

# Director of Public Health Report South Gloucestershire Council

Commercial Determinants of Health

2024



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## Foreword

Welcome to **the Director of Public Health Annual Report for South Gloucestershire 2024** which focuses on the commercial determinants of health.

Directors of Public Health have a statutory requirement to produce an independent annual report. These reports highlight local health issues and showcase best practice, as well as promoting local action for better health and wellbeing.

I have chosen to focus my 2024 report on the commercial determinants of health in order to increase awareness for those working in South Gloucestershire of this rapidly developing public health approach.



Evidence shows that many of the factors that impact on our health and wellbeing are beyond our individual control, and that action and policy approaches that recognise wider determinants of health are required.

The commercial determinants of health are amongst these wider determinants of health. The term is used to describe the activities of private sector industries that impact on our health and wellbeing both positively and negatively by shaping the environments in which we're born, grow, live and work.

During 2024 I have worked with Council colleagues to bring people together to learn about the evidence and issues emerging regarding commercial determinants of health. This report is intended to capture that learning, highlight areas of good practice already in place and set out further opportunities for local action to protect and improve the health and wellbeing in South Gloucestershire.

I hope that this report will provide a useful tool for raising local awareness of commercial determinants of health and the actions we can take to mitigate some of the negative consequences and promote the positive impacts they have on the health and wellbeing of our local communities.

I would like to acknowledge and thank those in the Public Health and Wellbeing Division and wider Council who have been involved in preparing this report, and colleagues across the Council, NHS, and VCSE sector working each day to improve health and wellbeing of our local communities.

**Sarah Weld**  
**Director of Public Health**

## Summary

The commercial determinants of health is a term used to describe the activities of private sector industries that impact on our health and wellbeing both positively and negatively by shaping the environments in which we're born, grow, live and work.

The influence of industries and commercial actors can be both positive and negative. On the positive side, industries upskill our communities, add to the economy, provide good quality employment practices, and may be working towards a product that is beneficial to health such as green energy.

However, sometimes the corporate sector negatively impacts us, particularly when profit is prioritised over individual and planetary health. Globally, four industries - tobacco, alcohol, unhealthy food, and fossil fuels - are thought to be responsible for one-third of all deaths.

We recognise that national policy change is required to address many of the commercial determinants of health. However, it is important to remember that national policy is often driven by local action.

Local authorities have a key role in protecting and improving the health of their communities and there are things we can do locally to address the commercial determinants of health and reduce avoidable poor health, prevent some deaths, and reduce inequalities.

National research and examples of best practice together with local discussion shows that to address the commercial determinants of health in South Gloucestershire we could follow an approach to:

- Work across the Council and with partners to continue to learn more about the commercial determinants of health, how they are influencing our communities, and opportunities for collaborative working.
- Work with our communities through our Community Conversations approach to better understand their views of the positive and negative impacts of the commercial determinants of health and opportunities for change.
- Use evidence-based toolkits to review local practice regarding the commercial determinants of health against the evidence base for action. For example, the Association of Directors of Public Health or the Health Foundation toolkit (1,2).
- Consider how we can address the commercial determinants of health in delivery of our Council Plan and Joint Health and Wellbeing Strategy.
- Work with other leaders and organisations regionally to influence national action on the commercial determinants of health.

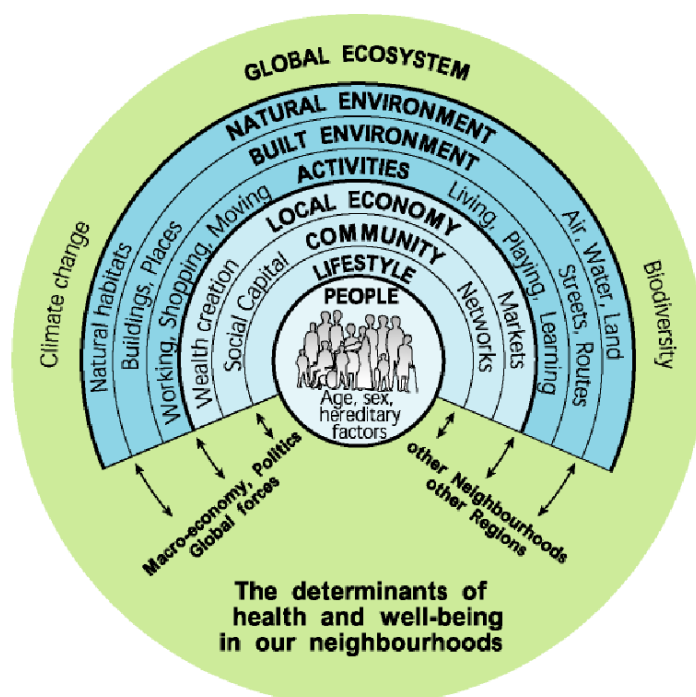
South Gloucestershire's Public Health Team are committed developing this approach further. In 2025 our work will include:

- Continuing to promote learning opportunities about the commercial determinants of health. This will include locally delivered learning and signposting to regional and national resources.
- Sharing findings and recommendations of our Gambling Rapid Needs Assessment for South Gloucestershire.
- Continuing to deliver actions to support people to stop smoking and prevent them starting, including reducing the number of young people accessing vape products.
- Promoting the implementation of a new Bristol North Somerset and South Gloucestershire Integrated Care System '*Why Weight? Pledge for creating Healthier places together*' which will establish active commitments for organisations to recognise the role they have in creating an environment where everyone has the access and ability to eat well, feel well and be active.
- Continuing to contribute to South Gloucestershire's planning, housing, and transport policies, as well as its infrastructure evidence base to ensure development of sustainable and inclusive places which encourage active and healthy lifestyles, promote wellbeing and reduce inequalities.

## Introduction to the commercial determinants of health

Where we are born, live, work and age all impact on our health and wellbeing (see *figure 1*). Our environment provides the building blocks for good health. Each block represents one of the essential things we all need to be healthy. Building blocks include access to good education, healthy food, warm safe housing, an inclusive community, and green space. When these building blocks all come together, they create a healthy society, where people have the opportunity to live healthy and fulfilled lives (3). When these building blocks are absent or inadequate, not everyone has the opportunity to achieve good health. We can prevent many diseases and reduce health inequalities by ensuring that these building blocks are in place for all our communities

**Figure 1: Human ecology model of a settlement (4)**



The commercial determinants of health are defined as ‘*the systems, practices and pathways through which commercial actors drive health and equity*’ (5). Industries and commercial actors influence both our physical and social environment. The influences can be direct, such as the marketing of products, or indirect, like funding research in particular areas. This shapes our environment, our choices, the products we consume, and ultimately our health. These influences are often subtle; however, they shape how we live our day to day lives. When these influences are experienced disproportionately across the population they can drive health inequalities.

