

Addressing the three biggest killers regionally and locally

How can we take a coherent approach to alcohol and unhealthy food and drink, learning from tobacco?



Housekeeping

- We encourage all attendees to submit questions and reflections in the meeting chat, to be discussed during the Q&A session
- This webinar is being recorded. The recording and slides will be shared online
- If you have any issues, please post in the meeting chat

Welcome and introduction



Humber and North Yorkshire
Health and Care Partnership



ALCOHOL
HEALTH
ALLIANCE



Agenda

- **Introduction** Peter Roderick, Director of Public Health, City of York
- **Why take a coherent approach?** Dr Robyn Burton, University of Stirling
- **What role do local authorities have?** Jilla Burgess-Allen, Director of Public Health, Stockport Metropolitan Borough Council
- **What role do regions/ICBs have?** Dr Nigel Wells, Exec Director of Clinical and Professional, Humber and North Yorkshire ICB
- **Toolkit for action** Caroline Cerny, Deputy Chief Exec and Elaine Londesborough-van Rooyen, Public Health Registrar, ASH
- **Putting it into practice, case studies for action:**
 - Mobilising communities on childhood obesity in Greater Manchester
 - Advertising and Sponsorship policy in York
 - Hot Food Takeaway policy in Hull

Introduction

Peter Roderick, Director of Public Health, City of York



The three biggest killers

12%

of adults smoke



Around 0.5m hospital admissions

192k deaths

65%

of adults live with overweight or obesity



Over 1.2m hospital admissions

Over 30k deaths

23%

of adults drink above low risk guidelines



Over 1m hospital admissions

Over 22.5k deaths

Worsening inequalities



Tobacco is responsible for up to half the difference in life expectancy between the highest and lowest sociodemographic groups



Deaths caused by alcohol are twice as high in the most disadvantaged areas



Children from more disadvantaged backgrounds are more likely to be living with overweight and obesity

Industries not individuals

- Industry 'playbook':
 - Distorting the science and messaging
 - Discrediting professionals
 - Legal threats
 - Positioning as part of the solution
 - Communicating through proxies
 - CSR
- Industries saturate environments with harmful products and advertising – removing individual choice



August 2024

Inequalities in commercial environments

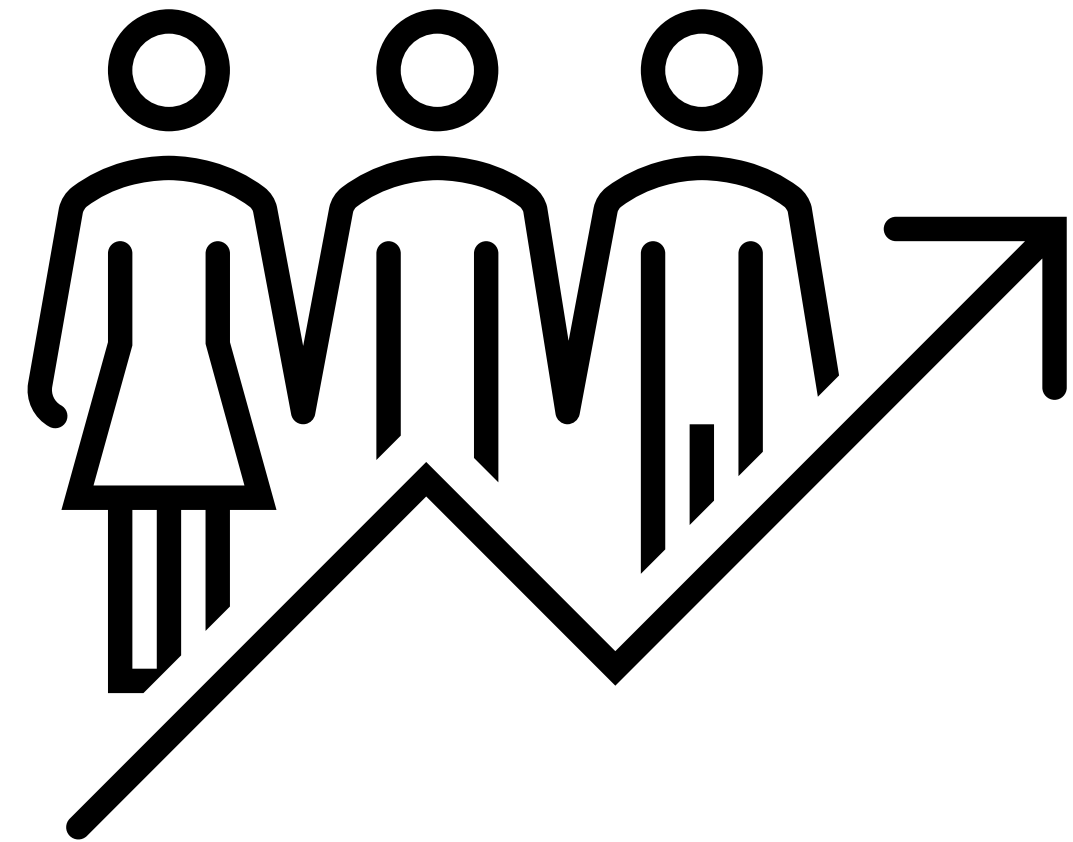
- Unhealthy commercial environments, with higher availability of unhealthy food and drink, alcohol and tobacco, cluster in the most disadvantaged areas – compounding inequalities



© 2023. Provided by Impact on Urban Health licensed via a CC BY-NC-ND 4.0 license.

The public are on our side

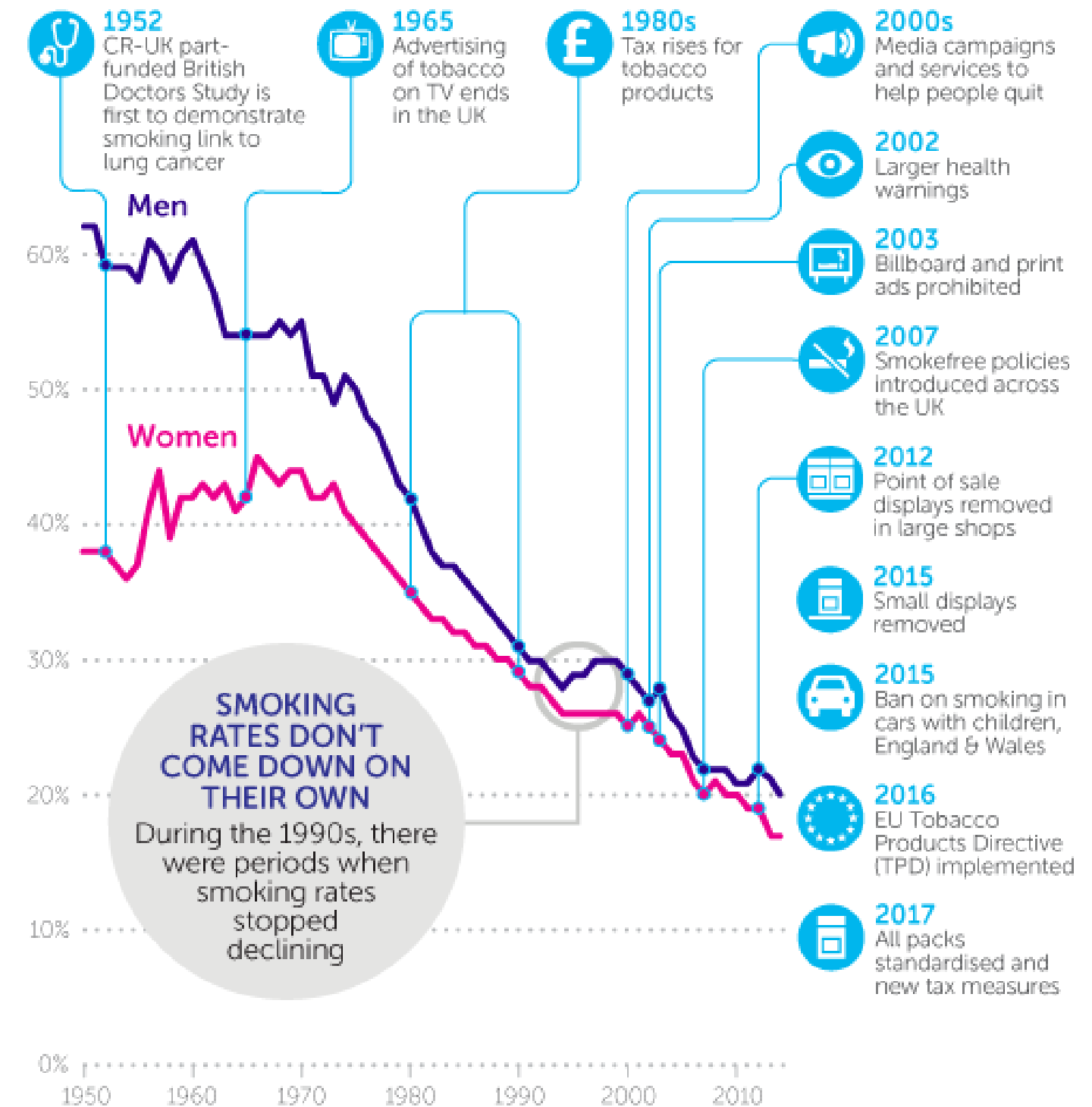
- 73% think the government has a role in **protecting the public** from harmful business practices
- 74% think that if business and health are in conflict government should **prioritise health**



