

# Briefing: Addressing the leading risk factors for ill health – a framework for local government action

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## Key points

- For us to be healthy, the building blocks of good health need to be in place in our communities – things like decent homes, good schools and sound business practices. When these building blocks of health are weak or missing, our health can suffer, for example, when businesses promote unhealthy products like alcohol and junk food.
- Recent governments have had bold ambitions to improve health and reduce inequalities but have often shied away from the necessary population-level policy action required. National approaches have instead focused on supporting individuals to change their behaviour rather than creating healthy places for everyone.
- In this gap, local authorities have continued to lead local efforts to improve health and tackle inequalities driven by risk factors such as tobacco, alcohol and unhealthy food.
- This briefing aims to support local authorities in England to work across their teams and address these risk factors. We do this by setting out a framework for population-level action, including examples of approaches taken by different councils and linking to relevant legislation.

## Introduction

For people living in England, health is increasingly strained and unequal.<sup>1</sup> The already extensive inequalities in health worsened during the pandemic<sup>2</sup> and there's been little sign of proportionate cross-government action<sup>3</sup> to reverse these trends. Looking ahead, projections suggest the number of people living with serious illness will grow substantially in the next two decades,<sup>4</sup> outstripping growth in the working-age population.

What makes us healthy lies largely outside of health services and is driven by the building blocks of health.<sup>5</sup> These include good housing, a stable job and fair wage, high-quality education and sound business practices. When these building blocks are weak or missing, our health can suffer, such as when businesses promote<sup>6</sup> unhealthy products like alcohol and junk food. By shaping the environments in which we are born, work and live, these building blocks have an impact on the options that are available to us, our behaviours and our opportunities to be healthy.

For example, for people in low-paid and insecure work the challenge of being able to make ends meet can have an impact on both mental and physical health. This may be as a result of being unable to afford heating at home or having to work multiple jobs with little time to buy and prepare nutritious food. While national public health policy<sup>7</sup> has focused on encouraging individual behaviour change, this will have limited impact in the face of an overwhelming flood of wider factors that influence our health.<sup>8</sup> Instead, these individual-level policies will need to be accompanied by measures that focus on creating healthier environments for everyone through effective and equitable<sup>9</sup> population-level actions.

Tobacco, alcohol and unhealthy food are the three leading causes of preventable death and ill health<sup>10</sup> in England and key drivers of health inequalities.<sup>11</sup> This reflects the powerful role that the building blocks of health play in shaping behaviours related to these risk factors.<sup>12</sup> For example, children growing up in more deprived parts of the country are more exposed to tobacco at home<sup>13</sup> and live nearer to places selling tobacco.<sup>14</sup>

The current government has set out bold ambitions to improve health and reduce inequalities, with a goal to increase healthy life expectancy by 5 years by 2035 and cut differences between communities.<sup>15</sup> This target is set to be missed by decades,<sup>16</sup> with successive national governments having shied away from the coordinated action required across government<sup>17</sup> to create healthy places and the robust national policy measures<sup>18</sup> specifically needed on alcohol and unhealthy food.

In the absence of national measures, local authorities have continued to lead local efforts to improve health and tackle inequalities driven by these risk factors. They do this across a range of activities from decisions around prioritisation and investment through to commissioning and system leadership. In addition, some local authorities have worked with neighbouring councils and central government to agree devolution deals<sup>19</sup> on policy areas such as transport, economic regeneration and health and social care as combined authorities.

This briefing aims to support local authorities in England to maximise their local scope for action to improve health and tackle inequalities by addressing tobacco, alcohol and

unhealthy food. We set out the scale of health impacts associated with these risk factors, outline the roles of national and local government in addressing these challenges and provide a framework to support local authorities to take ambitious population-level action. To support the framework’s implementation, we include examples of approaches taken by different councils and identify relevant supporting legislation.

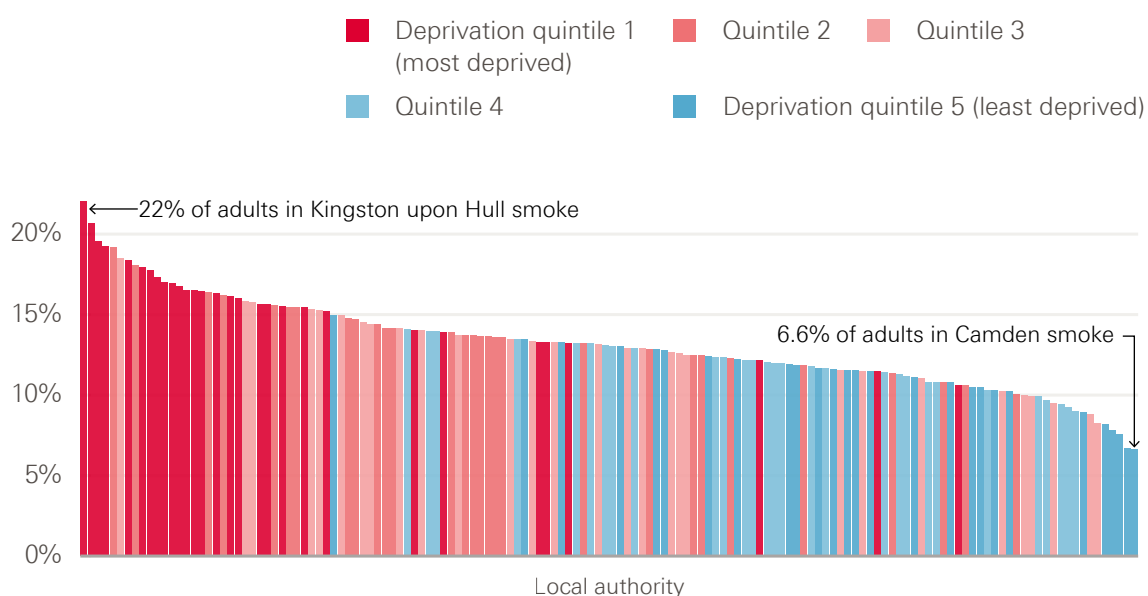
## The scale of the challenge

### Tobacco

Tobacco is the leading cause of preventable illness and death in England, causing the premature death of around 2 in 3 lifelong smokers.<sup>20</sup> Through diseases such as cancer, heart disease, stroke, dementia and chronic obstructive pulmonary disease (COPD), smoking is responsible for 64,000 deaths<sup>21</sup> and 450,000 hospitalisations<sup>22</sup> a year at an annual cost to the country of over £17bn.<sup>23</sup>

Tobacco is the single biggest factor accounting for differences in life expectancy between people living in more and less deprived communities.<sup>24</sup> People living in the most deprived neighbourhoods are around four times more likely to smoke than those living in the least deprived neighbourhoods.<sup>25</sup> Differences by specific local authority are even more stark: 22.0% of adults in Kingston upon Hull smoke compared with 6.6% in Camden (Figure 1, comparisons by local authority here and for alcohol and obesity below do not include district councils because of limitations to data quality and availability at the district council level).