The influence of industries and commercial actors can be both positive and negative. On the positive side, industries upskill our communities, add to the economy, provide good quality employment practices, and may be working towards a product that is beneficial to health such as green energy. South Gloucestershire has the most productive economy in the South West, which has contributed to the area's low level of relative deprivation. This would not be possible without the private sector, and there are many businesses and industries that benefit the health of our communities. However, sometimes the private sector negatively impacts us, particularly when profit is prioritised over individual and planetary health. Some industries, known as unhealthy commodity industries, produce core products that can be harmful to health such as unhealthy food, gambling, tobacco and alcohol.

Globally, four industries - tobacco, alcohol, unhealthy food, and fossil fuels - are thought to be responsible for one-third of all deaths. Commercial practices are estimated to account for 58% of all deaths and 78% of deaths from non-communicable disease worldwide (5). The Lancet Commission says these estimates are likely to be conservative and the impacts could be even greater (5,6). These deaths are largely preventable and are experienced disproportionately across the globe. The poorest communities experience the greatest impacts, which raises important questions around social justice.

This report focuses specifically on the local context in South Gloucestershire and the impact that unhealthy commodity industries are having on us. While national, and international change is essential, change often starts through local action. Here we aim to build on the efforts of other local authorities and academic institutions to understand the influence of the commercial determinants of health within South Gloucestershire.

We have started conversations locally to understand how these determinants are affecting our community. Our aim is to identify ways to integrate these considerations into the everyday work of colleagues across the Council and wider partnerships. Together, we can strengthen the building blocks that shape health and wellbeing for our local communities.

## Commercial determinants of health and local authorities – opportunities for action

When we think of addressing the commercial determinants of health and unhealthy commodity industries we often focus on national policies, such as the Tobacco and Vapes Bill currently going through parliament (7). While these national policies have a significant universal impact; it is important to remember that the evidence base for national policy is often driven by local action. This underlines the important role local authorities have not only in improving the health of their local population but also in influencing national health policy through their local impact. As highlighted by the Health Foundation, local authorities can leverage their statutory responsibilities, use local data and insight, and strengthen relationships within their integrated care system to create healthier places (1).

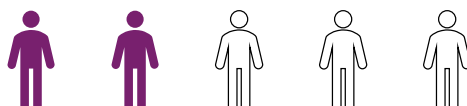
## How do the commercial determinants of health impact our population in South Gloucestershire?

There is clear evidence that the commercial determinants of health, particularly unhealthy commodity industries, are harming our health and wellbeing. The impact is not shared equally, with some groups being affected more than others – creating and widening health inequalities. Local authorities have a key role in improving the health of their communities. As part of our Council Plan, we are committed to enhancing health and wellbeing for everyone, while reducing inequalities in outcomes (8). Taking action to address these determinants could reduce avoidable poor health, prevent some deaths, and reduce inequalities. It is important to work with our local communities, including businesses and industries to identify which commercial activities are harming our health, while supporting those businesses that are the backbone of our community and benefit our health.

### Mortality

The commercial determinants of health matter because they cause deaths each year. Deaths that are overwhelmingly preventable.

- In 2022 **702 people died prematurely** (under 75 years of age) in South Gloucestershire (14).
- Non-communicable diseases account for 89% of premature deaths in England (10), translating to **625 deaths** locally.
- Unhealthy commodity industries are linked to 45% of non-communicable disease, meaning that in South Gloucestershire **284 deaths a year, or 2 in 5 (40%) avoidable deaths** may be attributed to these industries.



By addressing the influence of unhealthy commodity industries there is an opportunity to prevent up to 40% of avoidable deaths in the local area. This represents a significant step towards improving our community health and reducing premature mortality.

### Morbidity

Too many people in our community are spending years in poor health, making it harder to stay independent and affecting wellbeing. In South Gloucestershire:

- Someone who identifies as female will live **67.1 years on average in good health** and **17.2 years in poor health**
- Someone who identifies as male will live on average **63.5 years in good health** and **16.3 years in poor health** (11).



The five main causes of poor health locally are non-communicable diseases, and most of them can be prevented (see *figure 2*) (12). These diseases not only shorten life but also reduce the years we live in good health and our quality of life.

**Figure 2: Top five diseases contributing to the greatest burden of disease in South Gloucestershire (12)**

Condition	Percentage of total DALYs <sup>1</sup> (%)
Heart attacks (ischemic heart disease)	6.04
Low back pain	5.02
Chronic obstructive pulmonary disease (COPD)	3.86
Diabetes <sup>2</sup>	3.58
Tracheal, bronchus and lung cancer	3.23

Many of the leading risk factors of these diseases are driven by unhealthy commodity industries. For example:

- Smoking is responsible for 9 out of every 10 cases of Chronic Obstructive Pulmonary Disease (COPD) and for 7 out of every 10 cases of lung cancer (13,14).
- In South Gloucestershire, the three behavioural risk factors that contribute to the greatest burden of disease are tobacco use, unhealthy diets and high alcohol use. These are leading risk factors for all five of the diseases listed above (10).
  - These risk factors also contribute to a wide range of other health conditions including:
    - Heart disease (in addition to ischemic heart disease)
    - Other cancers
    - Stroke
    - Respiratory disease
    - Overweight and obesity
    - Liver disease
    - Mental health disorders
    - Suicide
    - Accidents

The commercial sector can directly influence these risks by promoting and selling harmful products. Tackling these harmful influences is key to helping people live healthier lives. By addressing the negative influences of the commercial

<sup>1</sup> Disability Adjusted Life Years. One DALY represents the loss of the equivalent of one year of full health.

<sup>2</sup> Diabetes Mellitus includes both Type 1 and Type 2 diabetes. Type 1 diabetes is genetic and not preventable.

determinants of health we can help our communities stay healthier for longer, keep their independence, and thrive.

## Inequalities

The commercial determinants of health contribute significantly to both mortality and morbidity locally. Importantly these deaths and ill health are largely preventable. There are also clear inequalities in experience. Life and healthy life expectancy varies between the most and least deprived areas of South Gloucestershire.

- Females in the least deprived areas live on average **5.7 years longer** than those in the most deprived areas
- For males, the difference is **4.3 years** (11).

For some diseases the difference in life expectancy is even larger. For example, between 2020 and 2022 across Bristol, North Somerset and South Gloucestershire there was a 16-year gap in the median age of death for cirrhosis and other diseases of the liver between the most and least deprived areas (15). To reduce this gap, we need to better understand the main driving factors behind this. However, we know that high alcohol consumption is a leading risk factor for cirrhosis of the liver and other liver disease (10).