What can we learn from tobacco?

- Regulate to reduce:
 - Affordability
 - Availability
 - Promotion

SMOKING RATES DECLINE WITH ACTION



Source: Adult Smoking Habits in Great Britain, Opinions and Lifestyle Survey, ONS

LET'S BEAT CANCER SOONER
cruk.org



Why take a coherent approach?

Dr Robyn Burton, Senior Research Fellow
International Alcohol Policy and Co-Director of
the WHO Collaborating Centre on Alcohol Policy
and Public Health Research, University of Stirling



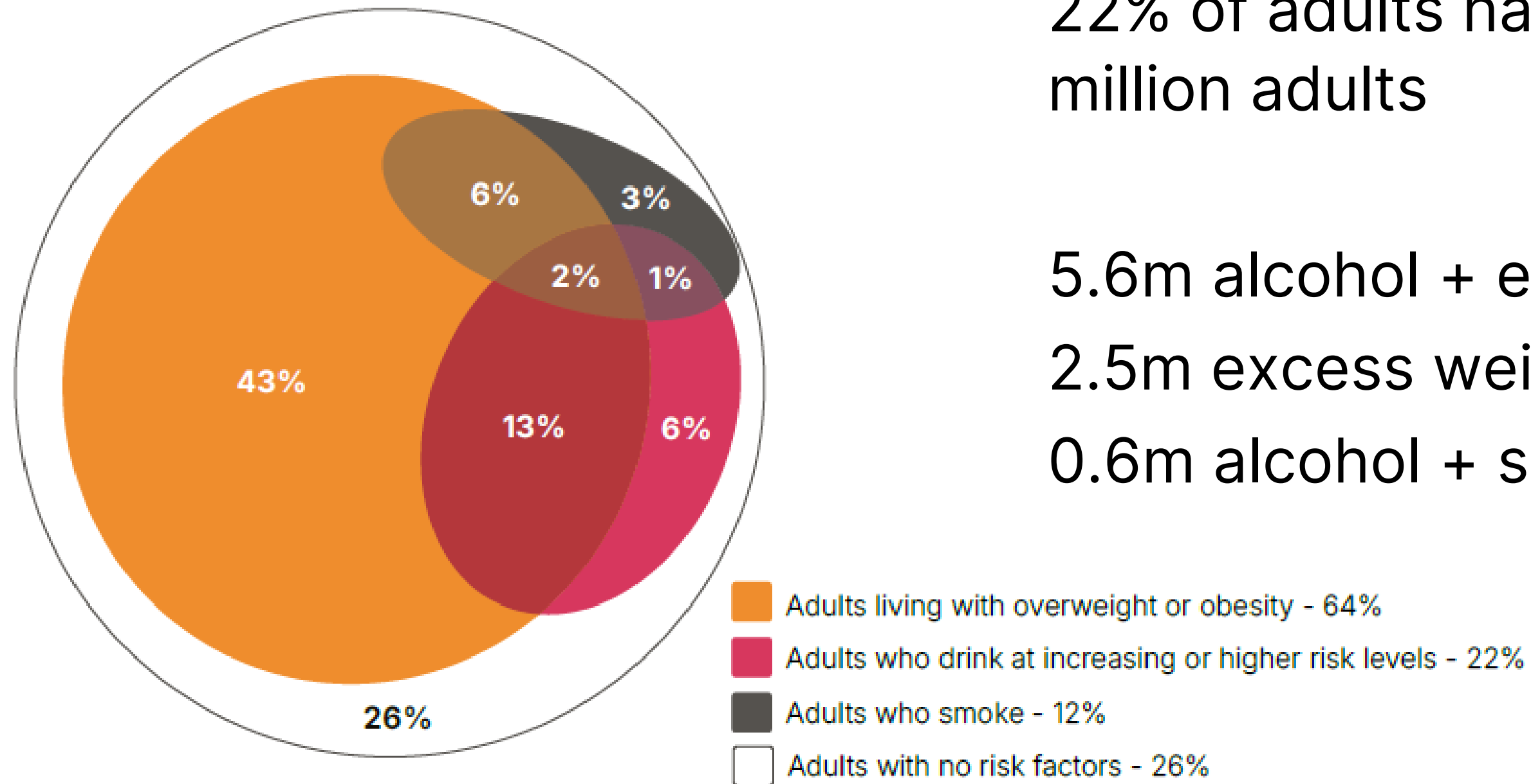
Overlap of risk factors

22% of adults have 1+ risk, eqv. to 10 million adults

5.6m alcohol + excess weight







2.5m excess weight + smoking







0.6m alcohol + smoking



ASH analysis of 2021 Health Survey for England data

Clustering of multiple risks

Risks	POR (95 % CI)
 	2.68 (2.31, 3.11)
 	2.66 (1.76, 4.01)
 	2.20 (1.68, 2.88)

Risks	POR (95 % CI)
 	1.33 (1.01, 1.76)
 	0.99 (0.85, 1.15)
 	0.83 (0.76, 0.91)

