



**Chartered
Institute of
Environmental
Health**

Submission to Welsh Assembly Government

**Redevelopment of Corporate Health
Standard**

**Chadwick Court
15 Hatfields
London
SE1 8DJ
United Kingdom**

Tel: + 44 (0)20 7928 6006
Fax: + 44 (0)20 7827 5831

Website: www.cieh.org.uk

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THE CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH

Founded in 1883, the Chartered Institute of Environmental Health (CIEH) is a professional and educational body, dedicated to the promotion of environmental health and to encouraging the highest possible standards in the training and the work of environmental health professionals.

The Chartered Institute has approximately 9,500 members, most of whom work for local authorities in England, Wales and Northern Ireland. As well as providing services and information for its members the Chartered Institute provides information to government departments and evidence to them on proposed legislation relevant to environmental health.

In 1993 the Chartered Institute became the World Health Organisation Collaborating Centre for Environmental Health in Europe.

In 2002 the Chartered Institute established a regional office in Wales in order to facilitate direct liaison with the National Assembly for Wales, local authorities and non-governmental organisations within Wales, promoting and representing Chartered Institute of Environmental Health policies in a Welsh context.

The Chartered Institute of Environmental Health (CIEH) welcomes the opportunity to comment on the redevelopment of the Corporate Health Standard (CHS) and believes this reconsideration to be timely given the emergence of Health Challenge Wales (HCW). We believe that there should be a close fit between CHS and HCW, since CHS engage employers and their employees in areas that are highlighted as action areas for HCW.

Taking the questions posed in the order of asking:

1. Do you support the re-development of the CHS using the recommended new structure?

In principle, yes. The CIEH supports the concept of Core Issues and Health Issues, with those listed as 'Core' issues being compulsory and those listed as 'Health Issues' being choice based. We also support a tiered grading of award levels to recognised and reward increasing levels of involvement in the scheme, whilst at the same time taking account of company size and resource base.

We have however some reservations as to the placing of issues in the Health Issues category. In our view, and given the fact that obesity and diseases of life style choice feature as action areas in HCW Exercise and Nutrition, currently placed in the Health Issues element of Silver standard should more appropriately be placed in the Health Issues element of Bronze standard. These are the 'wicked issues' for the preventative health agenda at the present time, in the view of CIEH they should properly be placed in the bronze standard as issues that should be first in line to be tackled by companies attempting to achieve the lowest level of CHS.

The CIEH agrees with the comments made regarding Organisational support and Communication. We have however reservations regarding Monitoring, assessment, review and evaluation. We agree entirely that it is necessary that interventions should be measured against a baseline and monitored to ensure their initial and continuing effectiveness. We do not however think that Best Evidence is required before commencing activities or interventions. The sort of activities that we envisage being part of CHS, such as awareness raising, the setting and promotion of health indicators and self challenge programmes do not require analysis to such a critical standard, rather they need good evidence of need and value. More than that is excessive and a waste of limited resources.

CIEH agrees that the Employee Involvement element of CHS is vital and should be retained unchanged.

We further agree that Health and Safety should be included in the Core Elements. Whilst most organisations will be subject to inspection from either the local authority Environmental Health Department or from the Health and Safety Executive, such inspections are regulatory and monitor compliance. Those items which are highlighted under this section go beyond regulatory compliance, being proactive best practice issues. We welcome their inclusion.

We share the view put forward in the report that Policy development and Implementation should move to the Core Components, and would underline that we are not concerned to see policies for their own sake, but would wish to see evidence of the policies being actioned in the workplace. Where such evidence is not available we would suggest that the Policy

should be given no weight, since the CHS should be outcome based, and implementation is the critical issue.

Whilst we agree that Occupational Stress should be expanded in the way suggested, we have reservations about the suggested re-titling of the section. The new name should be occupational linked – ‘Feelings and Emotions’ will not, in our view resonate with some employees and may lead to these important areas being sidelined or not given the prominence they should have. In our view Physiological Health Issues would be a more appropriate title for the section.

The CIEH agrees with the content of the paragraph relating to smoking.

We agree with the paragraph concerning exercise and nutrition, but feel that it does not go far enough. We feel that the CHS should require evidence of good practice in the work place, through e.g. health eating options in works cafeterias and vending machines. Whilst such things may be elements of initiatives to which the CHS may be linked, such as Heart Beat Wales, we feel it is not enough to leave them to such linked initiatives. The issues of obesity, Coronary Heart Disease and associated life threatening and limiting diseases is of such importance as to merit consideration within the CHS rather than as an attached add on, as part of another linked campaign.