**Figure 1: People living in the most deprived local authorities are around four times more likely to smoke than those living in the least deprived**



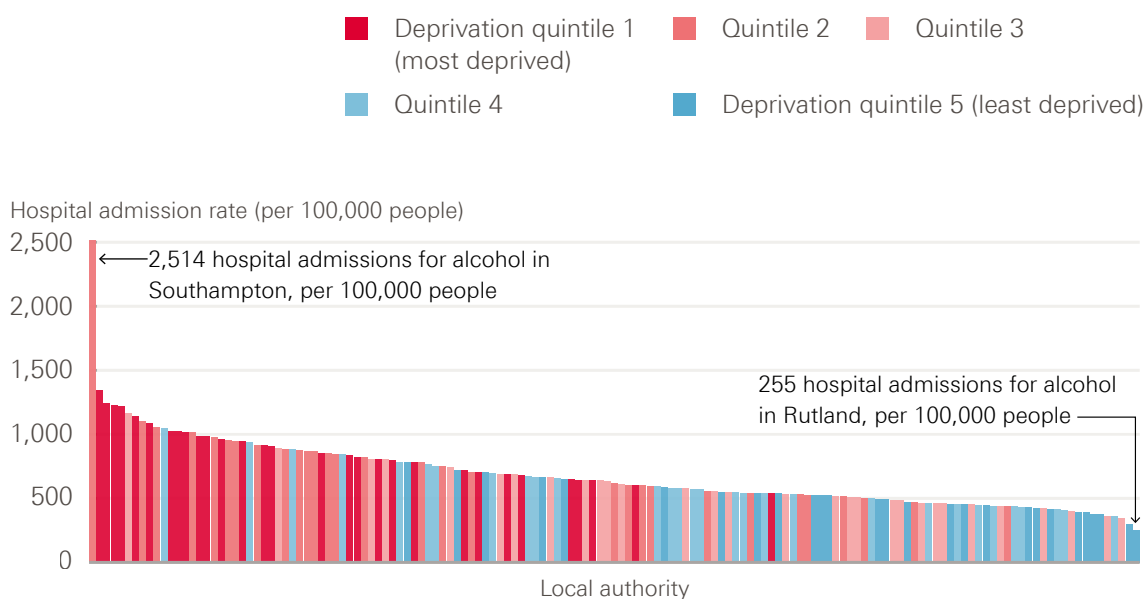
Source: Annual Population Survey (APS), Office for Health Improvement and Disparities, Public health profiles, 2023. <https://fingertips.phe.org.uk>

## Alcohol

Alcohol is a cause of more than 200 illnesses, including liver disease, several cancers, heart disease and stroke.<sup>26</sup> Harmful alcohol use has serious personal and social impacts for individuals and their families and for communities, and was responsible for nearly 21,000 deaths and more than 342,000 hospital admissions in 2021.<sup>27</sup> It costs the British economy an estimated £7.3bn per year through unemployment, sickness absence and lost productivity in the working-age population.<sup>28</sup>

On average, hospital admissions for alcohol are nearly twice as high<sup>29</sup> among people living in the most deprived local authorities compared with the least, with nearly 10-fold differences between individual local authorities (Figure 2). Counterintuitively, the poorer outcomes seen among people living in more deprived areas occur despite often drinking less alcohol on average than people living in less deprived areas. The exact reasons for this are still not fully understood.<sup>30</sup>

**Figure 2: Hospital admissions for alcohol are nearly twice as high among people living in the most deprived local authorities**



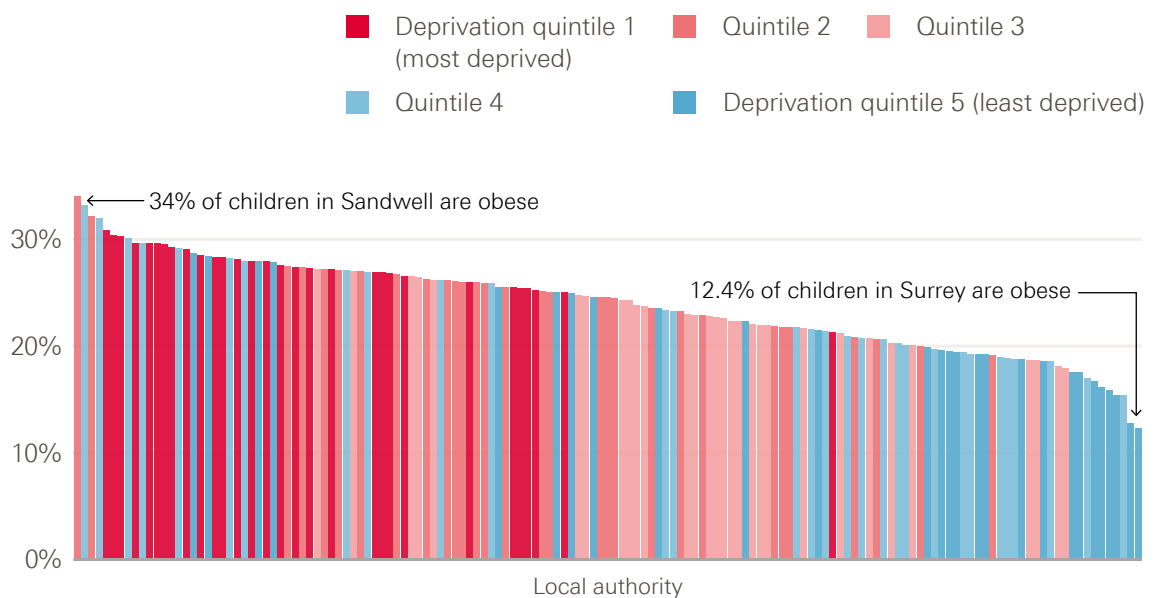
Source: Local Alcohol Profiles for England, Office for Health Improvement and Disparities, Public health profiles. <https://fingertips.phe.org.uk>

