

Unite response to ‘Healthy Lives, Healthy People: Our strategy for Public Health in England’ consultation

This evidence is submitted by Unite the Union - the country’s largest trade union. The union’s members work in a range of industries including manufacturing, financial services, print, media, construction and not-for-profit sectors, local government, education and health services.

Unite represents approximately 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors’ Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

Executive Summary

- Unite is concerned that this consultation is taking place in parallel to the Health and Social Care Bill’s passage through Parliament. This makes it extremely difficult to answer and comment on sections in the ‘Healthy Lives, Healthy People’ document, which depend upon the final version of the Health and Social Care Bill.
- The Government states that ‘Healthy Lives, Health People’ is building its ‘Equity and Excellence’ plans - plans that will result in a decrease in the quality and range of health services available to people, contribute to increasing health inequality, increase healthcare costs, and reduce accountability
- The ‘Healthy Lives, Healthy People’ document is rooted in wanting to change individual lifestyle choices, yet this is frequently removed from the wider social context in which those individual

choices are made. Further, Departments across Government are pursuing policies that will severely undermine the stated public health agenda.

- The school nursing service has been systematically contracted in many areas of the country so that it is now extremely patchy. Unite is disappointed that the Government no longer supports the provision of 'one full time qualified school nurse per secondary school and its cluster of primaries according to health need'.
- The 'efficiency savings' of £20billion currently being implemented in the NHS are cuts in jobs and health services; they are not about genuinely engaging staff about how health services and work could be effectively redesigned.
- The implementation of the Health and Social Care Bill will cause huge upheaval for the NHS workforce. The Bill will result in mass privatisation – the contracting out of health services to the private sector. Delivering health services is labour intensive and the drive to reduce costs to maximise profits will come at the expense of the number of staff employed and staff pay, terms and conditions.
- The Government is focused on employment being positive for people's health and wellbeing, while ignoring that the *type* of employment is crucial – good employment is good for you. Being forced into inappropriate work is bad for people's health.
- Strong Health and Safety legislation, properly enforced, is crucial to good public health. The primary legal **duty** to ensure safe and healthy workplaces lies with the employer, but it is the families and society at large which bears the **burden** of workers being injured, made ill or killed as a result of negligent working practices. Yet this Government has already taken several serious steps to downgrade and trivialise Health and Safety legislation.

1. Introduction

1.1. As the consultation questions are very narrowly drawn, and relevant to just a few particular sections of the document, this consultation response consists of two main sections. Firstly, comments on the overall approach of government to the public health agenda; secondly, responses to the specific questions asked.

1.2. Unite believes this consultation lacks specific actions and measurable targets so that the success, or otherwise, of the implementation of the Government's public health agenda can be assessed. It is noted that this is also a criticism made by other organisations regarding the Government's 'public health responsibility deal'.

1.3. Additionally, this consultation is taking place in parallel to the Health and Social Care Bill's passage through Parliament. This makes it extremely difficult to answer and comment on sections in the 'Healthy Lives, Healthy People' document, which depend upon the final version of the Health and Social Care Bill. This places a large question mark over the weight that will be given to this consultation process. This is totally unacceptable.

2. The wider social and economic determinants of public health outcomes

2.1. The 'Healthy Lives, Healthy People' document is rooted in wanting to change individual lifestyle choices, yet this is frequently removed from the wider social context in which those individual choices are made. Unite must express concern at the outset that 'Healthy Lives, Healthy People' "*builds on Equity and Excellence: Liberating the NHS to set out the overall principles and framework*". The Government's proposals in *Equity and Excellence* – now encapsulated in the Health and Social Care Bill - will result in a decrease in the quality and range of health services available to people, contribute to increasing health inequality, increase healthcare costs, and reduce accountability¹.

2.2. Unite fully support actions that improve and prioritise preventative healthcare measures. Unite support measures that recognise the impact of the wider social and economic determinants of health and wellbeing. These wider determinants include – but are not exclusive to - employment, the quality of that employment, employers' duties to protect workers' health at work, housing, the local environment and income level. Poverty plays a crucial role in health inequalities and a persons' health and wellbeing - which the government recognises in respect to children and the detrimental impact of childhood poverty. There is some acknowledgment of these wider determinants of health by the government, for example, in paragraphs 1.12-1.16, 2.4 and 2.30. But these mentions are fleeting, with the focus remaining on individual lifestyle choices with the implications for the future of public health and health inequalities of the Government's wider economic and social policies currently being enacted not even mentioned. A public health strategy that does not take into account the wider social and economic determinants of health will not, can not, deliver the necessary positive outcomes.

