UKPRP

Prevention Research Partnership

Joint action for a healthier, fairer future

How research into preventing non-communicable diseases helps councils put health into decision making

The UK Prevention Research Partnership **(UKPRP)**

The UK Prevention Research Partnership (UKPRP) is committed to improving public health and reducing health inequalities across the UK. Our mission is to fund research that generates evidence for implementing strategies to prevent non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, cerebrovascular diseases, and mental health disorders. The escalating prevalence of these conditions imposes substantial burdens on health services and local communities.

Local government is instrumental in addressing the wider determinants of NCDs through its influence on environmental, educational, employment, transportation, and developmental factors. By concentrating on local systems, we can devise more effective and sustainable strategies to prevent these diseases and promote holistic health.

UKPRP researchers collaborate closely with local authorities, community-based organisations, and other sectors to develop practical, co-designed strategies tailored to local communities' needs. By combining knowledge from diverse disciplines through our networks and consortia, we foster innovative, evidence-based approaches to address the multifaceted challenges of NCDs at the population level.

We look forward to further collaboration to drive impactful change and improve population health outcomes. Please visit the dedicated section on the UKPRP website for materials to support local authority decision making:

https://ukprp.org/resources/prevention-research-materials-to-support-local-government/

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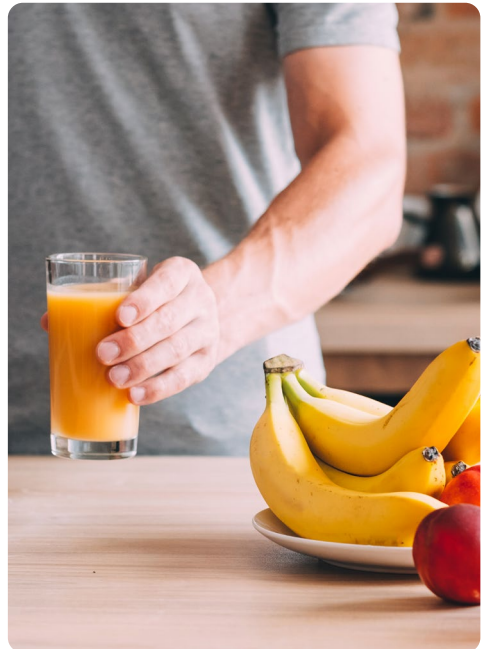## Shaping Public hEalth poliCies To Reduce ineqUalities and harM

SPECTRUM Consortium research supports decision making in the commercial determinants of health and health inequalities, focusing on tobacco, alcohol and unhealthy food and drink.

Our research aims to inform policy and practice to encourage and enable healthy environments and behaviours.

Smokefree Generation

Despite substantial progress in reducing smoking uptake among young people, there are still around 400,000 11–15 year olds in England who have tried smoking and 100,000 who are current smokers. The vast majority of adult smokers started as children, so introducing additional measures that would prevent youth uptake could save lives in the future.

These are proposed in the Tobacco and Vapes Bill, four nations' legislation currently passing through parliament. Research was crucial for making the case for the measures in the Bill and will be central to assessing its implementation.

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SPECTRUM
Shaping public health policies to reduce inequalities & harm

Impacts

SPECTRUM researchers conducted a series of studies that directly informed an independent review into smokefree policies led by Dr Javed Khan and published in June 2022. Among other measures, this recommended raising the age of sale of tobacco from 18 by one year, every year until no one can buy a tobacco product, creating a smokefree generation.

The Khan review did not immediately result in policy changes. Hence, SPECTRUM researchers worked with our partner, the Smokefree Action Coalition (convened by ASH) and our knowledge brokers in the Office for Health Improvement and Disparities (OHID) to build evidence to inform legislation, publishing new findings on smoking prevalence, modelling policy options and contributing to an All Parliamentary Party Group report on smoking and health.

In October 2023, the UK Government published Stopping the Start: our new plan to create a smokefree generation, citing a range of studies conducted by SPECTRUM researchers and proposing legislation to make it an offence to sell tobacco products to anyone born on or after January 2009.

A four nations consultation followed that our research teams responded to. During the consultation period, we had a series of meetings with Ministers and advisers, including the Chief Medical Officer for England.

The Tobacco and Vapes Bill followed with our studies cited in the appendix to the command paper.

About the research

SPECTRUM research that informed the Bill included results from a study led by Dr Sarah Jackson and Professor Jamie Brown, which found that in England, the rate of decline in smoking prevalence stagnated during the COVID-19 pandemic through to 2022. At the start of the pandemic, a potential reduction in smoking prevalence among middle-aged adults and increases in quitting among smokers may have been offset by an increase in smoking among young adults, emphasising the need for smoking prevention measures. The slowing in the rate of decline was pronounced in more advantaged social grades. Data were from 101,960 adults (≥ 18 years) participating in the Smoking Toolkit Study, a monthly representative household survey, between June 2017 and August 2022.

Another paper led by Dr Vera Buss and several other SPECTRUM colleagues demonstrated the growing public support for tobacco control policies between 2021 and 2023. This included support for raising the sales age of tobacco by one year every year – the smokefree generation policy. This includes the time immediately after the smokefree generation policy was first announced.

