

Criteria P1 – The origins of Public Health policy and legislation

In this task you will look at the history of public health, and explain the changes that have happened over time. As we have learnt more about the impact of factors such as the environment and sanitation have on our health, the laws have changed to reflect this and protect us.

<https://www.healthcareers.nhs.uk/working-health/working-public-health/what-public-health>

<https://www.npg.org.uk/learning/a-picture-of-health/timeline/>

First of all, lets have a look at what we mean by public health.

These videos explain the early history

<https://www.youtube.com/watch?v=TT4Z1Ikf36w>

of public health and the introduction of the sanitary Act 1842

<https://www.youtube.com/watch?v=RKmYNJeCXxU>

Criteria P1 – The origins of Public Health policy and legislation

Introduction

Define what Public health is and what it does for us as a society. Give some examples of current priorities.

Now give a brief overview of the work of Edwin Chadwick and John Snow, two of the early pioneers of Public Health.

Legislation

Now summarise each of the following pieces of legislation in turn, explaining how they impacted the development of public health.

The Sanitary Report 1842

Edwin Chadwick was commissioned by the government to undertake an investigation into sanitation and make recommendations on improving conditions.

Chadwick found that there was a link between poor living standards and the spread and growth of disease. He recommended that the government should intervene by

providing clean water, improving drainage systems and enabling local councils to clear away refuse from homes and streets. To persuade the government to act, Chadwick argued that the poor conditions endured by impoverished and ailing labourers were preventing them from working efficiently.

He led a team of commissioners travelling the country trying to document the lives of the poor. Earlier in his career, Chadwick had worked under the reformist, Jeremy Bentham & his philosophy of 'greater happiness' was an important influence.

The Report was commissioned as a result of frequent cholera epidemics suffered by the lower classes. The great innovation of the Report was the use of statistical information to counter-balance the mass of descriptive evidence highlighting the life expectancy variations caused by class or residence.

This damning indictment of society was a cause of great debate & six years later the Public Health Act was passed.

The Sanitary Act 1866

The Sanitary Act 1866 compelled local areas to take responsibility for ensuring sewerage systems were in place, overcrowding in residences became illegal and local authorities were compelled (rather than just having powers) to remove nuisances to public health.

Under the act, every town was required to appoint sanitary inspectors. Sanitary inspectors were established by the Nuisances Removal and Diseases Prevention Act 1855 to be employed by local authorities to enter into properties containing 'nuisances' and carry out inspections.

Furthermore, the government was empowered to intervene and remove health hazards where local authorities failed to do so. The act established the definition of overcrowding and required all houses to be connected to a main sewer.

The Public Health Act 1848, 1936, 1961, 1984

The **1848** Public Health Act set up the Board of Health - the first time that Government had legislated on health issues. Local authorities were given the power to appoint an officer of health, who had to be a legally qualified medical practitioner, and to improve sanitation in their

area, e.g. collect rubbish, build sewers and provide a clean water supply.

However, while the Public Health Act of 1848 was a great improvement on what had existed before, the system was not compulsory. The board could not force councils to act on its recommendations.

Pressure began to mount on the Government. Finally the Public Health Act of 1875 forced councils to carry out improvements. These included the provision of clean water, proper drainage and sewage systems and the appointment of a Medical Officer of Health in every area.

By **1936**, the act was consolidated and simplified.

The Public Health Act **1961** (which amended the Public Health Act of 1936), allows for councils to issue a notice requiring specified remedial action to be taken. If the required work is not completed, then the Local Authority has the right to carry out the work themselves, and then recover the expenses reasonably incurred by them in doing so. This put pressure on individuals to ensure they were not endangering the health of others with unsafe practices.

In **1984**, the act was amended and is the most up to date version. It covers areas such as food hygiene, movement of goods in and out of the country, notifiable diseases, environmental pollution, disease prevention.

The Public Health Act (control of diseases) and (infectious diseases) Regulations 1988

The act requires medical practitioners to notify the local authority of any cases of diseases contained on a central list. It also allows for compulsory disinfection, quarantine, and powers of investigation.

Food safety Act 1990

The **Food Safety Act 1990** is the statutory obligation to treat food intended for human consumption in a controlled and managed way. The key requirements of the Act are that food must comply with food safety requirements, must be "of the nature, substance and quality demanded", and must be correctly described (labelled).

The main responsibilities for all food businesses under the Act are to ensure that:

- businesses do not include anything in food, remove anything from food or treat food in any way which means it would be damaging to the health of people eating it
- the food businesses serve or sell is of the nature, substance or quality which consumers would expect
- the food is labelled, advertised and presented in a way that is not false or misleading

Smoking ban 2007

On 1 July 2007 – it became illegal to smoke in any pub, restaurant, nightclub, and most workplaces and work

vehicles, anywhere in the UK.

Before the ban there was a large body of research linking passive smoking to health problems. Studies showed breathing in second-hand smoke increased an adult non-smoker's risk of lung cancer and heart disease by a quarter, and of stroke by 30 per cent.

Breathing in other people's smoke is particularly harmful for children because their lungs are still developing, resulting in a higher risk of respiratory infections, asthma, bacterial meningitis and cot death.

Smoking ban in cars regulations 2015

It is illegal to smoke in a car (or other vehicle) with anyone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of second-hand smoke.

Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional driving licence.

The law applies:

- to any private vehicle that is enclosed wholly or partly by a roof
- when people have the windows or sunroof open, or the air conditioning on
- when someone sits smoking in the open doorway of a vehicle

The law does not apply to:

- e-cigarettes (vaping)
- a driver who is 17 years old if they are on their own in the car
- a convertible car with the roof completely down