



we're all in this together

improving the long-term
health of the nation



Public Health Commission

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Good Health

- Obesity has trebled in the last 20 years
- Nearly 25% of adults and 10% of children are obese
- There are approximately 70,000 premature deaths each year in the UK as a result of an unhealthy diet
- The number of deaths caused by alcohol has doubled in the last 15 years
- In the last 40 years, average consumption of alcohol per head has doubled
- In 2006 only 40% of men and 70% of boys achieved recommended levels of physical activity
- In 2006 only 28% of women and 59% girls achieved recommended levels of physical activity
- Diet-related ill-health costs the NHS £6 billion per year
- Lack of physical activity costs the NHS up to £1.8 billion per year
- The health costs of alcohol misuse are estimated at £2.7 billion annually

We toast to it, are reminded to be grateful for it when life is tough and things go wrong, and take it for granted until it's no longer ours to enjoy. It underpins our potential at work, our fun at play and our happiness at home; it has a big say in our **quality of life**. This report is all about **good health**. It's about the risks we present to it in the way we choose to live our lives: what and how much we **eat and drink** and the amount of **physical activity** we do. But more importantly, it's about the good health that's possible if business and Government **share responsibility** for helping people make better, **healthier choices** more of the time.

People and a sense of possibility lie at the heart of what follows. There's an intrinsic belief that **consistency** of approach and **clarity** of message can embed good health and the aspiration to achieve it deep in society, propelling sustainable and meaningful changes in how people choose to live their lives. We can, **working together**, raise awareness and carve out opportunities for individuals, families and communities to kick the unhealthy habits of a lifetime. There is no silver bullet and change will not come overnight; people are complex and their behaviours entrenched, but there is a way forward – through **genuine partnership** and shared responsibility. After all, we're all in this together.

Chairman's Foreword



As a consequence of the food we eat, the alcohol we consume and the amount of exercise we do, millions of people in the UK are living unnecessarily unhealthy lifestyles. Quality of life is being diminished and lives being cut-short with profound effects for both our society and economy. We need to come together to take urgent action.

As Chairman of a business selling food brands to millions of consumers in the UK, I'm aware of my own - and Unilever's - responsibility to work with all stakeholders and contribute fully to finding effective solutions. It's the reason I accepted Andrew Lansley's offer to chair the Public Health Commission, established to assess his proposal for a Responsibility Deal between Government and business against a public health agenda. I did so on the condition that it would be run with full political independence and that we appointed a Commission with not only the right level of expertise and experience, but also a real diversity in terms of interests and opinions.

Our work has left me absolutely convinced of the need to tackle the confusion caused by the plethora of unconnected and disjointed public health initiatives currently at work in the UK. It's simply a must. That confusion is being lived out by real people every day and they're compromising their health as a result.

We decided from the outset to view that challenge through the eyes of the people we are trying to help; to consider their lives in totality. What you will read in the following pages is the result of this people-centred approach which tries to address, in a deliberately holistic way, the opportunity that lies at the heart of bringing business, the Government and importantly the third sector together to improve the long-term health of the nation.

Changing consumer behaviour, improving the quality of our product offerings and embedding healthy habits will be the

route to our success. It will require that we systematically raise everyone's awareness of the big health issues, consistently present them with the opportunities to make healthier choices, and, invite them to do so. We need to take a fresh look at providing people with the education, options and impetus they need to look after themselves and their families.

Government, business and the third sector will also need to come together in partnership and make some tough choices now and in the future: about what's working and what's not, what's in and what needs to be thrown out against our shared ambition of making the nation a healthier one. Most important, when making those choices, is that we remember who we are making them for and what they need from us to make the right decisions each and every day.

This report concludes the work of the Public Health Commission. It has been borne of teamwork and true partnership, requiring brave and open discussions on challenging and emotive issues. I have always believed that you get better solutions to difficult problems when you bring together those with the right expertise, representing the fullest range of opinions and ideologies, with the objective of finding a collective way forward. This can be a very challenging process but if successful can be very powerful. It must not be about watering down through compromise; it's about thinking together creatively and building a plan of action towards a shared goal. That is what I believe the Commission has done and I am indebted to the Commissioners who have dedicated an enormous amount of their time and effort to this project. I have learned a lot from working with them and will be eternally grateful for the professional and pro-active way they have engaged in this endeavour.

Dave Lewis
1 July 2009

Executive Summary

This report is the shared vision of a diverse group of experts. We have varying opinions on public health, but two big things in common: expertise in how to influence the everyday decisions of people and an honest desire to work together in the interests of improving people's health.

The first was of huge practical import; it grounded our discussions and consequent recommendations in the nitty-gritty of lives as they are lived, in those everyday decisions taken in seconds rather than minutes and driven as much by habit as by rational thought. Expertise has come from representatives of the supermarkets who serve millions of people each week, the branded goods manufacturers who understand why people buy their products time and again, the charities who run programmes addressing the needs of individuals, families and specific communities, the consumer groups who effectively campaign on the health issues which matter most to their constituents, and the academics and healthcare professionals who build our understanding and carry it into effective working practice.

The second was more powerful still. The desire to help people, to make a difference to their health and by extension their lives, was our unifying force; people were our magnetic north, our higher authority, our consensus builder. Our process started and ended with them and it was the richer for it.

Rather than take the Responsibility Deal by pillar and by point, we made it our springboard for asking what business and Government could do to reach people with consistency and clarity in all the varied contexts of their everyday lives: in workplaces, communities, schools, shops and restaurants, bars and clubs, and through media, marketing and advertising. Where and how could we best enable and encourage people to make healthier choices? Where and how could we best support key messages being absorbed? Most crucially, how could business and Government bring all these opportunities together in a joined-up way that made sense not just to the person at work, or the person at home or at play but to individuals in totality wherever they may be and whatever they may be doing?

In addressing these questions we have responded to every element of the Responsibility Deal we were asked to consider; our conclusions can be found in Chapter 7. But we have devoted the body of our report to a response that took the spirit of the Responsibility Deal, that of partnership and shared responsibility, and made it a catalyst for something bigger: a more holistic framework for addressing the single-minded objective of improving the long-term health of the nation. It's a framework of six inter-dependent parts that puts the ideas of consistency and clarity centre-stage. We believe in the need to:

Educate

It is easy to assume that education is the solution to this complex problem – it's not. Evidence suggests that the relationship between education and the behaviour change we need is complex and imperfect. But education is a necessary foundation for long-term, sustainable improvement. There is an urgent need to raise awareness of the opportunity that the combination of a balanced diet, the right level of physical activity and responsible drinking presents as a gateway to good health and a full life. As our recommendations set out, it's a need that is best met by clear messages, articulated in a consistent and compelling way through all available channels and over the long-term.

Improve what we eat and drink

As a nation we eat too much salt, saturated fat and sugar and too few of our recommended five portions of fruit and vegetables each day. The proportion of energy-intake from trans fats is still a real issue for specific sections of the population. Progress has been made in recent years on many of these fronts but we should act with ambition to do more. Part of the answer lies in working hard behind the scenes: working to adapt consumer taste through removing what is unhealthy from the food that people buy and reducing the exposure of children to advertising of the least healthy products. Part of the answer lies in providing nutrition information in a way that allows informed choices to be made. The consistency of that provision and the breadth of its application, particularly its extension to out of home (OOH) settings, will be key.

Eat and drink appropriate quantities and increase activity

Striking the right balance of energy-in and energy-out is vital to any strategy addressing lifestyle related ill-health; many of us simply consume more calories than we expend in living our lives and our health suffers as a result. In doing less, we neglect the rich physical and mental rewards that increased activity and exercise offer. Too many of us drink too much alcohol: anti-social behaviour is one consequence, rising alcohol-related chronic disease and increasing liver deaths is another. The impact on wider society is costly and painful. By making all forms of physical activity more accessible, healthy options more available, and drinking environments more conducive to moderation, our recommendations look to ensure that people have the options they need to take responsibility for striking the energy-in, energy-out balance and for drinking responsibly.

Maximise prevention while maintaining cure

Prevention is too often the poor relation of cure. We recommend that Government work in a joined-up way in addressing and prioritising prevention, emphasising preventative opportunities in the healthcare system and ensuring those opportunities are adequately resourced. There is a major role for the third sector here as both a strategic and delivery partner and in using their trusted brands and organisations to disseminate public health messages with greater credibility.

Evaluate for continuous improvement

Evaluation in the area of public health is often poor or incomplete. There is an obvious need for a step-change in the quality of data on which decisions are based and from which lessons are learned. But there is also an opportunity to address evaluation in a way that is different not just in scope and quality, but in kind. We talk about the role of agile evaluation: the use of consumer purchasing data provided and interrogated by business to create an immediate feedback loop on the impacts of public health interventions and to inform decisions on required action. Business and Government can work together towards the creation of a virtuous circle of continuous, evidence-based improvement that will play a significant role in extracting maximum value from shared investment and maximum impact where it matters most, in people's lives.

Build genuine partnership

The idea and realisation of true partnership will be central to any Responsibility Deal. Without it, the opportunity to make a real, tangible difference to the health of individuals, families and communities will be lost. However, partnerships can be hard in practice. They require courage from all sides, honesty and integrity, a willingness to work for the long-term and a fundamental respect for the expertise and ability that all partners bring. We simply must succeed in the building of genuine partnerships against the public health agenda; it is vital if meaningful progress is to be made. The following chapters set out the detail of our

recommendations. However, the principle of coherence is key. In our work we found no shortage of initiatives looking to address the health challenges of poor diet, lack of physical activity, and excessive alcohol consumption; there is no lack of effort and energy being invested in making things happen. Indeed, we believe strongly in keeping and developing what's working and turning existing best practice into common practice. The issue is that many of the tools already to hand are only half used or sold short in favour of 'the next big thing'; we found multiple, unconnected interventions that push hard, but point in different directions. The cumulative result, too often, is limited impact, confusion, and marginal return on investment.

The need to take a holistic view of both the problem and the solution as well as bring structure to the latter could not be more urgent; the facts are seemingly endless and speak for themselves:

- Obesity has trebled in the last 20 years, now affecting nearly one-quarter of adults and one in ten children
- There are approximately 70,000 premature deaths each year in the UK as a result of an unhealthy diet
- The number of deaths caused by alcohol has doubled in the last 15 years
- In the last 40 years, average consumption of alcohol per head has doubled
- In 2006, only 40% of men (70% of boys) and 28% of women (59% girls) achieved recommended levels of physical activity
- Diet-related ill-health costs the NHS £6 billion per year; lack of physical activity up to a further £1.8 billion and the health costs of alcohol misuse are estimated at £2.7 billion annually. The costs to the wider economy and society are far more profound.

