DARLINGTON
Borough Council

Health and Wellbeing Board Agenda

3.30 pm
Thursday, 20 June 2024
Council Chamber, Town Hall, Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.

2. Declarations of Interest.

3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.

4. To approve the Minutes of the Meeting of this Board held on 14 March 2024 (Pages 5 - 10)

5. Darlington's Commitment to Carers 2023-2028 - Update Report – Report of the Commissioning Officer – Commissioning, Performance and Transformation. (Pages 11 - 16)

6. Commercial Determinants of Health – Report of the Director of Public Health. (Pages 17 - 24)

7. Health and Wellbeing Strategy Update – Update of the Director of Public Health.

8. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of an urgent nature and can be discussed at the meeting.

9. Questions.

Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 12 June 2024

Town Hall
Darlington.

Membership
Councillor Harker, Leader of the Council, Leader of the Council
Councillor Roche, Cabinet Member for Health and Housing, Cabinet Member with Health and Housing Portfolio
Councillor Holroyd
Councillor Mrs Scott
Councillor Tostevin
James Stroyan, Group Director of People
Lorraine Hughes, Director of Public Health
David Gallagher, Executive Director of Place-Based Delivery - Central and Tees Valley, North East and North Cumbria Integrated Care Board
Martin Short, Director of Place - North East and North Cumbria Integrated Care Board, North East and North Cumbria Integrated Care Board
Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust
Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust
Jackie Andrews, Medical Director, Harrogate and District NHS Foundation Trust
Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team
Alison MacNaughton-Jones, Joint Clinical Director, Darlington Primary Care Network
Sam Hirst, Primary Schools Representative
Dean Lythgoe, Principal, St Aidan's Academy, Secondary School Representative
Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative
Michelle Thompson, Chief Executive Officer, Healthwatch Darlington
Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University
Andrea Petty, Chief of Staff, Durham Police and Crime Commissioner's Office
Councillor Mrs Scott

Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-

- The Child Death Review Process for County Durham and Darlington Annual Report (sent 13 June 2024)
- Darlington Better Care Fund (sent 13 June 2024)

If you need this information in a different language or format or you have any other queries on this agenda please contact Michael Conway, Mayoral and Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail michael.conway@darlington.gov.uk or telephone 01325 406309

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HEALTH AND WELLBEING BOARD

Thursday, 14 March 2024

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Tostevin, Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

APOLOGIES –Councillor Dulston, James Stroyan (Group Director of People), Miriam Davidson (Interim Director of Public Health), David Gallagher (Executive Director of Place-Based Delivery - Central and Tees Valley) (North East and North Cumbria Integrated Care Board), Brent Kilmurray (Chief Executive) (Tees, Esk and Wear Valley NHS Foundation Trust), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust) and Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University)

HWBB16 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB17 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB18 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 7 SEPTEMBER 2023 & 14 DECEMBER 2023

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 7 September 2023 and 14 December 2023

RESOLVED – That the Minutes be approved as a correct record.

REASON – They represent an accurate record of the meetings.

HWBB19 DARLINGTON SAFEGUARDING PARTNERSHIP - ANNUAL REPORT

The Independent Scrutineer – Darlington Safeguarding Partnership attended the meeting to present the report. Members were informed that Local Safeguarding Partnerships are required to produce an Annual Report to account for the Partnerships achievements over the previous year and make an assessment of the effectiveness of multi-agency safeguarding arrangements within the local area. The report summarises and reflects on the work of the

Partnership over the 2022/23 period and aims to provide the Health and Wellbeing Board with an understanding of the Partnership's work.

Points of interest included post-COVID implications and NHS organisational changes in the report-period and that the OFSTED Council inspection reflected well on Children's Services. Further points of note were the report's focus on self-neglect and implications of exploitation, the nearly 25% rise in Safeguarding and that key areas of future-focus will be development of prevention and early intervention.

Questions were raised that included as to whether the current 25% increase is a result of issues arising during the COVID period with officers responding that although mechanisms are in place to identify post-COVID issues, the full relative impact is yet to be established. A further question involved individuals who may not be aware that they are self-neglecting and what measures are in place regarding this with officers stating that visiting officers possess an assessment criterion for households in order to judge when an environment may be deemed as becoming a danger to an individual.