The team conducted modelling with colleagues from ASH for the APPG on Smoking and Health report A new Manifesto for a Smokefree Future. The report included economic analysis showing that a 'polluter pays' levy on tobacco manufacturers could raise up to £700 million a year; the cost of smoking to public finances in England is £21 billion in 2023 – nearly double the total tobacco tax revenues (excise taxes and VAT) of £11 billion; and that the APPG's recommendations could save £3.1 billion for the public purse during the course of the next parliament.

The SPECTRUM modelling work gauging the potential impact of the different policy recommendations was subsequently included in the appendix of the UK Government's command paper, setting out the proposed actions to tackle smoking and youth vaping in November 2023.

SPECTRUM papers relating to the continued prevalence of menthol cigarette smoking after their ban in 2020, increases in hand-rolled cigarette smoking and non-cigarette tobacco smoking prevalences were also informed policy recommendations in the APPG report on all these issues.

References

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Jackson, S, Tattan-Birch, H, Buss, V et al (2024) Trends in Daily Cigarette Consumption Among Smokers: A Population Study in England, 2008–2023, *Nicotine & Tobacco Research*, doi:10.1093/ntr/ntae071

Jackson, S, Shahab, S, Brown, J (2024) Trends in Exclusive Non-Cigarette Tobacco Smoking in England: A Population Survey 2013–2023, *Nicotine & Tobacco Research*, doi:10.1093/ntr/ntae021

Case study: Research on No/Lo alcohol consumption

Background

Alcohol consumption remains a major driver of morbidity and premature mortality. Low and zero ("no/lo") alcohol products have become widely available in recent years and are growing in popularity, representing a potential harm reduction opportunity. No/lo drinks contain less than 1.2% alcohol by volume and have seen rising sales in recent years. Making alcohol-free products more widely available and easily accessible in licensed venues – for example, by making alcohol-free beer available on draught in pubs and bars – may help people switch from alcoholic to no/lo products. If people replace regular alcoholic drinks with no/lo options, it could significantly benefit public health. However, there are concerns that people might consume both types of drinks, meaning alcohol consumption would not fall, or that alcohol producers might use no/lo drinks to indirectly promote alcohol use and influence alcohol policies.

Impacts

In partnership with Bristol City Council (BCC), SPECTRUM researchers at the University of Bristol recruited 14 pubs and bars across the city willing to change the beer they offered on draught for a limited period. Previous research by the same group of researchers, using an online experiment as a proxy for real-world behaviour, showed that increasing the proportion of alcohol-free options makes people more likely to select an alcohol-free beverage over an alcoholic drink. The results indicate that increasing the availability of no/lo beer on draught increases sales of no/lo beer, with a corresponding decrease in sales of alcoholic beer, resulting in no net impact on monetary takings for participating pubs and bars.

Separately, SPECTRUM researchers at the University of Sheffield, the University of Stirling, and UCL are studying the public health impact of increasing the availability and consumption of no- and low-alcohol (no/lo) drinks among adults in Great Britain from 2011 to 2025. The findings will be shared with stakeholders to inform public health strategies, which will include working with these stakeholders to develop policy options for the appropriate promotion and regulation of these products. Early results indicate that no/lo drinks are consumed more by people on higher incomes and with riskier drinking patterns and highlight key trends in the no/lo market, including the rapid growth in sales, the gradual accumulation of market share from standard alcoholic drinks, and the dominance of off-trade beer and products that share branding with a standard alcoholic product.

About the research

In the Bristol-led study, participating pubs and bars offered only alcoholic beer on draught for two weeks and an alcohol-free option on draught for two weeks, and they did this twice (over eight weeks in total). The order in which this happened was randomised. The researchers measured the amount of alcoholic and alcohol-free beer sold and the total monetary takings across the different periods. When an alcohol-free option was available, the pubs and bars sold, on average, 29 litres less of alcoholic beer per week, equivalent to 51 pints and a five per cent reduction in sales. However, this was replaced by an equivalent increase in sales of alcohol-free beer, suggesting customers were simply selecting a different option. Importantly, there was no net impact on overall monetary takings, suggesting that the change did not hurt the financial bottom line of the participating pubs and bars.

The Sheffield-led project is ongoing and involves four main work packages:

1) characterising the intervention by developing a theory of change, creating a timeline of activities, analysing company's market and corporate political strategies, and conducting case studies of marketing;

2) evaluating the impact on alcohol consumption using market data to track trends and assess whether no/lo drink consumption reduces standard alcohol intake,

3) exploring individual behaviour through surveys and focus groups to understand how no/lo drinks influence drinking habits, including among higher risk groups such as pregnant women, adolescents and those recovering from alcohol dependence; and

4) modelling health impacts to predict the effects of the intervention on public health and evaluate potential policy options.

References

De Loyde, K, Ferrar, J, Pilling, MA, et al (2024). The impact of introducing alcohol-free beer options in bars and public houses on alcohol sales and revenue: a randomised crossover field trial. *Addiction*, 119, 1071-1079.

