Consultation response from the National Heart Forum

Consultation: Choosing health?

Consulting body: Department of health

Date: June 2004

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The National Heart Forum

About the National Heart Forum

The National Heart Forum (NHF) is the leading alliance of over 45 national organisations working to reduce the risk of coronary heart disease (CHD) in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.

Our mission

To work with and through NHF members to contribute to the prevention of premature avoidable coronary heart disease and related conditions in the UK.

Our functions

The NHF has adopted the following functions in order to deliver its mission:

1. To provide a forum for members for
   - The exchange of information and ideas and co-ordination of activities;
   - The development of policy based on evidence and/or the need for action.
2. To collectively stimulate and advocate effective action nationally and internationally through information, education, and policy and strategy research and development.
3. To facilitate and broker relations between not-for-profit and non-government organisations and the political centre, and to strengthen and expand public health capacity cross-sectorally.

Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum.

Summary of key recommendations

A. A Fully Engaged Government

1.The Government should publicly state that it is totally committed to achieving the Wanless "fully engaged scenario" for improving the public's health.

2.The Government should accept and reflect in its strategy each recommendation of the Wanless 2 review demonstrating "fully engaged leadership" in a fully resourced and sustainable twenty year strategy for public health in England with clear milestones set out over three year periods.

3. As a minimum commitment by the Government the public health white paper should set out unambiguous proposals to ban smoking in work and public places and put in place effective controls to stop the marketing of foods high in fat, salt and sugars to children and young people.

4. The Government should recognise that in the debate about public health and "choice" it should properly focus on empowered choice and acknowledge that the focus of public policy should be making "healthy choices the easy choices" through creating and sustaining a health promoting environment, economy, workplaces and communities.

5.The strategy should include long term comprehensive multi-sectoral and multi-level public health programmes on food and nutrition, physical activity, reducing population levels of raised blood pressure and blood cholesterol.

6. The Government should build on the good work it has undertaken on tobacco control, smoking prevention and smoking cessation since 1998 and become more fully engaged by formally developing Smoking Kills - Phase Two and increase strategic investment to ensure smoking prevalence in England does not exceed a maximum of 11% of the population of England by 2022, as recommended in the Wanless 2 review.

7. As part of the strategy the Government should set out a comprehensive national plan to improve the health and wellbeing of children and young people in line with the National Heart Forum policy framework young@heart.

8. The NHF believes that it is fundamental to the sustainability and effectiveness of the public health strategy that the Government clearly set out appropriate roles, standards and responsibilities for the public, voluntary and corporate sectors. This will help in establishing how each sector could become productively fully engaged. The Government should build on the framework of contracts in their first public health white paper, Our Healthier Nation (1998) which defined responsibilities across the different sectors, and at different levels. (see also recommendation 14).

<u>B. Fully engaging the corporate sector and the public</u>

9. To achieve the fully engaged scenario the Government will need to foster the development of a health promoting economy through a combination of effective regulation, fiscal incentives and penalties and social marketing. The government should - as Wanless 2 suggests - systematically review all the options and make the analysis of options that underpins the Governments public health decision making publicly available.

10. To establish a Treasury-led review to explore how to move "UK plc" towards being a health promoting economy.

11. HM Treasury to introduce as routine, economic evaluations of Government policy to establish the costs and benefits to the health of the people of England. In undertaking such economic analyses the Treasury should evaluate the full costs and benefits across the lifecourse.

12. The Government should invest in independent, credible and authoritative social marketing programmes to help fully engage the public and positively alter the health culture and encourage healthy lifestyles in England.

13. The social marketing activity should be properly funded and organised at national level and be free of vested interests and operate independently within an ethical public health policy framework.

14. If corporate funding for Government-organised social marketing is sought or offered then this should only be accepted according to public interest criteria within an ethical framework and funding administered via an independent 'blind trust' with trustees.

15. The food and marketing industries should be given no more than two years within which to demonstrate that they are part of the solution to the prevention of obesity and consequent avoidable chronic diseases by ceasing to promote foods high in fat, salt and sugars, to children and young people. This should be judged by independent verification of industry based self-regulation.

16. To properly resource the monitoring of industry self regulation through civil society organisations, either by Government or the voluntary sector.

17. If the Government is considering a new Public Health Act as proposed by the Nuffield Trust/UKPHA/FPH (2004) then there should be a particular emphasis on the prevention of the leading avoidable chronic diseases and protecting the public from the activities of companies producing and marketing processed foods of low nutritional value, alcohol and tobacco.

18.The government should recognise the public support for protecting the health of children and young people and a adopt a precautionary approach to controlling the development and marketing of products that have the potential to endanger children's health prospects.

<u>C. A Strengthened National Public Health System</u>

19. To establish a Secretary of State for Public Health with a Cabinet level cross Government responsibility for the public's health supported by a Cabinet level cross Government standing committee for public health.

20. To establish a National Institute for Public Health for England focusing on non communicable diseases to complement the work of the Health Protection Agency and be accountable to the CMO for England and work across Government.

21. To review and strengthen the health protection regulatory powers of the Food Standards Agency and make public health nutrition an equal priority with food safety.

