there more elements you would add?

- Which elements of this role should extend to services other than those for which local government is directly responsible, and how?
- How does the strategic role vary between different types of councils?

Our comments

Those members of the Chartered Institute working in local government are for the most part in the "front line" of service provision. Services provided by environmental health officers are amongst the most well known of all local government services. Increasingly, environmental health officers are integral to local health partnerships. We therefore have a strong interest in the credibility of local government and its long-term sustainability.

As a result we have concerns about the current administrative structures of English local government and their ability to deliver cohesive and co-ordinated services under an ever-increasing policy burden. Systems of local government require as urgent a review as future funding arrangements and we therefore strongly support the Government's decision to broaden the remit of your Inquiry.

We believe that your interim report has identified all of the key *current* elements of the strategic role of local government, but the report overlooks the role local government can play in improving public health. The best organisational model for the delivery of good environmental health services is a local one, but one where the conditions are optimised for all the key players to work together in partnership.

It has always been our view that environmental health should be a community-based service responding to the needs of a particular locale. Local government structures should be able to link up organisations that have previously worked in isolation and can be a major ingredient in the delivery of an integrated and multidisciplinary programme for a preventative approach to environmental health.

Local government should take on the role of submitting all major public policy initiatives to a health impact analysis and in the public health context should have a **strategic** role to secure the maximum involvement of local communities and to consult with their local communities, with the local health authorities and with other relevant bodies from the public, private and voluntary sectors.

In fact, in 1997 a major inquiry instigated by the Chartered Institute, "Agendas for Change", recommended that local authorities should take over the responsibility for public health medicine and health promotion from NHS and should also take over the responsibility of providing an annual public report on the health of the local population.

Question 2

What tools do councils need to perform the strategic role more effectively?

- What are the existing barriers to councils performing this role effectively?
- In what circumstances does it work well and less well?
- Are further improvements in performance, efficiency and accountability needed before local government can most effectively play this strategic role and be trusted to do so?
- What are the key signs of success and failure?

Our comments

We are concerned that the "tick – box" mentality has become all pervasive in current Government approaches to performance management. We believe that local authorities have by and large proved themselves to be capable of year on year performance improvement, but that now they need more flexibility to develop their services and to work with the community so as to continue to improve performance and to fulfil their role of enhancing the social, economic and health well-being of the communities they serve. It should be to the local community that the local authority is primarily accountable. We do not believe that at present the current regime allows sufficient interface with local people on service improvements and local partnership.

There is a plethora of targets set externally and many of these do not sufficiently reflect local conditions. The work of the Hampton Inquiry has demonstrated furthermore that there is insufficient liaison between national regulators in setting targets and priorities. We hope that the new Local Better Regulation Office to be set up under the auspices of the Department for Trade and Industry will set sensible and achievable standards across the regulatory services and in so doing release many of the restrictions on local authorities in these areas.

Councils also of course need greater financial freedom. As was acknowledged by the Balance of Funding Review, there needs to be concerted efforts to move towards greater local tax raising powers and less dependence on central government grants.

We believe that the experience of the devolved assemblies and in unitary councils suggests that "joined-up working" is more effective in single-tier local government. While we are not wedded to one particular structural arrangement above others and in fact are of the view that for the continued enhancement of environmental and public health there should be environmental health professionals at all tiers of government, the benefits of single tier working, where the opportunities for joint working are greatest, seem most propitious.

Question 3

How important is the fact that local government is elected in relation to its ability and legitimacy to perform this role?

Our comments

The role of local government is absolutely critical to a healthy democracy. The drop in electoral turn out in local elections to around 35% is unsustainable in this context. We believe that a key factor in the moribund state of local democracy is that central government has in effect exerted a stranglehold over local government's autonomy.

There is now a long tradition of centralisation of power in Britain. The post-war construction of the now familiar elements of the welfare state represented a major move towards centralisation as the public services that absorbed the bulk of state spending were nationalised. Since this time there has been a gradual emasculation of local government's powers and autonomy, perhaps culminating in the removal of power to set the local business rate in 1990, so that now local government in Britain raises just 25% of what it spends and accounts for only 5% approximately of total government revenue – an unusually low level in developed democracies.