Discussions were held regarding current recruitment efforts, that current thresholds are reasonable to return children to families as soon as possible and that the current work being undertaken around the Health and Wellbeing Strategy will be a good opportunity to link priorities moving forward.

RESOLVED - that the Health and Wellbeing Board note the Darlington Safeguarding Partnership Annual Report for 2022/23.

REASON – To ensure awareness of the content of the annual report and current areas of note within Safeguarding.

HWBB20 COUNCIL PLAN 2024-2027

The Leader of Darlington Borough Council and the Strategy and Policy Manager were in attendance and presented the Council Plan 2024-2027 and its intent to provide strategic direction to the Council - and council services - defining core values, priorities and shaping delivery in the coming years with public consultation on the draft plan being open until 25 April 2024. Members were informed that the core values outlined in the document, if met in decision making, will ensure positive progress towards overall goals and from which strategies will be produced such as the New Homes Strategy and Health and Wellbeing Plan.

Questions raised included as to whether the individual residents would be able to find how they would be affected personally when responding, with clarification provided that the tone and purpose of the plan is focussed on collective improvements for Darlington rather than information for specific individuals.

A member expressed their hope for positive progress and assistance for those suffering most in society. Further discussions included that the plan is understandable and easy to digest considering the wide scope of topics included.
Members were encouraged to share the plan with their networks and to provide responses before the close of the consultation period (24 April 2024).

RESOLVED – That members note the contents of the Council Plan and its consultation period. The Chair praised the efforts of the Strategy and Policy Manager in production of the Council Plan.

REASON – Members were given adequate information and responses to queries presented and agreed to share with their networks to facilitate responses during the consultation period.

HWBB21 JOINT STRATEGIC NEEDS ASSESSMENT - DEMONSTRATION

The Public Health Officer attended and provided members with a presentation and update on refreshing the Darlington Joint Strategic Needs Assessment (JSNA). The presentation on the JSNA demonstrated the utility of using an interactive dashboard to present data which describes the health and wellbeing status of the population.

Members were informed that a Joint Strategic Needs Assessment (JSNA) is a collaborative process where local authorities, NHS organisations and others work together to ensure the needs and local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the population and is reviewed regularly.

The process was explained as a 2-stage endeavour where the first stage was to clarify data available, i.e. Demography, Social and Environmental, Lifestyle and Risk Factors, Burden of Ill Health, and Service Delivery. The second stage (due to "go live" in May 2024) is to structure the JSNA around the life course approach, underpinning the development of the Darlington Health and Wellbeing Plan. The revised JSNA will use Power BI to process and present information in a cohesive and accessible format. This is a tool for displaying and visualizing data via interactive dashboards which can update automatically.

It was explained that the goal of the "live version" is to ensure smooth navigation for users through the presentation of data, specific data points and the ability to isolate data-ranges with the belief that the system will provide an adaptable, user-friendly experience.

A question was raised as to whether the system will be able to provide information at ward-level with the response that data would be retrievable in the manner it was collected (i.e. if collected on a ward-basis) however most data is Darlington-wide rather than ward-based due to strict regulations. Members noted that ward-level data would be very useful in the case of schools where available.

Discussions were held with members noting that the retrieval of information offered will be beneficial across the board with the information available being of use to many different areas of work.

RESOLVED – That Health and Wellbeing Board members note the presentation and progress in developing and updating the JSNA.

REASON - The Health and Wellbeing Board is responsible for assessing the health and wellbeing needs of the population.

HWBB22 DEVELOPING THE DARLINGTON HEALTH AND WELLBEING PLAN 2023-2027

The Chair of the Health and Wellbeing Board introduced the framework that the Health and Wellbeing Plan will focus upon resulting from feedback from the Board's priority-focussed workshop on 14 December 2023.
The Board agreed a framework that generally reflects the life course recognising that a number of priorities and themes span across generations: Children and Young People: Best Start in Life / Staying Healthy and Living well / Healthy Places / Healthy Ways of Working. These areas were established taking into account the key determinants of health inequality and how these affect residents throughout their lives.