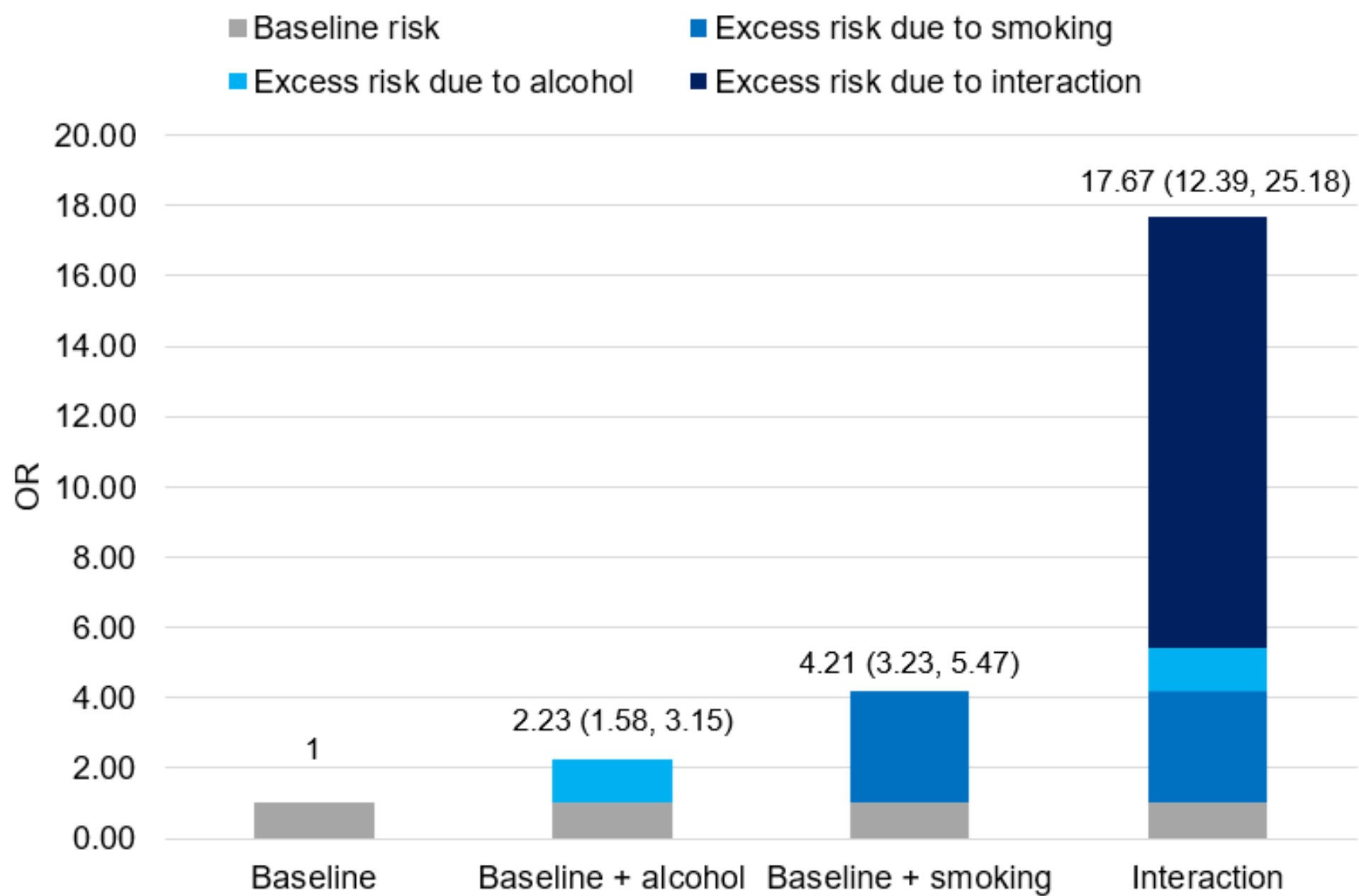
Odds of 2+ risks:

- Highest among people 45-64 years
- Increased with increasing deprivation (IMD quintile, highest level of qualification, unemployment)
- Stronger associations in men than women

Age and sex adjusted

The combined effect of smoking and alcohol on head and neck cancers is 3.8 times greater than the additive effect of each exposure on its own

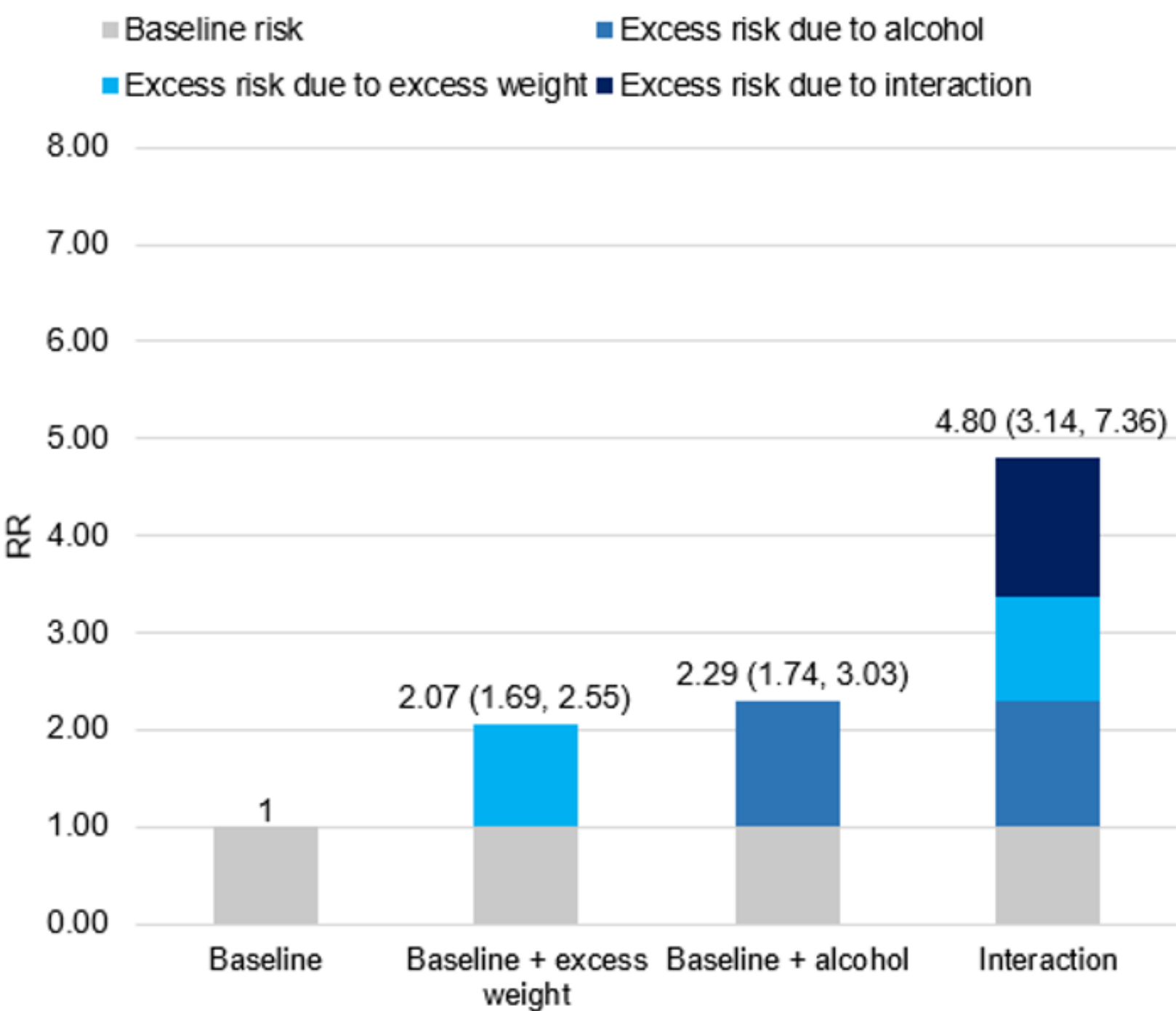
(n=138,130)



Burton et al (2023) The prevalence and clustering of alcohol consumption, gambling, smoking, and excess weight in an English population. *Preventive Medicine* 175 : 107683

The combined effect of alcohol and excess weight on liver disease was 1.6 times greater than the additive effect of each exposure on its own

(n=2,603,939)



Burton et al (2023) The prevalence and clustering of alcohol consumption, gambling, smoking, and excess weight in an English population. *Preventive Medicine* 175 : 107683

What is the role of local authorities?

