Manifesto Submission on Public Health: Proposals for a health-creating economy

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Prepared by UK Health Forum

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Contents
Statement of concern ........................................................................................................................................ 1
A duty to protect the health of future generations ......................................................................................... 2
Upstream measures: effective and cost effective .......................................................................................... 3
Reduce health inequalities ............................................................................................................................ 3
Policy priorities ........................................................................................................................................... 3
Prioritise public health ................................................................................................................................ 3
Increase resources and investment for public health .................................................................................... 4
Develop safeguards to protect public health policy from commercial interests ........................................... 5
Support healthy diets .................................................................................................................................... 5
Enable physical activity for all ....................................................................................................................... 7
Improve tobacco control and reduce smoking rates ..................................................................................... 8
Reduce alcohol-related harm ......................................................................................................................... 8
Reduce fuel poverty and make affordable warmth a reality ......................................................................... 9
Reduce the risk of dementia and promote brain health ............................................................................. 9
Provide leadership on global NCD prevention ............................................................................................. 10
The UK Health Forum ................................................................................................................................ 10

Statement of concern
Non-communicable diseases (NCDs) account for the greatest burden of death and ill health globally and in the UK. NCDs include cardiovascular disease, stroke, type 2 diabetes, cancer, respiratory disease, hypertensive disease, chronic kidney disease and dementia. The shared, modifiable risk factors of NCDs are poor nutrition, physical inactivity, obesity, tobacco use and alcohol misuse. The UK Health Forum (UKHF) recognises that tackling the risk factors for NCDs demands action to address the wider economic, social and environmental determinants of disease, and that doing so will have potential co-benefits for health inequalities, sustainable development, climate change and social justice.

It is estimated that NCDs accounted for an estimated 50 million deaths globally in 2013.\(^1\) WHO data show that rates of obesity nearly doubled in every region of the world from 1980 to 2008. Worldwide one in three adults has high blood pressure and one in ten adults has diabetes. Assessments show that investing in prevention is cost-effective and will reduce short and long-term demands on both health and social care services.\(^2,3,4\)

NCDs are the number one contributor to increasing suffering and pressure on the health and care system. They have been described by the Director-General of WHO, Margaret Chan as diseases which "tax health systems to breaking point [and] break the bank..." And if we are to support an ageing workforce we must do everything possible to ensure as many years as possible are spent free of disabling conditions. Currently only 10 percent of neighbourhoods in England have an average disability-free life expectancy of 67 years or more. The lowest areas have a disability-free life expectancy average of approximately 53 years. In order to secure a healthy ageing workforce, contributing to the national economy, we need to improve the entire population’s health.

Increasingly, global business interests are accused of undermining public health moves to prevent chronic diseases. Margaret Chan further warned last year that “...It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda and Big Alcohol.... Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business.” The pursuit of economic health and population health can and should be better aligned in policy development. Instead there is a failure to connect these objectives and this is manifest in the way that markets are currently regulated; favouring commercial freedoms over the protection and prioritisation of public health, and failing to hold those economic operators to proper account for the health-damaging consequences of their businesses. There needs to be a much more robust and transparent separation of business interests from public policy making processes. Drinks industry access to lobby Government which led to the overturning of UK proposals for a minimum unit price is unacceptable.

The UK must continue to be an international leader on global NCD prevention through engagement - at home and abroad - with global institutions, governments, the public sector, civil society and commercial operators.

A duty to protect the health of future generations

The state has the ultimate legal and moral responsibility for the welfare and future prospects of new generations. Health is a public good and defined by the UN’s Universal Declaration as a human right. The UKHF believes the UK Government has a responsibility to protect the population from new health threats, promote good health and wellbeing and prevent disease. The Government needs to define its duties and responsibilities to secure and protect the health of the people across the UK. In doing this there must be recognition of the need to balance at times, the collective good achieved by public health regulations with resulting infringements of individual or commercial rights and freedoms. All Government departments should routinely consider the impact on the health of the population when developing and appraising social, economic, fiscal and environmental policy.

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Upstream measures: effective and cost effective
The evidence on tackling NCDs is very clear; piecemeal initiatives, delivered largely through the health services, and targeting individuals are a wholly inadequate response to current public health threats such as obesity. A whole system approach to public health must include action not only by government, at the global, EU, central and local level, but also by industry, communities, families, the third sector\(^9\) and society as a whole.

Cross-sector measures are needed to address poverty and encourage sustainable development. Academia and the third sector must be equally engaged, especially for the collation and dissemination of data and evidence to support decision making and to support community engagement. A fully engaged approach to population health will deliver big returns on investment; these include improvements in health status, increases in life expectancy, and savings in the NHS.