The Chair proposed that additional workshops can be organised with a focussed or general format, members supported this proposal and suggested that the Joint Strategic Needs Assessment be a starting point for such workshops. It was suggested that four workshops at regular intervals would be most beneficial with members of this Board to take the lead where appropriate.

Discussion was held as to whether pro-active actions would be viable with the response that targeting the most pressing issues impacting wider determinates of health regardless of their source is the main focus of the Plan.

RESOLVED – Members considered the next steps to develop the Health and Wellbeing Plan taking into account the feedback from the December 2023 workshop and agreed to organise further workshops in the near future to further this work.

REASON - It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of the local population, reduce health inequalities and, in partnership develop a Joint Local Health and Wellbeing Strategy, (Health and Wellbeing Plan)

HWBB23 BETTER CARE FUND

The Programme Manager - Commissioning, Performance and Transformation attended to provide members with an update on the Darlington Better Care Fund 2023/25 Programme for which quarterly submissions are required to be produced.

Members were informed that the Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. BCF encourages integration by requiring integrated care systems and local authorities to enter into pooled budget arrangements and agree an integrated spending plan. It was highlighted that Darlington has remained compliant in order to qualify for funding with the Regional Better-Care Manager confirming that no issues were raised regarding Darlington's submission.

Discussion was raised regarding the presentation of the submission with the Programme Manager confirming that templates for completion are standard across the country, but he will be present at future meetings to present BCF reports where required and that summary pages will be included going forward in order to highlight key areas of interest for members in a more easily digestible format alongside the standard national template.

RESOLVED – That members note the submission and reporting requirement of the programme and approve the Darlington 2023/25 Plan.

REASONS - The 2023/25 Plan has been endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements and is required to be presented to Board Members.

HWBB24 CHILDHOOD DENTISTRY UPDATE

The Integrated Care Board – Director of Place (Darlington) provided members with a presentation to cover Primary Care Dental Access Recovery and Developing an Oral Health Strategy in the North East and North Cumbria.

Members were informed that the procurement process has commenced with the view to open an Eastbourne dental practice – all going smoothly it is anticipated that the practice will open in early 2025 with urgent provision being offered in cases of unscheduled care in the meantime in order to address urgent need.

Members were informed of current challenges including the impact of COVID and increase in new patient demand and the "three phases" approach to tackling such challenges which are:

1. Immediate actions to stabilize services.
2. A more strategic approach to workforce and service delivery
3. Developing an oral health strategy to improve oral health and reduce the pressure on dentistry.

Further areas addressed included the progress in recovering access, 15,000 additional appointment slots in order to provide capacity for patients in greatest clinical need, the incentivised access scheme pilot and which Darlington practices are taking part and regional plans for improving oral health (such as supervised tooth brushing with schools and oral health training to health and social care staff).

Questions were raised that included what percentage of increased funding is expected, this was unknown currently but figures can be provided. A member also asked if it would be possible to have a "quick-reference sheet" produced to help members respond to any queries around water fluoridation, the Director of Public Health confirmed that information will be provided once compiled.

Discussion was held with regards to the 15,000 additional appointments, how they are distributed and the longevity of this scheme, it was confirmed that they are generally applied to those with urgent clinical need and to prioritised groups (such as looked-after children) and is non-recurrent funding (i.e. short-term).
A further discussion was held regarding schools with officers hoping to see school being able to take on messages and incorporate these into their own messaging.

RESOLVED – That members note the content of the update and the presentation provided.

REASON – In order to enable members to cascade this messaging to their networks.

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HEALTH AND WELL BEING BOARD
20 JUNE 2024

ITEM NO.

UPDATE REPORT - DARLINGTON'S COMMITMENT TO CARERS 2023 - 2028

SUMMARY REPORT

Purpose of the Report

1. To provide an update regarding progress in implementing Darlington's Commitment to Carers 2023 - 28.

Summary

2. Darlington's Commitment to Carers was launched on 17th April 2024 at a well-attended launch event, during which attendees were asked to identify actions they would take as their own Commitment to Carers, including participation in the planned social media campaign.

