

**Written evidence submitted by Professor Sarah Ayres, Professor Nick Pearce, Professor John Coggon, Dr Geoff Bates, Dr Andrew Barnfield, Daniel Black (PHS0121)**

**Upstream / Valuation / Prevention / Systems / Tackling the Root Causes Upstream of Unhealthy Urban Development (TRUUD)**

1. This submission argues that the Inquiry should explore how the design of urban environments can reduce non-communicable diseases and health inequalities. The impact of urban environments on health and inequalities has been widely recognised. For example, new evidence highlights the association between air pollution exposure in the UK with depression and anxiety (Yang et al., 2023). The OECD (2016) has reported that outdoor air pollution could cause 6 to 9 million premature deaths a year by 2060 and cost 1% of global GDP - around USD 2.6 trillion annually - because of sick days, medical bills, and reduced productivity. Many other aspects of the urban environment are significant health determinants. For example, greater access to green space is associated with lower risk of developing type 2 diabetes (den Braver et al., 2018) and childhood obesity (Wilding et al., 2020). Greater exposure to neighbourhood fast-food outlets is associated with increased rates of adult obesity (Burgoine et al., 2018). Cycling to the workplace is demonstrated to reduce risk of cardiovascular disease incidence and cancer mortality (Dinu et al., 2019).
2. Thinking about health prevention and long-term structural change is not easy, especially at a time of significant pressure on the system. The NHS confederation chief executive Matthew Taylor has argued that more focus is required on upstream prevention to reduce the burden on the NHS, as the cost to the economy of ill health among working-age people is about £150 billion a year, the equivalent of 7 per cent of GDP (Times Health Commission, 2023). This requires what Neil O'Brien MP - previous Levelling Up minister - has called imaginative, creative, and brave solutions.
3. Our submission is based on our work as part of the 'Tackling the Root causes Upstream of Unhealthy Urban Development' (TRUUD) project. A 5-year, £6.7m research project, funded by the UK Prevention Research Partnership that has examined the health implications of the urban development system.
4. The promotion of health agendas in areas outside of health delivery is timely and of global importance (Giles-Corti et al., 2022). A key requirement is the need to identify and act on the lack of health concerns in policy areas that have a direct and significant impact on unequal health outcomes. The government's Levelling Up agenda requires cross government impetus and includes two health orientated missions that seek to improve life expectancy and wellbeing. These are service focussed, and do not tackle the determinants of health.
5. Our project findings reveal that the current UK policy environment is insufficiently managing the cross-system issue of health. Consequently, the health implications of key urban policy areas, such as housing and transport, are not being explicitly addressed. The greatest cause for concern is that the most disadvantaged in society frequently live in the worst conditions. This is widening existing health and societal disparities (Marmot, 2020).
6. A lack of partnership working has long been recognised as a barrier to integrating health into urban development decision-making (Black et al., 2021). 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 (Hambleton, 2020). Critically, we need

to incentivise private sector actors such as developers, landowners and investors, who are powerful in urban development (Black et al., 2021), to include health in decision-making.

7. The inquiry could investigate the potential of new tools, like economic valuations, to facilitate a joined-up approach to promoting healthy urban development. 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. This information can incentivise a wider variety of actors to get involved in solving the problem (Beer et al. 2019). This allows actors from the public, private and civil society sectors to identify areas of synergy and partnership development. Indeed, this is a core element of the recent Health and Social Care White Paper (HMG, 2022). Our evidence shows that this type of economic valuation is not being used in urban development decision making, but critical actors, from all sectors, would be receptive to it.

Professor Sarah Ayres, University of Bristol  
Professor Nick Pearce, University of Bath  
Professor John Coggon, University of Bristol  
Dr Geoff Bates, University of Bath  
Dr Andrew Barnfield, University of Bristol  
Daniel Black, University of Bristol

## References

- Beer, A., Ayres, S., Clower, T., Faller, F., Sancino, A., & Sotarauta, M. Place leadership and regional economic development: A framework for cross-regional analysis. *Regional studies*, 53(2), 171-182. (2019).
- Black, D., Pilkington, P., Williams, B., Ige, J., Prestwood, E., Hunt, A., & Scally, G. Overcoming Systemic Barriers Preventing Healthy Urban Development in the UK: Main Findings from Interviewing Senior Decision-Makers During a 3-Year Planetary Health Pilot. *Journal of Urban Health*, 98(3), 415-427. (2021).
- Burgoine, T., Sarkar, C., Webster, C.J. *et al.* Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank participants. *Int J Behav Nutr Phys Act* 15, 71 (2018)
- den Braver, N.R., Lakerveld, J., Rutters, F. *et al.* Built environmental characteristics and diabetes: a systematic review and meta-analysis. *BMC Med* 16, 12 (2018).
- Dinu, M., Pagliari, G., Macchi, C. *et al.* Active Commuting and Multiple Health Outcomes: A Systematic Review and Meta-Analysis. *Sports Med* 49, 437–452 (2019).
- Giles-Corti, B., Moudon, A. V., Lowe, M., Cerin, E., Boeing, G., Frumkin, H., Salvo, D., Foster, S., Kleeman, A. and Bekessy, S. 'What next? Expanding our view of city planning and global health, and implementing and monitoring evidence-informed policy', *The Lancet Global Health*, 10(6): e919-e26. (2022).
- Hambleton, R. *Cities and communities beyond COVID-19: How local leadership can change our future for the better*. Policy Press. (2020).

HM Government. *Joining up care for people, places and populations*, CP 573. London, UK: The Stationery Office. (2022)

Marmot, M. Health equity in England: The Marmot review 10 years on. *BMJ*, 368:m693. (2020).

Times Health Commission. Rising levels of ill health costing economy £150bn a year. *The Times and Sunday Times*. Monday January 16. (2023).

Wilding, S., Ziauddeen, N., Smith, D. *et al.* Are environmental area characteristics at birth associated with overweight and obesity in school-aged children? Findings from the SLOPE (Studying Lifecourse Obesity PrEdictors) population-based cohort in the south of England. *BMC Med* 18, 43 (2020).

Yang, T., Wang, J., Huang, J., Kelly, F. J., & Li, G. Long-term Exposure to Multiple Ambient Air Pollutants and Association With Incident Depression and Anxiety. *JAMA psychiatry*. (2023).

**Feb 2023**