We believe that government and local government must do more to promote the importance of local government and thus support accountability. There are many examples from the European Community where local government is held in much higher regard and where there is much greater awareness of its role. We believe for instance that the Government could make a significant step towards enhancing the status of local government in this country by reviewing the progress it has made towards achieving the objectives of the European Charter of Local Self-Government. The Charter is an implicit element in the whole debate on the future of local government; it stresses the right of local authorities to regulate and manage a substantial share of public affairs in the interests of local people. A true central-local partnership must rely on acknowledgement of respective spheres of influence and requires limits on the extent of central government influence. The Charter also enshrines the concept of subsidiarity: public responsibilities being preferably exercised by those authorities that are closest to the citizen, with administrative supervision being proportionate and avoiding over-centralisation

This seems to us to be the essence of the debate identified by the Inquiry's Interim Report. Your review has placed emphasis on community needs and choice and has suggested that giving more power and choice over local services could lead to more responsive services which are better matched to the preferences of local people.

England has a patchwork of local government structure and responsibilities which makes it difficult to understand – three elected tiers in "Shire" areas where there is a strong case for more simplicity and one tier in metropolitan/city areas where service delivery and the strategic role of local government is arguably more complex. As we pointed out in our response to the Balance of Funding Review, we do not believe it is possible, nor desirable, to reform the future funding regime without a concomitant reform of structure and functions.

Devolution and decentralisation

Question 4

Which services (or parts of services) should meet national standards in all areas of the country? Which should meet minimum standards? Which should be entirely down to local choice?

- Are there aspects (such as standards setting, funding or choice of delivery mechanisms) of individual services which should be nationally controlled or locally controlled?
- Are there services where greater variation in standards would be acceptable if there was clearer accountability and consultation with local people?

Our comments

All citizens should enjoy satisfactory standards of environmental and public health and when those standards are guaranteed by legal duty then all citizens should be assured that appropriate enforcement resources are available to ensure that duty holders fulfil their obligations.

It is of concern to the CIEH that, due to resource starvation and conflicting central government priorities all citizens are not subject to the same level of environmental health protection. A number of factors that affect this are relevant to the Lyons Inquiry:

- a) there is no national minimum service standard for environmental health service delivery
- b) there is no 'lead' Government department to oversee the provision of environmental health in its entirety
- c) Government departments set too many, often conflicting priorities, with varying ways of requiring local authorities to deliver on them

The CIEH therefore believes that greater coordination at national level to determine actual national priorities is required. Local authorities must provide a service that meets the minimum determined to allow the fulfilment of these priorities. Local authorities must then determine their own local priorities and the appropriate level of service to deal with them.

For example, in whatever part of the country someone chooses to work, the standards of health and safety in the workplace should be subject to comparable levels of regulatory scrutiny. This should therefore be an area of appropriate national standards in terms of minimum service. However, town centres and inner city areas are likely to experience more incidents of late night noise nuisance than a rural area. Therefore the levels of service provided, whilst having comparable characteristics at the point of delivery, should be shaped more by local circumstances than national minimum service provision.

Question 5

How has the Government's approach to devolution and decentralisation affected your area and your local services?

- Which aspects of the current system are helpful and unhelpful, and why? Have changes based on central government priorities differed from those that might have been driven by local pressure and opinion?

Our comments

In 2004, the CIEH conducted an inquiry into the future of the environmental health service in local government, with a view to examining the current trends in local government, how these might affect the service and how the CIEH might better promote the role of environmental health professionals in the strategic role of local government in health improvement. One of the key issues covered by the Commission of Inquiry was the impact of devolution in Wales and Northern Ireland.

It was clear from the evidence submitted to the Inquiry that in Wales one of the effects of devolved administration has been an enhanced opportunity for environmental health in terms of its influence and contribution to public health strategies. The establishment of the National Public Health Service for Wales, the Public Health Laboratory Service and the Wales Centre for Health have been instrumental in this, giving a better totality of public health provision in Wales. These are an important link to the public protection interests of local authorities.

Although changes in local authority governance in Wales seem to have had an adverse impact on the service's political profile (mirroring the experience of local authorities in England),

devolution in Wales appears to have led to many benefits and provided opportunities to participate in and influence policy development at a national level. This appears to be partly a function of the structural arrangements that have been put in place (with coterminous boundaries for local authorities and public health boards being a particularly critical factor), but most crucially a willingness at local and national levels to work in partnership.

Similarly in Northern Ireland, much progress has been made. Instrumental in this has been the influence of the Chief Environmental Health Officer in the Department of Health, Social Services & Public Safety and that in turn has influenced the Ministerial Group on Public Health. The Review of the Public Health function, containing specific recommendations for strengthening the public health role of Environmental Health Practitioners was also particularly welcome. These recommendations and indeed that tacit acknowledgement of a clear role for environmental health practitioners within the future public health function in Northern Ireland has been achieved by environmental health advice and input to the process on a number of fronts. There are great opportunities for this progress to be built upon following the recommendations of the Review of Public Administration.