These statistics are a rallying call. The answer that follows to the challenge they present is by no means exhaustive; constraints of time and resource required a pragmatic, selective approach. We made some clear demands of ourselves in searching out and developing those recommendations which to us seemed practicable, realistic, actionable, and most likely to deliver immediate yet sustainable effects. More meetings would no doubt have produced a further range of ideas, but importantly our fundamentals would have remained unchanged: our vision would have remained clear, with people at its core; our objective the same with the long-term health of the nation its unrelenting focus; and our strategic framework the common set of pegs on which any new thought could be hung.

Funding

Our work has focused on delivering a set of coherent recommendations set in a holistic framework for improving public health; by implication, properly implemented and supported for the long-term, we would hope that they offer value for money. We have not, however, completed detailed costing work. We have tried to be mindful of economic constraints, particularly where the tax-payers money would be required, and are supportive of further work to establish whether the more costly recommendations can justify their expense. It is clear (see Chapter 4) that the UK spends above the Organisation for Economic Co-operation and Development (OECD) average on prevention each year. It will be for Government to decide whether the absolute number dedicated to prevention needs to increase and how it is best allocated against the objective of improving the long-term health of the nation.

Public health: a definition

Our definition of public health comes from the Responsibility Deal to which we were asked to respond. It narrowed our focus to the role of diet, physical activity and responsible drinking in supporting good health. When we talk about public health in this report, it should be understood in this context.



01/ Educate

Education is a necessary foundation for long-term, sustainable improvement. There is an urgent need to raise awareness of the opportunity that a balanced diet, the right level of physical activity and responsible drinking presents as a gateway to good health and a full life. It's a need best met by clear messages, articulated in a consistent and compelling way through all available channels and over the long-term.

Messages

People do not usually knowingly or willingly damage their own health or that of their families. Yet the trends in obesity, chronic lifestyle-related disease and alcohol-related ill-health speak to everyday decisions and individual choices that do just that. People are damaging their health daily without understanding what they're doing wrong or what they should do to make things right.

We believe that this is, in some part, due to the confusion caused by the many overlapping initiatives and health messages delivered by Government Departments, devolved administrations, local and regional Government, businesses, charities and the media. Most of this activity is entirely well-intentioned, but has been developed without regard for the cumulative impact of the multiple layering of uncoordinated health messages on the consumer.

Like successful brand marketing, the secret of success lies in simplicity, clarity and consistency of message as well as delivery of that message over a prolonged period of time. The way forward is to apply that insight to the public health problems caused by an imbalance in the energy-in, energy-out equation and irresponsible or harmful drinking. All communications must be focused on a small number of very clear and very simple messages which attack the really big issues: straightforward ideas, compellingly expressed.

Recommendation 1.1: Public health communications should focus on delivering three key health messages:

1. **A healthy diet** Reinforcing the basic rules of a healthy diet with information given in terms of daily intakes of fat, saturated fat, salt, sugars and the need for at least five portions of fruit and vegetables – all set in the context of dietary variety.
2. **Energy** Covering both 'energy-in' – in terms of appropriate calorie intake for men, women and children and including the contribution made by alcohol – and 'energy-out' – covering the role of physical activity in a healthy, balanced lifestyle.
3. **Responsible drinking** Outlining recommended maximum limits for alcohol consumption, improving understanding of the alcohol content in drinks and promoting standards of acceptable behaviour.

Delivery

Agreeing these priority messages and sticking to them rigidly is not enough however; the method of delivery and the channels used are of equal importance. Currently, people are faced with a series of branded initiatives, some delivered in partnership with business, some without, all with slightly different slogans and advice. Our desire is that people be faced with just one.

We accept that in the short-term, for reasons of branding, governance and funding, there is a need to support two separate vehicles to deliver the three key messages identified in Recommendation 1.1: the existing Change4Life campaign and the alcohol industry's soon to be launched Campaign for Smarter Drinking under the Drinkaware brand. In the longer-term however, there is the opportunity for a single vehicle to bring these initiatives together, delivering the three key messages with consistency and coherence in all channels.

Recommendation 1.2: We propose that the three key health messages should be consistently delivered by a single, branded vehicle ('The Vehicle') supervised in partnership by Government and business. An enhanced and extended Change4Life should be considered for this role. The long-term aspiration is to bring Change4Life and the Campaign for Smarter Drinking together under this unifying banner at both a local and national level with a remit for all adults and all children.

The Vehicle should be an engaging platform for partnership and communication that people want to be part of. It should provide the opportunity for partnerships supporting its three key messages to be brokered and provide the brand through which communication of its three key messages be delivered in all

contexts. A key requirement will be to establish an appropriate structure for governance, funding and business support.

Recommendation 1.3: The Vehicle should have a structure for governance and funding that works for the full breadth of industry and public sector stakeholders ensuring continuity and shared ownership and avoiding 'badging' by any single stakeholder.

Recommendation 1.4: We propose that business support for The Vehicle should be channelled, where possible, through a single coalition organisation ('The Coalition') based on the amalgamation of Business4Life and the Campaign for Smarter Drinking. However, in the interests of maximising all possible opportunities, freedom for individual businesses to engage with The Vehicle directly should be retained.

In addition to more traditional communication channels, we should look to new ways of reaching people, building awareness and supporting education as broadly as possible.

Recommendation 1.5: Combining existing best practice, we propose the development of a user-friendly, integrated, interactive health package that contains simple and tailored health education and improvement plans. It should be developed under The Vehicle brand and rolled-out throughout the public sector at both a national and local level, through workplaces of all kinds, online and through the health, fitness and activity sector as a delivery partner.

Schools

Developing and maintaining healthy habits from a young age is crucial and therefore building understanding and appreciation of the three key messages in schools is a priority. This should begin as early as possible in a child's school life and seek the involvement and support of parents wherever possible. We see an important opportunity for business to support curriculum enrichment: the development of curriculum-relevant materials and programmes that aid the delivery of the three key messages in both the classroom and extended curriculum.

Recommendation 1.6: The Coalition should work with an enhanced Education Business Partnership framework to support the delivery of health, diet, physical activity and responsible drinking messages in schools. Material and programmes would be unbranded. They should be supported by enhanced teacher training focused on increasing the impact of existing opportunities within the school curricula throughout the UK and building on initiatives already underway.

Workplace

Reaching adults with health messages is not easy; the workplace presents an effective opportunity to do this. Many of us spend more time working than doing anything else and the workplace is often where we are at our most engaged. While targeting

the workforce obviously does not capture everyone, it does offer a large and captive audience with regular opportunities to deliver the three key messages and associated interventions in an impactful way, educating employees and effecting behaviour change in a way which can be easily monitored and evaluated.

There are already many good initiatives that try to achieve positive change at work, but they tend to be led by larger companies and there is considerable scope for improving the consistency of approach. Given that around 40% of those employed in the UK work in small-and medium-sized enterprises (SMEs), who have considerably more resource constraints than larger firms, we need to ensure that we develop ways for SMEs to adequately and appropriately support their employees too.

Recommendation 1.7: We propose that The Coalition develop a role in facilitating healthier workplaces and encouraging employee engagement with health in businesses of all sizes. With a focus on the three key messages and their delivery through The Vehicle brand, The Coalition should work alongside other business organisations to co-ordinate efforts to improve health and wellness in the workplace.

Recommendation 1.8: SMEs should be given priority support by The Coalition, industry trade associations and local chambers of commerce. Larger businesses with expertise and successful programmes should work with the Department for Business Innovation and Skills (BIS) to share good practice and new thinking through its existing SME networks. Third sector support for SMEs should be encouraged through 'health assessment groups' commissioned by Primary Care Trusts (PCTs).

Recommendation 1.9: Government should work with business to develop simple and user-friendly self-assessment questionnaires that highlight areas of priority and quick wins for improving workplace health. We should look only to encourage Healthy Workplace Award Schemes that avoid an onerous administrative burden and focus on a broad commitment to a health agenda in the workplace setting.

The Government in fact has a dual role: promoting and supporting the adoption of good practice in business whilst also establishing itself as a leading light in promoting health through positive engagement with its own workforce.

Recommendation 1.10: Government should encourage businesses to consider workplace health as a strategic input into their business plans. This may be achieved through the sharing of best practice with its supply base and the development of a Government-supplier relationship that encourages and promotes healthy workplace initiatives throughout the Government supply chain. Government should ensure that key initiatives are taken up by local and central Government as an exemplar employer.

Communities

There is a wide range of local activity on health issues. We do not want to discourage local initiatives and innovation, but we



do want to achieve as much consistency as we can. Our ideal is a system which allows as much freedom as possible, while retaining a single-minded focus on the three key messages across the activity and in materials. 'Freedom within a framework' strikes us as securing the correct balance between local ownership and national consistency. One area we are particularly keen to support is the development of programmes that recognise the many cultural variations in the diet and lifestyle of minority ethnic communities.

Recommendation 1.11: The Vehicle should set the agenda and goals and provide the brand against which local communities, business and local authorities develop their programmes using the three key messages. There should be a single point of reference, owned by The Vehicle, which helps people share best practice and template initiatives which can be proven to have worked.

Engaging people at specific lifestages

One reason that healthy eating and drinking messages fail to get through is that they are delivered to audiences who are not ready or sufficiently motivated to act on them. Another is that professionals and trusted advisers of all kinds do not always know the right way to tackle a subject like heavy drinking or poor diet. Indeed, ensuring adequate training and resourcing of the agents of change will be vital to progress.

Our strategy reflects this and aims to provide information through, and access to, relevant programmes at pivotal points ranging through the full spectrum of lifestages. We start with birth, where we want to recognise the relative receptivity of new parents to change messages and the power of parental care in influencing behaviour.

Recommendation 1.12: Strengthen communication of the three key messages, under The Vehicle, in schemes such as Sure Start, Emma's Diary (for pregnant women) and Bounty (for those who have just given birth). The Government should ensure that adequate training and access to follow-up tools is provided in the Preventative Care Pathway (see Chapter 4, Recommendation 4.4) for those best placed to deliver brief intervention at the right moment (this extends beyond healthcare professionals to police, social workers and other agents of change).



Improve what we eat and drink

As a nation we eat too much salt, saturated fat and sugar and too few of our recommended five portions of fruit and vegetables each day. Progress has been made in recent years on many of these fronts but we should act with ambition to do more, reformulating products, controlling the exposure of children to advertising of the least healthy products and providing consistent nutrition information wherever food is bought.

We can't escape the fact that front of pack nutrition labelling, advertising to children and reformulation of foods are among the most contentious elements of the diet and health debate. There is, however, agreement that programmes on these subjects need to be linked to consumer education campaigns to have consumer relevance and, although keenly debated in our meetings, consensus on the key elements of a way forward.

Nutrition information on food

Our aim was to find a simple and consistent approach to increasing the provision of nutrition information on food sold in both retail and out of home (OOH) settings. This should cover food served in both the public and private sector and in so doing give people consistent nutrition information everywhere.