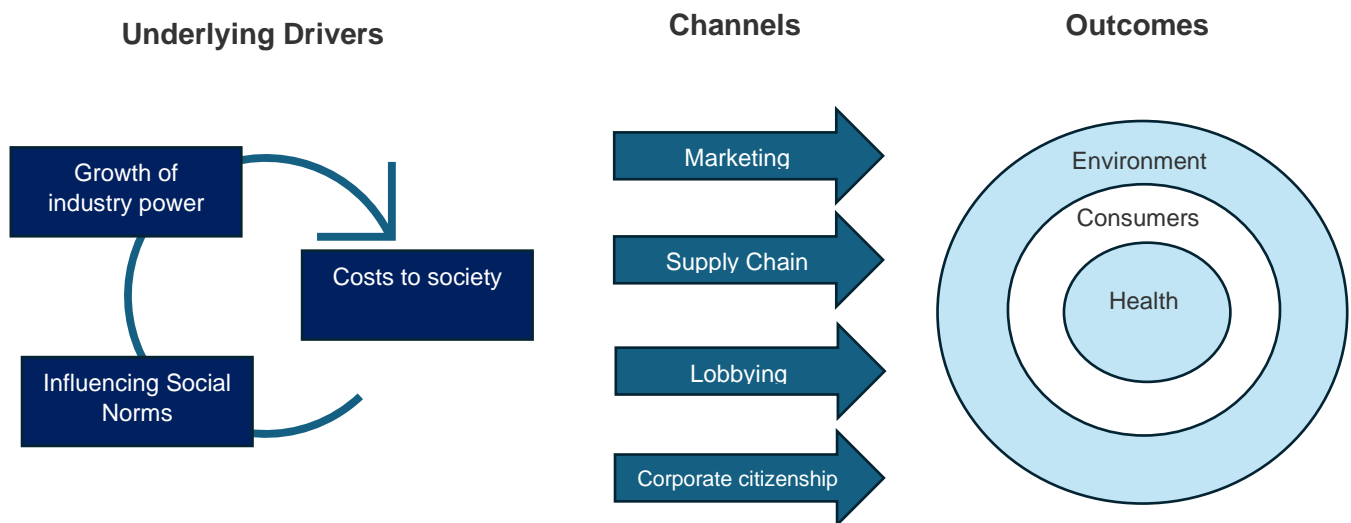
The next section focuses on the mechanisms by which the commercial determinants of health affect our health. We will use unhealthy commodity industries as examples to see how these mechanisms are impacting us locally and to highlight inequality in experience further.

## What are the mechanisms by which the commercial determinants affect our health?

The commercial determinants of health influence our environment, consumption, and ultimately our health. Understanding the mechanisms behind how this occurs can be complex, with some direct and indirect influences. Influences occur through a number of drivers and channels (*see figure 3*). While their effects are not inherently positive or negative, it is important to understand how they can impact our well-being and broader societal outcomes. The below examples focus on the unhealthy commodity industries, whose products can be harmful to health and how our consumption has been influenced.

### Figure 3: Defining and conceptualising the commercial determinants of health

Figure adapted from *The Commercial Determinants of Health 2016* (16)



#### Underlying drivers

Figure 3 outlines the underlying drivers of the commercial determinants of health: the influence of social norms, the growth of industry power, and the costs to society.

##### 1. Influencing social norms

Social norms are the unwritten expectations that guide societal behaviour. Examples include queuing in a shop when waiting to pay or shaking hands with someone when you first greet them. There is evidence that the corporate sector can shape our social norms (5). These norms are gradually shaped over time, often through the efforts of well-funded public-relation firms. Methods have involved creating third-party organisations who spread the messaging. This has hidden the commercial origin of these narratives, and the perceived impartiality has been shown to increase public trust in their messaging.

##### Example:

The term 'Carbon Footprint' was popularised in 2004 by British Petroleum, alongside the launch of the Carbon Footprint Calculator (27). The calculator allowed individuals to calculate how their actions, such as travelling and diet contributed to climate change. Individual change is important. However, this framing shifted focus away from corporate accountability for the climate crisis, normalising the idea that individual behaviour changes are the primary solution.

The private sector can promote the idea that individual responsibility is the solution to systemic problems. 'When the fun stops, stop' was a responsible gambling campaign funded and delivered by a gambling industry funded group. We see this messaging in our day-to-lives, often blaming individual behaviour for negative health outcomes such as living with obesity and addiction. However, many factors outside of our control, such as parts of our environment and previous life experiences, can increase the risk of these problems. When individual behaviour is seen as the cause of negative health outcomes this shifts attention away from larger systemic causes, leaving them unaddressed and unfairly stigmatises the person experiencing the harm.

#### **Example: Gambling in South Gloucestershire**

Across the country gambling premises are disproportionately located in more deprived areas. Nationally, when looking at areas ranked by deprivation level (decile 1 being the most deprived and decile 10 being the least deprived), 21% of gambling premises were based within the most deprived decile, compared to just 2% in the least deprived decile (28). In South Gloucestershire, although the sample size is small, the pattern follows the national trend. Specifically, 90% of betting premises are located in areas of IMD deciles 1-4. No betting premises are located in IMD decile 10 (least deprived decile) (29).

The socio-demographic profile of people who gamble appears to change as gambling risk increases. People who are unemployed and living in more deprived areas are at greater risk of experiencing harmful gambling (30). This suggests harmful gambling is related to health inequalities. Campaigns such as 'when the fun stops, stop' perpetuates the social norm of individual responsibility and distracts from addressing systemic issues driving harmful gambling.

In South Gloucestershire, an estimated 7,484 adults could benefit from gambling treatment or support, and 3,867 children are living with an adult who might benefit from gambling treatment or support (31). However, many people who require support do not receive it. Nationally, for every 200 people who could benefit from support it is thought that one person accesses help (32). This highlights a significant large unmet need. We have conducted a Gambling Needs Assessment in South Gloucestershire to better understand our position, however, we need to understand the reasons why we are seeing this.

## 2. Growth of industry power

Evidence shows that commercial actors have intentionally positioned themselves as part of the solution to distract from their role in creating the initial problem. The solution often focuses on addressing individual behaviour rather than focusing on systemic issues, furthering their influence and growth of power (5).

#### Example:

The charity Drinkaware was established to provide support and advice on alcohol consumption. The charity is funded by the alcohol industry creating a conflict of interest. Critics argue that Drinkaware's activities may encourage drinking (26,32).

Many unhealthy commodity industry products such as tobacco and alcohol are addictive. A survey by Action on Smoking and Health (ASH) found that more than half of smokers would like to quit (17). For people who do quit smoking, approximately 16 in 100 remain non-smokers a year later (18). We know that certain populations remain disproportionately vulnerable to industry tactics that promote smoking uptake (17). The age at which people start smoking tends to be younger among poorer populations and the longer someone has been addicted to nicotine, the harder it is to quit (18). The addictive nature of the products benefits and increases the power of these industries because it keeps people buying their products.

### 3. Costs to society

The harmful impacts of unhealthy commodity industries are not always easy to see because they are often indirect. It is often the case that unhealthy commodity industries keep their profits, whilst the public bears the costs of their harmful impacts. This reinforces the power imbalance between the corporate sector and society. For example, smoking causes one-third of all accidental house fire deaths in the UK (20). In South Gloucestershire, smoking-related fires lead to an estimated yearly loss of about £1.5 million (21). This includes costs from property damage, fire and rescue services, injuries and death.