3. Progress has already been made in implementing some of the actions identified.

Recommendation

4. It is recommended that:-

   (a) Members note the update provided and continue to act as champions for carers in Darlington.
   (b) Members consider participating in the Commitment to Carers social media campaign

Reasons

5. The recommendations are supported by the following reasons :-

(a) To enable all organisations in Darlington to participate in delivering Darlington's Commitment to Carers.

James Stroyan
Director of Children and Adults Services

Background Papers

People at the Heart of Care: adult social care reform - GOV.UK (www.gov.uk)
Darlington's Commitment to Carers 2023 – 28 **Darlington's Commitment to Carers 2023-28**

Lisa Holdsworth Ext 5861

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	Carers can experience poor health as a result of their caring responsibilities. Identifying and supporting carers contributes to supporting their health and wellbeing and the health and wellbeing of the people for whom they care.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	Caring affects all groups of people in Darlington.
Wards Affected	All
Groups Affected	Carers are the group primarily affected.
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	Research published by Carers UK in 2023 indicates that unpaid carers in Darlington provide support to the value of £329 million.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

6. Darlington's Commitment to Carers was launched on 17th April 2024 at a well-attended launch event.

7. Presentations were given by Darlington Carers Support, Family Action Darlington Young Carers and Darlington Borough Council outlining Darlington's Commitment to Carers and the support available to all groups of carers in Darlington. Attendees were also asked to identify actions they would take as their own Commitment to Carers, including participation in the social media campaign.

8. Darlington's Commitment to Carers identifies actions under 4 key objectives, which are designed to raise awareness of carers in Darlington and to ensure that they are recognised and supported for their invaluable contribution to the wellbeing of the people they care for and their contribution to society a whole.

   (a) **Recognising and supporting Carers in the wider community and society** – identifying carers; providing information for carers; engaging and involving carers; identifying and working with harder-to-reach groups of carers; social and community support for carers.

   (b) **Services and Systems that work for Carers** - working with Health; assessing carers' needs and identifying ways to meet them; training to provide care and support; psychological and emotional support for carers; support during changes to the caring

role; support for carers during end-of-life care and after the person dies; safeguarding carers and the people they care for.

(c) **Employment and Financial Wellbeing** - helping carers to stay in, enter or return to work, education, training and volunteering; working with employers; benefits and grant support.

(d) **Supporting Young Carers**

9. Progress has already been made in relation to a number of the actions identified including:

(a) The development of a 'Commitment to Carers logo' for use by all partners
(b) The commencement of a social media campaign to raise the profile of carers in Darlington. This is being coordinated by the Digital Inclusion worker at County Durham Carers Support and has been recognized as Great Practice by the ADASS Supporting Carers Hub. **Darlington's Commitment to Carers Social Media Campaign | ADASS – Supporting Carers Hub**
(c) Development and implementation of a plan to identify and work with harder-to-reach groups of carers. There has already been a focused campaign on male carers resulting in a 24% increase in male carers registering with Darlington Carers Support. Further campaigns will focus on refugee carers (during refugee week) and veteran/serving carers and their families on Armed Forces Day and there will be a focus on LGBTQ+ carers during Pride in August.
(d) Partnership working has been developed with CDDFT, including the employment of a Hospital Discharge Worker by Darlington Carers Support and work with CDDFT HR in relation to CDDFT employees who are also carers. In addition, there is a Durham County Support Carers and Employment page **Durham County Carers Support – Training Site (dccarers.org)**
(e) A new Young Carers Service (Young Carers Darlington) provided by Family Action commenced on 1.4.24, which strengthens the support available to Young Carers up to the age of 25. The service is co-located with Darlington Carers Support, which will support the strengthening of work around transitions and with Young Adult Carers.
(f) A new Parent Carers Support Worker has recently been employed by Darlington Carers Support and the Carers' Strategy Steering Group (CSSG) has renewed links with the Parent Carer Forum. A piece of work on transition planning is due to start soon.
(g) Work is taking place with Mobilise **Support for unpaid carers in Darlington (mobiliseonline.co.uk)** which is a digital platform to identify and support carers. This has been commissioned regionally through Accelerating Reform Fund (ARF) monies from central government to look at innovative ways of providing support. It is hoped that this will contribute to more carers being identified in Darlington.
(h) A survey is being developed to identify what support carers need to enable them to take a break.