It is clear that despite the good progress that has been made on the provision of nutrition information in the UK, against the objectives of maximum intelligibility for the consumer and the ability to influence behaviour, there is no one system that perfectly fits this extended scope. At the heart of our approach is a desire to see the underpinnings of the key educational messages expressed in Chapter 1, Recommendation 1.1 (the basics of a healthy diet and energy-in in the context of daily

intakes) carried consistently through all consumer touch-points. A clear understanding of intake versus recommended nutritional guidelines provides the educational baseline on which healthier choices can be made.

Recommendation 2.1: Front of pack nutrition information should cover calories, sugars, salt, fat and saturated fat. Information should be standardised to include kcal (for calories) and grams (for other nutrients) per portion against guideline daily amounts. It will be important to ensure that the portion sizes used are realistic and appropriate (see Chapter 3, Recommendation 3.2).

Recommendation 2.2: Businesses can continue to apply nutritional evaluation systems, such as colour-coding and text, on a voluntary basis and in applicable categories, on top of the agreed standard baseline.

Although we are eating out more often than ever before, nutritional information in OOH settings has lagged behind progress in retail foods because of the difficulties of assessing recipes, the variation in portion sizes and the resource and skills required to assess and update menus. Despite this, there is a growing interest – particularly amongst workplace caterers and restaurant chains – in providing nutrition information.

Recommendation 2.3: Focus efforts on extending nutrition information to OOH establishments in a manner consistent with the nutrition information baseline for on-pack labelling i.e. calories, sugars, salt, fat and saturated fat per portion. We recognise that the OOH sector covers a wide and diverse range of businesses, many of which are SMEs. Therefore, foodservice providers and wholesalers, who supply smaller outlets with ingredients and products, should be encouraged to provide baseline nutrition information on ingredients and recipes, as well as communication materials, as standard practice.

An integrated approach to nutrient profiling

We need to change the way we set nutrition standards, moving from the current disjointed approach of a different system for every application – which is confusing for business and can lead to unintended misapplication – to a more integrated one. It will be important that it assesses foods on both nutrient content and in the context of a balanced diet in order to prevent unintended and misleading conclusions. This is a particular concern for foods important to a balanced diet when set in the context of dietary variety, such as fruit, vegetables, nuts, oily fish, meat, milk and vegetable oils.

Recommendation 2.4: There should be a fresh impetus behind nutrient profiling in the context of a balanced diet. The aim should be to develop a system which guides nutrition and health claims, reformulation targets, advertising restrictions and other potential evaluations, including front of pack and OOH nutrition information. This should be developed through a partnership between Government, appropriately experienced nutritionists and experts from industry.

Industry-wide reformulation

Significant progress has been made by the food industry in recent years reformulating products to reduce salt, trans fat, saturated fat and sugar. It is accepted that progress requires incremental changes over reasonable timeframes in order to meet consumer acceptability, in terms of taste and quality. We want to see future improvements in line with what has already been achieved and progress extended as far as possible into OOH settings, with regular reporting of progress by industry.

Recommendation 2.5: We support further industry-wide commitments to continue to reduce salt, saturated fat and sugar in foods. These should be set against national targets, have an agreed and realistic timetable to minimise unnecessary costs and take into account progress already made. The Government's role should be to share good practice and highlight the work of businesses and sectors making progress. We also recommend extending reformulation commitments to the OOH sector, working with catering providers and foodservice businesses, with a particular focus on eliminating industrial trans fats in all foods.

Extending restrictions on food advertising to children

The issue of advertising foods at the times children regularly watch TV continues to be contentious. There are existing restrictions on advertising foods high in fat, salt and sugar on television which are kept under regular review by OfCom. Many food businesses also have voluntary marketing codes, both at UK and international level, which reinforce this and extend to other channels. There is, however, concern about marketing foods through "non-broadcast media", particularly the internet and mobile phones, where children's usage continues to increase.

Recommendation 2.6: We would like to see the development of a self-regulatory code by food businesses extending their current commitments to restrict advertising to children across all media, together with an agreed form of robust evaluation to publicly demonstrate that the code is being complied with.

Government leadership by example

The Government has committed to improving the nutrient content of and the nutrition information about the food served in the public sector. However, it is developing many of its programmes, such as school nutrition standards and its proposed Healthier Food Mark,

inconsistently with recommendations it makes for similar settings in the private sector, thus compromising consumer education.

Recommendation 2.7: To be seen as an exemplar employer, the Government needs to be at the vanguard of driving the roll-out of nutrition information in as many of its sites as possible, using the same baseline information recommended for use at the point of choice in OOH settings (in the private sector). In order to reduce complexity, development of the Healthier Food Mark in its current form should stop. If Government is to progress with the initiative, it should ensure that development is consistent with point of choice nutrition information in private sector OOH settings.

At a local level, local authorities are a major provider of free school meals and we have explored the advantages, both in terms of improving the quality of dietary intake and in developing positive long-term habits, of the provision of free, healthy school meals being extended to all nursery and primary children.

Recommendation 2.8: The cost and potential health benefits of offering free healthy school meals to all nursery and primary children should be reviewed by Government.

Food Standards Agency

The Food Standards Agency (FSA) has made huge strides in improving food safety and consumer confidence in food and nutrition since it was set up a decade ago. The FSA is currently undergoing significant strategic review and we are keen to ensure that its policy recommendations are based on scientific objectivity, that it continues to forge good working relationships with all stakeholders and is free from political pressure in developing its advice to Government.

Recommendation 2.9: Government should ensure that the FSA is wholly independent of political influence and can be the owner of scientific objectivity upon which policy is developed.



03/

Eat and drink appropriate quantities and increase activity

Balance is vital to any strategy addressing lifestyle-related ill-health: the balance of energy-in, energy-out and of sensible, responsible drinking. By making all forms of physical activity more accessible, healthy options more available, and drinking environments more conducive to moderation, we can ensure that people have the options they need to make better choices more often and strike a healthier balance in their lives.

Food

The rising prevalence of obesity has brought an increased focus on portion sizes, with pre-packaged foods and those served in some restaurants and high street 'fast food' outlets coming under particular scrutiny. What research we do have is inconclusive on the association between portion size and weight gain. Two things are clearer: individual ready meals and some OOH products have grown in size in recent years, a trajectory that seems unhelpful in the context of rising obesity; and further work is required to understand the true impact of portion size changes over time.

Recommendation 3.1: Encourage the reduction of portion sizes (particularly in high energy density foods) where increases have occurred both in retail and OOH settings. With regard to the latter, Government and the foodservice industry should work together with a focus on foods that are high in salt, saturated fat and sugar. Government and industry should support research into the impacts of changing portion sizes over time.

The consistency and communication of appropriate and responsible portion sizes can also contribute to healthy eating. There is a need to ensure that realistic portion sizes underpin

per portion nutrition information as well as to understand how best to make portion size recommendations intelligible and usable for the consumer.

Recommendation 3.2: Government and business should agree through research, and to underpin per portion nutrition information, realistic and responsible portion sizes for all categories. Expertise should be drawn from relevant organisations such as the Institute of Grocery Distribution (IGD) and British Nutrition Foundation. Industry should also work with the IGD to take forward its research into the most effective way to communicate portion sizes to the consumer.

Alcohol

Although alcohol consumption has shown a small decline in the last four years, the medium- and long-term picture is one of significant growth in alcohol volumes. Increases have been blamed for the rise in chronic alcohol-related illness and social disorder, yet there is also a sense that many drinkers 'enjoy their drink' responsibly and should not be penalised for the problems and actions of the minority. Addressing the issues whilst respecting that sense is a delicate balance to strike.

It is a balance complicated by the fact that although some anti-social behaviour and chronic illness have alcohol as their cause, they stem from two very different types of drinking: disorder comes from binge-drinking usually by the young, while the medical effects of alcohol are the result of long periods of sustained heavy drinking. We looked at ways to tackle both.

We were not set up to examine the issue of alcohol pricing specifically or in detail. However, in the course of our discussions on those interventions that may contribute to a reduction in alcohol-related harm, we did explore two policy options in this area:

- A minimum price per centilitre of alcohol
- The use of fiscal measures to incentivise the production and sale of lower %ABV drinks in each of the categories of beer, wine, cider and ready-to-drink beverages (RTDs)

Given the complexity of the subject and the limited time available, we came to no firm conclusions on the appropriateness of introducing such measures. It was, however, clear to us that Government should review what role pricing and/or fiscal incentives might play as part of a comprehensive suite of measures to address the public health implications of excessive alcohol consumption.

As with food, the provision of intelligible information at the point of choice can support people in making more of the right choices. Unfortunately, in alcohol, the current measure for alcohol content, the 'unit', can lead to confusion rather than help build understanding. It is an abstract construct, not well understood by consumers and representative of different quantities of alcohol across Europe. Moreover, in trying to raise awareness of what people are consuming, it seems sensible to address the nutritional content of food and the alcohol content of drinks in a consistent way: grams (g) of nutrients in food becomes centilitres (cl) of pure alcohol in alcoholic drinks.

Recommendation 3.3: Establish a European 'standard drink' expressed in centilitres (cl) of alcohol, communicated through labelling and at the point of choice in a consistent way. The role of the 'unit' (1cl of alcohol) in consumer communications should be reviewed in light of the new scheme. The objective should be to find the best way of building public understanding of sensible drinking guidelines.

The place of calorie information in relation to alcohol is less clear. Given that alcohol contributes to calorie intake and the need to achieve balance in the energy-in, energy-out equation, the provision of this kind of information at the point of choice could have an important role; it may also moderate the quantities of alcohol that people consume.

Recommendation 3.4: Government and business should work together to conduct research into whether calories per portion should be introduced on alcohol labels and at the point of choice to support consumers in striking the right balance of energy-in and energy-out. It will be important to establish whether this information has any unintended consequences or detracts from, confuses or compromises the delivery of Responsible Drinking messages, which should remain the priority.

Portion control in alcohol is just as important as in food, offering consumers a visible and wide choice of drink sizes is a must for industry.

Recommendation 3.5: All on-trade alcohol should be served by prescribed measures, available everywhere. In spirits this means that single shots should always be available and advertised (this can be 25ml or 35ml as per current weights and measures legislation), while wine should be available and advertised in three options everywhere – 125ml, 175ml and 250ml. *

Alcohol advertising on broadcast media is tightly regulated and closely monitored for compliance. However, as with food and whilst recognising many businesses have codes of their own to ensure a responsible approach to marketing across a range of channels, the growing prominence of non-broadcast media as a focus for advertising spend and consumer appeal, demands attention.

Recommendation 3.6: The drinks industry should develop an industry-wide agreement to extend commitments restricting alcohol advertising across all media and commit to robust evaluation to check the quality of delivery and compliance against commitments made.

Where assumptions are made about audience profiles to determine whether alcohol can be advertised, in cinema for example, the quality of those assumptions and the established thresholds that underpin decision-making are of real importance.

Recommendation 3.7: In the case of both television and cinema, there should be independent and periodic review of the impacts of alcohol advertising on children to inform future codes and ensure assumptions around audience profiles are robust.