3. A public health strategy across government departments

3.1. The wider social and economic determinants of health mean that an effective public health strategy requires positive policies to improve health across Government departments. Instead, the Government policies being heartlessly pursued severely undermined the stated public health agenda. Housing, domestic violence and poverty are just three examples.

¹ Unite response to 'Equity and Excellence: Liberating the NHS', October 2010

3.2. The Department of Health identifies housing as a determinant of a person's health yet the Department for Work and Pensions is enacting changes to Housing Benefit which will put an estimated 82,000 families at risk of losing their homes in London alone². Shelter have reported that the package of changes being made to Housing Benefit will mean that *"For those households already struggling to balance very tight budgets, a reduction in [Local Housing Allowance] will only push more of them over the edge, triggering a spiral of debt, eviction and homelessness. It will also force many households into overcrowded and sub-standard accommodation"*³.

3.3. Similarly, while the Department of Health is citing maternal health and childhood health as key determinants of future health and wellbeing of people the government's wider economic policies mean that national, local and grant based funding for organisations operating in the Violence Against Women and Girls (VAWG) sector is disappearing. Half of domestic violence services across the country do not know if they will be able to remain fully open after March due to funding cuts⁴. Yet, at the same time we know that 30% of domestic violence begins in pregnancy and women and children who have experienced domestic violence are more likely to have worse physical and mental health during their lifetime, even after they survive and escape domestic violence⁵. While it is stated that central government will *"continue to tackle child poverty"*⁶ as Nicola Smith from the TUC notes *"The TUC has calculated that these cuts could leave a dual earner family on minimum wage worse off by more than £2,700 a year. Family Action has found that the poorest families with new babies will lose more than £1,700 annually. These are significant reductions in family incomes which will have real consequences for children's lives and future prospects"*⁷.

3.4. These are just three examples of how the approach given under paragraph 2.31⁸ falls woefully short of what is required to improve public health, and instead highlights how policies across Government are doing the opposite.

4. Localism and Government Intervention: spending cuts

4.1. It is clear from paragraphs 2.25 – 2.35 that the government views its role as an actor in cases of national threats and emergencies, and in some other specified, national level, interventions (given in paragraph 2.26)⁹. Yet, national government has the most important role of

² London Councils research, 'Impact of Housing Benefit Changes in London', September 2010

³ Shelter, Briefing on Housing Benefit Changes, June 2010

⁴ TUC, Touchstone Blog, [Cuts to women's domestic violence and rape services – A "disaster waiting to happen"?](#), 16th February 2011

⁵ Womens Aid, Statistics: Domestic Violence

[http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220041§ionTitle=Domestic+violence+\(general\)](http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220041§ionTitle=Domestic+violence+(general))

⁶ Healthy Lives, Healthy People, paragraph 3.11

⁷ Nicola Smith, Left Foot Forward, 'Misleading to claim welfare reform will cut child poverty levels', February 22nd 2011

⁸ There are; (1) strengthening self-esteem, confidence and personal responsibility; (2) positively promoting 'healthier' behaviours and lifestyles; and (3) adapting the environment to make healthy choices easier.

⁹ These are *"making sure that air, food and water meet safety standards; buying vaccines and planning immunisation programme; providing specialist expertise to support local incidents; and legislating to an some types of drugs"*.

all – providing sufficient funding to local councils to enable them to discharge their responsibilities properly and improve the health and well being of their constituents.

4.2. Unite, as a representative for workers and users across the Health, Local Government, Community, Youth Workers and Not-for-Profit sectors, believe that the ring-fenced funding being provided to Councils for public health initiatives do not compensate for the deep spending cuts taking place overall. After the Comprehensive Spending Review the Chair of the Charities Commission, Dame Suzi Leather, stated that she believed the government's spending cuts could cost the sector "billions"¹⁰. The harsh and unnecessary settlement for Local Government has led, amongst other impacts, to massive reductions in services such as child and youth services; adult and child social care services; leisure services; housing; cuts to services to maintain and improve the built environment and green spaces. These cuts will directly impact on the quality and range of services in all of these areas and will be a block on any attempt to improve public health.