### Example: Alcohol use in South Gloucestershire

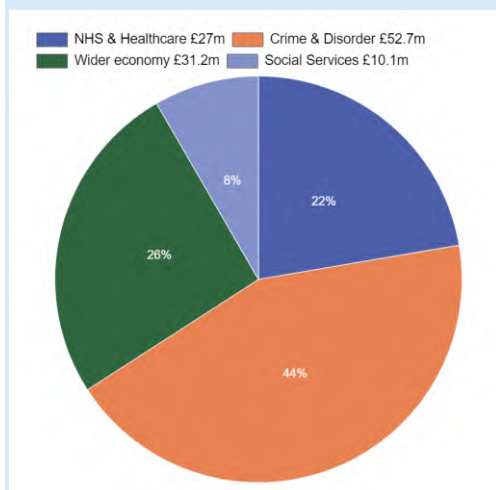
South Gloucestershire has a higher level of binge drinking (23%) than other local authorities within the Avon and Somerset police force area and approximately 1 in 100 residents are believed to be dependent on alcohol (34).

The Institute for Alcohol Studies estimates that alcohol related harm costs South Gloucestershire £121 million annually, or £416 per person (see figure 4) (35). These costs include:

- **£27 million** for the NHS and healthcare services, such as hospital admissions, medical appointments and ambulance call-out costs.
- **£52.7million** for crime and disorder due to the anticipation of crime (e.g. money spent on crime detection and prevention such as burglar alarms), consequence of crime (e.g. cost of stolen or damaged property and emotional harm) and the response to crime (e.g. costs to the police and criminal justice system).
- **£31.2m** for the wider economy due to unemployment, absenteeism and reduced productivity.
- **£10.1m** for social services because of alcohol treatment services and support for children.

In comparison the 2024-25 Public Health Grant for South Gloucestershire was £36 per head, highlighting the power imbalance between commercial actors and society (36).

**Figure 4: Cost of Alcohol Harm in South Gloucestershire produced by the Institute of Alcohol Studies (35)**



## Channels of influence

The corporate sector is typically driven by the goal of maximising profit and serving shareholder interests. This keeps businesses going, however, sometimes it is achieved to the detriment of individual and planetary health. Important channels used to do this include lobbying, marketing, supply chains and corporate citizenship (see figure 3).

These channels can influence our environment and are explored in detail in the Lancet Series; however, some examples are presented below (5).

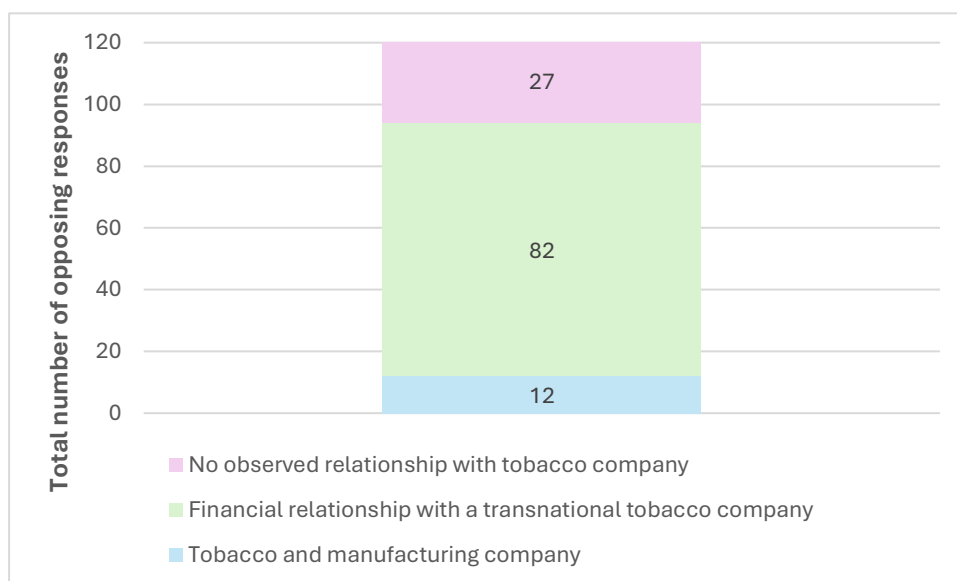
### 1. Lobbying

'Practices to secure preferential treatment or prevent, shape, circumvent, or undermine public policies (or a combination of the above) in ways that further corporate interests' (5)

#### Example: Plain packaging legislation

In 2008 the UK government first mentioned intentions to establish standardised packaging for tobacco. The legislation received challenge from the tobacco industry (22).

- In 2012 there was a four-month consultation process held by the Department of Health.
  - o A review of the consultation process found 121 organisations were involved in opposing the standardised packaging legislation mostly through evidence production and lobbying (23).
  - o 12 of these organisations were tobacco and manufacturing companies.
  - o Out of the remaining 109 organisations 82 (75%) had a financial relationship with one or more transnational tobacco companies.



## 2. Marketing practices

'Practices to promote sales of products or services' (5)

### Example: Vaping and e-cigarettes

In the UK e-cigarettes form part of the harm reduction programme for adults who smoke and have been promoted as a smoking cessation aid for adults. In line with national guidance, the policy on vaping in South Gloucestershire, is that vapes are an effective smoking cessation aid for adults who smoke. However, research has highlighted that the e-cigarette industry is using strategies previously used by the tobacco industry to target young people. In the UK 18% of 11–17-year-olds have tried vaping (24,25).

Research states how industry practices and marketing influence children and young adults to try vaping (25,26).

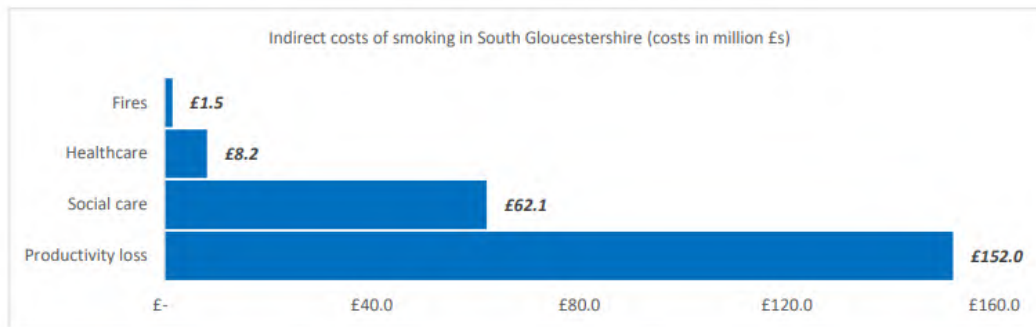
- Disposable vapes are the most popular e-cigarette amongst youths in the UK. This is thought to be because of their cheap price, ease of use and bright colours.
- Brand packaging is often brightly coloured attracting young adults and children.
- Sweet flavours of vapes are appealing to children and young people. They have been shown to increase the likelihood of starting to vape, encourage regular use, and decrease perceptions of harm.
- A review of a major e-cigarette's advertising campaign found that it was not in line with their messaging of their product being aimed towards 'adult smokers only'. With the use of young influencers and social media messaging.
- It is illegal to sell nicotine vapes to children, however, it was legal to give them out for free. There is concern that 2.9% of children who reported having tried vaping had been given their first vape for free (24).