22. To establish at UK level a Tobacco and Nicotine Regulatory Authority.

23. To substantially increase investment in public health research and establish a dedicated public health research council to strategically allocate funds and strengthen links with the main charities funding research.

24. The NHF recommends establishing a European public health observatory for the UK in conjunction with Scotland, Northern Ireland and Wales to advise on international health promotion and protection measures, and identify public health improvement innovations and facilitate collaborations and dissemination.

25. To establish an avoidable chronic disease forum - bringing together the leading charities and professional organisations - to maximise collaboration on primary prevention.

26. The NHF would like to see the powers conferred to local government through the Local Government Act (2000) for the economic, environmental and social well being of local communities enacted nationwide. Public health goals should be explicitly included in the comprehensive assessment framework and joint targets set for local strategic partnerships.

27.To implement the CMO's report on the public health function (2000) and produce a properly resourced national workforce plan for public health in England in conjunction with the Faculty of Public Health.

28. To review models for lifestyle counselling for the prevention and control of avoidable chronic diseases for front line staff in primary care.

29. The NHF would also like to see public health goals at the heart of the PSAs across Government departments and the comprehensive performance assessment framework. The NHF would like to see the setting of national level targets across Government departments, which would be monitored by the National Audit Office.

30. The NHF would like to see a development of the public health specialist role within the voluntary sector.

31. We recommend that National Service Frameworks should:

- ***be regularly and systematically reviewed and upgraded;***
- ***be developed as a basis for setting joint standards and milestones for health and local authorities and;***
- ***offer incentives for achieving higher public standards.***

<u>D. Smoking Kills - Phase Two</u>

32. A nationwide ban on smoking in enclosed public places and workplaces should now be the foremost priority for the Government's tobacco control and anti-smoking strategy.

33. The government should undertake a health and regulatory impact assessment of controls on smoking in enclosed public places comparing national and local level implementation to determine the best course of action.

34. Tobacco industry sponsored market research on children and young people should be banned.

35. National smoking prevention efforts should have a greater focus on young women.

<u>E. Blood pressure</u>

36. To develop a properly resourced nationwide strategy to reduce the high population levels of raised blood pressure in England through the systematic reduction of salt in processed foods, public education and preventing and managing raised blood pressure a priority in primary and secondary health care.

Introduction

The NHF's response to the *Choosing Health?* consultation addresses the issues within our competence on the prevention of the avoidable chronic diseases such as coronary heart disease prevention and consists of the following sections:

1. A fully engaged Government, corporate and voluntary sector.
2. An effective and comprehensive public health system for England.
3. Tobacco control, smoking prevention and smoking cessation
4. Hypertension and elevated blood pressure
5. Children and young people

Much of the NHF evidence and arguments have already been submitted and incorporated in the Wanless 2 review, and are attached as annex 1.

The NHF will be submitting further evidence in relation to the food and health action plan consultation and physical activity by 30 June. These are attached as annexs 2 and 3 to this paper.

1. The "fully engaged scenario": a fully engaged Government

- The National Heart Forum welcomes the development of a new public health white paper in the wake of the Wanless reviews and the opportunity to contribute via the consultation to its content.
- We hope that the Government will use the opportunity to publicly state that it is fully committed to the course of action described in the Wanless reviews as the fully engaged scenario. We believe that the government has to invest significantly or as Wanless describes it produce 'a step change' in improving the public's health. The consequences of not doing so are likely to pose a huge and unsustainable risk to the public purse and public health.
- We welcome the independent review undertaken by Derek Wanless and his team. We believe it is a very robust foundation on which to build public health in England. We would expect the white paper to systematically and properly address each of the recommendations made. To quote the Wanless reviews, we have had thirty years of public health reports and little action (with the exception of tobacco control and infectious diseases in recent years.)
- An acceptance of the fully engaged scenario would mean that public health moves from being about the occasional initiative and action plan to a mainstream pursuit of all services overseen by all government departments.

Recommendations

1.The government should publicly state that it is totally committed to the Wanless fully engaged scenario for improving the public's health.

2.The government should accept and reflect in its strategy each recommendation of the Wanless 2 review demonstrating fully engaged leadership in a fully resourced and sustainable twenty year strategy for public health in England with clear milestones set out over three year periods.

A long term public health strategy

- We would like to see an unqualified commitment to develop a competent twenty-year strategy to ensure the realisation of the fully engaged scenario. The strategy should contain clear milestones and be reviewed every three years. The government should set out the strategic stages and timescales and level of resources. There should be three major priorities components:
  1. The development of a properly resourced and effective nation-wide public health system;
  2. Comprehensive programmes for tackling the range of risk factors for the linked and leading avoidable chronic diseases and their wider determinants;
  3. A national plan for children and young people's health.
- To move forward government must take a more visible leadership role on public health than has been the case to date. The government's previous white paper on health, *Our Healthier Nation*, had much to commend but it has been neglected and the usual traditional NHS preoccupations have prevailed.
- The government should set out a clear vision on public health which should include the following values and principles:

  1. A lifecourse approach to building and sustaining health and wellbeing throughout life and at key lifestages and ending the intergenerational cycle of health inequalities
  2. Social justice
  3. The need for a health promoting economy
  4. The fundamental link between health and sustainable development
  5. The needs to protect individuals, especially the vulnerable from factors that have a negative effect on health and are outside the control of the individual
  6. The European social model of health based on solidarity and equity.

- The public health vision should also include a clear statement of the government's role and responsibility for protecting and promoting the public's health. Health is an individual and social responsibility. We believe the government has an incontestable responsibility for ensuring the optimal health of children and young people, and equitable health prospects for future generations. We would like to see the government secure broad political support for the public health values and principles and the plan to ensure the necessary long term sustainability needed to ensure improvements in the public's health. The public is overwhelmingly supportive of many public health measures that the government seems reluctant to introduce. For example recent opinion polls show overwhelming support for controls on second hand smoke and on the marketing of foods high in fat salt and sugars to children. The government's public health white paper will be seen as only partly engaged if it does not include measures for effective controls in these areas.

- In the debate about choice the government should develop policy that enables people to make healthy choices. Healthy choices are not always an option for the young and vulnerable in society. The policy focus should be to build a health promoting environment, economy, workplaces and communities to make healthy choices the easy choices for everyone.

- The government needs to introduce properly resourced comprehensive and strategic programmes of action on food and nutrition, physical activity, reducing population levels of raised blood pressure and cholesterol and strengthen its investment in tobacco control, smoking prevention and cessation. The

Government must recognise that no single social change measure will in itself be the solution but a combination of interrelated measures that are sustained. These measures will be a combination of upstream and downstream interventions across all sectors and at national, local and international levels.

3. As a minimum commitment by the Government the public health white paper should set out unambiguous proposals to ban smoking in work and enclosed public places and put in place effective controls to stop the marketing of foods high in fat, salt and sugars to children and young people.

4. The Government should recognise that in the debate about public health and choice it should properly focus on empowered choice and acknowledge that the focus of public policy should be making 'healthy choices the easy choices' through creating and sustaining a health promoting environment, economy, workplaces and communities.

5.The strategy should include long term comprehensive multi-sectoral and multi-level public health programmes on food and nutrition, physical activity, reducing population levels of raised blood pressure and blood cholesterol

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7. As part of the strategy the Government should set out a comprehensive national plan to improve the health and wellbeing of children and young people in line with the National Heart Forum policy framework young@heart.

The roles of Government, Voluntary and Industry sectors

8. The NHF believes that it is fundamental to the sustainability and effectiveness of the public health strategy that the Government clearly set out appropriate roles, standards and responsibilities for the public, voluntary and corporate sectors. This will help in the establishing how each sector could become productively 'fully engaged'. The Government should build on the framework of contracts in their first public health white paper, Our Healthier Nation (1998) which defined responsibilities across the different sectors, and at different levels.

- The role of Government is to provide visible leadership to protect and promote the public's health across the Government sector, voluntary and corporate sectors.
- The main mechanisms open to government include:
  - setting, monitoring and inspecting standards across all sectors;
  - regulation to protect health and produce a health promoting economy;
  - ensuring health is at the heart of the public policy agenda
  - evaluating all government policies to ensure that they are neutral or positive to the public's health;
  - ensuring a competent and effective nationwide public health system,
  - investing in social marketing and promotion of social /cultural norms that are health promoting;

- tackling the international dimensions of the determinants of disease and health;
- allocating adequate public resources and establishing strategic frameworks for research and policy implementation.

Industry

- Introduce or implement effective regulation in the public interest
- Establish transparent and independently verified corporate social responsibility standards which are independently audited
- Contribute to a health promoting economy and diversify away from unhealthy products
- Ensure ethical marketing in the public interest (across the marketing mix)
- Provide proper labelling of products that consumers will understand and read, and that do not make inappropriate health or nutrition claims.

Voluntary sector

- Invest public resources in primary prevention research and programmes
- Campaign for social change towards a healthier society
- Act as a watchdog to ensure that Government and industry improve public health
- Collaborate and better co-ordinate work by individual charities and NGOs that may contribute towards common or similar objectives.

Fully engaging the corporate sector and the public

Recommendations

9. To achieve the fully engaged scenario the Government will need to foster the development of a health promoting economy through a combination of effective regulation, fiscal incentives and penalties and social marketing. The government should, as Wanless 2 suggested, systematically review all the options and make the analysis of options that underpins the Government's public health decision-making publicly available.

10. To establish a Treasury-led review to explore how to move 'UK plc' towards being a health promoting economy.

11. HM Treasury to introduce as routine, economic evaluations of Government policy to establish the costs and benefits to the health of the people of England. In undertaking such economic analyses the Treasury should evaluate the full costs and benefits across the lifecourse.

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13. The social marketing activity should be properly funded and organised at national level and be free of vested interests and operate independently within an ethical public health policy framework.

14. If corporate funding for Government organised social marketing is sought or offered then this should only be accepted according to public interest

criteria within an ethical framework and funding administered via an independent blind trust with Trustees.

15. The food and marketing industries should be given no more than two years within which to demonstrate that they are part of the solution to the prevention of obesity and consequent avoidable chronic diseases by ceasing to promote foods high in fat, salt and sugars to children and young people. This should be judged by independent verification of industry based self-regulation.

16. To properly resource the monitoring of industry self regulation through civil society organisations, either by Government or the voluntary sector.

17. If the Government is considering a new Public Health Act as suggested by the Nuffield Trust/UKPHA/FPH (2004) there should be a particular emphasis on the prevention of the leading avoidable chronic diseases and protecting the public from the excesses of companies producing and marketing processed foods of low nutritional value, alcohol and tobacco.

18.The Government should recognise the public support for protecting the health of children and young people and a adopt a precautionary approach to controlling the development and marketing of products that have the potential to endanger their health prospects.

Health protection regulations

- The last 20-25 years of the UK marketing culture has significantly influenced our lifestyles and in many instances is having a major negative impact on the health behaviours of children and young people. Marketing is a major determinant of health whose influence is often underestimated. It has a major bearing on our health promoting culture. This has been demonstrated recently by the Hastings review commissioned by the FSA on the impact of advertising on children's diets (2004). Children's health behaviours are a major concern and there is likely to be a resurgence of chronic diseases in their adulthood. This trend is evident by the disturbing growth in overweight and obesity and diabetes type 2 in young people.

- Children and young people are influenced by factors outside of their control by the marketing of unhealthy products and lifestyles. This is especially so for the very young and vulnerable. Children and young people therefore need to have their health protected by effective regulation.

- The NHF believes that the current voluntary codes controlling advertising are ineffective in protecting children from the overall impact of marketing of foods high in fat, salt and/or sugars. Young children are deliberately targeted by intensive and sophisticated marketing practices that influence their diets in an unhealthy direction. The regulations that exist are voluntary and are inadequate to deal with the current concerns about the volume and type of promotions to which children are currently exposed. The NHF and its members have developed a position on how the regulations could be strengthened (c.f. annex 4). The NHF is concerned that self regulation is the main regulatory option and that is not formally monitored by civil society, whether by government or the voluntary sector.

- In general we believe the following principles are applicable for taking forward health protection regulations:

1. The introduction of public health improvement regulations should be presented as enabling legislation to support health choices.

2. Public policy goals for protecting public health must take precedence over protecting trade.

3. The Government should take a proportionate and precautionary approach to reducing risks to health as recommended by the Government's Strategy Unit report on managing risk (2003).

4. The public should support the measures.

5. Commercial governance should be independently scrutinised for its effectiveness.

It is important that the Government sets a goal to move towards a more health promoting economy. To do this it must shape the market through a combination of fiscal incentives and penalties and other forms of appropriate regulation.

The NHF is developing a project with its members to review the basis of the UK becoming a health promoting economy.

- Corporate social responsibility (CSR) can be a powerful tool for good when it is driven by values, and is applied meaningfully and consistently across a company's activities. There is clearly scope for the exercise of CSR to be strengthened by the independent development of standards and independent monitoring and scrutiny, and there is a role for governments at national and international levels to play in this process. It is society that has to pick up the extrinsic costs of commercial activities. The costs associated with the obesity epidemic, for example, where the activities of food and marketing companies have been implicated are enormous. Independent standards can provide the basis for new company law, as appropriate, around duties of care, liabilities and reporting.

- An essential component of civil society is the need to have a competent voluntary sector to advocate for social change and act as an independent monitor of industry and government. The public health agenda has been advanced significantly through the efforts of organisations such as ASH, CASH and the Food Commission. The NHF urges government to adequately core fund the voluntary sector to ensure that they continue to make an even greater contribution to the social change/marketing agenda. This is in line with the Treasury and Cabinet Office reviews of the voluntary sector but has not been translated into practice in respect of public health voluntary sector organisations.

- We would also like to see a substantial expansion of resources to the voluntary sector for public health purposes, in particular an increase in section 64 core funding grants which have shrunk in recent years.

Social marketing

- To ensure that the public is fully engaged the government should invest in social marketing. With the exception of tobacco and immunisation programmes there has been a disturbing absence of investment in social marketing for health in

England since the closure of the Health Education Authority (HEA). This is a key recommendation of the Wanless 2 review and the Health Select Committee's inquiry into obesity and other health enquiries.

- Social marketing is not just the application of marketing and communication principles and practices to health applied directly to the public. To maximise effectiveness it involves a comprehensive strategic approach that includes professional and local service development and public health campaigning to produce popular mandates for political change to protect the public's health.

- Adequately resourced, research driven, strategically planned social marketing is an essential public health technology and investment. Social marketing can dispel popular anti-health myths, inform the public, change social/cultural norms, produce popular support for political change to protect health by regulation and support and enhance the value of local service delivery.

- The NHF believes that social marketing for health should be undertaken by an independent public health organisation, one that is perceived by the public to be a credible and authoritative source of independent health information and advice.

- The organisational model should be developed from the experience of the FSA, HEA and major charities.

- The NHF's favoured model for the national public health organisation is a National Institute of Public Health. We have outlined what the NHF believes should be the key functions later in this document. The Institute could be given a social marketing function which should work across government departments and play a key role in ensuring research into practice, quality and co-ordinating the flow of government's social marketing activity. An Institute would help to ensure that the activity was public health policy based and fully integrated with other public health improvement measures. The co-ordinating function of the NIPH would recognise the added value of working with and through the major research charities, as evidenced in the recent highly successful government funded anti-smoking campaigns mounted by the British Heart Foundation and Cancer Research UK.

- We have major concerns about recent ideas that have been reported in the national papers about the bid from the food and alcohol industries to fund social marketing. We feel this would be entirely inappropriate and ineffective, and could possibly lead to a deterioration of the public's health through the weakening of public health messages, and create confusion and distrust. We are also concerned that terms of engagement should be determined for government contracts with the marketing industry so that government commissions for social marketing work are not undermined by conflicts of interest with an agency's existing commercial clients.

- Consumers are confused by healthy lifestyle information promulgated by vested interests and need a source of independent authoritative advice and information.

- The NHF believes that if industry funds are made available for social marketing from the food and alcohol industries these should be placed in a 'blind trust' and managed by whatever independent organisation assumes responsibility for public health programmes, or by independent trustees.

2. An effective and comprehensive public health system for England

Recommendations

19. To establish a Secretary of State for Public Health with a Cabinet level cross government responsibility for the public's health supported by a Cabinet level cross government standing committee for public health.

20. To establish a National Institute for Public Health for England focusing on non communicable diseases to complement the work of the Health Protection Agency and be accountable to the CMO for England, and work across government.

21. To review and strengthen the health protection regulatory powers of the Food Standards Agency and make public health nutrition an equal priority with food safety.

22. To establish at UK level a Tobacco and Nicotine Regulatory Authority.

23. To substantially increase investment in public health research and establish a dedicated public health research council to strategically allocate funds and strengthen links with the main charities funding research.

24. The NHF recommends establishing a European public health observatory for the UK in conjunction with Scotland, Northern Ireland and Wales to advise on international health promotion and protection measures, and identify public health improvement innovations and facilitate collaborations and dissemination.

25. To establish an avoidable chronic disease forum - bringing together the leading charities and professional organisations - to maximise collaboration on primary prevention.

26. The NHF would like to see the powers conferred to local government through the Local Government Act (2000) for the economic, environmental and social well being of local communities enacted nationwide. Public health goals should be explicitly included in the comprehensive assessment framework and joint targets set for local strategic partnerships.

27. To implement the CMO's report on the public health function (2000) and produce a properly resourced national workforce plan for public health in England in conjunction with the Faculty of Public Health.

28. To review models for lifestyle counselling for the prevention and control of avoidable chronic diseases for front line staff in primary care.

29. The NHF would also like to see public health goals at the heart of the PSAs across government departments and the comprehensive performance assessment framework. The NHF would like to see the setting of national level targets across government departments, which would be monitored by the National Audit Office.

To deliver the white paper which supports the achievement of the fully engaged scenario will require a comprehensive, co-ordinated and sustainable public health system throughout England.

Scotland, Wales and Northern Ireland and many European countries have developed more comprehensive and complete public health systems than currently exists in England.

There are significant gaps in the functions and organisation of public health at national and local levels, which will have to be addressed to realise the 'fully engaged scenario'. The NHF makes the following observations about principles and significant gaps, which we believe need to be addressed in the white paper and are essential to maximising effectiveness.

Principles and attributes of an effective public health system

To be effective the public health system needs to be:

- Transparent and independent of political interference
- Publicly funded and free from vested interests
- Authoritative and credible to the professions, industry and the general public
- Expert and evidence based
- Operating in an environment that in which there is a clear and unambiguous view of the role of the government, voluntary and industry sectors.

The gaps in functions and organisation

We have identified some of the gaps and weaknesses in the current public health system and have made suggestions about how these can be strengthened. Some of the solutions overlap and are contingent upon each other. As Derek Wanless proposed, we have made suggestions on the basis of the need to minimise organisational change and build on the existing infrastructure.

We welcome appropriate decentralisation, but are very concerned about:

1. The constraints imposed by the current interpretation of the 'new localism' and the extent to which government can or will ensure that the new and existing resources in the NHS are allocated to public health;
2. Any neglect of national and international action that needs to complement local level action;
3. The risk of a 'Pontius Pilate' approach to regulation being devolved to local government, and,
4. A lack of national development plans and funds for public health.

We have suggested how the public health system can be improved at local and national levels:

A. National Level

- The NHF would like to see the establishment of a National Public Health Institute to address the main public health gap identified by the Wanless reviews, i.e. the prevention of the leading and linked avoidable chronic diseases.

- We propose an independent National Public Health Institute rather than an Agency, as the government is currently embarked upon reducing the number of agencies and its central civil service establishment (by September of this year) and the need for independent non-compromised expert advice to government on public health which by its nature challenges all sorts of vested interests, particularly commercial.

- We would like to see the Institute accountable to the Chief Medical Officer to strengthen the CMO's role in providing independent advice on public health across government. The Institute could play a valuable role in supporting a Cabinet public health committee.

- The NHF believes the model of an Institute is vital to building and sustaining a successful long-term approach to public health that goes beyond short-term interventions limited by political horizons.

- The government has developed capacity to combat infectious diseases and major public health emergencies with the establishment of the Health Protection Agency. However there is surprisingly no equivalent dedicated Agency or resource for tackling the leading avoidable chronic diseases.

- The NHF believes the main functions of a National Public Health Institute would be to provide independent expert advice in a transparent manner to government departments, the NHS, local authorities, industry and the public, on PSAs, target and standard setting, undertaking health impact assessments of government policy, developing the fundamental and applied public health sciences, and possibly oversee the commissioning of social marketing.

- Currently given the fragile state of the public health infrastructure and the limited capacity and the huge size of the public health agenda posed by the fully engaged scenario, there is a need for a separate HPA and wider Public Health Institute. In time, the need to merge the HPA and new Public Health Institute should be reviewed.

- The FSA is a model for a government-funded national public health organisation. The principles for which it was established are fundamental to the whole of public health and the model should go beyond government's responsibility for food. The model for such an institute should be developed based on the experiences of the FSA to date, and in particular the handling of vested interests in the pursuit of public benefits.

- Other models to review in developing the model for the Institute would include the National Institutes of Public Health in Sweden, Holland, Ireland and Scotland and Wales.

- In considering the NIPH functions the role of the HDA and NICE should be reviewed. Whatever the new public health structures, it will be essential to preserve and strengthen the functions and expertise of these existing bodies in translating evidence-based guidance into practice.

- **Strengthen the powers of the Food Standards Agency**

We have been impressed recently by the FSA's ability and leadership on the complex public health issue of children and food marketing, and would like to see the

FSA now take the lead responsibility for public health nutrition. The FSA has after five years established itself in the public consciousness as an authoritative and credible agency, and is now well established on the food safety issues for which it was established. The main priority should now be nutrition and public health. We recommend that, as there is limited and reducing capacity within Government that the FSA is given the lead responsibility for all food and nutrition projects. To achieve this goal we would like to see the public health expertise of the agency enhanced to help determine new public health regulatory powers of the FSA.

- **Establish a Tobacco and Nicotine Regulatory Authority**

The Government should establish a tobacco and nicotine regulatory authority to bring together in a dedicated agency all means of regulation on tobacco and its marketing and nicotine products produced by the pharmaceutical industry and thus ensure consistent policy in terms of all nicotine based products. Given the need for a proportionate response and the shrinkage of central Government capacity the establishment of a dedicated agency as has been recently introduced in Canada should be a priority. The Government must stay ahead of the industry and properly monitor all forms of marketing. There are many existing ingenious and unregulated forms of below the line tobacco marketing that need to be monitored and challenged and stopped, and many more in the pipeline such as chocolate flavourings. The RCP report makes an excellent case for such an Authority and cites the FSA as a precedent for establishing a UK body ahead of a Europe-wide structure, such as the European Food Authority.

- **Establish a public health research council**

As pointed out in the Wanless reviews, there has been a lack of investment in public health research, in particular intervention-based research. The NHF would like to see public resources for public health research substantially increased and overseen by the establishment of a public health research council to commission and co-ordinate research on primary prevention intervention research, social policy research, epidemiological research, and health and disease modelling. We suggest the involvement of a consortium that would include the large chronic disease charities that are major investors in research as well as the public health observatories. The consortium would be responsible for informing a strategic and co-ordinated public health research agenda that makes optimal use of available resources. This work could alternatively be one of the functions of the new Public Health Institute.

- **Strengthen international public health capacity**

The NHF believes that as health is increasingly determined at international level that the national capacity to monitor, respond to and shape international developments should be enhanced.

The powers and potential of the European Union and the World Trade Organisation to protect public health rather than solely protect trade are underplayed. The UK Government should take a lead and forge productive partnerships with other member states and the EU institutions to take forward the European public health agenda.

- **Strengthen social marketing capability**

The NHF believes this is a major gap in national public health functions and is an under-utilised public health technology. This function could be part of the NIPH functions as the most effective social marketing is independent of government and has to be public health led, and based upon solid public health and social research.

- **Establish a voluntary and professional sector avoidable chronic disease forum**

The NHF believes that it would be highly beneficial to maximise collaboration and co-ordination between the charities working on the prevention of CHD, stroke, obesity, diabetes, cancer and respiratory diseases, and possibly with independent professional organisations. This collaboration would lead to a more strategic collaboration on their work in research, policy development and advocacy and public and professional education and campaigns. ***The NHF has developed a detailed Section 64 proposal to suggest how this collaboration could be sensitively taken forward respecting the roles of the existing charities to explore the best mechanisms for taking forward the collaborations.*** The proposal is in line with the review of the charitable sector undertaken by Government via the Treasury and Cabinet Office.

- **Establish independent health watchdog(s)**

An essential component of civil society is the need to have a competent voluntary sector to advocate for social change and act as an independent monitor of industry and government. The public health agenda has been advanced significantly through the efforts of organisations such as ASH, CASH and the Food Commission. The NHF urges government to adequately core fund the voluntary sector to ensure that they continue to make an even greater contribution to the social change/marketing agenda. This is in line with the Treasury and Cabinet Office reviews of the voluntary sector but has not been translated into practice in respect of public health voluntary sector organisations.

We would also like to see a substantial expansion of resources to the voluntary sector for public health purposes, in particular an increase in section 64 core funding grants which have shrunk in recent years.

B. Local level

- **Strengthen Local Authorities**

The potential of local authorities for improving health has not been fully realised. The commitment to public health from local authorities is extremely varied and there is no mandatory requirement to discharge public health powers bestowed in the Local Government Act 2000. Public health goals should be included in the comprehensive assessment framework for joint delivery with the NHS.

- **Develop the public health workforce, especially public health specialists**

The Faculty of Public Health has set out the serious shortfalls in the minimum numbers of public health specialists required in England and the actions needed to remedy the situation in its recent report on the specialist public health workforce (FPH, 2004). The FPH recommends a national target of a minimum of 25 public

health specialists per million of the population (a minimum of 2.5 per 100,000 of the population at local level) to be achieved by 2006. This was based on the FPH workplace survey (2004). This is in line with the CMO's report (2000) on strengthening the public health function and the need to produce a long overdue national workforce plan. This has to be a priority for workforce investment with clear guidance being set out for PCTs on workforce planning. The model of the smoking cessation specialist attached to primary care should be extended to other lifestyle risk factors such as diet and physical activity.

The plan should also address the need to formulate a coherent and long-term plan to sustain academic public health and training posts.

30. The NHF would like to see a development of the public health specialist role within the voluntary sector.

- **Targets and objectives and monitoring**

We support the Wanless recommendation for setting avoidable chronic disease risk factor targets and objectives over 3-7 years. However we would like to see more flexibility for PCTs and LSPs to establish their own specific local goals in agreement with the SHAs and Regional Offices of Government.

The National Service Frameworks (NSFs) implemented and being drawn up in recent years set important standards and objectives for treatment and management of disease, however, their health improvement and disease prevention standards/components are not assigned appropriate significance or importance (with the exception of smoking cessation standards) - this needs to be rectified. Although NSFs have been and are under review, there do not seem to be any mechanisms to ensure compliance on prevention standards (other than smoking). This should be introduced together with improved quality standards. NSFs should not be seen as substitutes for comprehensive strategies to address primary prevention of disease.

31. We recommend that National Service Frameworks should:
- ***be regularly and systematically reviewed and upgraded;***
- ***be developed as a basis for setting joint standards and milestones for health and local authorities and;***
- ***offer incentives for achieving higher public standards.***

3. Tobacco control, smoking prevention and smoking cessation

The NHF fully supports ASH's submission with the addition of the following points:

- ***6. The Government needs to build on the good work it has undertaken on tobacco control, smoking prevention and smoking cessation since 1998 and become more fully engaged by developing Smoking Kills - Phase Two, and increase investment to ensure smoking prevalence does not exceed a maximum of 11% in 2022 as recommended by Wanless*****.** The anti-smoking work needs scaling up if England is to reach the fully engaged scenario of a reduction to 11% smoking prevalence by 2022. The government needs to update proportionately the *Smoking Kills* strategy and set clear evidence and resource-based objectives and targets for the next three, seven and ten years. This is easily done given the evidence base available in this area. A summary is attached as annex 5.

- ***31. A nationwide ban on smoking in public places and workplaces should now be the foremost priority for the Government's tobacco control and anti-smoking strategy*** following the successes in Ireland, New York and California. The evidence is that such measures would result in a 5-10 % drop in prevalence in workplaces and 2-4% drop in public places such as restaurants (Levy D, Gitchell J, Chaloupka F, 2003). The government should undertake a health and regulatory impact assessment of the effectiveness of the implementation of controls on smoking in public places at national as compared to local level.

- ***32. The government should undertake a health and regulatory impact assessment of controls on smoking in public places comparing national and local level implementation to determine the best course of action.***
- ***33. Tobacco industry sponsored market research on children and young people should be banned***. There is no reason for the industry to be undertaking such research except to market to children and young people. There are still lots of below the line marketing mechanisms available to the tobacco industry to target young people such as access to clubs. These loopholes would be partly closed by such a ban.

- ***34. Smoking prevention efforts should have a greater focus on young women***. They are a key target group for the tobacco industry and immediate and proportionate action needs to be taken to stem the increases in smoking prevalence with this group.

- The Government should establish a tobacco and nicotine regulatory authority (cf. above section on public health system page 16).

4. Hypertension and raised blood pressure

35. To develop a properly resourced nationwide strategy to reduce the high population levels of raised blood pressure in England through systematic reduction of salt in processed foods, public education and preventing and managing elevated blood pressure through primary and secondary health care.

- Given the epidemiological evidence on the contribution of elevated blood pressure to mortality, morbidity and disability and the effectiveness of prevention and treatment interventions it is very surprising that there is not a nation-wide programme of to prevent and control raised blood pressure.

- It is alarming to learn that the US sometimes describes the UK a 'control group country' meaning that this is what a population might look like if you took no action to control raised blood pressure. This is a very neglected area for improving public health in England.

- The WHO now calculates that half of all cardiovascular disease could be prevented by better control of blood pressure. (Ezzati M, Rodgers A, et al: *Selected risk factors and global and regional burden of disease*, Lancet 2002, 360:1347-60). Furthermore a meta-analysis of 61 studies also shows that the risk of blood pressure is considerable stronger than previously estimated (*Prospective studies collaboration: Age specific relevance of usual blood pressure to vascular mortality meta-analysis of individual data for one million adults in 61 prospective studies.* Lancet 2002, 360:1903-13). These new findings can be illustrated in the UK by the effect that a population wide reduction in salt intake would have on cardiovascular disease and separately what the effects of

controlling for raised blood pressure would be for those who currently should be on treatment.

- Average salt intake in the UK is around 10-12g/day and the recommended salt intake is 5-6g/day. A recent meta-analysis of salt reduction demonstrated that this reduction in salt intake would lower blood pressure and would reduce stroke mortality by 24% and coronary heart disease by mortality by 18%, giving an absolute reduction of 35,000 deaths each year and an approximately similar number of events that people would survive would be prevented. In the UK only 10% of individuals with high blood pressure controlled to the target of 140/90-mm Hg. If blood pressure were controlled in all these people to the target level of 140.90-mm Hg, approximately 62,000 stroke and heart attack deaths would be prevented per year.

- The CMO reports for 2002 and 2003 highlighted the importance that he now attaches to this area. Significant work has been taken forward in terms of the new primary care contract and the challenge to the food industry by Government via the DH and FSA on substantial and progressive salt reductions in processed foods.

- Particular efforts should be made for populations who are exceptionally at risk, namely populations of African-Caribbean, Pakistani and Bangladeshi descent.

- However the NHF believes that there needs to be a nation-wide programme of comprehensive and strategic action. The policy goals would be:

    - To lower population levels of blood pressure
    - To reduce salt in processed foods
    - To prevent the rise of blood pressure with age through a lifecourse approach to prevention
    - To reduce the prevalence of hypertension
    - To enhance the efficiency of drugs and reduce the need for drugs.

The programme of action would include the following components:

- Definitive salt reduction targets over five years for the processed food industry (to include imported food) along the priority lines of the FSA's salt model.
- FSA led public awareness/education programme.
- Effective controls on food marketing to children and young people of foods high in salt.
- Revision of national nutritional guidelines for schools (Caroline Walker Trust guidelines) to include salt.
- Full salt labelling on the statutory nutritional panel all processed foods Introduction of high, medium and low salt food labelling on all processed foods.
- Salt level controls and standards on the procurement by public funds of food Priority goal in NHS/LA planning and priority guidance.
- NHS Professional awareness/education programme for primary care to include dissemination of SACN report, BHS guidelines and prevention and treatment toolkit(s).
- Information campaign in professional journals.
- Incorporation in basic training of all NHS professional groups.
- Economic analysis at macro and micro levels of costs and benefits of salt reduction and primary and secondary prevention in primary care.
- Special targeting of people from Pakistani and Bangladeshi origins.

5. Children and young people

- To date health policy in England has been focused on adult mortality targets and as a consequence there has been a relative neglect of promoting lifelong health in children and young people. This represents a yawning gap in public health policy since the avoidable chronic diseases that are linked by common risk factors originate in the foetus and in childhood. For example, low birthweight followed by rapid 'catch up' growth can cause irreversible damage and susceptibilities, food choices are largely determined between the ages of 2-7, overweight in childhood leads to a two-fold chance of being obese in adulthood, an enthusiasm for being physically active tracks into adulthood, if you smoke at 20 you are likely to continue into adulthood, the cycle of health inequalities is perpetuated by experiences in early life. Early interventions offer the best opportunity for prevention.

- The new white paper should set a goal to build health through the lifecourse and develop a national plan for children and young people's health, especially with regard to the linked avoidable chronic diseases. This means mainstreaming health as part of all children's experiences in pre-school and school settings, especially in the primary school setting, when children are more receptive to health education and promotion. Schools should statutorily be responsible for developing a whole school policy to be health promoting and informing and engaging with parents about the health programme at the school.

- The NHF has developed a practical and comprehensive set of suggestions on the components of a national plan and the requisite action at national and local levels. This is entitled *young@heart* and is a multi-sectoral framework of policy action based on research on the early origins of health and disease and effective and precautionary action. It is attached as annex 6.

Annexes

1. NHF response to Wanless two review
2. NHF response to Choosing a Healthy Diet
3. NHF response to Choosing Activity
4. NHF Position statement on the marketing of foods high in salt, sugar and fat to children and young people
5. Levy et al: Summary of effects of tobacco control policies
6. *young@heart* policy framework, National Heart Forum 2003.

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