



*Health Development Agency*

Environmental Health 2012  
*A key partner in delivering the  
public health agenda*

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# Acknowledgements

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# Contents

<b>Executive summary</b>	<b>1</b>
<b>A vision for environmental health 2012</b>	<b>3</b>
Introduction	3
What is public health?	3
A vision for the contribution of environmental health to public health in 2012	6
<b>Methodology and approach</b>	<b>11</b>
Rationale	11
Project description	14
<b>Recommendations for progressing the vision statement</b>	<b>16</b>
Introduction	16
Formation of a steering group	16
Making the vision widely available	16
Action plan for the steering group	17
Strengthening the contribution of environmental health in local authorities	17
Evidence base	18
Training and development	18
Annex 1 Think tank members	20
Annex 2 Regional workshop programme	21
Annex 3 Summary of workshop evaluation	23
Annex 4 Summary of SWOT analysis prepared by workshops	26
References	28
<b>List of figures</b>	
Figure 1 The scope of environmental health services	4
Figure 2 Creating a vision: a systematic approach to strategic and operational planning	12
Figure 3 Options for leadership style	13

# Executive summary

## Background

This report describes the work of the project carried out by the Health Development Agency (HDA), in partnership with the Chartered Institute of Environmental Health (CIEH), to support the environmental health profession in developing a strategic vision for its contribution to health development and wellbeing.

The project was led by staff of the HDA's Capacity and Capability Team concerned with exploring and developing the capacity of the local government workforce to deliver public health by considering their skills, education and training, workforce development and organisation/group development.

The strategic vision and recommendations presented in this report have been developed through a process that incorporated the advice of key practitioners, professionals and academics from environmental health. The report captures the challenges, constraints and ideas from mixed groups of environmental health, public health and health improvement professionals from local authorities, the NHS, and voluntary and community groups.

## Key findings

This examination of the scope of environmental health makes clear that, by addressing the wider determinants of health, including food, housing standards, health and safety, air quality, noise, and environment issues generally, environmental health makes a fundamental contribution to the maintenance and improvement of public health and improving quality of life and wellbeing.

Environmental health officers have a wealth of skills and knowledge of public health, and a broad perspective on

how the activities of the local authority and other professionals and agencies can improve health and wellbeing. Together with other environmental health practitioners, they have a unique contribution to make through their primary focus of maintaining health rather than curing illness, and many welcome the shift in government policy towards local action aimed at reducing health inequalities and improving public health and the wellbeing of communities.

However, the mainstream practice of environmental health has become fixed on the delivery of a narrow agenda, and a number of factors are preventing it from achieving its traditional involvement in addressing the wider determinants of health. Participants in the project expressed growing concern about the fragmentation of environmental health services, and lack of clarity on the nature of future environmental health roles and their contribution to health improvement and tackling health inequalities. Many environmental health departments reported that they do not have available resources to deliver the new approaches and initiatives called for by the modern public health agenda, or to participate fully in the new organisational structures for public health. Skills in strategic planning, partnership working and community development were identified as important in future arrangements for effective practice.

It was also reported that the necessity for local authorities to focus on the statutory enforcement duties placed on councils by government, and on complying with performance management and Best Value regimes, has resulted in environmental health officers having to take on predominantly technical and enforcement roles. This trend has been at the expense of effective practice of the wider principles of environmental health protection, and has had the effect of deskilling many in the profession, leading to

both dissatisfaction among existing environmental health officers and a diminishing number of applicants for student training.

The participants reported a critical lack of evidence for the effectiveness of environmental health work in terms of health improvement, and insufficient evaluation and research activity and capacity to address this.

## The vision

The overall aim of the vision for the contribution of environmental health to public health in 2012 is:

- Environmental health practitioners, working with and alongside other public health professionals, will be key partners in local and national efforts to protect and improve the health and quality of life of individuals and communities and to reduce health inequalities
- They will maintain a direct relationship with the general public, and apply their expertise in responding to the needs of individuals, while also tackling the wider determinants of the population's health by identifying, controlling and preventing current and future risks
- Environmental health practitioners will play lead roles in local authority development, coordination and implementation of community health and wellbeing strategies through local strategic partnerships, and will actively contribute to the public health agenda of the NHS primary care trusts. They will also contribute to tackling public health issues at regional, national and international levels.

## Conclusions

The strategic vision and recommendations provide a new goal which can support activities intended to move the practice of environmental health into a future where it is based on a modern health development agenda, best practice and evidence of what works. The vision must be owned by the field workers and managers, representative bodies and champions who can support its adoption and achievement. Widespread consultation will be needed to achieve this consensus and influence the stakeholders and decision-makers who determine the functions of environmental health practitioners, their training and professional development, deployment, work activities and performance management.

## Recommendations for action

This report is being made widely available as a consultation draft, to support the adoption of the vision among environmental health practitioners and those who work alongside them, and to inform the debate on the future contribution of environmental health to public health and wellbeing.

The CIEH, HDA, Local Government Association (LGA), Department of Health (DH), Improvement and Development Agency (IDeA), the Faculty of Public Health Medicine, and other organisations with a leadership role in environmental health and public health, should provide advice on achieving the goals set out in the strategic vision and recommendations of this report, and support the proposed steering group of key stakeholders, environmental health and public health experts, and other interested parties.

The strategic vision should be fully considered by the CIEH in its future planning and in the work of its task groups concerned with recruitment, widening membership, routes to qualification and core curriculum.

The Council of the CIEH should monitor the progress of adoption of this strategic vision and implementation of the recommendations, and should publish their findings. The HDA and CIEH should continue their support for the joint post established to liaise between their organisations, to determine the scope of the environmental health evidence base, and to help build health development capacity among environmental health practitioners.

# A vision for environmental health 2012

## Introduction

Environmental health practitioners, and those in allied professions, have a long history of working in the local authority setting to address the wider determinants of health and improve the health and wellbeing of individuals and communities. Increasing numbers of environmental health practitioners are employed in both the private sector, usually providing specialist technical services, and the NHS, where they are engaged in broader roles and may work between different agencies.

Environmental health officers have a wealth of skills and knowledge of public health, and a broad perspective on how the activities of the local authority and other professionals and agencies can improve health and wellbeing. They have a unique contribution to make through their prime focus of maintaining health rather than curing illness. They use problem-solving skills, supported by legal powers within the local authority sector, to intervene in the causes of ill health in the home, workplace and community. Their actions directly influence health determinants and maintain healthy environments for the benefit of both individuals and wider communities, while also extending to the protection of the environment for future generations.

The Chief Medical Officer's analysis of the public health workforce, published in 2001, noted that the environmental health officer (EHO) is the only local government professional considered to be a full-time public health practitioner – 'Practitioners who spend a major part, or all of their time, in public health practice'.

Local authority environmental health services have a direct relationship with the general public, in dealing with their

complaints and concerns, and providing advice in relation to food, housing standards, health and safety, air quality, noise, and environment issues generally. Environmental health can provide a leadership role for local authorities in their responsibilities for improving the health and wellbeing of communities.

Where environmental health skills are incorporated into multi-disciplinary and intersectoral collaboration, significant improvements in quality of life and wellbeing can be achieved, and these collaborative efforts support 'making healthy choices easy choices' by maintaining living conditions conducive to long-term health improvement and encouraging good personal choices.

## What is public health?

The key purpose of public health, as recently spelled out by the project carried out by Healthcare UK to develop National Occupational Standards for Specialist Practice in Public Health, is to:

- Improve health and wellbeing in the population
- Prevent disease and minimise its consequences
- Prolong valued life
- Reduce inequalities in health

(Healthwork UK, 2001).

Note: The project was carried out on behalf of the Tripartite Steering Group comprising the Faculty of Public Health Medicine, the Multi-disciplinary Public Health Forum, and the Royal Institute of Public Health and Hygiene.

## Role of environmental health in public health

The definition of environmental health given by WHO Europe (see Figure 1) makes clear the fundamental contribution of environmental health to the maintenance and improvement of public health:

‘Environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.’