Outcome of Consultation

10. Darlington's Commitment to Carers was co-produced by members of the Carers' Strategy Steering Group (CSSG) and family carers in Darlington and takes into account feedback

received throughout the development process. The CSSG will continue to oversee progress in relation to the Action Plan and to seek feedback from carers and other partners.

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HEALTH AND WELL BEING BOARD
20 JUNE 2024

ITEM NO.

COMMERCIAL DETERMINANTS OF HEALTH

SUMMARY REPORT

Purpose of the Report

1. To set out for consideration by the Health and Wellbeing Board the position statement (Appendix One) on Commercial Determinants of Health which has been produced by the Association of Directors of Public Health North East.[1]

Summary

2. Commercial Determinants of Health is a collective term used to describe the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work.
3. The positive contributions of these industries include economic growth, job creation in our local communities and improved standards of living.
4. Unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases), as well as other health and social issues.
5. Commercial Determinants of Health include political, scientific, and marketing practices which mainly cause health harm by **maximising the use of potentially harmful products**, either directly or by enabling corporations to block, delay, or weaken policy and deter litigation.
6. Common industry tactics used include lobbying and political party donations; manufacturing doubt and shifting blame; aggressive marketing and advertising; and self-regulation and corporate social responsibility.
7. Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption, misinformation about risks and use of ambiguous terms such as 'responsible drinking'.).
8. Central to the approach is the narrative of the personal responsibility of the individual, without acknowledgement of the influence the UCIs have in shaping our environments and ultimately influencing choices.
9. The harms driven by the Commercial Determinants of Health occur at an individual and population level and include health, financial and relationship harms alongside significant monetary costs to society.
10. The following principles (ways of working) are suggested:
    (a) UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people.

[1] Home | North East (adph.org.uk)

(b) Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities.
(c) UCI marketing drives harmful consumption and health inequalities and needs to be tackled.
(d) Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention.

Recommendation

11. It is recommended that:-

(a) Health and Wellbeing Board Members note the content of the report and position statement on Commercial Determinants of Health.
(b) The Board receive future updates on the regional commercial determinants of health work programme, as it progresses.
(c) Health and Wellbeing Board members consider endorsing the principles set out in the regional position statement.

Reasons

12. The recommendations are supported by the following reasons:-

(a) The Health and Wellbeing Board has a statutory duty to improve the health and wellbeing of the local population and reduce health inequalities.

Lorraine Hughes
Director of Public Health

Background Papers

None.

Lorraine Hughes, Director of Public Health

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	Collaborative efforts to reduce the impact of Commercial Determinants of Health may provide improvements for health and wellbeing of residents.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

Association of Directors of Public Health North East

Position Statement on Commercial Determinants of Health

March 2024

What are the commercial determinants of health?	The commercial determinants of health (CDoH) are *the conditions, actions and omissions by corporate bodies that affect our health*[1]. They are the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work. The positive contributions of these industries include economic growth, job creation in our local communities and improved standards of living. In addition, the North East Better Health at Work Award supports businesses and employers across the region to improve the health and wellbeing of their employees. Unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. There are other UCI's such as the fossil fuel industry but the focus of this paper will initially be on the first four. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases – NCDs), as well as other health and social issues: • Cancers • Heart disease • Stroke • Respiratory disease • Overweight and obesity • Liver disease • Mental health disorders • Suicide • Global heat-related deaths • Spread of infectious disease • Accidents • Social problems In 2019, NCDs accounted for 88.8% of all deaths in England[2] and they make a significant contribution to disabilities and worsening health- related quality of life alongside driving inequality; not all harmful products are consumed equally, and some groups are more vulnerable to the negative impacts. For example, people living in the most deprived communities are four times more likely to die from cardiovascular disease (CVD) as those in the least deprived. Tobacco causes one in 5 cancers and alcohol and unhealthy food cause one in 20. We know that people from the most disadvantaged areas are more likely to smoke, be overweight and experience greater levels of harm from alcohol (even when they consume less).