Reduce health inequalities
NCDs are a significant contributor to and cause of health inequalities, nationally and internationally. In England, for example, individuals living in the poorest neighbourhoods will die on average seven years earlier than those living in the richest with an average difference of 17 years of disability-free life expectancy – much of which comes from high levels of NCDs.\(^{10}\) Population level measures to prevent and reduce the burden of disease can significantly reduce health inequalities through “proportionate universalism”\(^{11}\). We endorse the approach of the Commission on the Social Determinants of Health to give every child the best start in life; create fair employment and good work for all; ensure a healthy standard of living for all; create and develop healthy and sustainable places and communities; and strengthen the role and impact of ill-health prevention.\(^{12}\)

Policy priorities
Prioritise public health
The Government must promote and protect the public’s health across sectors. Reducing ill health and supporting wellbeing is not only the responsibility of the health sector, but of the whole of Government.

Recommendations:
- Introduce a Public Health Act for England – as has been proposed in Wales – to give the Government powers to fully protect the publics’ health; ensure health impact assessments

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\(^9\) UKHF uses the ‘third sector’ to refer to an aggregate of not-for-profit non-governmental organizations and institutions which includes the voluntary and community sector.


\(^{11}\) “Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.” The Marmot Review. 2010. Pp9.

\(^{12}\) The Marmot Review. 2010.
are undertaken on all government polices which include a consideration of the distributional impact across the population; and maintains existing duties on government to reduce health inequalities.13,14

- A public health act would enable secondary legislative powers to enact new public health measures in a more efficient and timely manner than through primary legislation.

- **Integrate public health goals and indicators within the policies of other government departments**, including those responsible for climate change and sustainable development. Examples might include access to sustainable public transport; population intakes of saturated fat and meat which are related to greenhouse gas emissions; and population exposure to air pollution, which is related to respiratory conditions and other NCDs.

- **Public Health England and other Government agencies need to be assured autonomy** to determine priorities for action and sufficiently broad remit to address the major economic, environmental and societal drivers of ill health.

Increase resources and investment for public health

The UK needs and must strive for a *fiscally robust and sustainable national public health system* that supports world leading research, monitoring and evaluation mechanisms and moves towards the creation of a health protecting and health promoting society. In the current economic climate, it is vital that new sources of funding should be identified and tapped, to ensure that current investment in effective public health measures, such as tobacco control, is not jeopardised by competing and growing demands to tackle obesity and diabetes, for example.

**Recommendations:**

- **The Government should urgently identify additional funding sources to support public health measures**, such as levies on companies which produce tobacco, alcohol and foods high in fat, salt and sugar. Mechanisms to impose industry levies and use the monies raised with complete independence from those industry sources should be explored.

- **The use of new sales taxes on unhealthy products**, such as sugar-sweetened beverages, to raise revenues for public health should also be explored.

- **Ring-fenced grants to local authorities for public health must be protected and increased** (England only) to ensure that efforts keep pace with the escalating public health challenges driven by worsening problems such as obesity and harmful drinking.

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The government should increase investment in national and local monitoring, enforcement, evaluation and sharing of best practice. Investment in surveillance and enforcement of the commercial practices of consumption industries is needed. The government should establish observatories for the food, tobacco and alcohol industries, in close consultation with the EU and other OECD countries, to monitor developments in the market and marketing practices, and enable rapid measures to be taken to reduce attractiveness and consumption of harmful products. We suggest that in England, this could be a role for Public Health England.

There should be continued and increased investment in national research institutions such as National Institute for Health Research, Medical Research Council and Economic and Social Research Council. This could help ensure greater support for high impact upstream policy relevant public health research, including the development of epidemiological, modelling and simulation tools used to determine which actions will be most effective and cost-effective.

Develop safeguards to protect public health policy from commercial interests
Public-private partnerships with companies who produce tobacco, alcohol and unhealthy foods, as well as those that produce medicines and technologies to treat NCDs can undermine efforts to regulate in the interest of protecting public health e.g. harmful marketing and other business practices.

**Recommendations:**

- Develop a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing conflicts of interest. These guidelines should apply to policy making by all government departments whose actions affect public health, including expert and scientific advisory bodies such as the Scientific Advisory Committee on Nutrition.

- Develop guidelines to assess the suitability of food and beverage companies for sponsorship of public health initiatives.

Support healthy diets
The UK needs to develop a comprehensive approach to food and nutrition that will promote a healthy food environment and help combat the growing problem of diet-related ill-health including overweight and obesity. This will require policies that set public health-based standards for the food supply; address the relative affordability of healthy foods such as vegetables, fruits, pulses and fish; and remove the disincentives to healthy food choices - such as marketing of unhealthy foods high in fat, salt and sugar - so that programmes and initiatives designed to motivate healthy eating are not undermined.

