INTRODUCTION

‘Poverty remains the chief cause of disease and it is a factor which is beyond the immediate control of medicine’ Henry Sigerist

‘The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart.’ Geoffrey Rose

For these reasons public health returned to local government in April 2013 under changes brought about by the Health and Social Care Act 2012. This legislation places a statutory duty on upper tier authorities through the Health and Wellbeing Board to ‘take steps to improve the health of their local population’. This will require collaboration with the Districts and other partners, including WRS by aligning priorities, services, resources and activities with the Worcestershire Joint Health and Wellbeing Strategy.

With public sector resources shrinking, demand growing and health inequalities widening, the Health and Wellbeing Board, District and County partners will want to acknowledge the multifaceted contribution that WRS plays in the preventative public health agenda when considering, integrating and commissioning against local priorities in this area.

WRS currently contributes in two ways, 1) through the statutory duties it preforms and 2) through commissioned work in the field of health improvement. To date WRS has received in excess of £100,000 in grants from Public Health and from the Redditch and Bromsgrove Clinical Commissioning Group to carry out work which aligns with our core competencies to support businesses and their workforces. Further details of both areas of work are detailed later in this report.

HEALTH INEQUALITIES

Public health is concerned with the health of the entire population, rather than the health of individuals, requiring a collective effort; addressing prevention, treatment and care from a population perspective. It is about making sure that services are safe, effective, appropriate and accessible to the whole population but particularly concentrating efforts on those in the community who are vulnerable or otherwise disadvantaged or deprived.

The Marmot Review showed that poor health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and a lack of access to medical care, important as these factors are. There is some evidence that deprived communities are not only more exposed to personal and environment risks but are more susceptible to the effects of these exposures.

Worcestershire JSNA data shows that while men from affluent communities experience relatively good health and similar levels of health irrespective of
geographical location, life expectancy in deprived communities show a marked difference; being up to 5.7 years less than the most affluent.

Important influences on health come from circumstances in which people live, work, grow and age, known as the wider determinants of health. Impacts of improved health include the potential for improved outcomes in areas such as education, employment, anti social behaviour and social cohesion; all of which are directly influenced by local priorities.

**WRS CONTRIBUTION TO THE PUBLIC HEALTH**

Worcestershire Regulatory Services, the new delivery arm of the six Worcestershire District Councils and the County Council provides a huge range of regulatory services in relation to Environmental Health, Trading Standards and Licensing functions. From environmental protection to food safety, consumer protection to business support, WRS activities impact significantly on the wider determinants of health, in addition to the public health domains of health improvement and health protection. Figure 1 illustrates the public health contribution made by WRS and are further illustrated in Appendix 1 of this document.

**Figure 1**

A strategic overview of WRS contribution is detailed in Appendix 2 set against the Joint Health and Wellbeing priorities and the four ‘domains’ of public health in accord with the Public Health Outcomes Framework⁷. These are:
• improving the wider determinants of health - reducing inequalities in health and addressing the underlying socio-economic circumstances
• health improvement - including contributing to increased life expectancy and healthier lifestyles
• health protection - including protection from infectious diseases, environmental hazards and emergency preparedness
• health care public health and preventing premature mortality.

HEALTH AND WELLBEING PRIORITIES

More specifically WRS has also aligned its priorities to deliver against a number of those set out in the Worcestershire Joint Health and Wellbeing Strategy, these being; obesity, alcohol, older persons and the management of long term conditions and mental health.

WRS has been fortunate to receive over £100,000 in grant funding to deliver several health improvement initiatives which aim to improve lifestyle choices in areas of deprivation and make the healthy choice the easier choice. Under the Obesity Plan, these projects include ‘Truckers Tucker ‘and ‘Canny Catering’ where local caterers have been supported by WRS staff to improve cooking methods, ingredients and marketing of healthy options through to the ‘Convenience Store’ Project where access to and availability of fresh fruit and vegetables was improved for communities in Areas of Highest Need. Studies have shown that the consumption of healthier foods including 5 portions of fruit and vegetables a day is least in areas of deprivation and lower than nationally recommended levels for good health.

The workplace has been the centre for another multi-agency initiative; Worcestershire Works Well. By addressing issues such as the working environment, work-life balance, healthy living, good communication and positive leadership styles, businesses are supported to improve the wellbeing of their workforce. In return, the business benefit from increased productivity, loyalty and a reduction in absence. Wider economic benefits include increased tax revenue, lower welfare payments and reduced treatment costs.

WRS were also commissioned to undertake a project to work with domiciliary carers and their agencies to promote the importance of good nutrition and food hygiene to support older people to stay independent within their own homes by addressing a common issue of malnutrition. One million older people in the United Kingdom eat less than one meal a day and progressive under nutrition leads to poor health, rising hospital admissions and a massive financial burden on the NHS.

