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The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Delivering with Less – the Impact on Environmental Health Services and Citizens

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Councils are mostly meeting their statutory responsibilities for environmental health but some key areas of operation are under growing pressure.

Councils are continuing to deliver services that are above the minimum in most environmental health best practice standard areas but this is not sustainable.

There is a mixed picture of how well environmental health services are performing against national performance indicators and any increase in demand for services will make it difficult to maintain performance in the future.

Environmental health services are becoming unsustainable and councils need to make new strategic choices and find more efficient and effective ways of working if they are to continue to meet their current and future statutory responsibilities.

The ability of councils to ensure environmental health services are sustainable in the future is hampered by incremental and reactive approaches to making budget and staff cuts.

There are weaknesses in how councils collect and analyse environmental health information which undermine their ability to plan for the future.

New environmental health statutory duties are being introduced which councils will find it difficult to deliver.

Appendices

Appendix 1 – Methodology

Appendix 2 – Council funding in Wales

Appendix 3 – Council improvement objectives 2013-14 relating to environmental health services
Summary report
Local government plays a pivotal role in shaping and supporting their local communities and providing community leadership and democratic representation. Councils also provide a range of vital front-line services and have statutory responsibilities for many things that affect people’s lives. These services include school education, planning and transport; environmental health; social services; housing; waste management; and promoting equality and sustainable development. Environmental health services cover the assessment, control and prevention of factors in the environment that can adversely affect human health. They cover a range of issues that are of particular public concern, such as food safety, pest control, dog fouling and noise pollution. Council responsibilities include: assessing the quality of the homes where people live; assessing the safety of places where people work; checking the hygiene of places where people eat and where food is produced; reducing the causes and effects of air pollution; dealing with problems arising from noise and anti-social behaviour; and pest and dog control.

As set out in the Auditor General’s recent report Meeting the Financial Challenges Facing Local Government in Wales¹, the UK is going through an unprecedented period of fiscal austerity with significant implications for public spending in Wales. As a result of the spending reviews, there have been major cuts in Welsh Government budgets. Between 2010-11 and 2013-14, the Welsh Government’s revenue budget reduced by around £1 billion (seven per cent) in real terms (at 2010-11 prices). By the end of 2016, the Welsh Local Government Association expects the local government shortfall will be £460 million. Councils are therefore under increasing pressure to reduce costs whilst still having a duty to deliver many statutory services as well as make arrangements to secure continuous improvement.

Councils are being tested in how they respond to this challenge. The scale of cost reduction required means that councils will have to look beyond immediate short-term savings and think more radically about how to reduce costs and how to sustain this in the longer term whilst still improving services. Cutting spending effectively requires councils to take a strategic overview to avoid an erosion of service quality in priority delivery areas. Councils should clearly prioritise which services matter most, based on an accurate, realistic assessment of the costs, benefits and risks of the options to cut spending.

As the first in a series of studies looking at how councils are managing to deliver with less, this study considers the impact of cuts in resources on the ability of council environmental health services to deliver their statutory obligations. We have a clear rationale for selecting environmental health services for our first national delivering with less study. Environmental health is highlighted as a service where councils should collaborate more effectively in the ‘Simpson’ Report². Environmental health is also a service that has been afforded less priority than other local government areas such as education and social services. Finally, citizens highly value many of the services provided by council environmental health teams, work such as tackling noise nuisance, dealing with dog fouling and inspecting food premises.

¹ Wales Audit Office, Meeting the Financial Challenges Facing Local Government in Wales, 27 January 2014
² Local Government Leadership Centre, Local, Regional, National: what services are delivered where? March 2011
This report was prepared by staff of the Wales Audit Office on behalf of the Auditor General. Our methods are set out in Appendix 1 and included an online survey for members of the public to tell us about their experiences of environmental health services in their area and their awareness of how their council is planning to, and reducing, expenditure.

Based on the findings of this audit, the Auditor General has concluded that councils are mostly meeting their statutory environmental health obligations but because of budget and staff cuts, limited transformation work and poor resource planning, environmental health services are at risk of being unable to effectively deliver their current responsibilities or take on new statutory duties to protect the public and the environment in the future.

Councils have many statutory environmental health duties but spending is not being protected during the current period of financial austerity, which is making it more difficult to deliver national strategic priorities.

As a result of the spending reviews, there have been major cuts in Welsh Government budgets. Between 2010-11 and 2013-14, the Welsh Government’s revenue budget reduced by around £1 billion (seven per cent) in real terms (at 2010-11 prices). By the end of 2016, the Welsh Local Government Association expects the local government shortfall will be £460 million.

The Welsh Government is prioritising investment in creating jobs, improving educational attainment and supporting children, families and deprived communities. By prioritising these areas, other services get less priority and, consequently, less protection from the cuts that the Welsh Government has to make. In 2012-13, the bulk of council spending was on education and social services, which account for 63 per cent of net revenue expenditure.

Councils have over 200 separate environmental health statutory powers. However, no work has been undertaken in Wales to identify the statutory and non-statutory duties of council environmental health services or agree the national priorities for environmental health in the future.

The Chartered Institute of Environmental Health and the Wales Heads of Environmental Health Group has, through its best practice standards, further defined the range of statutory and discretionary environmental health services delivered by councils in Wales. This extensive range of services highlights the importance of environmental health in protecting the public and improving the quality of life for people living in and visiting Wales. Whilst the best practice standards outline the statutory responsibilities for council environmental health services, they could be improved by better aligning the work of environmental health with national and local strategic priorities.
11 Environmental health work is often a local priority for improvement for councils. The Local Government (Wales) Measure 2009 (the Measure) places a general duty on councils to make arrangements to secure continuous improvement in the services they provide. In 2013-14, 17 of the 22 councils have adopted improvement objectives that relate to the work of environmental health services. Eleven councils set objectives relating to the need to improve the quality, condition and/or affordability of housing; eight councils to improve and protect the environment; five prioritised health improvements; and one council improving public health and protection services.

12 Reductions in environmental health services will have an effect on the delivery of national strategic priorities. In 2011, the Welsh Government published its Programme for Government, which set four broad strategic themes covering the Assembly term 2011-2015. Many of these relate to the work of council environmental health services and how they contribute to health, well-being and public service improvement.

There has been a significant reduction in council environmental health services resources in the last three years

13 In 2013-14, environmental health spending accounted for less than 0.5 per cent of all local government expenditure, £39.5 million out of a total expenditure of £9,047 million. Councils have reduced environmental health service budgets by 4.3 per cent in the last three years. In addition, nearly three-quarters of councils are also delivering in-year savings on top of these annual budget cuts. Some important statutory environmental health services have seen budget cuts of roughly 20 per cent in the last three years.

14 Since 2011-12, the number of Full Time Equivalent (FTE) staff across the 22 Welsh councils has fallen by roughly seven per cent but the number of staff employed in environmental health services has fallen by 16.4 per cent. All major areas of environmental health work have seen significant cuts in staff numbers of between 14.2 per cent and 19.7 per cent in the last three years.

15 Our surveys found that whilst councillors are receiving information and deciding on budget cuts in environmental health services, a significant proportion – 46 per cent – are unclear on the impact of their decisions and whether services are able to continue to deliver in the future. 70.4 per cent of councillors responding to our survey believe that their council’s environmental health services are meeting their statutory obligations and 69.4 per cent that these services are improving. We found that elected members do not have the necessary skills and support to effectively scrutinise and challenge service performance, savings plans and the impact of budget reductions.
However, council environmental health staff are not as optimistic about sustaining the quality and performance of the services they provide. 63.3 per cent of staff believe that council environmental health services currently meet their statutory obligations. Only 50.4 per cent of staff believe that councillors and senior management recognise the importance of environmental health services. Only 46.4 per cent of council staff believe that environmental health services are improving.

Members of the public responding to our survey are mostly positive about the current standard of environmental health service they receive but have a low awareness of current performance or future plans. 58.3 per cent of respondents believe the environmental health service they received was excellent. Only 26 per cent of respondents believe that their council keeps them informed of how well the services they receive are performing. Only 24 per cent of respondents to our survey believe their council has effectively engaged with them on future plans and are clear how future cuts will impact on them. Councils need to improve how they engage and consult with local residents over planned budget cuts and changes in services.

Councils are mostly meeting their statutory responsibilities for environmental health but some key areas of operation are under growing pressure

Our analysis of the best practice standards shows that in most environmental health areas councils assess themselves as continuing to deliver services that are above minimum standard, with: 37 per cent of all the best practice standards considered to be at the highest level; 30 per cent assessed as to a good standard; 22 per cent at the minimum standard; and only 11 per cent below minimum standard. The areas where performance is assessed as having significant proportions below minimum standards are: health improvement, with 32 per cent below minimum standard; pollution control with 13.8 per cent below minimum standard; recruitment with 11.6 per cent assessed as below minimum standard; and housing with 10.3 per cent below minimum standard. Some of the services that are delivering at below minimum standard have experienced the largest reductions in staff resources.

There is a mixed picture of how well environmental health services are performing against national performance indicators and any increase in demand for services will make it difficult to maintain performance in the future. Our review of the national data councils publish on their environmental health services found that performance of private sector housing improvement and enforcement services has been mixed in recent years and the reduction in capital spending may reduce the impact of these services in the future. Food safety performance is being maintained but because the number of premises subject to inspection has fallen there is a risk that councils will struggle to meet any increase in demand in the future. The number of businesses subject to health and safety inspections has fallen and council performance is mixed.
Environmental health services are becoming unsustainable and councils need to make new strategic choices and find more efficient and effective ways of working if they are to continue to meet their current and future statutory responsibilities.

Environmental health services are reaching a tipping point and councils need to make new strategic choices and find more efficient and effective ways of working. The ability of councils to ensure environmental health services are sustainable in the future is hampered by reactive approaches to making budget and staff cuts. To date, councils have mostly delivered environmental health budget savings through an annual ‘salami slicing’ exercise. Savings and budget cuts have been focused on changing terms and conditions, reorganising services and reducing back-office and managerial support. With one exception this means that future-proofing environmental health services to ensure that statutory responsibilities are maintained has been very limited in most councils. This represents a risk to the health and well-being of all those living and visiting Wales.