### Example: Smoking in South Gloucestershire

The channels of influence impact our environment through the availability and acceptability of tobacco use. Although we have seen a reduction in the proportion of people who smoke since data collection began in 1974, largely due to policy change and interventions, approximately 11% of adults in South Gloucestershire currently smoke (9). As previously mentioned, smoking is a leading risk factor for the five main causes of poor health locally effecting our life expectancy and quality of life. There are also indirect costs of smoking such as fires, cost to health and social care and productivity loss with an estimated total annual cost of £223.8 million (see figure 5).

**Figure 5. Indirect costs of smoking in South Gloucestershire (21)**



Smoking does not impact us all equally. While smoking prevalence is not captured at ward level across England, inequalities can be identified through other measures.

- Pregnancy and smoking:** Smoking is the leading modifiable risk factor for poor birth outcomes. Among women who were pregnant locally, 14.3% in the most deprived areas smoked at the time of delivery compared to 4.6% in the least deprived areas (see table 1). Smoking in pregnancy not only increases the mother’s risk of non-communicable diseases but also negatively impacts the unborn child, increasing their risk of experiencing more years in poor health and creating inequality in healthy life expectancy from birth.

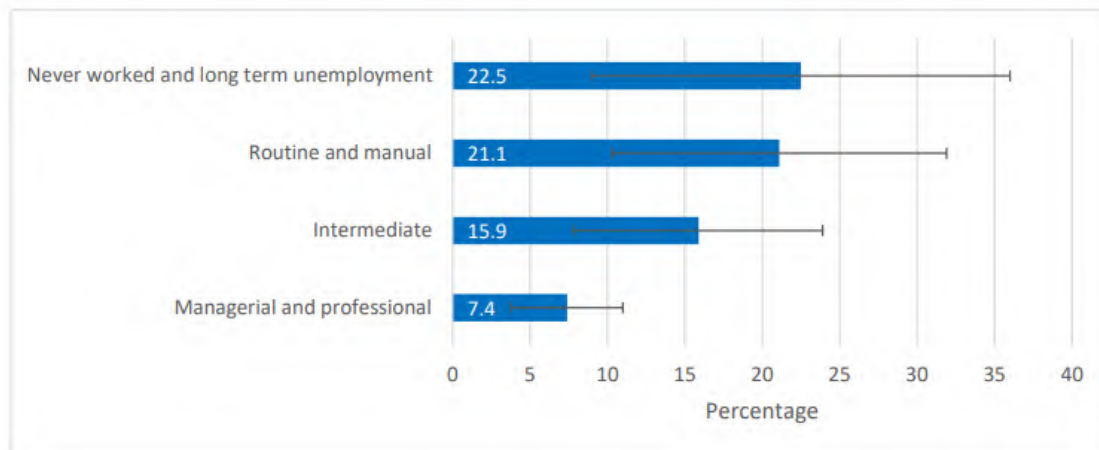
**Table 1: Maternity risk factors. The percentage of women in South Gloucestershire who are pregnant and who are smoking at the time of booking their first midwifery appointment and who are smoking at the time of delivery by deprivation quintile.**

Data taken from Bristol North Somerset and South Gloucestershire Maternity Healthy Equity Audit 2021

Deprivation quintile (IMD)	% of maternities smoking at time of booking	% of maternities smoking at time of delivery
1 = most deprived	16.1	14.3
2	11.5	10.4
3	7.9	6.3
4	5.8	4.4
5 = least deprived	5.0	4.6

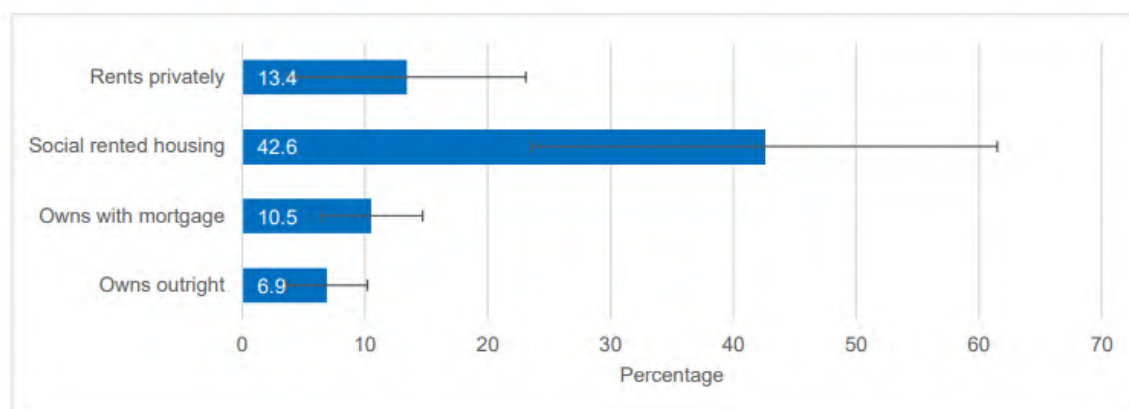
- **Socioeconomic status and smoking:** Higher smoking prevalence is observed among people who are experiencing long-term unemployment (22.5%) and in individuals in routine or manual occupations (21.1%) compared to people with managerial and professional occupations (7.4%) (see graph 1).

**Graph 1: Smoking prevalence by socioeconomic group (18-64 years) in South Gloucestershire 2022 (9)**



- **Housing tenure and smoking:** Smoking prevalence also varies by housing tenure across South Gloucestershire. A higher proportion of people living in social rented housing smoke (42.6%) compared to individuals who rent privately (13.4%), own their house with a mortgage (10.5%), or own their house outright (6.9%) (see graph 2).

**Graph 2: Smoking prevalence by housing tenure in South Gloucestershire 2022(9)**



The difference in smoking prevalence means that the harm of smoking will be felt disproportionately by different groups of people, driving health inequalities.

## How can we as teams across the council make changes to our ways of working to address the commercial determinants of health?

Recognising the Council's unique local role, we held three commercial determinants of health workshops with council staff and councillors in 2024. The workshops aimed to:

1. Start the conversation on what commercial determinants of health are, and how they affect health locally.
2. Provide people with the space to consider how the commercial determinants of health influence their current work and environment.
3. Consider the impact of four unhealthy commodity industries: gambling, alcohol, tobacco, and unhealthy food.
4. Consider how as teams across the council we can make changes to our ways of working (within business as usual) to address the commercial determinants of health.

The workshops highlighted existing work within the Council to maximise the positive opportunities to work with the private sector to improve health and address the harmful commercial determinants of health. Across the conversations we identified three main themes:

- We can learn from other local authorities and organisations who may be further ahead in their learning journey.
- We need to work in partnership with our communities, including businesses and industries.
- A whole-council approach is required.

