

Realising Prevention: Practical Policies for Healthier Society

Tackling Health Inequalities with Healthy Urban Development

The issue

Since the landmark Marmot Review was published in 2010, every Labour and Conservative manifesto has [promised to rebalance health](#) from treatment to prevention. And yet, despite the ambitions of politicians, [change has been far too slow](#) in recent decades. The now defunct [levelling up agenda](#) promised a 5-year increase in healthy life expectancy and a reduced gap between best and worst performing local authorities. Labour’s health mission now promises an increase in healthy life expectancy for all and to half the gap between different regions. As the Marmot Review outlined, these public health ambitions are only possible if we look beyond a treatment-first approach and seek to tackle the wider determinants of health.

Our response

Between 2010 and 2020, the [UK was one of only two countries in the OECD to not see an increase in male life expectancy, and it saw one of the smallest rises in female life expectancy over the decade.](#)

In recent years, national public health targets have tended to focus on healthy life expectancy, which considers quality of life as well as longevity. Over the 2010s, roughly half of all local authority areas in England and Wales saw [a decrease in healthy life expectancy](#) (46% for females, 50% for males), with the worst affected areas seeing decreases of between five and nine years.

[Geographic inequalities](#) in *healthy* life expectancy are on the rise. The gap between the highest 10% and lowest 10% closed slightly in the 2010s, but has increased since the pandemic and stands at 12 years (for both males and females).

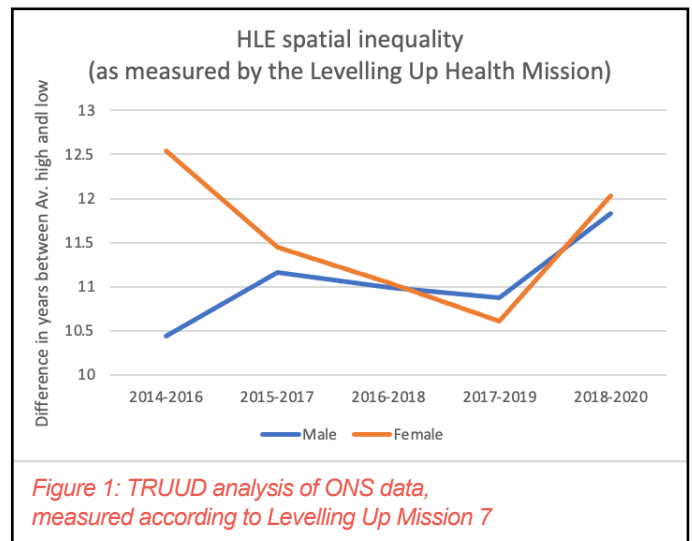


Figure 1: TRUUD analysis of ONS data, measured according to Levelling Up Mission 7

Essential building blocks of a healthy life

In terms of tackling health inequalities, the most promising aspect of Labour’s health mission is the commitment to a ‘prevention first revolution’. This will depend on policies to support what the party calls [‘the essential building blocks of a healthy life’](#): “secure jobs, fair pay, adequate housing, safe streets, clean air, and accessible transport”. However, these ‘essential building blocks’ – more commonly known as the ‘wider determinants of health’ – are not prominent in the government health plans to date. For example, the new [Child Poverty Taskforce](#) is delivering a strategy that currently includes nothing on the wider determinants of health. Without dedicated policies and funding, it is likely that Labour’s ‘prevention first revolution’ will not be revolutionary at all, and will instead continue the decades of unfulfilled rhetoric about preventative health.

Healthy urban development

We argue that an important but often overlooked contribution to the aim of reducing health inequality (and improving public health overall) is to mobilise the innovative set of policy interventions for 'healthy urban development'. Urban development is a significant factor in the wider determinants of health, particularly in how the urban environment impacts non-communicable diseases, which [account for 89% of deaths in England](#). To really shift the dial on place-based health inequalities, [urban development decisions made by a wide array of actors need to be attuned to public health outcomes](#). It is the totality of thousands of seemingly insignificant decisions about transport, housing, planning, etc., that combine to make a significant impact on national healthy life expectancy.

Contact the authors

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The research underpinning the recommendations is the work of a much [wider range of TRUUD researchers](#). We welcome opportunities to discuss this work. To get in touch, please contact the team at truud-policy@bristol.ac.uk.

Five first steps for healthier cities

Based on 132 interviews with stakeholders, the TRUUD project has sought to understand the complex decision-making landscape around healthy urban development. Each set of actors has different reasons for inaction on health and thus different needs. It is therefore necessary to develop targeted policies for each.

We propose:

- 1. Include health outcomes in decision-making:** TRUUD has developed an economic valuation model that calculates the health and associated societal costs of different urban development decisions. This is backed by MHCLG who are working to embed it in their appraisal guidance. It now needs backing across government to become a standard that both public and private sector can use and report against to maximise the health potential of urban development. [Find out more...](#)
- 2. Invest in local government capacity:** with an embedded researcher in Bristol City Council, the TRUUD project showed how a small amount of extra capacity in the right department can help prioritise public health in decision-making processes. In addition to the broader need for investment in local government, there is scope to significantly scale-up our approach. [Find out more...](#)
- 3. Give combined authorities more spending flexibility:** projects like Streets for All in Greater Manchester and the embedding of a Health in All Policies approach in the West Midlands show the appetite to tackle public health, but there are various structural barriers. Perhaps the most important is to remove the complex web of strings attached to a fragmented array of funding pots. [Find out more...](#)
- 4. Support the agency of real estate developers:** Our project team spoke to lots of individuals in the real estate development sector, and found a good understanding of public health, but a sense of powerlessness to affect change. Key decision makers need the tools and government backing to draw together and exercise their potential impact on public health. [Find out more...](#)
- 5. Help investors deliver on existing ESG obligations:** private sector investors are responsible annually for £billions of urban development decisions. Often, they have pre-existing commitments to health through their corporate 'environmental, social, and governance' obligations (ESG). But to turn intentions into reality, they need the data on the health consequences of their investments. [Find out more...](#)



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