

The UK Context



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Organisation of environmental health in the UK

- Responsibility is split between central government and local authorities
- No single ministry is responsible for the environmental health function, it is split amongst a number of central government departments



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Organisation of environmental health in the UK

Central government role:

- Legislative: drafting and processing of statutes, subordinate legislation and statutory codes of practice
- Administrative: advising local authorities about implementation of legislation and particular issues of concern, through issue of ministerial circulars etc.
- Monitoring: Audit Commission, FSA etc.



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Organisation of environmental health in the UK

Local government role:

- The provision of environmental health is largely operated at the local community level through unitary authorities, London borough councils and metropolitan districts. In two tier areas the district council is the environmental health authority, although county councils undertake some environmental health work, principally refuse disposal, food composition and labelling.
- In London the Greater London Authority works in co-ordination with the London boroughs and is responsible for producing a number of London wide strategies, principally ambient noise, air quality, waste management and energy efficiency.



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Organisation of environmental health in the UK

Local environmental health authorities are responsible for:

- Surveillance
- Provision of information
- Enforcement
- Service provision
- Investigation: following community complaints
- Education and publicity



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Local Government Structure

Single Tier Authorities

Scotland	32 Unitary Authorities
Wales	22 Unitary Authorities
Northern Ireland	26 District Authorities
England	47 Unitary Authorities
	36 Metropolitan Authorities
	33 London Boroughs (and the GLA)

Two-tier Authorities

England	34 County Councils
	238 District Councils



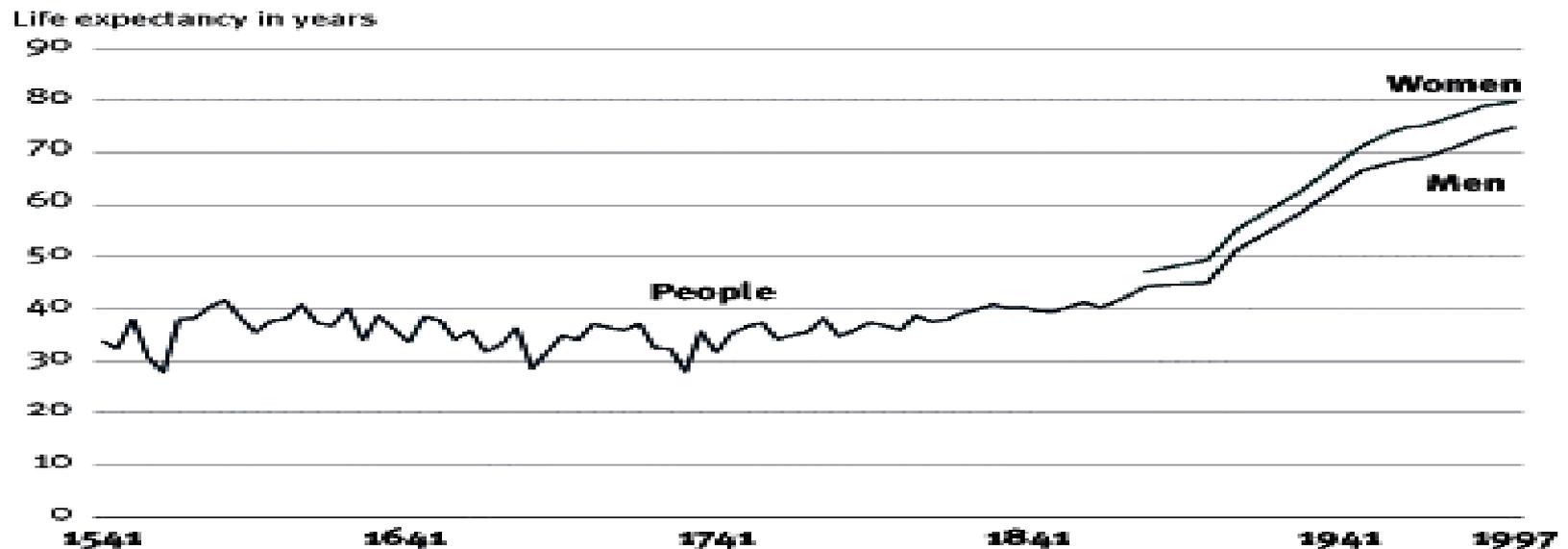
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Demographic Trends

- Increasing life expectancy
- Ageing population
- Increasing dependency ratio
- Increasing proportion of single-person households
- Increasing wealth – GDP; real disposable household income
- Household income distribution increasingly unequal
- Increasing child poverty



Fig 2.2 Major improvements in expectation of life after centuries of early death



Life expectancy at birth in England & Wales

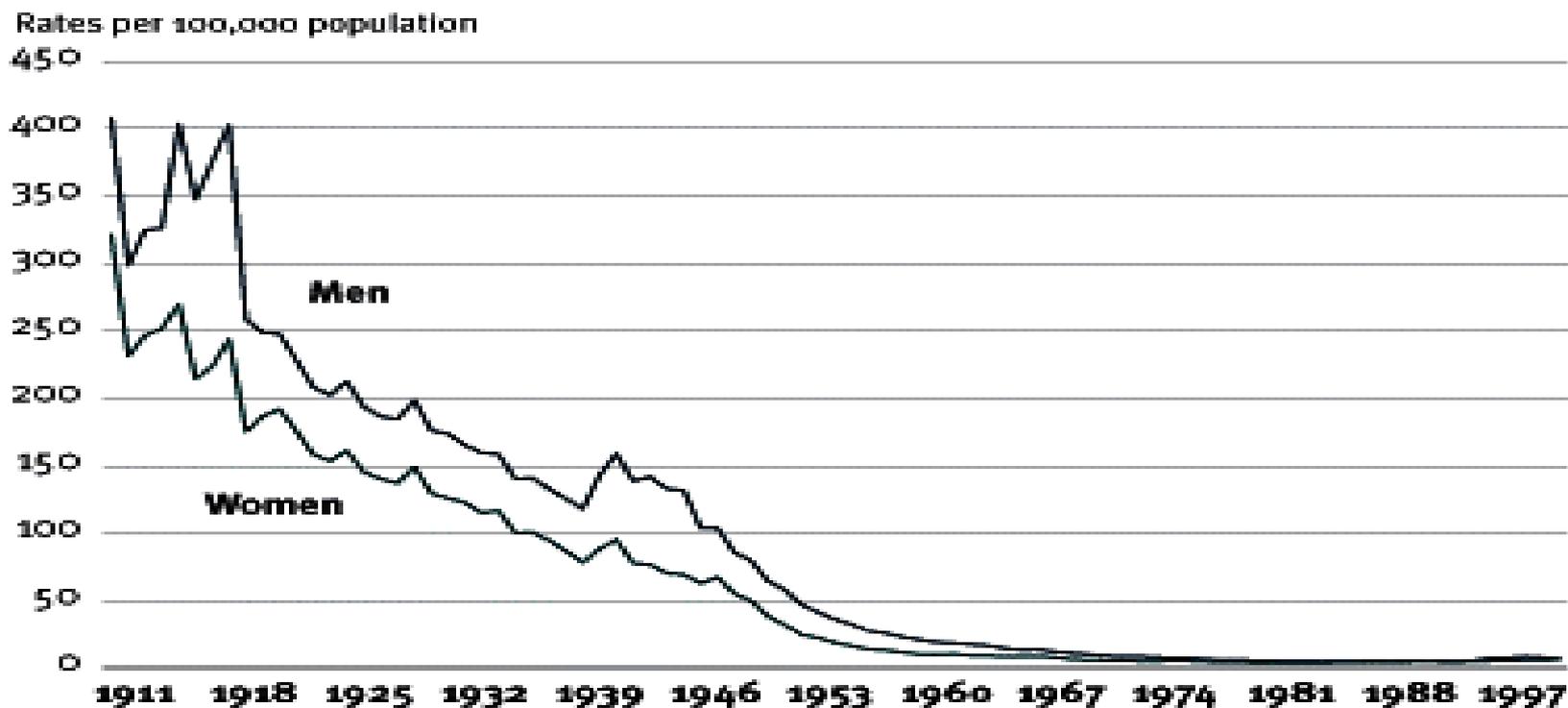
Source: Office for National Statistics (see References Section)

We now live longer and healthier lives. Survival into old age is commonplace. Life expectancy is currently 80 for women and 75 for men compared with 48 and 44 in 1900.