5. Health and Wellbeing throughout life

5.1. Unite, which incorporates the Community Practitioner and Health Visitors Association, welcomes the governments recognition of the important role that Health Visitors play in maternal and child health.

5.2. At least 6000 more health visitors need to be recruited over the next five years, in order to fulfil the goal of 4,200 extra health visitors, taking account of jobs already lost, natural wastage and the fact that some will go on further training to do Family Nurse Partnership jobs. Unite will continue to be active on the relevant working groups to ensure that this happens, and will not support existing school nurses being 'reassigned' into health visiting roles to give an illusion of progress.

5.3. Unite would point out that the white paper (paragraph 3.7) seems to imply that the Healthy Child Programme, which it supports, only applies to 0-5 year olds, whereas in fact it covers 0-19 year olds.

5.4. The school nursing service has been systematically contracted in many areas of the country so that it is now extremely patchy. Unite are disappointed that this government no longer supports the provision of 'one full time qualified school nurse per secondary school and its cluster of primaries according to health need'¹¹. We are concerned that where 'Healthy Lives, Healthy People' refers to this service as 'responding to local need' there will be no underpinning national standards and in a climate of financial constraint the public health of school-aged children will be down graded.

¹⁰ BBC website, 'Spending Review: Cuts could cost charities 'billions'', 24th October 2010

¹¹ Department of Health, 'Choosing Health', 2004

5.5. While the document proclaims its expectation that “excellent health and pastoral support to continue to be a hallmark of good schools” the budgets of schools have been drastically cut. Many services essential for health and well being, such as music lessons, school sports partnerships and pupil support have been reduced or stopped. The government supports the World Health Organisation led, Healthy Schools programme in theory, but no longer funds it, which means that in areas where schools’ budgets are tight it will wither. Unite are further disappointed that the government has not taken this opportunity to make comprehensive personal, social and health education (PSHE) compulsory.

5.6. Currently school nurse and health visitor training places are commissioned by Strategic Health Authorities, but over the time of this parliament that responsibility will move via the National Commissioning Board to the local authority, paid out of the ring-fenced Public Health monies. There is a real possibility that both universities and potential students will be totally confused about the application process. Local authorities have hitherto not had any responsibility for training public health nurses, and it is important that they ensure there is robust workforce planning.

6. Health and Wellbeing Boards

6.1. The Health and Social Care Bill, at the time of writing, invests the actual power when it comes to deciding what services are needed in the GP consortia, not the Health and Wellbeing Boards. The specification about the level of democratic representation on Health and Wellbeing Boards is weak. The result is no effective accountability structure or democratic oversight of local health services and the co-ordination with the public health agenda. Unite therefore believe that the powers of the Health and Wellbeing Boards are currently weak and not fit for purpose – ‘Healthy Lives, Healthy People’ relies on them for co-ordinative and integrating public, primary and secondary health care (for example, paragraph 3.6-3.8).

7. Creating quality jobs and employment

7.1. ‘Healthy Lives: Healthy People’ acknowledges that unemployment can lead to deterioration in a person’s mental and physical health, but also states that “*The Government is creating the right framework for enterprise and job creation*”. This is not a view shared by Unite, the TUC and several Nobel prize winning economists who believe that the government’s economic policies are creating a framework for years of a stagnant, if not a contracting, economy with high unemployment. As well as creating more unemployed people, who will experience worse health, the assertion that “*Central government is making it pay to work*” is referring to a series of policies from the Department of Work and Pensions where a harsh and punitive approach is being taken towards unemployed people. At the same time the new assessment methods for the Work Capability Assessment and Employment Support Assessment has been roundly condemned by many

disability rights campaigners and trade unions, with even Professor Paul Gregg saying that "The test is badly malfunctioning. The current assessment is a complete mess"¹².

7.2. Additionally, the caveat that the government frequently forgets to add is that *good work* is good for your health. Being forced into inappropriate work is bad for people's health. Employment is good for people's health where they are fairly remunerated, employment is secure and interesting, they work in a respectful, healthy and safe environment – which includes issues such as manageable workload - and they feel they can exercise a degree of control and have a say in their work and their workplace¹³.