The drinks industry works hard to promote and support the responsible retailing of alcohol. Guidance on the responsibility of the retailer is widely circulated and a number of industry schemes, such as Challenge 21, have worked to tackle real issues such as under-age drinking and proxy purchase. This momentum should be maintained and Government action should be taken to ensure that there is an adequate deterrent for retailers and individuals who break the law.

Recommendation 3.8: Responsible retailing best practice and initiatives to support its delivery should be widely supported and be backed up by the consistent enforcement of existing legislation where retailers and individuals break the law. The police should be supported with adequate resource and appropriate targeting to make this enforcement practicable. The drinks industry should use the success of Challenge 21 to progress with the adoption of Challenge 25; there should be increased rigour to targeted, intelligence-led test purchasing schemes.

The idea of bringing local stakeholders together to address local issues is a powerful one and has produced innovative responses to tackling alcohol-related issues in a variety of contexts. We would like to see this community-based approach extended, and for lessons learned and good practice to be widely shared.

Recommendation 3.9: We support a local, targeted approach to tackling local alcohol issues using evidence-based schemes such as Community Alcohol Partnerships, Best Bar None, Manchester City Safe and Southampton Kids Alcohol Awareness. We see the provision of a good practice blueprint in which key local stakeholders can come together to address local alcohol-related issues as fundamental.

* This can either be achieved through offering 3 different glass sizes or a single glass size in which all three measures can be served. Individual outlets should be left to make their own choice as to which route they consider most appropriate.

Activity

We are less active than we used to be. Walking and cycling have declined in favour of driving; sport and exercise have lost out to TV and video games; and we all use labour-saving devices in the home and garden. The result, when combined with the mismatch between calories consumed and energy expended, has been a rising tide of obesity, as well as a loss of the wider physical and mental health benefits that regular physical activity can bring.

Recommendation 3.10: We propose that organisations representing all forms of activity should be encouraged and incentivised by Government to do more, reaching out to more people. This should include efforts to promote everyday activity whether climbing the stairs, travelling more actively or taking a brisk walk. The built environment should also be given due consideration with transport policy, new developments, the maintenance of open spaces/playgrounds and cycle/walking networks all providing opportunities to create an environment more conducive to being physically active.

The tax system can also be used, removing existing financial disincentives to physical activity for both people and employers.

Recommendation 3.11: Government should reposition physical activity as a healthcare provision, reducing VAT on options that make people more physically active. It should also remove the tax liability from employers who make provisions to get their employees physically active by removing it from its current classification as a benefit in kind.

We would like to go further. On a pilot basis, we would like to see Government offering matched funding for businesses, whether major companies or SMEs, that are prepared to spend capital on promoting health improvement and physical activity among their workforces.

Recommendation 3.12: Government should work with business to design a matched funding scheme to encourage health and physical activity promotion schemes in the workplace. Such a scheme could be introduced on a pilot basis to assess take-up, impact and ensure that the administrative burden is reasonable in light of the benefits accrued.





04/

Maximise prevention while maintaining cure

Prevention is too often the poor relation of cure. Government must work in a joined-up way in addressing and prioritising prevention, emphasising preventative opportunities in the healthcare system and ensuring they are adequately resourced. There is a major role for the third sector here as both a strategic and delivery partner, using trusted brands and organisations to disseminate public health messages with credibility.

A change of emphasis

The Organisation for Economic Co-operation and Development (OECD) data puts the UK's annual spending on preventing illness at £3.4 billion – the money to make a difference is evidently available. But prevention as a philosophy is not built into the system in the comprehensive way it needs to be to transform that financial potential into a lived reality.

Indeed, despite evidence from parts of the UK, USA and Australia suggesting that population-wide prevention can achieve substantial cost-savings, the public health agenda (understood narrowly here as diet, physical activity and alcohol) has not worked its way into the fundamentals of healthcare provision; how Government works with the third sector, the burgeoning role of pharmacies or our collective understanding of the positive role that work can play in supporting mental health. We need a change of emphasis starting with the way Government works with itself, then extending to its partners.

Recommendation 4.1: Government must develop a co-ordinated, fully integrated strategy for public health, working in a joined-up way in addressing and prioritising prevention. The National Audit Office (NAO) should annually review the effectiveness of cross-departmental working against the public health agenda.

A new emphasis on prevention in the primary care framework will be critical; healthcare professionals must be properly incentivised and PCTs adequately funded for its delivery.

Recommendation 4.2: Review the Quality and Outcomes Framework (QOF) aligning points and remuneration with prevention. On a pilot basis to understand its effectiveness, target PCTs on prevention and ring-fence a proportion of their budget to support it. This should include more proactive health screening and its extension to alcohol.

Alcohol services

The funding of alcohol services is a particular concern. In comparison with drug treatment services they receive limited investment significantly out of line with the scale of the problem with which they deal – only one in eighteen people get the help they need. Independent research confirms that the payback on investment in early intervention alcohol treatment is significant (savings of £5 per £1 invested), and comparatively rapid (realisable in one year).

Recommendation 4.3: Provide adequate funding for alcohol treatment services.

A preventative care pathway

Funding and focus is clearly important, but equipping health professionals with both the skills and tools to support people on their journeys to a healthier lifestyle is just as central.

Recommendation 4.4: There should be a programme of training for healthcare professionals in behaviour change. The NHS should create a Preventative Care Pathway that provides individuals with the opportunities to improve their diet, be more active and drink less, ensuring that the necessary tools such as exercise referral, walking, cycling, or weight management schemes are available for commission.

The role of the third sector

An emphasis on prevention plays to the strengths of the third sector both as delivery partner and trusted intermediary. That fact should be placed at the centre of Government thinking and lead to a genuine and strategic partnership. To extract the best contribution from the sector, early and full engagement should replace mere

consultation; it should run from the setting of objectives through to decision-making and delivery. In so doing, there is a real opportunity to maximise the sector's potential to raise awareness among the general public, as well as targeted audiences, as an authoritative and trusted provider of information and services.

Recommendation 4.5: A new Government approach to preventative health should embrace the significant role of the third sector in ensuring quality of impact and credibility of message.

The role of pharmacies

Pharmacies should be the friendly face of health screening – an accessible, convenient service to reach people who would not take the time to visit their GP. This can work both with local pharmacies, which are trusted sources of information and advice, and by using supermarket pharmacies with their high footfall and opportunities for systematic training of staff.

Recommendation 4.6: Government, business and the third sector should work together to offer less costly and more widespread diabetes, cholesterol and blood pressure 'MOT' tests. They should create a direct pathway linking initial screening to subsequent information and action whether in relation to diet, exercise, or both. It will be important to ensure that there is adequate knowledge-based training and continued professional development of pharmacy staff to underpin consistent delivery of messages and high-quality intervention.

The role of the workplace

On-going employment in the right environment and with the right support is beneficial to mental, and by extension, physical health.

Recommendation 4.7: Government and business should work together to assemble the available evidence for initiatives promoting mental health being cost-effective for employers. If necessary, primary research to identify these benefits should be commissioned. They should promote 'healthy work' as a positive benefit for both the employer and employee in maintaining productivity and employment (ensuring both workplace and GP training is in place and fit for purpose), retrain senior and line management to encourage 'good jobs' in 'good workplaces', and encourage a more joined-up approach in healthcare to ensure the impact of work is considered in treating both mental and physical illness e.g. improved links between doctors and occupational health professionals.



05/

Evaluate for continuous improvement

Evaluation in the area of public health is often poor or incomplete. We have the opportunity not just to step-change the quality of data on which decisions are being made but to transform the way that evaluation itself is conducted. We can create a virtuous circle of continuous, evidence-based improvement that maximises both return on investment and impact where it matters most, in people's lives.

We need to strike a balance between detailed research – important where the use of public money is concerned – and the need to move quickly to deal with the urgent problems which confront us. For that reason, we favour developing a system that embraces 'agile evaluation': using real time data to track progress of the recommendations set out in Chapters 1-4 and ensure continuous improvement is made.

This would harness the use of data routinely collected by retailers in the form of aggregate sales and other information, plus consumer trend and consumption data used by branded goods companies. With coordination, ensuring commercial sensitivities are protected and personal details kept anonymous, agile evaluation would strengthen the Government's ability to demonstrate the effectiveness of key elements of its public health strategy in a meaningful and timely way e.g. purchase data on fruit and vegetables, reformulated food categories and products and services promoted through The Vehicle.

Recommendation 5.1: There should be a new partnership between Government, major retailers and branded goods businesses to share and use relevant consumer information to establish how campaigns are performing. Business expertise should be used when interrogating the data and developing consumer insight to help inform decision-making.

We are also keen to see more depth in the data which Government is using. This should include tracking the awareness and attributes of The Vehicle and, very specifically, its three key messages, but importantly should be extended to capture evidence of changes in behaviour.

Recommendation 5.2: Government should establish, through the Office of National Statistics (ONS), long-term, continuous tracking of The Vehicle brand, its key messages, awareness and attributes.

Recommendation 5.3: Data gathering should be systematic and conducted against a range of agreed central national measures for the three key messages we recommend. Where possible, research and evaluation should be extended into the field of behaviour change and the behavioural impacts of designated interventions.

There are also a number of outstanding recommendations from the Wanless Review on evaluation that would improve the assessment of health programmes and we recommend that these should be implemented as soon as possible.

Recommendation 5.4: HM Treasury should produce a framework for the use of economic instruments to guide Government interventions in relation to public health, similar to the publication *Tax and the Environment: Using Economic Instruments*. A consistent framework (such as the methodology developed by NICE) should be used to evaluate the cost-effectiveness of interventions and initiatives across both healthcare and public health. A programme of research should be undertaken to identify which forms of intervention best improve health literacy, personalising messages for population subgroups, including those with low health literacy where the prevalence of chronic diseases is often high.

Build genuine partnership

Partnerships can be hard in practice; they require courage, honesty and integrity, a willingness to work for the long-term and a fundamental respect for the expertise that all partners bring. But we must succeed in building them against the public health agenda if meaningful progress is to be made. Without genuine partnership, the opportunity to make a tangible difference to the health of individuals, their families and communities will be lost.

There is a growing concern that Government may be better at talking about partnership than it is in nurturing it and delivering through it. We require a shift towards co-invention of solutions between key stakeholders rather than merely consultation on programmes solely developed within Government. There needs to be a more joined-up approach from Government, ensuring consistency and involvement across Whitehall on the strands of policy impacting public health and bringing order to the confused series of initiatives emanating from a range of different Departments.

Partnership requires openness and good faith, recognition that compromise may be required, and a commitment to work together over the long-term in the pursuit of mutually agreed goals. Full partnership excludes secrecy in decision-making, short-term initiatives and a culture of blame. Importantly, partnership is not only a matter for business and Government in the public health arena; the third sector, consumer groups and agents of change – such as teachers, health professionals and the police – will be vital in dealing with the health problems facing the nation.

To fully implement the recommendations outlined in Chapters 1-5, we need to start with an approach based on genuine long-term partnership.