We similarly take the view that the report does not go far enough in respect of alcohol and substance misuse. We feel that an opportunity to promote corporate leadership and responsibility is lost, by not requiring that companies should have policies regarding the use of alcohol at their own functions – e.g. the requirement to provide soft drinks as an alternative to alcoholic drinks at formal functions etc.

We are the view advanced in the report that First Aid and Workplace Risk should be included in the Health and Safety Core Component, as being closely linked to Health and Safety

We agree with the paragraph on Men and Women’s Health Issues.

Moving to the new health issue components, in the view of the CIEH there is much to commend the inclusion of Dental and oral health, Work-Life Balance, Sexual Health Occupational Health and Rehabilitation and Musculoskeletal, but the detail, included in the report is not clear as to what will be expected from employers when these are added or expanded. Dental and oral health should be included, but we would wish to know what will be required of employers – is activity to be limited to awareness raising and education or will the CHS go further and require some sort of active provision of services? Similarly the reference to sexual health does not outline what will be required. Whilst we agree that Condom machines are an excellent public health step, what further is to be required by the CHS? Is this intervention to be limited to education and information – such as the address of STD clinics, or is greater involvement proposed? It is not clear from the report what will be required. Similar comments can be made in respect of Work-Life Balance, Occupational Health and Rehabilitation and Musculoskeletal.

We believe that the Corporate Social Responsibility element of the CHS should be clearly linked to HCW, and the link should be a thread running through the CHS. We would like to see a requirement to have a recycling policy and an ecologically sound procurement policy as part of this element, such policies demonstrating environmental and social awareness, but not being traditionally health based.

We agree that where Corporate Social Responsibility is demonstrated there should be a higher level award, such as the Platinum level suggested to reward higher levels of awareness, engagement and achievement.

2 . Would you change and aspect of the recommended structure?

The CIEH agrees with the four award levels. We agree that the Core elements should increase incrementally as suggested, with each advancing level of award capturing all of the Core elements of the level preceding it. We have however concerns regarding the structure of the Health Issues elements. It is clear from a considerable body of medical evidence that the issues of obesity, CHD, and Type 2 Diabetes that issues of life style choice are having the greatest influence on the health of the population of Wales. We therefore feel that the issues of Exercise and of Nutrition should be included in the Health Issues attaching to the lowest award, rather than being placed, as they presently are in the silver award category. We are further concerned that the jump from Bronze to Silver and from Silver to Gold is made disproportionately large by the requirement at each level to complete only one of the Health Issues, but to achieve all of the Health Issues of the earlier award level when moving up to the next level. We take the view that the organisations should be required to achieve at least two of the Bronze level health issues to achieve the award, and at least two of the gold level Health Issues to achieve that award. The fact that such a requirement would be challenging should not be a deterrent, if the CHS are to have value they must be challenging and require the organisations to take a broad health view.

The Assessment Process –The CIEH agrees that the Assessment Process should be external. It is our view that most emphasis should be placed on policy awareness and implementation. The mere existence of a policy is not enough, of itself, to justify accreditation. We agree that the ‘walk and talk’ element should be the most important part of the assessment process, and that an annual review is desirable to ensure continuity of standards.

3. With whom should there be engagement to develop the new or existing components?

Nutrition – Food Standards Agency
Sexual Health, Men and Women’s Health, Smoking and Respiratory Health Issues, Alcohol and Substance Misuse – National Public Health Service
Musculoskeletal, Occupational Health and Rehabilitation, – Health and Safety Executive, Occupational Therapists
Health and Safety Compliance - Health and Safety Executive, Wales Heads of Environmental Health Group Health and Safety Technical Panel
Corporate Social Responsibility - WLGA, CIEH

4. Advisory/Steering Group

The CIEH would be happy to be part of an advisory group, and would be willing to commit the time indicated to the project. We can be contacted at Pembroke House, Ty Coch Lane, Llantarnum Park Way, Cwmbran, NP44 3AU or by contacting the Director, Julie Barratt at j.barratt@cieh.org

The CIEH would be happy to clarify or expand upon any points arising from this response, and to comment upon any further proposals on this subject.