7.3. The Health and Safety Executive have reported in their latest annual statistics (2009-10) that 1.3 million *people "who worked during the previous year were suffering from an illness (long-standing as well as new cases) they believed was caused or made worse by their current or past work. 555 000 of these were new conditions which started during the year. A further 0.8 million former workers (who last worked over 12 months ago) were suffering from an illness which was caused or made worse by their past work."* This includes musculoskeletal disorders, incidents of COPD, skin disease, audiological disorders, mental ill health and others.

7.4. While the Department of Health profess a wish to improve public health and the important role employment plays in this improvement, they fail to recognise that the *type* of employment, income level and dignity, health and safety at work are all vital factors. At the same time other government Departments are deliberately taking actions that will undermine employment relationships and work conditions. Examples include the issuing of the so-called 'Employers Charter' by the Department of Business, Innovation and Skills earlier this year and the systematic and disgraceful denigrating and trivialising of health and safety legislation by Government Ministers and advisors. Lord Young of Graffam while undertaking a 'Review' of health and safety last year and was attributed as remarking that "*people occasionally get killed, it's unfortunate but it's a part of life*"¹⁴.

7.5. Such a statement is deeply offensive, particularly to the families of those killed at work, and sends completely the wrong message from the Government. The primary legal **duty** to ensure safe and healthy workplaces lies with the employer, but it is the families and society at large which bears the **burden** of workers being injured, made ill or killed as a result of negligent working practices.

¹² The Guardian, 'New disability test 'is a complete mess' says expert', 22nd February 2011

¹³ For example, see 'Good Work: An Amicus Agenda for Better Jobs', published by one of Unite's predecessor unions, Amicus and the TUC publication 'Good Work' at <http://www.tuc.org.uk/extras/goodwork.pdf>

¹⁴ The Times, 19th July 2010

7.6. It came as no surprise to Unite that Lord Young's report 'Common Sense, Common Safety' made no sensible recommendations to improve workplace health and safety. In addition, the Institution of Occupational Safety and Health (IOSH) warning the government that it risks weakening public health and the national economy if it implemented all recommendations by Lord Young of Graffham in his review of health and safety. Unite has consistently argued and campaigned for stronger Health and Safety laws to help prevent occupational injury and ill-health, and to improve the health of workers. Unite is totally opposed to the funding cuts to the Health and Safety Executive and local authority environmental health officers – cuts that will have very serious consequences for occupational health and safety and therefore for public health.

7.7 The Government must comply with its duties under the EU Framework Directive (89/391) and provide a national occupational health service. This is linked to the question of 'Fit Notes': if GPs are going to be in a position where they will be able to assess an individual worker's suitability to return to work to carry out a certain job which may not be their usual job, then they will need to have adequate knowledge of how those jobs affect that condition. GPs certainly won't have any detailed knowledge of that person's workplace, therefore won't be able to make any real recommendations for changes to an individual's workplace or duties. Therefore adequate training within the occupational health field for GPs is going to be essential. Unite would want the worker's GP to have the overall say as to whether a person returns to work or not, as opposed to company occupational health providers, but unless GPs are fully aware of the risks within that person's workplace not just in their profession or role then a return to work before ready will be counter productive.

8. Health Inequalities

8.1. As a necessary part of reducing and eliminating health inequalities the government must prioritise tackling the systematic and structural discrimination experienced by women, Black, Asian, Minority Ethnic, Disabled and Lesbian, Gay, Bisexual and Transgender people and the discrimination experienced by different age groups. In addition, income inequality in Britain has grown. The EHRC Triennial Report in 2010 added to the body of evidence that recognises that *"there is a strong association between low socio-economic status and poorer health: in England and Wales, those who have never worked or are longterm unemployed have the highest rates of self-reported 'poor' health; people in routine occupations are more than twice as likely to say their health is 'poor' than people in higher managerial and professional occupations; and people from lower socio-economic groups are more likely to have a poor diet and less likely to take regular exercise¹⁵".*

¹⁵ EHRC, Triennial Review 2010, Chapter 9

8.2. The report further notes that Black, Asian and Minority Ethnic people are more likely to experience poorer health. This overlaps with the higher likelihood of Black, Asian and Minority people having a low socio-economic status – a result of systematic discrimination in society and barriers to the labour market¹⁶. A similar observation can be made about disabled people, their experience of poorer health and the link with low socio-economic status.