(MacArthur and Bonnefoy, 1998)

Since the publication of the white paper *Saving Lives – Our Healthier Nation* (Department of Health, 1999) and the NHS Plan (Department of Health, 2000), the importance of the local authority contribution to improving health has increasingly been recognised. The Second Report of the Select Committee on Health (January 2001) noted:

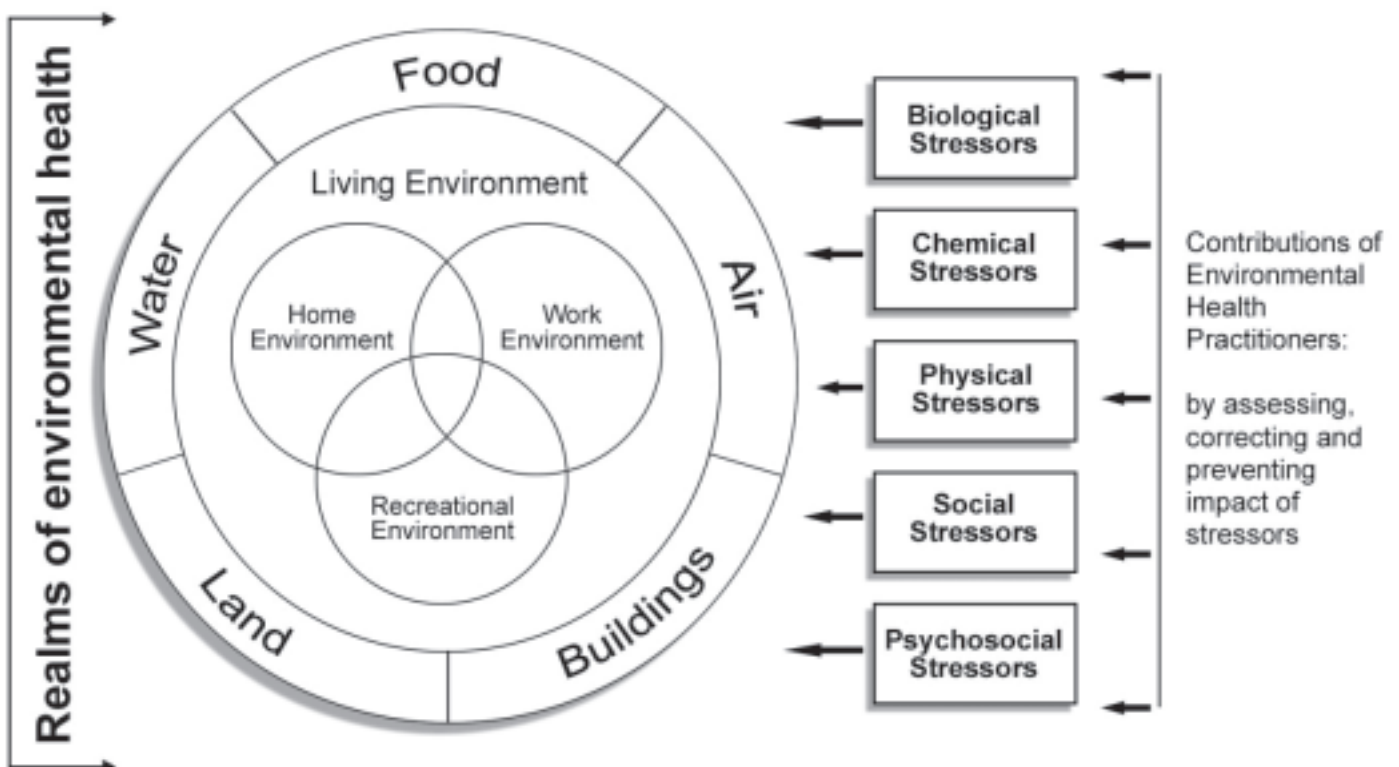
‘Local Authorities have a vital role to play in improving the health of their communities and have influence over a greater number of factors affecting health than the local NHS. We strongly support their new power to promote wellbeing and recommend that this leads to

public health being at the core of their initiatives and strategies.’

For environmental health practitioners, the new public health agenda and the modernisation of local government have provided:

- An emphasis on tackling the wider determinants of health, recognising that they lie largely outside the remit of the NHS (*Saving Lives*, Department of Health, 1999), while placing a sharper focus on health inequalities and partnership working (NHS Plan, Department of Health, 2000)
- A closely related emphasis on tackling social exclusion, which encompasses health goals alongside goals concerned with education, employment, housing, crime and the environment
- The duty of local authorities to participate in the local strategic partnership and to develop the community strategy in partnership with key stakeholders, including communities, together with new powers for local authorities to promote and improve the economic, social and environmental wellbeing of their communities (Local Government Act 2000; Office of the Deputy Prime Minister, 2002)
- The establishment of primary care trusts (NHS Plan) and their identification as the key bodies with responsibility for public health planning (*Shifting the Balance of Power*, Department of Health, 2001b).

Figure 1 The scope of environmental health services



## *An environmental health vision for public health*

This project, carried out by the HDA in partnership with the CIEH, began with a diagnostic phase which identified that the mainstream practice of environmental health had become 'stuck' in the delivery of a narrow agenda, and that various factors were preventing it from achieving its traditional involvement in addressing the wider determinants of health. In order to move the practice of environmental health onward, a new goal was needed, based on the modern health development agenda and best practice, and evidence of what works. It would be important that the goal was 'owned' by the field workers and managers, representative bodies and champions who could support its adoption and achievement.

The process adopted is described in detail in the following section. It consisted of:

- Work by a think tank of practitioners, professionals and academics from environmental health who advised on key issues to be addressed, acted as champions in the regional workshops, and assisted in shaping the final report and vision statement
- Four regional workshops attended by mixed groups of environmental health, public health and health improvement professionals from local authorities, the NHS and voluntary and community groups.

Through the workshops, over 100 participants assessed the challenges and constraints facing environmental health as the current public health and local authority reforms fall into place. They then actively engaged in a series of processes designed to generate ideas about the future – a future in which environmental health, on the basis of its long history and experience, would make a solid and constructive contribution to improving the health of populations and communities.

### *Key issues identified by project participants*

The project has demonstrated that many environmental health practitioners welcome the shift in government policy towards *local* action aimed at reducing health inequalities and improving public health and the wellbeing of communities. However, as increasing numbers of frontline environmental health staff have been playing essentially

specialist technical roles, concern is growing about a lack of clarity on the nature of future environmental health roles, their contribution to health improvement and tackling health inequalities and, in particular, a potential lack of environmental health capacity to meet future public health requirements.

Many environmental health departments in local authorities express a wish to apply a holistic approach to public health, but have increasingly found it necessary to focus on the statutory enforcement duties placed on councils by government departments and agencies, and on complying with performance management and best value regimes set up to ensure efficiency and economy in local government. This trend has been at the expense of addressing the wider principles of effective environmental health protection.

Both the think tank members and the attendees at regional workshops indicated that this situation has created a number of serious problems for the future role of environmental health. In many cases:

- Environmental health departments feel they do not have available resources to deliver the new approaches and initiatives called for in the new public health agenda, nor are they in a position to participate fully in the new organisational structures for public health
- Many environmental health services have become fragmented in the restructuring and modernisation that is now very much part of local government, often joining larger departments where the strategic direction is not environmental health-based; the chief officer leadership may not be from a public health background; and the practice of environmental health may be reduced to its regulatory functions
- EHOs, of necessity, have had to take on predominantly technical and strictly enforcement roles – the effect of this has been to deskill many in the profession, leading to both dissatisfaction among existing EHOs and a diminishing number of applicants for student training.

The following vision statement seeks to address the issues that emerged in the course of the project, and draws directly on contributions of the participants.

## A vision for the contribution of environmental health to public health in 2012

### *Overall aim*

Environmental health practitioners, working with and alongside other public health professionals, will be key partners in local and national efforts to protect and improve the health and quality of life of individuals and communities and to reduce health inequalities.

They will maintain a direct relationship with the general public, and apply their expertise in responding to the needs of individuals, while also tackling the wider determinants of population health by identifying, controlling and preventing current and future risks.

Environmental health practitioners will play lead roles in local authority development, coordination and implementation of community health and wellbeing strategies through local strategic partnerships, and will actively contribute to the public health agenda of the NHS primary care trusts. They will also contribute to tackling public health issues at regional, national and international levels.

### *Future arrangements for environmental health*

- The three key functions of environmental health will be: regulation, strategy development, and advocacy/brokerage on behalf of individuals, local communities and neighbourhoods concerning the wider determinants of health and inequalities, with the primary aim of ensuring improvements in living conditions in order to promote human health.
- Environmental health will operate from a soundly based and adequately resourced position, where it will continue to deliver services directly to the 'doorstep', giving advice, answering concerns and assisting people to make informed choices and to help themselves. It will contribute to work in key areas of public health and health improvement, and will play a major part in multi-disciplinary provision of public and community health, with some of its funding coming from pooled budgets derived from a variety of sources.
- Environmental health will continue to work within the principles of Local Agenda 21 so that environmental sustainability, the impact on future generations, and the effect of local activities beyond local environments are taken into account in addressing health issues.

