Action Plan for Better Health

A short report by Geoffrey, Lord Filkin with contributions from ASH, Obesity Health Alliance, and others. It had an advisory group of the co-authors of our two previous publications – *A Covenant for Health* and *Health is Wealth*: Professor Kate Ardern; James, Lord Bethell; David Buck; Dr Paul Corrigan CBE; Professor Sian Griffiths CBE; Professor David Halpern CBE; and Sally Warren.

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Contents

Preface 2

1. Introduction 3

2. Labour's Mission for Health – Change so we focus on prevention 4

3. Change is Possible – for the good of our children 5

4. A Healthy Nation Launch 6

5. A Vision for Better Health 7

6. National Leadership 8

7. Address Five Major Topics 9

8. Four Other Topics 16

9. Local Leadership, Community Engagement 17

10. A Public Health Bill 18

11. International Co-operation 19

Conclusion 20

Acknowledgements 21

Appendix 1 Business for Health 22

Appendix 2 What Might the Benefits Be of Creating a New Public Health Act? 26

Appendix 3 A Path to Ending Smoking 29

Appendix 4 OHA Proposals on Healthy Diets Policies 45

Appendix 5 Concentration of Risks that Drive Health Inequalities – Policy Actions 57

Appendix 6 Alcohol Briefing Paper 59

Appendix 7 International Co-operation 63

Endnotes 65

Preface

In previous reports we have argued that we must do much more to prevent ill health.[1] This short paper considers Labour's plans for better health and suggests an action plan to implement them which ideally will be supported by many in all political parties.

A key part of Labour's Health Mission is **"to Change, so we focus on prevention"**. This would make an excellent popular launch topic – we largely know what needs to be done and how to do it, there is strong public support for action, and progress is possible without much new expenditure.

Acting strongly and rapidly and using the power of its mandate a new government can make remarkable improvements:

- **2 million people to quit smoking**
- **our children to be healthier**
- **2 million people to avoid obesity**
- **to cut heart attacks and stroke**
- **to have a healthier larger workforce**
- **to start to close the serious health gap in our society.**

These would be great achievements and there is strong public support for doing so.

The report focuses on how central government with its unique role and powers can shift systems and behaviours, but this must be a pan-society mission, with central government supporting the key partners to make our society healthier.

Our report is also a plea to reject fatalism and to create a better future for our children and a healthier society. It is possible to do so, and it is essential.

I warmly thank all who have contributed to this report in a short timeframe and Sarah Woolnough, Chief Executive of The King's Fund for her support.

Geoffrey Filkin
June 2024

1. Introduction

This report builds on our two previous reports, *A Covenant for Health* (May 2023), discussed with politicians in all three parties last year and *Health is Wealth* (April 2024), shared with the Offices of the Leader of the Opposition, the Shadow Chancellor, the Shadow Health Secretary, and the other parties. This new report, *Action Plan for Better Health*, will be sent to civil servants and to the new government. It suggests five key actions for a strong start to improve health:

i) Launch this goal powerfully, as a national call to arms

ii) Establish strong mechanisms for pan-government commitment and accountability

iii) Use HMT and its powers as a key agent for change

iv) Strongly address five priorities to realise better health

v) Support key partners to maximise their contributions.

2. Labour's Mission for Health – Change so we focus on prevention

One of Labour's "5 Missions for a Better Britain" was to "Build an NHS Fit for the Future". This Health Mission's third leg was to create "a fairer Britain, where everyone lives well for longer" and it said that: "to make our health and care services sustainable, we must deliver a 'prevention first' revolution", summarised as: "Change so we focus on prevention". There was detail about Labour's prevention plans in the Health Mission and five major ambitions in the Manifesto:

- To do much more to prevent illnesses
- To create a "child health action plan" to "give them the building blocks for a healthy life"
- To create "a roadmap to a smoke-free Britain and a smoke-free generation"
- To halve heart attacks and stroke
- To halve the gap in healthy life expectancy between the richest and poorest regions

This paper considers the policies and actions needed to achieve these major goals and how a new government could make a powerful start with clear priorities and an inspiring launch in 100 days.