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Fig 2.1 A major decline in death from all infectious diseases in the 20th century



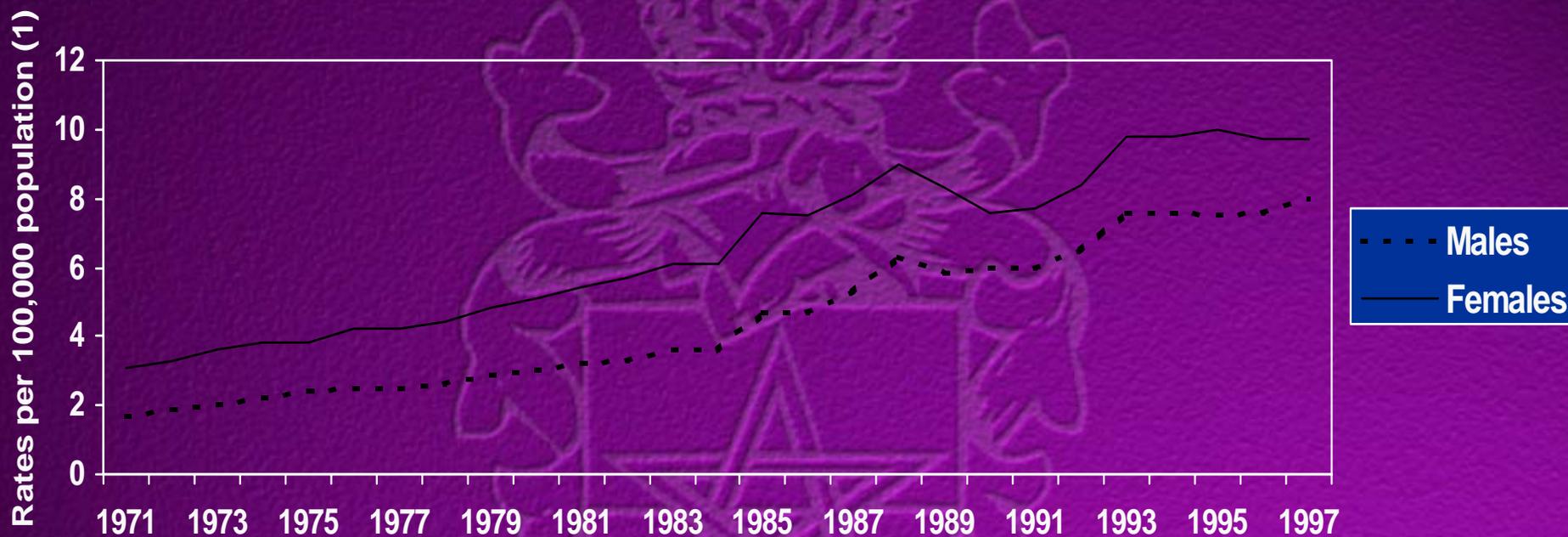
England & Wales

Source: Office for National Statistics (see References Section)



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Incidence of malignant melanoma of the skin: by gender



(1) Directly age-standardised to the European standard population

Source: Office for National Statistics



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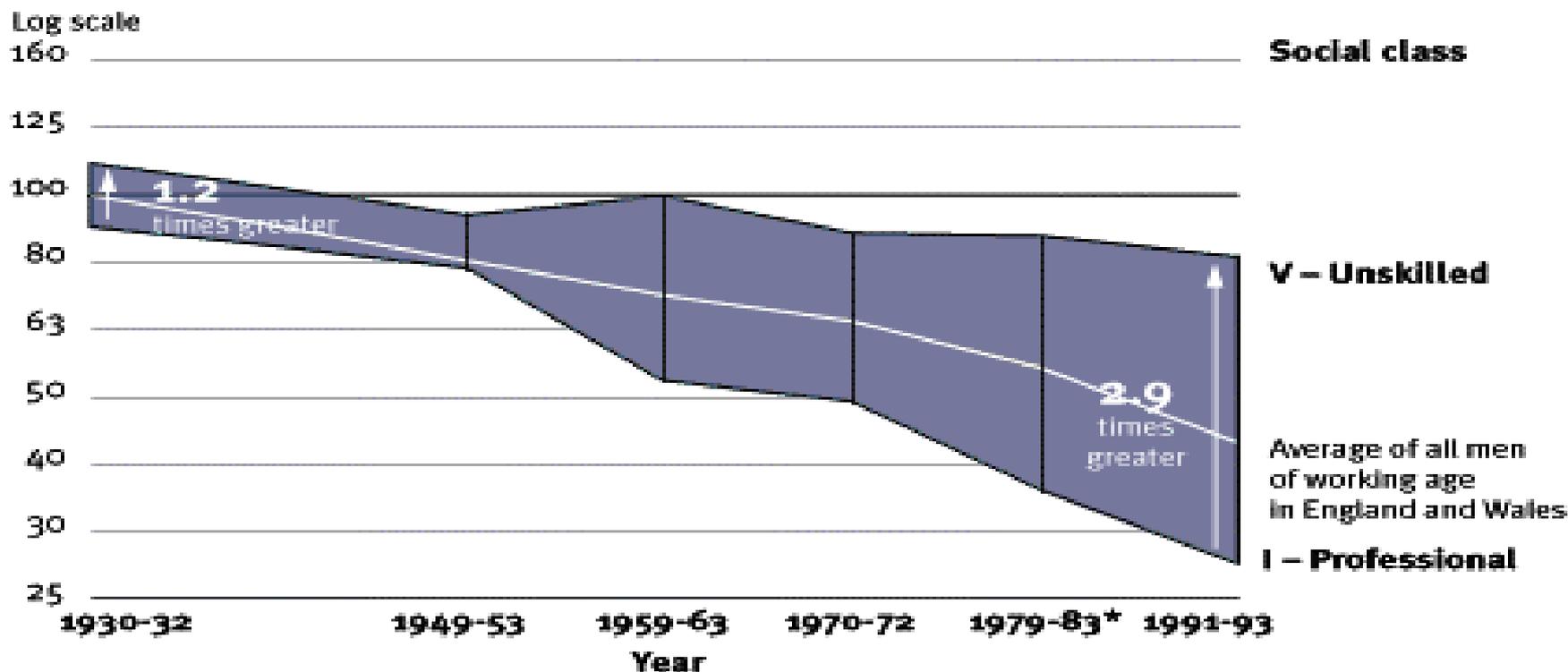
Health Trends

- Decrease in death from infectious disease
- Shifting burden of disease from young to old and communicable to chronic disease
- Increasing incidence of cancers – due to ageing population and lifestyle changes
- Increasing trends in obesity
- Increase in mental health problems
- Improvement in population health with continuing health inequalities



Fig 4.2 The widening mortality gap between social classes

Standardised Mortality Ratios, indexed to 1930-32



*1979-83 excludes 1981

England and Wales. Men of working age (varies according to year, either aged 15 or 20 to age 64 or 65)

Note: These comparisons are based on social classes I & V only.