## Unhealthy food

Unhealthy food is a major driver of obesity and can cause conditions such as type 2 diabetes and tooth decay. In 2021, 4 in 10 year 6 children and 6 in 10 adults were overweight or obese.<sup>31</sup> The annual cost of obesity to the UK is estimated to be as much as £58bn, with major impacts on workforce productivity as well as NHS and social care demand.<sup>32</sup>

Children in the most deprived areas in England are also more than twice as likely to be obese and four times as likely to be severely obese compared with those in the least deprived areas.<sup>33</sup> And when comparing across local authorities, the difference is closer to three-fold (Figure 3).

**Figure 3: Children in the most deprived local authorities in England are more than twice as likely to be obese**



Source: National Child Measurement Programme, England, 2021/22 school year.  
<https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2021-22-school-year>

# The role of national and local government in directly tackling tobacco, alcohol and unhealthy food

## National government

Ministers and central government departments hold decision-making power around multiple policy levers to directly tackle tobacco, alcohol and unhealthy food. In 2022, we published a review of recent national government policy on leading risk factors for ill health, which found that government action over the preceding decade had focused on encouraging individual behaviour change rather than creating healthier places for everyone.<sup>34</sup>

Local action to tackle risk factors for ill health will have most impact if supported by a robust national policy agenda.<sup>35</sup> Evidence-based population-level policies delivered by national government – such as minimum unit pricing for alcoholic beverages and restrictions on price promotions for unhealthy foods, as well as the recently announced intention to raise the purchasing age for tobacco<sup>36</sup> – will be required alongside local action if improvements to healthy life expectancy and reduce inequalities are to be achieved.

National government can also enable strong local action through setting national priorities for health and care, establishing the legal powers and responsibilities of local authorities, and allocating proportionate resources to local services. Since 2015, real-terms cuts to the public health grant have amounted to a 26% real-terms reduction in spending per person and more broadly, a decade of stagnation in core funding for councils from central government has contributed to an increasing number of local authorities reporting severe financial pressures, having to cut non-statutory services and, in some cases, declaring bankruptcy.<sup>37</sup>

## Local government

Local government is in a unique position to create healthy places.<sup>38</sup> Councils are able to leverage their combination of statutory responsibilities, broad capabilities and deep local relationships – including with communities, businesses and multi-agency partnerships like health and wellbeing boards<sup>39</sup> and integrated care partnerships<sup>40</sup> – to improve health.

Due to the complex nature of public health challenges like obesity, alcohol misuse and smoking, delivering real improvements is often only possible with the involvement and collaboration of multiple directorates and teams from across local government.<sup>41</sup>

Local government teams and directorates can respond to the challenges of complexity by taking a health-in-all-policies approach.<sup>42</sup> This means embedding a health lens across council services and decision making. Exactly how this is done will depend on local context, reflecting different local challenges and the variety of roles and responsibilities between unitary, district and county councils, as well as metropolitan districts and London boroughs.

**Figure 4: The main services councils provide, split by tier**



Source: Institute for Government. Local Government. *Institute for Government*; 2019 ([www.instituteforgovernment.org.uk/explainer/local-government](http://www.instituteforgovernment.org.uk/explainer/local-government))

Several parts of England have introduced combined authorities, each with specific devolution agreements that support neighbouring councils to work across their traditional boundaries.<sup>43</sup> Areas of devolution include housing, finance and health and social care. The continued extension and evolution of combined authorities over the past decade reflects an appetite within central government to support local areas to lead new policy initiatives and delivery through devolving responsibilities.

In a context of national government not doing enough on public health policy but with a broader supportive policy agenda on devolution away from central government, there may be an opportunity for councils in England to do more to directly address tobacco, alcohol and unhealthy food. The framework we outline below is intended to help councillors and officers working across different directorates, teams and portfolio areas identify where those local opportunities may sit.

## A framework for local government action on tobacco, alcohol and unhealthy food

### How we developed the framework

We set out to understand the breadth of approaches available to English county, district and unitary councils, metropolitan boroughs and London boroughs to take population-level action to reduce exposure to tobacco, alcohol and unhealthy food. To do this, we reviewed published documentation from several sources:

- relevant central government departments
- a range of local authorities – including district, county, unitary, metropolitan and London boroughs
- charities leading on policy and advocacy work on tobacco, alcohol and unhealthy food
- relevant professional and membership organisations
- peer-reviewed research literature.

We recorded examples of projects, programmes and activities taking place in local authorities that were focused on one or more of the three risk factors of interest. Activities aimed at supporting individual behaviour change or directed at people already exposed to harmful levels of the risk factors (secondary prevention) were out of scope. This included activities such as smoking cessation and weight management services.

We used a thematic approach to identify the separate mechanisms – or policy levers – available to councils to take population-level action. This led to a draft framework that we refined through interviews with key stakeholders sampled from the organisations listed