There are weaknesses in how councils collect and analyse environmental health financial, performance and demand/need data that undermine their ability to plan for the future. Currently, the management and use of data is focused on quantity and sometimes quality (or satisfaction) but seldom on understanding or showing the impact of environmental health services on public health and well-being. Councils need to improve how they analyse data to inform and understand the relationship between ‘cost: benefit: impact’ and use this intelligence to underpin decisions. Key to this will be agreeing how digital information can be used to plan and develop environmental health services in the future. However, because of these weaknesses, it makes it difficult to evaluate the benefits of the service and what the impact of budget cuts will be on citizens.

The Welsh Government is planning significant new legislation that will impact directly on the services provided by councils’ environmental health teams. The Housing (Wales) Bill and the Listening to you: Your health matters White Paper, as well as the recent White Paper on Local Government in response to the Williams Commission, set out a series of proposals for legislation to help further improve public services and protect people’s health and well-being in Wales. Councils remain concerned that they will be unable to deliver these commitments because of reductions in staff numbers in recent years and uncertainty in future resources and the duties set out in new housing and health legislation need to be clearly set out for councils.
The key recommendations arising from the work we carried out are that:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Responsible partners</th>
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<tbody>
<tr>
<td>R1 Revise the best practice standards to:</td>
<td>Councils, Chartered Institute of Environmental Health Cymru</td>
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<tr>
<td>• align the work of environmental health with national strategic priorities;</td>
<td></td>
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<tr>
<td>• identify the wider contribution of environmental health in delivering strategic priorities of the Welsh Government; and</td>
<td></td>
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<tr>
<td>• identify the benefit and impact of environmental health services on protecting citizens.</td>
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<td>R2 Provide scrutiny chairs and members with the necessary skills and support to effectively scrutinise and challenge service performance, savings plans and the impact of budget reductions.</td>
<td>Councils, Welsh Local Government Association</td>
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<tr>
<td>R3 Improve engagement with local residents over planned budget cuts and changes in services by:</td>
<td>Councils, Welsh Local Government Association</td>
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<td>• consulting with residents on planned changes in services and using the findings to shape decisions;</td>
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<tr>
<td>• outlining which services are to be cut and how these cuts will impact on residents; and</td>
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<td>• setting out plans for increasing charges or changing standards of service.</td>
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<tr>
<td>R4 Improve efficiency and value for money by:</td>
<td>Councils, Welsh Local Government Association, Welsh Government</td>
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<tr>
<td>• Identifying the statutory and non-statutory duties of council environmental health services.</td>
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<td>• Agreeing environmental health priorities for the future and the role of councils in delivering these.</td>
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<tr>
<td>• Determining an ‘acceptable standard of performance’ for environmental health services (upper and lower) and publicise these to citizens.</td>
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<tr>
<td>• Improving efficiency and maintaining performance to the agreed level through:</td>
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<tr>
<td>‒ collaborating and/or integrating with others to reduce cost and/or improve quality;</td>
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<td>‒ outsourcing where services can be delivered more cost effectively to agreed standards;</td>
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<td>‒ introducing and/or increasing charges and focusing on income-generation activity;</td>
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<td>‒ using grants strategically to maximise impact and return; and</td>
<td></td>
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<tr>
<td>‒ reducing activities to focus on core statutory and strategic priorities.</td>
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The responsible partners named above should co-operate in ascertaining how they
will collectively address these recommendations and how others may be involved;
for example the Welsh Government, Welsh Local Government Association and
Chartered Institute of Environmental Health Cymru.

<table>
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<tr>
<th>Recommendation</th>
<th>Responsible partners</th>
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<tr>
<td>R5  Improve strategic planning by:</td>
<td>Councils</td>
</tr>
<tr>
<td></td>
<td>• identifying, collecting and analysing financial, performance and demand/need data on environmental health services;</td>
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<tr>
<td></td>
<td>• analysing collected data to inform and understand the relationship between ‘cost: benefit: impact’ and use this intelligence to underpin decisions on the future of council environmental health services; and</td>
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<tr>
<td></td>
<td>• agree how digital information can be used to plan and develop environmental health services in the future.</td>
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<tr>
<td>R6  Clearly set out the expectations of council environmental health services under new housing and health legislation and agree how these new duties will be delivered.</td>
<td>Welsh Government, Welsh Local Government Association</td>
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24
Part 1

Councils have many statutory environmental health duties but spending is not being protected during the current period of financial austerity, which is making it more difficult to deliver national strategic priorities
1.1 Councils have a range of statutory environmental health duties that they are required to deliver. These range from tackling overcrowding and poor housing conditions to testing for air pollution and checking the quality of food premises. However, because of reductions in UK government funding for the Welsh Government and councils, local authorities have less money to maintain these services and support delivery of national improvement priorities.

1.2 In this part of the report, we briefly consider the key issues arising from the comprehensive spending reviews of 2011 and 2013; the impact on the Welsh Government budgets; and the reductions that have been made in council funding in Wales. We also examine the extensive range of statutory environmental health duties councils in Wales have and consider how these services contribute to the Welsh Government’s Programme for Government. We also review council improvement objectives in 2013-14 to determine how many councils have prioritised environmental health work.

- Communicable Disease Control
- Food Safety Control
- Health and Safety
- Recruitment Training and Development
- Port Health
- Pest Control
- Dog Control
- Pollution Control
- Community Safety
- Licensing
- Housing
Following the global financial crisis, the UK government completed spending reviews in 2011 and 2013, which resulted in major cuts in public spending and revenue support grant to councils is projected to have reduced by approximately £0.5 billion by 2016.

1.3 Following the May 2010 election, the new UK coalition government carried out a Spending Review, which was finalised in October 2010. The Spending Review covered the years 2011-12 through to 2014-15 and was driven by a desire to reduce UK government spending in order to cut the budget deficit. The details of the Spending Review were announced on 20 October 2010 and introduced significant cuts in public spending. The review intended to cut £81 billion in public spending over the life of the coalition government, with average departmental cuts of 19 per cent. In addition, major changes in welfare were announced including £7 billion of cuts, changes to incapacity benefit, housing benefit and tax credits and a rise in the state pension age to 66 from 2020. Public sector employees also face a £3.5 billion increase in public pension contributions. Because of slow economic growth, the UK government undertook a further Spending Review in 2013 to adjust its spending plans and introduce an additional two years of public spending cuts, taking fiscal austerity up to 2017-18.

1.4 The Welsh budget is agreed following the UK government spending reviews. While some of the money is spent directly by the Welsh Government in accordance with Ministerial priorities, a significant proportion is allocated to the public bodies which it sponsors and funds; for example local government, the NHS in Wales and Welsh Government sponsored public bodies. Because of the spending reviews, there have been major cuts in Welsh Government budgets. Between 2010-11 and 2013-14, the Welsh Government’s revenue budget reduced by around £1 billion (seven per cent) in real terms (at 2010-11 prices). However, the capital budget has seen much sharper reductions – in the order of 40 per cent, in real terms.

1.5 The Welsh Government is challenged with meeting these cuts and identifying the priorities it will invest in. In setting the budget for 2014-15, the Finance Minister announced that the Welsh Government is prioritising investment in three key areas:

a  economic growth and creating jobs;

b  improving educational attainment; and

c  supporting children, families and deprived communities.

1.6 These are areas of work the Welsh Government has prioritised over others in setting budgets and deciding where reductions in public expenditure, especially grants, will be made. By highlighting these areas, other services get less priority and consequently less protection from the cuts that the Welsh Government has to make.

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3 An introduction to Spending Review, HM Treasury, 2010
4 Wales Audit Office, Meeting the Financial Challenges Facing Local Government in Wales, January 2014
5 Written Statement of the Finance Minister, Final Budget 2014-15, 3 December 2013
Overall, councils in Wales had a £155 million (3.8 per cent) real-terms reduction in their revenue funding from the Welsh Government in 2011-12. In real terms, the revenue funding from the Welsh Government will be around £283 million (seven per cent) lower in 2013-14 than 2010-11. In October 2013, the Welsh Government announced reductions in core funding of £175 million in 2014-15 and a further £65 million in 2015-16. By the end of 2016, the Welsh Local Government Association expects the local government shortfall will be £460 million.

Council income is derived from a range of sources, the key ones being revenue support grant from the Welsh Government; council tax; non-domestic rates; and other income/grants (for a fuller explanation of each of these see Appendix 2).

Exhibit 1 shows that between 2009-10 and 2012-13, the gross income for councils in Wales has increased by £0.5 billion, from £8.6 billion to £9.1 billion. However, the level of support from the Welsh Government is reducing, falling from 39 per cent of council income to 35 per cent and a greater proportion of income is now derived from local charging. Over this same period, there has been a marginal increase of £66 million in the combined spending power of Welsh councils with gross revenue expenditure rising from £8.981 million in 2009-10 to £9.047 million in 2012-13.

To work out each council’s share of Revenue Support Grant, the Welsh Government calculates a Standard Spending Assessment (SSA) that takes account of the population, social structure and other characteristics of each authority. The Welsh Government (in consultation with local government) has developed separate formulas covering major service areas, including: education; personal social services; police; fire; highway maintenance; environmental, protective and cultural services; housing; and capital financing. These formulas are used to provide a notional indicative allocation for each council service. There is an on-going programme of work under the auspices of the Partnership Council to ensure that the formulas remain relevant and up-to-date.

