

**SUMMARY OF DISCUSSION**

**Fourth plenary meeting of the Public Health Commission**

**09.00 Tuesday 31 March 2009**

**100 Victoria Embankment, London (Unilever House)**

**Attendees:**

Chairman

Commission

Guests

Apologies

Secretariat

Dave Lewis

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, Dr Nick Sheron

Paul Lincoln (National Heart Forum), Jane Holdsworth (Food and Drink Federation), Emma Bertenshaw (Unilever)

Paul Kelly

Unilever: George Gordon, Tom Denyard, Leanne Gorin, Danielle Hayward-Bradley; Open Road: Martin Le Jeune

	<b>Item</b>	<b>Minutes</b>	<b>Actions/Recommendations</b>
1	Chairman's Welcome		
2	Introductions	<ul style="list-style-type: none"> <li>• The subject and format of the meeting were discussed</li> <li>• Guests Paul Lincoln and Jane Holdsworth introduced</li> </ul>	
3	Working methods	<p>Chairman Outlined 3 key sections to the meeting, focusing on where there was scope for useful progress:</p> <ol style="list-style-type: none"> <li>1. <b>National Policy:</b> Presentation on National Approaches to Public Health, Simon Capewell; Presentation on Tackling Obesity by Paul Lincoln; Presentation on how to tackle alcohol consumption levels by Dr Nick Sheron</li> <li>2. <b>Social Marketing:</b> Presentation on Business4Life by Jane Holdsworth; Jeremy Beadles to speak about Project 10; Mark Leverton to explain Diageo's approach and show the Commission two 2007/8 Diageo ads as part of Drink Responsibly</li> <li>3. <b>Consumer Attitudes</b> to Public Health: Presentation by Helen McCallum on Consumer attitudes to public health, drawn from a recent Which? report: 'Hungry for Change'.</li> </ol>	

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<p>4</p> <p>National Policies 1: Commission expert Professor Simon Capewell</p>	<p>Professor Capewell highlighted the right that consumers have to know what they are eating and to be given the information they require through a simple, clear labelling system. The success of the FSA/industry partnership to reduce salt in foods was outlined. He subsequently detailed the Nuffield ladder of public health interventions and the 'nudge'. He described the successful efforts made in other countries as examples of possible routes the UK might consider as a way of reducing the disease burden. In terms of reformulation of products, he highlighted the importance of a gradual step change to keep the consumer on side.</p> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• Agreed informed choice should be supported through labelling (to be discussed at the next meeting).</li> <li>• We could learn from other countries (e.g. Denmark &amp; Finland) on how to tackle issues of Public Health in a coherent way, through multiple interventions.</li> <li>• Highlighted the salt success story and pointed towards the focus now on saturated fat: agreement that modifications have to take account of the impact on palatability and might therefore need to be phased.</li> <li>• Work on trans fats should take account of overall consumption levels as well as levels in given segments of the population (which might be higher).</li> <li>• Agreed that there was an intellectual and policy case to be made for intervention: Government had a stewardship role vis-à-vis children. The question was what worked, and at what life stage.</li> </ul>	
<p>5</p> <p>National Policies 2: Guest speaker Paul Lincoln</p>	<p>Paul Lincoln indicated the severity of the obesity situation in the UK and said that without action there would be an obesity epidemic. To prevent such an epidemic, he indicated that a societal approach was required. He also highlighted the imbalance that existed between money spent on promoting healthy diet vs money spent on promoting unhealthy foods. In summary, he pointed to a life approach to changing the nutritional balance of people's diets as the most effective in the long term.</p> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• Agreed that the obesity epidemic demanded a societal approach and underlined the need to work towards a health-creating economy that achieved the important balance between energy in and energy out.</li> <li>• Changes needed to be made to close the gap between the advised diet vs the consumed diet.</li> <li>• Consensus that a life-cycle and holistic approach should be taken towards health. Interventions would only work where there was an appetite to receive them favourably.</li> <li>• Agreed therefore that we should look for life stages when people are most receptive to change, e.g. pregnancy, early years child-care.</li> </ul>	
<p>6</p> <p>National</p>	<p>Dr Sheron outlined the links between overall alcohol consumption and alcohol related deaths</p>	

