

Written evidence submitted by Greater London Authority (PHS0541)

We welcome this inquiry into prevention and the areas which the Committee outline as potential for focus.

In London, there is a considerable amount of collaborative work to tackle health inequalities – enabled by the Mayor of London’s Health Inequalities Strategy¹². This strategy brings together London partners to take forward cross-sector and cross-geography action on the wider determinants of health which drive health inequalities, and which are key to focus on if we are serious about preventing poor health.

We would like to propose that the Committee include a focus on place-based approaches to preventing poor health, improving health, and tackling health inequalities, at the neighbourhood, borough, and city/regional levels.

There has been innovative work in London that we would be happy to share with the Committee. We are developing interventions that seek to improve health in a place through our school superzones³ programme – including improving air quality, access to healthier food (and reduced access to unhealthy food), opportunities for physical activity through active and safe travel, and tackling the underlying causes of violence.

We can also share learning from action at city level such as through the Transport for London high fat, sugar and salt food and drink advertising ban and discouraging the use of higher polluting vehicles (e.g., the Ultra-Low Emission Zone).

Why the Health and Social Care Committee should consider this issue as part of its Prevention inquiry:

Primary prevention is critical to the future health of the nation, helping to manage demand for health, care and welfare services into the future and supporting a healthy and economically vibrant population. Evidence indicates substantial potential savings by taking a public health, preventative approach– its estimated that each £1 invested in public health interventions could offer an average return on investment to the wider health and social care economy of £14.⁴

Place-based approaches focused on the determinants of health have significant potential to impact on physical and mental health, and health inequalities. Evidence suggests *“that a joined-up approach that treats the ‘place’, and not just individual problems or issues, is necessary if we are to measurably reduce inequalities in health and wellbeing.”*⁵

There are many examples of how devolved and regional authorities are driving forward action to improve health, which is an area of opportunity that could be further exploited.⁶

¹ <https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/health-inequalities/london-health-inequalities-strategy>

² <https://data.london.gov.uk/dataset/snapshot-of-health-inequalities-in-london>

³ <https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/school-superzones>

⁴ <https://evidence.nihr.ac.uk/alert/public-health-interventions-may-offer-society-a-return-on-investment-of-14-for-each-1-spent/#:~:text=For%20health%20promotion%20interventions%20%28e.g.%20anti-stigma%20campaigns%20and,5.6%20%28range%201.1%20to%2010.8%2C%20from%20six%20studies%29>

⁵ <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

⁶ <https://www.health.org.uk/news-and-comment/blogs/understanding-the-impact-of-devolution-in-greater-manchester-on-health>

Why the Committee should look at it now, in particular, whether there is an opportunity for it to add value to existing research and evidence:

The critical challenges being experienced by the NHS and social care systems could be lessened through increased investment and increased focus (recognising that in some cases progress may be less about investment, more about collaboration, prioritisation and identifying levers) on upstream, prevention measures. With Integrated Care Systems now bedding in, bringing together local partners in new ways, there is a real opportunity to drive action forward. The opportunity to influence the forthcoming Major Conditions Strategy will be critical, as well as opportunities to work across localities through supportive projects such as the City Regions health inequalities project⁷. The GLA is also happy to provide evidence and case studies from the partnership work in London.

Why this area would benefit from scrutiny:

Work in London (as elsewhere) has provided clear evidence of the positive impact of place-based initiatives on health – for example the Transport for London advertising restriction evaluation⁸. There are many unrealised opportunities to take a health in all policies approach in and across central, regional, and local government.

The levelling up agenda is an opportunity for places to take control and work together to respond to the needs in their local populations. It is worth noting that many place-based interventions would have been put forward as part of the Disparities White Paper consultation, focussed on the levelling up mission of improving health life expectancy and reducing the gap – we hope that these will be revisited as part of the Major Conditions Strategy.

Why the Government needs to take action in this area:

There are real opportunities for government to make a significant difference to population health and reduce the pressure on NHS services through working across government departments, and particularly with local and regional actors to create the conditions which will improve people's health. Looking at place-based approaches to prevention will support a range of government departments to reflect on how their work contributes to health, and where there are opportunities for shared policy wins across departments (reflecting a health in all policies approach).

⁷ <https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project>

⁸ <https://www.mrc-epid.cam.ac.uk/blog/2022/02/18/tfl-junk-food-advertising-ban-hfss-products/>