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TRUUD:
Tackling the Root causes Upstream of Unhealthy Urban Development

The TRUUD consortium examines how urban places are planned and provides seven interventions for improving pro-health decision making across government and industry.

The consortium spans six universities, including disciplines of public health, law, psychology, management, systems engineering, environmental and health economics, real estate, planning, urban development, policy and public involvement.

TRUUD's combined expertise is focused on reducing poor health and health inequalities from NCDs by tackling how early decisions are made about our environment.

TRUUD has developed several intervention and policy briefings to support decision making.

Please visit their online resources:
Briefings – TRUUD

Case study: Understanding the costs of unhealthy urban places

"If we change one or more elements of an area where people live, what will be the impact on health, and how can we value this?"

TRUUD is developing a model that will help policymakers, planners, and developers understand the health implications of their development proposals far more comprehensively. The **Health Appraisal of Urban Systems Model (HAUS)** quantifies and values the health impacts of different urban environment characteristics.

HAUS includes indoor conditions as well as those around our homes, such as the natural environment (including air pollution and green space), transport, socio-economic factors (such as crime or depravation), climate change (overheating and flooding) and community infrastructure (such as public transport and access to healthy food). Users will be able to estimate the societal value of health changes resulting from changes to the urban environment.
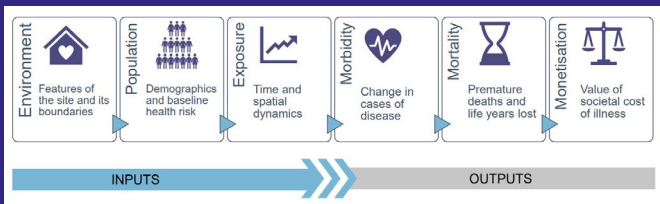
For instance, there is clear evidence that green spaces can provide various health benefits, including reducing the risk of diabetes and weight gain. However, green spaces can also contribute to childhood asthma and poor perceived quality and safety of open spaces could reduce life satisfaction. By adjusting scenarios, planners will have a tool for measuring the likely health impacts of increasing or decreasing the amount and quality of green spaces.

The model has been used in TRUUD transport and spatial planning case studies and is currently being tested with government and industry partners.

Case study: Working with Health Impact Assessments (HIA)

Health Impact Assessments (HIA) – used by many local authorities as a requirement for planning consent – can be a valuable tool to influence the health of communities across many generations.

Supported by the Office of Health Improvement and Local Government Association, TRUUD have produced a series of films with insight and experiences of using HIAs from a wide range of planning and health practitioners, focusing particularly on mid-stream development processes such as applications for permission to undertake development.

HIAs can include consideration of issues such as local availability of healthy food, indoor space for family or communal dining, safe spaces for play and measures to mitigate climate change.

TRUUD research identified that just 38 per cent of Local Plans, documents that set out how and where development should take place, have a policy requiring the submission of a HIA. A series of workshops with local authority planners and health officials revealed that, and also that officers were looking for examples of their use and guidance from their peers.

Contributions to the films highlight the need to:

- Create usable green spaces rather than taking a 'tick-box' approach.
- Build confidence and buy-in between developers and planners.
- Future-proof communities for generational living.
- Prioritise teamwork between public health and planning personnel and get senior-level buy-in to a health-based approach.
- Avoid technical language and use HIAs to promote better community engagement.

SIPHER:
Systems science in Public Health and Health Economics Research

The SIPHER consortium is a collaboration of academic and policy experts working to explore how systems thinking and modelling can help inform public policy design. It creates evidence-based tools and resources for use in the policy areas of Inclusive Economies, Housing and Public Mental Health.

SIPHER uses systems approaches to understand how local and national government policies affect health inequalities.

This innovative systems approach offers a powerful framework to explore the complex real-world relationships and interdependencies that shape population health and wellbeing. SIPHER's resources will be particularly interesting to local authorities interested in promoting economic inclusion and/or tackling health inequalities

SIPHER resources can be found here: https://www.gla.ac.uk/research/az/sipher/products/

The wider social determinants of mental health in Scotland

Introduction

Public mental health policy is a population-based approach directed at the prevention and treatment of mental health problems and the promotion of mental wellbeing. Research studies have helped to identify causal links between socio-economic factors such as poverty, unemployment, housing, stigma and poor mental health. These complex pathways cut across a range of policy areas. Therefore, systems approaches can help inform cross-cutting policy and intervention design.

Policy Context

Various policy areas relevant to mental health have been devolved to Scotland since 1999. Improving mental health and addressing mental health inequalities have been long-standing national priorities. The 'Mental health and wellbeing strategy' (June 2023) marked a shift towards a preventative framework. This strategy aims to address socio-economic factors through a 'whole systems' approach. There is a commitment to collaboration across government, different sectors and with people with lived experience to inform policy development and implementation. As part of the Mental Health and Wellbeing - Delivery Plan 2023-2025 (Action 5.1.3, November 2023), Public Health Scotland is leading a collaborative programme of work (Wider Social Determinants of Mental Health Programme) to understand better and take action on the wider social determinants of mental health.