Exhibit 1 – Actual gross income (cost of services) for Welsh councils 2009-10 to 2012-13

<table>
<thead>
<tr>
<th>Income source for all Welsh councils</th>
<th>2009-10 £000’s</th>
<th>2010-11 £000’s</th>
<th>2011-12 £000’s</th>
<th>2012-13 £000’s</th>
</tr>
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<tbody>
<tr>
<td>Council tax income</td>
<td>1,259,916</td>
<td>1,313,583</td>
<td>1,363,697</td>
<td>1,401,407</td>
</tr>
<tr>
<td>Non-domestic rates income</td>
<td>804,412</td>
<td>841,300</td>
<td>718,103</td>
<td>820,533</td>
</tr>
<tr>
<td>Other income (grants and charges)</td>
<td>3,452,510</td>
<td>3,861,763</td>
<td>3,561,578</td>
<td>3,694,831</td>
</tr>
<tr>
<td>Total</td>
<td>8,678,032</td>
<td>9,286,659</td>
<td>8,997,124</td>
<td>9,150,062</td>
</tr>
</tbody>
</table>

Source: Comprehensive Income and Expenditure Statement, all Welsh Councils, Statutory Accounts 2009-10 to 2012-13
However, the revenue support grant is not ring fenced or hypothecated and councils are responsible for deciding how they spend their allocation on the services for which they are responsible. This means that the grant is flexible and councils have significant scope to decide how it is to be used to meet local needs and priorities, and on what services it should be invested in. Exhibit 2 shows that the bulk of monies being spent by councils are on education and social services and these accounted for 63 per cent of net revenue expenditure in 2012-13\(^8\). Twelve per cent of funding goes towards police and fire services and the remaining 25 per cent on all other council services.

Exhibit 2 – Local government net current service spending in Wales 2012-13
Education and social services account for the bulk of council expenditure and all other council services have limited budgets.

Source: StatsWales, local government expenditure estimates, 2012-13

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\(^8\) Net current service spending is the overall level of spending on a service net of any income from providing that service. ‘Central and other services’ include corporate and democratic management and non-distributed costs.
Councils have a wide range of statutory environmental health responsibilities

1.11 Statutory services, which councils are required to deliver, have grown incrementally through the years on the back of numerous individual statutory provisions, regulations, directives and interpretations of all of these by judges on a case-by-case basis. It can sometimes be a very difficult matter of interpretation and judgement as to whether a particular service is a statutory or discretionary one. Even where a particular service is clearly required to be carried out (ie, the public body cannot choose simply to cease providing it) there can be much debate as to the exact level of statutory provision that is needed. The situation is not assisted by the piecemeal nature of legislative provision in a number of services requiring, for example, councils to look back at public health legislation at the end of the 19th century.

1.12 In 2010, the UK government’s Department for Communities and Local Government (working with the Local Government Association) compiled a list of these duties to give clarity about the statutory responsibilities of local government. That department consulted English councils on this list, and in March 2011, published its final list setting the statutory duties and responsibilities for local government in England. Many of these duties and responsibilities also relate to Wales and, in the absence of a Welsh equivalent, provide the best picture of the full extent of the statutory responsibilities of Welsh as well as English local authorities.

1.13 In total, the UK Department for Communities and Local Government identified 1,340 separate statutory duties and many of these duties relate to the work of council environmental health services. For example, the process identified 46 statutory duties for the environment and environmental protection; 32 separate duties for environment and product safety; 37 for food production; 29 for food safety; 10 for medicine and food labelling; 37 in relation to public health; and 13 for housing enforcement and improving the quality of private sector housing. The Department for Communities and Local Government analysis shows that councils have a broad range of environmental health duties and responsibilities that they are required to provide.

1.14 The Chartered Institute of Environmental Health and the Wales Heads of Environmental Health Group has, through its best practice standards, sought to further define the range of statutory and discretionary environmental health services delivered by councils in Wales. These broadly reflect the statutory obligations for all environmental health services covering 11 areas of activity set out in paragraph 1.2 above (Exhibit 3).


10 Chartered Institute of Environmental Health Wales and all Wales Heads of Environmental Health Group, best practice standards, October 2013. The standards are subject to regular review and update to take account of changes in statutory guidance; the impact of new legislation or case law; and to reflect new ways of delivering services. The standards define activity in each of the service areas and set out the characteristics that constitute: a minimum standard service; a good standard of service; and best practice in each of the areas.
Communicable disease control
Councils have statutory responsibility for notifiable infectious disease in their locality (which includes the control of food poisoning) under the Public Health (Control of Disease) Act 1984. Certain infectious diseases are notifiable to Public Health Wales and these are investigated by the Consultant in Communicable Disease Control (CCDC) or by officers of the local authority to try to prevent the spread of illness within the community and to try and establish possible causes.

Food safety control
Councils are responsible for the routine inspection of food premises located within their area and for the ongoing enforcement of relevant food law. Duties include investigating complaints made by the public about food and food premises; undertaking food surveillance sampling; providing advice on all food safety matters to the public and the food industry; and providing reports to the Licensing Board in relation to licensed premises.

Health and safety
Health and safety enforcement is split between local authorities and the Health and Safety Executive (HSE). Local authorities tend to cover most service and retail premises within an area and the HSE larger premises such as factories. Local authorities carry out health and safety inspections and investigate complaints about workplaces.

Recruitment, training and development
Provision of learning and development opportunities to equip staff to deliver their job more effectively. For environmental health this includes Continual Professional Development (CPD); the means by which environmental health staff maintain their knowledge and skills related to their profession. This is especially important for environmental health services because Environmental Health Officers (EHOs) are often required to provide evidence in court cases and qualified EHOs need to satisfy the court that their knowledge is up to date and of sufficient breadth for them to be considered an authoritative expert witness.

Port health
The UK imports just under 50 per cent of its overall food requirements. The UK imports just under 50 per cent of its overall food requirements. Consequently, it is important that public health safeguards are established and maintained for the commercial use of shipping and the Public Health (Control of Disease) Act 1984. For some local authorities this is an important area of work and includes the inspection of shipping, including passenger vessels, to ensure public health standards are met; investigating reported sickness amongst ship’s company or passengers; and inspecting foodstuffs and products of animal origin.

Pest control
Councils often offer a pest control service for homes and commercial premises. They can provide treatments to control rats, mice, cockroaches and bedbugs. Some services are chargeable and whilst the service is important in dealing with pests that are perceived to be detrimental to a person’s health, the ecology or the economy, not all councils provide these services.
Dog control
Councils deal with complaints from members of the public about dog fouling, stray dogs, nuisance dogs and dangerous dogs. Councils in Wales also have the power to create specific dog control orders through the Dog Control Orders (Miscellaneous Provisions) (Wales) Regulations 2007.

Pollution control
Councils provide a specialist range of monitoring, investigation and enforcement services covering air pollution and air quality; contaminated land; and noise and vibration. This work can include review and assessment of air quality; identification and regulation of contaminated land; routine monitoring of landfill gas at closed council landfill sites; noise and vibration measurements and analyses; regulation of industrial processes; investigation of complaints concerning industry; provision of environmental data and information; and provision of advice and technical support for the building regulation, regeneration and development control processes.

Community safety
Community safety is not just an issue for police and fire and rescue authorities. Councils contribute in a variety of ways, including the work of environmental health services. For example regulation, licensing and trading standards through the provision of alcohol and entertainment licenses to help maintain public order and food hygiene certification for businesses to prevent food poisoning.

Public health
Public health is about helping people to stay healthy and avoid getting ill. Responsibility for many public health functions rests with councils and includes advice and information on a whole range of health services such as immunisation, healthy eating, tobacco and alcohol, drugs recovery, sexual health and mental health issues.

Licensing
Council licensing services cover a wide range of activities, events and services, most of which we encounter during our day-to-day life. In terms of environmental health licensing relates to visits and inspections carried out of specific licensed premises and services that impact on the health of citizens and livestock, including premises licensed for animal welfare purposes or acupuncture, tattooing, cosmetic piercing and electrolysis.

Housing
All landlords have a legal responsibility to maintain their properties and ensure they are let in a good state of repair. The property must be free from all serious health and safety hazards. Where the landlord fails in this duty, councils will inspect the property using the Housing Health and Safety Rating System (HHSRS) and where necessary enforce that the landlord removes the hazard(s) from the property. Councils must also run a licensing scheme for certain types of high-risk Houses in Multiple Occupation (HMO). Various acts of Parliament also give councils discretionary powers to resolve unsatisfactory conditions in houses, HMOs and flats, and to reduce the impact of long-term empty properties. Councils also deliver capital improvement work to private sector housing through renewal areas and group repair schemes, as well as provide Disabled Facilities Grants (DFGs) to support people to live independently.

Source: Best practice standards, October 2013
Whilst the best practice standards outline the statutory responsibilities for council environmental health services, they could be improved by better aligning the work of environmental health with national and local strategic priorities. For example, the standards do not identify the wider contribution of environmental health in delivering strategic priorities of the Welsh Government – independence of older people or health improvement. The current best practice standards need to link more clearly to national strategic outcomes to better demonstrate the importance of environmental health and the wider impact of these services. This will enable councils, the Welsh Government and citizens to clearly see the risks associated with reducing funding in these services by highlighting the likely impact on either councils or citizens if individual environmental health services are either reduced or stopped all together.

Environmental health work is often a local priority for improvement for councils

The Measure places a general duty on councils to make arrangements to secure continuous improvement in the services they provide. In considering its general duty to improve, a council must set improvement objectives based on a thorough evidence-based understanding of the communities they serve, local needs and their capacity to address them. Improvement objectives should also correspond directly with the council’s priorities for improvement.

The Measure identifies a range of criteria to be used in selecting improvement objectives. These include: local priorities as set out in the council’s community strategy; national and international priorities as expressed by the Welsh Government, UK government and the European Union; or the global context, for example, threats to health, climate change and sustainability.

Exhibit 4 shows that in 2013-14, 17 of the 22 councils have adopted improvement objectives that relate to the work of environmental health services. Eleven councils set objectives relating to the need to improve the quality, condition and/or affordability of housing; seven councils to improve and protect the environment; five prioritised health improvements; and one council improving public health and protection services. The full list by council is set out in Appendix 3.

In addition to the wide range of statutory duties that councils are responsible for, they also provide many preventative and discretionary services. In terms of environmental health these include health promotion, work under school-based health initiatives such as the Healthy Options programme and dealing with pests that are detrimental to a person’s health. These are services that contribute to the well-being of communities and are very often highly valued. Indeed, there is increasing recognition of the value of these low-level preventive and discretionary services in promoting quality of life. They can often also delay or prevent any need for more intensive and costly services. Yet, with councils having to make significant cuts to their budgets and under pressure to prioritise resources on education and social services, many of these high-value: low-cost discretionary services are under threat.
Seventeen of the 22 Welsh councils prioritised environmental health work as part of their 2013-14 improvement objectives.