Jilla Burgess-Allen, Director of Public Health,
Stockport Metropolitan Borough Council



What is the role of local authorities?

- Harnessing power of communities and place
- Relevant levers such as planning and licensing powers to shape the environment for residents
- Connecting in with combined authorities and other regional/supra-local partners



Advocacy and trailblazing

- Important trailblazing and advocacy roles
 - Liverpool going smokefree ahead of national legislation
 - Advertising bans
 - Minimum unit pricing advocacy

UK news

Helen Carter and Sam Jones

Thu 21 Oct 2004 10.49 BST

🕒 This article is more than 20 years old

First city votes for ban on smoking

Liverpool was last night poised to become the UK's first smoke-free city after its city council voted to ban lighting up in restaurants, pubs, shopping malls and other enclosed work spaces.

NEWS

[Home](#) | [InDepth](#) | [Israel-Gaza war](#) | [War in Ukraine](#) | [Climate](#) | [UK](#) | [World](#) | [Business](#) | [Politics](#) | [Culture](#)

Junk food adverts banned from York council billboards and bus shelters

🕒 19 April 2024



| York's director of public health said his main concern was for children's health and well-being

What is the role of regions/ICBs?

Executive Director of Clinical and Professional,
Humber and North Yorkshire ICB



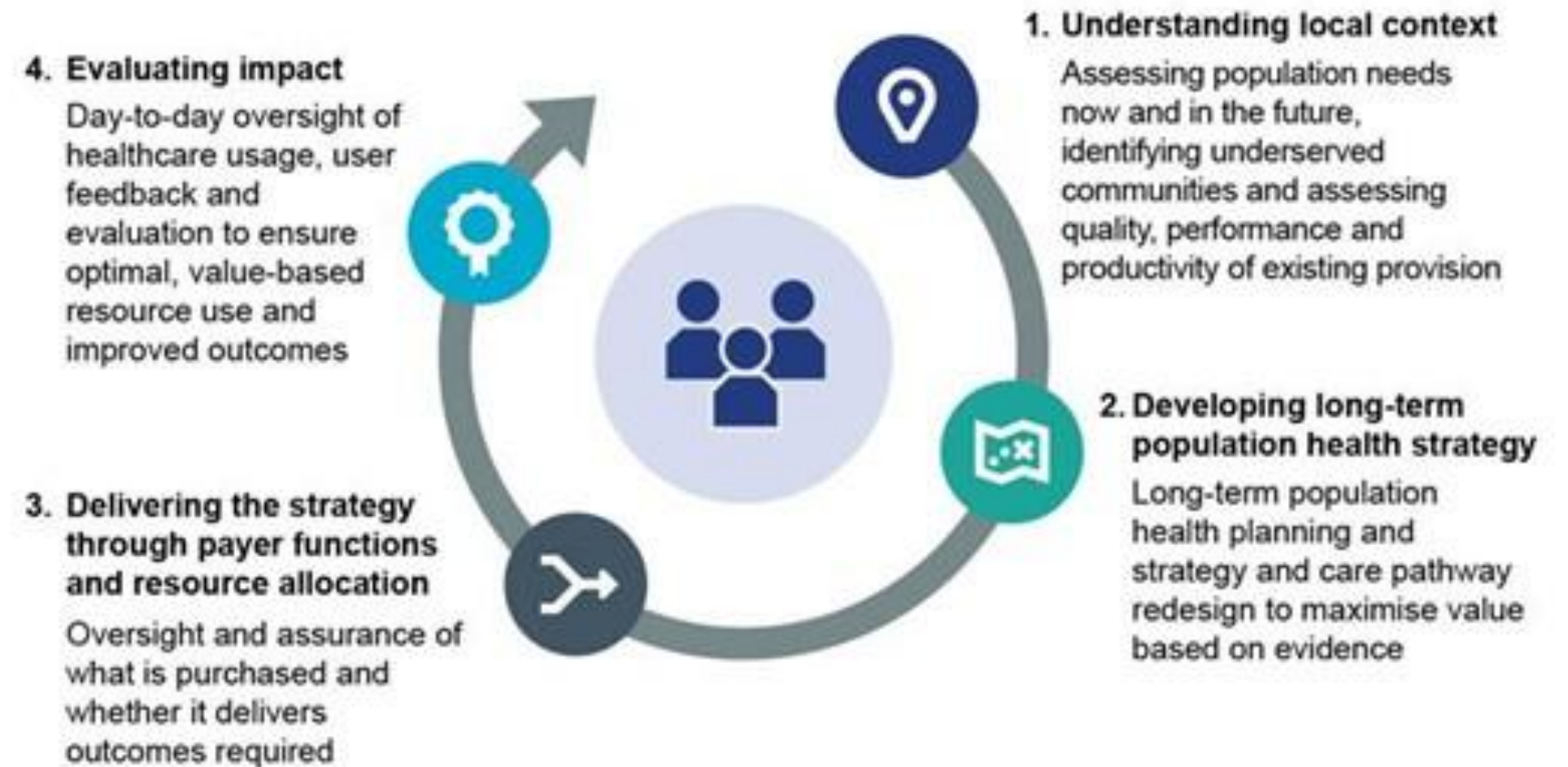
What is the role of regions/ICBs?

- From treatment to prevention
- Strategic direction and regional coordination
- Centre for Excellence model



**Humber and
North Yorkshire**
Centre for Excellence
in Tobacco Control

Model ICB - System leadership for improved population health



A Toolkit for Action

Caroline Cerny, Deputy Chief Executive and
Elaine Londesborough-van Rooyen, Public
Health Registrar, ASH



The journey to a toolkit

- Holding us Back report (2023)
- What would a regional approach look like?
- Greater Manchester and Humber and North Yorkshire ICBs commissioned ASH, OHA and AHA to develop a regional approach over the last year
- Our new toolkit, produced jointly, gives a practical sense of how regions and local authorities can respond coherently to alcohol and unhealthy food and drink, learning lessons from tobacco



A framework for action



A comprehensive strategy



Tackling inequalities

Take action on diseases with a social gradient, tackle industry tactics targeting the most vulnerable in society, and develop interventions with a 'proportionate universalism' approach.



Funding prevention

Ringfenced, long-term funding to enable prevention efforts to reduce impact of harmful products.



Managing industry influence

Ensure that vested commercial interests do not undermine evidence-based policies designed to reduce the impact of harmful products, nor limit an organisation's ability to protect, promote and improve the health of its population.



Mobilising communities

Amplify the voices of those affected by the problem to rally support for action.

High impact actions



Regulate advertising

Use proportionate regulation of advertising and marketing across different media forms, to prevent promotion of unhealthy products.



Shape use and environment

Reduce access to harmful products, particularly from children, and regulate the environments they can be used in to prevent harm to individuals and those around them.



Influence pricing and affordability

Advocate upwards for taxes to raise prices of harmful products to reduce use or encourage product reformulation, and/or levies to fund prevention activities and use local levers to improve the affordability of healthier options.



Communicate health messages

use evidence-based communications to raise awareness and inform people about the risks of harmful products, recognising that communications and campaigns are especially effective (achieving economies of scale) when delivered across supra-local geographies.



Provide treatment

Provide treatment services to those at risk of harm from these products to improve health and prevent further harm.