SIPHER's Contribution

This new programme of work focuses on identifying what changes can be made to prevent poor mental health before it happens. SIPHER is working with Public Health Scotland, the Scottish Government and COSLA, as well as supporting the programme to engage wider stakeholders, including organisations with lived and professional expertise. SIPHER's contributions to this programme include:

1. Systemic inquiry: Co-producing a plan for a work programme, including co-developing the methodology, which draws upon systems thinking methods and tools, and providing support through capacity building and learning seminars to conduct a systemic inquiry into the wider social determinants of mental health.

2. Participatory workshops: SIPHER researchers supported the development, delivery, and analysis of a series of participatory workshops, which used the 'rich picture' method. These workshops focused on eliciting how different stakeholders understood the wider social determinants of mental health, as well as opportunities and barriers to acting on the upstream drivers of mental health.

3. Policy analysis and evidence review: SIPHER researchers have reviewed Scotland's recent policy approaches to mental health and wellbeing and compared them to how people in Scotland describe living conditions affecting their mental health. This review broadly supports the approach but identifies three areas for further consideration:

a. the role of stigma in linking wider determinants (e.g. poverty and place) to mental health;

b. the importance of place/neighbourhood (beyond housing), and

c. the necessity of improving policy and political engagement in Scotland, especially in disadvantaged communities

4. Systems mapping: SIPHER researchers are currently supporting systems mapping to explicitly capture the interrelationships between key wider social determinants and mental health and wellbeing.

5. Evidence syntheses: SIPHER researchers are leading an evidence synthesis based on a bibliometric mapping exercise, which aims to explore research patterns and understand further areas to investigate.

Future Plans

This new, long-term programme of work is in its initial phase. So far, SIPHER's contribution of expertise on methods and subject-matter knowledge has helped the team to develop the overall systems approach. This has built capacity for staff from the Scottish Government, COSLA and Public Health Scotland to continue the work after SIPHER has ended. The next steps include:

■ A process of refinement to decide which part of the system should be the initial focus. This will utilise a framework that accounts for factors such as the severity of issues, stakeholder priorities, feasibility, and resources.

■ A series of participatory workshops will be held to explore the systems map and bibliometric map with various stakeholders.

The findings of the Wider Social Determinants of Mental Health Programme will inform and support the implementation of the next delivery plan for the Mental Health and Wellbeing Strategy.

Further Information

The Wider Social Determinants of Mental Health in Scotland [PDF] Review of Key Policy Documents and Qualitative Literature. Dewison, N., Smith, K. and Brown, A. (2024) Project Report (doi:10.36399/gla.pubs.322524). (Enlighten ID 322524)

Case study: Informing housing strategy: participatory systems mapping with private rented sector tenants and landlords.

Summary

In May 2024, SIPHER researchers conducted participatory systems mapping workshops with tenants and landlords from Sheffield's Private Rented Sector (PRS) in collaboration with Sheffield City Council (SCC). This work aimed to support SCC in redrafting its housing strategy by identifying key aspects of the housing system that need to change to better support more vulnerable households in the PRS. We also sought to contribute new research evidence on how the PRS might better underpin good health outcomes for those living in the sector, which is important due to the rapid growth in low income or otherwise vulnerable households in the PRS across the UK over the past 15 years. The final report on this work was delivered to SCC in August 2024.

Impact

The impact of this work has been two-fold:

1. A direct contribution to the development of SCC's housing strategy.

2. A hands-on introduction to qualitative system science tools for research, analysis and communication for SCC's housing team.

The first was achieved by ensuring that the systems mapping workshops and analysis were carried out to deadlines set by SCC's consultation process as part of their Housing Strategy redraft. The opportunity to contribute to this process was facilitated by SIPHER's embedded researcher at SCC and SIPHER researchers' responsiveness to SCC's emerging priorities and evidence gaps as this process progressed. Although SCC were unfamiliar with qualitative systems mapping at the outset of this project, SIPHER researchers invested time in describing and explaining what could be achieved with these methods and adapting and reviewing research questions and methods to respond accordingly. The analysis of the data gathered during the mapping workshops was framed using SCC's draft ambitions so that the final report from this project spoke directly to those priorities. SCC placed significant emphasis on the need to draw out specific, actionable recommendations from the research, which formed the primary focus of the write-up.

The second of these impacts was achieved by undertaking this research in collaboration with SCC's housing team members. Members of SCC's housing team co-facilitated the participatory systems mapping workshops with SIPHER researchers, which provided them with first-hand experience of the strengths and limitations of this method in gathering qualitative data. While SIPHER researchers undertook the bulk of the analysis (due to resource limitations at SCC), one output of this work has been the creation of a digital housing-health systems map. This has been made available to SCC to further develop, as part of the housing work, with other system stakeholders in future.