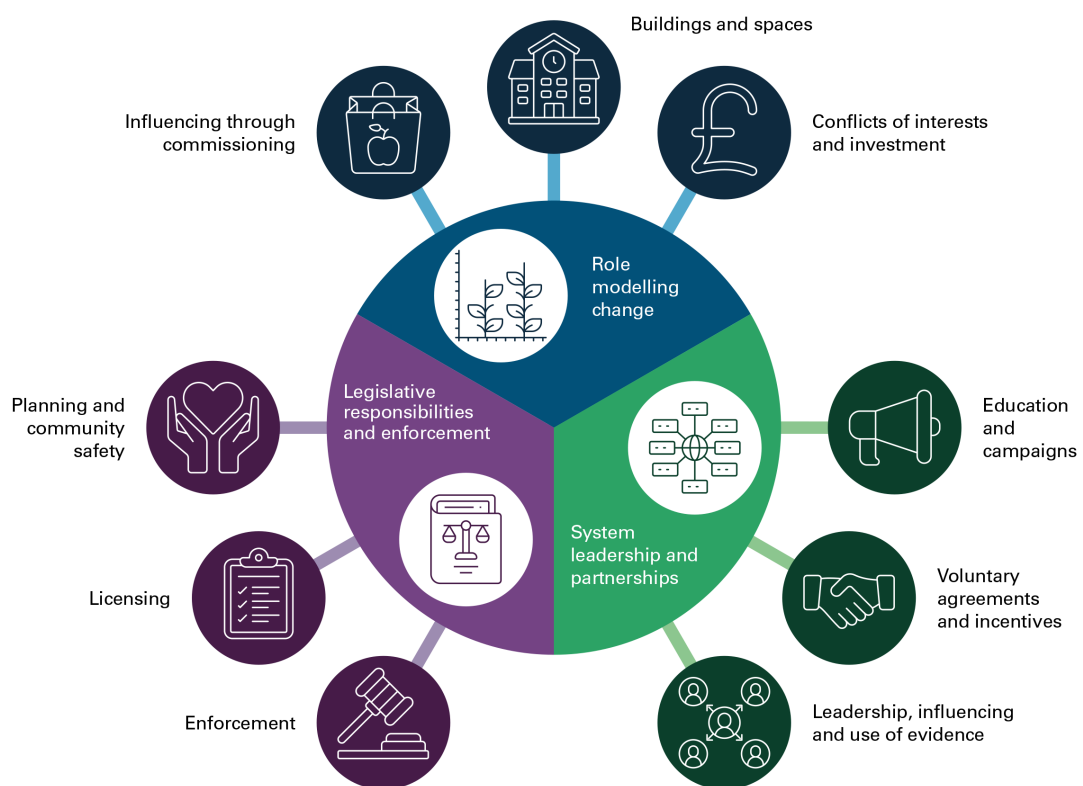
above. In addition, we sought expert legal input to understand the national legislative context for local government underlying the levers described in the framework (see ‘**Legal regime relevant to the framework**’).

### A framework for action

The framework identifies nine discrete mechanisms across three domains for how local authorities in England can tackle tobacco, alcohol and unhealthy food through population-level actions. It is intended to be a tool to help councillors and local government officers to review their existing approaches and identify additional opportunities to improve local population health. The framework is not prescriptive and different mechanisms within the framework may be more or less applicable – and have different impacts – depending on local population needs and council circumstances.

To support the framework, Annex 1 provides a table of examples of policies and programmes adopted by councils against each of the mechanisms outlined and identifies relevant potentially supportive national legislation. Furthermore, mobilising action can sometimes be less about knowing what to do and more about overcoming the practical challenges of implementation. To help with this, Annex 2 provides a selection of practical resources for councils implementing policies informed by the framework.

**Figure 5: Tackling tobacco, alcohol and unhealthy food: A framework for local authorities**



### *Legislative responsibilities and enforcement*

This domain outlines how local authorities can use existing planning and licensing laws to limit harms from tobacco, alcohol and unhealthy food.

- **Planning and community safety:** using planning law and Public Spaces Protection Orders to create healthy and safe spaces. This could be through the use of Supplementary Planning Documents alongside Local Plans to restrict hot food takeaways opening near schools or using Public Spaces Protection Orders to restrict alcohol consumption in particular areas where the criteria are met.
- **Licensing:** examples include requiring smoke-free outdoor seating areas in cafes and restaurants, identifying the cumulative impact of alcohol on an area to limit the provision of new alcohol licenses and introducing healthy food standards as a condition of trade for street food stalls.
- **Enforcement:** use of trading standards teams to effectively enforce legislation on the sale of alcohol, tobacco and unhealthy food. For example, test purchase operations, restricting promotion of unhealthy foods and disrupting the sale of illicit tobacco.

### *Role modelling change*

As large organisations rooted in places, local authorities are in position to positively influence health through their estates, investments and commissioning activities. Through role modelling change, councils can set an example for other local organisations to follow.

- **Buildings and spaces:** local authorities have a substantial opportunity to take an anchor-institution approach<sup>44</sup> and improve health through their estates. This can be through activities such as offering healthier food options in council workplaces, designating council-owned or managed spaces as smoke-free and restricting advertising of unhealthy food and alcohol on council-owned advertising spaces.
- **Conflicts of interests and investments:** councils can review local commercial partnerships to ensure that council funding and branding is not being used to help promote the sale of unhealthy food or drink. Similarly, local authorities could divest from tobacco, alcohol and unhealthy food companies where practically possible and in accordance with fiduciary duties.
- **Influencing through commissioning:** councils have a range of opportunities to improve health through the breadth of their commissioned services. For example, using social value criteria in procurement processes to give additional weight to leisure service providers committing to providing healthy food and drink options.

### *System leadership and partnerships*

Through its networks and partnerships, local government has opportunities to project positive influence far beyond its walls.

- **Education and campaigns:** alongside other measures, education can be an effective way to inform people about how to improve their health or avoid health harms. Local authorities are trusted voices and can promote health through media

campaigns and education initiatives that are independent of industry influence, such as alcohol awareness education in schools and social marketing campaigns to prevent smoking uptake.

- Voluntary agreements and incentives: voluntary agreements and incentive schemes can be a productive way to create healthy spaces and communities. In addition, they can provide an opportunity to strengthen relationships between councils and local organisations such as businesses and community groups. Examples include creating smoke-free school gates in partnership with schools and parents/carers, implementing awards schemes for healthier takeaways and utilising discretionary business-rate relief to incentivise retailers to sell healthier food.
- Leadership, influencing and use of evidence: local authority councillors and senior officers often have a national profile that can be used to advocate for stronger central government action on tobacco, alcohol and unhealthy food. Local authorities can also make use of their data to generate evidence of impact, which can support shared learning and help councils make the case for action. Advocacy can be strengthened through the collaborations of local authorities, their senior officers and the services they commission, including through regional and national forums and membership bodies.

### **Legal context relevant to the framework**

To support councils using the framework, we worked with Lawyers in Local Government – a membership organisation for lawyers and governance officers working in local authorities in England and Wales<sup>45</sup> – to understand the current legal context relevant to mechanisms in the framework. Many of the relevant statutes are identified in Annex 1 – these should be used as an indicative guide to the legal underpinning of different actions and should be interpreted and applied based on an individual council’s local context. As such, it’s important to note that this briefing and Annex 1 do not represent legal advice.