Regulate advertising

Use proportionate regulation of advertising and marketing across different media forms, to prevent promotion of unhealthy products.

Example:

- Introduce a healthier advertising policy covering both alcohol and high fat, salt and sugar foods and consider who other harmful products could be included





Shape use and environment

Reduce access to harmful products, particularly by children, and regulate the environments they can be used in to prevent harm to individuals and those around them.

Examples:

- Use planning powers to restrict hot food takeaways around schools
- Use licensing powers to limit opening hours for premises selling alcohol





Influence price and affordability

Advocate upwards for taxes and minimum pricing policies to raise prices of harmful products to reduce use or encourage product reformulation, and/or levies to fund prevention activities, and consider actions that reduce the cost of good food for communities.

Examples:

- Lobby nationally for minimum unit pricing for alcohol
- Introduce auto-enrolment for free school meals



© 2023. Provided by Impact on Urban Health licensed via a CC BY-NC-ND 4.0 license.



Communicate health messages

Use evidence-based communications to raise awareness and inform people about the risks of harmful products, and the benefits of engaging in healthy behaviours.

Example:

- Work with communities to spread evidence-based messages about alcohol
- Coordinate mass-media campaigns on a regional footprint



Provide treatment

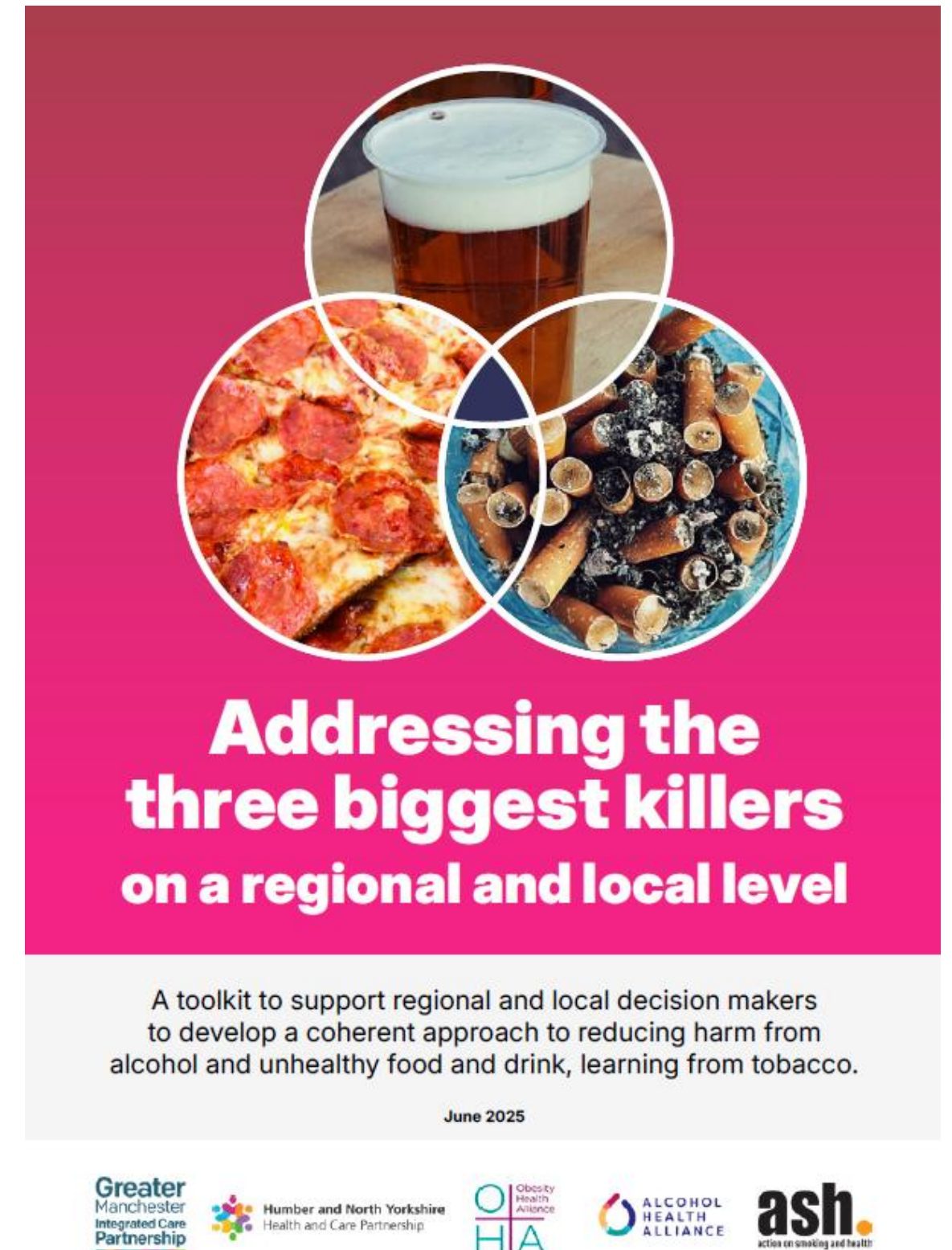
Provide treatment services to those already impacted by harmful products to improve health and prevent further harm.

Example:

- Consider how treatment services can provide brief interventions across tobacco and alcohol dependence

Toolkit contents

- Main toolkit document including:
 - Evidence-based best practice examples
 - Step-by-step guide to developing your own approach
- ‘Making the case’ slide deck
- Asset and deficit mapping template
- Stakeholder mapping template
- Case studies from across Greater Manchester and Humber and North Yorkshire



Addressing the three biggest killers on a regional and local level

A toolkit to support regional and local decision makers to develop a coherent approach to reducing harm from alcohol and unhealthy food and drink, learning from tobacco.