3. Change is Possible – for the good of our children

It is essential and possible to improve our nation's health in ten years, with great benefits to our children, communities, our economy. A fast start is essential, a new government needs to use its mandate to make vital changes early. We largely know the priorities, and what will work. Change is possible as we did to great success with seat belts, crash helmets, smoking, clean air, vaccinations and drink driving. All these policies are now accepted as part of our society.

Missions take time to implement and succeed; they need persistent political backing nationally and locally and for the public and communities to support the goal. Strong action for better health should be framed and promoted as essential for our children, our communities and our economy.

We suggest make the big decisions early and go hard and fast to deliver substantial changes in five years. The argument for change needs to be made by local leaders, charities, the NHS and enlightened business as well as by central government. Because most changes at national level will be driven by regulation, the mission ought to be affordable. It needs:

- All government departments to own and act on the goal
- NHSE and ICSs to do more to reduce illness and focus on prevention of risks
- The LGA and local government to engage with this as a key issue, not a "public health" topic
- Business to pivot to healthier products and workplaces and to support change. See Appendix 1.
- Charities to focus on preventing illnesses not just treating them.

The paper suggests five top priorities supported by the evidence, the public and experts: smoking, obesity/poor diets, the early detection of risks, our children and the people and places with the worst health – see *Health is Wealth*.[2] Rapid progress is possible on them.

The paper also references four other important topics – alcohol harm, physical inactivity, mental ill health and unclean air. Existing programmes for these need ambition, cohesion and acceleration.

A Public Health Bill in the first King's Speech would help affirm this mission for better health, akin to Climate Change, to entrench the mission in statutory obligations; to make health creation a central government policy goal; to commit a proportion of health spending to prevention, and to reduce health inequalities.[3] See Appendix 2 by William Roberts, CEO, Royal Society of Public Health.

4. A Healthy Nation Launch

An inspiring launch is needed in the first 100 days, to highlight the benefits to people and communities. The launch will need the Prime Minister to affirm that this is a key mission for government and society for five years and more. Government alone cannot fix the problem, but it will need to promote this as a priority across government and devolve powers and resources to partners and communities to empower local action.

Multiple reports have set out why this is essential; our unhealthy nation damages lives, diminishes wellbeing, creates a smaller workforce, lowers economic growth, and creates higher costs for health and welfare. The public are looking for much stronger action to address this, see *Health is Wealth*.

This is a positive agenda – we can ensure by acting together that many of us will live longer in good health, with healthier environments, a healthier food system, and action on the key risks to the health of our children and the places where health is worst. Policies should apply everywhere but scarce expenditure must be deployed where it is most needed.

At the launch, the Prime Minister and Chancellor need to affirm their commitment to a healthier nation, that it is a priority across government. Strong central political and managerial mechanisms need to be put in place to drive the mission for five to ten years. A Healthy Lives Mission Board should be formed chaired by the Prime Minister, and the Treasury needs to become an Agent for Health, to use fiscal stimuli, to make polluters pay for treating their harms, not taxpayers, and to reinforce departmental actions.

The mission launch should set out the benefits to be gained in five and ten years and seek to engage support from all political parties and all the nations; the cross-party and UK-wide support for the Tobacco and Vaping Bill showed the benefit from doing so.

5. A Vision for Better Health

The mission should be launched with explicit support from the key partners: communities, charities, local authorities, the NHS and ICBs, and enlightened businesses, all committing to play their part. Government should propose a vision, define its ambitions and:

- invite the key partners to join a 'Health Partnership Board'[4]
- commit to involve charities and civil society in policy and delivery
- offer an ambitious local/central partnership for better health
- set a clear goal to NHSE and ICBs to prevent chronic diseases
- commit to a society for healthier children and a nation where everyone lives well for longer.