INVESTMENT IN PREVENTION

The influence of these wider determinants on health requires interventions to be increasingly multi-agency, intelligence-led and preventative, focusing on the root causes of ill health (the ‘causes of the causes’), rather than simply treating the consequences of its development. It is well recognised that investment in prevention
will result in long term savings for the local health economy by preventing costs from accruing in the future.

By aligning priorities and maximising joint working, including that with the Public Health, Health Improvement Co-ordinators based within the Districts, the impact exerted together can only strengthen our resolve in the preventative agenda.

Key to this is joining together the vast amount of relevant data and intelligence held by WRS and the Districts with that of Public Health, utilising their skills to interrogate and analyse this to generate the evidence necessary to target interventions most effectively and efficiently. This data will complement that already used as the basis of the Joint Strategic Needs Assessment (JSNA) and has the potential to drive innovation in service delivery. Figure 2 illustrates the benefits of a joint preventative approach.

Figure 2

The virtuous cycle of public health

FURTHER OPPORTUNITIES FOR WRS PARTICIPATION IN HEALTH AND WELL-BEING AGENDA

Other areas, as yet unexplored where WRS could further contribute with, or on behalf of partners include:

- More intelligent use of data to inform decision making and target resources. By joining health data with that from and Environmental Health / Trading Standards it will be possible to better determine the distribution and impact of health effects from the wider determinants of health such as nuisance and access to healthy food.

- Take a greater role in determining Health Impact Assessments (HIA) of strategic plans and developments. (HIA is a practical approach used to judge
the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups thereby creating healthy places to grow up and grow old in and environments that support people in making healthy choices). These would include promoting healthy communities by:

- Participation in active transport policies,
- Considering the relationship with pollution control and health protection regimes
- Considering the relationship with licensing by managing concentrations of licensed premises and the night-time economy.

- Increase WRS involvement in the Planning consultation process to advise on the suitability and impact regarding the location of fast food outlets in areas of highest need and near schools.

- Expand the scope of health initiatives which support business development such as the provision of healthy food options or the improvement in health and welfare of employees. Further areas include schools outside of LA control, nurseries and residential homes but also work groups such as sedentary taxi drivers.

- Extend the relationship with Public Health colleagues to form a closer multi-agency approach to District activities, particularly with the Health Improvement Coordinators around local plans such as tobacco control and cessation.

WRS is well placed to work with business and communities to reduce inequalities having both skills and experience in these areas however funding is critical to maintaining capacity and WRS seeks to explore opportunities to receive further commissions in the area of health improvement which is an area clearly over and above statutory duties placed on the organisation.
Appendix 1

WRS CONTRIBUTION TO HEALTH AND WELLBEING AGENDA

The following section describes the contribution made by WRS against the public health domains, these being the wider determinants, health improvement and health protection. It is based on the document District Action on Public Health.

THE WIDER DETERMINANTS OF HEALTH

Economic Development and Business Support

Stable and fulfilling employment is a prerequisite for good health. WRS supports its District and County partners in facilitating local conditions for sustainable economic growth, job creation and rising living standards. Officers from WRS support local businesses to trade fairly and safely, across a range of areas including occupational health and safety, food safety and composition, product safety, fair trading, metrology and licensing by providing training, information and advice which helps support business success and improve employee health outcomes. Enforcement action is targeted at rogue traders that cause economic detriment or endanger the safety of customers.

WRS is also an active partner in the Worcestershire Local Enterprise Partnership (LEP) and has helped to implement a Regulators Compliance Code to ensure a level playing field for local businesses and is supporting innovative programs to help promote economic growth and employment in our local communities to the benefit of health outcomes.

Consumer Advice

When customers buy goods or services the law protects their consumer rights. WRS regularly provides advice and assistance to help the public become informed consumers and not suffer adverse consequences leading to financial detriment and associated mental health stressors. Advice in this area includes that relating to faulty goods, counterfeit goods, poor service, problems with contracts, problems with builders, rights following a case of food poisoning or suffering and accident in commercial premises.

In order to help the public make informed choices about reputable builders, WRS has set up the ‘Trader Register’ which is an online directory of home improvement trades people who have given their commitment to provide good workmanship.

Community Safety

Crime and disorder exerts significant influence over the health and wellbeing of individuals and communities as a whole. WRS work closely with local Community Safety Partnerships and the Police & Crime Commissioner in recognising local links between community safety and health outcomes. Of particular importance is the work to protect the elderly and other vulnerable groups from scams, illegal money lenders and rogue traders who prey on such groups.

WRS also regulates the underage sale of alcohol, solvents, knives and offensive weapons helps and thus helps to prevent misuse leading to anti-social behaviour and
crime. Responsible retailing and consumption of alcohol also helps to prevent circumstances leading to domestic violence and teenage pregnancy.