Methods

Participatory systems mapping involves asking a group of people to create a visual representation (a 'map') of a problem they have first-hand experience of; in this case, the impacts of housing on health. We asked a group of seven PRS tenants from North-East Sheffield to collaboratively draw out the pathways they understood to exist, from housing to health outcomes. In a separate workshop, we asked a group of four PRS landlords from across Sheffield to do the same. Although the numbers of participants in these two groups were small, we worked with each group for over three hours to explore their experiences and perspectives in great depth, which provided a rich and detailed picture of Sheffield's PRS from the different perspectives and experiences of these two groups of stakeholders.

The maps created by tenants during their workshop were amalgamated and digitised. The map and the audio recordings of the discussions that took place between participants during the tenants' and the landlords' workshops were used by SIPHER researchers to develop a range of recommendations that spoke directly to SCC's draft housing Ambitions.

Further resources

Digital version of the housing-health systems map created by tenants.

Video demonstrating how to use the map.

Findings

Key findings of the research include:

- The quality of repairs and maintenance services is central to shaping housing experiences and mental wellbeing among tenants.

- Cultural segregation, discrimination and racism play a significant role in shaping the neighbourhood experiences of residents from a wide range of ethnic backgrounds.

- More general guidance and support for both tenants and landlords in the PRS is needed to build trust and cultivate non-adversarial relationships between landlords and tenants.

- A sense of control and choice in housing is crucial in underpinning good mental wellbeing and better health outcomes, more generally, for tenants.

The themes raised by tenants as part of this research are underpinned by the wider evidence base, including CaCHE's 2022 review of 106 pieces of existing evidence on the housing challenges faced by low-income PRS tenants, as well as the broader body of research on housing as a social determinant of health (much of which is summarised in SIPHER's UK- and housing sector-wide housing and health systems map: SIPHER Layered Systems Map: experiences & evidence of housing and health). This research combines multiple aspects of the housing system, typically treated separately in the evidence base, into one 'thinking space' both for our policy partners and other housing-health researchers. This has supported the identification of specific housing system interventions with the potential to support the health and wellbeing of households in the PRS in the UK.

ActEarly:
A City Collaboratory approach to early promotion of good health and wellbeing

The ActEarly consortium focuses on upstream interventions to improve the life chances of children by enhancing the environments that influence their health.

Healthy Urban Places – a UKRI Population Health Improvement Cluster

The ActEarly Healthy Places theme has successfully secured funding for the HUP cluster from the new UKRI Population Health Improvement Network of Clusters funding programme. This will generate evidence to help the people in charge of cities make the best decisions to maximise the potential of places for population health. Over the next four years, the cluster will build on the strong foundations in data science, linked data, local government embedded researchers, and community coproduction created by the ActEarly Healthy Places theme to drive a stronger and more useful healthy urban places evidence base.

HUP is working with communities, researchers, and decision-makers in Bradford (West Yorkshire) and Liverpool (Cheshire and Merseyside). Both these areas have large cohort studies that will enable researchers to follow the health of groups of people over time to understand what causes ill health.

Linking cohort data to routine health data has meant that the cluster can focus on the following key questions:

1. **How can we identify and measure what makes a healthy place?** Using location and geography information, historical data and participatory research approaches in Bradford and Liverpool, we identify key features of places that influence health and inequalities in health.

2. **What features of our environment are most important for health and how do they affect health?** Linking and using different data sources from cohort studies, geography, and health data means that we can look at the effects of many different exposures on various outcomes.

3. **How can we improve the evidence base evaluating the impacts of place based interventions on health/inequalities?** Using cohort studies that follow people over time is enabling us to explore how city-wide urban changes impact population health, for example, we are following the impacts of changes to things like housing, green spaces, active travel and arts and culture activities.

4. **How can we demonstrate the health and economic impact of policies to make local places healthier?** We are evaluating the costs and health benefits of urban policy changes and their short- and longer-term impacts.

HUP is putting communities at the heart of discussions and decisions about improving local places for better health and has two 'Community Collaboratives' in Bradford and Liverpool, which bring together the public, researchers, and decision-makers to guide and co-produce our work. This includes training community members to be peer researchers and talking with local residents to explore the relationship between health and place. We are also using maps to explore how history has shaped the places where we live and work and will be combining these with information from communities about what is important to them.

HUP will build on the political support, partnerships, community coproduction and data science we have been developing as part of the ActEarly Places theme so that in the future, we know how to make changes to our places that help keep us healthy.

Case study: Increasing children's access to a hot healthy meal: Implementation and evaluation of auto-enrolment processes for Free School Meals (FSM)

A linked project for the ActEarly Food and Health Weight theme (with additional funding from the UKRI food system transformation call)

What is auto-enrolment, and why is it important?

Receiving a Free School Meal (FSM) reduces the financial burden on families, provides a daily hot meal, and helps schools obtain funding to support children from disadvantaged backgrounds. According to the latest available government data, around a quarter of families in England are eligible for FSM. However, it is estimated that over 10% of children in England who are entitled do not enrol for FSM (around 215,000 children). There are several reasons why families do not apply, including stigma and the substantial administrative burden (influenced by language and literacy barriers). Low enrollment also means that schools are missing out on pupil premium, which helps them improve outcomes for disadvantaged children and is based on the number of children having FSM. Given the recognised barriers to take-up, there is increasing awareness of the advantages of auto-enrolment processes, where eligible children are automatically registered having been identified from welfare databases. This process was set up in one local government area in 2017 (Sheffield), where an additional 1,483 children were registered, bringing in £1,392,600 in extra funding for schools.