8.3. In addition, the EHRC note that *“some groups do seem to be at greater risk [of mental ill health] than others – including Pakistanis and Bangladeshis, LGB and transgender people, Gypsies and Travellers and asylum seekers. In some cases, there are signs that mental illnesses may be linked to other disadvantages and pressures felt by such groups. Some analysis has shown an association between the experience of victimisation for different religious groups and poor mental health”*¹⁷.

9. Workforce for public health

9.1. The government correctly states that *“Maintaining a well-trained, highly motivated public health workforce will be critical to the success of the public health system”*¹⁸. Yet as in other areas highlighted above, Government actions run contrary to their stated aims. ‘Efficiency savings’ of £20billion are currently being implemented by the NHS. In truth, these ‘efficiency savings’ are cuts in jobs and health services, they are not about genuinely engaging staff about how health services and work could be effectively redesigned.

9.2. The implementation of the Health and Social Care Bill will cause huge upheaval for the NHS workforce. The implementation of the Bill will bring mass privatisation – the contracting out of health services to the private sector. Delivering health services is labour intensive and the drive to reduce costs to maximise profits will come at the expense of the number of staff employed and staff pay, terms and conditions.

9.3. The Government set out its policy in the Budget and ‘Equity and Excellence’ that staff should face a pay freeze – a pay cut in real terms – over the next few years. The Government’s imposition of a pay cut on NHS and other public sector workers is based on myths about the state of pay in the private sector and is not based on any rationale of improving public services. This policy is not just the continuation of a pay policy that sought to hold down pay, which NHS workers have been subject to over the past few years, but it is a policy that seeks to tighten the screw on NHS workers and cause a further two years of falling living standards.

¹⁶ See Unite response to the Equality Act Consultation

¹⁷ EHRC, Triennial Review 2010, Chapter 9

¹⁸ ‘Healthy Lives, Healthy People’, paragraph 4.89

9.4. Just some of the impacts of these actions will be high staff turnover, recruitment and retention problems as in the early 1990s and higher stress and workloads for employed staff. This will all lead to lower quality of services, and through lower staff numbers, fewer health services in total.

9.5. At the same time, as detailed above, local government is facing unprecedented spending cuts, high job losses and local government workers have faced stinging attacks from Government Ministers on the quality of their work, and facing false accusations that they receive 'gold-plated' pensions.

9.6. Morale across the local government and healthcare work forces that the Government expects to deliver the public health agenda is low and falling. There is a great deal of work for the Government to do in partnership with the trade unions around reducing staff workload, committing to fair pay, terms and conditions and strengthening the career and professional development of staff. None of these issues are properly addressed in either 'Health Lives, Healthy People' or the concurrent consultation specifically on workforce development.

10. Public Health England

10.1. Unite have already stated above that this consultation has not been properly conducted, given that the Health and Social Care Bill will enshrine some aspects of this consultation in law, and in other areas – such as the funding of public health and the precise overall strategy of government matters are left unclear.

10.2. Section 4 purports to cover the new organisation 'Public Health England'; there is little concrete detail to comment on in regard to how this organisation will function and discharge the duties that it will be invested with. On funding there is some detail – funding is to be ring-fenced from the current NHS budget, as set in the 2010 Comprehensive Spending Review, rather than 'new' funding being made available. The settlement received by the NHS in the CSR was in fact, despite its misleading portrayal in the 'Healthy Lives, Healthy People' document, a cut in spending in real terms¹⁹. Unite would repeat that an improvement in public health requires resources as part of a coherent economic and social policy approach across government departments.