### **1. We can learn from other local authorities and organisations who may be further ahead in their learning journey**

During the workshops we discussed research and examples from other local authorities used to address the commercial determinants of health.

#### **Example: Bristol City Council 'No and Low' – Increasing access to no and low alcohol alternatives reduced consumption of alcohol.**

Bristol City Council and the University of Bristol conducted a study with 14 participating pubs and bars to explore whether providing an alcohol-free alternative would impact customer sales (37). The research found that pubs and bars with an alcohol-free alternative sold 29 fewer litres, equivalent to 51 pints per week and a 5% reduction in sales of alcohol. Importantly, the reduced sales of alcohol were replaced with an equivalent increase in sales of alcohol-free beer with no net impact on overall monetary takings.

### **Example: Advertising of unhealthy commodity industry products**

The University of Bristol conducted a study with Bristol and South Gloucestershire residents. The study highlighted how younger people, and people from more deprived areas were more likely to see unhealthy commodity industry advertising (37).

In South Gloucestershire we don't have any council owned advertising billboards. However, we can still influence and consider advertising through our day-to-day work. Our communications team have worked with a marketing agency to review adverts shown on the council websites, making sure they don't promote unhealthy commodity industries. Teams could also consider whether there is any advertising used in their work, what they have control over, and how they can make changes. For example, reviewing any free materials and leaflets used.

Interventions should be evidence informed; however, the need to tailor these to the community of South Gloucestershire was recognised. South Gloucestershire is largely rural in area but most of its population lives within the fringe of Bristol, and a place-based tailored approach is required.

## **2. We need to work in partnership with our communities, including businesses and industries.**

Learning from other local authorities is important, however, South Gloucestershire is unique, and we have different needs and challenges. What worked in another area will not necessarily work for us without adaptation. We need to work together with our communities to understand in greater detail the story behind what our data is telling us. Looking at population health data for the whole of South Gloucestershire can mask inequalities at a community level. To understand local experience and inequality, we need to look closer at how multiple factors add together to impact on people's lives. As a Council we have created a Community Conversations strategy, to better understand and respond to community need. When working to address the commercial determinants of health it is important we follow this approach.

### **Example: High rates of alcohol related hospital admissions**

We know that the number of alcohol related hospital admissions for adults over 18 years in South Gloucestershire is higher than the England average (8). However, we need to do more to understand why this is the case. Who in our community is at highest risk of alcohol related harms, what are the patterns of harmful drinking, and where are people drinking? Understanding this will help us to work with our communities to best provide support and where to focus our efforts to address the commercial determinants of health.

### **Example: Working with our businesses to better understand planning and regulation**

Our Trading Standards Team work with local businesses to stop the selling of illegal tobacco products. It was discussed that there may be scope to improve partnership working with local business to better understand the harms and also implications for their businesses. The use of a newsletter was discussed to support this.

## **3. A whole-council approach is required**

Many businesses, producers and industries have benefited the health of our communities and there are further opportunities to harness these community assets. Health goes hand in hand with many other priorities across the council.

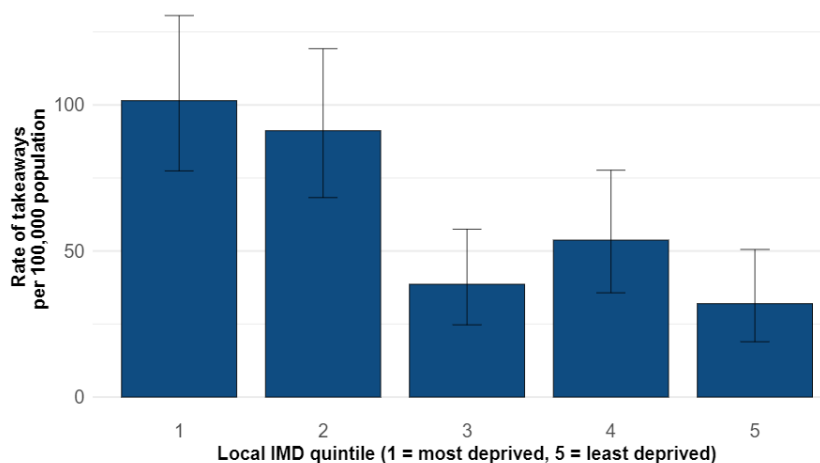
### **Example: South Gloucestershire Cross Sector Food Partnership**

Diet is the largest contributor to the development of excess weight. In most cases the factors contributing to living with obesity or excess overweight are complex and multifactorial, influenced by obesogenic environments, psycho-social factors, and genetic variants (39). In South Gloucestershire we can see a high proportion of, and clear inequality in people living with excess weight and obesity from reception age. Locally approximately 1 in 6 (16%) reception aged children and 1 in 3 (32%) year 6 children are living with excess weight and obesity (16). This proportion follows a social gradient when viewed at ward level, with a higher proportion of children living with excess weight in more deprived areas (12).

In 2023, 74% of food outlets in South Gloucestershire were either takeaways or convenience stores. There is a noticeable social gradient in the distribution of takeaways, with the most deprived areas having 101.5 takeaway outlets per 100,000 people compared to 32 takeaway outlets per 100,000 people for those living in the least deprived areas (*see graph 5*). A similar pattern can be seen for convenience stores (*see graph 6*). South Gloucestershire includes both rural and urban communities and having more takeaways or convenience stores in certain areas is not necessarily a bad thing on its own. However, it does raise questions of whether the environment in those areas is impacting the community's ability to access fresh, affordable, healthy food.

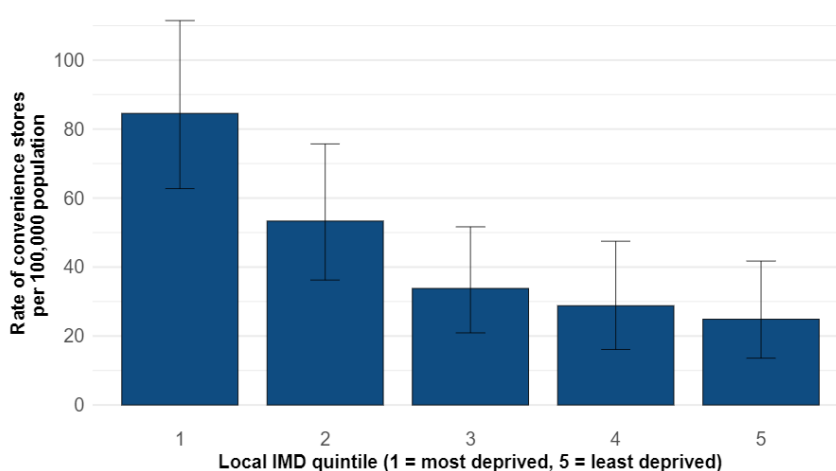
### Graph 5: Rate of takeaways per 100,000 population in South Gloucestershire December 2023 by deprivation quintile

Produced by South Gloucestershire EPI Team using information on food outlets from the South Gloucestershire Council Food Premises Register and which was received in December 2023.