What is the auto-enrolment for the FSM project?

We set up an action-oriented research project to support installing auto-enrolment processes for FSM within local authorities and evaluate its implementation and impact. This is a linked ActEarly project within the Food and Healthy Weight theme (with additional funding from the UKRI). Initially, 20 local authorities were interested in setting up auto-enrolment processes. All areas were provided with one-to-one support, workshops for shared learning and a toolkit with templates and case studies (with the dedicated support in the ActEarly areas of Tower Hamlets and Bradford). We are investigating the contextual factors that impact the implementation of auto-enrolment alongside aspects of context that are deemed to have the greatest influence on implementation set-up and delivery. An impact evaluation gathers routinely collected data from local governments to assess FSM registrations, school meal uptake, delivery costs, opt-out rates and pupil premium funding data.

What impact has the auto-enrolment project had so far?

In the first year of implementation, eight of the initial 20 local authorities managed to set up and launch auto-enrolment processes within approximately four months. Early data from five areas suggested that the process had identified and registered an additional 2,814 children to receive FSM and provided a boost of £4.7M Pupil Premium funding to schools. Evidence from one area suggested that higher rates of children who were auto-enrolled were from ethnic minority communities.

Tower Hamlets were able to work quickly to launch auto-enrolment processes and identified an additional 824 children to register for FSM (with an estimated £1,109,880 in linked funding). Processes in Bradford are more complex, owing to the way that data are managed in the local authority. However, there is a commitment to understand better how FSM registrations are already supported to ensure that all entitled children can be registered in Bradford.

GroundsWell:
Transforming our cities from the ground up

The GroundsWell consortium comprises a team of researchers, local community members, and policymakers in Belfast, Edinburgh, and Liverpool working together to create a collaborative cycle of positive action.

GroundsWell aims to identify and implement actions to maximise health and wellbeing benefits from urban green and blue spaces (UGBS) such as parks, community gardens, canals and rivers. From collecting data and conducting community research to creating policies and supporting active citizenship, GroundsWell's research reveals more about how UGBS impacts economic, social, cultural, environmental, and health systems.

The communities and the systems which desire, design, develop, and deliver UGBS are fragmented and siloed.

Similarly, research programmes and disciplines lack integration and coherence. The challenge is to augment current systems approaches in public health to address these shortcomings. GroundsWell's innovation is applying and integrating systems methods, and approaches that incorporate co-production, data sharing, and community engagement.

The team has also applied a systems approach to the development of the consortium, its wider community and the programme of work to achieve a shared and common understanding of the aims and desired outcomes of the programme and its completeness and coherence.

Case study: UGBS in climate action policies

The Challenge

We currently face a triple planetary crisis of climate change, nature degradation and pollution, impacting population health and inequalities. However, little research is available about policies and interventions which would provide evidence about "what works". We require research on intervention development and evaluation of policies and interventions to mitigate and reduce populations' vulnerability to these crises.

Policy Landscape

In 2022, Northern Ireland (NI) published their Climate Change Act[1] detailing the legislation of how the government will respond to climate change. A particular clause states that "proposals and policies under section 29 shall, as far as is practicable, support nature based projects that enhance biodiversity, protect and restore ecosystems, and seek to reduce, or increase the removal of, greenhouse gas emissions or support climate resilience". The government are currently undergoing a public consultation phase on their intended carbon budgets, developing the climate action plan, and investigating the opportunities for interventions and policies that provide multiple 'wins' or so-called 'multi-solvers' that address climate change, the nature crises, pollution, population health and wellbeing, and inequalities.

Underpinning research

The Connswater Community Greenway (CCG)[2] is an example of a nature based solution (NBS) that addresses these challenges. The GroundsWell team, in partnership with EastSide Partnership, Belfast City Council and The Paul Hogarth Company, are working closely with the Department for Agriculture, Environment and Rural Affairs (DAERA), which is the lead department for the Climate Change Act, to integrate learnings from this work to inform the NBS element of the climate action plan. The CCG was an urban greenway which opened in east Belfast, comprising some of the most deprived communities in NI, in 2017. It involved 16km of new/improved walking and cycling infrastructure, remediated rivers, a flood alleviation scheme, social programmes and events, signage, landscaping, and a new civic square and public art. The GroundsWell Belfast team has been researching the CCG since 2010[3-6], one of the longest-running natural experiment evaluations of an NBS/UGBS intervention[7]. The team is conducting a 5-year follow-up study involving a household survey, administrative data linkage, qualitative component, and economic analyses exploring health (including NCDs and physical activity as an NCD risk factor), social, economic, environmental, inequalities and climate impacts. The team have recently completed community consultation and published a report on developing a climate-resilient CCG with lessons for climate mitigation and adaptation.