Recommendation 6.1: Long-term issues need long-term responses and the expertise of both business and the third sector. Government has to commit to long-term partnerships and support clear messages with the longevity and reach of brand marketing campaigns reiterated over long periods. There should be collective agreement on and ownership of shared goals.

Recommendation 6.2: Government should set out the basis for partnership with business and there should be an annual review of Government's performance by the NAO. The review should be informed by direct feedback from business.

This approach demands that regulation should be a last resort, rather than a first port of call. Of course, legislation will sometimes be necessary – and it may be welcomed by business if it is the only way to ensure compliance by irresponsible operators. However, with separate health strategies in place in England, Wales, Scotland and Northern Ireland, non-regulatory routes can be more effective in carrying initiatives across devolved boundaries to a larger population.

Recommendation 6.3: An emphasis should be placed on agreeing and achieving commitments from all sides in a partnership. The appropriateness of regulation and legislation should be judged in light of the level of impact it has in positively addressing public health issues. All sides should recognise improvements require a range of integrated actions: there is no silver bullet.

Partnership also implies that Government should examine the possibility of matched funding on a more systematic basis. Businesses can be very effective delivery partners of Government programmes as well as innovative in developing their own responses to employee health needs. We would like to see matched funding used much more extensively in order to generate improvements in workplace health, to convey information to consumers and to promote physical activity (See Chapter 3, Recommendation 3.12).

One of the problems of encouraging co-operation among businesses to achieve social goals is the approach taken by the competition authorities to any evidence or suggestion of cartels or collusion. What business requires is a clear steer from Government that co-operation to address health issues can take place in a carefully regulated forum.

Recommendation 6.4: Government attention must be given to competition issues that arise from actual and potential industry voluntary agreements. Where businesses can work together to deliver health improvements, Government should find a way of providing a safe haven for companies to discuss solutions that would otherwise risk contravening competition law.

Specific response to the Responsibility Deal

The Responsibility Deal to which we, as a Commission, were asked to respond is made up of ten points, split across three pillars: diet and exercise, responsible drinking and workplace health. This chapter details our response to each one of those ten points. In each case, our response follows the text of the original Responsibility Deal.

Pillar 1

01.

We will support EU proposals for a mandatory GDA-based front of pack food labelling. We will not add UK regulation to this. Additional traffic-light or colour-coded information will be voluntary. Conservatives in Government will give backing for public awareness of GDAs and how they can be used to build a better diet and support enhanced nutritional information and awareness. We will focus on delivering an improved diet, not a narrow focus based on a fear of 'junk foods'. Government promotion and FSA promotion of 'traffic light' labelling will stop.

Response:

A considerable amount of work has been and is being done by retailers and manufacturers to provide consumers with nutrition information. Whilst recognising that food labelling is an EU competence and restricted to retail only, the next step in building and supporting consumer understanding is the extension of consistent nutrition information across both in-home and OOH settings (as far as is practicable). There is not a perfect system today that fits this desired extended scope. The aim should be maximum intelligibility for the consumer and the positive influencing of behaviour; a nutrition baseline that is as accurate as possible and supports the key educational messages by detailing per portion information and including the five icons currently in use. Anything less than the five icons would be a retrograde step in the UK market and should be resisted if pursued by the EU. Businesses should be given the flexibility to apply nutrition evaluation systems such as colour-coding and text where applicable and on a voluntary basis. The role of food labelling should be kept in perspective: as one strand of a multi-faceted solution. To date, it has received a disproportionate amount of attention in the public health debate.

02.

We will ask the food and drink industry to agree further objectives for the reformulation of products to reduce salt, saturated fats and sugar content of foods on an industry-wide basis. In its support for awareness-raising of dietary issues, the government and the FSA will highlight the continuing contribution made by business to improving diet through reformulation. We will also seek industry proposals on reducing average portion sizes of 'ready' meals where this has increased in recent years.

Response:

Industry has a good track record on reformulation; that record should provide a foundation for going further, taking an ambitious approach within the bounds of consumer taste. Any initiative should be industry-wide with a focus on increasing the involvement and progress of the OOH sector. It should include the aim of eliminating industrial trans fats. With regards portion sizes, reductions in ready meals should be encouraged.

03.

We will not seek to extend further restrictions on food advertising beyond those already implemented by Ofcom. Following the Ofcom review, we will look to a voluntary agreement, extending across all media, which balances freedom to advertise products with specific cross-industry and government action to promote improved diet, including consumption of increased fruit and vegetables.

Response:

The implementation of Ofcom TV restrictions has been effective to date. Regular review of this will be helpful as television consumption habits change over time.

In addition to this, the Government should work with industry to extend their commitments to non-broadcast media. However, the role of advertising and associated restriction in tackling issues of obesity and public health more widely should be kept in proportion; as with labelling, addressing advertising is only one part of a more complex whole and should be understood as such. Where positive messages are to be landed, such as action to promote an improved diet, it should be done in a way that is consistent with our approach to education in Chapter 1.

04.

We will seek to work with business to agree a combined business and Government social responsibility campaign to promote healthy living, highlighting the benefits from improved diet and increased physical activity, including the use of role models, community engagement and positive peer pressure. We will expect this to be a programme running up to and through 2012. We will look at the case for a scheme whereby the government could match the contribution by business to an agreed social responsibility campaign, within overall planned NHS expenditure.

Response:

In the short-term, the Change4Life campaign should continue as the key brand in promoting healthy living, with the longer-term aspiration of bringing the delivery of the three key messages identified in Chapter 1, Recommendation 1.1 under a single banner ('The Vehicle'). Its governance structure should be designed to bring continuity (with the objective of reaching consumers over the long-term), avoid sole ownership by any single stakeholder (either business or Government Department) and develop genuine partnership.

As much attention should be paid to execution in and through local communities of all kinds as to national marketing. Matched funding is welcome and has a role to play in maximising the potential of the initiative but focus from Government will be just as important; a major single branded effort should not be diluted by other campaigns being run in parallel.

05.

We will encourage Local Area Agreements, with their enhanced focus on public health, to incorporate direct local business involvement in campaigns to promote exercise, community sport and healthy lifestyles. Business, Government and voluntary organisations nationally will agree 'template' initiatives for local adaptation and adoption, alongside publicising best practice examples; and Government will also support a process for evaluations of the effectiveness of public health interventions, via an enhanced public health research programme.

Response:

A national framework of goals and best practice blueprints should be established against which local communities have the freedom to activate and innovate, engaging local stakeholders and employing local expertise. Activities and initiatives should be linked back to The Vehicle to ensure brand recognition and consistency of message. There is clearly a role for enhanced evaluation in better understanding the effectiveness of interventions of all kinds. Consideration should be given to the opportunity to support decision-making with real-time data delivered by business as part of this process.

Pillar 2

In addressing the issues associated with excessive drinking, it is important to distinguish clearly between alcohol and health and alcohol and social disorder. As detailed in Chapter 3, disorder typically comes from binge-drinking usually by the young, while the medical effects of alcohol are the result of long periods of sustained heavy drinking. As such, they require different approaches and distinct interventions.

06.

As part of the wider work of our Alcohol Task Force, we will seek to identify how the Responsibility Deal on Public Health can contribute to a social marketing emphasis on creating positive peer pressure towards responsible drinking, which could include a specified proportion of drinks industry advertising and point of sale promotion towards the message of responsible drinking. We will seek to identify how the public health infrastructure and funding can strengthen the responsible drinking message through campaigns to enhance self-esteem amongst young people. This may include Government support for the extension of Life Education Centre visits to every school, each year, and extending their presentations to parents; the achievement of a fully-qualified school nursing service in every school; and coordination of public health services delivering to teenagers, combining work on drug abuse, alcohol and STIs.

Response:

The Campaign for Smarter Drinking should be supported as a route to delivering a more integrated approach to social marketing and as part of a long-term aspiration to bring the delivery of the three key messages under The Vehicle. It should be underpinned with a genuine partnership between business and Government and positive engagement from both sides rather than by Government mandating a proportion of drinks industry advertising budgets be channelled to the responsible drinking message. Early interventions with a focus on building self-esteem and developing life skills in the young, as well as engaging parents where possible, have a role as part of a suite of measures to tackle excess and irresponsible drinking.

07.

Through Government support and Local Area Agreements we will seek backing across the country for the adoption of Community Alcohol Partnerships, based on the successful example set in St. Neots in Cambridgeshire.

Response:

We should seek local solutions to local alcohol-related problems. The provision of a best practice blueprint in which key local stakeholders can come together against a local agenda is vital. Done in this way, local area partnerships such as Community Alcohol Partnerships can play a positive role. It will also be important to share and encourage the uptake of other successful template initiatives where they exist, e.g. Manchester City Safe, Best Bar None and Southampton Kids Alcohol Awareness.

08.

We will work with the drinks industry to improve labelling so that people are more aware of units of alcohol, the guideline limits, the units as a percentage of the guideline limit and evidence-based advice to pregnant women. We will seek to agree the standardisation of labelling where necessary at a European level.

Response:

Units as a measure present a number of challenges to both business and the consumer. Government should work towards a harmonised European 'standard drink' expressed in centilitres (cl) of alcohol and use it to underpin responsible drinking guidelines. Government and business should also work in partnership to research and understand whether calories per portion should be introduced on alcohol labels to support consumers in striking the right balance of energy-in and energy-out. It will be particularly important to ascertain whether the inclusion of this information carries any unintended consequences or detracts from, confuses or compromises the delivery of responsible drinking messages, which should remain the priority.

Pillar 3

09.

We will propose, through using the local networks of business organisations, such as the British Chambers of Commerce, that local 'Health at Work' schemes be established. Supported by larger companies but directed towards Small and Medium-sized Enterprises (SMEs), the schemes would include direct and in-kind contributions from the NHS, contracted by the local public health service and other providers. This would be geared towards positive engagement across the workforce in diet, exercise and health promotion. We would avoid medicalisation or high-cost screening. We would seek to combine central government, local and business contributions in the infrastructure costs of the schemes, to enable the marginal cost to business to be as low as possible. We will link this scheme to risk assessment for cardiovascular disease with support for follow-up through advice, prescribing and exercise referral. We would also, in collaboration with the Fitness Industry Association, incentivise SMEs which engage their whole workforce with the offer of free or heavily discounted gym membership for a proportion of their scheme members.

Response:

Health at Work schemes should be supported starting on a pilot basis; to ensure low cost, a limited administrative burden on business and genuine impact on the workforce. We should also look to the tax system to support all forms of physical activity in so far as it is effective and administratively efficient. It will be vital that adequate support is put in place for SMEs to engage and benefit. Government should, as a major employer, lead by example in those schemes which it advocates for others.

10.

We will seek to support an 'Investor in Health' accreditation scheme alongside 'Investors in People' (IiP). For businesses who meet this standard, we will seek to prioritise the availability of services, including cognitive behavioural therapy, physiotherapy, occupational therapy, through NHS commissioning to support a reduced rate of illness and sickness absence for these companies.