### Graph 6: Rate of convenience stores per 100,000 population in South Gloucestershire December 2023 by deprivation quintile

Produced by South Gloucestershire Council EPI Team using information on food outlets from the South Gloucestershire Council Food Premises Register and which was received in December 2023.



The South Gloucestershire Cross-sector Food Partnership was set up to address the future challenges of climate change and improve food sustainability. The first aim of the partnership is to assess the food environment and availability across South Gloucestershire. An increased access to healthy, fresh, affordable food addresses the commercial determinants of health by ensuring our communities environment is not limiting access to such food. It is an example of how we can work across teams and projects to address the commercial determinants of health even when it was not the core purpose of the project.

### **Example: Align to business as usual and consider in our everyday work**

We discussed how addressing the commercial determinants of health is core to delivering our Council Plan. It was further discussed that the Council Plan committed to developing a healthy weight declaration and new physical activity and leisure strategy. Given the influence of the commercial determinants of health on these areas we should be considering commercial determinants of health in our business-as-usual work.

Addressing the commercial determinants of health aligns with many of our system strategies, as highlighted by our Joint Local Health and Wellbeing Strategy commitments.

## Call for action

We recognise that national policy change is required to address the commercial determinants of health, however, there are things we can do locally. South Gloucestershire Council and other local authorities have a unique and important opportunity to address the commercial determinants of health.

We can work with our communities and partners to address the root cause of issues in our population to prevent harm and ill health before it occurs. At the same time, we can also advocate for change at a national level.

National research and examples of best practice together with local discussion shows that to address the commercial determinants of health in South Gloucestershire we could follow an approach to:

- Work across the Council and with partners to continue to learn more about the commercial determinants of health, how they are influencing our communities, and opportunities for collaborative working.
- Work with our communities through our Community Conversations approach to better understand their views of the positive and negative impacts of commercial determinants of health and opportunities for change.
- Use evidence-based toolkits to review local practice regarding the commercial determinants of health against the evidence base for action. For example, the Association of Directors of Public Health or the Health Foundation toolkit (1,2).
- Consider how we can address the commercial determinants of health in delivery of our Council Plan and Joint Health and Wellbeing Strategy including:
  - Development of a new Healthy Weight Declaration
  - Development of a new Physical Activity and Leisure Strategy
  - Our Drug and Alcohol Partnership work
  - Actions to support people to stop smoking and prevent them starting
  - Our response to climate change.

- Work with other leaders and organisations regionally to influence national action on the commercial determinants of health.

South Gloucestershire's Public Health Team are committed developing this approach further. In 2025 our work will include:

- Continuing to promote learning opportunities about the commercial determinants of health. This will include locally delivered learning and signposting to regional and national resources.
- Sharing findings and recommendations of our Gambling Rapid Needs Assessment for South Gloucestershire.
- Continuing to deliver actions to support people to stop smoking and prevent them starting, including reducing the number of young people accessing vape products.
- Promoting implementation of a new BNSSG Integrated Care System *Why Weight? Pledge for creating Healthier places Together* which will establish active commitments for organisations to recognise the role they have in creating an environment where everyone has the access and ability to eat well, feel well and be active.
- Continuing to contribute to South Gloucestershire's planning, housing and transport policies and infrastructure evidence base to ensure development of sustainable and inclusive places which encourage active and healthy lifestyles, promote wellbeing and reduce inequalities.

## References

1. McGeoch L ELDCK et al. Health Foundation. 2023 [cited 2025 Jan 20]. Addressing the leading risk factors for ill health – a framework for local government action. Available from: <https://www.health.org.uk/reports-and->



- [analysis/briefings/addressing-the-leading-risk-factors-for-ill-health-a-framework-for](#)
2. Association of Directors of Public Health. ADPH. 2024 [cited 2025 Jan 20]. Commercial Determinants of Health . Available from: <https://www.adph.org.uk/resources/cdoh-essentials/>
  3. The Health Foundation. What builds good health? An introduction to the building blocks of health. 2024 Jul [cited 2024 Oct 30]; Available from: <https://reader.health.org.uk/what-builds-good-health>
  4. Barton H and Grant M. A health map for the local human habitat. Royal Society for the Promotion of Health [Internet]. 2006 Dec [cited 2024 Dec 13];126(6). Available from: [https://www.researchgate.net/publication/6647677\\_A\\_health\\_map\\_for\\_the\\_local\\_human\\_habitat](https://www.researchgate.net/publication/6647677_A_health_map_for_the_local_human_habitat)
  5. Gilmore A FABF et al. Defining and conceptualising the commercial determinants of health. The Lancet [Internet]. 2023 Apr 8 [cited 2024 Oct 30];401(19383):1194–213. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00013-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00013-2/abstract)
  6. Burki T. Four industries responsible for millions of deaths each year. Lancet Oncology [Internet]. 2024 Jul [cited 2024 Oct 31];25(7). Available from: [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(24\)00342-5/abstract#:~:text=The%20tobacco%2C%20ultra-processed%20foods%2C%20fossil%20fuel%2C%20and%20alcohol,including%20%2C%20B77%20million%20in%20the%20WHO%20European%20region.](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(24)00342-5/abstract#:~:text=The%20tobacco%2C%20ultra-processed%20foods%2C%20fossil%20fuel%2C%20and%20alcohol,including%20%2C%20B77%20million%20in%20the%20WHO%20European%20region.)
  7. Department of Health and Social Care. UK Gov. 2024 [cited 2024 Nov 11]. Smoking ban introduced to protect children and most vulnerable. Available from: <https://www.gov.uk/government/news/smoking-ban-introduced-to-protect-children-and-most-vulnerable>
  8. South Gloucestershire Council. South Gloucestershire Council Plan 2024-28 [Internet]. 2024 [cited 2024 Oct 31]. Available from: <https://beta.southglos.gov.uk/our-priorities/>
  9. Department of Health and Social Care. UK Gov. 2022 [cited 2024 Oct 31]. Local Authority Health Profiles Fingertips. Available from: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132696/ati/502/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
  10. Institute for Health Metrics and Evaluation. Global Burden of Disease, Cause of Death in England [Internet]. 2019 [cited 2024 Oct 31]. Available from: <https://vizhub.healthdata.org/gbd-compare/#>