June 2025

Greater
Manchester
Integrated Care
Partnership

Humber and North Yorkshire
Health and Care Partnership

Obesity
Health
Alliance

ALCOHOL
HEALTH
ALLIANCE

ash.
action on smoking and health

Putting it into practice

Case studies



Putting it into Practice: Community Mobilisation

The Real Picture of Childhood Obesity in Greater Manchester

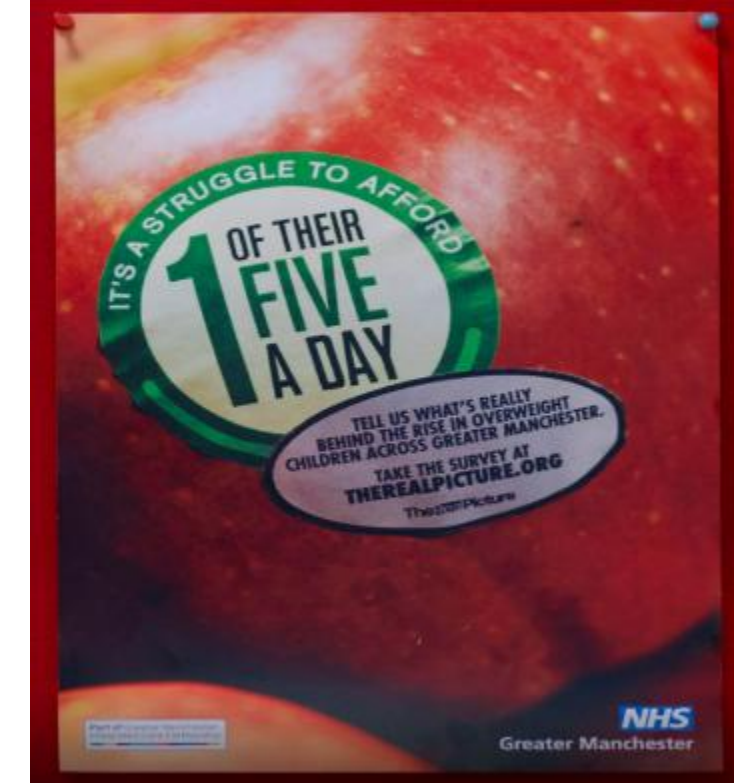
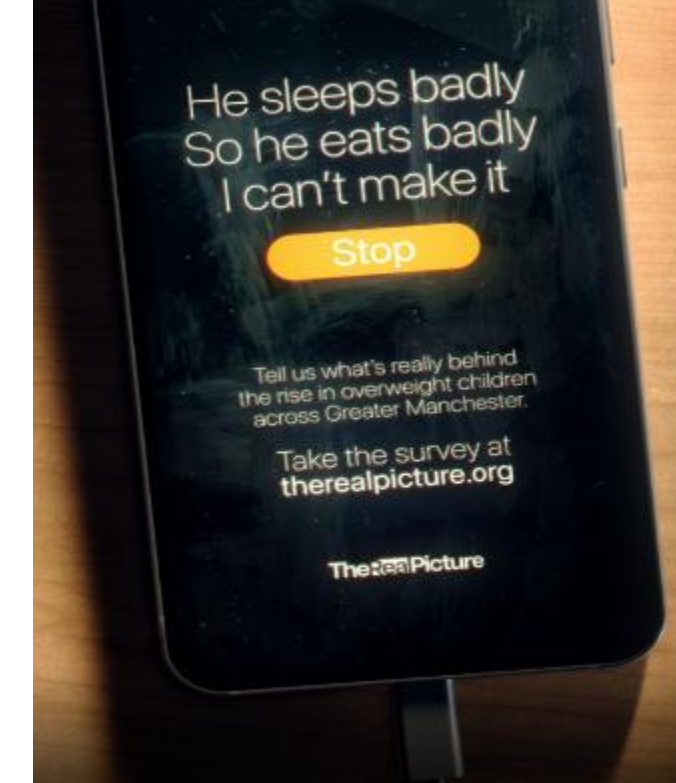
Jessica Holloway, Strategic Lead, Population Health, NHS Greater Manchester

**Greater
Manchester
Integrated Care
Partnership**



The Real Picture

- In response to the **rising rates of childhood obesity in Greater Manchester** a large public consultation was launched to help explore **the real and complex drivers**, build public support and work with communities to develop actionable, people-powered solutions.
- Through a multi-channel approach—including an **online survey, an 8-week digital campaign, grassroots promotion** and community driven engagement—we opened a space for honest dialogue with parents, carers, teachers, residents and those with lived experience of childhood obesity.
- Public health leads and local councillors amplified the campaign through local media driving strong interest and participation across all 10 boroughs. We also **worked with 10GM and VCFSE / community group partners**, to bring an offline version of the survey to those who may be digitally excluded.



Nicola Dlog
This leaflet got delivered
with a Just Eat one! 🤪

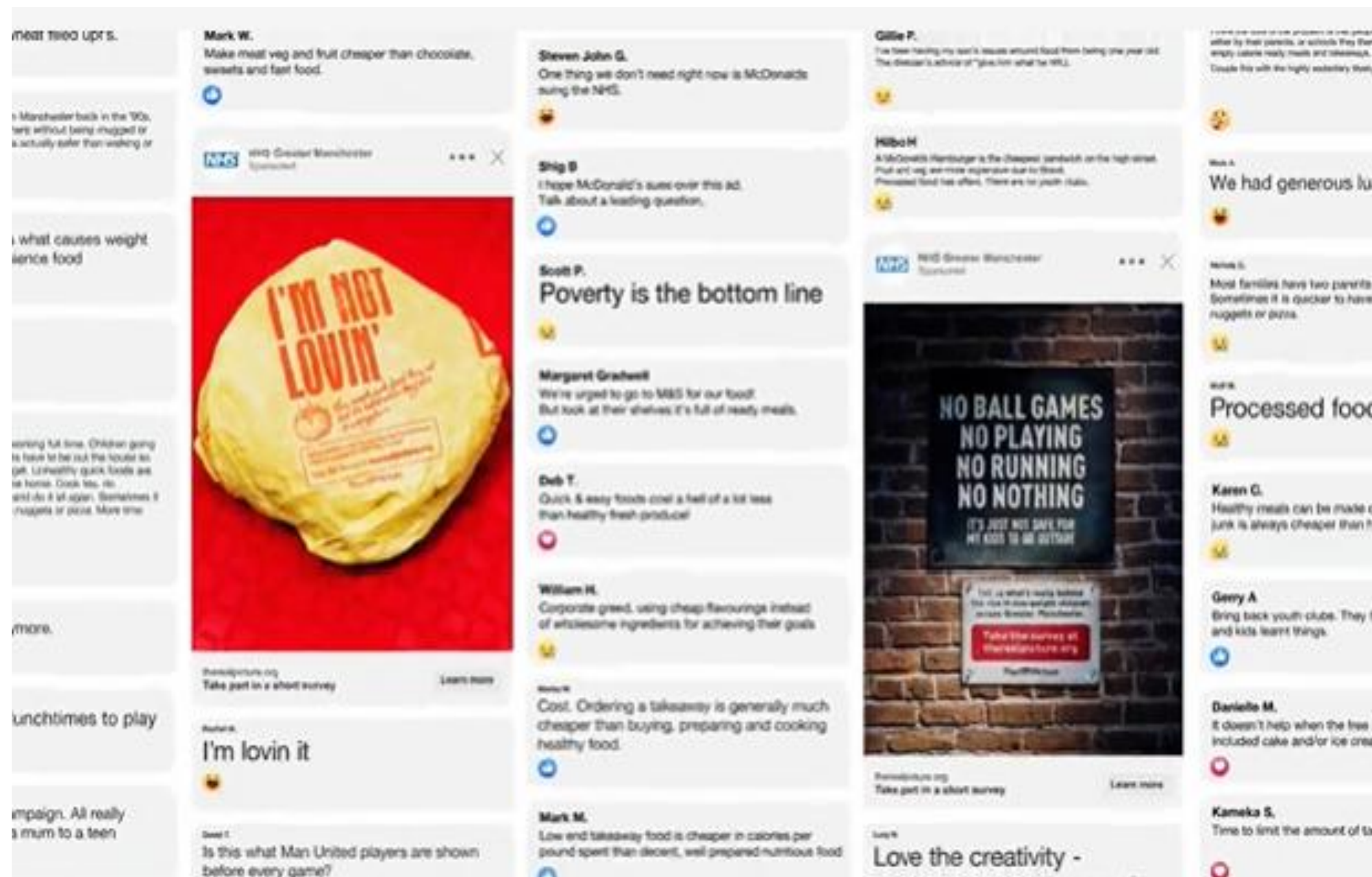


The Real Picture in Action



What Did We Find?

- **10,000 complex, diverse and impassioned** perceptions and perspectives.
- **79% of respondents believed addressing childhood obesity rates should be top or high priority** for local authorities and health and care services.
- **Most are unaware of activity by local authorities and healthcare services** being delivered to tackle childhood obesity.
- **Access to unhealthy food** ranked highest contributing factor.
- Cheap cost of unhealthy food, digital screentime / sedentary lives, junk food advertising and confusion over the nutritional quality of food ranked **top 5 factors behind the rising rates in childhood obesity**.



Lessons Learned

1. Get the right people involved from the start
2. Brace yourself for the real talk and the public buzz
3. Timing matters
4. Spotlight your findings where they matter, in ways that count
5. Close the feedback loop



Thank you.

