

OPEN

Corporate Policy Committee

06 August 2025

Director of Public Health Annual Report 2024: Commercial Determinants of Health

**Report of: Helen Charlesworth-May, Executive Director of Adults,
Health & Integration**

Report Reference No: CPC/24/25-26

Ward(s) Affected: All

For Decision

Purpose of Report

- 1 To introduce the Director of Public Health Annual Report 2024, which was referred to Corporate Policy Committee by the Cheshire East Health and Wellbeing Board on 21 January 2025.
- 2 To support the delivery of the three overarching commitments of the Cheshire East Plan 2025-2029 to: (1) unlock prosperity for all, (2) improve health and wellbeing, and (3) be an effective and enabling council.

Executive Summary

- 3 Directors of Public Health in England are required to produce an annual report on the health of the local population they work on behalf of. The Cheshire East Director of Public Health Annual Report for 2024 (Appendix 1) focuses on the harmful health impacts of the CDoH and unhealthy commodity industries (UCIs) to Cheshire East residents.
- 4 There is growing recognition at an international level that CDoH are major drivers of ill-health. In June 2024, the World Health Organisation reported that alcohol, tobacco, ultra-processed foods and fossil fuels are responsible for over a third of all global deaths. There is also

growing recognition that the CDoH should be central to public health policy and practice.¹

- 5 Despite this, however, there is still a distinct lack of a coordinated, national approach to using legislation and regulations to more effectively govern how UCIs operate (and therefore, limit/reduce the negative harms they can cause).²

RECOMMENDATIONS

The Corporate Policy Committee is recommended to:

1. Approve the development of a Cheshire East Position Statement on Commercial Determinants of Health (CDoH), setting out the council's commitment to improving residents' health and wellbeing by counteracting the negative influence and impacts of CDoH.
2. Approve the council's Public Health team working with partners across Cheshire and Merseyside to produce a Cheshire and Merseyside Position Statement on Commercial Determinants of Health.
3. Approve the exploration of using planning powers and the local plan to restrict the density of unhealthy commodity industries in Cheshire East, particularly in areas where existing rates of deprivation and health inequalities are higher.
4. Approve the exploration of using cumulative impact assessment(s) and licensing powers to reduce the overall impacts of alcohol use and harm.
5. Approve the exploration of a Health in All Policies (HiAP) approach to sustainably and effectively address the underlying causes of health inequalities.
6. Approve the promotion, development and delivery of interventions and projects (e.g. The Bread and Butter Thing), to provide as many residents as possible with healthier food ingredients and meals, and reduce reliance on cheaper, processed products that are higher in fat, sugar and salt.
7. Note that forthcoming recommendations will be considered by Corporate Policy Committee and/or other service committee(s) as required.

¹ Marmot, M. et al. 2022. *The Business of Health Equity: The Marmot Review for Industry*. Available [here](#)

² Maani, N. *The Commercial Determinants of Health*. Oxford University Press.

Background

- 6 The CDoH comprise part of the wider determinants of health and are defined as the ways by which commercial entities (ranging from global multinational industries, through to local small and medium sized businesses) influence and impact health and wellbeing.
- 7 Commercial entities, particularly those that promote and sell unhealthy products (often termed Unhealthy Commodity Industries or UCIs), have the social, economic, and political gravity to shape the physical and social environments in which people live, grow, learn and work, in ways that even governments and health departments cannot.
- 8 The tactics employed by UCIs – ranging from marketing and advertising to political lobbying and national regulatory influence – shape societal norms and weaken health policies. These companies and industries have, and continue to, use their influence and tactics to first and foremost secure their own profits, shares and growth, which too often is at the expense of peoples' health and wellbeing.
- 9 The extent of this influence and impact is demonstrated by the fact that just four UCIs – tobacco, ultra-processed foods, alcohol and fossil fuels – are the cause of over a third of all global deaths each year.³ In Europe, almost two thirds (61%) of deaths caused by noncommunicable diseases can be directly attributed to risk factors linked to unhealthy diets, physical inactivity, alcohol and tobacco consumption.⁴

Taking Action

- 10 As awareness and understanding of the negative health harms of CDoH has grown in recent years, so too have the efforts of local authorities, regional bodies and local area partnerships to counteract these and protect the residents they serve.
- 11 In the absence of a national approach to tackling CDoH, local authorities have begun to proactively develop coordinated, local approaches and use local powers to introduce junk food advertising bans, advertising and sponsorship policies, tackle single use vapes and youth vaping, and support local people to access fresh and healthy foods.
- 12 Cheshire East Council approved its Healthier Food and Drink Advertising Policy in October 2024; 8 of the 9 local authorities in

³ World Health Organisation. 2024. *Just four industries cause 2.7 million deaths in the European Region every year*. Available [here](#)

⁴ World Health Organisation – Regional Office for Europe. 2024. *Commercial Determinants of Noncommunicable Diseases in the WHO European Region*. Available [here](#)

Cheshire and Merseyside now have such a policy in place (as of June 2025) and over 30 local authorities across the country in total.

