

Responsibility Deal 2

Working with
businesses to improve
public health

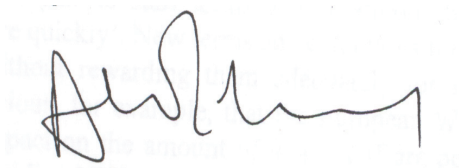
Introduction

In March, David Cameron announced a unique way in which the Government and business can work together to achieve positive societal changes through 'Responsibility Deals'.

A 'Responsibility Deal' is a Conservative response to challenges which we know can't be solved by regulation and legislation alone. It's a partnership between Government and business that balances proportionate regulation with corporate responsibility.

The first Responsibility Deal addresses producer waste. This is the second one. It sets out our ambition to work with businesses to address public health problems associated with poor diet, alcohol abuse and lack of exercise.

The conclusions reached by the Responsibility Deal working group - chaired by Dave Lewis, Chairman of Unilever UK - will be a key contribution, both to the current debate on improving public health, and for us, as the basis for our future strategy to improve the health of the nation.



Andrew Lansley CBE MP
Shadow Health Secretary

1. What is a Responsibility Deal?

A 'Responsibility Deal' is a Conservative response to societal challenges which we know can't be solved by regulation and legislation alone. It's a partnership between Government and business that balances proportionate regulation with corporate responsibility.

2. What is the objective of the Responsibility Deal in public health?

There are three pillars:

Pillar One To enable, encourage and incentivise consumers to adopt a better diet and to increase their levels of physical activity as part of a positive decision to lead a healthier lifestyle.

Pillar Two To enable and encourage people to drink sensibly and responsibly.

Pillar Three To extend the scope and effectiveness of occupational health services through businesses, especially for small and medium-sized businesses, with an emphasis on maintaining a healthier lifestyle amongst the whole workforce and thereby reducing sickness absence.

3. Our proposal for the Public Health Responsibility Deal

Pillar One

1. We will support EU proposals for a mandatory GDA-based front of pack food labelling. We will not add UK regulation to this. Additional traffic-light or colour-coded information will be voluntary. Conservatives in Government will give backing for public awareness of GDAs and how they can be used to build a better diet and support enhanced nutritional information and awareness. We will focus on delivering an improved diet, not a narrow focus based on a fear of 'junk foods'. Government promotion and FSA promotion of 'traffic light' labelling will stop.
2. We will ask the food and drink industry to agree further objectives for the reformulation of products to reduce salt, saturated fats and sugar content of foods on an industry-wide basis. In its support for awareness-raising of dietary issues, the government and the FSA will highlight the continuing contribution made by business to improving diet through reformulation. We will also seek industry proposals on reducing average portion sizes of 'ready' meals where this has increased in recent years.
3. We will not seek to extend further restrictions on food advertising beyond those already implemented by OfCom. Following the OfCom review, we will look to a voluntary agreement, extending across all media, which balances freedom to advertise products with specific cross-industry and government action to promote improved diet, including consumption of increased fruit and vegetables.
4. We will seek to work with business to agree a combined business and Government social responsibility campaign to promote healthy living, highlighting the benefits from improved diet and increased physical activity, including the use of role models, community engagement and positive peer pressure. We will expect this to be a programme running up to and through 2012. We will look at the case for a scheme whereby the government could match the contribution by business to an agreed social responsibility campaign, within overall planned NHS expenditure.
5. We will encourage Local Area Agreements, with their enhanced focus on public health, to incorporate direct local business involvement in campaigns to promote exercise, community sport and healthy lifestyles. Business, Government and voluntary organisations nationally will agree 'template' initiatives for local adaptation and adoption, alongside publicising best practice examples; and Government will also support a process for evaluations of the effectiveness of public health interventions, via an enhanced public health research programme.

Pillar Two

6. As part of the wider work of our Alcohol Task Force, we will seek to identify how the Responsibility Deal on Public Health can contribute to a social marketing emphasis on creating positive peer pressure towards responsible drinking, which could include a specified proportion of proportion of drinks industry advertising and point of sale promotion towards the message of responsible drinking. We will seek to identify how the public health infrastructure and funding can strengthen the responsible drinking message through campaigns to enhance self-esteem amongst young people. This may include Government support for the extension of Life Education Centre visits to every school, each year, and extending their presentations to parents; the achievement of a fully-qualified school nursing service in every school; and coordination of public health services delivering to teenagers, combing work on drug abuse, alcohol and STIs.
7. Through Government support and Local Area Agreements we will seek backing across the country for the adoption of Community Alcohol Partnerships, based on the successful example set in St. Neots in Cambridgeshire.¹
8. We will work with the drinks industry to improve labelling so that people are more aware of units of alcohol, the guideline limits, the units as a percentage of the guideline limit and evidence-based advice to pregnant women. We will seek to agree the standardisation of labelling where necessary at a European level.

1 The Wine and Spirit Trade Association (WSTA) successfully piloted a cost-neutral Community Alcohol Partnership (CAP) scheme in St. Neots, Cambridgeshire. The CAP brought together off-licence retailers, the police, local authorities (trading standards) local press and schools to tackle under-age drinking through the “three pillars of education, enforcement and public perception”. The outcome in just seven months was impressive: 94 per cent decrease in under-age people found in possession of alcohol; a 42 per cent decrease in anti-social behaviour incidents in the area and no evidence of the project having a negative knock-on effect in other areas nearby.

Pillar Three

9. We will propose, through using the local networks of business organisations, such as the British Chambers of Commerce, that local 'Health at Work' schemes be established. Supported by larger companies but directed towards Small and Medium-sized Enterprises (SMEs), the schemes would include direct and in-kind contributions from the NHS, contracted by the local public health service and other providers. This would be geared towards positive engagement across the workforce in diet, exercise and health promotion. We would avoid medicalisation or high-cost screening. We would seek to combine central government, local and business contributions in the infrastructure costs of the schemes, to enable the marginal cost to business to be as low as possible. We will link this scheme to risk assessment for cardiovascular disease with support for follow-up through advice, prescribing and exercise referral. We would also, in collaboration with the Fitness Industry Association, incentivise SMEs which engage their whole workforce with the offer of free or heavily discounted gym membership for a proportion of their scheme members.
10. We will seek to support an 'Investor in Health' accreditation scheme alongside 'Investors in People'. For businesses who meet this standard, we will seek to prioritise the availability of services, including cognitive behavioural therapy, physiotherapy, occupational therapy, through NHS commissioning to support a reduced rate of illness and sickness absence for these companies.

4. Next Steps

The Responsibility Deal Working Group consists of around 10 key stakeholders from the food industry and public health sector. The group members are independent of the Party and will operate at arm's length. They will take evidence and contributions from across the business and voluntary organisations. The views of the group do not necessarily reflect Conservative Party policy. The Deal itself will be considered for adoption by an incoming Conservative Government.

Andrew Lansley, the Shadow Health Secretary and other relevant Conservative front-bench spokespeople, will attend the evidence sessions to be held once a month between October 2008 and May 2009. We invite organisations not represented on the Working Group to submit evidence and views to the Deal, to be published next summer.

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