Source: Office for National Statistics (see References Section)



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Food Safety



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Food

Objectives

- To reduce the incidence of and, if possible, eliminate diseases associated with contaminated food
- To ensure that food safety is put first in each process and in each part of the food production and distribution chain, from primary producer to consumer
- To improve public awareness of food safety and hygiene

(Environmental Health action plan for Europe)



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Food Control in the UK

UK food law is heavily influenced by the EU

Currently the EU is revising its hygiene rules for foods of animal origin (veterinary products) and for general foods (retail & catering)

The EU propose to move away from prescriptive requirements to those based on the principles of HACCP



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Food Standards Agency

key priorities 2001 - 2006

- reduce food-borne illness by 20% by improving food safety right through the food chain
- help people to improve their dietary health
- promote honest and informative labelling to help consumers
- promote best practice within the food industry
- improve the enforcement of food law
- earn people's trust by what we do and how we do it



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HACCP for very small businesses

- The UK has a large number of catering businesses with less than 5 employees
- Adopting HACCP principles will create particular problems for enforcers and operators of these very small businesses.
- CIEH believe that education of managers and employees is key
- Anxious to learn lessons from others particularly colleagues in the USA

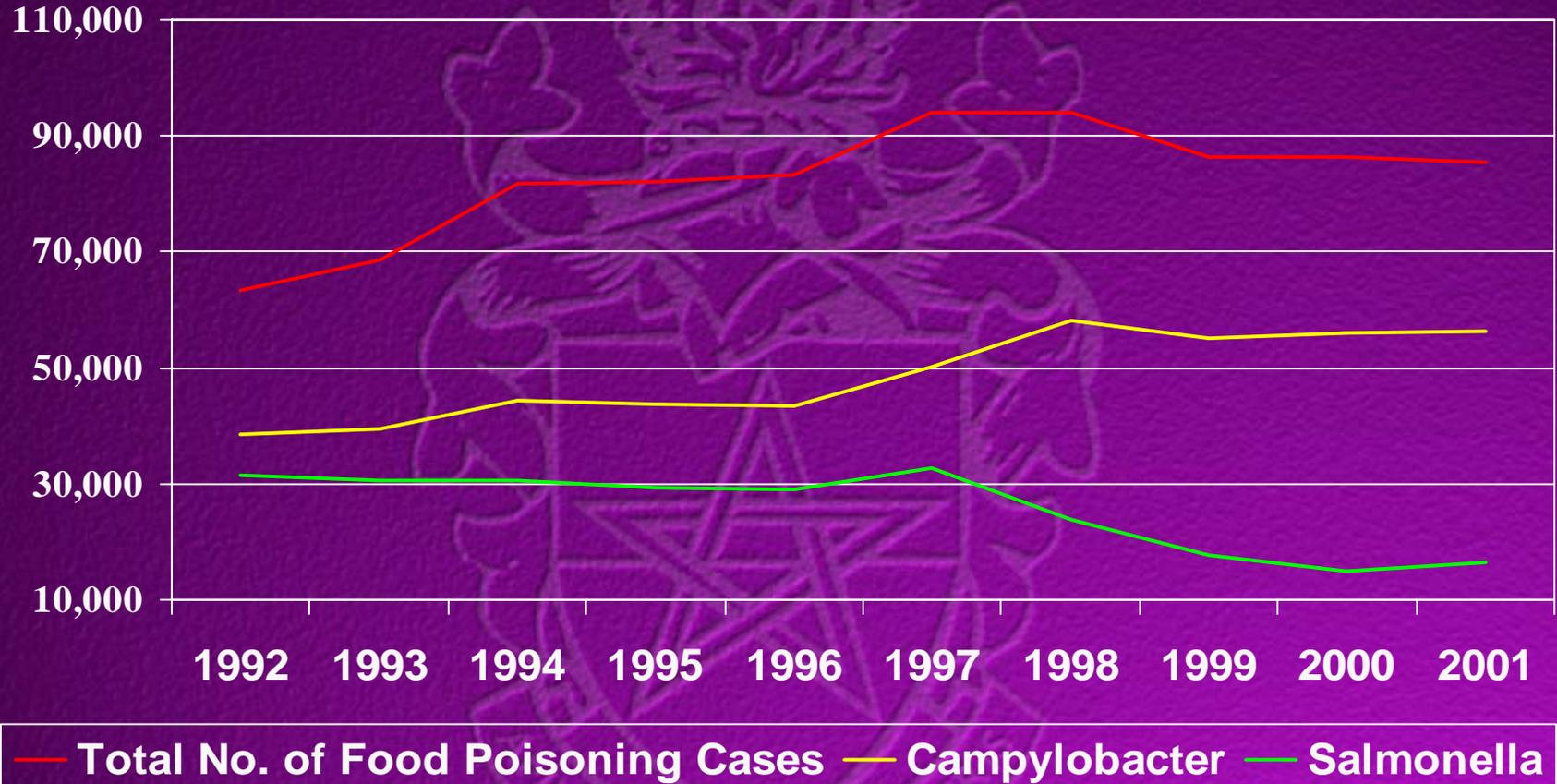


Licensing of Food Businesses

- Despite many years of lobbying UK catering businesses do not require approval before they start trading
- A new licence requirement was introduced for butchers following the E.coli O157 outbreak in Scotland – enhanced training & documented HACCP
- The UK Food Standards Agency has so far resisted any attempts to extent licensing to other high risk businesses



Food Poisoning England and Wales



Source: PHLS & CDSC. September 2002



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E.coli O157

Higher incidence in Scotland

E.coli O157 Task Force (Scotland 2000)