Source: Wales Audit Office, review of improvement objectives 2013-14
Eleven councils set objectives relating to the need to improve the quality, condition and/or affordability of housing.

Seven councils set objectives to improve and protect the environment.

Five councils set objectives relating to the need to improve health.

One council set objectives to improve public health and protection services.
Delivering with Less – the Impact on Environmental Health Services and Citizens

I realise this service is essential to every resident. This service is walking the tightrope of Government cuts. This means it tries very hard to give a good service, but tight resources mean whilst not lowering standards means lowering of attainment levels.

Regulatory services generally are regarded as the Cinderella services in local government but become essential when serious transgressions occur. Many of these services including Environmental Health are largely unseen but individuals value their assistance when things go awry. These are the services to which authorities turn when savings are required. Over the years many of these services have suffered from this tendency until currently they can be regarded as providing a barely adequate service.

Environmental Health is often overlooked but provides one of the core services provided by local government. It is important that the resources continue to be provided that will support environmental health services because, it will only be when they disappear that the public at large will realise what an important role they discharge.

It is vitally important to maintain Environmental Health services particularly as this is a high risk area of work.
Environmental health services impact directly on the safety, health and well-being of all residents of, and visitors to, Wales and reductions in these services will have an impact on the delivery of national strategic priorities

1.20 In 2011, the Welsh Government published its Programme for Government which sets four broad strategic themes covering the Assembly term 2011-2015. These are: growth and sustainable jobs; educational attainment; supporting children, families and deprived communities; and improving health and well-being for all citizens.12

1.21 Under these four broad objectives the Welsh Government has made a series of commitments to either improve current services or develop new approaches, and allocated funding to support this activity. Many of these relate to the work of council environmental health services. For example: improving the quality of Welsh homes; preventing poor health and reducing health inequalities; improving safety in communities; and living within environmental limits and acting on climate change.

1.22 Within the Programme for Government, the work of council environmental health services is also specifically identified. For example:

- a  under Welsh homes, the proposals to work with councils to improve housing quality and management standards in the private rented sector; and
- b  under improving health and well-being, develop an animal health and welfare strategy and consult on the need for a public health bill.

1.23 In addition, the Welsh Government has a strong commitment to tackling public health issues and addressing inequalities in health. A whole raft of environmental health work has a direct impact on the health and well-being of local people. For example, a number of public health responsibilities identified in the Listening to you: Your health matters White Paper13 will increase the role of environmental health in this area.

1.24 The Chief Medical Officer for Wales, in her Annual Report, notes the importance of the work of environmental health practitioners in dealing with public health concerns as diverse as cancer, obesity, infectious diseases, asthma, falls and excess winter deaths. There are also key messages about the growing public health importance of alcohol control, sunbeds, body piercing, housing standards and food hygiene14. Consequently, environmental health services contribute to the wider national agenda of health, well-being and public service improvement15 and play an important direct and indirect preventative role.

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12 Welsh Government: http://wales.gov.uk/about/programmeforgov/about/?lang=en
14 Our Healthy Future, Chief Medical Officer for Wales Annual Report 2011
15 Welsh Government, Programme for Government: Update on Key Actions, 2014
Part 2

There has been a significant reduction in council environmental health services resources in the last three years.
2.1 In this part of the report, we examine the reduction in the budgets for council environmental health services over the last three years and the impact of these changes on staff numbers and roles. We also consider the performance by councils on delivering within their budgets and the changes in resource that have taken place within the different council environmental health teams.

Councls have reduced environmental health service budgets by 4.2 per cent in the last three years but most councils are also required to deliver in-year savings as well

Environmental health spending accounts for less than 0.5 per cent of all local government expenditure

2.2 The amount of money that councils spend on environmental health services is very small, relative to total local government spend. In 2012-13, councils in Wales spent £9,047 million on the services they provide, of which £40.8 million was spent on environmental health services. This equates to 0.44 per cent of all council expenditure (Exhibit 5).

Exhibit 5 – Environmental health spending at Welsh councils as a proportion of all council expenditure in Wales in 2012-13

Source: Wales Audit Office budget and staff resources assessment, December 2013 to May 2014; and expenditure statements of all Welsh councils taken from the published statutory accounts 2012-13
2.3 Expenditure on environmental health services has also fallen in recent years. The combined budgets for all council environmental health services in 2011-12 were £41.2 million. This fell to £40.8 million in 2012-13 and to £39.5 million in 2013-14. This equates to a fall of 4.2 per cent between 2011-12 and 2013-14.

2.4 From our analysis of councils’ budget and staff resources, we found that 15 of the 22 councils had cut their environmental health services budget between 2011-12 and 2013-14. Exhibit 6 shows that the largest budget cuts have been in Powys (-19.76 per cent) and Newport (-19.5 per cent). Seven councils increased expenditure in this period with the largest rises in Ceredigion (6.89 per cent) and Anglesey (five per cent).

Exhibit 6 – Percentage difference between budgets set in 2011-12 and 2013-14

Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14

16 Budgets for environmental health services include ‘back-office’ support activities provided by other directorates and costs are charged to environmental health through an apportionment model and include their associated overheads (furniture, equipment, IT, etc).
We also found that 16 of the 22 councils were underspent against their environmental health budgets, thereby delivering in-year savings in addition to reductions to their budgets (Exhibit 7). The largest underspend in 2011-12 was the Vale of Glamorgan (19.45 per cent). Ceredigion broadly delivered on budget and in five councils there were overspends against their environmental health budgets. The largest overspend was at Powys (7.22 per cent).

Exhibit 7 – Expenditure against budget set – proportion under (-) or over (+) budget in 2011-12

Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14
2.6 This pattern is repeated on the 2012-13 budgets, although the level of savings achieved is lower than the previous year. Exhibit 8 highlights that 16 councils delivered in-year savings, with the largest in Monmouthshire (13.7 per cent), followed by Conwy (9.7 per cent) and Merthyr Tydfil (8.7 per cent). In six councils, there was an overspend. The largest of these was in Newport where spending was 6.3 per cent over budget.

Exhibit 8 – Expenditure against budget set – proportion under (-) or over (+) budget in 2012-13

Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14
2.7 From our analysis, this means that many councils are planning large cuts when setting their annual budgets but are also required to deliver savings on top of these cuts to enable the overall council budget to balance.

Some important statutory environmental health services have seen budget cuts of roughly 20 per cent in the last three years

2.8 Our analysis of council expenditure on its environmental health services showed that three services account for approximately 75 per cent of all environmental health spend: pollution control; food safety; and housing. Conversely, councils spend on port health activity and environmental health staff recruitment, training and development is lower. In both of these best practice standard areas, the combined expenditure of the 22 councils is less than £0.5 million in each.

2.9 Exhibit 9 shows that between 2011-12 and 2013-14, council expenditure on pest control; licensing; and health and safety inspections have borne the brunt of cuts in environmental health budgets to date.

Exhibit 9 – All-Wales environmental health budget change over 2011-12 to 2013-14

Councils are increasing expenditure on staff development and health improvement work, but key statutory environmental health services have been subject to significant cuts in funding.

<table>
<thead>
<tr>
<th>Best practice standard area</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>%&lt;/&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment training and development</td>
<td>£379,863</td>
<td>£435,000</td>
<td>£489,548</td>
<td>28.8%</td>
</tr>
<tr>
<td>Health improvement</td>
<td>£936,212</td>
<td>£945,997</td>
<td>£1,065,007</td>
<td>13.7%</td>
</tr>
<tr>
<td>Port health</td>
<td>£411,577</td>
<td>£430,111</td>
<td>£422,254</td>
<td>2.6%</td>
</tr>
<tr>
<td>Dog control</td>
<td>£2,455,739</td>
<td>£2,494,031</td>
<td>£2,494,063</td>
<td>1.6%</td>
</tr>
<tr>
<td>Food safety control</td>
<td>£8,296,373</td>
<td>£8,391,288</td>
<td>£8,396,251</td>
<td>1.2%</td>
</tr>
<tr>
<td>Pollution control</td>
<td>£9,937,479</td>
<td>£9,882,211</td>
<td>£9,645,695</td>
<td>-3%</td>
</tr>
<tr>
<td>Housing</td>
<td>£8,896,846</td>
<td>£9,051,050</td>
<td>£8,497,075</td>
<td>-4.7%</td>
</tr>
<tr>
<td>Communicable disease control</td>
<td>£1,037,575</td>
<td>£1,022,821</td>
<td>£964,553</td>
<td>-7%</td>
</tr>
<tr>
<td>Health and safety</td>
<td>£4,189,796</td>
<td>£3,890,605</td>
<td>£3,696,163</td>
<td>-11.7%</td>
</tr>
<tr>
<td>Licensing</td>
<td>£2,021,256</td>
<td>£1,735,304</td>
<td>£1,668,449</td>
<td>-17.5%</td>
</tr>
<tr>
<td>Pest control</td>
<td>£2,638,487</td>
<td>£2,606,370</td>
<td>£2,138,510</td>
<td>-18.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£41,201,203</strong></td>
<td><strong>£40,884,788</strong></td>
<td><strong>£39,477,568</strong></td>
<td><strong>-4.18%</strong></td>
</tr>
</tbody>
</table>

*Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14*
Since 2011-12, all major areas of environmental health work have seen significant cuts in staff numbers of between 14.2 per cent and 19.7 per cent.

A council’s workforce is one of its greatest assets and a significant proportion of council expenditure is on staffing. At a time of financial pressures, balanced budgets are often achieved mainly by reducing staff numbers through voluntary early release and vacancy management, where staff that leave are not replaced. This trend is set to continue as councils look to further reduce staff costs as part of their strategies for achieving additional budget reductions.

Exhibit 10 shows that the total number of FTE staff working across the 22 Welsh councils has fallen from 114,772 in 2010-11 to 106,846 in 2012-13.

### Exhibit 10 – The number of authority-wide FTE, including teachers, at 31 March employed by Welsh councils 2010-11 to 2012-13

The number of FTE council staff fell by seven per cent between 2010-11 and 2012-13.