At the launch government could propose "to make it easy to live well" by making our physical, commercial, and social environments healthier and to empower local actors. The mission should also aim to empower people and support their agency; people want to decide themselves to live a healthy lifestyle, but they need enabling environments not harmful ones.

Five top priorities

The launch should signal five top priorities; these are well supported and will generate great benefits. They require investment, innovation and political backing:

- **A smoke-free Britain** – help 2.5 million people quit smoking in the next five years.
- **Healthy food for all** – transform the health of our food environment to prevent obesity.
- **Early detection** – detect and arrest risks much earlier including weight, and CVD risks.
- **A happy healthy childhood** – so children grow up in good health with healthy lifestyles.
- **Help places with the worst health** to live well for longer.

6. National Leadership

The Labour Party stated in its 5 Missions that "the next Labour government will shift the focus of government departments, the NHS, and wider public services to prevention by embedding long-term planning…. to ensure there is health in all policies: Cross-departmental working is vital to improving the wider determinants of health – the social, economic, and environmental factors that affect people's ability to lead healthy lifestyles".

Labour also stated that, if elected, the Prime Minister "will establish a mission delivery board at the heart of Government to bring together all departments with an influence over the social determinants of health, a mission accountability body akin to the Climate Change Committee".

In 100 days announce:

- **A call to arms** – better health for our children and us all is crucial and requires us to act to realise it.
- Healthy Lives Mission Board: to involve the key partners, led by the Prime Minister with representatives from local government, key charities, ICBs/NHSE and progressive businesses.
- The Public: commit to work with people and communities so we have healthier children, healthier places. Use citizen juries to understand public opinion and wishes, often ahead of the tabloids.

Three key system changes:

- **Leadership structure** – A powerful Mission Leadership Board for health – to engage all departments, define goals and monitoring system, driven by a new PM Delivery Unit, or the Cabinet Office.
- **New Mandates**: Mandate Secretaries of State to review how their policies could improve health and health equity. Mandate DHSC/DEFRA/FSA to make our food system healthier. Mandate DfE and DHSC to lead a strategy for healthier children. Mandate key departments jointly to improve physical activity and Home Office/DHSC/HMT to reduce alcohol harms.[5]
- **The Treasury**: to be an Agent for Health, using its levers to shift behaviours and so help reformulate our food system, to make polluters pay for treating their harms, to change the pay-back rule to invest for better health. Develop a Health Transformation Fund to promote joint departmental work.[6]

7. Address Five Major Topics

The greatest causes of ill health in our society need to be addressed with strong population level policies; announce these five key goals in 100 days, as listed earlier and so:

- to help 2–3 million people quit smoking
- a healthier food system so 2 million people can avoid obesity
- to detect and treat many more risks for premature ill health
- to ensure all our children and young people grow up in good health
- to close the wide health gap in our society.

These would be popular; for each we suggest the goals, the policies, the lead departments and where possible, estimate the cost, funding and legislation needed.

7.1 Smoking – stop the start, accelerate the end

Tobacco is still the biggest single risk factor for an individual, driving 20% of Global Burden of Disease, concentrated in disadvantaged populations and a huge driver of household poverty. Labour has said: "We will build on the success of the last Labour government with a roadmap to a smoke-free Britain." Over five to ten years this is affordable and will significantly reduce child poverty.

100-day commitments:

- Re-introduce the Tobacco, Vapes Bill, for a smoke-free generation and regulating vapes
- Retain investment into local government to support quitting, financial incentives for pregnant women, swap to stop scheme, mass media campaigns
- Opt-out offer of support to all smokers accessing hospitals
- Commit to a produce a "Roadmap to a Smokefree Britain" in the first year.

Taxpayers should not have to pay for the costs of helping people quit but the companies which profit from selling lethal product; there is strong public support for this. See Appendix 3 by ASH. If government caps manufacturers' profits at 10% this would fund an estimated £700 million a year and fully pay for the Smokefree Fund. Imperial Tobacco had an operating profit of 70% in 2021.