In terms of the regional dimension, the CIEH believes that sustainable development strategies ought to be prepared by regional associations of local authorities in consultation with the Government Offices for the Regions, NHS regional offices and other regional structures (these to be integrated with regional planning guidance).

Although the prospect of elected regional assemblies in England has greatly diminished, the reality for environmental health departments in local authorities is that they have to deal increasingly with issues, and liaise with Government departments, at the regional level. Local authorities themselves are also accustomed to partnership working in regional groupings, and it can be seen how certain functions of environmental health could be delivered at the regional level. There is some evidence of voluntary collaboration between local authorities in the delivery of environmental health functions.

The CIEH inquiry referred to above also examined the question whether some or all environmental health-related services could be most effectively delivered at the regional level. The proponents of regional government might argue that *all* environmental health services could operate at the regional level, though there are undoubtedly arguments against. Amongst these is the potential impact on the relationships individual environmental health practitioners build up with clients and the public. However, it is worth asking if the *critical mass* exists at the local level to deliver some of the lower priority elements of the environmental health service? There has though been criticism from within the service that environmental health has become something of a repository for functions that either do not fit conveniently elsewhere, or are not priorities in terms of resource allocation.

The CIEH has advocated the need for the environmental health service to develop an effective service delivery culture in public health at the regional level and the development of new partnership arrangements at the regional level to reduce the burden of disease by providing an optimum public health service.

Managing pressures on local services

Question 6

How can pressures on local services be managed more effectively?

- What are the main types of pressures faced by local services and how are they currently managed?
- Which are the most difficult to manage and why?
- Would greater devolution of responsibility enable pressures to be managed more effectively?
- Does confusion about responsibility and duplication of effort contribute to pressures?

- Would greater public understanding of the actual costs of public services help to manage expectations and pressures?
- How can we ensure that the system provides the proper incentives and rewards for using resources efficiently?

Our comments

The two major professions concerned with the impact of the environment on health at a local level – public health medicine and environmental health – are located in two different organisations, the NHS and local government respectively. This was not always the case. Until 1974, public health was, like environmental health, a local authority function: the NHS Reorganisation Act then moved it to the health authorities. Local authorities continue to have the primary responsibility for environmental health, but environmental health is dependent not only on engineered solutions. It requires changes in personal behaviour that often undermine such “hard” solutions. Local authorities have thus become ever more involved in health promotion, yet questions of lifestyle and behaviour are also being tackled by health authorities and public health medicine. Health authorities have themselves strengthened their involvement in personal health behaviour and environmental challenges to health, mostly through the development of local health promotion programmes but increasingly by directly supporting local authorities. There is thus a substantial overlap between local authorities and health authorities. Although the conferment of the health and well-being powers on local authorities in the 2000 Act have assisted in this respect, these powers have yet to be fully exploited because of a lack of available resources. We therefore remain of the view that the location of public health medicine and health promotion be reconsidered with a view to moving these specialities from the NHS to local government.

In our view there is much difficulty in managing and planning budgets where little flexibility is built in, and not just for unforeseen conditions and circumstances. Greater devolution of responsibility *would* enable pressures to be managed more effectively (but only where there is more freedom from central government direction & determination of resources).

Scope for a new agreement

Question 7

How could responsibility for local services be made clearer between local government, central government and other agencies?

- What might this mean for the current performance management framework?
- Would a more contractual approach for a small number of central priorities help to achieve this?

Our comments

We believe that the forthcoming White Paper on local government provides an excellent opportunity for the Government to signal its intention to embrace a new settlement between central and local government, where the responsibilities of each can be formally set out. It also provides an opportunity for the government to set itself clear objectives to implement more fully its ratification of the European Charter of Local Self-Government.

A new settlement between central and local government must be accompanied by a redefinition of the role of the local council – where the council role is to facilitate the wider community’s involvement in issues such as public health and community safety.

But the arrangements need to exist at the national level to enable this role. Councils need greater flexibility and freedom to address a whole set of issues that come together at the local level, whether in city neighbourhoods, towns, villages etc the local authority can act as an agent of change.

To facilitate this role, there has to be “buy-in” to a new settlement, not just from local and central government, but also from the many national agencies and regulators that play a role in determining the priorities of local authorities, such as the Audit Commission and the Food Standards Agency.

References

“Agendas for Change”, Report of the Environmental Health Commission (CIEH 1997)
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