Response to DHSC's Policy Paper: Transforming the public health system: reforming the public health system for the challenges of our times

Action on Sugar
Action on Sugar is a group of experts concerned with sugar and obesity and their effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity, type 2 diabetes and tooth decay.

Action on Salt
Action on Salt (formerly Consensus Action on Salt & Health, CASH) is an organisation supported by 22 expert members and working to reduce the salt intake of the UK population to prevent deaths, and suffering, from heart disease, stroke, kidney disease, osteoporosis and stomach cancer.

For more information, please contact: Mhairi Brown, Policy and Public Affairs Manager
Mhairi.brown@qmul.ac.uk

We welcome the opportunity to input to this significant restructure in the public health system. We have serious concerns that reformulation to improve the nutritional quality of food and drink is not referenced within this policy paper, alongside unhealthy food being a leading cause of death and disability in the UK and worldwide.

Reformulation to reduce salt levels in food was a huge success. Indeed, the UK's salt reduction programme under the Food Standards Agency's leadership was once world-leading and formed the model for many other countries, including Australia, Canada, South Africa, Malaysia and USA.

The food and drink industry have an enormous impact on our health by producing products high in fat, salt and sugar which are linked to high blood pressure, stroke, heart disease, tooth decay, obesity, type 2 diabetes and many more preventable conditions. **Reformulation is one of the most impactful and cost-effective public health policies available to us**:

- The National Institute for Health and Care Excellence estimate that a 1g fall in salt intake leads to 6000 fewer CVD deaths per year and annual healthcare savings of £1.5bn in the UK.
- PHE estimate that achieving a 5% in population sugar intake over 10 years could save 4,100 deaths and £484m each year
- PHE estimate that achieving a 20% reduction in calorie intake over 5 years would prevent 35,370 premature deaths, save the NHS £4.5 billion healthcare costs.

Without reformulation, there can be no serious prevention agenda in the UK. Gradual improvements to product recipes, which is the core aim of reformulation programmes, do not lead to loss of sales as the public can continue to buy food and drinks as usual, but will benefit from the reformulated products: we can have both a thriving British food industry, and a healthy and resilient population.

The food industry have already shown they can commit to reformulation with little pushback if they have strong and independent leadership. Industry are currently lobbying to avoid restrictions on advertising, marketing, price and location promotions, but they would not be subject to these restrictions if they reformulated their products. **Reformulation must be the leading policy for the Office for Health Promotion**, emulating the success seen under the Food Standards Agency's salt reduction programme and more recently the Soft Drinks Industry Levy which was structured to encourage reformulation. Similar levies on other products should be explored, along with mandated reformulation programmes such as those seen in South Africa and Argentina.

Given the success seen under the salt reduction programme, which lowered population salt intake, average blood pressure and death from heart disease and stroke**, it would be a tragedy not to prioritise this moving forward**. Similar progress is possible with sugar and saturated fat reduction if the policy is well structured, comprehensive, independently monitored and transparently evaluated.

Policy Paper Questions

1. **Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?**

We welcome the inclusion of the CMO within this new structure. However, given the pressures of the CMO's other responsibilities, he must have an authoritative team who understand the multiple complexities of unhealthy food and obesity, with a clear remit that is recognised across Government.

The Office for Health Promotion must be formed of an expert and independent team, with the autonomy to review the evidence and make actionable policy recommendations to the Health Secretary and the CMO. They must also prioritise the implementation of transparent monitoring and evaluation systems to hold the work of the Government to account. Given the extent of industry lobbying against many of the key prevention measures set out within the Government's obesity prevention agenda, OHP must have the credibility and autonomy to challenge ministers and publish their recommendations independently. Without accountability, there can be no trust.

To ensure both the independence of the CMO and the autonomy of the OHP, we strongly recommend a framework which lays out their remit, similar to the PHE 2018 Framework which detailed PHE's operation autonomy and guaranteed its freedom to publish and speak out independently to set out the professional, scientific and objective judgement of the evidence base.

2. **Where and how do you think system-wide workforce development can be best delivered?**

System-wide workforce development must support "action across government on prevention and the wider determinants of health" if the new public health system is to deliver. So, it should include a broader vision of the public health workforce not limited to traditional public health roles with 'public health' in their name, but include all roles across government and the NHS that have the potential to improve the public's health.

We also strongly recommend increased provision of evidence-based nutrition education to all healthcare professionals, given the impact of poor diet and nutrition on the nation's health.

3. **How can we best strengthen joined-up working across government on the wider determinants of health?**

We welcome the proposal to move all harms reduction functions and mental health from PHE to the Office for Health Promotion, rather than separating out these synergistic functions. The wider determinants of health and health inequalities share many common root causes and learnings on the types of upstream policies required to bring about an environmental change, therefore, can be shared and built upon.

We also welcome the commitment to joined-up working across government in the policy paper, and the recognition that many of the wider determinants of health are within the remit of other government departments. The new ministerial board on prevention appears in theory to be a positive way to ensure cross-government working, but to have the credibility required they must be given a mandate from the Prime Minister. Equally, without a HM Treasury representative on the board, they will likely fail in their remit given that the Treasury has input into every department to determine their spending. Lessons from previous examples, such as the public health subcommittee established by Andrew Lansley must be considered.

Indeed, learnings from previous prevention strategies and mechanisms must be reviewed and published, to ensure that these learnings are used to strengthen the Office for Health Promotion's remit. The Food Standards Agency saw demonstrable success with programmes such as salt reduction due to their independence and transparent monitoring. In contrast, the Department of Health's Public Health Responsibility Deal was shown to be a disaster for public health, as it gave the food industry responsibility to monitor and report their own progress.

A new Prevention Strategy with shared accountabilities across departments should be developed to make a reality of cross-government commitments. The Public Health Outcomes Framework is a useful starting point, and the Health Index under development could be useful but only if reducing inequalities is fully embedded within it. The National Audit Office has previously highlighted the downfalls of current silo working in Government. A framework applied to all for accountability could help break down these silos.

A shared set of metrics for the whole of Government are needed to facilitate a joined-up approach. These should also flow across the whole system from national through regional to local level including the NHS as well as local government. All Government departments should agree purpose-driven values to work towards.

4. **How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?**

Public Health England has been in place for seven years; the Health Protection Agency prior to this was in place for ten years. In contrast, the relatively independent FSA has been in place for 20 years. To ensure the best outcomes for public health, the UK requires a strong, stable organisation that will not be dissolved based on the objectives of the current government. We sincerely hope the OHP will be allowed to fulfil its remit with longevity, with ringfenced funds.

Improving population health via prevention is a long-term strategy. With regards to obesity specifically, it is likely that it will take multiple comprehensive and aligned policies over many years before there is a reduction in obesity at a population level. It is vital that the success of the work of the new Office for Health Promotion is not judged on unrealistic short-term outcomes but is considered in the context of long-term population health. A key example is

reformulation which is a long term but cost effective solution, requiring little more than strong leadership and time to implement product changes.

Public health requires urgent resource and we are gravely concerned that the Office for Health Promotion will not be assigned extra funding. Spend per capita at local level is a quarter per capita lower than it was at its high point in 2015/16 and if there is no new money then better alignment of the existing money in the system is essential.