Common industry tactics	There are common tactics used across UCIs to target consumers and vulnerable populations. Broadly, these are: • **Lobbying and political party donations** This leads to the impeding of policy and legislative decisions that would support public health. Gambling firms have been a leading source of donations to MPs in recent years[3]. • **Manufacturing doubt and shifting blame** UCIs contradict and cast doubt on the scientific evidence that reveals the harm caused by their products and instead promote their own (industry-funded) research. For example, the tobacco industry promotes alternative causes for lung cancer to distract from the link to smoking[4]. • **Aggressive marketing and advertising** There is product placement and promotion across all mediums, often particularly concentrated in areas of greater deprivation and/or towards vulnerable groups. A recent study in Scotland found that children from more deprived areas were more likely to be exposed to unhealthy food and unhealthy food and drink product advertising compared to those living in less deprived areas[5]. • **Self-regulation and corporate social responsibility** There is a strong push by industry to avoid mandatory regulation by self-regulation instead, but research suggests this does not lead to any public health benefits[6,7]. A review of the Public Health Responsibility Deal found that pledges to improve health were driven by the interests of industry and were not drawn from the most effective interventions available (instead focusing on information giving and individual choice) – and this was particularly the case for the alcohol pledges[8,9]. UCIs also invest in charities, good causes and training / educational initiatives to distract from evidence of harm. The personal responsibility narrative is central to their approach; they argue that as individuals, we must take responsibility for what we choose to consume and how regularly we do that. UCIs argue that public health interventions are akin to a 'nanny state', unduly interfering in personal choice. What they fail to acknowledge is the significant role they have in shaping our environments and ultimately influencing our choices through their own activities. Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption[10]).
A public health approach to CDoH	The harms driven by the CDoH occur at a population level, not just at an individual level. Focusing only on those with acute issues overlooks the significant proportion of the population who are at risk of harms and also contributes to the personal responsibility narrative. There are health, financial and relationship harms alongside significant monetary costs to society. Therefore, our response needs to be at all levels of prevention – primary, secondary, tertiary.

	Work to tackle the effects of UCIs is at different stages; the tactics of the tobacco industry are well-known and programmes of work to reduce smoking prevalence are advanced, with legal frameworks in place. Gambling-related harms work is at an earlier stage and requires development. However, there are key principles that apply regardless of which UCI is being considered. A conflict-of-interest toolkit is currently being developed by public health specialty registrars for use by local authorities.
Key principles	1. UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people. 2. Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities 3. UCI marketing drives harmful consumption and health inequalities and needs to be tackled 4. Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention
Actions	1. Develop a toolkit for how we frame CDoH with the public and press – including FAQs and responses to anticipated challenges 2. Up-skill our public health teams and wider stakeholders on the commercial determinants of health through training/workshops 3. Work with other regions to influence national policy and action on the CDoH 4. Secure endorsement for the principles outlined in this document at local Health and Wellbeing Boards

Version control

Author: Association of Directors of Public Health North East

Version: FINAL v1

Date Reviewed & Agreed: 15-03-2024

Review Due Date: 15-03-2025

References

[1] World Health Organization (2023). *Commercial determinants of health*. Available from: https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health.

[2] Office for Health Improvement and Disparities (2021). *Annex C: data on the distribution, determinants and burden of non-communicable diseases in England*. Available from: https://www.gov.uk/government/publications/nhs-health-check-programme-review/annex-c-data-on-the-distribution-determinants-and-burden-of-non-communicable-diseases-in-england#summary

[3] The Guardian (2021) *Almost £225,000 in wages and freebies taken from gambling industry by 28 MPs*. Available from: https://www.theguardian.com/society/2021/nov/15/almost-225000-in-wages-and-freebies-taken-from-gambling-industry-by-28-mps

[4] Maani N., van Schalkwyk MCI., Filippidis FT., Knai C., Petticrew M. (2021) *Manufacturing doubt: Assessing the effects of independent vs industry-sponsored messaging about the harms of fossil fuels, smoking, alcohol, and sugar sweetened beverages.* SSM Popul Health. Available from: https://www.sciencedirect.com/science/article/pii/S2352827321002846?via%3Dihub

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