Reductions in average salt consumption in recent years in the UK demonstrate that national level actions to improve diet are achievable. But we have a long way to go, with a huge disparity between
the recommended diet and what most people are eating. Government policies also need to reflect improved understanding about the health risks of sugar consumption, and recent recommendation to halve the population reference intake of free sugars and minimise consumption of sugary drinks.\textsuperscript{15}

\textbf{Recommendations:}

- Support the universal implementation of the voluntary national traffic light nutrition labelling scheme across all food producers and retailers, as introduced in 2014.

- Monitor the implementation of the School Food Plan (England only) and undertake to review and strengthen the Plan if necessary depending on its impact on children’s food choices and dietary intakes.

- Explore the use of taxes on unhealthy foods, starting with sugar sweetened beverages, as both a lever to support behaviour change and as a means for raising revenue for public health interventions.\textsuperscript{16}

- Review and strengthen Government Buying Standards for food. Government departments and agencies should provide leadership in supporting healthy food choices and encouraging new, healthy norms for the food supply in all publicly funded institutions, not only state-supported schools.

- Address unhealthy food promotion in the retail environment and extend restrictions on TV advertising of high fat, sugar and salt (HFSS) food and beverages to children up to the 9pm watershed. \textbf{Strengthen restrictions on all forms of HFSS food marketing and promotion to children in non-broadcast media}.\textsuperscript{17}

- \textbf{Extend the ban on the marketing of breast milk substitutes for infants and young children}, to include all follow on and toddler formulas.

- Introduce a legal requirement on food manufacturers and food service companies – nationally and locally – to \textbf{remove artificial trans fats} from their products. Monitor levels of artificial trans fats in the food supply nationally and locally.

- Develop Government-led national standards for reformulation of foods that are specific and time-bound to reduce free sugars and saturated fat (as well as salt) in the food supply.

- \textbf{Address the relative affordability of healthy foods}. The cost of a healthy diet and the inability of many low income groups to afford healthy foods must be considered in any reform of welfare instruments.


\textsuperscript{17} British Heart Foundation. 2014. \textit{What are they watching?} Accessed 9 May 2014: \url{http://extras.bhf.org.uk/junkfood/}
• **Develop national healthy, sustainable dietary guidelines** which support both healthy nutrition and environmental objectives including greenhouse gas emission targets, in order to benefit current and future generations.

Enable physical activity for all
The Government needs to **support and establish national policies which enable increased levels of physical activity across the population and promote sustainable transport**. These should include the protection and development of local environments that support physical activity beyond sport through everyday activities and active travel.

**Recommendations:**

• **Introduce Active Travel bills**, appropriate to national context and powers, for England, Scotland and Northern Ireland, similar in aim to the Active Travel (Wales) Act passed in 2013 and building on the experience of the Welsh Government.  

• Where possible, the government should support physical education requirements and active school environments that **promote physical activity beyond sport throughout the life course**.

• **Commit to a sustained, significant and dedicated investment in active travel** – walking and cycling – sufficient to achieve major growth in travel by these healthy modes.

• **Establish alternative funding streams to remove food industry from sponsorship of physical activity and sport**, especially programmes in schools and targeted at children.

• **Support the implementation of a national standard for 20mph speed restrictions** on non-main thoroughfares in residential areas.

• **Ensure that existing and planned developments and infrastructure are required to be ‘health checked’** to ensure that walking, cycling, play, active recreation and other forms of physical activity are prioritised.

• **Ensure the UK meets its legal duty to protect the population from the harmful affects of air pollution under EU regulation**. Current levels of particle pollution and gas emissions, particularly in urban centres, undermine the health benefits of time spent outdoors being physically active.

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19 Bristol City Council. 2012. **Where widespread 20mph limits have been introduced levels of walking and cycling increased by 20%**. Citywide Rollout of 20mph speed limits: Bristol City Council Cabinet.

Improve tobacco control and reduce smoking rates

The UK should continue to implement and support national, EU and international **policies that remove tobacco products from the market and move the country closer to achieving an end game for tobacco.**

**Recommendations:**

- **Introduce regulation to standardise packaging of tobacco products** that is aligned with and goes beyond health warning regulations set-out in the EU Tobacco Products Directive (which takes effect in 2016).\(^\text{21}\) Continue to enforce strong intelligence gathering and monitoring to reduce tobacco smuggling, and counterfeit tobacco production.

- **Reinstate the tax escalator on all tobacco products** at five percent ahead of inflation per annum.

- **Regulate electronic cigarettes as medicinal products** and make them subject to robust marketing restrictions that provide a high level of protection to children and young people, avoid any confusion with smoked tobacco products or tobacco brands and always present e-cigarettes clearly as an alternative to tobacco.

- **Ensure the ban on smoking in cars where children are present** comes into effect and is enforced.

- **Make tobacco control, smoking prevention and stop smoking services mandatory** in the new public health arrangements for Local Authorities (England only).

Reduce alcohol-related harm

The UK needs comprehensive national policies which reflect the collective recommendations made in *Health First: an evidence based alcohol strategy for the UK.*\(^\text{22}\) Public health and public safety must be given priority in public policy making above the commercial interests of the alcohol industry.

**Recommendations:**

- **Introduce a minimum unit price of 50p/unit** for all alcohol sold in England and Wales in alignment with Scotland’s adoption of the policy.

- **Reinstate the tax escalator on alcohol** at two percent ahead of inflation per annum.

- **Introduce strict controls on alcohol advertising, promotion and sponsorship led by a new independent body** to regulate alcohol promotion (including sports sponsorship). Controls

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should have a special focus on marketing targeted at or likely to appeal to and impact on children and young people.

- Undertake a comprehensive review of licensing legislation in England and **empower local licensing authorities to take public health issues into account** and tackle alcohol-related health harm by controlling the total availability of alcohol.\(^{23}\)

Reduce fuel poverty and make affordable warmth a reality
The UK must have **comprehensive national policies that address the dual drivers of cold homes and fuel poverty** - inefficient housing stock and high energy costs - that lead to excess winter deaths and long-term morbidity from NCDs. Across the UK, fuel poverty is a chronic public health concern affecting not just older people, but families with children and increasingly those in the private rental sector.\(^{24}\)

**Recommendations:**

- **Implement and resource the national fuel poverty strategy** to achieve comprehensive and ambitious targets for eradicating fuel poverty across the population.

- **Use carbon tax revenues to cover the costs of making the housing stock super energy efficient.**\(^{25}\)

Reduce the risk of dementia and promote brain health
Dementia costs the UK around £23 billion a year and will affect one in three people who live to over the age of 65.\(^{26}\) Action to tackle smoking, drinking, sedentary behaviour and poor diet could reduce the risk of dementia in later life alongside other NCDs. Government **health policies need to incorporate dementia risk reduction as part of a wider disease prevention agenda.**

**Recommendations:**

- **Revise current national dementia policy to include a focus on dementia risk reduction** through a combination of population level, community and individual level interventions.\(^{27}\)

- **Incorporate dementia risk reduction in existing national strategies to tackle NCDs** and support its inclusion within global NCD prevention policies.\(^{28}\)

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Support urgent research into the impact in early life of risk factors (including diet, alcohol, drug taking and head injury) and protective factors (including physical activity and educational attainment), on the development and progression of dementia.

Provide leadership on global NCD prevention
The UK has established a position as a global leader in the NCD prevention agenda. As the global determinants and burden of NCDs worsen, the UK should continue to provide leadership and step-up efforts to address the global drivers of disease.

Recommendations:
- Champion the inclusion of a health goal on healthy life expectancy and its distribution in the post-2015 Global Development Framework. The health goal should include targets on the unmet health Millennium Development Goals, emerging health priorities including NCDs, health inequalities, health systems strengthening and Universal Health Coverage.
- Develop a UK strategy on global health which is aligned with the post-2015 Framework.
- Support global action in the area of NCDs by providing resources and drawing on the UK’s unique strengths and expertise in areas such as salt reduction and tobacco control.
- Adopt impact assessments of UK policies on global health across government departments, especially trade and foreign direct investment.

The UK Health Forum
The UK Health Forum (UKHF), a registered charity, is both a UK forum and an international centre for the prevention of non-communicable diseases (NCDs) including coronary heart disease, stroke, cancer, diabetes, chronic kidney disease and dementia through a focus on up-stream measures targeted at the four shared modifiable risk factors of poor nutrition, physical inactivity, tobacco use and alcohol misuse. UKHF undertakes policy research and advocacy to support action by government, the public sector and commercial operators. As an alliance, the UKHF is uniquely placed to develop and promote consensus-based healthy public policy and to coordinate public health advocacy.

UKHF’s vision is of a society where public policy and effective regulation supports the social, economic and environmental conditions in which everyone has equal access to good health and the opportunity to enjoy a life free from disability or preventable death caused by non-communicable diseases. www.ukhealthforum.org.uk

We welcome comments and feedback. If you would like to discuss with us further please contact Hannah Graff, Senior Policy Researcher at hannah.graff@ukhealthforum.org.uk