Planning

Through the consultation process, WRS supports the Districts with their planning duties and powers, to shape the economic and healthy futures of communities. The planning system is key to influencing the important infrastructure which supports healthy urban design through sustainable development, provision of adequate pedestrian / cycle routes to reduce the reliance on the car, location of housing developments away from detrimental sources of noise, pollution and flooding, the control of location and advertising of fast food outlets near schools and in areas of deprivation, in addition to promoting economic development and job creation. There is evidence to show that effective use of Planning policy can have a positive impact on crime reduction, optimising outcomes across economic, environmental and social objectives.

HEALTH IMPROVEMENT

Alongside the wider determinants, the need to encourage and support individual health improvement and behaviour change has taken increasing prominence over the past two decades. Detrimental health behaviours such as smoking, excessive alcohol consumption, sedentary lifestyles and unhealthy eating are now some of the root causes of ill health, with the way we choose to live our lives and the choices we make one of the most important barriers to good health.

Healthy Eating

With obesity rates amongst some of the highest in the developed world, tackling levels of excess weight is one of the greatest modern day public health challenges. As well as promoting dietary improvements, improving physical activity rates is a priority.

WRS officers are a valuable source of expertise in helping catering businesses improve the range of healthy options they offer by advising on healthier cooking methods, improved display of healthier foods and by providing training on reading food labels in order to make informed decisions when selecting ingredients.

As discussed earlier, WRS has been involved in projects to increase access and availability of fresh fruit and vegetables at convenience stores in Areas of Highest Need where consumption levels are low and additionally developed a training package aimed at supporting domiciliary carers to take early interventions in relation to malnutrition of the elderly thus supporting them remain independent at home.

Alongside the enforcement role in food safety and food composition, officers use their inspection and regulatory role to provide targeted advice and training sessions to employees in local businesses and community groups.

Alcohol

Excessive alcohol consumption is now one of the biggest health issues in the UK, with considerable health and social impacts. A combination of regulation, education
and health promotion are vital tools in discouraging alcohol misuse amongst adults and preventing under-age access by children.

On behalf of the Districts, WRS regulates the sale of alcohol and issues some 6,000 personal licenses in relation to the supply in pubs, clubs, restaurants, hotels and off-licences, including late night refreshment establishments and the regulation of the provision of regulated entertainment.

The purpose of the regulation is to promote four licensing objectives:
- Prevention of crime and disorder
- Prevention of public nuisance
- Prevention of harm to children
- Public Safety

Premises found to be disregarding their responsibilities are brought to account by licensing review whereby suspension or withdrawal of the licence is possible.

Smoke Free

Reducing smoking rates, especially amongst lower socioeconomic groups, are vital to reducing health inequalities. A combination of regulation and health promotion are key tools in encouraging those who smoke to give-up, or preventing young people from taking it up. The frontline regulatory and enforcement role of WRS is an essential part of the public health system.

WRS enforces compliance with the smoke free legislation under the Health Act 2006. Together, the restrictions on the display of tobacco and prohibitions on smoking in enclosed workplaces and public places discourage uptake of smoking and prevent second hand smoke damaging health.

WRS also sits on the County Tobacco Alliance Group and contributes to strategic initiatives along with Public Health colleagues such the Health Improvement Coordinators.

HEALTH PROTECTION

The quality of the environment that surrounds us all has a major impact on our ability to maintain a good standard of health and protect ourselves from harm. Communicable diseases and the possible pollution of our air, land and water continues to cause public health concerns into the 21st century. Protecting residents and local businesses from hazardous conditions in the environment is therefore one of the cornerstones of public health offered by WRS.

WRS provides essential interventions that protect communities from environmental hazards and also provide local intelligence to inform the health protection elements of the Joint Health & Wellbeing Strategy. WRS is a key partner in emergency planning and delivering comprehensive interagency plans to respond to major public health incidents in disease control and environmental contamination.

Health Protection Powers

A key health protection function of WRS is in the exercise of duties on behalf of the Districts under the Public Health (Control of Disease) Act 1984 and new Health
Protection legislation. Officers can investigate and take action on behalf of the Districts in circumstances where infection or contamination presents, or could present, a significant risk to human health. This includes preventing the spread of illness by excluding infected food handlers or children from work or school, by requiring infected persons to attend medical examination such as in the case of TB or requiring the prohibition of certain activities such as operating a cooling tower when suspected as the source of a Legionella outbreak.

**Food Safety and Composition**

WRS officers inspect food businesses as well as investigate food incidents such as outbreaks of food-borne illness or the recent adulteration of ready meals by inclusion of horse meat. Such frontline services are vital to ensuring that all those that serve food to the public comply with safety and compositional requirements in that risks from food-borne diseases and food allergies are minimised and that the consumers purchase what is actually described on the label.

The food safety work also assists consumers to make hygiene based decisions when choosing where to buy or eat food, by ranking business hygiene performance through the National Food Hygiene rating Scheme. The scheme also incentivises businesses to achieve and maintain good standards. Apart from inspection activities WRS officers play a key role in assisting businesses to meet their legal responsibilities and often provide cost saving advice.