Response:

There is a role for a health standard which businesses would strive for. However, there is scepticism that a health accreditation scheme delivered on the Investors in People model is the appropriate vehicle. There is growing evidence that IiP is seen by the public and private sector as burdensome and lacking in genuine impact. We would support a more aspirational and less rigid approach, one that sets out a statement of aims and commitments for businesses to sign up to, rather than operates as a compliance exercise.



Public Health Commission Members

With Dave Lewis (Chairman of Unilever UK & Ireland) as Chairman, the Commission was comprised of the following members:



Dave Lewis
Chairman
Unilever UK & Ireland

Dave Lewis joined Unilever in 1987. He held a number of marketing and general management roles in the UK before moving to South America in 1996, subsequently taking on senior roles based first in Indonesia and then in Central and Eastern Europe. Dave returned to the UK in 2005 when he was appointed Managing Director, Lever Faberge UK. In 2007 Dave became Chairman of Unilever UK, as the company consolidated its three separate operating companies – foods,

home & personal care and ice cream – into one single business as part of its 'One Unilever' programme. In January 2008, he was appointed Chairman of Unilever UK & Ireland.

In addition to his business responsibilities, Dave is Vice-Chair of the Advertising Association and sits on the CBI President's Committee, the FDF Executive Committee and the IGD Policy Issues Council.



Jeremy Beadles
Chief Executive
The Wine and Spirit Trade Association

Jeremy Beadles was appointed Chief Executive of The Wine and Spirit Trade Association in January 2006. Before joining the WSTA he was with the British Retail Consortium for five years finishing as Managing Director.

Jeremy qualified as a solicitor and specialised in environmental law with Stewarts in London before joining Blake Laphorn as an Environmental Lawyer and Consultant in Southampton.



Baroness Peta Buscombe
CEO
Advertising Association
until April 2009

Peta has worked as a legal adviser to various companies including The Dairy Trade Association and Barclays Bank International. Most recently she was the Chief Executive of The Advertising Association, Director of Asbof/Basbof and Director of CAP/BCAP.

Baroness Buscombe of Goring in 1998 and was shadow minister in the House of Lords for, among other things, Culture, Media and Sport as well as Education and Skills between 2002 and 2006. She was recently appointed chair of the Press Complaints Commission, taking up the position in April 2009.

She has had a distinguished political career and was made a Life Peer as



Professor Judith Buttriss
Director General
British Nutrition Foundation

Professor Judith Buttriss originally trained as a dietitian and nutritionist and has since gained a wealth of experience in the field of public health nutrition and is a Registered Public Health Nutritionist. In October 2007, she was appointed Director General of the British Nutrition Foundation (BNF), after spending almost 10 years as Science Director at the Foundation since 1998.

She is a member of a variety of government committees (most recently the FSA's nutrient profiling review panel), advisory groups and funding boards, and has worked in collaboration with charitable organisations, companies, learned societies, professional bodies and the media.



Professor Simon Capewell
Professor of
Clinical Epidemiology
University of Liverpool

After qualifying from Newcastle University, Professor Simon Capewell subsequently worked in Edinburgh, Cardiff, Oxford and Glasgow in respiratory and cardiovascular medicine, then public health.

Since moving to Liverpool in 1999, his research has focused on cardiovascular disease (CVD). He contributes actively to CVD

policy in the UK and abroad. He is a Trustee for the Heart of Mersey CVD primary prevention programme.

He has served as an expert advisor to NICE, the Department of Health, British Heart Foundation and other charities. Simon also continues to teach both graduate and undergraduate students.



Professor David Coggon
Professor of Occupational
& Environmental Medicine
University of Southampton

Professor Coggon held junior medical posts at the City Hospital Nottingham before joining the Medical Research Council in Southampton in 1980. In 1997 he was awarded a personal chair in Occupational and Environmental Medicine by the University of Southampton.

His main research interest is the epidemiology of occupational and

environmental causes of disease. He has served on various Government advisory committees, including as chair of the Advisory Committee on Pesticides, the Depleted Uranium Oversight Board, and the Committee on Toxicity. He is currently President of the UK Faculty of Occupational Medicine.



Paul Kelly
Corporate Affairs Director
Asda

Paul spent 6 years as Director of Corporate Affairs at Compass, following their acquisition of Granada's hotel and hospitality interests in 2001, having previously been Brand Development and Marketing Director of Granada's restaurant division.

He has a long involvement in industry issues spending time as a member of the Food

Chain Centre Steering Group, the School Meals Review Panel and as Chair of Business in the Community's Plough to Plate project. He is currently a member of the Council of Food Policy Advisers and a board member of the School Food Trust.



Mark Leverton

Director
Alcohol Policy &
Industry Issues
Diageo plc

Mark Leverton was appointed Diageo's Director of Alcohol Policy & Industry Issues in October 2005, having previously held various other roles within the company including Corporate Relations Director for Diageo Europe, External Affairs Director Asia Pacific and Head of European Community Affairs, based in Brussels.

He is currently a member of the Board of the International Centre for Alcohol Policies (ICAP) and was Chairman of the Board from 2003-2006. He has held a number of industry positions including Chairman of the Scotch Whisky Association International Affairs Committee (2000-2008).



Michael Livingston

Director
HEART UK

Michael held a commission in the Royal Navy and appointments in the leather tanning and chemicals industry before committing himself to the third sector. In 1997, he joined the Family Heart Association, now called HEART UK. He is co-founder of HEART Europe of which he is presently Chairman.

Michael is committed to facilitating and working in close mutually beneficial partnership with other national and international charities, governments and industry in order to achieve greater awareness of the dangers and risks of heart disease brought on by high cholesterol, to thus achieve significant reductions in overall cardiovascular disease.



Helen McCallum

Director of Policy &
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Which?

Helen's early career was in Communications and Fundraising for a number of Universities, before taking up an appointment as Senior PR Manager, East Anglian Regional Health Authority.

Appointed as Communications Head of the NHS Executive in 1994, she is credited with establishing the NHS's first national

communication strategy. In 1999, she became Communications Director for Department of Health and had an integral role in establishing NHS Direct.

Helen spent 6 years as Director of Corporate Affairs at the Environment Agency. In November 2007 she joined Which? as Director of Policy and Communications.



Lucy Neville-Rolfe, CMG

Executive Director
Corporate & Legal Affairs
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Lucy joined Tesco in 1997 as Corporate Affairs Director from the Cabinet Office after a career in MAFF, DTI and 10 Downing Street. She was also Tesco's Company Secretary from 2004 until her appointment to the Board in 2006.

She is Deputy Chair of the British Retail Consortium, a Non-Exec Director of the

Carbon Trust, and a member of the China Britain Business Council and the Corporate Leaders Group on Climate Change. In September 2007, she became Chairman of Dobbies plc.



Dr Nick Sheron

Head of Clinical
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Dr Sheron is a Consultant Physician and Liver Specialist at Southampton General Hospital, Clinical Senior Lecturer at the University of Southampton and member of the Executive Group of the Alcohol Health Alliance UK.

He is also a trustee of DrinkAware and is one of the UK's leading experts in alcohol policy and treatment. His areas of expertise are alcohol and health and liver disease.



Douglas Smallwood

Chief Executive
Diabetes UK

Douglas Smallwood, Chief Executive of Diabetes UK, joined the organisation in September 2004, his former roles having included being Managing Director of Corporate Banking at HBOS and, prior to that, a Chief Executive in the Housing Association sector.

Douglas is also a Co-Chair of the Long Term Conditions Programme Board of East of England Strategic Health Authority, and a Trustee of National Voices, the umbrella organisation that brings together the voices of users of health and social care services through voluntary organisations.



Fred Turok

Chairman
**Fitness Industry
Association**

Fred grew up in Cape Town but moved to the UK in 1967. He started his career as a P.E. teacher in Lambeth, before moving into the health and fitness club industry.

He worked for David Lloyd before raising funds to buy his own club in 1990. Turok remains Chairman of the resulting company,

branded L.A. Fitness in 1996, which is now a leading chain in the industry with over 88 clubs catering for 250,000 members in the UK. Since 2007 Turok has been Chairman of the Fitness Industry Association, providing strategic direction for the UK health and fitness sector.

How the Commission worked

The Commission members all served on a personal basis with regards their input to the meetings and the final report. There were seven meetings in total: one operational to establish our Terms of Reference, four to review the evidence and two to finalise our recommendations. The meetings were held on the following dates:

01. October 22 2008

Establishing Terms of Reference and ways of working

02. January 23 2009

Workplace

03. February 13 2009

Communities and Schools

04. March 31 2009

National Approaches

05. April 17 2009

Product and Point of Sale

06. May 8 2009

Recommendations

07. May 22 2009

Recommendations

Each of the four evidence-focused meetings was sponsored by a Commissioner, or Commissioners, with expertise in the topic area. They directed the work of the Secretariat to ensure that a balanced review of the evidence was presented to the full Commission and selected external experts to give evidence at the plenary meetings.

Workplace

Commission sponsor:

Professor David Coggon

Invited Experts:

Professor Tom Cox

Professor of Organisational Psychology &
Director of the Institute of Work, Health & Organisations (I-WHO),
University of Nottingham

Dr Paul Litchfield

Chief Medical Officer, BT

Dr Ewan MacDonald

Head of Healthy Working Lives Group/Honorary Senior Lecturer,
University of Glasgow - submitted evidence

Community

Commission Sponsors:

Professor Simon Capewell

Dr Nick Sheron

Fred Turok

Invited Experts:

Don Shenker

Chief Executive, Alcohol Concern

National Approaches

Commission Sponsors:

Baroness Peta Buscombe

Professor Simon Capewell

Helen McCallum

Invited Experts:

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Paul Lincoln

Chief Executive, National Heart Forum

Product

Commission Sponsors:

Judith Buttriss

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John Dyson

Food and Technical Affairs Consultant,
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Rachel Hackett

Nutrition Manager, Institution of Grocery Distribution

Melanie Leech

Director General, Food and Drink Federation

David Poley

Chief Executive, The Portman Group

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The Public Health Commission agreed not to produce a standard literary review, but to work with experts external to the Commission as well as the members themselves in order to identify key evidence for consideration in the meetings. This summarises the key evidence reviewed by the Commission in developing each section of this report.

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Acknowledgements

Our thanks go to the following individuals and organisations who have provided input to our work:

Advertising Association

Association of Convenience Stores

Louise Aston

Campaign Director at Business Action on Health, Business in the Community

Emma Bertenshaw

Behavioural Scientist, Unilever UK & Ireland

The British Institute of Innkeepers

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The Wine and Spirit Trade Association

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An aerial photograph of a playground with several children. A large yellow circle is superimposed on the image, partially overlapping a grey circular area. The text 'report summary' is written in blue lowercase letters inside the yellow circle, with a dashed line below it.

report summary

An aerial photograph of a paved plaza. Several large, thin white circles are drawn on the ground. A group of people is walking across the plaza. One person is walking towards the right, and a group of four people is walking towards the bottom left. A large yellow circle is positioned in the lower-left quadrant of the image, containing text.