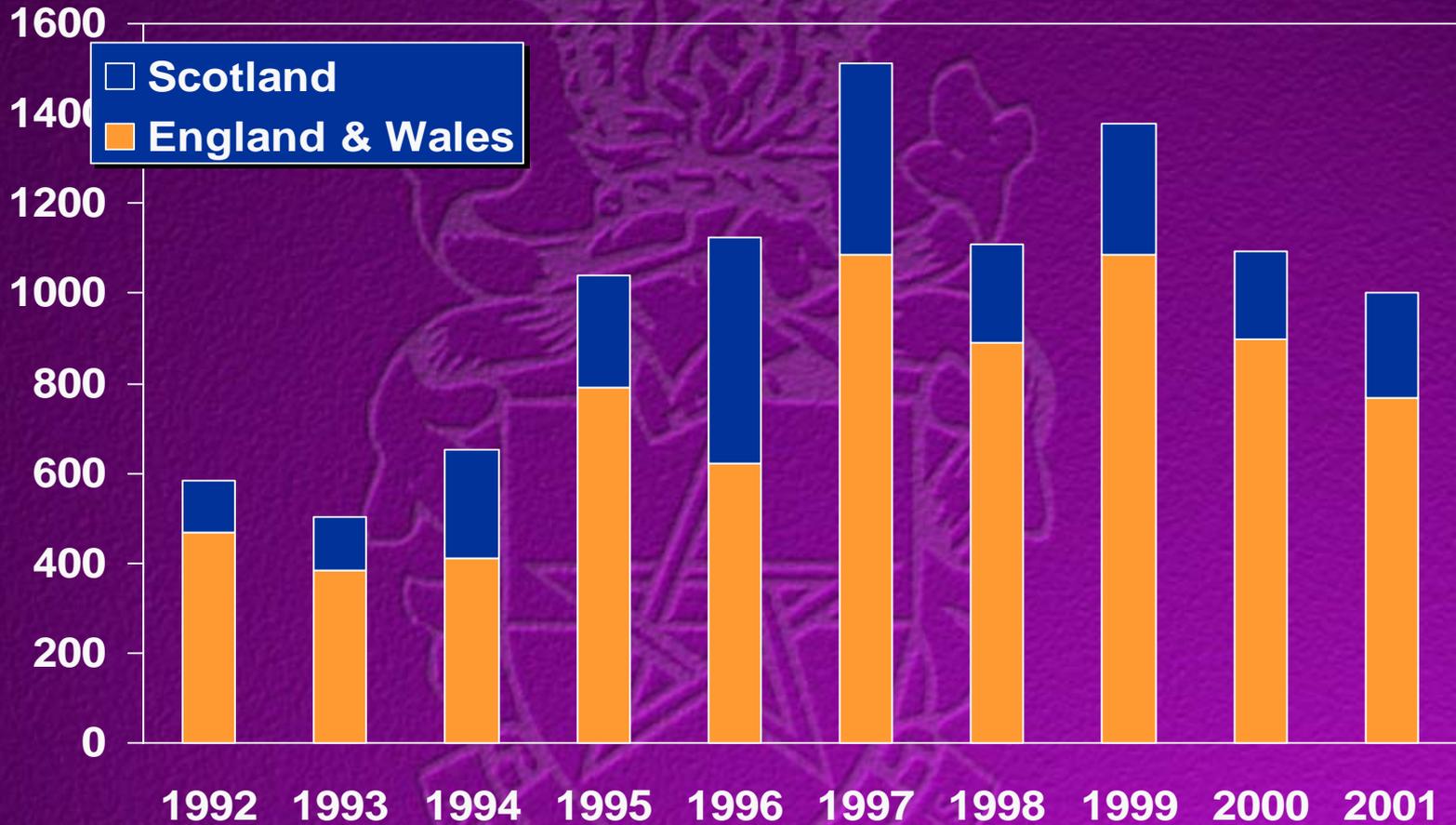
To review public health risk

To consider future measures to protect public health



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Reported Cases of E.coli O157



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E.coli O157

Task Force – 105 recommendations

Risk communication key

Areas covered:

Animals and routes of infection

Waste recycling

Water supply contamination

Recreational use of animal pasture

Food chain

Infection

- Diagnosis and care
- Transmission, epidemiology and outbreak control



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Food Safety

Food-borne illness

- **Better education and enforcement**
- **Working with consumers and industry to minimise contamination**

BSE

- **Maintaining vigilance through controls: OTM, SRM, feed ban**



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Unfit Meat



Food Law Enforcement

- **implement EU Food Hygiene legislation**
- **work with LAs to improve and develop enforcement services, including publishing audit reports**
- **develop and implement a HACCP strategy for the catering sector**
- **negotiate and implement EU risk-based meat inspection regime**



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Enforcement Activity 2000

Key findings:

There were 603,328 UK food premises, a decline of approximately 1% from 1999;

LAs carried out a total of 544,840 inspections across the UK, an increase of 3%;

A total of 64% of premises were inspected at least once during 2000 – almost 2% more than in 1999;

The proportion of businesses identified as committing infringements was 45% - a 2% decrease since 1999;

Report on local authority food law enforcement activity in the UK. FSA. 2002



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Health and Safety



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Occupational Health and Safety

Objectives

- To reduce progressively but significantly the frequency and severity of occupational accidents and diseases and narrow the disparities between countries and between high-risk and low-risk occupations , through the wider adoption of measures that are in force in the best-run workplaces
- To establish and develop high quality, cost-effective occupational health services as an integrated and basic element of a comprehensive health strategy for the working population of the European Region

(Environmental Health Action Plan for Europe)



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HSC Strategic Plan 2001 - 2004

Working

- In close collaboration with stakeholders, including engaging new stakeholders.
- Partnership between enforcers and stakeholders.
- Special needs of SME's, vulnerable groups, etc.



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Securing Health Together Targets

By 2010

- A 20% reduction in the incidence of work-related ill health.
- A 20% reduction in ill health to members of the public caused by work activity.
- A 30% reduction in the number of days lost due to work-related ill health.
- A 10% reduction in fatal and major injury incidence rate