<table>
<thead>
<tr>
<th>Council</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceredigion</td>
<td>13,000</td>
<td>12,000</td>
<td>11,000</td>
</tr>
<tr>
<td>Torfaen</td>
<td>11,000</td>
<td>10,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Isle of Anglesey</td>
<td>9,000</td>
<td>8,000</td>
<td>7,000</td>
</tr>
<tr>
<td>Monmouthshire</td>
<td>8,000</td>
<td>7,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Merthyr Tydfil</td>
<td>7,000</td>
<td>6,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Blaenau Gwent</td>
<td>6,000</td>
<td>5,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Conwy</td>
<td>5,000</td>
<td>4,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>4,000</td>
<td>3,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>3,000</td>
<td>2,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>2,000</td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td>Wrexham</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Powys</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Newport</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Bridgend</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Flintshire</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Caerphilly</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Rhondda Cynon Taf</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Swansea</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Cardiff</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Source: Benchmarking Wales\(^\text{17}\), MU GEN 004: Number of FTE authority wide, including teachers, at 31 March

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\(^{17}\) Benchmarking Wales is a repository for local authority service improvement data. No data was submitted by Ceredigion and Torfaen Council for 2012-13.
2.12 The staffing of council environmental services has seen a sharper cut of 16.4 per cent, from some 1,046 in 2011-12 to 874 in 2013-14. Exhibit 11 shows that, whilst all staff roles have been subject to cuts in excess of 10 per cent, back-office and senior officers have proportionally experienced the greatest hit. That trend reflects the desire of councils to protect front-line staff and service delivery as much as possible. However, councils need to manage the risks associated with reducing senior managers given the need, as set out in Part 4 of this report, to fundamentally and safely change the way services are delivered to ensure that they are sustainable and affordable in the future.

Exhibit 11 – Total Number of FTE environmental health staff employed by Welsh councils by function 2011-12 to 2013-14

The number of FTE staff employed by councils to deliver environmental health services fell by 16.4 per cent between 2011-12 and 2013-14.

![Staff Function Chart]

Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14
2.13 Carrying out surveys of the views of staff can be valuable in providing an insight into the relative strengths or weaknesses of the service and the scope for improvements. Our survey of environmental health staff found that 96.8 per cent of respondents felt they fully understood the requirements of their job and of these, 77.8 per cent strongly agreed or agreed that they had received sufficient training to do a good job.

2.14 However, only 35.7 per cent of staff responding to our survey strongly agreed or agreed that they had enough time to do all the work that is required, compared with 33.9 per cent who felt that they did not have sufficient time to do all the work they needed to do. As further cuts are made, this situation is likely to be exacerbated further without changes to the way in which the services are delivered.

2.15 Our analysis of changes in environmental health staffing between 2011-12 and 2013-14 shows that some key areas of statutory work have experienced a major reduction in staff resources, as set out in Exhibit 12.

Exhibit 12 – The percentage change in environmental health staff and budgets between 2011-12 and 2013-14

Most areas of environmental health have seen a reduction in budgets and staff between 2011-12 and 2013-14.

Source: Wales Audit Office analysis of Welsh councils’ environmental health budget and staffing for the period 2011-12 to 2013-14
Generally, we are having to do more with less time and resources, which means that we have to find smarter and more efficient ways of working, and sometimes means that we cannot do everything that we used to.

More work is being placed on officers especially in relation to the new rating scheme. If budget is being reduced and job losses this may affect the service greatly and put increasing pressure on officers time resulting in mistakes possibly being made.

Cut backs mean that the service is becoming slower to issue licenses and conduct inspections creating a backlog of cases. This also means that work is prioritised and some things get left behind.

The increased workload and cuts to staff numbers has caused increased levels of stress. Management have not listened to staff advice on staffing levels needed to deal with workloads, and are increasing pressure to do more with less, resulting in mistakes being made and an increase in staff sickness levels.

I'm afraid that with cuts in staff and increase in expectations the actual performance is being reduced thereby service to the public is reducing. Everything we do is time constrained and not given the consideration that is required, resulting in rushed decisions that can sometimes be flawed and have to be revisited.

We have more reactive work than we can handle and are unable to commence required statutory proactive work such as inspection.
All councils have established processes to oversee cuts in environmental health services but scrutiny of activity and understanding of the impact of budget cuts is not always comprehensive nor effectively communicated to citizens

2.16 Due to the complexities of delivering budget cuts and understanding the impact on services, councils need to ensure those charged with policymaking (the executive) and those charged with holding decision makers to account (scrutiny committees) are able to deliver their responsibilities effectively. Good-quality information and a thorough analysis of evidence are essential for decisions on budget cuts to be fully understood and the potential impact identified at the time decisions are made and scrutinised.

2.17 There is a mixed picture of how effective the challenge and scrutiny of budget decisions has been. We found that all councils have identified clear leads for environmental health services at councillor and officer level, although not all environmental health services are under a single head of service. Many councillors and officials told us that services are often split between different directorates, departments and teams, which they believe made it difficult for managers, cabinet/executive leads and scrutiny chairs to provide clear leadership and oversight on all environmental health activity.

2.18 The majority of council staff we interviewed also believe that councillors are informed of the impact on services when making service budget cuts and decisions are appropriately challenged. However, a number of officers and councillors we interviewed and the findings from our surveys suggest that the quality of information is not always comprehensive, effective or focused on key issues. For example, whilst all councils have risk registers in place, we found that only nine identified the impact of budget cuts on environmental health services as a major service risk. Of those with these risks highlighted, a number were not comprehensive in coverage and lacked appropriate mitigation actions or timelines to manage the risks.

2.19 In addition, over two-thirds of councillors that responded to our survey believe they receive sufficient information to understand how well the council’s environmental health services are performing. However, only a quarter of councillors surveyed believe that their environmental health services have enough resources to do all the work that is required to meet the council’s statutory obligations and just under half – 46 per cent – stated that they do not know if their environmental health service has sufficient resources. This indicates that whilst councillors are receiving information and deciding on budget cuts in environmental health services, a significant proportion are unclear on the impact of their decisions and whether services are able to continue to deliver in the future.
As a recently installed Councillor, October 21st 2013, I feel that I am not sufficiently qualified to give too much insight as to the quality of the service.

I believe that the majority of Councillors have difficulty understanding the service. Councillors understood the service requirements and delivery of the service when there were regular committee meetings with regular reporting to Councillors. We seem more interested these days in performance indicators and ticking boxes than delivering services and looking at outcomes.

Not in office long enough to have developed a clear understanding of the workings of the department.

To be honest I don't know anything about it.

I have had no dealings with the service since coming to office.
2.20 From our survey, we also found that, generally, councillors are more optimistic than staff on how they view the quality of current environmental health services and its future prospects for improvement. For instance, our surveys found that:

a 63.3 per cent of staff strongly agree or agree that their council’s environmental health services are meeting their statutory obligations compared to 70.4 per cent of councillors.

b Three-quarters of councillors (74.2 per cent) believe that their council is encouraging staff to find new and better ways of working compared to just over a half of staff (54.6 per cent).

c Only 46.4 per cent of council staff strongly agree or agree that their council’s environmental health services are improving compared to 69.4 per cent of councillors.

d Just over a half of councillors (52.4 per cent) believe that senior managers communicate effectively with council staff on the council’s plans for the future compared to just over a third (37.7 per cent) of environmental health staff. A third of respondents from both groups, however, noted that they did not feel sufficiently informed on the council’s future plans.

Members of the public responding to our survey are mostly positive about the current standard of environmental health service they receive but have a low awareness of current performance or future plans

2.21 With regard to members of the public, the people who receive these services, we found a mixed picture of how informed they feel about the changes taking place. We found that most respondents have yet to see a significant change in how their council provides services to them. For example, 69 per cent felt that the speed of response when requesting a service remained quick and only 28.3 per cent felt that it took longer to deal with their query. Only 27.7 per cent stated that they are now paying for services that were provided free in the past and only 16.6 per cent that the charge for the service had increased. Only 15.9 per cent stated that the service they requested was no longer provided.

2.22 Whilst 90.5 per cent of citizens who responded to our survey are aware that councils have to cut how much they spend on the services they provide, only 33 per cent believe that they have been informed on where the council plans to make savings and reduce expenditure and a large proportion – 45.6 per cent – state they did not know what their council planned to do and where cuts in services are planned.
Due to budget cuts it is harder to provide the full range of Environmental Health services both statutory and non-statutory. With an uncertain future for many of the employees it is hard to keep motivated.

Local authority services are being ravaged by staff reductions, budgetary constraints and stress-related absence and yet the public and political machine demand more. I will be retiring in less than six months and am lucky to be able to do so. I despair for the type of local government that is left to serve the community after my time.

The increased workload and cuts to staff numbers has caused increased levels of stress.

There is a general lack of understanding at Director level and above and with the elected members of the role environmental health services can play in promoting and protecting public health in all areas of the community and of the contribution it can make to achieve the council's corporate aims and objectives for the community that it serves.

I feel amongst high levels of management and the councillors there are a small but significant number who do not understand the role of environmental health.

I feel that the profile of Environmental Health Services within the Council's Senior Management has decreased significantly over the last few years. This has occurred since the retirement of previous Directors and Chief Officers. Current Director and Chief Officer have no background in Environmental Health and limited understanding of the service despite our efforts to educate.

Under resourced and too much emphasis on meeting food inspection targets to the detriment of other areas of environmental health.

There is no strategic leadership just a headlong rush into redundancies and other cost saving measures, despite other alternatives being suggested by me and other staff. No thought is given to the services that are statutory and how we will carry out the necessary functions after redundancies occur - a percentage savings requirement across all service areas is a prime example of an ignorance in this regard.

Comments from Wales Audit Office Survey of Environmental Health Staff
2.23 Only 17.4 per cent of respondents feel they know how reductions in budgets will impact on them with regard to the services they receive, compared to 53.3 per cent who claim they have not been informed. In addition, only 26 per cent of respondents believe that their council keeps them informed of how well the services they receive are performing. Only 24 per cent of respondents to our survey believe their council has effectively engaged with them on future plans and are clear how future cuts will impact on them.