The legislative framework defining local authorities’ responsibilities, powers and flexibilities around public health measures is multi-faceted and can be complex – reflecting the diverse characteristics and configurations of local government. Alongside some more specific pieces of legislation in Annex 1, there are several acts that set out general responsibilities and powers of councils that are relevant to their role in improving health. These include but are not limited to s111 and s222 of the Local Government Act 1972,<sup>46</sup> the National Health Service Acts of 2006, 2012 and 2022 and the Localism Act 2011.

These Acts establish a broad scope for councils to take steps that support delivery of their local functions and include a General Power of Competence under the Localism Act 2011,<sup>47</sup> which makes clear that councils have scope to innovate in how they provide services as long as their actions are not prohibited by other laws. The National Health Service Act 2006<sup>48</sup> provides councils with a ‘public health self-adopted duty’ to take steps they consider appropriate to improve the health of the local population.

Councils will need to be clear how the national legal framework applies in their local circumstances and any potential implications for what action is legally permissible. Councillors and local authority leadership teams will need support from expert officials and, where appropriate, specialist legal advice.

## Conclusion

The lives of many people in England today are being cut short. Poverty, poor-quality housing and unstable work can make it hard to afford healthy food or decent accommodation, impacting both physical and mental health. Part of the solution is to create healthy places that can support everyone to stay well, and this includes reducing harms from tobacco, alcohol and unhealthy food. Despite bold government ambitions to boost healthy life expectancy, recent national policy to address these risk factors – particularly on alcohol and unhealthy food – has often fallen short of what is needed.

In this context, our framework is a tool to help local authorities in England take population-level action to address tobacco, alcohol and unhealthy food to create healthy places for residents and communities. But we also know that the financial challenges in local government mean that new activities will often be difficult to deliver if not accompanied by additional resources. We hope this framework can contribute to a debate about what's required for councils in England to step forward and maximise their contribution to addressing these risk factors – local leadership on this agenda is needed as much as ever.

## Annex 1: The framework for action with examples from local authorities in England

The table below provides actions, activities and opportunities for local authorities in tackling tobacco, alcohol and unhealthy food, with some helpful examples. We also provide an overview of the legal context for these activities.

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>Legislative responsibilities and enforcement</b>				
<b>1. Planning and community safety</b>		<p>Public Spaces Protection Orders can be used to restrict public consumption of alcohol within a given geographical area to reduce anti-social behaviour.</p> <p>The London Borough of Redbridge has used Public Spaces Protection Orders in this way.<sup>49</sup></p>	<p>Use council Local Plans alongside Supplementary Planning Documents<sup>50</sup> to apply restrictions to the opening of hot food takeaways in particular areas. For example, Halton Borough Council uses a Supplementary Planning Document to support planning policy to restrict the opening of hot food takeaways near schools or where a neighbourhood already has large numbers of outlets.<sup>51</sup></p> <p>Birmingham City Council's Healthy City Planning Toolkit<sup>52</sup> includes advice on preparing Health Impact Assessments,<sup>53</sup> including the role of improved access to healthy food and opportunities for locally grown food.</p> <p>Barking and Dagenham has introduced a £1,000 levy on new hot food takeaways through their Supplementary Planning Document,<sup>54</sup> with the revenue used for child obesity initiatives.</p>	<p>Public Spaces Protection Orders are generally used by community safety or housing teams. Provision for them is given within the Anti-social Behaviour, Crime and Policing Act of 2014,<sup>55</sup> and associated guidance is available from the Home Office.<sup>56</sup></p> <p>Local planning authorities are required to set out planning policies as part of their Local Plan and be in accordance with the Planning and Compulsory Purchase Act 2004 (as amended)<sup>57</sup> and the National Planning Policy Framework<sup>58</sup> (note, for London Boroughs, this also includes the London Plan).<sup>59</sup></p>

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>2. Licensing</b>	<p>The Business and Planning Act 2020 can be used to ensure that pavement licensing for outdoor seating in cafés and restaurants are 100% smoke-free.<sup>60</sup></p> <p>This initiative was implemented in places such as Northumberland County Council.<sup>61</sup></p>	<p>Providing evidence on the potential harms of granting alcohol licenses against the four licensing objectives: prevention of crime, public safety, prevention of public nuisance and protection of children from harm. This can include the ‘cumulative impact’ of multiple places selling alcohol in a particular area being taken into account.</p> <p>Leeds City Council have developed an alcohol licensing data matrix to target areas with high levels of alcohol harm.<sup>62</sup></p> <p>Camden Council has introduced a late-night levy for premises selling alcohol between midnight and 06.00, to support local policing of the late-night economy.<sup>63</sup></p>	<p>Healthy food standards can be introduced into local street trading and market policies as a condition of trade for street food stalls.</p> <p>An example is in Bristol where traders require a Bristol Eating Better Award.<sup>64</sup> Another is the Arun District Council street fruit market trading policy, where traders that meet the requirements of the Eat Out Eat Well award are more likely to be granted trading consent.<sup>65</sup></p>	<p>Pavement licensing predominantly falls under the Business and Planning Act 2020<sup>66</sup> and applies to all local authority licensing authorities in England. Statutory guidance has been made available<sup>67</sup> and ASH has published a briefing<sup>68</sup> that walks through the legislation in more detail, including the provision of ‘reasonable justification’ for creating 100% smoke-free outdoor seating.</p> <p>The provision of alcohol licenses is governed by the Licensing Act 2003.<sup>69</sup></p> <p>The late-night levy comes under the Police Reform and Social Responsibility Act 2011.<sup>70</sup></p> <p>The Local Government (Miscellaneous Provisions) Act 1982<sup>71</sup> sets out the law relating to street trading licenses for district councils and unitary authorities (see also the Highways Act 1980<sup>72</sup> for alternative routes and any applicable Private Acts for the area). For London boroughs, street trading licenses are governed by Part III of the London Local Authorities Act 1990, as amended. All authorisations must comply with The Provision of Services Regulations 2009.<sup>73</sup></p>
<b>3. Enforcement</b>	<p>Use of trading standards teams to pursue and support test purchase operations, in both retail and hospitality settings, such as in the London Borough of Newham.<sup>74</sup></p> <p>Trading standards can also enforce smoking restrictions and disrupt the supply/sale of illicit tobacco products, such as in Derby City Council<sup>75</sup> and as referenced in guidance from the London Borough of Tower Hamlets on shisha lounges.<sup>76</sup></p>	<p>Use of trading standards teams to support test purchase operations and ensure compliance with licensing conditions.</p> <p>In Liverpool, the City Council worked with local businesses, the police and trading standards to increase awareness and enforcement of the offence of serving or buying alcohol for someone who is drunk to address severe intoxication.<sup>77</sup></p>	<p>Trading standards and environmental health officer enforcement of food retail regulations, such as restricting promotions of unhealthy foods.<sup>78</sup></p>	<p>Smoke-free premises and enforcement (including shisha bars) is covered by the Health Act 2006.<sup>79</sup></p> <p>Authority of trading standards officers is largely set out in the Consumer Rights Act 2015 – guidance on the Act is available for businesses and for officers.<sup>80</sup></p> <p>The Food (Promotion and Placement) (England) Regulations 2021<sup>81</sup> applies to food authorities and sets out the legislation on restrictions to unhealthy food promotions. Associated implementation guidance<sup>82</sup> is available, with each council having an investigation and enforcement policy in accordance with the Regulators’ Code.<sup>83</sup></p>