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Priority Programmes

Construction

Agriculture

Health Services

Falls from heights

Workplace traffic accidents

Slips, trips and falls

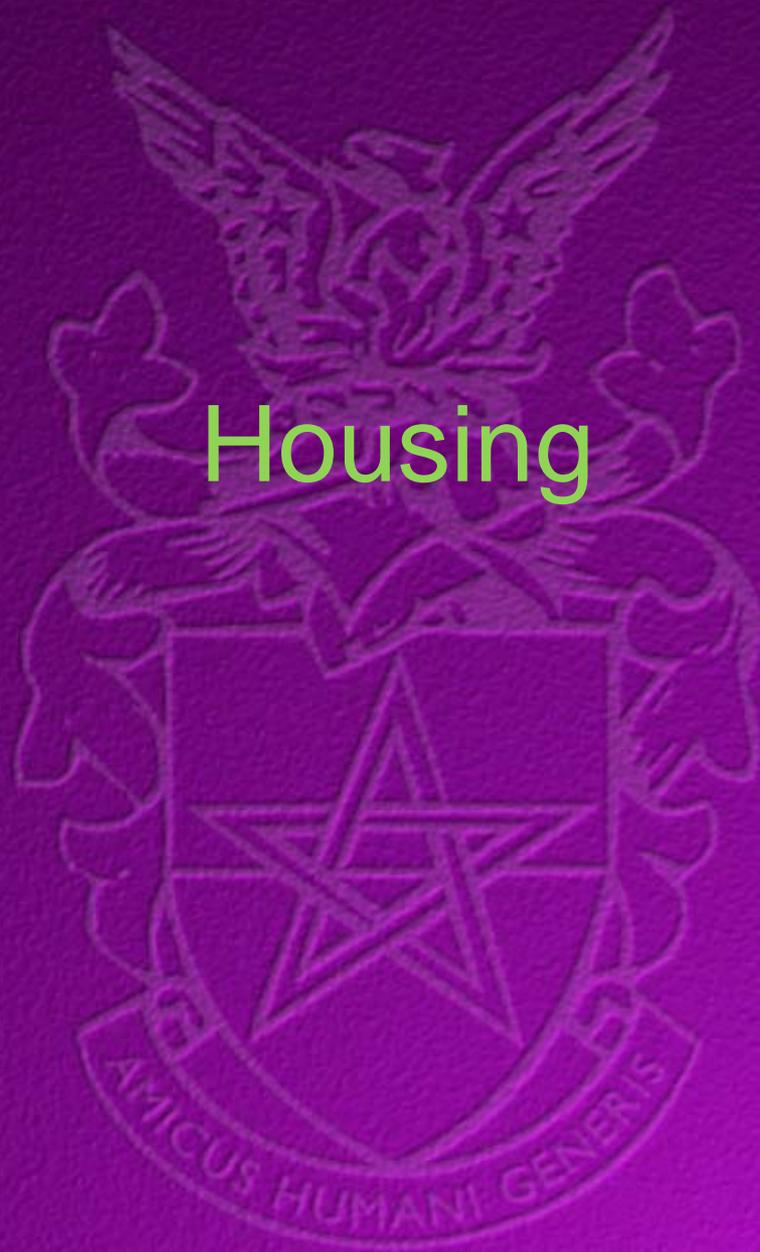
Musculoskeletal disorders

Stress



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Housing



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Urban and Rural Settlements

UK Objectives

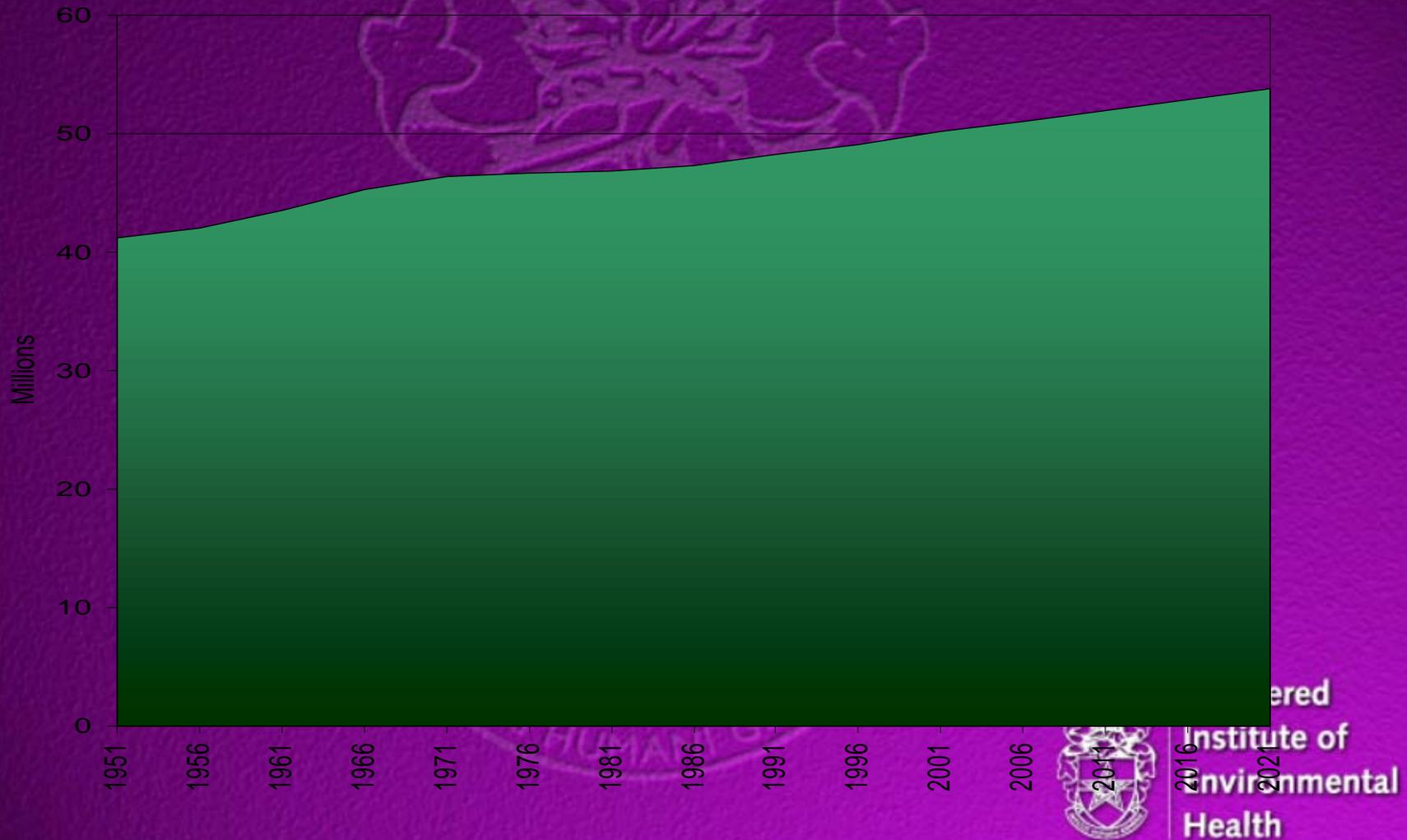
To improve social and physical living conditions in settlements, particularly for the disadvantaged, in order to prevent disease and accidents and enhance the quality of life

(Environmental Health Action Plan for Europe)



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Population of England



Housing Policy

Government's Policy Objective:

"Our objective is to ensure that everyone has the opportunity of a decent home and so promote social cohesion, well-being and self-dependence"

Housing Policy Statement, The Way Forward for Housing. 13 December, 2000.