WRS has been developing new ways of working where enforcement has been better targeted on wilful non conformers and a greater focus given to improving business relationships to achieve a more effective service. Officers use their expertise to raise awareness of food safety in the community e.g. during food safety week; through work in schools or by working with vulnerable groups such as the elderly at community centres.

**Occupational Health and Safety**

Working is good for you; the benefits arise from the income that employment provides and from the psychological benefits that a job can bring. These include the social interactions, structure to daily life and sense of purpose that a job provides. However, having a low paid, insecure job where an individual has little control over their work can cause stress and have a detrimental effect on health.

Conversely the consequences of unemployment on health are significant. A person who is unemployed for more than a few months is more likely to experience depression. They are also more likely to have unhealthier lifestyles and are more prone to physical illness. Being unemployed can lead to poor health and poor health can lead to unemployment.

WRS protect the health and safety of everyone in the workplace by providing adequate working conditions and ensures that welfare facilities are provided for people at work. WRS is also an active member of the Worcestershire Works Well multi-agency initiative which supports businesses to invest in the health and wellbeing of their workforce and reap the benefits in increased productivity and reduced sickness absence.

Outside the workplace WRS is also responsible for the licensing and safety of local public events which can range in size and complexity (e.g. concerts, sporting events
or community activities) where risks can be high if not suitably controlled. They also enforce the Sunbeds (Regulation) Act 2010 which prohibits the use of sunbeds by those aged under 18 to limit the escalating incidence of skin cancer in the most vulnerable groups. This work also involves the provision of advice to business operators on how to meet the standards.

Product Safety

WRS enforce an extensive range of product safety regulations including controls on fireworks, petroleum licensing and goods such as toys and electrical products to protect against injury and risks to health when used. This includes the sale of second-hand goods which is particularly relevant to poorer and frequently more vulnerable communities who are at greater risk of suffering exposure to hazardous conditions.

Air Quality

WRS supports the District partners discharge their statutory duty under the Environment Act 1995 to manage local air quality. This involves monitoring air quality and identifying areas where nationally prescribed objectives are at risk. Where they are not being met WRS declares Air Quality Management Areas and produces action plans to reduce pollution, working in partnership with all relevant stakeholders including County Highways. Air pollution is linked to respiratory ill health, due to nitrous oxide concentrations and particulate matter.

Contaminated Land

WRS discharges the responsibilities of Partners in respect of contaminated Land by ensuring remediation methods are adopted to prevent harmful effects on public health. Land that is contaminated contains substances in, on or under the land that, in the concentrations present, represent a significant possibility of causing particular harms to human health or the environment. Contamination can be both natural or as a result of human activity including past industrial activity.

Private Water Supplies

About 1% of the population – that’s over 200,000 homes – are not connected to mains water and rely instead on wells, boreholes and springs for their domestic water supplies, including for drinking. Many of these supplies are vulnerable to contamination by micro-organisms, particularly in spring and autumn and after rainfall and, not least where those consuming the water are not regular drinkers, or are very young or elderly or whose immune system has been compromised for some reason, when gastro-intestinal infection can result, occasionally with severe consequences. WRS Officers sample and assess the risks from these supplies; advising owners of the precautions to take against illness. Where such supplies are insufficient or where they serve more than one home or any commercial premises, they may take formal action to ensure proper treatment or replacement of the supply.

Noise Control

Noise may be an inevitable consequence of today’s society, whether from natural, or particularly, man-made sources; however there is increasing evidence that excessive noise can have damaging impacts on our health. On behalf of the District Partners, WRS discharges the duty made under the Environmental Protection Act 1990 to
investigate noise nuisance complaints to determine whether or not a Statutory Nuisance exists. Where it does, an abatement notice is served to control the noise WRS has been trailing new ways to deliver this service in order to improve outcomes but also reduce costs.

**Emergency Planning**

Under the Civil Contingencies Act 2004 partners have a number of responsibilities in relation to civil protection at the local level, including being Category 1 responders in the event of a local emergency. WRS supports partners in responding to emergencies such as situations that directly impact on public health, including human or animal disease control or environmental hazards arising from chemical spillages, fires involving industrial premises or processes and local flooding.
### Appendix 2