2.24 The responses to our survey indicate that councils need to be more effective in how they communicate with, and keep their citizens informed on, the services they provide and their plans for the future.

Comments from Wales Audit Office Citizen Survey

- It would be nicer to have more information on how it spends its budget.
- No longer receive newsletter from Council informing of what they are doing. Where is the information available as we’re not made aware of this.
- I would like to see a system where the local people are fully informed and can be part of the discussions about what needs to be provided, and how it is provided. Rather than local Councils taking decisions and cutting services without consultation.
- The council do not consult its users when services are to be cut or changed.
Part 3

Councils are mostly meeting their statutory responsibilities for environmental health but some key areas of operation are under growing pressure.
3.1 With large reductions in budgets and staff numbers, the ability of councils to deliver their environmental health responsibilities is becoming ever more difficult and extremely challenging. In this section of the report, we analyse the impact of changes in resources on these services and what this means for current performance. We consider current performance against the best practice standards and performance as measured against the key national performance indicators.

Councils are continuing to deliver services that are above the minimum in most environmental health best practice standard areas but this is not sustainable

3.2 The best practice standards broadly reflect the statutory obligations for all environmental health services covering 11 areas of activity (as set out in paragraph 1.2). Our analysis of the standards shows that in most environmental health areas, councils are continuing to deliver services that are above minimum standard (Exhibit 13). Overall, councils assess themselves as delivering most environmental health services to a high standard with 37 per cent of all the best practice standards considered to be at the highest level; 30 per cent assessed as to a good standard; 22 per cent at the minimum standard of service set; and only 11 per cent below this minimum standard.

3.3 In terms of the individual environmental health functions, we found that the areas where performance is assessed as having significant proportions below minimum standards are health improvement – 32 per cent below minimum standard; pollution control with 13.8 per cent below minimum standard; recruitment with 11.6 per cent assessed as below minimum standard; and housing with 10.3 per cent. We found that there is also a correlation between reductions in staff numbers and performance against the best practice standards in some areas of environmental health work.
Councils are mostly delivering the commitments of the best practice standards although some environmental health services are under increasing pressure.

Source: Wales Audit Office analysis of Welsh councils’ performance in delivering the best practice standards, 2013-14
3.4 For example, Exhibit 14 shows that health improvement has experienced a reduction of 18.8 per cent in staff numbers and has 32 per cent of the best practice standards rated as below minimum standard. Likewise, pollution control services have seen a 19.45 per cent fall in staff numbers and councils rate their performance against 14 per cent of the standard as being below minimum. Similarly, housing staff numbers have reduced by 14.15 per cent and have 10 per cent of the best practice standards rated as currently being below standard. However, it is also acknowledged that some of the services that are considered to have significant proportions of below standard performance – recruitment, training and development – have also seen a growth in resources in the last three years, although the actual increase in staff and the relative size of activity remains very small.

There is a mixed picture of how well environmental health services are performing against national performance indicators and any increase in demand for services will make it difficult to maintain performance in the future

3.5 Key Performance Indicators (KPIs) help councils understand how well they are performing in relation to their strategic goals and objectives. In the broadest sense, a KPI can be defined as providing the most important performance information that enables organisations or their stakeholders to understand whether the organisation is on track or not.

3.6 In a time of austerity and reductions in both expenditure and the staff who deliver services, KPIs also provide a means to gauge the impact of such changes on the service to determine whether reductions in expenditure are being managed and mitigated effectively. We have reviewed the national data that councils publish on their environmental health services and provide a summary of performance in paragraphs 3.7 to 3.13 below. Overall, there is a mixed picture of how well councils are performing.

Performance of private sector housing improvement and enforcement services has been mixed in recent years and the reduction in capital spending may reduce the impact of these services in the future

3.7 Performance on returning empty private dwellings back to use is improving with the proportion returned up from 2.61 per cent in 2008-09 to 5.11 per cent in 2012-13\(^\text{18}\). The number of HMOs has increased from 1,505 in 2008-09 to 12,487 in 2012-13. The proportion with licence conditions, however, has fallen from 82.5 per cent to 15.4 per cent. The number subject to enforcement action marginally increased from 1.9 per cent in 2008-09 to 2.9 per cent\(^\text{19}\).
Some of the services that are delivering at below minimum standard have experienced the largest reductions in staff resources.

Source: Wales Audit Office best practice standards self-assessment and budget and staff resources assessment, December 2013 to May 2014
3.8 The number of DFGs completed remains broadly the same – 4,288 in 2008-09 compared with 4,393 in 2012-13 – but the level of investment has reduced from £35.7 million to £32.7 million in same period. The average speed of delivery of DFGs has improved from 375 days in 2008-09 to 271 days in 2012-13[20].

3.9 The amount of investment in private sector renewal has, however, fallen significantly from £26.7 million in 2008-09 to £12 million in 2012-13, although the number of grants has increased in this period from 7,278 to 9,755. In the same period, council loans to residents has increased from £0.3 million to £1.5 million[21]. The type and amount of work undertaken in renewal areas has, however, changed and councils now deliver less work on individual grants than in the past.

3.10 For example, we found that as a result of reductions in capital budgets, improvement work expenditure is often prioritised on group repair schemes, which focus on external enveloping schemes, or home improvement grants to address significant hazards within a dwelling identified through the HHSRS[22]. However, because of cuts in funding and as a means extending the impact of their investment, many councils have capped the level of investment they make available to private owners and landlords. Consequently, the level and/or type of work undertaken is often limited and does not allow for the comprehensive renovation of both the property’s interior and exterior.

Food safety performance is being maintained but because the number of premises subject to inspection has fallen, there is a risk that councils will struggle to meet any increase in demand in the future.

3.11 The number of food premises assessed to judge their compliance with food safety standards has fallen by 12 per cent from 36,186 in 2010-11 to 31,953 in 2012-13. However, the proportion that is broadly compliant has increased from 76.1 per cent to 88.6 per cent but the number visited has remained the same at around 27,500[23]. Likewise, the number of new businesses identified and assessed to judge hygiene standard remains the same; 3,500 in 2009-10 compared to 3,455 in 2012-13. There has, however, been an increase in the proportion risk assessed or who completed a self-assessment questionnaire with the number increasing from 78 per cent to 83 per cent in the same period. However, we found that the number of high-risk businesses inspected has fallen from 11,793 in 2008-09 to 9,563 in 2012-13 – a fall of 19 per cent. The proportion of planned visits remains the same at 99 per cent.

3.12 It is not clear from the performance information reported by councils whether the fall in the number of food businesses is a result of the economic downturn and increasing numbers of failed businesses, or a result of the new food-rating scheme which is driving up standards. Irrespective, councils may struggle to maintain their performance on food inspections given the cuts in staff if there is an increase in the number of premises when the economy picks up and more businesses are opened.

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20 Statistical Directorate, Welsh Government, HOU/S1301: Disabled Facilities Grants
21 Statistical Directorate, Welsh Government, HOU/S1101: Private Sector Renewal assistance for housing renewal
22 The Housing Act 2004 introduced the Housing Health and Safety Rating System that has replaced the fitness standard as a method of assessing housing conditions. Rather than a fixed standard, it employs a risk assessment approach to enable risks from hazards to health and safety in dwellings to be minimised. This can include identifying hazards that require work to, for example, a property’s electrics, the water supply, ventilation, central heating or external areas such as paths. The system applies to all dwellings, regardless of ownership.
23 Local Government Data Unit, SID: Public protection returns 2009-10 to 2012-13
The number of businesses subject to health and safety inspections has fallen and performance is mixed

3.13 The number of new businesses in Wales that were identified by environmental health as requiring health and safety inspections has fallen by 13.4 per cent, from 4,584 in 2009-10 to 3,968 in 2012-13. However, the number of new businesses subject to a risk assessment visit or who returned a self-assessment questionnaire has also fallen from 44 per cent in 2009-10 to 39 per cent in 2012-13. Similarly, the number of high-risk businesses inspected has fallen from 1,141 in 2008-09 to 1,007 in 2012-13 – a fall of 11.7 per cent. The number inspected proportionally remains the same – 97 per cent to 99 per cent – but this performance is, in part, being maintained as a result of a reduction in the number of businesses requiring assessment. There is a risk that as the economy picks up and the number of businesses requiring health and safety assessments increases, council environmental health services will struggle to sustain performance as a result of recent cuts in resources.
Part 4

Environmental health services are becoming unsustainable and councils need to make new strategic choices and find more efficient and effective ways of working if they are to continue to meet their current and future statutory responsibilities.
4.1 A future of sustained real-terms cuts in finances are unprecedented in modern times and most of those leading and working in councils today have never had to deal with financial challenges of this nature. The scale of the cost reductions required means that councils have to look beyond immediate short-term savings and think more radically about how to reduce costs and how to continue to deliver statutory services in the longer term whilst still improving services. Indeed, this intense financial pressure should drive councils to look much more fundamentally at the way in which they configure and deliver their services. There is, therefore, a challenge for councils to be prepared to look radically at service reconfiguration and transformation.

4.2 In this final part of our report, we summarise the approaches adopted by councils to reduce expenditure in environmental health services and the options that are being pursued to increase the viability of these services and make best use of resources. We highlight weaknesses in current data management approaches, which do not enable councils to effectively plan for the future and the challenges of new legislation for already-stretched services. The introduction of additional statutory duties raises concern about the ability of environmental health services to continue to meet all their statutory responsibilities unless there is a significant shift in how councils plan services and how the Welsh Government sets future priorities.

The ability of councils to ensure environmental health services are sustainable in the future is hampered by incremental and reactive approaches to making budget and staff cuts

4.3 With the challenging economic climate in recent years, councils have had to make decisions on reducing expenditure to balance budgets. Achieving these savings is becoming progressively more challenging. Councils in Wales were initially protected by the Welsh Government from the level of cuts English authorities in comparison had to manage. For example, in setting the revenue budget for 2011-1225, the Welsh Government elected not to ring fence spending on the NHS. However, since this time, the reductions in council revenue funding have progressively increased and are now having a major impact.