Greater
Manchester
Integrated Care
Partnership



Taking action: the experience of developing and adopting an advertising policy

Phil Truby – Public Health Specialist

E: philip.truby@york.gov.uk

T: 07767 318091



The Headline



- In May 2024, City of York Council became the 14th local authority to implement a healthier food advertising policy (and the second in Yorkshire and Humber).
- The policy also includes other products within the commercial determinants of health

The Policy

Covers both Advertising and Sponsorship, across the council's property and public estate.

It details the types of organisations, products and services that are prevented from advertising

It has provision for named organisations and named products and services, although none are detailed at present.

- tobacco or tobacco related products
- vaping products
- nicotine pouches
- alcohol
- gambling
- unhealthy food or drinks defined as high saturate fat, salt and/or sugar (HFSS)
- pornography
- adult content
- cosmetic surgery
- loans and speculative financial products
- weapons, violence or anti-social behaviour of any description
- any product or service which is deemed or perceived to discriminate on the grounds of race, colour, national origin, religion, sexual orientation or disability

<https://www.york.gov.uk/AdvertisingAndSponsorshipPolicy>

How we got there



A long road, process commenced in 2019, COVID delayed things substantially.



Bus stop advertising contract expiring – provided the impetus



Support from sustain (Fran Bernhardt) – via ADPHY&H



Building on the experience of those before us, including TfL



Strong leadership from consultant in PH (now our DPH)



Cross-council working – policy, comms and public health



Comms commissioned assessment of advertising potential and policy impact



Working together to improve and make a difference

Challenges

- Director level buy-in – “free choice”, “nanny state”, “loss of revenue”
- Elected members – especially opposition members
- City history – “Chocolate story”
- Ongoing – implementation and monitoring

Implementation



York doesn't have an abundance of billboard or digital screen advertising, bus stops are the main source of revenue.

Contract has moved from JCD to Clear Channel from 1 Jan 2025 – transition underway, including physical bus stops, fully in place by Dec 2025.

This poses a challenge as JCD out of contract, but still selling advertising (and not currently complying with the new policy).

Bus stop contract monitoring (!!) and new contracts.

Continuous review – categories, products, companies.

Evidence base vs. “right thing to do”

Next Steps

- On bus advertising – First Buses main provider
- Train station – LNER managed
- HE/FE – 1 large college, 2 universities



Hull's Hot Food Takeaway Policy

Joanne Arro

Public Health, Hull City Council



The Hull Picture

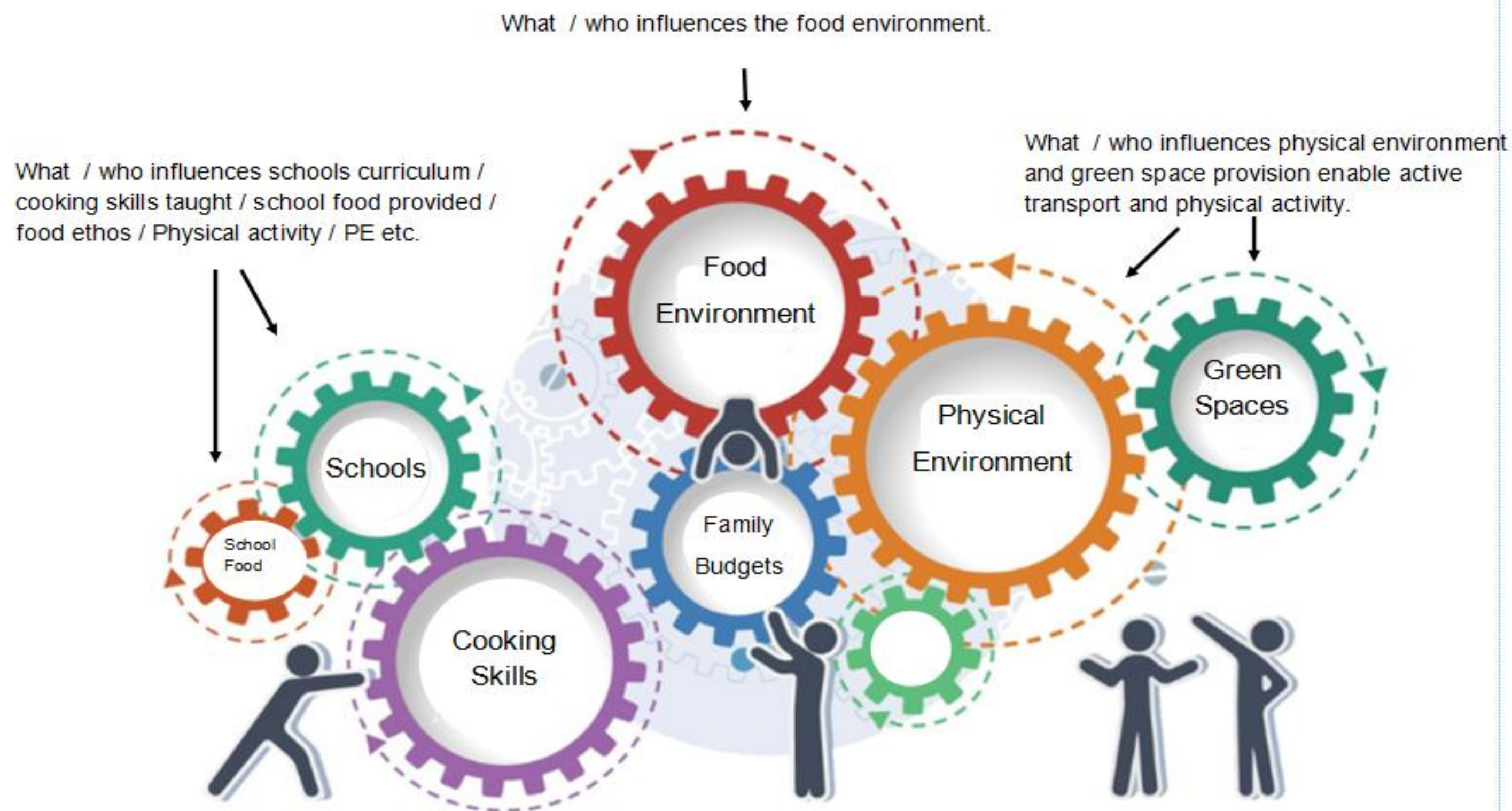
- About 70% adults in Hull are living with excess weight compared to 64% in England.

Children 2023/24

- 26.4 % of reception children in Hull are living with excess weight compared to 21.3% in England. Almost 1 in 4.
- 42.2% of year 6 children in Hull are living with excess weight compared to 36.6% in England. 4 in 10.

