

Supplementary written evidence submitted by Dr Mark Green (PHS0619)

I would like to take the opportunity to submit additional points that I did have the time to make during my oral evidence. Specifically, I have three topics that I would like to acknowledge:

What makes an area healthy or not?

It can mean different things to different people or communities. In our Access to Healthy Assets and Hazards project, we profile 14 indicators of healthy places covering four domains: 1. Retail environment (access to fast food outlets, gambling stores, tobacconists, and pubs/bars/nightclubs), 2. Health services (access to GPs, pharmacies, dentists, hospital and leisure service), 3. Air quality (levels of NO₂, PM₁₀, SO₂), and 4. Natural environment (amount of green space and access to blue spaces). These are features of neighbourhoods where there is evidence linking environmental features to health and wellbeing outcomes. You can visualise these factors on our free online map via <https://mapmaker.cdrc.ac.uk/#/access-healthy-assets-hazards> and if the committee would like us to generate specific statistics for them, we would be happy to.

While we have good evidence linking the above to health and wellbeing outcomes, there are some features that we know little about. For example, there is a lack of evidence on whether the locations of unhealthy food advertisements influence dietary behaviours. This is something that your committee could call for a need for greater evidence on or set out steps to better understand this issue. We are investigating this through our NIHR funded project that will for the first time, identify the impacts of exposure to food advertisements on food purchases and consumption.

Importantly, it is not about focusing on just one individual component. We need to tackle all at once to be most effective at encouraging healthy places. Many environmental 'bads' are concentrated in deprived areas – and even where neighbourhood assets exist they can be very different (e.g., quality of green spaces is often poorer in deprived areas). Creating healthy places will naturally tackle social inequalities – this can be a cost-effective way for narrowing inequalities.

Has the Healthy Start programme been effective?

I was asked during the oral evidence session to submit evidence after the session to clarify this question. Evidence has showed that uptake of the scheme has been lower than the governments targets. There have been technical difficulties in the move to cards which have made it less popular recently. Those that use the scheme appear to benefit from it, so increasing its uptake can lead to improved nutritional outcomes. Sainsbury's Plc trialled giving a monetary top up so that people using these vouchers were given an extra £2 for fruit and vegetables. This trial was a success – people purchased more fruit and vegetables, and fewer unhealthy foods, and this effect continued after the trial ended.

Recommendations for the committee

The environment matters. For example, during COVID-19 childhood obesity (year 6) rose significantly from 20% in 2019 to 25% in 2020, then sustained to 23% in 2021. This is a very big jump – the largest annual increase witnessed. It was recorded at a time when the environment considerable changed

due to lockdowns, closing of services, and changes in behaviours. It shows how short-term changes in environments can have big impacts suddenly - but also offers hope that if we change things for the better, then we can expect health to improve and potentially quickly.

Tangible and achievable suggestions that can help us support creating healthier places:

- Giving planners stronger powers to regulate on public health concerns. For example, when we talk to planners about how they have stopped new fast food outlets opening in areas with over-saturation of these outlets, they often cite litter, noise or pollution concerns rather than public health issues.
- Improving data for measuring features of healthy places. For example, DEFRA has limited scope in air quality monitoring. In Liverpool alone, there is a single monitor located near the airport, which gives readings for the whole city. We can increase the number of sensors to improve monitoring and strengthen our data driven insights. This should be extended to other features of healthy environments.
- Joint report with the Environment, Food and Rural Affairs Committee who currently have a call out about urban green spaces on their design/provision for health. Our £7.1M funded research project – Groundswell – is producing the evidence on what works for designing urban green spaces to maximise health and we would be happy to work with your committee to help produce to co-produce a report on specific recommendations as well.
- Provide recommendations for upscaling the range of academic-public sector partnerships to help build capacity in the analytical and evidence needs for improving how we implement healthy places. Academic-industry partnerships here would also be relevant, for example the FIO-FOOD project that is collaborating with Sainsbury's Plc to help improve how we measure healthy and sustainable food behaviours, including what we can do to nudge people to make better choices.

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