- Through its expertise in monitoring, measuring and advocacy, environmental health will contribute to tackling inequalities in health status, including efforts to ensure that service provision and access to services meet individual needs.
- The environmental health contribution to public health and health improvement will span:
  - community support and community development
  - economic, social and environmental regeneration
  - housing and planning
  - availability of wholesome drinking water supplies
  - quality and availability of safe and nutritious food supplies and support for local food production
  - prevention of accidents and injuries
  - control of infectious diseases
  - noise, pollution and the management of air quality and nuisances
  - control on the use of contaminated land
  - occupational health and safety, and the achievement of workplace standards that encourage home/work balance and support family life
  - other services provided by local authorities.
- Environmental health policies and practices will be based on recognition and respect for diversity in personal lifestyle choices, increasing availability of choice and encouraging healthy choice-making. To facilitate healthy decisions within the areas of its remit, environmental health practices will support steps to:
  - improve availability and access to healthy food
  - improve the local environment, including housing and transport
  - promote healthy living and physical activity
  - increase the provision and use of a range of exercise and leisure/play facilities across all communities
  - address substance and alcohol misuse
  - influence employers to ensure that corporate policies take full account of their health impact, eg, work/homelife balance.

### *Improving quality of life*

Environmental health will contribute to the development and coordination of integrated local authority corporate and intersectoral strategies and services that meet clearly defined quality-of-life standards, and are matched by appropriate performance indicators that focus on meeting individual and community needs. This will encompass both

measures to address environment-based factors contributing to ill health and spread of disease, and support for activities to encourage healthy practices, eg measures to reduce asthma; improved hygiene in buildings; controls over smoking in public places.

### *Environmental sustainability*

- Working with Local Agenda 21 staff and local environmental groups, environmental health services will support and work with other local authority and NHS services and the private and business sectors to develop environmentally sustainable policies and practices at local and national levels. Environmental health practitioners will promote the adoption of strategies for sustainable living, focusing particularly on: energy efficiency; resource conservation; waste minimisation and recycling; and efficient use of land.
- Through their links with individuals, families and local communities, and through public education, environmental health practitioners will contribute to and/or promote measures to improve environmental sustainability, such as local action plans for sustainable development; regular audits to ensure compliance with sustainable development objectives; agreed targets for use of sustainable material in housing development; and tax credits, community charge discounts, financial penalties and other statutory requirements to encourage energy efficiency and recycling.

### *An integrated approach to public health*

Environmental health practitioners will work flexibly and responsively in contributing their expertise to a multi-disciplinary approach to public health with integrated and community-focused outcomes for health improvement. As part of a public health network, they will also help ensure that strategic and practice decisions are based on assessment of health impact, including reduction of health inequalities, and make full use of cross-cutting and pooled budgets and other sources of funding. In the local authority context they will act as public health 'champions', helping every department to take on board its contribution to improving health and tackling health inequalities. In multi-disciplinary teams they will contribute their specialist expertise, and their knowledge of local communities, and will seek to take on leadership and management and development responsibilities when such opportunities arise.

### *Environmental health and primary care*

- Environmental health will have a significant future role in primary healthcare in which public health, including environmental health, will be part of the mission of primary care provision. Environmental health practitioners will be working alongside general practitioners, health visitors, communicable disease specialists and other healthcare and community health workers, as well as with professionals from the Environment Agency, as part of locality teams for health promotion and health protection that will tackle health inequalities. Environmental health will be a fully integrated part of a multi-agency approach to public health in primary care that will bring together both local authority and NHS functions at a variety of levels, and will be informed and guided by the local strategic partnership and contribute to the health improvement and modernisation plan.
- As part of multi-disciplinary public health teams in primary care, environmental health practitioners (who may be employed by either agency or jointly) will contribute to shaping plans and programmes of action for improved community health, and their performance indicators will be reflected in team targets and outcomes. They will also contribute to the professional development of fellow team members, including taking part in joint and cross-training, and they will lobby and take other steps to raise funds to support health improvement in their local communities.
- In working with primary care trusts, the focus of environmental health will not only be on physiological symptoms, but also on mental, social and environmental stressors and on addressing poverty and deprivation in order to tackle health inequalities.

### *Community regeneration*

Environmental health practitioners working with other local authority services, primary care teams, neighbourhood renewal partnerships, local businesses, voluntary organisations and local communities will have a significant role in rural and urban regeneration, including the exchange of experience between regeneration endeavours, through their responsibilities for community health and wellbeing and quality of life, and their contribution to sustainable environmental improvement and community development. In particular, environmental

health will contribute to health impact assessment and health inequalities assessment; to fitness rating processes for housing; and to other measures that facilitate community involvement in community-based needs assessment.

### *Tackling ill health and the major killers*

- Environmental health, working with public health and health improvement partners across the local authority and in primary care and the voluntary and community sectors, will play a part in:
  - identifying the root causes and other social and economic factors causing and contributing to premature death and avoidable injury and ill health that may be linked with environmental factors; and
  - where the link is clear (eg passive smoking) influencing national legislation and local policy-making, practices in the commercial sector, community action, and individual behaviour in order to make the necessary changes.
- Environmental issues for particular attention will include the maintenance of good housing standards, the health impact of air pollution and other forms of environmental pollution, food production and processing, work practices, noise and other sources of stress in the environment, and other contributory factors to coronary heart disease, obesity, hypertension, etc.

### *Control of communicable disease*

- Working under the general direction of the new Health Protection Agency and in collaboration with the primary care teams, environmental health practitioners will have a particular part to play in the prevention and control of food-related disease; of infectious diseases such as TB which are related to poor housing and poverty; and in contact tracing.
- Environmental health practitioners will be part of future teams responsible for the prevention and control of communicable disease. They will be actively involved in surveillance, reporting and raising public awareness of the causes and prevention of communicable diseases, and will contribute to planning to improve participation in surveillance, achieve higher standards of primary prevention, keep abreast of trends and developments in disease and their implications, and ensure the continual improvement of practice and measures for reporting outbreaks of infectious disease.

### *Pollution and nuisance management*

- Environmental health, working with primary care trusts, local communities and local businesses, will monitor data on the impact of pollution on individual and community health, such as the impact of air quality on asthma, and levels of lead in children's blood, and will use it to influence and improve local authority and public health policies and practices through measures such as the management of contaminated land, air quality management schemes, and input to integrated pollution prevention and control procedures. Where appropriate, their actions will be directed at mitigating effects on mental and social health, eg in controlling disturbance due to noise. They will also identify sources of pollution and ways of reducing their impact, such as mediation with polluting organisations or fixed-penalty tickets for pollution offences.
- Environmental health will encourage and support community initiatives for self-regulation and good citizenship, such as community wardens, neighbourhood groups, and mediation schemes to tackle pollution, noise or other forms of nuisance. Environmental health practitioners will join with other public health professionals to act as community or neighbourhood advocates initiating steps to tackle pollution and other nuisance issues.
- Environmental health practitioners will support advocates for the community when local pollution or nuisance is caused by an installation which is controlled by another regulatory authority, eg the Environment Agency.

### *Housing*

- Environmental health practitioners, working with social landlords, social care providers, housing action trusts and primary care trusts, will continue in their responsibility for the regulation and improvement of housing standards, eg in relation to fitness for human habitation and standards for multiple occupation, and will collaborate with housing, planning functions and professionals and with housing trusts to ensure that environmental and health impact assessments are undertaken as part of the appraisal of any new housing development. This will include rating for energy efficiency, drinking water supplies, sound insulation, affordability, access to services and facilities, safety and security, use of environmentally and people-friendly

- materials, and design flexibility to meet different lifestyles, life stages and changes of occupants.
- Using their community links, environmental health practitioners will support the engagement of residents in the planning, design and building of new housing and in improving existing stock, taking full account not only of the basic structure of the development, but also of the concept of providing a home that is flexible and meets different needs.
  - Environmental health practitioners will work with other public health professionals, including those in primary care, to identify and apply ways to improve situations where inadequate housing facilities or environmental conditions may have a negative impact on health and wellbeing (eg overcrowding). This will include practical steps such as making links to benefits and grants agencies to support vulnerable groups in need of advice, for instance on energy efficiency. They will liaise with local councils to properly utilise grant funding to upgrade existing stock.

## *Transport*

Environmental health practitioners will work with officers within the transport and engineering functions of local authorities to promote and undertake health impact assessments of existing and planned transport strategies and systems, and assist with the development of action plans to tackle problem issues, including those affecting mental and social health, eg social isolation and lack of access. The long-term aim will be measures to improve public transport so that it provides a viable alternative to the car, encourage the use of cycles or walking for local movement, support innovative steps such as car-sharing schemes, encourage the development and use of vehicles with a low environmental impact, and discourage city-centre car usage.

## *Community safety and crime prevention*

- Environmental health, working with the police, victim support organisations, other local authority services and primary care trusts, will contribute to personal safety through educational, advisory and inspection roles as part of multi-agency accident prevention teams. The aim will be to influence the community safety agenda by highlighting causes of accidents and accident rates, and by promoting accident prevention and injury reduction in homes, at work, in leisure activities and facilities, and on the roads.

