

SUMMARY OF DISCUSSION

Third plenary meeting of the Public Health Commission

09.00 Friday 13 February 2009

100 Victoria Embankment, London (Unilever House)

Attendees:

- Chairman - Dave Lewis
 Commission - Baroness Peta Buscombe, Helen McCallum, Professor David Coggon, Mark Leverton, Fred Turok, Jeremy Beadles, Michael Livingston, Lucy Neville-Rolfe CMG, Douglas Smallwood, Professor Simon Capewell, Professor Judy Buttriss (by phone)
 Guests - Steven Ward (Fitness Industry Association), Don Shenker (Alcohol Concern)
 Apologies - Paul Kelly, Dr Nick Sheron
 Secretariat - George Gordon, Tom Denyard, Leanne Gorin, Danielle Hayward-Bradley (Unilever); Martin Le Jeune (Open Road)

	Item	Minutes	Actions/Recommendations
1	Chairman's Welcome		
2	Introductions	<ul style="list-style-type: none"> • The subject and format of the meeting were discussed • Guests Steven Ward and Don Shenker introduced 	
3	Working methods	<p>Outlined 3 key sections to the meeting, focussing on where there was scope for meaningful gains:</p> <ul style="list-style-type: none"> • ALCOHOL. 1) Pre-recorded presentation by Dr Nick Sheron on the harmful effects of alcohol and possible ways to intervene. 2) Presentation by Don Shenker on Reducing Alcohol Harm in the Community. 3) Presentation by Jeremy Beadles on Community Alcohol Partnerships and addressing the issue of Underage Sales. 	

	<ul style="list-style-type: none"> • DIET: Presentation by Simon Capewell on community diet/lifestyle initiatives • FITNESS: Presentation by Fred Turok and Steven Ward on Addressing Activity in the Community. 	
4	<p>Alcohol: Commission expert 1) Dr Nick Sheron, Guest speaker 2) Don Shenker, Commission expert 3) Jeremy Beadles Presentations & general discussion</p>	<p>Dr Sheron outlined the main harmful effects of alcohol:</p> <ul style="list-style-type: none"> • Liver disease is the most common cause of alcohol-attributable death in most age groups; 85% of all liver deaths are alcohol-related. • The UK is now overtaken France, Spain and Italy (where incidence is falling) for liver deaths and the numbers are increasing each year. • Other alcohol-attributable diseases and deaths include suicide, traffic accidents, heart problems and cancer. • To take the latter, incidence is doubled by the equivalent of 3 bottles of wine/week for mouth cancer, 7 bottles of wine/week for breast cancer and 10 bottles/week for liver cancer. • The most effective and cost-effective way of reducing alcohol related harm is to increase taxes which is outwith the scope of the Commission. Early intervention also works well (particularly in older age groups) but is expensive. • In 2007 the Government spending on alcohol services (£150m) was one fifteenth of that spent on drug services. • Funding is therefore the critical issue in addressing alcohol-related harms. <p>Don Shenker discussed ways of reducing alcohol harm in the community. Key points made were:</p> <ul style="list-style-type: none"> • 1 in 13 people are dependent on alcohol. • Brief interventions are suitable for people drinking above recommended limits, but not for dependent drinkers. • Community support options includes arrest referral schemes, employment services, pharmacy screening, accident and emergency liaison nurses and housing support (social services). • There are around 500 alcohol services in the community, but only 1 in 18 get the help they need. • There is good evidence to show that self-help tools work.