The Public Health Commission came together in October 2008 to consider a response to the Responsibility Deal: Working with business to improve public health. This report, published 1 July 2009, concludes its work.

Full details can be found at:
www.publichealthcommission.co.uk

we're all in this together

improving the long-term
health of the nation

Obesity has
trebled in the
last 20 years

28% of
women achieve
recommended
levels of physical
activity

Deaths
caused by
alcohol have
doubled in the
last 15 years

40% of
men achieve
recommended
levels of physical
activity

Inactivity
costs
the NHS up to
£1.8bn/year

Health
costs of
alcohol misuse
£2.7bn/year

Diet-related
ill-health
costs the NHS
£6bn/year

Public Health Commission

6.1: Working together for the long-term
Build partnerships for the long-term against shared goals

6.2: Establishing the basis for partnership
Audit the quality of the partnerships we build

6.3: Regulation – the method of last resort
In the context of partnership, regulation should be the method of last resort

6.4: A competition law safe haven
Carefully construct a competition law safe haven to facilitate the progress of the public health agenda

Partnerships can be hard in practice; they require courage, honesty and integrity, a willingness to work for the long-term and a fundamental respect for the expertise that all partners bring. But we must succeed in building them against the public health agenda if meaningful progress is to be made. Without genuine partnership, the opportunity to make a tangible difference to the health of individuals, their families and communities will be lost.



06/ Build genuine partnership

01/ Educate



Education is a necessary foundation for long-term, sustainable improvement. There is an urgent need to raise awareness of the opportunity that a balanced diet, the right level of physical activity and responsible drinking presents as a gateway to good health and a full life. It's a need best met by clear messages, articulated in a consistent and compelling way through all available channels and over the long-term.

1.1: Three key messages
Focus on three key health messages ('The Messages'): the components of a healthy diet, energy-in; energy-out, and responsible drinking

1.2: A single delivery vehicle
Deliver the messages through a single branded delivery vehicle ('The Vehicle')

1.3: A structure for continuity and shared ownership
Design a governance structure for The Vehicle that ensures continuity and shared ownership

1.4: A coalition of businesses
Support The Vehicle with a single coalition of businesses ('The Coalition')

1.5: An interactive health package
Design and roll-out, under The Vehicle brand, an interactive health package

1.6: Schools – curriculum enrichment
The Coalition to support the messages into schools through curriculum enrichment

1.7: Workplace – employee engagement
The Coalition to increase employee engagement on health

1.8: Workplace – prioritising SMEs
SMEs to be prioritised for support on workplace health

1.9: Workplace – simple health aids
Develop and support simple aids to help businesses engage with workplace health

1.10: Workplace – Government leadership
Government to lead by example in, and be an ambassador for, workplace health

1.11: Communities – 'freedom within a framework'
The Vehicle to set the framework against which local communities innovate and activate

1.12: Using a life-stage approach
Strengthen the communication of the messages and provide opportunities for change at key life stages

5.1: Agile evaluation
Use 'agile evaluation' of public health interventions to make better decisions

5.2: On-going tracking
Use on-going tracking to understand the relevance and success of campaigns

5.3: Measurement and behaviour change
Be systematic in data gathering and extend into the field of behaviour change

5.4: Instruments for better evaluation
Implement key evaluation recommendations from the Wanless Review

Evaluation in the area of public health is often poor or incomplete. We have the opportunity not just to step-change the quality of data on which decisions are being made but to transform the way that evaluation itself is conducted. We can create a virtuous circle of continuous, evidence-based improvement that maximises both return on investment and impact where it matters most, in people's lives.

05/ Evaluate for continuous improvement

objective: improving the long-term health of the nation

Public Health Commission

02/ Improve what we eat and drink

As a nation we eat too much salt, saturated fat and sugar and too few of our recommended five portions of fruit and vegetables each day. Progress has been made in recent years on many of these fronts but we should act with ambition to do more, reformulating products, controlling the exposure of children to advertising of the least healthy products and providing consistent nutrition information wherever food is bought.

2.1: A standard baseline for nutrition information
Standardise nutrition information to align with The Messages

2.2: Nutrition evaluation
Leave room for voluntary nutrition evaluation where appropriate

2.3: Take standard nutrition information out of home
Extend standardised nutrition information to out of home (OOH)

2.4: Nutrient profiling
Develop a single nutrient profiling system to guide all policy areas

2.5: Reformulation
Tackle reformulation in a joined-up way and with ambition

2.6: Advertising restrictions on food
Extend restrictions on food advertising to children to non-broadcast media

2.7: Nutrition – Government leadership
Government to lead by example in the roll-out of standardised nutrition information OOH

2.8: Free healthy school meals
Review the potential benefit of free school meals for nursery and primary pupils

2.9: The Food Standards Agency
Ensure that the FSA is wholly independent of political influence

4.1: A joined-up Government approach to prevention
Government to tackle prevention in a joined-up way

4.2: Incentivising for prevention
Incentivise prevention in the primary care framework

4.3: Alcohol treatment funding
Provide adequate funding for alcohol treatment services

4.4: A preventative care pathway
Create a preventative care pathway

4.5: The role of the third sector
Embrace the significant role of the third sector as a strategic and delivery partner

4.6: The role of pharmacies
Maximise the potential of pharmacies as the accessible and friendly face of health screening

4.7: Mental health in the workplace
Make the link between 'healthy work' and productivity

Prevention is too often the poor relation of cure. Government must work in a joined-up way in addressing and prioritising prevention, emphasising preventative opportunities in the healthcare system and ensuring they are adequately resourced. There is a major role for the third sector here as both a strategic and delivery partner, using trusted brands and organisations to disseminate public health messages with credibility.



04/ Maximise prevention while maintaining cure

03/ Eat and drink appropriate quantities and increase activity



Balance is vital to any strategy addressing lifestyle related ill-health: the balance of energy-in, energy-out and of sensible, responsible drinking. By making all forms of physical activity more accessible, healthy options more available, and drinking environments more conducive to moderation, we can ensure that people have the options they need to make better choices more often and strike a healthier balance in their lives.

3.1: Reducing portion sizes
Reduce portion sizes where they have increased

3.2: Communicating portion sizes
Agree realistic and responsible portion sizes to underpin standardised nutrition information

3.3: A European 'standard drink'
Establish a European 'standard drink' for alcohol content expressed in centilitres (cl) of alcohol

3.4: Calorie information on alcohol
Explore the potential role for calorie information on alcoholic drinks

3.5: Alcohol serving sizes
Ensure the smallest serving sizes are available everywhere

3.6: Advertising restrictions on alcohol
Extend the alcohol advertising codes to non-broadcast media

3.7: Alcohol advertising – regular review
Periodically review the impacts of alcohol advertising on children

3.8: Responsible retailing of alcohol
Extend the good work done on responsible retailing and support enforcement of existing legislation as a deterrent

3.9: Tackling alcohol issues locally
Look to local solutions for local alcohol-related problems

3.10: Encouraging physical activity
Incentivise physical activity of all kinds and develop the built environment to support it

3.11: Physical activity – removing disincentives
Remove fiscal disincentives to being physically active

3.12: Physical activity – matched funding
Government to provide matched funding for the promotion of health in the workplace

01/ Educate

Recommendation 1.1: Public health communications should focus on delivering three key health messages:

1. **A healthy diet** Re-inforcing the basic rules of a healthy diet with information given in terms of daily intakes of fat, saturated fat, salt, sugars and the need for at least five portions of fruit and vegetables – all set in the context of dietary variety.
2. **Energy** Covering both 'energy-in' – in terms of appropriate calorie intake for men, women and children and including the contribution made by alcohol - and 'energy-out' - covering the role of physical activity in a healthy, balanced lifestyle.
3. **Responsible drinking** Outlining recommended maximum limits for alcohol consumption, improving understanding of the alcohol content in drinks and promoting standards of acceptable behaviour.

Recommendation 1.2: We propose that the three key health messages should be consistently delivered by a single, branded vehicle ('The Vehicle') supervised in partnership by Government and business. An enhanced and extended Change4Life should be considered for this role. The long-term aspiration is to bring Change4Life and the Campaign for Smarter Drinking together under this unifying banner at both a local and national level with a remit for all adults and all children.

Recommendation 1.3: The Vehicle should have a structure for governance and funding that works for the full breadth of industry and public sector stakeholders ensuring continuity and shared ownership and avoiding 'badging' by any single stakeholder.

Recommendation 1.4: We propose that business support for The Vehicle should be channelled, where possible, through a single coalition organisation ('The Coalition') based on the amalgamation of Business4Life and the Campaign for Smarter Drinking. However, in the interests of maximising all possible opportunities, freedom for individual businesses to engage with The Vehicle directly should be retained.

Recommendation 1.5: Combining existing best practice, we propose the development of a user-friendly, integrated, interactive health package that contains simple and tailored health education and improvement plans. It should be developed under The Vehicle brand and rolled-out throughout the public sector at both a national and local level, through workplaces of all kinds, online and through the health, fitness and activity sector as a delivery partner.

Recommendation 1.6: The Coalition should work with an enhanced Education Business Partnership framework to support the delivery of health, diet, physical activity and responsible drinking messages in schools. Material and programmes would be unbranded. They should be supported by enhanced teacher training focused on increasing the impact of existing opportunities within the school curricula throughout the UK and building on initiatives already underway.

Recommendation 1.7: We propose that The Coalition develop a role in facilitating healthier workplaces and encouraging employee engagement with health in businesses of all sizes. With a focus on the three key messages and their delivery through The Vehicle brand, The Coalition should work alongside other business organisations to co-ordinate efforts to improve health and wellness in the workplace.

Recommendation 1.8: SMEs should be given priority support by The Coalition, industry trade associations and local chambers of commerce. Larger businesses with expertise and successful programmes should work with the Department for Business Innovation and Skills (BIS) to share good practice and new thinking through its existing SME networks. Third sector support for SMEs should be encouraged through 'health assessment groups' commissioned by Primary Care Trusts (PCTs).

Recommendation 1.9: Government should work with business to develop simple and user-friendly self-assessment questionnaires that highlight areas of priority and quick wins for improving workplace health. We should look only to encourage Healthy Workplace Award Schemes that avoid an onerous administrative burden and focus on a broad commitment to a health agenda in the workplace setting.

Recommendation 1.10: Government should encourage businesses to consider workplace health as a strategic input into their business plans. This may be achieved through the sharing of best practice with its supply base and the development of a Government-supplier relationship that encourages and promotes healthy workplace initiatives throughout the Government supply chain. Government should ensure that key initiatives are taken up by local and central Government as an exemplar employer.

Recommendation 1.11: The Vehicle should set the agenda and goals and provide the brand against which local communities, business and local authorities develop their programmes using the three key messages. There should be a single point of reference, owned by The Vehicle, which helps people share best practice and template initiatives which can be proven to have worked.