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>Role modelling change</b>				
<b>4. Buildings and spaces</b>	<p>Designating and signposting council-owned or managed spaces as smoke-free.</p> <p>Examples include play parks in Blackpool<sup>84</sup> and in Hinckley and Bosworth Borough Council.<sup>85</sup></p> <p>Councils can work with residents, housing authorities and tenants to create smoke-free tenancies and outdoor spaces in social housing, for example, Devon County Council's work with housing associations.<sup>86</sup></p> <p>Council-owned billboards and related assets can be used for health-promotion messaging.</p>	<p>Examples may include alcohol-free council-funded public events, restrictions on advertising alcohol on council-owned assets and using council-owned billboards and related assets for health promotion messaging.</p>	<p>Removing unhealthy foods and drinks or offering healthier foods and drinks in council-owned or managed facilities and workplaces.</p> <p>For example, Durham County Council has committed to working with catering managers to develop and promote healthier menus in council premises,<sup>87</sup> and most high-sugar drinks have been excluded from Devon County Council property<sup>88</sup> as part of their voluntary commitment to the Food Active Healthy Weight Declaration.<sup>89</sup></p> <p>Restricting unhealthy food and drink advertising on council-owned advertising spaces. For example, reducing advertising of unhealthy food on council-owned billboards near schools as part of the School Superzones initiative.<sup>90</sup></p>	<p>Working with residents and housing authorities to create smoke-free tenancies would be done under voluntary agreements, as would 'banning' smoking in parks and playgrounds. These are often enforced by members of the public or police pointing out no-smoking signs, but there are no legal repercussions from not complying.</p> <p>When consistent with local council policy, local authorities could explore the use of byelaws to enforce smoke-free outdoor spaces such as parks or recreation grounds.</p> <p>Advertising on local authority-owned assets must comply with the Advertising Standards Authority's non-broadcast advertising codes.<sup>91</sup></p> <p>If a council wishes to restrict advertising or provision of unhealthy food or alcohol on its own estates or as part of council-run events, this should be in accordance with any contractual arrangements and be in line with local council policy and health priorities.</p>

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>5. Conflicts of interests and investments</b>	<p>Divestment from tobacco industry where practically possible and in accordance with fiduciary duties.</p> <p>For example, Newham has signed the ‘tobacco-free finance’ pledge governing pension fund investments.<sup>92</sup></p>	<p>Reviewing existing commercial partnerships to see if they are consistent with council ambitions to improve health.</p> <p>Cambridgeshire County Council’s advertising and sponsorship policy restricts the council from entering into agreements with ‘those involved in the manufacture, distribution or wholesaling of tobacco-related products, alcohol, fossil fuels, pornography or addictive drugs’.<sup>93</sup></p> <p>Local authorities can explore divestment from the alcohol industry where practically possible and in accordance with fiduciary duties, for example through working with ShareAction.<sup>94</sup></p>	<p>Reviewing existing commercial partnerships to see if they are consistent with ambitions to improve health. For example, Blackpool City Council has committed to considering how commercial partnerships with the food and drink industry may impact on local healthy weight messaging.<sup>95</sup></p> <p>Local authorities can explore divesting from unhealthy food and drink companies where practically possible and in accordance with fiduciary duties, for example through working with ShareAction.<sup>96</sup></p>	<p>Rules governing the local government pension scheme are set by the Public Service Pensions Act 2013<sup>97</sup> with investments in accordance with fiduciary duties and public law principles. The Local Government Pension Scheme (Management and Investment of Funds) Regulations 2016<sup>98</sup> requires administering authorities to formulate an investment strategy statement in accordance with national guidance.<sup>99</sup></p> <p>For reviewing commercial partnerships, this should be consistent with council policy in the relevant areas as well as with the council’s constitution.</p>
<b>6. Influencing through commissioning</b>		<p>An example would be to use social value criteria as part of procurement to give additional weight to potential public transport service providers committing to limiting alcohol advertising.</p>	<p>Encouraging healthier diets through commissioned services. For example, using social value criteria to give additional weight to potential leisure service providers committing to meeting government food standards.</p>	<p>The Public Services (Social Value) Act 2012 states that the authority needs to consider how any procurement might improve ‘the economic, social and environmental well-being of the relevant area’. A ‘Social Value Statement’ can help to communicate key areas of focus.<sup>100</sup></p> <p>Any restriction of advertising or provision of unhealthy food or alcohol through commissioned services should be in accordance with contract arrangements and with local council policy and health priorities.</p>



Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>System leadership and partnerships</b>				
<b>7. Education and campaigns</b>	<p>Media campaigns aimed at reducing tobacco use, such as the Fresh campaign across the north-east of England.<sup>101</sup></p> <p>Introducing education initiatives across schools on harms from tobacco, such as peer education interventions and information provision, for example in Barnet.<sup>102</sup></p>	<p>Mass media campaigns aimed at reducing alcohol-related harm, such as the Dry January campaign from Mid Sussex District Council.<sup>103</sup></p> <p>Introducing alcohol awareness and prevention education in schools. For example, the Kent Think Differently Campaign.<sup>104</sup></p>	<p>Healthy food multimedia campaigns – many have been focused on sugar reduction. The bespoke Go Golborne campaign in Royal Borough of Kensington and Chelsea included themed multi-component campaigns focusing on five-a-day and sugar reduction.<sup>105</sup></p> <p>Education and training for families and for professionals. For example, the Leicestershire County Council Healthy Tots programme supports early years settings to teach children about healthy eating;<sup>106</sup> in Wigan, a Young Health Champions scheme upskills young people aged 14–17 years and includes a module on healthy weight and diets and training as peer mentors to pupils in primary school;<sup>107</sup> and the Phunkyfoodsprogramme<sup>108</sup> provides resources and training for teachers to deliver healthy eating messages for children and families, for instance in Carlisle.<sup>109</sup></p>	<p>Health promotion through advertising and media campaigns can be considered under the Health and Social Care Act 2012 and the responsibilities of local authorities with public health duties.<sup>110</sup></p> <p>Health education in schools is considered as part of the Education Act 2002<sup>111</sup> and the Education Act 1996.<sup>112</sup></p> <p>Statutory guidance on health education<sup>113</sup> and guidance for teacher training for drugs, alcohol and tobacco<sup>114</sup> are available on the government website.</p>

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>8. Voluntary agreements and incentives</b>	<p>Creating voluntary tobacco-free spaces, particularly around children and young people. For example, smoke-free school gates in Oxfordshire<sup>115</sup> and promoting 'smoke-free sidelines' in grassroots football in the Humber region.<sup>116</sup></p> <p>Organising smoke-free 'awards' to recognise and promote the work of partner organisations in promoting smoke-free spaces, as in Tower Hamlets.<sup>117</sup></p> <p>Using fiscal incentives such as discretionary business rate relief to encourage local retailers to not sell tobacco products.</p>	<p>Voluntary partnerships to reduce the sale of harmful levels of alcohol. An example is a 2013 voluntary scheme in Newcastle<sup>118</sup> for licensed premises to introduce minimum unit pricing, and another is the Reducing the Strength Campaign in Ipswich<sup>119</sup> encouraging retailers not to stock high-strength beers and ciders. More examples can be found on the LGA website.<sup>120</sup></p> <p>Agreements to reduce children's exposure to alcohol, such as Blackpool's licensing policy<sup>121</sup> recommending that alcohol products shouldn't be placed near sweets or children's magazines.</p> <p>Using fiscal incentives such as discretionary business rate relief to encourage local retailers to not sell alcohol products.</p>	<p>Promoting healthier options in takeaways, supermarkets, off-licenses, events and other private sector spaces through voluntary pledges and award schemes. Examples include the Eat Out Eat Well and Take Out Eat Well scheme run by East Suffolk Council<sup>122</sup> and the Newark and Sherwood District Council Healthier Options Takeaway award scheme.<sup>123</sup></p> <p>Voluntary agreements with retailers and food outlets to promote and provide healthier options or restrict unhealthy options to promote healthier food purchases near children and young people, such as within school superzones.</p> <p>Using fiscal incentives such as discretionary business rate relief to encourage local retailers to sell healthier foods.</p>	<p>Councils can offer business rate relief to businesses that benefit the local community or economy. Both mandatory and discretionary relief for business rates is governed by the Local Government Finance Act 1988.<sup>124</sup></p>

Mechanism	Tobacco	Alcohol	Unhealthy food	Legal context
<b>9. National and local leadership and influencing</b>	Work with partners – including national charities and representative bodies – to advocate for stronger national action on tobacco control, as seen in Newcastle City Council’s smoke-free action plan. <sup>125</sup>	Advocating for strong national action to reduce exposure to alcohol.	<p>Advocating for strong national action to tackle unhealthy food, such as the Food Active letter sent to the Parliamentary Under Secretary of State for Vaccines and Public Health, Maggie Throup MP, signed by 12 directors of public health urging the government to reconsider delays to unhealthy food regulations.<sup>126</sup></p> <p>Developing the evidence base for action, for example, the evaluation published with academic partners in the peer-reviewed literature to share how Gateshead used planning policy to restrict the opening of new fast food takeaways.<sup>127</sup></p>	

Alongside the legislation listed in the table above, s111 and s222 of the Local Government Act 1972, the National Health Service Acts of 2006, 2012 and 2022 and the Localism Act 2011 set out general responsibilities/powers of councils that support their role in improving health. This includes a General Power of Competence under the Localism Act 2011 and a ‘public health self-adopted duty’ under the National Health Service Act 2006. Councils will need to be clear about how they apply these to their local circumstances, seeking legal advice where necessary.

As such, please note that the contents of this framework do not constitute legal advice and should not be relied upon as such. The framework is produced for illustrative purposes only and to provide some guidance and signposting as to the steps a local authority might wish to consider to improve the health of its area. Users are advised at all times to seek advice from their own in-house legal departments or legal provider who can ensure that any steps taken are both in accordance with the law and in accordance with individual authority constitutions and adopted policy.

## Annex 2: Resources to support use of the framework

This annex provides a collection of resources that may be helpful when prioritising, designing and implementing local population-level approaches to tackle tobacco, alcohol and unhealthy food.

### Guidance from government bodies

Various national guidance documents have been produced to help local authorities navigate planning and licensing legislation, and to take action to create healthy places.

The 2021 Health Places guidance<sup>128</sup> from Public Health England includes links to a range of supporting guides and documents for local government action on risk factors for ill health. These include:

- *Using the planning system to promote healthy weight environments.*<sup>129</sup> This includes an overview of national policy, evidence for action and guidance for using supplementary planning documents.
- *Guidance on creating healthy high streets through urban planning and design.*<sup>130</sup>
- Guidance on *health and environmental impact assessments.*<sup>131</sup>

Other relevant national guidance and supporting documents are available.

