



CASE STUDY

COMMISSIONING BODY: Liverpool First for Health and Wellbeing Partnership

TITLE: **The contribution of local policies to cardiovascular disease and other non-communicable diseases**

DESCRIPTION: HM Partnerships were commissioned to identify the potential health impact of public policy on non-communicable diseases and consider the potential for policy amendments at a local authority level relating to alcohol, nutrition and physical activity.

Initially HM Partnerships conducted a review of published reports and further publications to identify evidence-based policy interventions. National experts were then selected for engagement and to source specific policy interventions and identify legal issues that may make it possible or impossible for certain policies to be changed at a local level. Further engagement of partners and other stakeholders was then undertaken, this included discussions of findings to date and gauging of local opinions relating to the policies identified for potential change.

A full report outlining the key findings and main discussions around potential policy change was made available to Liverpool First for Health and Wellbeing Partnership, with key recommendations outlining the policy areas that have the greatest potential for local implementation.

OUTCOMES: An overview of the impact of public policy on non-communicable disease

Policy Area	Policy Change	Impact of Policy	How can this be implemented
Alcohol	Alcohol Pricing Policy	A rise in alcohol price leads to a drop in consumption.	<ul style="list-style-type: none">• Taxation• General price increases• Minimum pricing• Restrictions on price promotion
	Minimum Age Limits	Reduction in drinking amongst young people	<ul style="list-style-type: none">• Increasing the drinking age to 21• Better enforcement of

			minimum age limits
	Advertising Restrictions	Reduce alcohol consumption	<ul style="list-style-type: none"> • Controls or partial bans • Restrictions on placement and content of alcohol advertising
Nutrition	Substitution/reformulating foods	Reduction in consumption of salts, fats, sugars	<ul style="list-style-type: none"> • At government level, food producers have reduced salt in products • Food Standards Agency are encouraging the same with regards to sat fat
	Pricing	Positively encourage consumption of healthier food	<ul style="list-style-type: none"> • Using subsidies to reduce the price of healthier foods
Physical Activity	Media and communications	Increased intentions to be more physically active	<ul style="list-style-type: none"> • Raising awareness via media campaigns
	Transport	Influencing physical activity levels	<ul style="list-style-type: none"> • Traffic calming • Multi-use trails for walking and cycling • Reducing the capacity of roads • Road user charging • Increasing cycling infrastructure

CONCLUSION: There is strong evidence of the impact of public policy on health and a number of examples where the policy has been amended or introduced to create a healthier environment. Policy makers are increasingly aware of the health impact of public policy and are now accepting its importance for the prevention of ill health.

It is not appropriate to simply lift interventions from the effectiveness literature and apply them directly to local practice. A policy intervention that may be effective in one population may not necessarily transfer to another and this is reflected within the full project report.