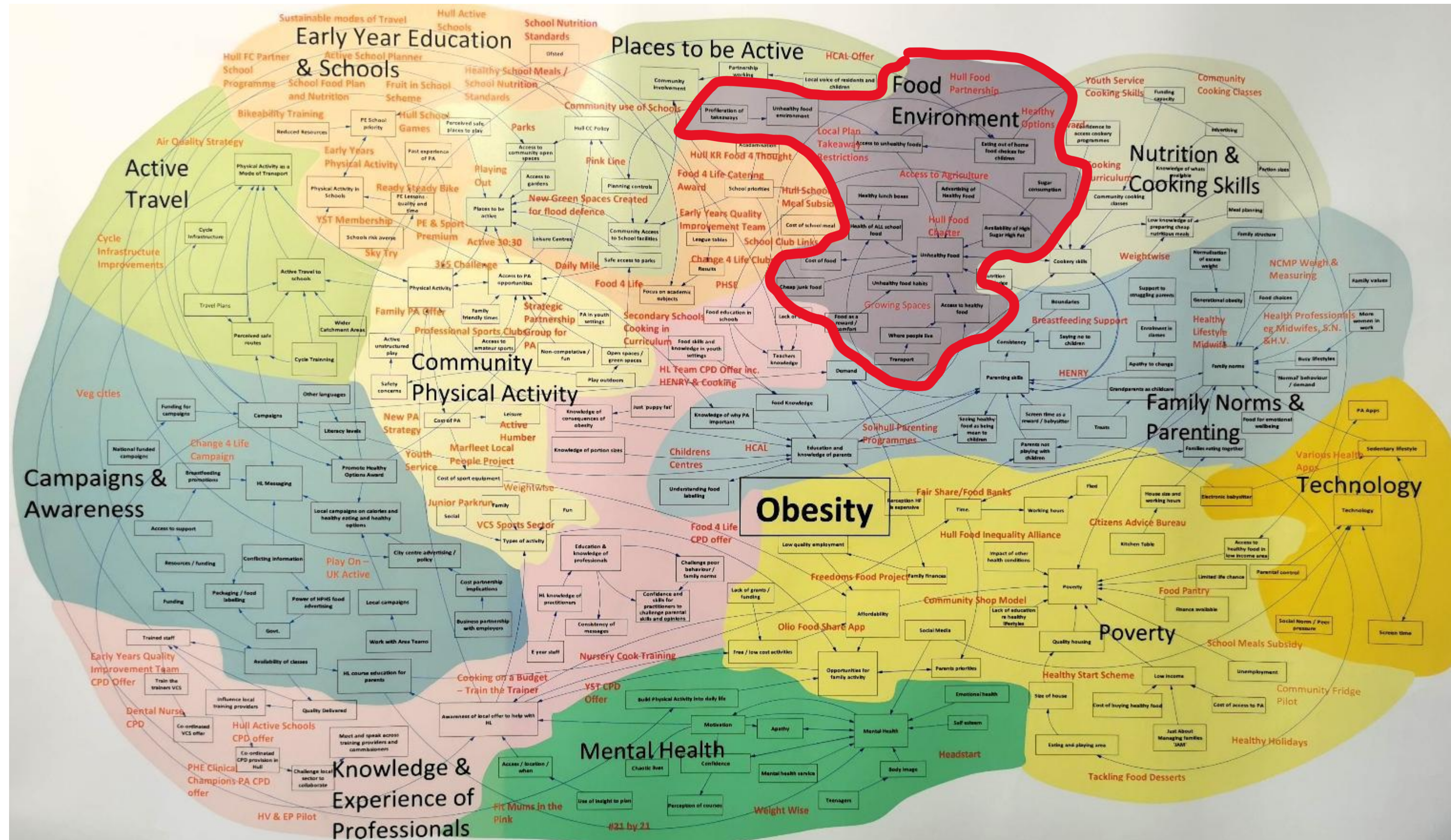


Whole System Approach – Cogs & Levers



Hull's Hot Food Takeaway Policy

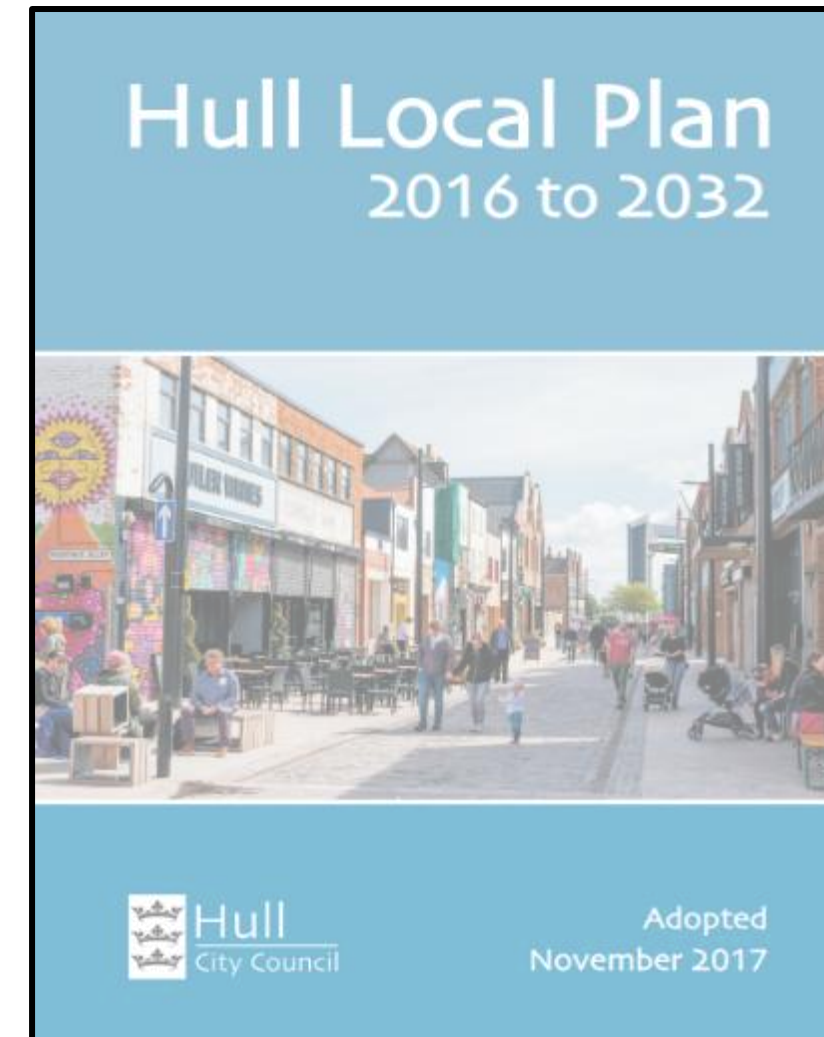
Hull's Whole System Healthy Weight Map



Hot Food Takeaway Policy

As part of our Whole-system Approach to Healthy Weight Hull City Council included the following policies in its Local Plan (2016) to restrict the number of new takeaways:

-
- Development to accommodate hot food takeaway (A5) use will not be supported in local or neighbourhood centres where a threshold of 20% of all units would be or has already been reached, to prevent over proliferation where this could undermine objectives to promote healthy eating in the city.
- Development to accommodate hot food takeaway (A5) use will not normally be supported within 400m of a secondary school or sixth form college or playing fields.
- Evaluation results show that in 2016 Hull had 302 HFT in the city and in 2023, 6 years later it had 259 (43 less).



Challenges and Next Steps

Levers in Planning:

- Are all HFT selling High Fat Salt Sugar Food (HFSS)
- Other food outlets that aren't covered
- Balancing outlets selling healthier food

Challenges to the Policy

New National Policy Planning Framework (NPPF) Dec 2024

Paragraph 97 says that 'planning authorities should refuse applications for hot food takeaways and fast food outlets:

- a) within walking distance of schools and other places young people meet, unless the location is in a designated town centre: or
- b) locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social behaviour.'



Wrap-up and next steps

- Toolkit launches today
- Please get in touch if you have case studies to add
- Working on how to take it forward in Greater Manchester and Humber and North Yorkshire
- We encourage you to do the same!



Greater
Manchester
Integrated Care
Partnership

Humber and North Yorkshire
Health and Care Partnership

Oxley
Health
Alliance
HIA

ALCOHOL
HEALTH
ALLIANCE

ash.
action on smoking and health

Q&A