**Worcestershire Regulatory Services – Contribution to H&WB**

<table>
<thead>
<tr>
<th>HWB Strategy Outcomes</th>
<th>WRS Activity</th>
<th>Description</th>
<th>PH Outcomes Framework Indicator</th>
<th>Health and Social Impacts</th>
</tr>
</thead>
</table>
| Better economic circumstances | Economic Development and Business Support | Advice and Training | Provide advice, support and training to businesses on consumer law, food and occupational safety to help them trade well and within the law and thus be more economically viable. Work with licensed premises to help them trade well and within the licensing objectives of:  
- the protection of children from harm  
- prevention of crime and disorder;  
- public safety;  
- the prevention of public nuisance | Children in poverty  
- 16-18 year olds not in education, employment or training  
- Employment for those with long term conditions  
- Sickness absence rates  
- Domestic abuse  
- Violent crime  
- Re-offending  
- Self reported wellbeing  
- Social contentedness | Better economic circumstances help support business success and leads to greater employment opportunities and improved employee financial security and health outcomes.  
- Health choices in the long term unemployed, such as drinking, smoking and exercise are far worse than the employed; these effects can last for several years even after a person has found employment.  
- Young people (NEET) suffer more health problems and five times more likely to enter the criminal justice system.  
- Those suffering deprivation have higher |
| | | Fair trade | Investigate complaints about rogue traders and take appropriate enforcement action; this helps to promote a level playing field for legitimate businesses to survive in difficult economic environment, provides reassurance to consumers and reduces the fear of crime, thus supporting emotional and financial wellbeing. | | |
| | | Staff Training / Education | Provision of training in nutrition, food hygiene, health and safety, consumer protection laws – valuable skills which increase employment opportunities. | | |
| Consumer advice and support | | Consumer rights | Provide advice and assistance to consumers in relation to their consumer rights when availing themselves of goods and services and help empower them to become | Children in poverty  
- Pupil absence  
- Domestic abuse | |
<table>
<thead>
<tr>
<th>Safer communities</th>
<th>Community Safety and Preventing Consumer Detriment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better economic circumstances</td>
<td>The Trader Register is an online facility where consumers can make informed choices when selecting reputable builders and help protect themselves from poor workmanships and extortionate activities.</td>
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<tr>
<td>Illegal money lenders</td>
<td>Credit check businesses offering financial loans. Tackle illegal money lenders thereby protecting families on low incomes from being victims of crime and violence.</td>
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<tr>
<td>Doorstep crime</td>
<td>Tackle rogue builders/doorstep crime - links to no cold calling zones to help reduce the fear of crime etc and support wellbeing.</td>
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<tr>
<td>Business scams</td>
<td>Tackle rogue traders who defraud consumers over contractual arrangements and selling counterfeit / unsafe goods including those in relation to Government green energy initiatives and car boot sales etc.</td>
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<tr>
<td>Underage sales</td>
<td>Prevent the sale of age restricted products to reduce the prevalence of goods such as tobacco, alcohol and solvents, knives and fireworks to discourage use,</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Violent crime</td>
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<td>• Re-offending</td>
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<td>• Statutory homelessness</td>
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<td>• Older people’s perception of community safety</td>
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<td></td>
<td>• Exposure to personal and environmental health risks</td>
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<td></td>
<td>• Have less information on how to improve their health.</td>
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<td></td>
<td>• People living in poorest areas die on average 7 years earlier than those in richer areas and spend 17 more years living with poor health.</td>
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<td></td>
<td>• The cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year.</td>
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<td>• Childhood violence increases risk further violence wide range of health-damaging behaviours (e.g. substance use, risky sexual activity) and health conditions (e.g. cancers, heart disease) in later life.</td>
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<td>• 2.5 million violent incidents in England and Wales each year resulting in 300,000 A&amp;E</td>
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<td></td>
<td>• Violent crime</td>
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<td>• Domestic abuse</td>
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<td></td>
<td>• Pupil absence</td>
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<tr>
<td>Improve overall health</td>
<td>Health and Planning</td>
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<tr>
<td>Planning applications</td>
<td>The provision of advice on the environmental merits of individual applications and on local and citywide strategies. Avoids land use conflict, safeguards local environments and promotes sustainable development.</td>
</tr>
<tr>
<td>Obeseogenic environment</td>
<td>Work with Planning Departments to develop policies around the obeseogenic environment – controlling advertising of unhealthy foods near to schools, restricting location of fast food outlets, improving the environment and safe routes to encourage increased pedestrian traffic and less reliance on the car.</td>
</tr>
</tbody>
</table>

**Addiction, crime, antisocial behaviour and associated health effects.**
- Alcohol related admissions
- Re-offending
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- Under 18 conceptions
- Chlamydia diagnosis (15-24 years)
- Hospital admissions – unintentional injury
- Smoking prevalence – 15 year olds
- Killed / road casualties

**Violence is greatest inequalities gradient with emergency hospital admission rates for violence five times higher in the most deprived communities than most affluent.**

**Health and Planning**

- Self reported wellbeing
- Utilisation of green space for exercise/health reasons
- Social contentedness
- Air quality
- Population affected by noise

**Estimated 61% of adults and a third of children are now overweight or obese – higher than almost all other developed nations.**

- Obesity costs the NHS £5.1bn, potentially rising to £6.4bn in 2015 and £9.7bn in 2050.