	<p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> • Young people see drinking as a 'rite of passage'; binge-drinking in the young is a cultural phenomenon. • Although total alcohol consumption levels are in decline, there was some debate about per capita consumption among drinkers - we do not know how many people are abstaining; the hypothesis being that people who do drink may be drinking as much or more. • The need to view the likely impact of community alcohol partnerships on the national trend was highlighted. • Agreed that more support was needed for dependent drinkers – possibly in a self help form (e.g. easy-to-use websites with guidance/reading materials, Alcoholics Anonymous and SMART Recovery). • Workforce interventions were mentioned as a useful tool as the impact was likely to be broader than through GPs. • Highlighted the inadequate funding structure for alcohol services. <p>Jeremy Beadles discussed the success of the St. Neots Community Alcohol Partnership and subsequent roll-out and the following points were raised in discussion:</p> <ul style="list-style-type: none"> • A need to change the perception of drinking amongst teenagers/young children. (National social marketing techniques must be consistent across industry and government). • The need for adequate deterrents was highlighted. Existing legislative powers are only partially used and too often binge-drinkers are managed by health care services and outside of the criminal justice system. • Established the importance of differentiating between prevention and 'early intervention'. • Prevention as the stage before 'early intervention'. • Important to look at the different community segments of a population to identify the issues associated with problem drinking. Tailored solutions should be sought. • Reformulation of alcohol was raised as a way to combat drinking problems. • The idea of the government and business working with psychologists (on changing people's perceptions) was put forward. 	
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	<ul style="list-style-type: none"> Minimum pricing and control of promotional activity was raised as an effective mechanism in reducing alcohol consumption. 	<p>Secretariat to compile possible recommendations.</p>
<p>5 Diet: Commission expert Simon Capewell & General discussion</p>	<p>Presentation to the Commission on community initiatives on diet that have had a pronounced effect. Key points raised:</p> <ul style="list-style-type: none"> Finland cited as an example of best practice with regards the North Korea study. HeartBeat Wales was also raised as having supported measurable improvements in modifiable risk factors in a local population. Food Dudes and Kraft Health4Schools were highlighted as examples of successful community initiatives in engaging children with healthy lifestyle behaviours. Tastes develop early in life and it is important to introduce children to fruit and vegetables from birth to ensure that they sustain these dietary patterns. <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> Product reformulation can make a significant difference. Interventions in early childhood tend to be long-term cost-saving but often require significant investment in the short-term. Agreed need to ensure that all the information on healthy eating fits into the national curriculum and is easily accessible to teachers. Lifestage transition points were highlighted as important for changing people's behaviours. General increases in portion size seen as very problematic. Recognition of the negative impact that 'food-on-the-go', takeaways and eating out has on people's diets. Voluntary agreement from the fast food industry to tackle product reformulation was suggested as a solution. A need for reformulation to be gradual to evolve the taste of the consumer was highlighted. The question of whether education should come first (to drive changes in consumer demand to which business would respond) or business should enforce change was raised. It was felt that the former avoided the risk of consumer rejection but that business needed to be prepared to meet the process half way in providing choice. 	<p>Secretariat to compile</p>

	<ul style="list-style-type: none"> • Agreed there was a role for businesses to work with schools. 	possible recommendations.
6	<p>Exercise: Commission expert: Fred Turok (with input from guest speaker Steven Ward) & general discussion</p> <p>Presentation by Fred Turok on Addressing Activity in the Community. Key points raised:</p> <ul style="list-style-type: none"> • 40% men and 28% women meet exercise guidelines. • The costs of inactivity to the overall economy are £8.2bn. • On current trends, 90% men and 80% women will be obese or overweight by 2050. • This would be an additional cost to the economy of £50bn pa. • There is significant over-capacity and expertise in the fitness industry that could provide part of a solution. <p>In discussion, the following points were raised:</p> <ul style="list-style-type: none"> • The importance of building on and improving existing initiatives. • It was agreed that health is as much about activity and exercise as about diet. A balance is required (Energy in = Energy out) • National marketing can raise awareness. • Belief that businesses should be encouraged to become involved in community initiatives. There should be a level of coordination between the schemes under the auspices of a national strategy. • Agreement that physical activity is broader than fitness and health clubs; it is about activity in all its forms. • Big organisations should help to fund school activities e.g. Tesco's Great School Run. Pharmacies within e.g. supermarkets where people can go for advice instead of to GPs were highlighted as important sources of information and support. 	Secretariat to compile possible recommendations.
7	<p>Concluding remarks</p> <p>In conclusion, the following points were made:</p> <ul style="list-style-type: none"> • Maintain the content of the 'Responsibility Deal' as the focus of the thinking; the Commission can build from there. • Need to drive towards prevention: equip the young with the skills they will require for a healthy adulthood. Schools will be a critical forum. • Review QOFs for GPs. • Providing information alone is unlikely to be sufficient to see behavioural change 	

	<p>particularly when the request is for short-term sacrifice for long-term gain.</p> <ul style="list-style-type: none"> • Need to review and weigh up the success of alcohol interventions. • Create supportive environments such as those seen in Heartbeat Wales and North Karelia, Finland to carry out change and give it longevity. • Put the consumer at the heart of the thinking and the process. • Need to understand the psychology of behaviour. • Give incentives, encourage self-checking. • Introduce measures to encourage a healthy lifestyle in the workplace. • Eating fruit and vegetable is a quick way to improve diet. • Be aware that there will need to be different solutions for different social/ethnic and gender groups. • Need to build upon existing initiatives and what is currently working. • Combat the genuine cynicism of business involvement. • Need to tackle the issue of jargon and terminology making the health arena accessible and intelligible to the consumer. • Provide people with information, education and motivation to carry out these changes. • Engage with potential agents of change (e.g. teachers, GPs, PCTs etc) 	<p>Secretariat to compile possible recommendations.</p>
A.O.B	<p>The next meeting of the Commission would be concerned with national marketing campaigns.</p>	