- Through links with schools, employers and community contacts, environmental health services will initiate programmes and practices to advise on and improve personal safety and accident prevention, eg by developing self-assessment tools, home- or workplace-visiting schemes, and educational interventions on environmental hazards and home and work safety.
- Environmental health practitioners, working with other community development workers, will support police crime prevention activities (eg as part of Safer Streets, Safer City or Safer Environment strategies) that cover measures to tackle vandalism, graffiti, adequacy of street lighting, overcoming fear of crime, and other initiatives to improve community safety

## *Managing local, national and international disasters*

Environmental health, working with local, regional and national emergency planning bodies, the emergency services (police, fire, etc), social landlords, other local authority services, primary care trusts and others, and in partnership with other disaster management agencies, will play a key role in developing and implementing plans to deal with local and national disasters, whether due to natural causes (eg flooding) or emergencies (eg caused by pollution, chemical incidents or terrorism). It will be constantly alert to the need to assess the likelihood and impact of such disasters through regular risk assessment and the development of emergency action plans, and will ensure public vigilance and awareness of possibilities. Through its work in tackling health improvement and inequalities, it will maintain an overview of the potential impact of disaster situations on local communities, such as social dislocation.

## *Substance misuse*

- Environmental health, as part of its partnership work with multi-disciplinary public health, will work with other public health professionals to address the environmental effects of substance misuse, eg supporting needle-exchange schemes and clinical waste services, and controlling the sale and consumption of alcohol and tobacco.
- Environmental health will support and promote strategies and practices to address passive smoking targets by contributing to the enforcement of no smoking policies in workplaces and public spaces, and the use of proof-of-age cards.

## *Training and continuing professional development*

- A national strategy for the training and development of environmental health practitioners will be in place to prepare practitioners for their public health roles, and will include public health and health improvement as an integral part of the curriculum of all such development programmes.
- Professional training for environmental health practitioners, including continuing professional development (CPD), will be outcome-focused and based on a nationally accepted competence framework that includes both technical skills to support environmental health roles in public health and health improvement, and skills to support the effective application of such technical expertise, including research and evaluation skills. It will also cover the development of generic and 'people' skills in leadership, management, policy and strategy, human behaviour and personal attitudes, and competence that will be required by all environmental health practitioners.
- All academic bodies and other agencies providing or assessing professional development for environmental health practice will comply with the specifications of the agreed national framework of environmental health competencies.
- Innovative training and development opportunities, including joint training, mentoring, shadowing, secondments and special project work, will be widely available to enable environmental health practitioners continuously to strengthen and update their contributions to multi-disciplinary public health and health improvement, and to address inequalities in health.
- Employers responsible for providing environmental health services, particularly including local authorities and NHS bodies, will undertake periodic skills auditing to ensure that environmental health staff are supported in maintaining and honing their public health and health improvement skills, so that quality and governance requirements are met on an ongoing basis.
- All environmental health practitioners will have a personal development plan, backed by the resources and facilities necessary to put it into practice.

# Methodology and approach

This section is set out in two parts: the first covers the rationale underpinning the overall approach; the second explains the principles on which the detailed design was based. Annex 2 contains the programme for the regional workshops.

## Rationale

### *Why create a vision?*

'The vision thing' has become an acknowledged part of strategic planning over the past few years. Vision statements are future-focused, long-term and inspirational. They are intended to set sights high and describe an ideal future – but also a possible one. An article in *The Economist* some time ago described a vision as 'a sense of purpose, a reason for being, a guiding philosophy', adding that, 'developed and used in the right way, a shared vision can help motivate and unite a large and scattered workforce'.

This project was set up to develop a vision for the future of environmental health in the new world of public health, as emerging following the white paper *Saving Lives – Our Healthier Nation* (Department of Health, 1999).

### *What is a vision statement?*

An example of a recent vision statement is part of the NHS Plan, which has an opening five-page chapter entitled 'Our vision: a health service designed around the patient' (Department of Health, 2000). Figure 2 (page 12) shows where 'creating a vision' fits into the overall strategic planning process. Its purpose is to contribute to developing and progressing an overarching, long-term strategy such as the public health agenda set out in *Saving Lives – Our Healthier Nation*, which has subsequently been

supplemented by a range of operational measures to further its delivery.

### *How is a vision created?*

Creating a shared vision has two dimensions – one concerned with the task, the other with the process.

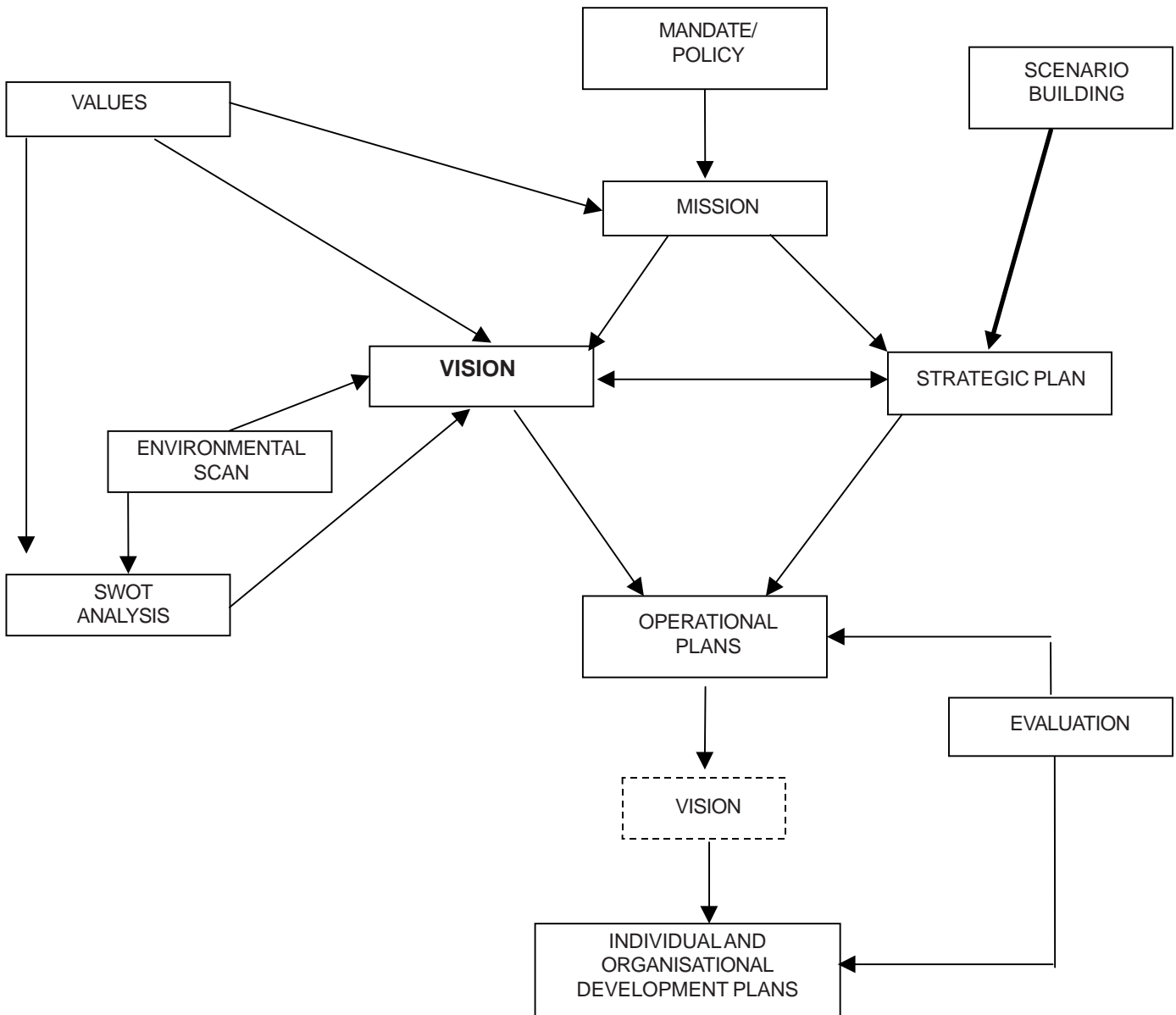
*First, the task* – to step into the future, unconstrained by current 'baggage', perceived blockages and other problems of the present situation, and describe what the ideal future is like. If you don't know where you are going, it makes it hard to get there. Also, as Henry Ford said, 'If you think you can or you think you can't you're right!' The intention is not to conceive of an impossible fantasy or wish list, but to think positively about the best future options. A vision can be developed for anything from five years ahead upwards. We have been working to a 10-year perspective.

*Second, the process* – to engage as many interested people as possible in contributing to creating the vision. A vision developed in a top-down way is likely to be treated like anything seen as coming from 'on high' – as 'theirs' not 'ours'. As the aim of a vision is to excite, energise and inspire all those essential to its achievement, a 'provided' vision runs the danger of being counterproductive. At the same time, the role of good leaders/champions in developing a vision should not be underestimated.