- Just 16.5% of those aged over 16 meet recommended weekly guidelines for physical activity.
| Health Improvement | Alcohol strategy | Work with licensed premises to prevent the misuse of alcohol, promote responsible drinking, prevent underage sales, control public safety and nuisance and reduce cases of violent crime and domestic abuse arising from such premises | • killed or seriously injured on roads  
• hospital admissions - alcohol  
• falls and injuries (over-65s)  
• deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease  
• low birth weight babies  
• violent crimes (incl sexual violence) and domestic abuse  
• pupil absences  
• Chlamydia diagnoses (15–24 years)  

| Healthier Lifestyles | | • Regular physical activity can help prevent and manage over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, and musculoskeletal conditions. | Alcohol is now the third biggest lifestyle risk factor for disease and death in the UK.  
• Half a million children in England between the ages of 11 and 15 will have been drunk in the past 4 weeks.  
• Nearly 7 million adults are drinking at levels that increase the risk of harming their health and just over 1.5 million adults show some signs of alcohol dependence.  
• The excessive consumption of alcohol causes 1 million crimes & 1.2 million hospital admissions per year and costs the NHS at an
### Healthier Lifestyles

| Tobacco                  | Reduce health effects from second hand smoke to communities and workers through regulating smoke free places and workplaces. | • sickness absence  
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|• number of children in poverty  
| Smoke free places and workplaces |                                                                                                                             |• number of low birth weight babies  
| Shisha                   | Health choice messages and compliance to reduce the supply of such products to young people.                              |• number of pregnant women smoking at time of delivery  
| Tobacco display          | Prevent access to illegal / counterfeit cigarettes and ensure compliance with legislation on tobacco displays              |• smoking prevalence rates in adults and children  
|                          |                                                                                                                             |• infant mortality  
|                          |                                                                                                                             |• all-cause preventable mortality  
|                          |                                                                                                                             |• mortality from cardiovascular disease, cancer, respiratory disease  
|                          |                                                                                                                             |• preventable sight loss  
|                          |                                                                                                                             |• One in five adults still smokes.  
|                          |                                                                                                                             |• Smoking causes approximately 80,000 deaths per year.  
|                          |                                                                                                                             |• Half of smokers can expect to die prematurely if they do not quit.  
|                          |                                                                                                                             |• Approximately one-fifth of all deaths in middle age are attributed to smoking.  
|                          |                                                                                                                             |• Exposed children are at much greater risk of cot death, meningitis, lung infections and ear disease.  
| Healthy Eating           | Truckers Tucker and Canny Catering projects support catering businesses to provide healthy options alongside their normal menus to contribute towards the reduction of obesity and related ill health conditions of customers. Supports work of the Responsibility Deal and Change4life programme. |• sickness absence  
| Healthy choices          |                                                                                                                             |• low birth weight babies  
| Access to fruit and veg  | Increased access to fresh fruit and vegetables in communities where transport to other outlets is an issue.               |• infant mortality  
| Nutritional labelling    | Sandwich shop project to support small businesses correctly label their products thereby helping the                        |• all-cause preventable mortality  
|                          |                                                                                                                             |• mortality from cardiovascular disease, cancer, respiratory disease  
|                          |                                                                                                                             |• Excess weight -children  
|                          |                                                                                                                             |• Estimated 61% of adults and a third of children are now overweight or obese – higher than almost all other developed nations. |
| A Safe and Supportive Home Environment | Nutritional standards | Previously contributed to the development of nutritional standards for nurseries to encourage the consumption of healthier and more nutritious foods, giving children the best start in life | and adults  
• Diet  
• Child development  
• Recorded diabetes  
• Obesity costs the NHS £5.1bn, potentially rising to £6.4bn in 2015 and £9.7bn in 2050. |
| Nutritional training | Offer CIEH nutrition and special diets courses to catering businesses to support healthier catering methods |
| Residential care | Development and roll out of a nutritional training tool for domiciliary carers to support the elderly stay well at home. |
| | Prevent accidents in settings provided for the vulnerable particularly relating to scalding and falls |
| Workplace Health and Wellbeing | Nutritional support for domiciliary carers |  
| Healthy Workplaces | Encouraging and supporting businesses to invest in the health and wellbeing of the workforce thereby reducing sickness absence, increasing motivation and productivity. Delivered via Worcestershire Works Well Partnership. |
| | Employment for those with a long-term health condition  
• Sickness absence rates  
• Excess weight in adults.  
• Reducing the proportion of physically inactive adults.  
• Reducing smoking prevalence among adults  
• Self-reported wellbeing  
• Mortality from cardiovascular diseases |
| | Health inequalities cost £31-33bn per year from productivity losses.  
1.1 million working people suffering work-related illness.  
27 million working days lost in 2010/11 due to work-related ill-health.  
Workplace injuries and ill health cost society an
<table>
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<th>Effective protection and safeguarding</th>
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<tr>
<td><strong>Health Protection</strong></td>
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<tr>
<td><strong>Alcohol</strong></td>
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</table>
| Investigate complaints about irresponsible drinks promotion, underage sales, unlicensed venues, taking appropriate enforcement action and facilitate review of licence. | • People killed or seriously injured on England's roads  
• Alcohol-related admissions to hospital  
• Falls and injuries among the over-65s  
• Deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease  
• Low birth weight babies  
• Violent crimes (including sexual violence) and domestic abuse  
• Pupil absences  
• Chlamydia diagnoses among young people aged 15–24 years. | • Half a million children (11-15) in England have been drunk in the past 4 weeks.  
• 7 million adults at risk of harming health from drinking at levels and 1.5 million adults show signs of alcohol dependence.  
• Excessive consumption of alcohol causes 1 million crimes & 1.2 million hospital admissions per year and costs the NHS at an estimated £3.5bn a year. | |
| **Tobacco Control** | | | |
| **Illicit tobacco** | | | |
| Control of counterfeit, smuggled, shisha (not labelled - and underage aspect), novel tobacco (warning notices etc and supply) to reduce availability help prevent the uptake of smoking in addition to protecting people from the harmful effects of potential contaminants. | • Sickness absence rates  
• Deaths from cardiovascular disease (including heart disease and stroke),  
• Mortality from cancer  
• Pupil absences | • Smoking causes approximately 80,000 deaths per year.  
• Half of smokers will die prematurely if they do not quit.  
• Approximately one-fifth |
## Effective protection and safeguarding