- *Strategies for encouraging healthier 'out-of-home' food provision.*<sup>132</sup> This includes detailed information on how to make the case for action, use of the planning system, healthy catering schemes, advice and training schemes, influencing behaviour change, working with partners and monitoring and evaluation.
- *Whole-systems approach to obesity: a guide to support local approaches to creating a healthy weight.*<sup>133</sup> This includes an overview on what is meant by a whole systems approach to healthy weight and its implementation.
- *'Embracing system-wide approaches to support healthy weight',*<sup>134</sup> an evidence collection from the National Institute for Health and Care Research on taking a whole system approach to healthy weight.
- The Town and Country Planning Association, in partnership with Public Health England, published a 2014 summary of *how planning can be used to create healthy-weight environments.*<sup>135</sup>
- *'Alcohol licensing: a guide for public health teams',*<sup>136</sup> A guide for how local authorities can ensure alcohol licensing policy and applications consider the health and wellbeing of local communities.
- *'The CLear improvement model: excellence in tobacco control',*<sup>137</sup> This self-assessment tool supports local authorities and tobacco control alliances to understand their strengths and opportunities for improvement in tackling tobacco.

## Local Government Association

The **Local Government Association**<sup>138</sup> has published a wide variety of toolkits, guides and case studies to support local authorities to improve public health.

### *Case studies*

The Local Government Association's collection of searchable **case studies**<sup>139</sup> illustrates the range of approaches taken by local authorities across the country to address harm from alcohol, tobacco and unhealthy food. These can be filtered by topics such as **public health**<sup>140</sup> and **licences, regulations and trading standards**.<sup>141</sup>

### *Briefings and guidance documents*

Supporting national government guidance, the Local Government Association has published a range of briefings and guidance documents on how to create health places.

- ***Health in all policies: a manual for local government***,<sup>142</sup> providing practical advice for how health can be embedded across council activities.
- ***'Public protection services: councillor handbook'***<sup>143</sup> providing an overview of environmental health, trading standards and licensing services.
- ***A glass half-full***<sup>144</sup> and ***A glass half-full: 10 years on review***<sup>145</sup> outlining how to use an asset-based approach to community health and wellbeing.

The Local Government Association also has a range of topic-specific publications.

- ***Making obesity everybody's business: a whole systems approach to obesity***<sup>146</sup> is a Local Government Association guide written with PHE and the Association of Directors of Public Health in 2017 outlining how local areas can take a whole systems approach to obesity, preceding the **2019 publication by the same organisations**<sup>133</sup> referenced under national guidance, above.
- ***Tipping the scales***<sup>147</sup> is a collection of Local Government Association case studies on the use of planning legislation to limit hot food takeaways.
- ***Public health and the Licensing Act 2003***<sup>148</sup> explaining how local public health teams can engage with the four alcohol licensing objectives and work with key partners to prevent alcohol-related harm, published in 2020.
- ***'LGA briefing: alcohol harm House of Commons, 25 November 2021'***<sup>149</sup> summarising the role of local government in tackling alcohol-related harm.
- Guidance for local councils on the use of **Public Spaces Protection Orders**,<sup>150</sup> published 2018.
- A 2019 **guide for local government**<sup>151</sup> outlining its roles, responsibilities and opportunities for action to reduce tobacco related harm, including creating tobacco control alliances and tackling illicit cigarettes.

- Guidance for councils on setting up a ‘**reduce the strength**’ campaign for alcohol (published in 2017),<sup>152</sup> which has been developed to tackle the problems associated with street drinking by removing from sale low-price, high-strength alcohol products through voluntary agreements with local retailers.

### **Selected publications by professional membership organisations and charities**

Different professional membership organisations and charities have produced guidance and tools for tackling tobacco, alcohol and unhealthy food.

#### *Tobacco*

Action on Smoking and Health has published various materials to support local government to take action on tobacco, including:

- a list of 10 **high-impact actions**<sup>153</sup> on tobacco control for local authorities and their partners
- **guidance on how to support smoking cessation through behaviour change communications**<sup>154</sup>
- a **briefing**<sup>60</sup> for local authorities about how to use current legislation on pavement licenses to create smoke-free outdoor spaces for cafes and restaurants
- a **roadmap**<sup>155</sup> for local tobacco control alliances setting out a range of resources to support a comprehensive approach to tobacco control.

Action on Smoking and Health also helps to run a **smoke-free councillor network**,<sup>156</sup> a cross-party network of elected members who have the shared ambition to reduce smoking and tobacco-related harms.

The Illicit Tobacco Partnership is led by **Fresh**<sup>157</sup> (the north-east regional tobacco control programme) to support action against illicit tobacco. The partnership has published a **strategic framework**<sup>158</sup> to assist local authorities that wish to reduce the market for illicit tobacco within a wider tobacco-reduction programme. The ‘keep it out’ campaign on illegal tobacco run by Fresh also includes **advice for retailers**<sup>159</sup> on illegal tobacco, the harms associated with it and how to spot it.

Finally, the Illicit Tobacco Partnership has produced an illegal tobacco PR **guide**<sup>160</sup> for trading standards officers and public health and communications teams to help with engaging local media on illicit tobacco. This can be used alongside their published **guidance**<sup>161</sup> on how trading standards should respond to approaches from the tobacco industry and comply with **article 5.3 of the WHO framework convention on tobacco control**<sup>162</sup> that requires public bodies to remain free from tobacco industry interference.

#### *Unhealthy food*

Sustain, the campaign for better food and farming has published a **guide**<sup>163</sup> for how councils can use planning legislation to restrict new hot food takeaways as well as a ‘**Healthier food advertising policy toolkit**’<sup>164</sup> providing guidance on how local authorities can restrict unhealthy food advertising.

The Obesity Health Alliance has published a range of **resources and briefings**<sup>165</sup> related to national obesity policy and the evidence of harms associated with unhealthy food and drink.

### *Alcohol*

Alcohol Forum Ireland have developed the **i-mark initiative**<sup>166</sup> to signal independence from the alcohol industry. While the initiative is based in Ireland, the **toolkit**<sup>167</sup> includes materials that can support industry independence such as a summary of relevant evidence and a checklist of conflict-of-interest questions to guide decision making.

The Alcohol Health Alliance has a range of **resources**<sup>168</sup> on their website providing evidence about the harms of alcohol and the impact of different national policy approaches.

The Royal Society of Public Health have developed a **Communities in Charge of Alcohol Programme**<sup>169</sup> based on the recruitment and training of alcohol health champions to help identify and implement solutions to alcohol misuse in communities.

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