### *Who to involve?*

Some blue-chip organisations use very sophisticated, large group events involving thousands of staff to help create and review their vision of the future organisation. Others have worked more slowly and in more consultative ways,

**Figure 2** Creating a vision: a systematic approach to strategic and operational planning



building up interest and involvement over a period; and others have begun with vision statements provided by leaders in the organisation or field, using these as the basis for consultation. The process that is selected and used reflects the extent to which there is commitment and understanding by leaders/champions to the idea of an empowered workforce. Figure 3 (page 13) illustrates the options for leadership style against the level of involvement and participation of those who will play a key part in implementing the vision.

A community development approach to service delivery, as promoted in *Saving Lives*, centres on both community involvement and communities taking charge of identifying

and meeting their own requirements. Many of the concerns voiced about health and health services in Britain today are around the extent to which 'dependency' is encouraged. Much of the approach of *Saving Lives* is about changing this culture. The recent report *The Expert Patient – A New Approach to Chronic Disease Management for the 21st Century* (Department of Health, 2001a) is a breath of fresh air in its acknowledgement of the importance of patient participation. The same principles apply to participation in bringing about any organisational or strategic change. Participation of professionals in the vision-building process for the future of their professional world is part of this.

### How does this project fit in?

This HDA/CIEH project was designed to assist environmental health and public health professionals to think and work together to create a vision for the future of environmental health in the new public health agenda, 10 years into the future. The project aimed not only to develop the vision, but also to build commitment to it by supporting people in a position to act as catalysts and activists in taking action towards its achievement. This was done via a two-stage process: first a preparatory think tank, then a series of regional workshops.

### Preparatory think tank

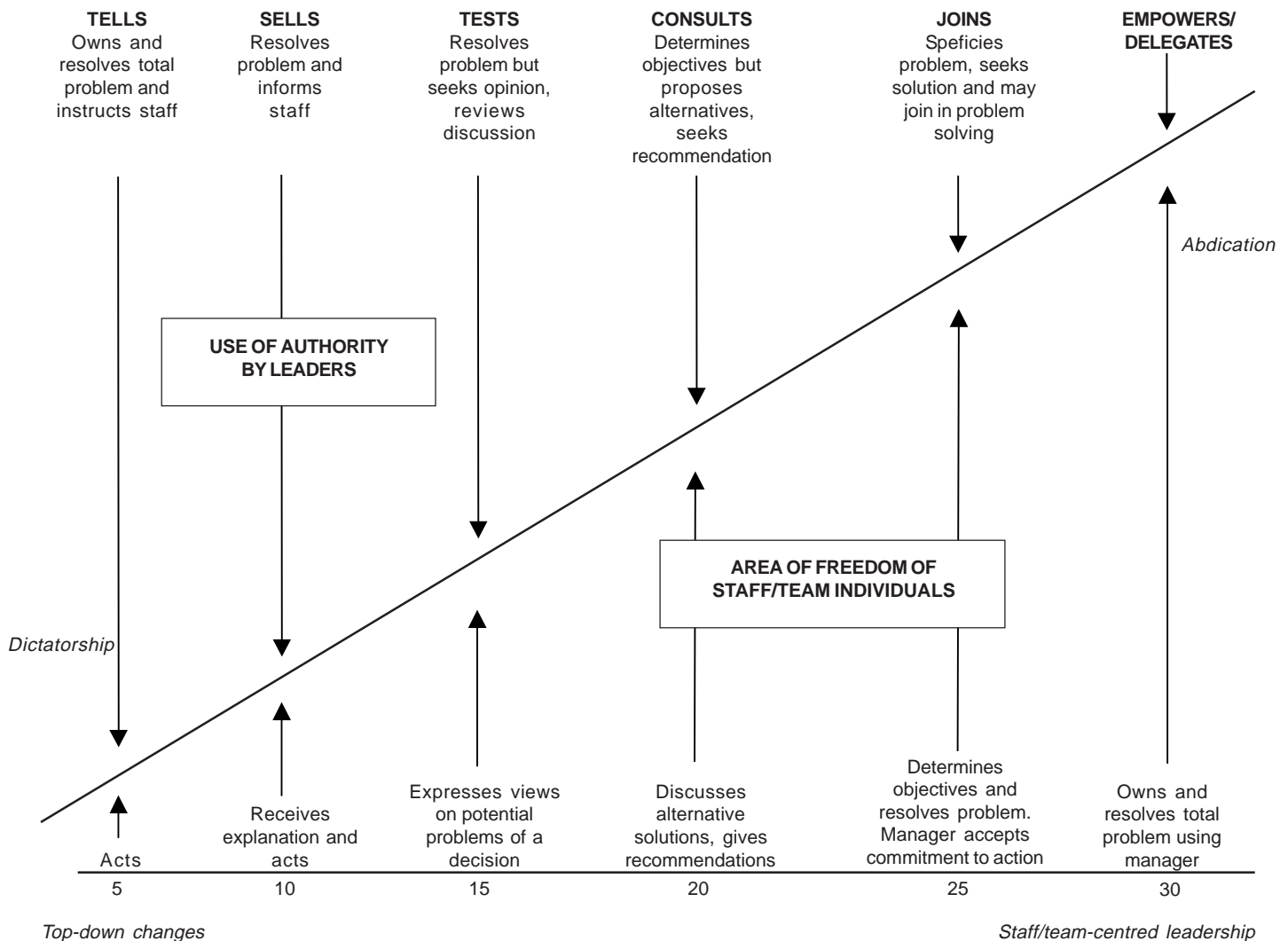
This brought together some of the leading thinkers and activists in environmental health in order to identify issues and questions for the regional workshops, and to obtain

their agreement to act as champions and attend the regional workshops. The product of their work was part of the briefing for workshop participants. They also contributed to the regional workshops, and helped take the vision-building process forward.

### The four regional workshops

Participants in the four workshops worked together and pooled ideas on the future role and shape of an environmental health contribution to the new public health agenda, using a process called future-mapping. Initially, they reviewed the current situation and identified issues to be addressed. At the end of the workshop they made suggestions on how their vision of the future could be progressed here and now (see the following section). These served as the basis for the next stage of work – how to put the strategic vision into practice.

**Figure 3** Options for leadership style (adapted from 'A continuum of leadership styles'; Tannenbaum and Schmidt, 1973)



## Project description

### *Components*

The first phase of the project spanned a period of five to six months, and consisted of:

- An opening event or think tank of prime movers and leading-edge thinkers in environmental health
- A series of four regional workshops for mixed groups of participants from environmental health and public health to contribute to the development of a future vision for environmental health
- A report based on the work of the think tank and workshops, including a vision statement to provide strategic direction for future planning of environmental health in the context of the new public health and health and wellbeing agendas
- A wrap-up meeting of the think tank to help refine the product of the workshops and advise on the next steps.

### *Outcomes*

The project was designed to engage a wide range of environmental health and public health professionals in reflecting on the present and future contribution of environmental health to the new public health agenda. The methods used were highly participatory, so everyone had maximum opportunity to air their views and ideas (Annex 2). The intention was to build ownership of the resulting vision and analysis, to stimulate debate within and beyond the organised events, and to generate interest and commitment to further action.

As a spin-off, the methodologies used in the workshops were intended to model the possible. It is hoped that some participants will have taken the approach used and applied it in their own organisations and contexts.

The key product of the project is the vision statement for the future of environmental health in the new public health/health and wellbeing agenda set out on page 6 of this report. This is supported by an analysis of the current situation, and some ideas on what needs to be tackled now if the vision is to be achieved.

It is intended that this first phase of the project will lead to a further period of consultation with multi-disciplinary

representatives of the public health workforce, including environmental health practitioners, to share the vision as developed to date, and consider in detail what needs to happen if it is to be achieved. It is envisaged that this will be backed up by good practice examples that will serve as the basis for further sharing and elaboration of what constitutes good practice, taking account of the requirements of the new agenda.

### *Principles*

The project was based on the following principles.

- The various project components formed part of an integrated and interlinked system in which each intervention leads on to and influences those that follow – a multiplier effect. The intention was to maximise the gains from each intervention, eg think tank members became project champions as contributors to the regional workshops, and then in taking forward the project as a whole. Later they helped build on the products and outcomes of the workshops, and prepared for the second stage of the project. In the same vein, workshop participants were encouraged not only to share their experience with colleagues on return to the office, but also to replicate the participatory processes used in the workshop to consult and share ideas with them.
- If a strategic vision with long-term implications is to break away from the constraints of the present, then account must be taken of what is coming up over the horizon, both in the field under consideration and more widely – the big picture. On one hand, it is important to scan the wider environment for significant new, long-term developments that will have an impact in the field (social, economic, legal, environmental, technological, etc); on the other hand it is important to keep abreast of leading-edge thinking – hence the concept of a think tank. Ideally this will include one or two reputable ‘blue-sky’ thinkers who will challenge status quo thinking and provide new ideas.
- To be of value in shaping the future, a vision must be owned by those who will be responsible for its implementation. To this end, the processes used in both the think tank and the workshops were designed to be as fully participatory as possible, eg the future-mapping process starts off with individual contributions under a series of headings formulated to disaggregate the different aspects of a future environmental health

function. Later in the workshop process, the work of individuals is brought together, synthesised, and disagreements noted for further attention and consultation.

- To achieve a sense of ownership, not only implementers but also all key stakeholders should be involved. In this case we included not only environmental health professionals, but also representatives of the wider public health workforce whose work impacts on, or is affected by, the environmental health function. We did not include beneficiaries/users, although arguably this would have been a valuable addition.
  - To kick off the process, a team of champions from the think tank provided ideas and challenges to the vision-building groups, also sharing responsibility for taking forward the ideas generated in the project. Ideally they will already have a reputation in their field for innovative work and for the impact they have had in raising issues that need to be addressed. Ideally, too, they will have a vested interest in, and be committed to, what is being sought through the project. It is not necessary for them to be in complete agreement with each other – some differences of view can be a stimulus to participants, and can demonstrate that fresh, innovative thinking, not conformity, is needed.
  - The design of the project and workshops combines realistic appraisal of the present with a methodology that helps participants shift to a mind set that enables them to build a new and optimistic view of the future – one that is not unduly bound by present constraints. They first need time and space to express their frustrations and feelings about the present, and to share views and ideas with others on the issues that need to be addressed, and then will be in a frame of mind that enables them to move on to consider a time in the future as if it were the present – stepping out of the ‘now’ into a new and less constrained future. Care is needed to keep this future-mapping realistic and avoid it becoming a wish-list. Steps are also needed to make sure contributions are as tangible as possible. At this stage, everyone is encouraged to express their views, and not to be self- or other-censoring. Differences of opinion don’t matter – they can be resolved later.
  - On the basis of all the ideas collected at the workshops, a first draft product can be compiled as the basis for further consultation, in our case with the reconvened think tank. A next stage in developing the vision is then reached, and this provides a product that serves as the basis for the next stage in the work.
- It is useful not to get too hung up on a finished and final product. Tablets of stone are not the outcome sought. The process is more one of energising and refreshing the debate on where we go from here. Reviewing the future, using a variety of processes, should be undertaken at regular intervals to make sure strategic thinking and planning keeps up with relevant developments beyond the field under consideration – it is an iterative process.

# Recommendations for progressing the vision statement

## Introduction

To progress this strategic vision for the contribution of environmental health to delivering more effective public health development and wellbeing, the report of this project should be addressed to those with a lead role in environmental health and public health, in particular the CIEH, HDA, Local Government Association (LGA), Improvement and Development Agency (IDeA), and the Faculty of Public Health Medicine in order to obtain their support and advice in taking it forward.

## Formation of a steering group

A steering group of key stakeholders, environmental health and public health experts, and other interested parties should be set up to advise the HDA, CIEH, DH, LGA, IDeA, etc on progressing the implementation of the 10-year vision developed in this project. The work of the steering group should include the development, coordination and implementation of a programme of action to achieve the goals set out in the vision, based on the following recommendations which are drawn from proposals made at the regional workshops, by the think tank and by the project consultant and project team, and which are intended to serve as a basis for discussion.

As a way of building top-level government commitment to its work, the steering group should identify and meet with senior civil servants to support and cascade its findings, including the implications for action across their departments. With this in mind, the report should go to all relevant government departments and their agencies, as well as the departments responsible for environmental health in Scotland, Wales and Northern Ireland.

## Making the vision widely available

A communications strategy should be developed by the steering group, in consultation with the HDA and the CIEH as the original sponsoring agencies, to ensure that the vision statement and supporting documentation are disseminated and discussed widely with all interested professional and academic bodies, and with individuals engaged in environmental and public health practice, so as to support use as an advocacy document for change.

The communications strategy should include a programme of conferences, workshops, weekend seminars and network groups at national, regional and local levels to promote the vision and encourage discussion of its implications and next steps.

In particular, the report and recommendations should be made available to:

- All environmental health practitioners, highlighting the opportunities available to them through the new organisational structures for public health and wellbeing
- All agencies with a part to play in public health, health improvement and the wider determinants of health.

A targeted programme of briefings and other publicity, together with supporting materials for practitioners to use, should be developed to obtain widespread coverage. The intention is to build understanding among other public health professionals of the potential environmental health contribution to public health and primary care, and to support and assist environmental health practitioners in opening a dialogue with primary care trusts.

A national awareness-building programme should be developed in order to 'rebrand' perceptions of the contribution of environmental health to population health; to win commitment to the vision; and to encourage discussion of plans for its implementation among local politicians and community leaders. The programme should promote the messages inherent in the vision across community networks and the media, in local businesses, and to the general population.

A variety of approaches and styles for different stakeholders and target groups may be needed to ensure that key issues for particular groups are highlighted. Every effort should be made to use styles and methods that reflect the visionary nature of the work.

### Action plan for the steering group

The steering group should draw up an agenda for national action, to be used as a basis for discussion with/lobbying government agencies on action needed by government to progress and support achievement of the vision for environmental health 2012.

In developing the agenda, consideration should be given to:

- Changes to the organisational and structural arrangements for environmental health to ensure it meets the aims of the new public health agenda, and provides for improved linkages between local authorities, regional bodies, primary care trusts, public health observatories and other NHS bodies, including the proposed Health Protection Agency, the Environment Agency, and other government agencies
- Building the evidence base to show that there is work which is effective – this requires an evaluation and evidence base
- Setting up a national environmental health research agency
- Raising the profile of environmental health, so that national guidance to local authorities on environmental health and public health is given similar status to planning guidance and Commission for Racial Equality standards in local authority action and resource allocation
- Proposals for legislation to ensure that public health and environmental health impact assessments are carried out on national policies and initiatives as a

statutory requirement

- Introduction of a statutory requirement on private sector bodies to ensure they are fully responsible and accountable for the health and environmental impact of their operations
- Proposals for statutory requirements on public sector bodies to cover energy planning, waste recycling and regulation of green- and brown-field sites for development
- Arrangements to ensure all relevant government departments contribute to national disaster management.

### Strengthening the contribution of environmental health in local authorities

Further work is needed to clarify, publicise and support the roles and contributions of environmental health practitioners to the new public health agenda. This should identify the support they will need to ensure that environmental health expertise is fully integrated into the new arrangements for public health, and should clarify performance indicators for good practice. It should take account of the important contribution of environmental health in tackling the wider determinants of health in local authority settings, the need for skills to work with other public health professionals as part of multi-professional and cross-organisational teams, and the development of leadership skills to influence multi-disciplinary public health practice.

As part of their statutory responsibilities for improving the health and wellbeing of local communities, local authorities should be encouraged to call for a strategic contribution from environmental health: to local strategic planning (local strategic partnerships), to community strategies and to health improvement and modernisation plans, and also to the wider corporate planning processes. Environmental health should be recognised as having a particular role in supporting cross-departmental working on the development of corporate health strategies that address the wider determinants of health.

Action is needed to encourage leaders (members and chief officers) in local authorities to review and strengthen the roles and functions of their environmental health teams in taking on the public health roles set out in the vision. With appropriate support, local authorities should:

- Review their current arrangements for environmental health, its contributions to public health and the effectiveness of their environmental health work generally
- Audit and strengthen the public health capacity and capability of environmental health
- Ensure that necessary training and development opportunities are available to develop the public health roles of environmental health and other functions
- Encourage environmental health practitioners to facilitate the involvement of other local authority functions in tackling the wider determinants of population health.

Opportunities need to be maximised for funding the contribution of environmental health to public health and wellbeing through joint funding, Single Regeneration Budget and other sources. Examples and guidelines on what has been achieved to date should be compiled and publicised as a practical resource for local authorities and environmental health practitioners.

## Evidence base

A key finding of the report is that environmental health practitioners need to understand the impact of environmental health on health and inequalities. This means they need to know how to evaluate the effectiveness of their work, in order to begin to build an evidence base and support the development of appropriate performance indicators which properly measure the impact of environmental health practice. A research programme is needed to gather, and make widely available, high-quality and reliable evidence of public health interventions by environmental health. This should include development of indicators that measure public health gain and are meaningful to other public health professionals and to the community. To these ends, the HDA's work on developing an evidence base for public health, and IDeA Knowledge toolkits on the role of local authorities in health, should include the contribution of environmental health to public health.

Local and regional good practice networks of environmental and public health professionals should be utilised to share, develop and provide opportunities for learning from practice on the links between environmental health and public health, particularly primary care, and to contribute to the collection and dissemination of evidence

of good practice and for sharing and collecting evidence-based data for wider dissemination. To this end, use should be made of existing good practice networks, such as those supported by the HDA and IDeA, to ensure that environmental health examples are included.

The steering group should advise on how lead agencies in environmental health can best work with the Audit Commission, the Chief Medical Officer, Directors of Public Health, the Faculty of Public Health Medicine and other interested bodies to review current performance indicators for the contribution of environmental health to public health and the reduction of health inequalities, with a view to developing new outcome-focused indicators, including quality-of-life indicators, that are the joint responsibility of local authorities and NHS organisations.

## Training and development

Current arrangements for professional training and continuing professional development for environmental health should be reviewed and reformed in the light of the vision of the public health contribution of environmental health in 2012. A working party of training providers, professional interest groups and other stakeholders from environmental health and public health, including the NHS and primary care, should be set up to support and further this process.

The review should specifically take into account the need for environmental health practitioners to develop skills in evaluation and research in order to contribute to evidence on the effectiveness of environmental health practice. The review should also cover the purpose and use of the evidence base in deciding on future practice and research.

A national training strategy for environmental health, which includes a focus on the wider public health agenda and a more holistic approach to environmental health, should be developed. This should be designed to meet future workforce capacity requirements that support and strengthen the contribution of environmental health to public health. It should also address the public health-focused skills requirements of environmental health practitioners and recruits, including not only technical knowledge, but also attitudes and skills required for the effective application of such knowledge, including skills for working with the public, and for working within and leading multi-professional teams.

As a matter of urgency, environmental health practitioners need advice and support to help them understand the nature and roles of primary care trusts in the new public health agenda, including the roles of the various public health professionals who contribute to community-based primary care trust teams. This should include opportunities to explore and develop ways of working in partnership with health visitors, school nurses and social workers, among others. Resource materials, case studies and other forms of CPD should be developed to highlight the practical implications for developing the public health role of environmental health through primary care trusts.

To meet the needs of the new public health agenda and to support the contribution of environmental health to public health as set out in the vision, the competence framework for environmental health practitioners should be reviewed and expanded to take account of current work on national occupational standards for specialist public health practice, and related work on competence requirements for public health practice. This should include generic skills in management and project management, leadership, team working, partnership working, influencing, mediation, advocacy, personal skills, human behaviour, communication and community development, as well as technical skills necessary for high-quality contributions to public health such as health impact assessment, health needs assessment, inequalities assessment, and evidence-based decision-making. The skills list developed for the HDA's public health skills audit could be used as a starting point for identifying the skills required for a future environmental health contribution to public health.

Future training and development, including CPD, for environmental health practitioners should provide for joint activities with other public health professionals to prepare for future cross-cutting and multi-disciplinary working on the new public health agenda. This could include piloting multi-disciplinary action learning sets for public health practitioners, including environmental health practitioners, to develop innovative, community-based public health practice with measurable outcomes.

A panel of mentors and/or advisers, who have demonstrated experience of innovative practice in developing the contribution of environmental health to public health, should be recruited and resourced (on an

occasional basis) from among the environmental health workforce, to provide a pilot support service to environmental health practitioners taking on new and potentially influential roles in local authorities. This should be reviewed after two years.

# Annex 1 Think tank members

Ian Ashmore	Team Leader Environmental Protection, Swindon Borough Council
Rachel Flowers	Health Development Manager, Coventry City Council
Jody Foster	Regional Environmental Health Advisor, Department of Health & Social Care, South
Ian Gray	Specialist Advisor, Health Development Agency
Alan Higgins	City Environmental Health and Trading Standards Officer, Portsmouth City Council
Andrew Hopkin	Chief Environmental Health Officer, Derby City Council
Peter Jeffs	Head of Environmental Health, Test Valley Borough Council
Andrew Jones	Principal Policy Officer, Caerphilly County Borough Council
Ian MacArthur	Policy Co-ordinator, Chartered Institute of Environmental Health (as of March 2002, Chief Executive, UK Public Health Association)
Gary McGrogan	Head of Environmental and Regulatory Services, Sheffield City Council
Jane Meyrick	Head of Capacity and Capability, Health Development Agency
Norman Parkinson	Head of Environmental Health, Kings College London, University of London
Karen Paterson	Specialist Advisor, Health Development Agency
Gabriel Scally	Regional Director of Public Health, Department of Health & Social Care, South
Sarah Webb	Principal Environmental Health Officer, East Lincolnshire Primary Care Trust
Stephen Young	Food and Trading Standards Manager, Bath & North East Somerset Council

# Annex 2 Regional workshop programme

## Objectives and outcomes

1. To work with public health and environmental health professionals from four NHS Regions to gather ideas and data that will contribute to the development of a realistic vision of the roles and contributions of environmental health in the new public health agenda.
2. To build on the initial work of a think tank of public health and environmental health specialists on the strengths and weaknesses of current arrangements for environmental health, and on the opportunities and threats that exist at this time of major NHS and public health reform, as a basis for addressing key issues raised by the think tank group.
3. To provide opportunities for participants to contribute to a series of innovative activities that will enable them to share their ideas and experiences and to map future possibilities that can serve as the basis for the vision-building process.
4. To consider implications and possible barriers to implementing the vision.
3. An exercise will be designed to facilitate and release creative thinking about the nature of an environmental health input to the development and maintenance of a healthy community that fully reflects the aims of the new public health agenda.
4. A collective future-mapping activity will gather and process practical and realistic ideas that will form the basis of a vision of environmental health in public health.
5. Participating teams will have the opportunity to consider and advise on further issues and barriers that may need to be addressed if the vision they create is to be achieved.

## Approach

1. The workshop programme will be highly participatory, and will provide for reflection, review and exchange of experiences and ideas among participating teams on the contributions of environmental health to public health.
2. With the support and assistance from one or two regional champions, feedback from the think tank will be used to help shape the issues addressed during the workshops.

## Programme outline

- 9.30 Tea/coffee  
Registration
- 10.0 Welcome  
Introduction to the project  
Workshop outcomes and logistics  
Introductions
- 10.30 Environmental health in the new public health agenda  
The challenge – feedback from the think tank  
Ideas arising
- 11.0 Where are we now?  
Analytical task in small groups – use of SWOT framework to review and assess the nature and quality of the contribution of environmental health and environmental health professionals to the new public health agenda
- 11.40 Group reports

- 12.0 What issues do we need to address in thinking 10 years hence?  
Ideas from the think tank  
Groups explore key issues identified by think tank, define helps and hindrances to their achievement and report back
- 1.0 Lunch
- 2.0 Future-mapping activity  
Introduction – principles and practice of future-mapping  
Future-mapping – a whole-group activity
- 2.40 Towards building a vision  
Participants work in small groups on different topics, and sift the data to elicit key points of agreement, priorities and differences of opinion. They express their conclusions as statements that define the contribution of environmental health to the topic/s under review
- 3.15 Feedback and discussion
- 3.30 Next steps?  
Buzz groups brainstorm what needs to happen now if the overall messages from the future-mapping are to be achieved and prioritise their top five suggestions. Report back.
- 4.00 Evaluation
- 4.15 Close

Six themes were covered in this activity:

1. What health outcomes could we measure to improve the public health contribution of environmental health?
2. How can environmental health become a successful player in primary care?
3. How can environmental health contribute to regeneration (urban and rural) and its impact on the wider determinants of health?
4. How can environmental health move away from a predominantly enforcement culture?
5. How can the profile of environmental health be raised in the new Public Health agenda?
6. How can environmental health increase its capacity and capability for partnership working?

Sixteen headings were used for this task. These have been condensed to the key headings in the vision statement.

# Annex 3 Summary of workshop evaluation

The following regional workshops were held:

- London, 22 January 2002
- Penrith, 29 January 2002
- Melton Mowbray, 22 February 2002
- Winchester, 26 February 2002

There were a total of 118 participants comprising:

- Heads of environmental health (16)
- Elected members and cabinet members with environmental health responsibility (9)
- Representatives of government departments and agencies (8)
- EHOs with experience/ideas about health development (21)
- Primary care trust representatives (17)
- Local strategic partnership members and supporters (14)
- Think tank members (8)
- Regional representatives of CIEH and HDA (8)
- Other notable visionaries, eg educationalists, environmentalists and campaigning organisations (17)

Fifty-three (45%) participants returned evaluation forms.

## How fully were the objectives of the workshop achieved?

### *To gather ideas and data that will contribute to the development of a realistic vision*

66% responded that they were achieved, 34% partly achieved, and no participant responded that this had not been achieved.

Comments included:

Needed more structure.

Needed more time.

Mapping exercise did not produce realistic visions.

Well led with good supporting material.

### *To identify strengths and weaknesses and opportunities and threats of current arrangements for environmental health*

79% responded that they were achieved, 21% partly achieved, and no participant responded that this had not been achieved.