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	<p>Policies 3: Commission expert Dr Nick Sheron</p>	<p>making the point that DH figures show that 75% of UK alcohol turnover was drunk by hazardous and harmful drinkers. He presented a number of evidence based measures that would reduce overall consumption and outlined three possible strategies whereby alcohol deaths could be reduced but industry profitability maintained, namely;</p> <ul style="list-style-type: none"> <li>• Selling less alcohol for the same money by reducing %ABV.</li> <li>• Selling higher quality drinks, as has happened in France.</li> <li>• Minimum pricing to take the cheapest alcohol out of the marketplace.</li> </ul> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• The effectiveness of combined approaches rather a single one.</li> <li>• Agreed that there are specific areas (geographical and social) where consumption levels are harmful and these should be targeted.</li> <li>• Highlighted the importance of collecting evidence about what does and doesn't work and which groups of people should be targeted.</li> <li>• Suggestions that specific areas of consumption could be targeted.</li> <li>• Reductions in deaths could occur swiftly as has happened in France</li> </ul>	
7	<p>Social Marketing 1: Guest speaker Jane Holdsworth</p>	<p>Jane Holdsworth outlined the key elements required for a successful partnership and 4 critical success factors required: Credibility, Critical Mass, Consumer Connection and Consistency. Step change and strong good will were also mentioned as factors required in order for a campaign to make progress.</p> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• Agreed encouragement needs to come from Government in the form of a complementary and coordinated partnership with business. That meant a change in approach from DH.</li> <li>• The importance of looking for a similar model that had worked in the past that could be drawn on was highlighted.</li> <li>• Agreed the importance of drawing on the expertise of the food and drink industries for advice on consumer behaviour and that behavioural changes could be driven by using that insight positively.</li> <li>• Consensus achieved on the idea that the combination of both policy changes and social marketing was important in building a framework for change.</li> <li>• Important to agree on correct user-friendly terminology. Vital for effective communication.</li> <li>• Noted that changes were often long-term and depended on Governments maintaining a steady and consistent approach to campaigns.</li> </ul>	
8	<p>Social marketing 2: Commission</p>	<p>Jeremy outlined the plans currently being developed for a major drinks industry social marketing campaign to encourage sensible consumption of alcohol. In discussion, the following points were made:</p>	

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<p>expert Jeremy Beadles</p>	<ul style="list-style-type: none"> <li>• Agreement that full involvement of the whole sector was essential for a project such as Project 10 to work.</li> <li>• Importance of focusing on helping/assisting rather than shocking – this could be seen as telling people what to do.</li> <li>• Care had to be taken in describing people's own behaviour to them in ways that did not repel or irritate them.</li> </ul>	
<p>9 Social marketing 3: Commission expert Mark Leverton</p>	<p>Mark Leverton showed two ads from Diageo's <i>The Choice is yours</i> campaign, demonstrating how social marketing campaigns could use the same creative and persuasive techniques as regular brand marketing for alcoholic products:</p> <ul style="list-style-type: none"> <li>• Agreed treatment of the issue as a brand was a successful way to treat the problem.</li> <li>• Diageo used marketing expertise to identify four groups of young adult drinkers and targeted those who were most at risk.</li> </ul>	
<p>10 Consumer attitudes to public health: Commission expert Helen McCallum</p>	<p>Helen McCallum outlined the main barriers to healthy eating – price being the highest in rank - and also covered the difficulties experienced in finding healthy options when eating out. She subsequently highlighted the high percentages of people who believe that this was a matter which retailers, caterers and manufacturers should help to improve, and noted that that 75% of people believed that government have an important leadership part to play in this. Using the 4 Ps of Price, Product, Place and Promotion, Helen covered ways in which healthier diets could be promoted. She also outlined ways in which industry could help through initiatives such as labelling, producing healthier products, promotions and financial incentives/disincentives.</p> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• The issue of price and confused messaging as barriers to choosing healthy food and the importance of removing as many of these as possible.</li> <li>• Eating out needed to be focused on – more difficult to eat out healthily.</li> <li>• Financial incentives and disincentives highlighted as an area to be explored.</li> <li>• Agreed further action needed to bring health to the top of hierarchy of choice – currently low down.</li> <li>• Pointed out the potential benefits to business of producing healthier foods; Business had an important role to play in the reduction of obesity levels.</li> <li>• Noted that substantial numbers of the population believed that there were no barriers other than unwillingness to take the healthy option.</li> </ul>	
<p>11 Conclusion</p>	<p>In conclusion, the following points for further exploration were made:</p> <ul style="list-style-type: none"> <li>• Find successful examples of healthy lifestyle campaigns and draw on them.</li> <li>• Be aware that change might be achieved in the long-term and urge government not to focus on quick wins or endless new initiatives.</li> <li>• Concentrate on language that worked with consumers, not professionals.</li> <li>• Recognise that a series of coherent interventions would be the most productive solution to any</li> </ul>	

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12	<ul style="list-style-type: none"> <li>• issue.</li> <li>• Targets might be set for the scale of intervention as well as results.</li> <li>• Price remained a critical issue on alcohol, but was less obvious in diet.</li> <li>• Fitness issues remained significant and the holistic approach to energy in/out could not be neglected.</li> <li>• Look to see if consumer trends data for alcohol consumption could be broken down into further detail: by geography and social class.</li> <li>• Find ways to include NGOs in a three-way partnership with government and business.</li> <li>• Look into Andrew Lansley's suggestion of a Public Health Ministry.</li> <li>• Look into how government can act in a more coherent way, and develop a genuine partnership – DH was seen as poor in this respect.</li> <li>• Alcohol to be examined as part of a normal diet, not as a completely separate item.</li> </ul>	
AOB		