Help 2.5 million people to quit in five years:

- Make tobacco less appealing and available by retail licensing regime, pack inserts to motivate quitting, dissuasive cigarettes and a ban on filters.

- Invest in mass media campaigns, highly cost-effective
- Sustain the increased funding to local authorities to support quitting; the £10m for financial incentives for pregnant smokers and the £45m swap to free vaping products.

7.2 Healthy food and obesity rates

The new government will need to commit to transform the health of our food environment to address obesity and diet-related ill health, acting on the National Food Strategy's key recommendation. This will help millions of us to keep a healthy weight and to contribute more. Politicians, charities and clinicians should promote this as a mission to protect our children's future.

Obesity is "the new smoking", dietary risks and high body mass together cause 23% of our disease burden and so changing this is fundamental for a healthier nation.[7] Almost a quarter of children aged 10 and 11 and a quarter of adults live with obesity with much higher risks of CVD, stroke, cancer, type 2 diabetes, dementia, mental illness, joint problems and dropping out of work. The longer the exposure, the greater the health risks, and a shorter and a lower quality of life. Four million more children and adults will be living with obesity by 2030 if we continue as now.[8]

Strongly reducing dietary risks is fundamental to make our society healthier and so able to keep in work. The problem is primarily caused by our obesogenic food system and the public want more action: "less than 20% think the government has done enough to improve diet, reduce alcohol harms, reduce obesity or improve physical activity".[9]

New pharmaceutical interventions for obesity are promising for acute cases of severe obesity but they are costly and temporary so the changes to the commercial food environment are essential, as people risk regaining weight when they come off the drugs.

100-day immediate actions:

- Announce a national ambition for our children's health, for healthier foods to prevent obesity, type 2 diabetes, and CVD. Commit to a system wide change to do so.
- Deliver commitments on TV/online HFSS advertising and extend to outdoor areas.
- Support families in the early years, by auto-enrolment in the Healthy Start Scheme, more Health Visitors, better regulation of the marketing and composition of infant and baby foods.
- Introduce long-delayed measures to prevent the sale of energy drinks to children under 16.

First year major policy changes:

- Expand on the success of the Soft Drinks Industry Levy, (SDIL), see below.
- Mandate clear labelling of food and drinks, tackle misleading health claims and images.
- Planning reforms to support local authorities regulate hot food takeaways near schools.
- Make transparent food data reporting mandatory and set targets for healthier food sales.

Most of these have low or no cost and could be implemented rapidly by secondary legislation. See Appendix 4 – OHA Submission.

Changing our obesogenic environment

The National Food Strategy explained that the cause of excess weight is our 'obesogenic environment' – unhealthy calorie-dense, poor nutrient food is abundant, cheap, and normalised. People are driven to consume high levels of sugar and salt and other harmful additives whether they want to or not and so are more vulnerable to obesity.[10]

The objective is simple – to help people reduce calorie intake by **a small amount every day**, doing this persistently cuts our weight gain. The National Food Strategy set out how to do this by using fiscal incentives on retailers and manufacturers to reduce the harmful substances added without our request to our foods. The Soft Drinks Industry Levy proved how effective this mechanism can be.

Apply a sugar and salt levy at point of production or import, to all products. Its impact would be much greater than other options and appropriate for the scale of the challenge. Technically it would be relatively easy to implement. It would raise substantial revenue, £2.9–3.4 billion per annum, which could pay to make healthy food available and address health inequalities (e.g., free school breakfasts, Healthy Start or Community Eatwell programmes).

Implementation

It should aim to start by December 2025 when the voluntary process ends and so it requires early decision. The Treasury would need to issue a call for evidence to assess the benefits and risks, as was done to develop the SDIL, before introduction via a future Finance Bill. Measures that are easier to implement risk tinkering with the problem.