Pathways to impact

GroundsWell have co-hosted a public consultation on the NI carbon budget with DAERA on 22 September 2023, presented and were part of an expert panel on an introduction to NBS workshop on 26 September 2023 with DAERA and the climate leads from all government departments. The presentation showcased the CCG research as an NBS exemplar. Further discussions are taking place regarding integrating the CCG into the NI climate action plan.

The underpinning research is informing NI policy and the climate action plan. In summary, we have an opportunity to showcase UGBS as exemplars of NBS informing multi-sectoral policies at the nexus of health, climate action and inequalities. We are also responding to the climate crisis through relevant case studies in each pioneer city, such as developing climate-resilient greenways, biodiversity interventions, and the impact of green bus routes.

References

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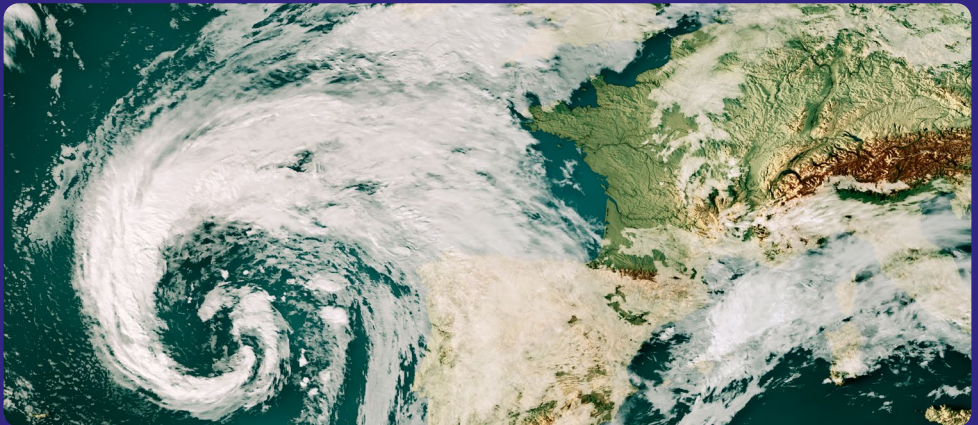
Data linkage innovation

The Challenge

Current linkage practices mean we are missing significant numbers of people in the data and erroneously including people who have since moved away. This is limiting the UK's ability to make effective public health decisions. We are changing data systems to allow anonymised data linkage between the home environment and the health records of residents facilitated using household (HH) linkages. Linked administrative data are efficient and have many applications: 1) Evidence of how UGBS investments keep people healthy without needing health services; 2) The 'right' data means we can focus efforts on communities experiencing health inequalities; 3) Evidence improved health outcomes. Household linkages have people nested in their homes for the relevant dates achieved using Unique Property Reference Numbers (UPRNs). When used with the Personal Demographic Service dataset containing patient addresses, this allows for the robust evaluation of NCDs for the total population in an area over long follow-up periods.

Policy Landscape

Government and policy-makers need to fully understand the wider determinants of health and support effective prevention of NCDs. The UK Government has agreed to a 'levelling up' agenda to prioritise help for those most in need and is looking for ways to support and measure. We are creating a way of linking environmental changes to health data, enabling the pooling of shared resources and producing a complete picture of the data which recognises current gaps. We are part of the NHS England NW Secure Data Environment, having ensured a 'bring your own data asset' function to bring details of housing and wider environmental changes and survey data to meet the routine health data. HH linkages will be part of the regional and national SDE programmes, with continued comprehensive public contributions. The 'bring your own data asset' function exists in NI, and we are working on the long-term follow-up of healthcare use for all residents living close to the Connswater Community Greenway (CCG), as well as nesting within the total population of the 3600 survey participants providing rich data at a 5 year follow up.

Underpinning research

We are writing a review of household linkages in health data in England and NI, building on work completed in Wales and Scotland.[1] We are working to co-create a new park in Birkenhead, working with the Wirral Council to demonstrate the health impacts of the park. Similarly to the CCG, we will use anonymised HH linkages to extract historical healthcare use from everyone living near the park; evaluation in this real-world local environment will be powerful. We will use these examples to influence wider policy change: Liverpool Combined Region's Spatial Development Strategy will be adopted in 2025/6, and we will influence how sites are assessed for investment and planning in terms of health outcomes. A model using HH linkages will create a blueprint to be expanded across England, following in the footsteps of Wales, NI and Scotland.

Pathways to impact

In 2023, the GroundsWell team regularly met with the NHS regional Commissioning Support Unit, NHS England (James Lockyer), and the Cheshire & Merseyside NHS Integrated Care Board. We confirmed that Ming Tang (Chief Data and Analytics Officer, NHS England) agreed that the key patient-generated Personal Demographics Service (PDS) dataset would have a UPRN column added, facilitating household linkages. GroundsWell hosted a data linkage workshop in July 2023.

This in-person meeting included NHS England, the regional ICB, NHS clinicians, and local government. Coproduction approaches were used to identify barriers to linkages and pathways to changing policy. We have ensured these data are a priority at our ICB for several household-based winter poverty evaluations. We will be evidencing our collaborative work through a policy briefing, co-produced with NHS England, highlighting the importance of residential data linkages. In summary, we are influencing UK data policy to create household data linkages for long-term evaluation.