4.4 To date, many of the decisions made by public sector bodies faced with these difficult challenges have been based on a survival imperative, making decisions to balance the bottom line. Consequently, they have focused on what are comparatively easy to deliver reductions such as the deleting of vacant posts and reducing operating budgets such as training, equipment and office supplies. However, most councils are predicting substantial funding gaps over the next three years and now need to consider seriously policy options which in the past may have been rejected.

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25 [Link](http://wales.gov.uk/docs/dsjlg/publications/localgov/110202finalsetlettere.pdf)
4.5 Effective disinvestment in services is not just about reducing expenditure. It also needs to consider a range of other important factors – the organisation’s strategic priorities, its statutory responsibilities, the current levels and standards of performance and the other future short-to-medium term challenges that it will face. Cutting spending on environmental health services needs to be driven by an informed strategic approach, otherwise councils run the risk that these services will become unsustainable.

4.6 From our fieldwork, we found that most councils have sought to change how they deliver their environmental health services to improve efficiency and stretch resources further. Of the 22 councils, 19 have made some form of change and only three continue to deliver services broadly as they always have. However, the changes that have been introduced are mostly based on short-term decisions to help balance budgets and deliver corporate savings targets and no transformational programme of work has been introduced for any environmental health service in Wales.

4.7 There is an increasing emphasis and expectation from the Welsh Government that certain services, such as education, waste and social services, should be delivered jointly or across regions. Collaboration and outsourcing different components of a council’s operation, when done for the right reasons, can help save money by reducing overheads and improving efficiency. The main concerns surrounding collaboration and outsourcing are loss of control, reduced terms and conditions for staff and price increases on re-tender.

4.8 We found that only eight councils had considered outsourcing but those options pursued are entirely focused on narrow areas of work that will not deliver the major financial savings councils need to make. For example, Blaenau Gwent County Borough Council has outsourced its pest control service to Caerphilly County Borough Council. Likewise, Rhondda Cynon Taf County Borough Council and Merthyr Tydfil County Borough Council have developed a joint out-of-hours service. Flintshire County Council and Wrexham County Borough Council joint fund an Animal Health Environmental Health Officer post.

4.9 We also identified some examples where services have been taken back in house. For example, Conwy County Borough Council used to deliver parts of the environmental health service (dog fouling, litter and licensing) collaboratively with Denbighshire County Borough Council. However, this arrangement recently ended and these services have been brought back in house working in partnership with a private enforcement company.
4.10 With the exception of the planned shared regulatory service between Bridgend, Cardiff and Vale of Glamorgan Councils, we found little evidence of councils developing a comprehensive regional-based solution to address the financial challenges they face. The three councils are planning to create a single regulatory service covering environmental health, trading standards and licensing. Each council is considering the business case for this new regional service which, if approved, is planned to be established in the autumn of 2015-16. The business case highlights that combining these services will result in savings of between £1.1 million and £1.3 million for the three councils.

4.11 Several councils have also sought to change the roles and duties of staff in response to staff cuts by moving from specialist posts dedicated to one or two areas of environmental health to become generic EHOs who cover a broader range of services. For example, Gwynedd Council has restructured services moving away from specialist teams to create new generic public protection officer posts. A number of other councils have also sought to merge teams to better manage demand such as Rhondda Cynon Taf who combined the business advice service with its food safety inspection team.

4.12 A number of councils also identified the potential benefits of digital technology and social media in delivering services and streamlining back-office activity. Where it is done well, social media and digital technology can streamline responses and enable councils to be more effective in meeting citizens’ needs and expectations. However, because of its immediacy, social media also raises citizens’ expectations on what is an appropriate response time. We found no examples of where social media was being used effectively to plan or deliver services and councils are still using traditional methods for requesting and delivering services. These are often out of step with the expectations of service users.

4.13 From our work, we also found that councils have sought to reduce overhead costs. For example, Monmouthshire County Council has reduced travel subsistence and has minimised home visits to better manage service costs. A number of councils have also reduced their office space and moved to mobile working. Many have also reduced or removed weekend working allowances and out-of-hours payments and all councils have frozen vacant posts when they arise and hold these as vacant to meet future budget cuts. In addition, we found that only four councils have used council general fund reserves to offset deficits and/or address in-year budget pressures.
4.14 Many councils have also focused on introducing or increasing charges for some of the services they provide, ensuring that only those who use a service pay for what they receive. Of the 22 Welsh councils, we found that 13 stated they plan to introduce or increase charges for environmental health services; five are currently exploring options; and only two had no plans to do this. From our fieldwork, we found that the areas being focused on primarily relate to dog warden services; food hygiene training; pest control services; air quality reports; and pollution and contaminated land reports.

4.15 However, increasing charges was acknowledged by most councils as only being helpful in offsetting some costs in some specific areas of operation, many of which are currently discretionary; for example, pest control. We also did not find any worked-through business cases that showed the true cost of a service and the extent to which charging would meet the cost of that service. Whilst increasing charging is helpful, the current approach in most councils will not provide sufficient income to address the reductions in funding experienced in environmental health services to date.

4.16 We also found that only five councils have actually stopped providing some environmental health services and 17 continue to provide their full range of duties. Where services have been stopped these have tended to be non-statutory work around dog control, pest control and out-of-hours working. In addition to discontinuing with services, many councils have reduced activity and realigned work to produce savings or live within the budget they have available. This has resulted in preventative work being reduced if not stopped all together, for example: strategic planning and development; educational visits to schools in relation to responsible dog ownership and the Healthy Options programme; and regular cycles of inspections/visits.

4.17 Whilst we acknowledge that these changes are enabling councils to reduce expenditure, they do not fundamentally challenge how services are provided and create a medium-to-long-term blueprint on how the service will be delivered. Overall, we conclude that the approach to date has been an annual reactive and incremental exercise focused on ensuring the budget balances notionally when it is being set with services working over the next 12 months to ensure reductions are achieved. Consequently, with the exception of the proposed collaboration between Bridgend County Borough Council, City of Cardiff Council and the Vale of Glamorgan Council, no transformational programme of change has taken or is taking place. This means that work to future proof environmental health services to ensure that councils continue to meet their statutory responsibilities has been very limited in most councils. This represents a risk for the health and well-being of all those living and visiting Wales.
There are weaknesses in how councils collect and analyse environmental health information which undermine their ability to plan for the future

4.18 To effectively cut expenditure requires councils to take a strategic overview to avoid an erosion of service quality in priority delivery areas. Councils should clearly prioritise which services matter most, based on an accurate, realistic assessment of the costs, benefits and risks when deciding upon cutting spending.

4.19 Councils, therefore, need to be clear about their strategic environmental health intentions and focus on making better and smarter choices that prioritise interventions and service decisions based on a ‘cost: benefit: impact’. This will allow councils to both identify the relative effect of decisions when agreeing budget cuts but also be clear what the impact of these decisions will be on strategic and operational outcomes. In essence, this approach supports councils to see which of their decisions gets the best return.

4.20 Critical to this approach is using data effectively to support decision makers to take informed and evidence-based policy and operational choices. Increasingly, therefore, evidence is going to be required that shows the relationship between inputs, outputs and outcomes. However, from our review, we found that this is an area of work that councils have struggled with.

4.21 Typically, the performance information produced by environmental health services measures quantity and sometimes quality (or satisfaction) but seldom focuses on understanding or showing the impact of environmental health services on public health and well-being. We also found that very little truly integrated data exists within councils. It is often held in different forms in many different places and is not stored in a way that makes it easy to interrogate.

4.22 For example, the focus of current data management and usage is primarily around: performance against the statutory KPIs; budget expenditure; some demand data relating to requests for services; response times; and the cost of some services – although this usually relates to capital expenditure and rarely links with staff costs. Much of this information is held independently of each other and not analysed and reported in a way that shows how current resources are being used and what impact these have.

4.23 These limitations consequently make it difficult for councillors, senior managers, operational staff and the public to evaluate what benefits the service is bringing and what the impact of budget cuts will be. Councils need to, therefore, improve how they collect, manage, share and analyse data so as to ensure that they are producing the right intelligence that they need to understand the decisions they are taking and the impact of these both on council services and those that use these services.
4.24 An aspect of improving the collection and use of data is how councils plan to use digital technology to capture citizens’ views in planning future services. Digital technology is developing quickly and is influencing how councils manage requests for, access to and use of their services. For example, smartphones, social media and the cloud\(^{27}\) will change the level, detail and quality of information and insight in all councils within the next decade. Councils need to ensure they have sufficient expertise to exploit this opportunity and maximise the benefits it will bring. Councils need to, therefore, ensure they are clear on how they intend to use digital information to plan and develop their services in the future.

New environmental health statutory duties are being introduced which councils will find it difficult to deliver

4.25 The Welsh Government is planning significant new legislation that will impact directly on the services provided by councils’ environmental health teams. This is on top of recent major legislative changes such as the Food Hygiene Rating (Wales) Act 2013\(^{28}\), which created new mandatory duties for council environmental health services. There is concern, especially amongst councillors and staff, that the introduction of new powers and duties at a time when services are being significantly cut back will prove unworkable.

4.26 The Housing (Wales) Bill was introduced on 18 November 2013 and will make significant changes across the housing sector to ensure that people have access to a decent, affordable home and better housing-related services. In particular, the Welsh Government is proposing improved standards and management in the private rented sector by the introduction of a mandatory registration and licensing scheme; reduced levels of homelessness by placing its prevention at the centre of local authority duties to help people at risk; and fewer long-term empty properties by encouraging owners to sell or rent them – thereby helping to increase housing supply. Key to many of the bill’s intentions will be the effective oversight of private sector housing and use of new enforcement powers to drive up standards and improve housing quality. Many of these new duties will become the responsibility of environmental health teams.

4.27 In April 2014, the Welsh Government began consulting on the *Listening to you: Your health matters* White Paper\(^{29}\) that sets out a series of proposals for legislation to help further improve and protect people’s health and well-being in Wales. The White Paper identifies actions to address the important public health issues of tobacco, alcohol misuse and obesity; to build community assets for health through proposals to strengthen the role of local health boards when planning and delivering pharmaceutical services, and to improve provision and access to toilets for public use; and to improve the regulation of certain types of procedures  

\(^{27}\) The cloud delivers computing as a service rather than a product, whereby shared resources, software and information are provided to computers and other devices as a utility (like the electricity grid) over a network (typically the internet). Clouds can be classified as public, private or a hybrid of both and offer huge potential to access, manage and use a wide range of data to improve public service delivery.