7.3 Better early detection and treatment of risks

Better detection and treatment of risks is crucial and so that fewer people drop out of work, a key issue for businesses, DWP, DBT and HMT. Focus on early detection of CVD risks, on smokers, people overweight, have high blood pressure and are inactive, and offer help much earlier. Address toxic workplaces, which corrode the health of our workforce, see Appendix 1, Business for Health.

Labour's Manifesto said: "CVD… is highly preventable through lifestyle changes and treatment of risk factors like high blood pressure. Despite this, England loses 50 percent more life years to coronary heart disease than France or Spain". It says it will "Reduce deaths from heart disease and stroke by a quarter within ten years".

To achieve this, there is a need to focus on high blood sugar, high blood pressure, high cholesterol, as these alone cause 23% of disability life years lost and are the main drivers for CVD which accounts for 24% of all UK deaths.[11] Reducing these to safe levels would improve the health of the nation. Yet the NHS pays far more attention to treating rare diseases than

addressing these risks. NHS's current goal is to prevent 150,000 heart attacks and strokes by 2028. A new target might be to prevent 450,000 heart attacks and strokes by 2035.

We need a better system to do so:

- Promote evidence-based interventions and treatments, e.g., statins.
- Develop better systems to identify and engage people at risk.
- Increase access to smoking cessation and weight loss services.
- Build community-based prevention by non-specialist staff in convenient locations.
- Empower people better to manage their own health and risks.
- Engage business for better workplace health.

Focus this new system on places and people with high risks – where smoking and obesity levels are highest and on people at risk of early onset CVD and depression, using Core20PLUS5.[12] Reward personal engagement and persistence. Financed and commissioned by the NHS and integrated with its data and records, this must work in partnership with local government but clarify roles and accountabilities, as these are confused.

Structural changes for better prevention

- Higher levels of investment in primary and community services.
- Ringfence prevention spending, like mental health services.
- Shared outcomes indicators for ICBs, aligned with indicators for local government for weight management and tobacco, as commissioning responsibilities are split.
- Review the NICE Technology Appraisal process as this skews investment to new high-cost disease treatments and neglects cost-effective preventative interventions.

Digital prevention platform and lifestyle services:

Develop a digital prevention platform better to signpost people to resources and information and use the NHS App better to promote access to preventative services. Expand digital and remote support services for modifiable risk factors, as these are popular and can be highly cost effective.[13]

Primary care contracting:

Primary care is central to improve management of cardio-metabolic risk factors. The paid for performance system through the Quality Outcomes Framework (QOF) is a key vehicle for leveraging improvements in CVD and diabetes management. A new GP contract needs to strengthen GPs' focus on prevention and maximise the use of prescribing pharmacists.

Implementation

Use digital platforms and systems for most people and places; reserve higher cost personal services for the places where risks are highest and entrenched. As resources allow, build a much better early detection and intervention system for people at risk in their twenties and thirties in deprived places.

The ambition to prevent 450,000 heart attacks and strokes by 2035 is desirable and feasible. The public would be positive about this goal. Ministers will have to ensure that NHSE, ICSs and local government all commit to the goal and are resourced to achieve it.

7.4 Better health for children

A new government will be applauded if it launches a societal mission for healthier happier children, involving charities, local government, schools, parents, children and young people.

Labour stated: "We will ensure that children have the best start possible to give them the building blocks for a healthy life" and has committed to a "child health action plan".

Our children's poor physical and mental health is a national crisis. Many have poor diets, many have obesity, many have insufficient exercise, and all are exposed to influences which harm their mental health. In short, there is rampant health poverty for children in our society. A young person who enters adult life overweight, with an unhealthy lifestyle and exposed to unhealthy physical and commercial environments faces lifetime health damage with greater lifetime treatment and welfare costs, and risks of dropping out of work earlier.

There is strong support from politicians, public and experts for action so all our children have much better physical and mental health. The need to improve our children's health makes a convincing case to society for stronger government action generally to improve health.

