

# Response to call for evidence supporting the Major conditions strategy

From the Department of Health & Social Care [Major conditions strategy: call for evidence](#)

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## 1. Tackling the risk factors for ill health

How can we support people to tackle these risk factors? (Please do not exceed 500 words)

*You might consider suggestions on how we could:*

- *make changes at a local level to improve the food offer and support people to achieve or maintain a healthy weight and eat a healthy diet*
- *identify and support inactive people to be more physically active*
- *support people to quit smoking, including through increasing referrals to stop smoking support and uptake of tobacco dependency treatment*
- *support people who want to drink less alcohol to do so*

Our response:

The major conditions strategy should include approaches to reduce risk factors through tackling the wider determinants of health, as well as focusing on individual behaviours. This recognises that health behaviours are shaped outside of the health system by a range of commercial, environmental and social determinants (1). Focusing on individual behaviours without addressing their determinants is therefore unlikely to prevent these major conditions.

Our research indicates that economic valuations that can provide data on the costs of ill health and, crucially, where those costs are incurred across the system are fundamental in persuading and incentivising critical actors to participate in co-created health solutions. The 'Tackling the Root causes Upstream of Unhealthy Urban Development (TRUUD) research programme has developed a new economic valuation tool that demonstrates the health impacts of the urban environment, the associated economic costs and where these costs land system wide. We are engaging with government officials in the Department of Levelling Up, Housing and Community to explore options for using the tool and would welcome the opportunity to work with the Department of Health and Social Care on this. TRUUD is a 5-year £6.7 million programme funded by the UK Prevention Research Programme.

We argue that the major conditions strategy should explore approaches that prevent risk factors through developing healthier urban environments. Individual health choices such as diet and physical activity are strongly influenced by the places where people live. For example, greater exposure to neighbourhood fast-food outlets is associated with increased rates of adult obesity (2). Cycling to the workplace is demonstrated to reduce risk of cardiovascular disease incidence and cancer mortality (3) but requires good cycling infrastructure.

Creating healthier urban environments to prevent these conditions will require approaches to incentivise stakeholders across the system and outside of the health sector to act. The promotion of health agendas in areas outside of health delivery is timely and of global importance (4). Health prevention across the system requires non-health actors being open to the idea of incorporating health into their thinking and the tools being available to support collaborative efforts. Critically, we need to incentivise private sector actors such as developers, landowners and investors, who are powerful in

urban development, to include health in decision-making. Our evidence shows that critical actors in the public, private and third sectors are not currently using the type of economic valuation model that has been developed by the TRUUD project. Yet, many would be receptive to using it to inform urban development decision making.

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2. Burgoine T et al. (2018) Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank participants, <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-018-0699-8>
3. Dinu M et al. (2018) Active commuting and multiple health outcomes: a systematic review and meta-analysis, <https://link.springer.com/article/10.1007/s40279-018-1023-0>
4. Giles-Corti B et al. (2022) Creating healthy and sustainable cities: what gets measured, gets done, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00070-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00070-5/fulltext)

## **2. Supporting those with conditions**

How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions? (Please do not exceed 500 words)

Our response:

To improve health outcomes for people in the most deprived areas and to reduce risks of developing the major conditions, the strategy should encourage a whole systems approach that integrates health research, data and expertise into areas of policy outside the health system that are determinants of health outcomes.

Our research on the 'Tackling the Root causes Upstream of Unhealthy Urban Development' (TRUUD) project shows that urban development decision-makers have high levels of uncertainty about what healthy development is and what needs to change (1). Health data and outcomes are not integrated into urban development strategies (2). Local health data needs to be used more effectively in urban development decision-making processes to inform decision-makers and to convince them of how they can improve health outcomes and reduce disparities. For example, it can be used to highlight to property developers the risk factors for the major health conditions and how to mitigate them, and to inform local authorities when reviewing planning applications (3). The major conditions strategy should support the inclusion of health research and data in urban development through systems approaches that encourage partnership working and integrate health stakeholders in urban decision-making processes.

Poor quality urban environments are an important factor contributing to disparities in health outcomes and the risk of developing the major conditions. Importantly, the unhealthiest urban areas are often the areas of highest deprivation (4). This means that those who live in the most deprived areas are most at risk of developing the major conditions through unhealthy urban environments, further widening existing disparities. We argue that the major conditions strategy should encourage the development of evidence that gives voice to local people and highlights their health and wellbeing experiences and needs.

Our research indicates that messages that communicate the lived experiences of local people who suffer inequalities, backed up with credible research data, can create a convincing evidence base for stakeholders across the system to act (5). To create this evidence base, additional resourcing for monitoring and evaluation is needed, with partnerships between research and local government to develop an impactful evidence base that can help to address health inequalities.

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2. Carmichael L et al. (2020) Healthy buildings for a healthy city: Is the public health evidence base informing current building policies? <https://www.sciencedirect.com/science/article/pii/S0048969720306562>
3. Callway R et al. (2023) Integrating health into local plans: A comparative review of health requirements for urban development in seven local planning authorities in England, <https://www.mdpi.com/1660-4601/20/5/4079>
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