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The Way Forward for Housing

December 2000

Key themes

quality of social housing

quality of social landlord services

choice

rent reform

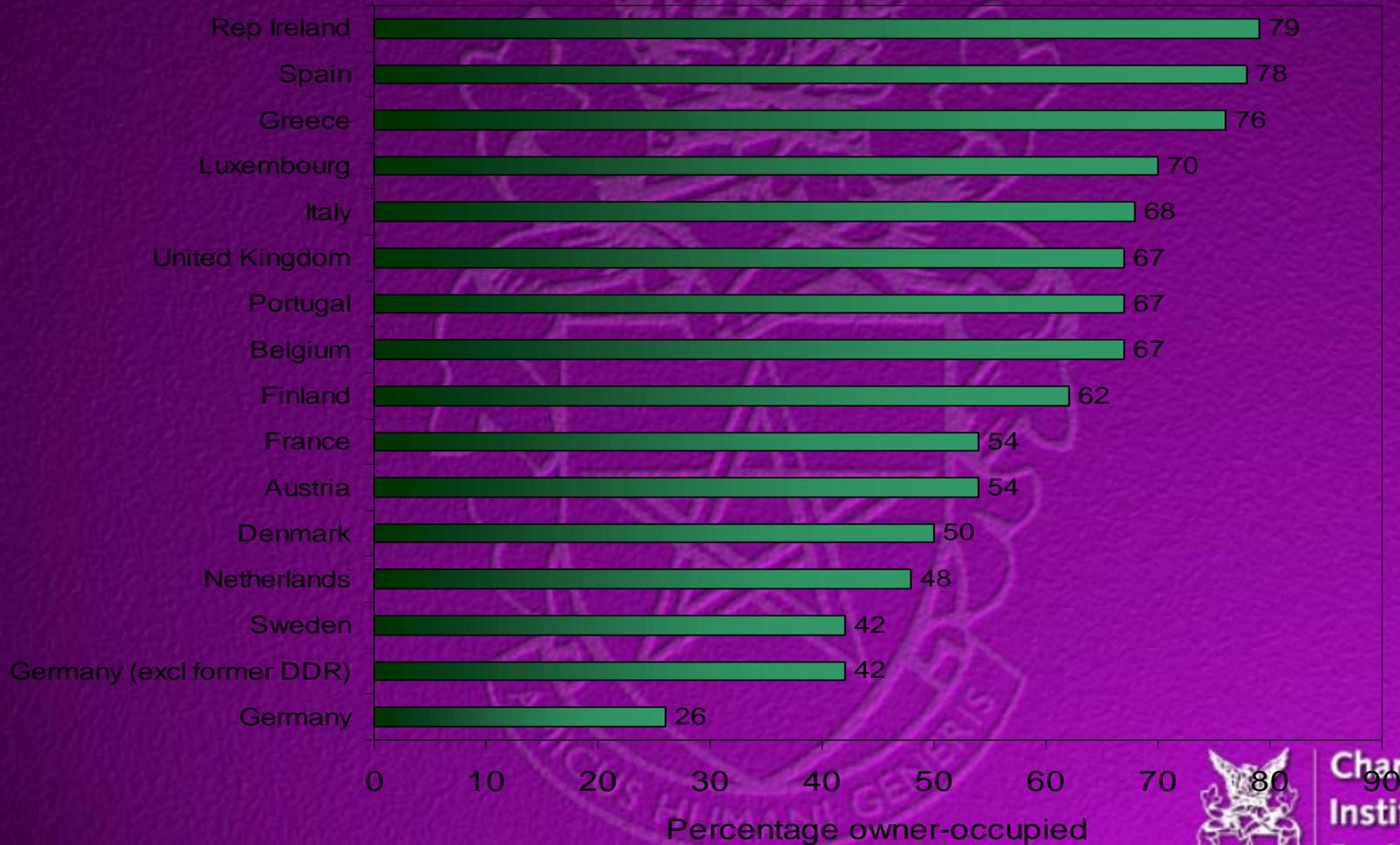
better protection for the homeless

starter home initiative

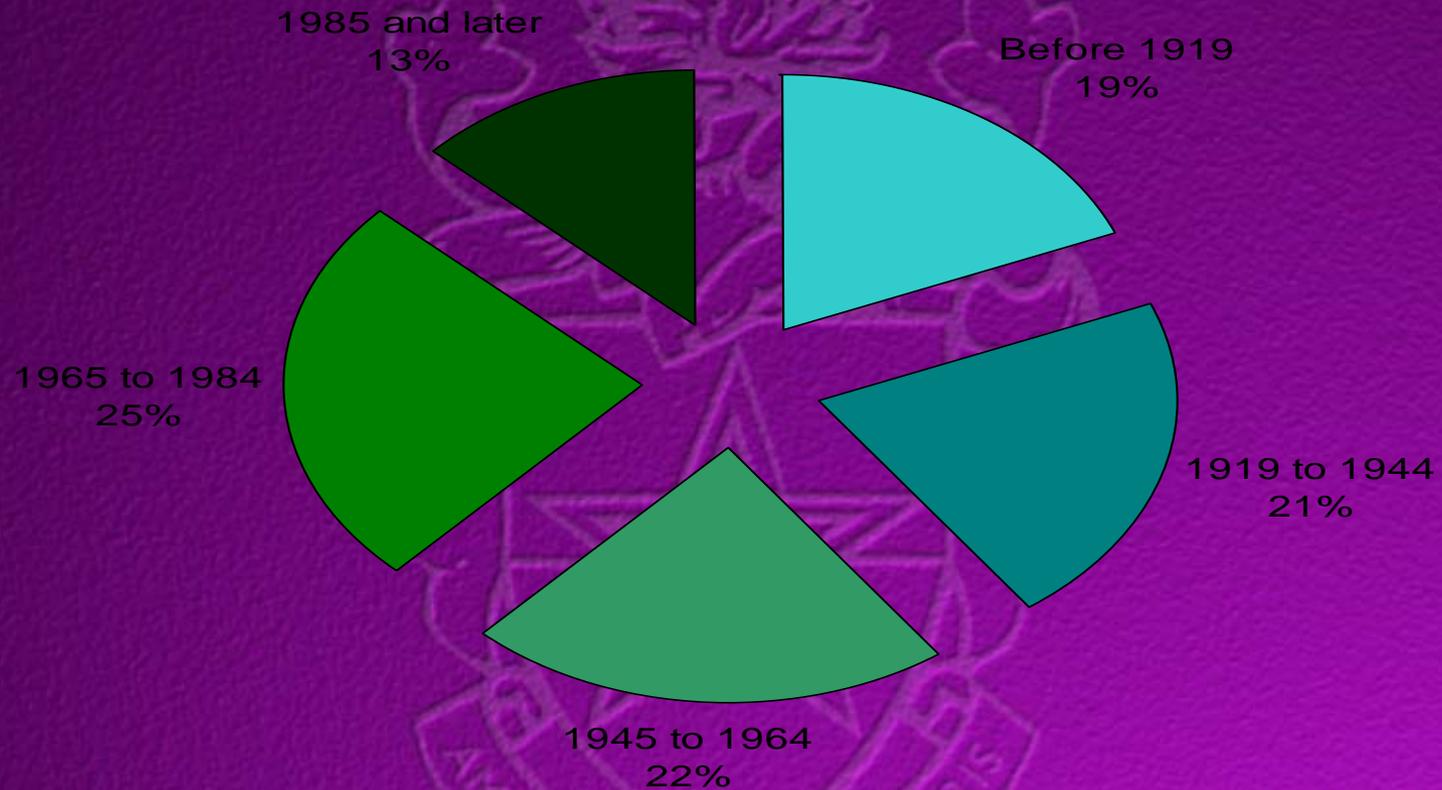


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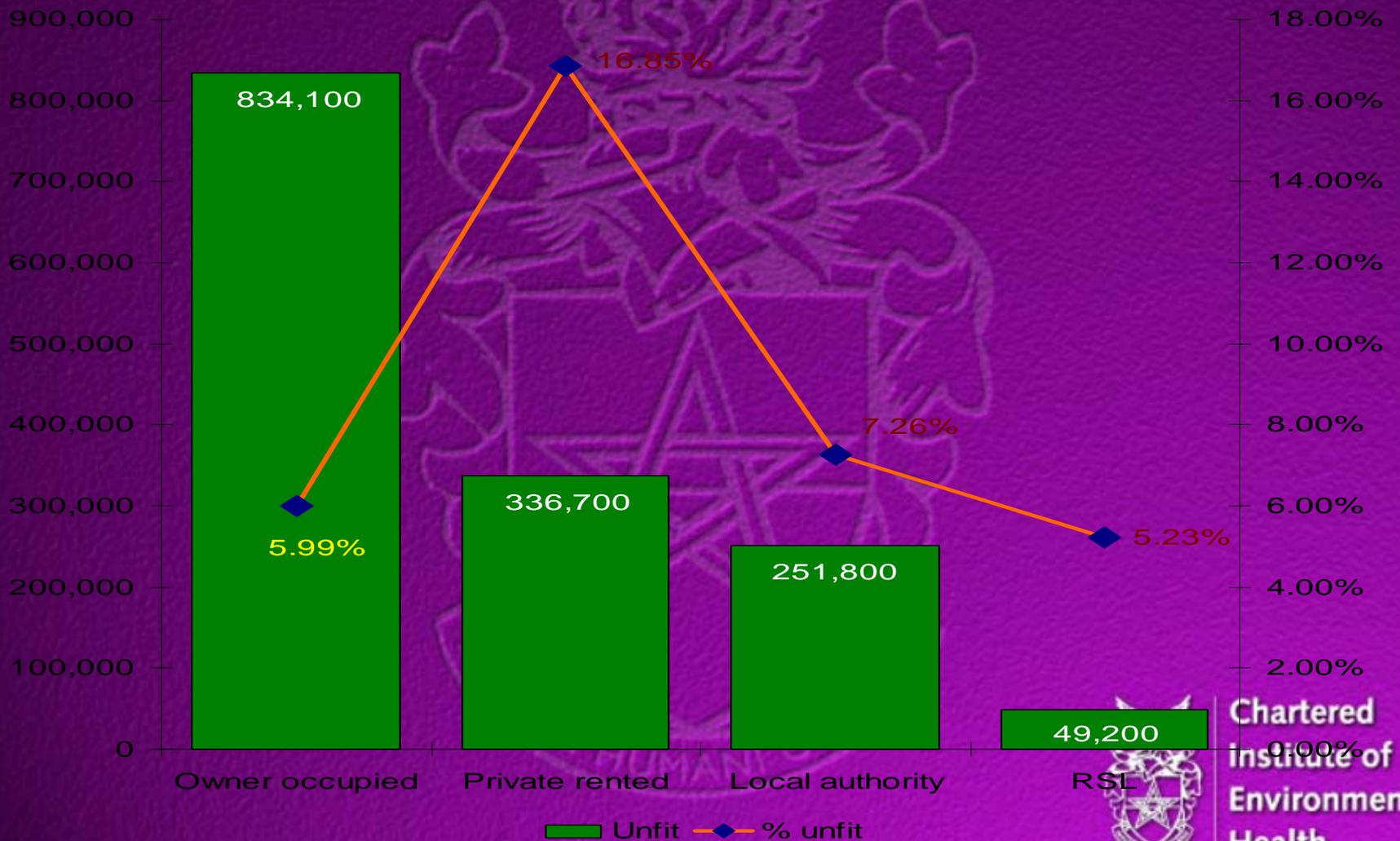
Owner-occupied stock across EU



Housing stock: by age



Unfit housing, by tenure



Rural Health



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Rural Health Policy

Our vision is of:

- A living countryside, with thriving rural communities and access to high quality public services
- A working countryside, with a prosperous and diverse economy, giving high and stable levels of employment
- A protected countryside, in which the environment is sustained and enhanced, and which all can enjoy
- A vibrant countryside which can shape its own future and whose voice is heard by government at all levels

Our countryside: the future.