11. South Gloucestershire Council. Our Population Portal - South Gloucestershire Council [Internet]. 2024 [cited 2024 Oct 31]. Available from: <https://beta.southglos.gov.uk/our-population-2/>
12. Office for Health Improvement and Disparities. Local Inequalities Explorer Tool 2023 [Internet]. [cited 2024 Nov 1]. Available from: <https://app.powerbi.com/view?r=eyJrIjoiMzI1N2YwYmYtNWVhMy00ZWY5LTliNmMtYzk3ZWVmMmMzNjZkliwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOiJh9>
13. National Institute for Health and Care Excellence. Chronic Obstructive Pulmonary Disease - What are the risk factors? [Internet]. 2024 [cited 2024 Nov 1]. Available from: <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/background-information/risk-factors/#:~:text=Cigarette%20smoking%20is%20the%20most%20common%20risk%20factor,with%20pipe%2C%20cigar%2C%20water%20pipe%2C%20and%20marijuana%20smoking.>
14. Cancer Research UK. Lung Cancer Statistics [Internet]. [cited 2024 Nov 1]. Available from: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer>
15. Produced by Population Health Improvement Team (Healthier Together) using data from NHS Digital. Median age of death by cause and deprivation, residents of BNSSG, persons all ages, 2020 to 2022. 2024.
16. Kickbusch I AL and FC. The commercial determinants of health. Lancet Glob Health [Internet]. 2016 Dec [cited 2024 Dec 13];4(12). Available from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30217-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext)
17. Action on Smoking and Health. ASH. 2020 [cited 2024 Nov 11]. Stopping Smoking Fact Sheet. Available from: <https://ash.org.uk/resources/view/stopping-smoking>
18. Public Health England. UK Gov. 2019 [cited 2025 Jan 3]. Health Matters: Stopping Smoking - What works? Available from: <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works#call-to-action>
19. Action on Smoking and Health (ASH) Wales Cymru. Smoking and Inequalities Briefing Paper [Internet]. 2019 [cited 2025 Jan 3]. Available from: <https://ash.wales/wp-content/uploads/2019/03/inequalities-briefing-paper-.pdf>
20. Ministry of Housing C& LG. Smoking time bomb: cigarettes the most deadly cause of house fire fatalities. UK Gov [Internet]. 2011 Mar 9 [cited 2025 Jan 3]; Available from: <https://www.gov.uk/government/news/smoking-time-bomb-cigarettes-the-most-deadly-cause-of-house-fire-fatalities>
21. ASH. ASH Ready Reckoner [Internet]. 2023 [cited 2025 Jan 3]. Available from: <https://ash.org.uk/resources/view/ash-ready-reckoner>

22. The Tobacco Control Research Group. University of Bath. [cited 2024 Nov 8]. How plain packaging has changed the UK tobacco industry. Available from: <https://www.bath.ac.uk/case-studies/how-plain-packaging-has-changed-the-uk-tobacco-industry/>
23. Hatchard J FGGA. Standardised tobacco packaging: a health policy case study of corporate conflict expansion and adaptation. BMJ [Internet]. 2016 [cited 2024 Nov 8]; Available from: <https://bmjopen.bmj.com/content/bmjopen/6/10/e012634.full.pdf>
24. Action Against Smoking. Use of vapes (e-cigarettes) among young people in Great Britain [Internet]. 2024 [cited 2024 Nov 8]. Available from: <https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf?v=1722505432>
25. Watts C RSMBYA. New image, same tactics: global tobacco and vaping industry strategies to promote youth vaping. Oxford Academic [Internet]. 2024 Nov 4 [cited 2024 Nov 8];39(5). Available from: <https://academic.oup.com/heapro/article/39/5/daae126/7874887>
26. Conway L. Advertising, marketing and promotion of vaping products [Internet]. 2024 [cited 2024 Nov 8]. Available from: <https://commonslibrary.parliament.uk/research-briefings/sn07001/>
27. Kaufman M. The Carbon Footprint Shame: a successful, deceptive PR campaign [Internet]. 2021 [cited 2024 Nov 11]. Available from: <https://mashable.com/feature/carbon-footprint-pr-campaign-sham>
28. Evans J and Cross K. The Geography of Gambling Premises in Britain . University of Bristol [Internet]. 2021 Jul [cited 2025 Jan 3]; Available from: <https://www.bristol.ac.uk/media-library/sites/geography/pfrc/Geography%20of%20gambling%20premises.pdf>
29. Ministry of Housing C and LG. Ministry of Housing, Communities and Local Government English indices of deprivation 2019 - GOV.UK (www.gov.uk). Betting premises location data provided by The South Gloucestershire Council Licencing Team as of 08 April 2024. Population data based on Office for National Statistics mid-2022 population estimates.
30. Office for Health Improvement and Disparities. UK Gov. 2023 [cited 2024 Oct 29]. Risk factors for gambling and harmful gambling : an umbrella review A review of systematic reviews and meta- analyses. Available from: <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>
31. Office for Health Improvement and Disparities. Gambling treatment need and support: prevalence estimates. UK Gov [Internet]. 2023 Dec 7 [cited 2025 Jan 3]; Available from: <https://www.gov.uk/government/publications/gambling-treatment-need-and-support-prevalence-estimates>

32. Gambling With Lives GMCAGMNICP. Chapter One [Internet]. 2023 [cited 2025 Jan 3]. Available from: <https://www.chapter-one.org/professionals-hub#:~:text=Millions%20of%20people%20are%20harmed%20by%20gambling%20in,%28Office%20for%20Health%20Improvement%20%26%20Disparities%2C%20OHID%2C%202023%29.>
33. McCambridge J KKMP et al. Be Aware of Drinkaware. National Library of Medicine [Internet]. 2013 Oct 28 [cited 2024 Nov 11];109(4):519–24. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3992896/>
34. Public Health and Wellbeing Division SGC. South Gloucestershire Alcohol Needs Assessment [Internet]. 2019 [cited 2025 Jan 3]. Available from: <https://beta.southglos.gov.uk/wp-content/uploads/South-Gloucestershire-Alcohol-Needs-Assessment-2019.pdf>
35. Institute of Alcohol Studies. Cost of Alcohol Harm in South Gloucestershire [Internet]. 2024 [cited 2024 Nov 11]. Available from: <https://www.ias.org.uk/local-authority/south-gloucestershire/>
36. Department of Health and Social Care. UK Gov. 2024 [cited 2024 Nov 11]. Public health ring-fenced grant financial year 2024-2025: local authority circular. Available from: <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2024-to-2025/public-health-ring-fenced-grant-financial-year-2024-to-2025-local-authority-circular#annex-b-public-health-allocations-to-unitary-and-upper-tier-local-authorities-in-england-for-the-financial-year-2024-to-2025>
37. De-Loyde K et al. The impact of introducing alcohol-free beer options in bars and public houses on alcohol sales and revenue: A randomised crossover field trial. Wiley [Internet]. 2024 Mar [cited 2024 Nov 11];119(6). Available from: <https://onlinelibrary.wiley.com/doi/10.1111/add.16449>
38. Scott L et al. Advertisement of unhealthy commodities in Bristol and South Gloucestershire and rationale for a new advertisement policy. BMC Public Health [Internet]. 2023 Jun 5 [cited 2024 Dec 16];23. Available from: <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-023-15995-z#citeas>
39. Foresight B. Government Office for Science. Foresight: Tackling Obesities: Future Choices – Project Report. UK Gov [Internet]. 2007 [cited 2024 Dec 16]; Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf)