Chartered Institute of
Environmental Health

Call for Evidence: Roles and Responsibilities for Health Protection in England

CIEH submission to UKHSA Call for Evidence on the Future of the Health Protection System (FHPS)

23rd October 2024

About the Chartered Institute of Environmental Health (CIEH)

CIEH is the professional voice for environmental health representing over 7,500 members working in the public, private and third sectors, in 52 countries around the world. It ensures the highest standards of professional competence in its members, in the belief that through environmental health action people's health can be improved.

Environmental health has an important and unique contribution to make to improving public health and reducing health inequalities. CIEH campaigns to ensure that government policy addresses the needs of communities and businesses in achieving and maintaining improvements to health and health protection.

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Key points:

- **Environmental Health's integral role**: For over 150 years, Environmental Health Professionals (EHPs) have been a core part of local health protection. With their expertise in epidemiology and deep local knowledge of communities, businesses, and services, EHPs serve as the 'eyes and ears' for UKHSA on the ground. Their role in health protection and disease surveillance is unique and essential to the UK's public health system.

- **Capacity constraints:** Environmental Health (EH) teams are under-resourced, shifting their focus towards reactive incident responses rather than proactive health protection measures. This is further exacerbated by the reduction of the public health ring-fence and budget cuts to UKHSA.

- **Role clarity and coordination:** There is a lack of clear delineation of roles and responsibilities in health protection, particularly between EH teams, public health, and other stakeholders, especially in two-tier local authority structures. Formal agreements, such as Memorandums of Understanding (MOUs), can significantly improve coordination.

- **Climate change considerations**: The Future Health Protection System must also be developed in the context of the challenges of climate change. UKHSA's fourth Health Effects of Climate Change in the UK report highlights these challenges. EHPs are already playing a critical role in addressing climate change impacts on health, including air quality, housing standards, food safety, water quality, emergency planning (e.g., flood response), and infectious diseases surveillance.

- **Best practice in governance:** Health Protection Assurance Groups (HPAGs), often convened by Directors of Public Health, represent best practice in clarifying roles and responsibilities, with Environmental Health Professionals (EHPs) playing a critical role in these forums.

- **Legislative reform:** The Public Health (Control of Disease) Act 1984 and Health Protection (Part 2A) Regulations 2010 are outdated and do not fully address modern public health challenges. The existing Public Health England/CIEH guidance around Part 2A Orders could be updated as a quick win.

- **Port health challenges:** The existing legislation governing port health is outdated and inconsistent, particularly regarding the distinction between designated and authorised ports under the WHO International Health Regulations (IHR). Improved coordination and clearer legal frameworks are needed between Port Health Authorities and UKHSA.

- **Digital integration:** Improved digital platforms and data-sharing systems are essential to support real-time coordination between agencies, reducing delays and enhancing response efficiency across health protection incidents.

- **Community Infection Prevention and Control (IPC):** There is inconsistency in how community IPC services are commissioned and delivered across regions, with varying roles

for Integrated Care Boards (ICBs) and local authorities. Better integration and resourcing are needed to address gaps.

- **Cross-sector collaboration:** Examples of best practice include multi-agency exercises and real-time data-sharing platforms, which have been used to enhance preparedness and coordination during health protection incidents, including zoonotic disease outbreaks.

1. **How clearly delineated are the roles and responsibilities for health protection in your area of work?**

Roles and responsibilities for health protection in Environmental Health (EH) services are not always clearly delineated, especially in two-tier local authority structures. This often leads to confusion about which agency holds responsibility for specific health protection activities. Additionally, while some areas have formal agreements like Memorandums of Understanding (MOUs), these are not consistently applied or communicated across regions. This leads to reliance on local practices, creating variability in responses and impacting the overall effectiveness of health protection efforts.

In many areas, especially in multi-agency responses during the COVID-19 pandemic, there was a significant lack of clarity regarding the roles and responsibilities of EH professionals compared to public health teams. For example, there was confusion around who should take the lead on outbreak management in care homes and schools. The statutory basis of these roles was often unclear or outdated, further complicating efforts to provide an efficient response.

Given the confusion and lack of clarity around roles within the health protection system, particularly in the context of Port Health and other cross-sector responsibilities, it would be highly beneficial to develop comprehensive guidance for both UKHSA and Directors of Public Health. This guidance should clearly outline the critical role that Environmental Health Professionals (EHPs) play in health protection, especially in areas like outbreak management and border health security.

Additionally, lessons from emergency planning could inform the creation of guidance or algorithms that clarify which profession leads specific parts of the health protection response. For instance, emergency planning models could be adapted to create decision-making algorithms that help determine whether Environmental Health, Public Health, or another agency should take the lead in various health protection scenarios. This would ensure a more coordinated response and reduce delays caused by ambiguity over roles.

2. **What do you think could be done to make roles and responsibilities for health protection clearer?**

A standardised framework should be introduced, supported by clear national guidance that defines health protection roles across all tiers of local authorities and public health bodies. The creation of joint protocols, such as MOUs, should be mandated, and digital platforms should be used to ensure that all stakeholders can access up-to-date information on roles, responsibilities, and procedures.

The Future Health Protection System must also take into account the challenges posed by climate change. UKHSA's fourth Health Effects of Climate Change in the UK report has demonstrated the need for a proactive approach. EHPs are already contributing to health protection and improvement in areas affected by climate change, including air quality, housing, food and water safety, emergency planning (such as flood response), and infectious disease surveillance and investigation.

3. **Are there any other challenges impacting how effectively the system works together?**

The most significant challenge is capacity. EH teams are often under-resourced, which shifts their focus to reactive incident response rather than proactive health protection measures. This challenge is further exacerbated by the reduction of the public health ring-fence and cuts to UKHSA's budget, making it difficult to secure sustainable resources for health protection. In two-tier authorities, where Environmental Health Professionals (EHPs) are situated in district councils, this adds another layer of complexity, as coordination between district and county authorities is often challenging. This is compounded by the lack of integrated digital systems to facilitate real-time data-sharing and communication between agencies, leading to delays in response and coordination failures. A good example is in port health where ships, aircraft and other vehicles move between international spaces with no-cohesive information and intelligence system to inform the authorities of public health concerns, advice given or actions taken. This hampered the pandemic response at the border and continues to in respect of known and emerging threats.

4. Please describe any examples of best practice where roles and responsibilities have been clarified in your geographic area or specialism.

In some areas, Local Health Protection Assurance Groups (HPAGs) have been established, which bring together EH and public health teams to clarify roles and responsibilities in health protection. These forums, often convened by Directors of Public Health, are key examples of best practice, where Environmental Health Professionals (EHPs) play an important role in ensuring health protection measures are effectively implemented. In certain regions, MOUs between the local authority and public health teams improved communication and decision-making during the pandemic. Examples such as these show that formalised agreements can significantly enhance the clarity of roles and the effectiveness of responses.

5. Please describe any examples of best practice related to establishing clear leadership and governance arrangements to help enable effective system-wide decision-making for your area or specialty.

A strong example of best practice for establishing clear leadership and governance arrangements is the use of Health Protection Forums or Local Health Protection Assurance Groups (HPAGs). These groups are often convened by Directors of Public Health (DPH) and include representatives from Environmental Health, public health teams, and other key local stakeholders. Environmental Health Professionals (EHPs) play a crucial role in these forums, contributing their expertise in areas such as infection prevention, outbreak management, and regulatory enforcement. It is vital that Directors of Public Health and UKHSA recognise the value that EHPs bring to these forums, ensuring their expertise is fully utilised within leadership and decision-making processes.

An example of this can be seen in [specific region], where a Health Protection Forum was established with clearly defined leadership roles and responsibilities. The forum created a Memorandum of Understanding (MOU) between local authorities and public health teams, which laid out structured decision-making processes during the pandemic. This MOU was instrumental in facilitating smooth, coordinated responses to health protection challenges, ensuring that all stakeholders, including EHPs, knew their responsibilities and how to collaborate effectively.

Another example is the use of Joint Committees, where leadership from both Environmental Health and public health services come together to provide oversight and make key decisions during health protection incidents. These governance arrangements not only clarify roles but also foster collaboration across different agencies, enhancing system-wide decision-making. The regular meetings, defined escalation processes, and shared accountability frameworks within these governance structures are central to their success.

These practices show that formal governance models, when coupled with clear leadership and ongoing collaboration, are essential for effective health protection and decision-making at a system-wide level.

6. Have you experienced any specific issues with the current legislative framework?

Yes, there are several issues with the current legislative framework. For example, the Public Health (Control of Disease) Act 1984, while useful, does not fully align with modern public health challenges, particularly in relation to emerging infectious diseases. Additionally, the Health Protection (Part 2A) Regulations 2010 are sometimes unclear or difficult to enforce in local settings, particularly around quarantine or isolation measures. It is worth noting that Public Health England, in collaboration with CIEH, previously produced guidance on the use of Part 2A Orders. This guidance could be updated to reflect current challenges, providing a relatively quick win in terms of improving clarity and enforcement at the local level. The absence of a clear statutory framework for licensing also creates gaps in enforcement, making it difficult for EH teams to manage health protection comprehensively.

7. Do you have any views on what could be changed to improve this?

The legislative framework should be updated to reflect current public health threats, including better alignment with the International Health Regulations (IHR). Clear statutory duties for all relevant agencies involved in health protection should be introduced, with explicit responsibilities for EH professionals, public health authorities, and the NHS. Furthermore, the integration of digital tools and systems into legislation would help to modernise the framework, ensuring that health protection work is supported by real-time data and cross-sector communication.

8. Are there any areas of your work where you have experienced gaps or a lack of clarity around roles and responsibilities in preparing for and responding to health protection incidents?

Yes, there are significant gaps and a lack of clarity in roles and responsibilities when preparing for and responding to health protection incidents. This is particularly evident in multi-agency responses where Environmental Health (EH) professionals are involved alongside public health teams. For example, during the COVID-19 pandemic, there was confusion over which agency should take the lead in managing outbreaks in non-healthcare settings like care homes and schools. This lack of clarity often stems from outdated statutory frameworks, regional variations in governance, and the absence of clear protocols to define agency roles, which complicates coordinated responses.

9. What assurance and accountability arrangements do you have in place in your local area to enable the delivery of response to health protection incidents?

In areas where formal arrangements like Local Outbreak Control Plans (LOMPs) exist, there are clearer lines of accountability. However, these mechanisms are not consistent across regions. Some areas have established Health Protection Boards or Joint Committees, which provide oversight and accountability, but these are often region-specific and not uniformly applied.

10. How effective do you think these assurance and accountability arrangements are?

Where these arrangements are in place, they are generally effective in providing a clear framework for health protection incident management. However, their effectiveness is often hampered by limited resources, especially in underfunded local authority EH teams. Additionally, without national consistency, the level of preparedness and accountability varies significantly from one region to another.

11. What cross-sector partnering or system leadership measures are in place for delivering health protection incident response in your local area? Please outline what arrangements you have and if you think there are any gaps.

In some regions, cross-sector partnerships have been established between EH teams, public health, and other local agencies, often through Local Health Resilience Partnerships (LHRPs) or Health Protection Assurance Groups (HPAGs). These mechanisms have proven successful in coordinating multi-agency responses during large-scale incidents like COVID-19, although they are not uniformly adopted across all regions.

12. Do you have any examples of best practice for preparing and responding to health protection incidents, including outbreaks?

Many regions have implemented Local Outbreak Management Plans (LOMPs) that clearly outline the roles and responsibilities of Environmental Health (EH) professionals, public health teams, and other local agencies. These plans are regularly updated and tested through multi-agency exercises, ensuring preparedness for a range of health protection incidents. A key success has been the inclusion of EH professionals in decision-making and operational planning, enabling a coordinated approach to outbreaks, particularly during the COVID-19 pandemic.

In some areas, Health Protection Assurance Groups (HPAGs) have been established to bring together representatives from EH, public health, and the NHS to ensure that there is a coordinated response to health protection incidents. For example, during the pandemic, these groups facilitated rapid decision-making on issues such as local lockdowns, testing, and contact tracing, ensuring that responses were aligned across different sectors. This approach has been cited as a model for future cross-agency working.

Best practice examples have emerged from areas where digital platforms have been used to support real-time data sharing between EH teams, public health, and other relevant agencies. This digital infrastructure allows for the immediate sharing of outbreak data, enabling faster response times and better coordination between agencies. One region successfully integrated such a platform into its pandemic response, allowing it to monitor outbreaks in care homes and schools more effectively, leading to quicker containment measures.

In some areas, annual zoonosis conferences have been a successful example of preparing for health protection incidents related to zoonotic diseases. These conferences bring together EH professionals, veterinarians, public health experts, and researchers to share knowledge, review emerging threats, and develop coordinated responses. By fostering communication and sharing best practices, these events help ensure that EH teams are better prepared to handle zoonotic outbreaks

Regular multi-agency exercises, simulating health protection incidents, have been a critical tool for preparing EH teams for real-world outbreaks. These exercises test the effectiveness of communication, coordination, and incident management protocols, identifying areas for improvement. Following these exercises, many regions have revised their Local Outbreak Control Plans and updated response protocols, ensuring they are more robust and effective for future incidents.

13. Are there any areas of your work where you have experienced a lack of clarity around roles and responsibilities for community IPC?

Yes, there is considerable variation across the country regarding who is responsible for community IPC. In some areas, EH teams take a lead role, while in others, there is little to no involvement. This inconsistency is particularly evident in settings such as care homes and schools, where the commissioning and delivery of IPC services are unclear. Additionally, Integrated Care Boards (ICBs) play a varying role in community IPC, adding to the confusion.

14. What does community IPC mean in your role?

In some regions, community IPC services are commissioned by local authorities, while in others, they fall under the remit of NHS trusts or Integrated Care Boards (ICBs). There is no uniformity in commissioning across the country, which leads to gaps in service provision and unclear responsibilities for EH professionals.

15. What issues do you experience in delivering or commissioning community IPC services?

The primary issues in delivering community IPC services include a lack of funding, limited recruitment, and retention of qualified IPC specialists. Furthermore, there are significant variations in how these services are integrated across local authorities, with some regions having robust IPC teams and others struggling to meet basic requirements. There is also insufficient training for Environmental Health Officers to manage IPC effectively in some areas.

16. Are there any areas of your work where you have experienced a lack of clarity around roles and responsibilities for border health security (port health)?

Yes, there is significant confusion around the roles and responsibilities between Port Health Authorities (PHAs) and the UK Health Security Agency (UKHSA), particularly in relation to public health controls for passengers arriving at designated airports. While UKHSA often takes the lead on these matters, the majority of legal powers under the Public Health (Aircraft and Ships) (Amendment) (England) Regulations 2007 rest with local and port health authorities.

Moreover, the legislation itself is outdated and does not clearly define the responsibilities for coordinating public health responses between PHAs and UKHSA. This lack of clarity leads to inefficiencies, particularly when managing health risks at Points of Entry (PoE).

17. Does the existing legislation enable you to address current and emerging challenges in border and port health management?

The existing legislation is insufficient for addressing current and emerging challenges. The Public Health (Aircraft and Ships) Regulations are outdated and need to be rewritten to reflect modern public health risks and the roles of PHAs under the WHO International Health Regulations (IHR) 2005. It was intended that the Health Protection Regulations of 2010 would include no specific new controls for ships and aircraft but these were never enacted and thus the UK does not have the clear and necessary legal framework to effectively implement IHR at the borders or provide suitable health protection response if legal powers were needed to deal with public health cases onboard ships or aircraft.

Specific examples include confusion around the distinction between “designated” and “authorised” ports. Designated ports are those required to meet the capacities set out in Annex 1b of the IHR 2005, while authorised ports are those certified to issue Ship Sanitation Certificates under article 39 of the IHR. However, this distinction is poorly reflected in UK legislation, causing operational inefficiencies. The Public Health Regulations also focus on more specific controls for diseases such as smallpox and yellow fever whilst ignoring COVID-19 and other potentially hazardous diseases that may present themselves at UK borders.

18. Are there specific aspects of the legislation that have become outdated or inadequate in addressing evolving threats to public health at the border and compliance with international health treaties like the International Health Regulations?

Yes, the legislation governing ships and aircraft is contradictory and confusing. For instance, the limited number of designated seaports—Portsmouth, Newcastle, and Belfast—is likely insufficient given the changes in international travel. These ports may not be equipped to handle all types of vessels that could be required to divert there in the event of a public health emergency.

Furthermore, the UK does not compare favourably in our opinion when compared to other countries regarding its Points of Entry systems. The UK has not been involved in the WHO Joint External Evaluation (JEE) process, which assesses how well countries are complying with the IHR. Additionally, local port health authorities do not appear to be involved in the UK’s annual State Party Self-Assessment Annual Reporting (SPAR) to the WHO, leading to an incomplete picture of the UK’s health protection capacities at ports.

CIEH regards Port Health as a vital service in protecting the UK’s borders from health threats. The pandemic has underscored the need to strengthen our Border Health systems, and there is an urgent need for legislative reform. CIEH recommends a complete rewrite of the Public Health regulations for aircraft and ships, with a focus on recognising the critical role of Port Health Authorities in health protection under the IHR 2005.

Additionally, there must be improved coordination and communication between UKHSA and local port health authorities. The current communication is largely ineffective, with infrequent and inadequate two-way communication.

Alongside the clarification of roles, closer co-ordination between international partners, and improved intelligence and information flows, fundamentally the legislation would benefit from the introduction of some real teeth in terms of criminal (prosecution) and civil sanctions (civil penalties) for non-compliance through a revamped toolkit for regulators.

CIEH is willing to participate in further reviews and the development of updated systems and legislation, drawing on the expertise of our dedicated Port Health Advisory Panel.