<table>
<thead>
<tr>
<th>Food Safety / Standards</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Safe, unadulterated food</td>
<td>Inspections of businesses where food is manufactured, prepared, sold or distributed including nurseries, schools, caterers and manufacturers to ensure food is safe to eat, correctly labelled and of the correct composition.</td>
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</table>

### Infection control

<table>
<thead>
<tr>
<th>Control spread of communicable disease</th>
<th>Use Health Protection powers to enforce control measures relating to infection control</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Catering establishments, workplaces, cooling towers and farm parks</td>
<td>Investigate reported cases of infectious disease and proactive inspection of commercial premises advising on control measures relating to food poisoning, water supplies, legionella and environmental E.coli contamination to prevent illness within the community.</td>
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<tr>
<td>Tattooing, skin piercing and beauty parlours</td>
<td>Regulation of tattooists and beauty parlours to minimise risk of infection between clients</td>
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<tr>
<td>Spa baths, swimming pools and water features</td>
<td>Advice, sampling and enforcement of water standards to reduce risk of infection.</td>
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</tbody>
</table>

- Smoking prevalence rates in adults and children
- Of all deaths in middle age are attributed to smoking.
- Exposed children are at much greater risk of cot death, meningitis, lung infections and ear disease.
- Sickness absence rates
- Mortality from communicable diseases
- Diet
- Deaths from cardiovascular disease (including heart disease and stroke) and cancer
- Mortality from communicable diseases
- Mortality from causes considered preventable
- Child development at 2 -
- Each year around a million people suffer a food-borne illness, causing 500 deaths and costing an estimated £1.5bn.
- Whilst infectious diseases now account for 1 in 50 deaths per year.
### Effective protection and safeguarding

<table>
<thead>
<tr>
<th>Effective protection and safeguarding</th>
<th>Drinking water supplies</th>
<th>Work with water companies to ensure provision of safe drinking water. Sample and advise on safe standards for private water supplies</th>
<th>2.5 years</th>
<th>Hospital admissions by unintentional injuries (under 18’s)</th>
<th>Sickness absence</th>
<th>cases of tuberculosis and STIs are rising, pandemic flu, foot and mouth and other emerging diseases remain a threat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal health</td>
<td>Work with the farming community to control animal movements and welfare and thus control spread of infection from animal to animal and animal to human.</td>
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<tr>
<td>Health and Safety</td>
<td>General workplace safety</td>
<td>Health and safety inspections of workplaces, both from a physical and management perspective, to ensure safe practices for employees and customers. Prevention of occupational diseases such as asbestosis, Legionellosis, asthma, dermatitis in addition to accidents</td>
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<td></td>
<td></td>
<td>Employment for those with long term health conditions</td>
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<td></td>
<td>Health inequalities cost £31-33bn per year from productivity losses.</td>
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<tr>
<td></td>
<td></td>
<td>Sickness absence rates</td>
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<td></td>
<td>Health choices in the long term unemployed, far worse than employed;</td>
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<tr>
<td></td>
<td></td>
<td>Hospital admissions – unintentional injury (under 18’s)</td>
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<td></td>
<td>Young people (NEET) suffer more health problems and five times more likely to enter the criminal justice system.</td>
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<td></td>
<td></td>
<td>Deaths from cardiovascular disease (including heart disease and stroke) and cancer</td>
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<td>1.1 million working people suffering work-related illness.</td>
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<td></td>
<td></td>
<td>Mortality from respiratory diseases</td>
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<td></td>
<td>27 million working days lost in 2010/11 due to work-related ill-health.</td>
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<tr>
<td></td>
<td></td>
<td>Mortality from communicable diseases</td>
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<td></td>
<td>Workplace injuries and ill health cost society an estimated £13.4 billion in</td>
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<tr>
<td></td>
<td></td>
<td>Preventable sight loss</td>
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<td>Children in poverty</td>
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<td>Physically active adults</td>
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<td></td>
<td>Self reported wellbeing</td>
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<tr>
<td>Residential care and nurseries</td>
<td>Prevent accidents and ill health in settings provided for the vulnerable particularly relating to scalding, falls and communicable disease.</td>
<td></td>
<td></td>
<td>Falls and injuries in over 65’s</td>
<td>Health-related quality of life for older people</td>
<td>Hip fractures in over 65's</td>
</tr>
</tbody>
</table>
### Effective protection and safeguarding