A fair deal for rural England. DEFRA. 2000.



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Burning Pyre





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Foot and Mouth Disease 2001: Main lessons to be learned

Maintain vigilance

Be prepared

React with speed and certainty

Explain policies, plans and practices

Respect local knowledge

Apply risk assessment and cost benefit analysis

Use data and information management systems

(Foot and Mouth Disease 2001:

Lessons to be learned enquiry. July 2002.)



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Foot and Mouth Disease 2001: Main lessons to be learned (2)

Have a legislative framework

Base policy decisions on best available science

These lessons should be incorporated into a national strategy designed to:

Keep out infectious agents

Reduce livestock vulnerability

Minimise the impact



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Pest Control



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Rodent Survey

The last comprehensive, reliable study was undertaken in 1993 by CIEH and the Central Science Laboratory. Since 1979:

- Mouse infestation in *all* domestic properties increased by 13%. This was particularly marked in rural areas where the increase was 59%
- Rat infestation in *all* domestic properties increased by 39%. Increases were most marked in large town areas (43%) and rural areas (48%)



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Port Health

Illegal imports of food



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Illegal Meat Seizures



CIEH call for stricter control on illegal meat imports

The CIEH called on the government to:

1. Designate a single agency to co-ordinate the control of all imported foodstuffs.
2. Provide enforcement officers with powers to stop, as well as search.
3. Require the prior notification of all food imports.
4. Ban the personal imports of products of animal origin.
5. Provide central funding to enable effective enforcement, including the setting up of specialist teams at major seaports and airports.



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CIEH call for stricter control on illegal meat imports

- 6 Increase the penalties for smuggling products of animal origin.
- 7 Work with European Union member states to tighten up import controls at the first point of entry into the European Union.
- 8 Provide national guidance on enforcement regarding illegal imports.
- 9 Urgently carry out a risk assessment of the potential human health risks posed by illegal meat imports.



Illegal Meat Seizures – Bush Rat



Natural Disasters and Industrial and Nuclear Accidents

Objectives

- To limit the consequences of natural disasters, prevent the occurrence and limit the consequences of major industrial and nuclear accidents. Ensure the existence of effective arrangements for emergency preparedness for and response to natural and man-made disasters, in and between countries
- To ensure the appropriate levels of government, relevant public services and members of the public, are fully informed of the probability and potential risks of industrial and nuclear accidents, can put those risks into perspective and understand the action required of them in the event of an emergency

(Environmental Health action plan for Europe)



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Emergency Planning in the UK

Local level: emergency services and the appropriate local authority

Lead central government department

Civil Contingencies Secretariat



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Emergency Planning in the UK

- Most emergencies are handled at a local level by the emergency services and the appropriate local authority with no direct involvement by central government
- Where central government does become involved because the incident is of such a scale or complexity to require central co-ordination or support, there will be a lead government department in charge of handling the emergency
- Where the disaster is too wide-ranging to be handled by a single department, or where the lead is not clear the Cabinet Office's Civil Contingencies Secretariat will lead



Emergency Planning in the UK

- The Cabinet Office's Civil Contingencies Secretariat is responsible for taking the immediate lead and then for ensuring that one department is confirmed as the lead government department. The CCS is also responsible for resolving all cases of doubt so that one department is promptly confirmed as the lead. Where the incident is threatened or caused by terrorism, the initial phase is led by the Home Office Terrorism Prevention Unit.



Emergency Planning in the UK

- **Cross-government contingency plans:** are in place and regular exercises test the responses to a range of different threats. Contingency plans are reviewed regularly and they have been reviewed again after the events on 11 September



Terrorist scenarios in the UK

- Biological and Chemical agents
- Deliberate release of a weaponised form of a biological agent
- Use of naturally occurring pathogens
- Hoaxes
- The use of other chemical or biological agents in various forms



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Terrorist scenarios in the UK

- Release could occur overtly or covertly
- Overt release: national contingency plan
- Covert release: recognition by health care and public health practitioners to the potential of attack is essential for early detection



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Covert Bioterrorism

- First indication of an incident will be presentation of cases of unusual illness to the front line healthcare system
- Symptoms of first cases will often be indistinguishable from naturally occurring diseases
- Laboratories must recognise biological agents, provide initial identification and initiate without delay the public health response plan



Main Agents of Threat

Biological:

Anthrax

Botulism

Plague

Smallpox

Tularaemia

Chemical:

Nerve Agents

Mustard Gas



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Chemical Incident Handbooks

A series of CIRS handbooks on the management of chemical incidents is soon to be published by The Stationery Office and includes:

The Chemical Incident Management Handbook (2000)

Chemical Incident Management for Accident and Emergency Clinicians (1999)

Chemical Incident Management for Public Health Physicians (1999)

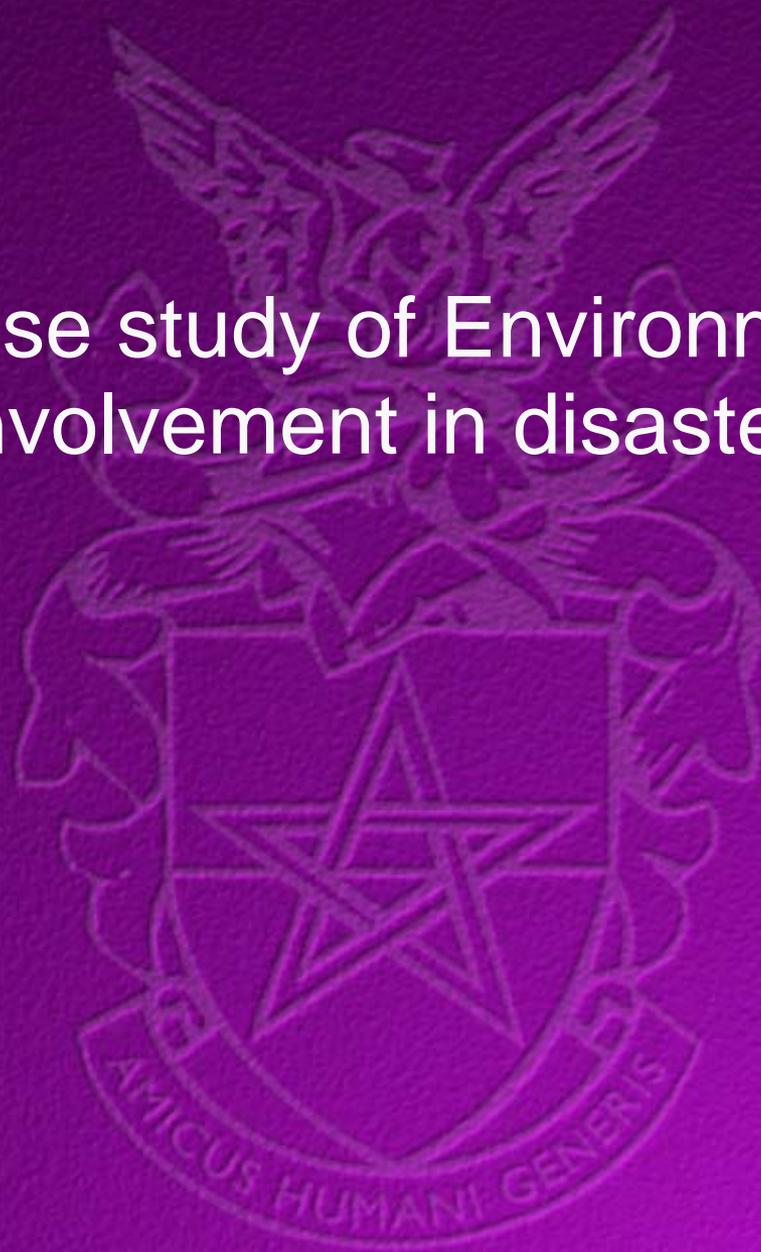
Chemical Incident Management for Local Authority Environmental Health Practitioners (2001)