Recommendation 1.12: Strengthen communication of the three key messages, under The Vehicle, in schemes such as Sure Start, Emma's Diary (for pregnant women) and Bounty (for those who have just given birth). The Government should ensure that adequate training and access to follow-up tools is provided in the Preventative Care Pathway (see Chapter 4, Recommendation 4.4) for those best placed to deliver brief intervention at the right moment (this extends beyond healthcare professionals to police, social workers and other agents of change).

02/ Improve what we eat and drink

Recommendation 2.1: Front of pack nutrition information should cover calories, sugars, salt, fat and saturated fat. Information should be standardised to include kcal (for calories) and grams (for other nutrients) per portion against guideline daily amounts. It will be important to ensure that the portion sizes used are realistic and appropriate (see Chapter 3, Recommendation 3.2).

Recommendation 2.2: Businesses can continue to apply nutritional evaluation systems, such as colour-coding and text, on a voluntary basis and in applicable categories, on top of the agreed standard baseline.

Recommendation 2.3: Focus efforts on extending nutrition information to OOH establishments in a manner consistent with the nutrition information baseline for on-pack labelling i.e. calories, sugars, salt, fat and saturated fat per portion. We recognise that the OOH sector covers a wide and diverse range of businesses, many of which are SMEs. Therefore, foodservice providers and wholesalers, who supply smaller outlets with ingredients and products, should be encouraged to provide baseline nutrition information on ingredients and recipes, as well as communication materials, as standard practice.

Recommendation 2.4: There should be a fresh impetus behind nutrient profiling in the context of a balanced diet. The aim should be to develop a system which guides nutrition and health claims, reformulation targets, advertising restrictions and other potential evaluations, including front of pack and OOH nutrition information. This should be developed through a partnership between Government, appropriately experienced nutritionists and experts from industry.

Recommendation 2.5: We support further industry-wide commitments to continue to reduce salt, saturated fat and sugar in foods. These should be set against national targets, have an agreed and realistic timetable to minimise unnecessary costs and take into account progress already made. The Government's role should be to share good practice and highlight the work of businesses and sectors making progress. We also recommend extending reformulation commitments to the OOH sector, working with catering providers and foodservice businesses, with a particular focus on eliminating industrial trans fats in all foods.

Recommendation 2.6: We would like to see the development of a self-regulatory code by food businesses extending their current commitments to restrict advertising to children across all media, together with an agreed form of robust evaluation to publicly demonstrate that the code is being complied with.

Recommendation 2.7: To be seen as an exemplar employer, the Government needs to be at the vanguard of driving the roll-out of nutrition information in as many of its sites as possible, using the same baseline information recommended for use at the point of choice in OOH settings (in the private sector). In order to reduce complexity, development of the Healthier Food Mark in its current form should stop. If Government is to progress with the initiative, it should ensure that development is consistent with point of choice nutrition information in private sector OOH settings.

Recommendation 2.8: The cost and potential health benefits of offering free healthy school meals to all nursery and primary children should be reviewed by Government.

Recommendation 2.9: Government should ensure that the FSA is wholly independent of political influence and can be the owner of scientific objectivity upon which policy is developed.

03/ Eat and drink appropriate quantities and increase activity

Recommendation 3.1: Encourage the reduction of portion sizes (particularly in high energy density foods) where increases have occurred both in retail and OOH settings. With regard to the latter, Government and the foodservice industry should work together with a focus on foods that are high in salt, saturated fat and sugar. Government and industry should support research into the impacts of changing portion sizes over time.

Recommendation 3.2: Government and business should agree through research, and to underpin per portion nutrition information, realistic and responsible portion sizes for all categories. Expertise should be drawn from relevant organisations

such as the Institute of Grocery Distribution (IGD) and British Nutrition Foundation. Industry should also work with the IGD to take forward its research into the most effective way to communicate portion sizes to the consumer.

Recommendation 3.3: Establish a European 'standard drink' expressed in centilitres (cl) of alcohol, communicated through labelling and at the point of choice in a consistent way. The role of the 'unit' (1cl of alcohol) in consumer communications should be reviewed in light of the new scheme. The objective should be to find the best way of building public understanding of sensible drinking guidelines.

Recommendation 3.4: Government and business should work together to conduct research into whether calories per portion should be introduced on alcohol labels and at the point of choice to support consumers in striking the right balance of energy-in and energy-out. It will be important to establish whether this information has any unintended consequences or detracts from, confuses or compromises the delivery of Responsible Drinking messages, which should remain the priority.

Recommendation 3.5: All on-trade alcohol should be served by prescribed measures, available everywhere. In spirits this means that single shots should always be available and advertised (this can be 25ml or 35ml as per current weights and measures legislation), while wine should be available and advertised in three options everywhere – 125ml, 175ml and 250ml. This can either be achieved through offering 3 different glass sizes or a single glass size in which all three measures can be served. Individual outlets should be left to make their own choice as to which route they consider most appropriate.

Recommendation 3.6: The drinks industry should develop an industry-wide agreement to extend commitments restricting alcohol advertising across all media and commit to robust evaluation to check the quality of delivery and compliance against commitments made.

Recommendation 3.7: In the case of both television and cinema, there should be independent and periodic review of the impacts of alcohol advertising on children to inform future codes and ensure assumptions around audience profiles are robust.

Recommendation 3.8: Responsible retailing best practice and initiatives to support its delivery should be widely supported and be backed up by the consistent enforcement of existing legislation where retailers and individuals break the law. The police should be supported with adequate resource and appropriate targeting to make this enforcement practicable. The drinks industry should use the success of Challenge 21 to progress with the adoption of Challenge 25; there should be increased rigour to targeted, intelligence-led test purchasing schemes.

Recommendation 3.9: We support a local, targeted approach to tackling local alcohol issues using evidence-based schemes such as Community Alcohol Partnerships, Best Bar None, Manchester City Safe and Southampton Kids Alcohol Awareness. We see the provision of a good practice blueprint in which key local stakeholders can come together to address local alcohol-related issues as fundamental.

Recommendation 3.10: We propose that organisations representing all forms of activity should be encouraged and incentivised by Government to do more, reaching out to more people. This should include efforts to promote everyday activity whether climbing the stairs, travelling more actively or taking a brisk walk. The built environment should also be given due consideration with transport policy, new developments, the maintenance of open spaces/playgrounds and cycle/walking networks all providing opportunities to create an environment more conducive to being physically active.

Recommendation 3.11: Government should reposition physical activity as a healthcare provision, reducing VAT on options that make people more physically active. It should also remove the tax liability from employers who make provisions to get their employees physically active by removing it from its current classification as a benefit in kind.

Recommendation 3.12: Government should work with business to design a matched funding scheme to encourage health and physical activity promotion schemes in the workplace. Such a scheme could be introduced on a pilot basis to assess take-up, impact and ensure that the administrative burden is reasonable in light of the benefits accrued.

04/ Maximise prevention while maintaining cure

Recommendation 4.1: Government must develop a co-ordinated, fully integrated strategy for public health, working in a joined-up way in addressing and prioritising prevention. The National Audit Office (NAO) should annually review the effectiveness of cross-departmental working against the public health agenda.

Recommendation 4.2: Review the Quality and Outcomes Framework (QOF) aligning points and remuneration with prevention. On a pilot basis to understand its effectiveness, target PCTs on prevention and ring-fence a proportion of their budget to support it. This should include more proactive health screening and its extension to alcohol.

Recommendation 4.3: Provide adequate funding for alcohol treatment services.

Recommendation 4.4: There should be a programme of training for healthcare professionals in behaviour change. The NHS should create a Preventative Care Pathway that provides individuals with the opportunities to improve their diet, be more active and drink less, ensuring that the necessary tools such as exercise referral, walking, cycling, or weight management schemes are available for commission.

Recommendation 4.5: A new Government approach to preventative health should embrace the significant role of the third sector in ensuring quality of impact and credibility of message.

Recommendation 4.6: Government, business and the third sector should work together to offer less costly and more widespread diabetes, cholesterol and blood pressure 'MOT' tests. They should create a direct pathway linking initial screening to subsequent information and action whether in relation to diet, exercise, or both. It will be important to ensure that there is adequate knowledge-based training and continued professional development of pharmacy staff to underpin consistent delivery of messages and high-quality intervention.

Recommendation 4.7: Government and business should work together to assemble the available evidence for initiatives promoting mental health being cost-effective for employers. If necessary, primary research to identify these benefits should be commissioned. They should promote 'healthy work' as a positive benefit for both the employer and employee in maintaining productivity and employment (ensuring both workplace and GP training is in place and fit for purpose), retrain senior and line management to encourage 'good jobs' in 'good workplaces', and encourage a more joined-up approach in healthcare to ensure the impact of work is considered in treating both mental and physical illness e.g. improved links between doctors and occupational health professionals.

05/ Evaluate for continuous improvement

Recommendation 5.1: There should be a new partnership between Government, major retailers and branded goods businesses to share and use relevant consumer information to establish how campaigns are performing. Business expertise should be used when interrogating the data and developing consumer insight to help inform decision-making.

Recommendation 5.2: Government should establish, through the Office of National Statistics (ONS), long-term, continuous tracking of The Vehicle brand, its key messages, awareness and attributes.

Recommendation 5.3: Data gathering should be systematic and conducted against a range of agreed central national measures for the three key messages we recommend. Where possible, research and evaluation should be extended into the field of behaviour change and the behavioural impacts of designated interventions.

Recommendation 5.4: HM Treasury should produce a framework for the use of economic instruments to guide Government interventions in relation to public health, similar to the publication Tax and the Environment: Using Economic Instruments. A consistent framework (such as the methodology developed by NICE) should be used to evaluate the cost-effectiveness of interventions and initiatives across both healthcare and public health. A programme of research should be undertaken to identify which forms of intervention best improve health literacy, personalising messages for population subgroups, including those with low health literacy where the prevalence of chronic diseases is often high.

06/ Build genuine partnership

Recommendation 6.1: Long-term issues need long-term responses and the expertise of both business and the third sector. Government has to commit to long-term partnerships and support clear messages with the longevity and reach of brand marketing campaigns reiterated over long periods. There should be collective agreement on and ownership of shared goals.

Recommendation 6.2: Government should set out the basis for partnership with business and there should be an annual review of Government's performance by the NAO. The review should be informed by direct feedback from business.

Recommendation 6.3: An emphasis should be placed on agreeing and achieving commitments from all sides in a partnership. The appropriateness of regulation and legislation should be judged in light of the level of impact it has in positively addressing public health issues. All sides should recognise improvements require a range of integrated actions: there is no silver bullet.

Recommendation 6.4: Government attention must be given to competition issues that arise from actual and potential industry voluntary agreements. Where businesses can work together to deliver health improvements, Government should find a way of providing a safe haven for companies to discuss solutions that would otherwise risk contravening competition law.