10.3. Unite support the stated aim of integrated and co-operative working across local authorities, the NHS and health and social care providers. The model of health care provision and how local authorities deliver services that has been advocated, and implemented in many cases, by the Government and their supportive local councils is one of a competitive business market, which

¹⁹ Paragraph 4.29 of 'Healthy Lives, Healthy People' states that "The Government announced in the Spending Review that total NHS spending would grow cumulatively in cash terms by 10.3% by 2014/15". The Nuffield Trust, in its analysis of the CSR found that the NHS was facing real terms cuts, in addition to having to cover the cost of the changes demanded by the Health and Social Care Bill. See Pulse magazine, 'NHS facing real terms funding cuts, warns think tank', 29th October 2010.

inhibits co-operative working across services and drives down the quality and range of services²⁰. In addition, and as mentioned above, local government is facing severe financial cut backs and attacks from government Ministers responsible for local government about the existence of 'non-jobs' in the sector, which included an Assistant Director of Adult Social Care. This is exactly the type of post that the Department of Health in their consultation document is citing as working closely with other colleagues to deliver the public health agenda.

Consultation Questions:

a) Role of GPs and GP practices in public health: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

A.1. As noted above, it is unclear how Public Health England, and the Health and Wellbeing Boards will relate to each other – there is no definite mechanism.

A.2. As well as what may be termed 'local government services' solutions to the broader public health agenda, such as those highlighted in this response, there are also the preventative healthcare measures that are appropriately delivered by professional, clinical staff. This includes, but not restricted to, activities such as addressing alcohol and drug misuse, screening programmes, immunisations, child health surveillance (the Healthy Child Programme), child protection health services, contraceptive services and sexually transmitted infections treatment. Unite are concerned that as well as the wider spending cuts an underfunded Public Health Service will be unable to pay for public health related work which is currently carried out by GPs supported by 'Quality Outcomes Framework' monies – resulting in a loss of preventative health services.

A.3. The Director of Public Health role as currently envisaged has no monitoring or enforcement role to drive forward the public health agenda locally. It would make sense for the Director of Public Health to have a role in assessing the local GP consortia support for the local public health agenda and their co-operative work with the local authority and health providers. Failure to co-operate and integrate with others on the public health agenda could then result in the Director of Public Health referring the matter to Public Health England, who would have a statutory duty to intervene.

b) Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

²⁰ See the Unite consultation response to 'Equity and Excellence: Liberating the NHS', October 2010

B.1 The most important aspect of enhancing the availability of information is that all healthcare service providers and local government service providers – whether public bodies or contracted organisations – are covered by the Freedom of Information Act and the Equality Act. Data on all aspects of service provision – including outcomes, range of services available, people accessing services and financial arrangements – should be made publically available and presented in an easily understood format. This should be combined with other local data such as that collected by the police on local incidents, information on housing, income level and so on. Unite would reiterate its view that while such information should be made available, this does not constitute accountability in itself.

B.2. The 'Healthy Lives, Healthy People' document does not mention the role of Health Informatics personnel, yet they are essential in analysing and interpreting what the data collected means.

c) Public health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

C.1. The comments given in the first half of this response document address this question. In addressing the wider social and economic determinants of public health there has to be a coherent strategy across government Departments to improve people's quality of life. This is currently absent, with government policies instead resulting in a withdrawal of support services, local community and leisure facilities, cuts in healthcare, increasing homelessness, increasing unemployment and poverty. Against this backdrop the 'insights of behavioural science' will have little affect – to influence the individual decisions people make, you have to improve the circumstances they are making those decisions in.

d) Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

D.1. Unite disagree with commercial companies who profit from the sale of unhealthy foods and drinks being national partners with the government on the public health agenda.

D.2. Unite would also refer to the answer to question (a) above – for improved use of information, there has to be full information release in a timely manner from all health care and service providers, departments and agencies who have a role to play in the public health agenda. For this information to be used appropriately requires staff with the skills to analyse and interpret the data. In addition, Unite would argue that there has to be sufficient resources for the information

to be *acted* upon. Further, there is a great deal of public health evidence already available, and yet the government has shied away from forming evidence based public health policies as it would conflict with their wider programme of reducing public services.

e) Regulation of public health professionals: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

E.1. Unite welcome the fact that under government proposals every local authority will employ a Director of Public Health. In order to maintain standards and protect the public, these staff should be statutorily registered with the Health Professions Council. While we have no concerns about the current voluntary register, it is voluntary and so not suitable in today's climate where the general public expect that all people with control over their health will be regulated.

This consultation response was submitted on behalf of Unite the Union, 31st March 2011 by;

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