The Environment and Public Health (in press 2002)



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Recent Case study of Environmental Health involvement in disaster relief



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IN AT THE DEEP END

**A Major Flood Emergency
LEWES, EAST SUSSEX**

12 OCTBER 2000

IAN KEDGE

HEAD OF ENVIRONMENT & HEALTH

LEWES DC



WHAT HAPPENED

Saturated catchments over Sussex by
early October

Intense rainfall from 9 October onwards

Culminating in up to 134mm on night of
11/12 October

Exceeded 1 in 200 year event



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WHAT HAPPENED

10.00am Flood warning issued

11.15am Severe Flood warning issued

11.30 am Evacuation of Town centre

12.30 - 13.30 Flood defences breached in
several locations

Mid afternoon Evacuation turns to rescue



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WHAT HAPPENED

Flood levels continue to rise to 21.00

Progressive flooding of low lying areas

Depth of flooding up to 3.6 m deep

Over 140 people housed in emergency rest centres



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IMPACT OF THE FLOODS

Town cut in half for 3 days

Key infrastructure knocked out Fire Station, Ambulance Station, Railway, main A26 trunk road, postal sorting office, Sewerage Pumping Station, Health Centre, 2 main supermarkets

Extensive disruption to gas and electricity.
Power cuts up to 6 days



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IMPACTS OF THE FLOODS

Over 600 homes flooded and made uninhabitable

Over 1000 people displaced

Main Commercial area of town flooded.

Approx 200 businesses affected

Extensive pollution by sewage ,oil and other pollutants



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EMERGENCY RESPONSE

- Warning, evacuation and rescue
- Emergency shelter ,food and assistance
- Protection of Public Health
- Helping people return to their homes
- Cleaning up
- Restoration of Services
- Meeting social needs



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PUBLIC HEALTH ISSUES

Water supplies

Sanitation

Clear up

Food supplies

Restoration of services

Health and safety



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PUBLIC HEALTH ISSUES

Longer term
Home renovation
Pest control
Contaminated land
Landfill gas
Long term health effects



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SOCIAL CONSIDERATIONS

Information

Fear

Social cost

Heart of town knocked out

Support and help with problems

Long term housing issues



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SOCIAL CONSIDERATIONS

Flood recovery group vital and long term

Coordinated long term action

Flood relief appeal £300,000

Mobilise voluntary sector

Business recovery important



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LESSONS LEARNED

Plan, plan and plan !!

Plan for long term recovery

Lack of information PhIs/LDC/HA survey

Prepare for unexpected !!

Do not neglect or overlook social issues



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Flooding in Lewes



Ian Kedge
Lewes District Council

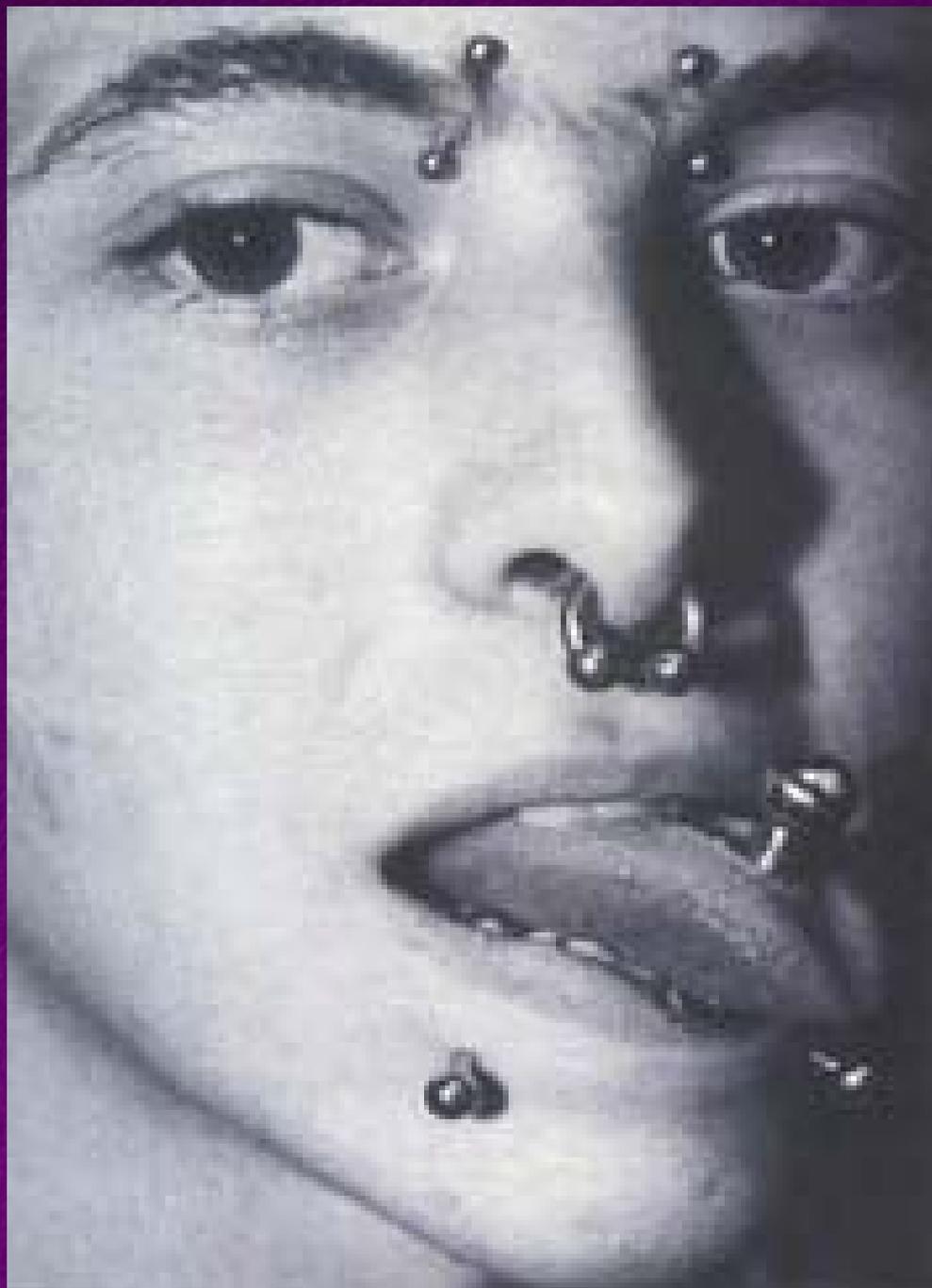
Public Safety and Health

Body art and other special treatments

- A growth industry of significant public health importance.
- Recent guidance published by CIEH with Barbour Index and available at their web site



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Body Art