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>2010/11.</th>
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</thead>
<tbody>
<tr>
<td>Excess winter deaths</td>
<td></td>
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<td>Dementia and its impacts</td>
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<tr>
<td>Mortality from communicable diseases</td>
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<tr>
<td>Infant mortality</td>
<td></td>
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<tr>
<td>Child development 2 – 2.5 years</td>
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<td>Excess weight in 4 - 5 years</td>
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</tbody>
</table>

#### Sun bed safety

Regulate use of sun beds to prevent under 18’s access and responsible use by adults thus reducing the incidence of melanomas.

Hospital admissions from unintentional injuries (under 18’s)
Mortality from cancer

#### Product Safety

#### General product safety

Inspections, advice and enforcement to ensure goods supplied by business are safe; this especially helps protect children and more vulnerable adults from dangerous products and thus helps reduce accidents.

Hospital admissions from unintentional injuries (under 18’s)
Preventable sight loss
Sickness absence
Deaths from cardiovascular disease (including heart disease and stroke) and cancer

#### Products aimed at children

Seizure of unsafe products likely to harm infants, children and unborn babies, as well as the provision of health messages to parents and pregnant women e.g. the removal of contaminated baby foods and products aimed at children.

Low birth weight babies
Child development at 2 - 2.5 years
Infant mortality
Hospital admissions – unintentional injury (under 18’s)

Those suffering deprivation have higher exposure to personal and environmental health risks and have less information on how to improve their health
The cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year.
<table>
<thead>
<tr>
<th>Environmental Issues</th>
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<tbody>
<tr>
<td>Cosmetics safety</td>
<td>Remove unsafe cosmetics that have serious impacts on health i.e. heavy metals in products/banned substances</td>
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<tr>
<td>Mortality from cancer</td>
<td>Preventable sight loss</td>
</tr>
<tr>
<td>Mortality from cancer</td>
<td></td>
</tr>
<tr>
<td>Noise and Nuisance</td>
<td>Investigate complaints relating to noise, odour, effluent and accumulations in order to remove stressors from the home environment; originating from either domestic or commercial premises</td>
</tr>
<tr>
<td>Contaminated Land</td>
<td>To identify, categorise and prioritise land considered to be potentially contaminated and to provide for the safe remediation of any land classified as contaminated.</td>
</tr>
<tr>
<td>Air Quality</td>
<td>The monitoring and identification of areas of poor air quality and the production of plans to improve air quality.</td>
</tr>
<tr>
<td>Environmental Permitting</td>
<td>The regulation of industrial installations to prevent or minimise emissions of pollutants to atmosphere and ensuring that processes are managed in such a way as to minimise pollution which could impact on health of employees and local residents.</td>
</tr>
<tr>
<td>Managing Waste Disposal</td>
<td>Ensuring companies have proper trade waste contracts / site waste management plans to promote proper trade waste disposal and reduce instances of fly tipping and to ensure that businesses do not have a competitive advantage from not having waste contracts.</td>
</tr>
<tr>
<td>Emergency planning and response</td>
<td>Contribute to the development of and response to emergency plans in relation to flooding, pollution incidents, infectious diseases, animal health</td>
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<tr>
<td>Comprehensive, agreed interagency plans for responding to public health incidents</td>
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<tr>
<td>Population affected by noise</td>
<td></td>
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<tr>
<td>Mortality from cancer</td>
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<tr>
<td>Mortality from respiratory diseases</td>
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<tr>
<td>Utilization of green space</td>
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<td>Social contentedness</td>
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<tr>
<td>Older persons perception of community safety</td>
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<tr>
<td>Those suffering deprivation have higher exposure to personal and environmental health risks and have less information on how to improve their health</td>
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<tr>
<td>Poor air quality reduces life expectancy by an average of seven to eight months.</td>
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<tr>
<td>Contamination of land can pose a threat to the environment and the health of humans, animals and plants.</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES

1. H Sigerist. 1933 Bulletin of the History of Medicine
2. G Rose. Rose’s Strategy of Preventive Medicine Oxford
3. Worcestershire Joint Health and Wellbeing Strategy, Worcestershire County Council
8. District Action on Public, Health District Council Network