\(^{28}\) The act makes it compulsory for food businesses to display their food hygiene rating where it can easily be seen by customers. Food businesses are rated between 0 (urgent improvement necessary) to 5 (very good) based on their compliance with food law requirements. The act requires local authorities to enforce the mandatory scheme in their area and ensure ratings are correctly displayed.

such as cosmetic piercing and tattooing. Council environmental health teams will play an important role in delivering key elements of this legislation such as health promotion and regulation of services.

4.28 In April 2013, the First Minister also launched a review into how public services are delivered in Wales, stating that he wants to hold the sector accountable for its performance and has established a commission (the Williams Commission) to examine how public services are governed. The commission reported on its findings on 20 January 2014, and in July 2014 the Welsh Government published a White Paper responding to the local government aspects of the report and is currently consulting with stakeholders on the way forward.

4.29 Whilst this new legislation is recognised by many as important in improving standards, quality and services that will protect the public, councils remain concerned that because of reductions in staff numbers in recent years, they will be unable to deliver these commitments. To take forward these new responsibilities and ensure other statutory duties are maintained requires careful consideration and their prioritisation by decision makers at all levels of the importance of maintaining funding in these services if our health and well-being is to be maintained and/or improved.
Comments from Wales Audit Office Survey of Environmental Health Staff

I am concerned what the future holds with regards imminent extra workload due to additional licensing (HMO’s) proposals and continuing cutbacks which may include staff resource.

I have serious concerns that we will not have the capability to provide such a good service if we were to face cuts which are no doubt inevitable, the proactive work we do would be at risk and the I fear we would become a reactive service only. In addition we are constantly being challenged by changes to legislation or the introduction of new legislation, especially in Licensing where I sit.

We have no senior managers left who understand EVH or any regulatory role. We have lost significant staff numbers over the last 4 years. No one at a senior level would be able to chair an Outbreak Control Team for the first time in decades. No one is left who can usefully link with Public Health or who understands the significance of our Public Health work on Air Quality failures etc. These have a massive impact on the Health of our communities but are effectively not being led by anyone senior enough to influence policy.

Significant financial cuts have led to less staff / staff not being replaced - meaning it is difficult to meet new statutory obligations (i.e. the Food Hygiene Rating Scheme Act 2013). This will likely get worse with more appeals and re-score requests - meaning bigger workload.

The Welsh Government is legislatively for a compulsory landlord and agent licensing scheme while slashing Council budgets. Nobody is reconciling these two positions of increasing expectations and diminishing resources.

As things stand resource wise, we are still able to provide statutory functions and generally fulfil the service on a risk basis. But we are on the brink of a programme of significant cuts over the next three years which will inevitably see some service areas deteriorate or cease even with the changes on working practices.
Appendices

Appendix 1 - Methodology
Appendix 2 - Council funding in Wales
Appendix 3 - Council improvement objectives 2013-14 relating to environmental health services
Appendix 1 - Methodology

Review of literature, data and statistics

We have reviewed a wide range of documents and media, including:

• Welsh Government policy and guidance documents;
• performance indicator returns from local authorities to StatsWales and the Benchmarking Hub; and
• relevant research and guidance from the Chartered Institute of Environmental Health, Welsh Local Government Association.

Analysis of local authority environmental health budgets and staff against the best practice standards

We completed an assessment of the Chartered Institute of Environmental Health Wales best practice standards and the current levels of practice within each council and a detailed analysis of revenue expenditure and staff data at each council against the best practice standards.

Local authority fieldwork

We visited all 22 local authorities in Wales, between November 2013 and April 2014. During the visits, we interviewed the following local authority staff: senior EHOs; environmental health managers; senior officers in charge of different environmental health teams; and the group accountant(s) for environmental health services.

Local authority surveys

We undertook a survey of all local authority environmental health staff and all elected members between December 2013 and January 2014. We received 599 responses from council environmental health staff (62.7 per cent of those surveyed) and 206 responses from elected members (17.6 per cent of those invited to respond).

Citizens survey

We made available, and promoted, an online survey for Welsh citizens. The survey began on 5 December 2013 and closed on 4 March 2014 and we received 572 responses.
Appendix 2 - Council funding in Wales

**Revenue Support Grant**
This is the principal source of finance from Welsh Government towards revenue expenditure incurred for non-council housing purposes and contributes towards the general cost of council services. It is allocated by Welsh Government and the funding is shared out between authorities on the basis of a population based distribution formula and seeks to even out the effects on the council taxpayer of the different needs and challenges facing Welsh communities.

**Council Tax**
The amount of the tax is set by local councils annually and charged according to valuation bands. Revenue is secured from charges raised according to the value of residential properties, which have been classified into valuation bands. The current council tax bands in Wales came into effect on 1st April 2005. Charges are calculated by taking the amount of income required for the council and precepts for the forthcoming year and dividing this amount by the council tax base.

**Non-Domestic Rates**
Non-Domestic Rates (NDR) are also known as business rates. They are a property tax paid on non-domestic properties and are the means by which businesses and other users of non-domestic property contribute towards the costs of local authority services. Non-domestic rates are calculated by taking the Rateable Value (RV) of a property and multiplying it by the non-domestic rates ‘multiplier’ or ‘poundage’ for the year in question. The Valuation Office Agency (VOA), which is independent of the Welsh Government, values properties for the purposes of charging non-domestic rates and assigns the Rateable Values. Council are responsible for collecting NDR due from ratepayers in its areas but pays the proceeds into a pool administered by the Welsh Government. The sums collected are redistributed back to local authorities on the basis of a fixed amount per head of population.

**Other Income**
This primarily covers income derived from specific grants allocated by Welsh Government for specific policy purposes in areas such as education and transport and charging for the provision of services. Charges are one of the few ways within a council’s control to raise income locally. They include charges at the point of sale or admission such as school meals and museums; fees paid up front for receiving services such as meals on wheels or parking permits; services billed for after they have been provided such as pest control or statutory repairs; and services where a contribution is paid by the user depending on their eligibility or ability to pay such as non-residential care services.
To work out each council’s share of revenue support grant, the Welsh Government calculates a Standard Spending Assessment (SSA) that takes account of the population, social structure and other characteristics of each authority. The Welsh Government (in consultation with local government) has developed separate formulas covering major service areas, including: education; personal social services; police; fire; highway maintenance; environmental, protective and cultural services; housing; and capital financing. These formulas are used to provide a notional indicative allocation for each council service.
## Appendix 3 - Council improvement objectives 2013-14 relating to environmental health services

<table>
<thead>
<tr>
<th>Council</th>
<th>Improvement objective</th>
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<tbody>
<tr>
<td>Blaenau Gwent</td>
<td>• To provide a clean and pleasant environment to enjoy and be proud of, by listening to our citizens and visitors and promoting what we do.</td>
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<tr>
<td>Bridgend</td>
<td>• Working together to tackle health issues and encourage health lifestyles.</td>
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<tr>
<td>Caerphilly</td>
<td>• Improve the availability of private and public sector housing to reduce the number of residents who may become homeless.</td>
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<tr>
<td>Carmarthenshire</td>
<td>• Improve the council housing stock and assist local people to gain access to rented and affordable homes.</td>
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<tr>
<td></td>
<td>• Protect and enhance the environment and make a major contribution to sustainable energy and climate change policies.</td>
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<tr>
<td>Conwy</td>
<td>• People in Conwy are safe and feel safe.</td>
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<tr>
<td></td>
<td>• People in Conwy live in safe and appropriate housing.</td>
</tr>
<tr>
<td></td>
<td>• People in Conwy are healthy and independent.</td>
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<tr>
<td>Denbighshire</td>
<td>• Ensuring access to good-quality housing.</td>
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<tr>
<td>Flintshire</td>
<td>• To meet housing need in the county and to work with partners to ensure a sufficient supply of quality and affordable homes and housing services in the social, mixed tenure and private sector housing markets.</td>
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<tr>
<td></td>
<td>• To protect, plan and develop sustainable natural and built environments.</td>
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<tr>
<td>Gwynedd</td>
<td>• Promoting an appropriate supply of housing for local people.</td>
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<tr>
<td>Isle of Anglesey</td>
<td>• Increase our housing options and reduce poverty.</td>
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<tr>
<td>Merthyr Tydfil</td>
<td>• Active lifestyles – People in Merthyr Tydfil are physically active and as a result have improved health.</td>
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<td></td>
<td>• Sustainable environment – People in Merthyr Tydfil will live in communities that are sustainable, clean and energy efficient.</td>
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<tr>
<td>Monmouthshire</td>
<td>• We want to work with our residents to reduce the impact we have on the environment and use our resources more sustainably.</td>
</tr>
<tr>
<td>Council</td>
<td>Improvement objective</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Newport</td>
<td>• Disabled Facilities Grants (DFGs) – To provide an enhanced programme of DFGs with the aim of reducing average delivery time from first date of contact.</td>
</tr>
<tr>
<td>Rhondda Cynon Taf</td>
<td>• Public health and protection – Protecting people from harm and tackling anti-social behaviour – this was called enforcement and regulation in previous years and has been re-titled to better reflect the main outcomes to be achieved.</td>
</tr>
</tbody>
</table>
| Swansea                 | • Help people adopt and develop healthy and sustainable lifestyles in order to improve health.  
                                 • Improve housing and housing supply in order to increase the availability of good-quality, affordable housing. |
| Torfaen                 | • Ensure the local environment is safe, managed and maintained.                                                                                           |
| Vale of Glamorgan       | • To reduce the time taken to deliver disabled facilities grants to children and young people and to adults to achieve the Welsh average performance of 2011-12 as a minimum. |
| Wrexham                 | • All people are enabled to make healthy choices.  
                                 • Homes that meet people’s needs and aspirations.  
                                 • An environmentally responsible place. |