Comments included:

Impossible to do comprehensively.

### *To share ideas and experiences and map future possibilities*

56% responded that they were achieved, 42% partly achieved, and 2% (one participant) responded that this had not been achieved.

Comments included:

Ideas were shared, but not a lot of future-mapping.

### *To share ideas and experiences and map future possibilities*

47% responded that they were achieved, 53% partly achieved, and no participant responded that this had not been achieved.

Comments included:

EHOs have conservative perception of their role, PH not embedded.

## How well was the workshop organised?

### *The registration and pre-event publicity and information*

36% responded that this had been very satisfactory, 55% satisfactory, and 9% (five participants) responded that this had not been satisfactory.

Comments included:

Late notice.

E-mails did not work well.

Voluntary groups not sufficiently included.

### *The venue, reception and catering arrangements*

51% responded that these had been very satisfactory, 47% satisfactory, and 2% (one participant) responded that this had not been satisfactory.

Comments included:

Lunch was unsatisfactory.

### *The presentations from the organisers and think tank members*

51% responded that these had been very satisfactory, 49% satisfactory, and no participants responded that this had not been satisfactory.

Comments included:

Presentations were short and to the point.

Instructions for group work not always clear.

Informal chatty approach created relaxed atmosphere, but better aide-memoirs needed.

### *The group activities and feedback sessions*

42% responded that these had been very satisfactory, 58% satisfactory, and no participants responded that this had not been satisfactory.

Comments included:

Needed more time.

OHPs not clear.

Future-mapping exciting.

Good balance on selective feedback.

### *What did you find were the most important or useful parts of the day and why?*

Responses received:

- Learning more about the environmental health agenda
- Reassessment of day-to-day links between environmental health and public health
- The visioning exercise
- Sharing ideas with local team and spectrums of people/professionals
- Changing membership of workgroups
- Invigorating to have the chance to step back and try to set visions for the future
- Lunchtime networking
- Getting a bigger picture
- Meeting 'public health professionals'
- Final 'buzz' session helped to focus on issues and sum up the day

### *What did you find were the least successful or the least important parts of the day and why?*

Responses received:

- 10-year vision became a wish-list without much substance, too many issues, not enough discussion of how we get there
- No mention of Faculty of Public Health or 10 key areas of specialist public health practice standards
- Too much to do in afternoon, too tiring, insufficient breaks
- More time needed to discuss practical ways forward
- Public health seen as support to environmental health rather than partner
- 'Helps & hindrances' exercise was too long, and unproductive
- Remit should have included Environment Agency because of areas of overlap
- Emphasis on CIEH and membership distracted from broader issues

*The think tank will be reconvened to assess the results of the regional consultations and consider the views expressed by the workshop participants. Do you have any specific messages that you want to be taken forward?*

Responses received:

- Use to inform review of core curriculum
- Will best value be included?
- Consider diversity of communities when carrying out wider consultation
- Keep NGOs involved in developing vision and implementation
- Lifestyles are results of living and working conditions – need to address root causes
- How do we get politicians to have long-term vision and think beyond 12-month budgets?
- Can a health development model be compatible with an economic development one?
- Performance management is essential – short-term targets must contribute to long-term objectives
- Evidence must be available to substantiate choice of targets
- Need to take account of constraints of smaller authorities that make it very difficult to start thinking about wider public health involvement
- Multi-professional health protection teams focused on prevention
- Difference between government's 'vision' and performance indicators
- Value existing good practice, not just innovation.
- Current student problems.
- Lobbying to raise profile of environmental health imperative if not to get 'lost'
- Need to keep vision closely associated with UK situation
- Want targets that measure outcomes
- Ensure EHOs involved in sustainability initiatives through LA21, LSPs, community strategies and lobby to get recognition of their valuable role in public health promotion and achieving quality-of-life targets
- Should not be treated as 'agendas for change' – ensure all environmental health practitioners are connected

### *General comments received*

Good to be part of a developing agenda.

Good facilitation.

Very well presented.

Thanks.

# Annex 4 Summary of SWOT analysis prepared by workshops

STRENGTHS	WEAKNESSES
A1. Environmental health has an important role in the government's planning and development for public health, particularly through the local strategic partnerships (LSPs) and primary care trusts (PCTs).	B1. There is both individual and organisational inertia and a lack of a critical mass of people who care about the wider public health role – an institutionalised lack of understanding of the issues.
A2. Environmental health officers have a long professional history and wide knowledge that is scientifically based and linked to legislation and risk assessment.	B2. The training and career paths are too narrow and technically based, lacking in professional practice needed for the modern agenda. Increasing specialisation has had a deskilling effect, producing a 'silo' mentality and a lack of holistic practice.
A3. Environmental health has a trained workforce of committed, multi-skilled people possessing analytical and practical problem-solving skills.	B3. Environmental health workers have a poor sense of identity as a group and feel undervalued. There are serious recruitment problems. Training and education have not kept pace with changing roles, and there is insufficient workforce training in place.
A4. Environmental health recognises that its work is concerned with maintaining health (quality of life) not curing sickness (disease).	B4. Concentration on statutory functions and reactive work, to the exclusion of strategic thinking and working, means the loss of innovation, effective practice and reflection.
A5. Many of the upstream interventions in public health come from local authority work and the basic public health services are sound.	B5. Public health roles of local authorities and their staff are not properly recognised, and elected members are not necessarily convinced of the importance of broad-based public health work.
A6. Environmental health departments are linked to other parts of the local authority. Environmental health has a strategic dimension that can contribute to corporate and inter-agency work.	B6. Each local authority attaches a different value to environmental health; the placement of environmental health services within local authorities is variable and arbitrary. There are particular problems in the two-tier authorities.
A7. Environmental health work is based in the community, with the public, and is responsive to local needs. The public knows what environmental health does.	B7. Resource issues (using output measures) are increasingly being used to determine work, eg attaining inspection targets, and are not supported by evidence (using outcome measures). There is a public perception of the EHO as the 'rat-catcher'.
A8. There is plenty of public health work and issues to be tackled and no need for squabbles over ownership.	B8. Environmental health is not proactive in building partnerships and identifying initiatives; there is poor understanding of the roles of the different agencies and professional boundaries, and an absence of co-terminus boundaries prohibits joint working.

OPPORTUNITIES	THREATS
C1. The creation of primary care trusts (PCTs) and local strategic partnerships (LSPs), and the requirement for the production of community plans that address health and wellbeing, require integrated strategic thinking between local authorities and the NHS, with a new emphasis on voluntary sector and community development and the use of external funding for partnerships.	D1. The NHS is assuming responsibility for 'public health', but the term implies the medical model, which is still prevalent in the NHS. Government targets are illness-based.
C2. The government has a public health agenda, eg <i>Saving Lives</i> , and a delivery system through the PCT.	D2. The NHS Plan is seen of greatest importance. Government departments and agencies, including DEFRA, DH and the Environment Agency, are not 'joined-up' on health issues and display a 'silo' mentality. Clinical issues may dominate the PCT agenda.
C3. A leadership role exists for environmental health in the planning of healthy communities and supporting sustainable development by communicating environmental risk clearly to the public and ensuring effective protection systems.	D3. There is a lack of an evidence base on which to build future strategy and resource planning.
C4. Environmental health has the widest remit for public health within the local authority and a holistic approach, and as such it is a natural ally of the NHS.	D4. Environmental health is becoming marginalised and unidentifiable as traditional environmental health departments are split up and roles undertaken by other departments.
C5. Improved partnership opportunities where local authorities and PCTs have common boundaries.	D5. Difficulties with organisational structures and boundaries, eg two-tier authorities and metropolitan authorities required to relate to four PCTs.
C6. Environmental health can demonstrate links between public health protection and regulatory functions, and ensure that environment and health effects are addressed in all policy developments.	D6. Environmental health continues to be driven by focus on performance and line management. It is not working at its full potential with partners and stakeholders.
C7. There is increasing public demand and community interest in public health issues, and environmental health can make important inputs to community plans and neighbourhood renewal fund proposals.	D7. Available resources do not match the wider public health agenda, and expectations are unreasonable without funding. The cost of bidding with no guarantee of success can have disproportionate effects.
C8. Best Value can be used to show how environmental health work helps others to deliver by sharing joint goals.	D8. Constant reorganisation and 'modernisation' is causing a lack of reflection and effective learning, and difficulties with staff retention.
C9. Public health workforce planning can address environmental health recruitment and training, eg funding and shared training. The environmental health profession can become inclusive of all who work in or with the subject areas.	C9. Low uptake of students interested in environmental health as a career is leading to a moribund profession.
C10. There is money available, and environmental health is learning how to access the funding by connecting to initiatives that attract increased resources.	C10. Funding arrangements are often unclear, and there is a skills gap in bidding, obtaining and using resources flexibly.

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