Executive Summary

While the quality of our environment has improved considerably over the last few decades, there is abundant evidence that it continues to exert a powerful effect on public health. Estimates of this burden vary and the nature and impact of environmental stressors have changed over the decades. As well as the high profile environmental concerns such as climate change, local communities also consistently identify basic environmental amenity such as public health nuisances, fly tipping, noise, rodent infestations, bonfires, and derelict land as being critical ‘front-line’ issues. They are right to do so as these immediate interferences with day to day life have objective impacts on both health and quality of life. In addition, our understanding of the inter-relationship between the physical, social, psychosocial and economic environments has matured significantly demonstrating the significance of cumulative exposures. This is especially important given the disproportionate exposure to these hazards of vulnerable populations such as deprived communities and children, and the emerging evidence that deprived communities are also more vulnerable to the impact of these hazards.

Innovative methods examining this complex of relationships are required for the targeting and management of interventions for the greatest health benefit and effect on reducing inequalities. In response, Sandwell PCT and MBC have developed the first Environmental Public Health Tracking system in Europe. This systematically assesses the distribution, scale and impact of key environmental hazards and resources tailored to meet local needs and provides a platform for evidence based interventions.

This first Joint Strategic Needs Assessment on environment and health focuses on those environmental stressors identified by the Tracking programme as having a an effect on the health and well being of the people of Sandwell and where there is a realistic opportunity for effective intervention: public health nuisance, air quality, access to healthy diet, access to green spaces and opportunities for cycling, 20 mph traffic zones, and public risk communication.
Air Quality

Key Findings

- While smoke and SO₂ levels have declined in magnitude and concern, traffic related pollutants such as nitrogen dioxide (NO₂) and particulate matter (PM) have increased. NO₂ is associated with respiratory disease and PM with both cardiovascular and respiratory diseases.

- The impact of particulate matter on respiratory and cardiovascular disease has declined over the last 30-40 years and resulted in an increase in life expectancy in Sandwell.

- Current levels of NO₂ could be associated with hundreds of additional cases of childhood bronchitis.

- The emerging potential of ‘greening’ urban corridors to reduce pollution as well as enhancing local environments should be explored.

Strategic Actions

- Support further trialling to identify the most effective greening options for Sandwell.

- Identify and secure funding to deliver greening interventions.

Public Health Nuisances

Key Findings

- Nuisance includes a very wide range of public health challenges including noise, pollution, smells, rubbish, and housing disrepair.

- The quality of the immediate environment is important to communities. This is reflected in the evidence of poor physical and mental health being associated with perceived nuisance.

- Areas of high complaint levels in Abbey, Soho and Victoria, St Paul’s, Smethwick, Oldbury, West Bromwich Central and Greets Green and Lyng wards.

Strategic Actions

- Target Environmental Health Practitioner activity in those areas with exceptionally elevated levels of nuisance complaint.

- Refer elevated areas to other Council and partner organisations (e.g. Police) including the Voluntary Sector to enable other officers to refer nuisances to EHPs for intervention.
Food Safety-Hygiene and Access to Healthy Foods

Key Findings

- In 2009, overall compliance with food hygiene standards in Sandwell was 68% compared with a national average of 80%.
- Obesity and overweight are increasingly being considered not just in terms of causal factors operating at the level of the individual, such as behaviour, health beliefs and food preferences, but also in the wider environmental context of the places in which people live and work.
- The ‘obesogenic environment’ includes factors such as transport choices, access to green space and leisure facilities or access to sources of healthy and affordable food.
- Food borne disease is a major cause of illness in the UK imposing a significant burden on patients and the economy. Obesity is a major issue in Sandwell with a third of year 6 children being obese or overweight.
- There is a clear relationship with deprivation with poorer areas experiencing significantly poorer average food safety.
- Sandwell’s policy of targeting high risk areas as well as high risk premises pays dividends resulting in significantly improved food safety scores and should be maintained.
- Sandwell is close to, if not already at, some level of market saturation with no one in Sandwell more than a very short walk from a hot food takeaway.

Strategic Actions

- Reinstate Sandwell’s area targeting of food hygiene inspections.
- Actively consider the role of EHP food hygiene inspections to include healthy food preparation as well as food hygiene standards
- Consider the implications from the anticipated results of the trans fats sampling study

Risk Communication

Key Findings

- Explaining risk to concerned patients, individuals and communities is a challenge and likely to become more so with increasing access to data and information via the internet. The Environmental Public Health Tracking programme will identify and quantify risks.
• Sandwell has been able to customise these to develop an accessible online tool to enable people to put risks into context, provide simple explanations of the different ways of presenting/describing risk – ‘Ladder of Chances’ website

**Strategic Actions**

• Access to be provided to other agencies to add risks to the site
• All agencies should encourage patients and the public to use the site
• An annual report from the site should be produced