References

1. Use of data linkage to measure the population health effect of non-health-care interventions (Wales) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61750-X/fulltext and Scotland: https://www.isdscotland.org/Products-and-Services/EDRIS/_docs/CURL-Report-November-2020.pdf

VISION:
Violence, Health, and Society

- The VISION consortium is a collaboration of epidemiologists, economists, data scientists, primary care physicians, criminologists, evaluation experts, psychiatrists and more from 10 universities partnering with people with lived experience, peer action researchers, and representatives of community and voluntary sector organisations and health and justice service providers.

- VISION is working to improve how data on violence is defined, collected, integrated and analysed across government and third sector health and justice systems.

- Violence is common across the life course, harms health and is recognised as a crime in law. VISION's research on health and justice data measurement and integration promotes system-wide, joined-up strategies.

- VISION's resources will particularly interest policymakers and practitioners on violence reduction and health recovery.

Improving the impact of statutory review processes

Learning from domestic abuse related fatality reviews

Violence and abuse require a multisector response involving health and social care, criminal, civil and family justice, education, housing, civil society/social justice, organisations, and more. Statutory reviews provide a window into the effectiveness of such responses, offering opportunities to identify learning and changes to practice, policy and systems and preventing future violence and abuse. However, despite numerous statutory review systems in England and Wales, they have had limited dialogue.

Questions being addressed

- How can local ownership and investment in top-down recommendations be improved?
- How can data be collected to an agreed standard, and regular analysis of reviews be funded?
- How can we ensure intersectional analyses of harms from violence & abuse inform prevention?
- How can statutory reviews produce feasible recommendations but remain ambitious?
- What mechanisms can be implemented to share findings from reviews across all government departments and public bodies?
- What mechanisms can be identified to ensure the integration of findings?
- What opportunities can be provided for stakeholders to learn from and across review systems?

VISION Resources

VISION Policy Briefing

This policy summarises the themes arising from a symposium on learning across statutory review practices held as part of the VISION Annual Conference 2024. Attendees were invited to explore how different statutory reviews are conducted and practised, as well as their ambitions and challenges for the future.

Recommendations for improving domestic homicide reviews (DHRs)

Collaborative response from Dr Elizabeth Cook, City St George's, UoL; Dr James Rowlands, Durham Uni; Dr Bethan Davies, Cardiff Uni; Professor Emeritus Jonathan Dickens, Uni of East Anglia; Frank Mullane, AAFDA; Professor Emeritus Michael Preston-Shoot, Uni of Bedfordshire; & Sumanta Roy, Imkaan.

Case study: Recognising adolescent domestic abuse (ada): co-ordinating police, justice, health, education and specialist services responses

Recommendations for radical change in addressing harmful peer adolescent relationships have been produced from a series of VISION-led activities and events, including:

- a review of the evidence on adolescent domestic abuse
- a workshop led by young peer researchers for young people with lived experience
- a roundtable with local authority, police, researchers & specialist services practitioners
- a major international conference

VISION Resources

A synthesis of recent VISION activities: Sharing the research and practice of adolescent domestic abuse identification and prevention.

Adolescent Domestic Abuse summary report

This document summarises the highlights, findings, and recommendations from one paper and two events on adolescent domestic abuse as part of the UKPRP Violence, Health and Society (VISION) research consortium.

Adolescent Domestic Abuse conference

The Adolescent Domestic Abuse conference held on 18 April 2024 brought together 161 academics, practitioners, and policy makers to share existing research, policy and practice (the abstracts pdf file can be downloaded here).

Engaging with lived experience voices to reduce violence and health inequalities

How can violence prevention research and practice be inclusive and informed by real-world needs and priorities? By incorporating people with Lived Experience (LE): the voices of those who have experienced violence and abuse and those who have caused it. The UKPRP VISION consortium partners with organisations and networks supporting individuals and families across social groups and ages with experience of domestic and sexual violence, as well as other forms of violence.

VISION is actively engaged in:

- supporting and training individuals with LE to be involved in research
- developing a research coproduction agenda
- ensuring that LE is integral to our research process rather than an afterthought

Check out our Lived Experience strategy and find out more about our partners: https://vision.city.ac.uk/lived-experience-across-vision/

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Kailo

Kailo:
The shape of mental health to come

Kailo is a framework that helps local authorities, health, and community partnerships design preventative policies and practices to improve young people's mental health and wellbeing.

The approach enables local partnerships to understand and address the social determinants of young people's mental health within their context. It involves systemic co-design, creating strategies, policies, and practices for systemic change.

Get involved

In autumn 2024, Kailo is seeking new health and local authority partners across the UK to implement the framework locally, supported by new resources:

- Social Determinants Mapping Tool
- A Practice Tool to support co-design
- Coaching and support for partners

For more information and to get in touch with the team, please visit https://kailo.community

Further information

Explore prevention research materials for local authorities

Find out more about UKPRP

Explore what we fund

Find out more about UKPRP

www.ukprp.org

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