- 13 Some local and regional governments have also introduced a 'Health in All Policies' (HiAP) approach to policy creation and decision making. First coined in health policy circles in 2006,⁵ this approach systematically puts health and wellbeing at the forefront of how local places govern and grow.
- 14 A HiAP approach can help local authorities to secure long-term, sustainable benefits to health and health equity, and can support greater economic stability, economic growth and wider social benefits.⁶
- 15 Cheshire East Council's public health team has commenced work with the Association of Directors of Public Health (ADPH) to establish a greater understanding and awareness of CDoH and consider different ways to address the harmful impacts of UCIs.
- 16 Both the [North East Directors of Public Health](#) and [Yorkshire and Humber Directors of Public Health](#) have published their own Position Statements on CDoH. These detailed documents outline their collective, regional commitment to counteracting the health harms of CDoH to the local people and communities they represent
- 17 Actions taken by the Council to reduce the harmful impacts of CDoH, and/or to introduce a health in all policies approach, **would not result in the council taking an anti-business approach.**
- 18 In fact, the health and wealth of an economy are closely connected; a healthy economy needs healthy people.⁷ By promoting health and health equity in Cheshire East, the council will be promoting the long-term health of its local economy too.

Devolution

- 19 The recommendations in this report also link in to the recently announced Devolution Bill and forthcoming plans to establish a devolved Cheshire and Warrington Mayoral Combined Authority.
- 20 Each of the areas of competence that the elected mayor for Cheshire and Warrington will have responsibility for delivering – transport, infrastructure, skills, employment, housing, strategic planning, regeneration, environment, climate change, public safety, health and wellbeing – are determinants of health and will have a key role in

⁵ Greer, S. et al. 2022. *From Health in All Policies to Health for All Policies (The Lancet)*. Available [here](#)

⁶ The Health Foundation. 2019. *Implementing health in all policies*. Available [here](#)

⁷ The Health Foundation. 2021. *A Healthy Economy Needs Healthy People*. Available [here](#)

determining our residents' quality of lives, standard of living and healthy life expectancy.

Consultation and Engagement

21 No formal consultation was required.

Reasons for Recommendations

22 It is the duty of all upper-tier and unitary local authorities in England (under Section 2B of the NHS Act 2006) to take appropriate steps to improve the health of the people who live in their areas.

23 The recommendations will help to address deprivation, health inequalities and improve health and wellbeing outcomes for people of all ages.

Other Options Considered

Option	Impact	Risk
Agree to support all recommendations in full	There may be minimal cost and/or resource implications associated with the implementation of the recommendations. These would be assessed in greater detail prior to the planning of any projects implementation.	There is a low risk of minimal cost and/or resource implications.
Agree to support recommendations in part	The council would miss the opportunity to explore all opportunities with potential to deliver sustainable, long-term improvements to residents' health and wellbeing.	The council would risk missing an opportunity to explore and implement positive opportunities to improve residents' health and wellbeing.
Do nothing	Doing nothing will mean that the council does not explore several opportunities with potential to deliver sustainable, long-term improvements to residents' health and wellbeing.	The council would risk missing an opportunity to explore and implement positive opportunities to improve residents' health and wellbeing.

Implications and Comments

Monitoring Officer/Legal/Governance

24 Directors of Public Health are required to prepare an annual report on the health of their local population under section 73B(5) National Health Service Act 2006. The local authority has published this report in accordance with section 73B(6) National Health Service Act 2006.

25 There are no immediate legal or governance implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this

area, there may be legal and governance implications that will be assessed in greater detail at this stage.

Section 151 Officer/Finance

- 26 There are no immediate finance implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be financial implications that will be assessed in greater detail at this stage.

Human Resources

- 27 There are no immediate human resources implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be human resources implications that will be assessed in greater detail at this stage.

Risk Management

- 28 There are no immediate risk management implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be risk management implications that will be assessed in greater detail at this stage.

Impact on other Committees

- 29 There are no immediate implications for other committees associated with this report and its recommendations at this stage. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be implications for, and recommendations to, other committees dependent on the content and remits.

Policy

- 30 There are no immediate policy implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be policy implications that will be assessed in greater detail at this stage.

Equality, Diversity and Inclusion

- 31 There are no immediate policy implications associated with this report and its recommendations. Subject to the planned proposal(s) of future interventions, strategies and/or policies in this area, there may be Equality, Diversity and Inclusion (EDI) implications that will be assessed in greater detail through Equality Impact Assessments at this stage.

Other Implications

32 There are no other implications.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy):</i>			
Ashley Hughes	S151 Officer	11/07/25	16/07/25
Janet Witkowski Acting	Monitoring Officer	11/07/25	15/07/25
<i>Finance:</i>			
David Hallsworth	Principal Accountant	05/06/25	09/06/25
<i>Legal:</i>			
Leah Benson	Senior Lawyer (People)	13/05/25	16/05/25
<i>Executive Directors/Directors</i>			
Prof. Rod Thomson	Interim Director of Public Health	04/06/25	11/06/25
Guy Kilminster	Corporate Manager Health and Wellbeing	04/06/25	18/06/25
Dr Matthew Atkinson	Consultant in Public Health	04/06/25	17/06/25

Access to Information	
Contact Officer:	Joel Hammond-Gant, Health Protection Officer Joel.hammond-gant2@cheshireeast.gov.uk
Appendices:	Appendix 1 – Director of Public Health Annual Report 2024
Background Papers:	None.