This goal require a pan-government, pan-society strategy, so start with a national discussion of why this is vital, and what priorities, and policies are needed with the public and with charities, localities, LGA, NHSE, ICBs. At the launch government could announce this consultation process.

Health is Wealth suggested five priorities to improve children's health, all well supported:

Childhood obesity. Almost one in four children aged 10 and 11 have obesity – with extremely high risks of early and serious illnesses. Test options to reducing childhood obesity.[14]

Early years. The first 1001 days of life is a crucial time to ensure children grow up in good physical and mental health. Labour says it would train 5,000 more health visitors.

Healthy children's diets. There is an immediate agenda for change – more support for breastfeeding; and to make marketing honest and to ensure that baby foods and drinks are healthier.

Physical activity for children. Less than half of children have sufficient physical activity for good physical and mental health, for life. Review how best to change this, focus on the greatest need.

Children and young people's mental health. Mental health resilience is crucial for our children. Address social media harms, empower schools to do more with more support from the health sector. Expand mental health support teams. Target places with the highest risks.

This goal must engage commitment across society. A good early illustration of this is the intent of the Children's Charities Coalition to coalesce charities and clinical experts to develop early proposals for a Children and Young People's Health Strategy.

Implementation

There will be strong support from public, charities and places for this ambition. Build commitment across systems rapidly; define an immediate action plan; recognise this is as a 10-year mission; define success measures.

7.5 Halve the gap in healthy life expectancy

The Labour Manifesto goal is: "to improve healthy life expectancy for all and halve the gap in healthy life expectancy between different regions of England". Labour also declared it will "build a fairer Britain by tackling the structural inequalities that contribute to poor health for disadvantaged groups" and do so "By tackling wider inequalities that lead to poor health, focusing on prevention and early childhood intervention".

Our society has shocking health poverty. In the most deprived places women on average get their first major long-term illness nearly 20 years earlier than in the least deprived; they live with ill health much longer, and they die 12 years earlier.[15] This is one of the greatest inequalities in our society and the public think it is wrong.

Places where many people have premature multiple long-term illnesses, have fewer people in work, less economic growth and higher NHS and welfare costs; this harms us all. If we improve the health of the most deprived places, all the nation will benefit. See Appendix 5, David Buck, The King's Fund.

This will be challenging; the number of working-age people with ill health is projected to rise from 3.0 million to 3.7 million by 2040, with 80% concentrated in the more deprived half of the country. This will further entrench health, social and economic inequalities between areas.[16]

Levelling up health has been a previous goal of governments but with insufficient action and investment. It must be built as a joint national/local ambition with a resourced action plan. Announce a consultation with key partners on how to achieve this 10-year plus goal.

The good news is that the policies proposed in this report if pursued strongly and focused on places with greatest health risks will significantly improve healthy life expectancy in the most

deprived places. However, halving the gap between regions is a much greater challenge, yet such a target helps mobilise ambition as did the former Labour target.

100-day announcements:

- **A Goal and a Plan.** To develop with partners a strategy on how to improve health where it is worst and reduce health inequity over 10–15 years.
- **An Offer and an Ask.** To make three-way agreements, central government, local government, the ICB and ICPe for every priority place, with strong community support. Define what is to be achieved, ensure it is backed by local people, and longer-term funding support.
- **Weighted interventions.** To re-prioritise existing programmes and policies to these places.[17]
- **Health in all policies** – all departments will analyse the concentration of health risks associated with their policies and propose how they will reduce them.
- **Risk factors** – apply greatest effort to places with worst health, e.g., Active Travel, clean air, eradication of damp.
- **Support the Change**: To develop a new model of intervention by local authorities and ICSs for joint integrated wellness services to address concentrations of health behaviours.

People and places need agency and ambition to develop a healthier place. DLUHC, DHSC and the LGA should jointly roll out the model behind Local Trust's approach to Big Local and "left-behind neighbourhoods". Allocate each targeted area £10m to spend over ten years to invest in community development and community budgets, using the Left Behind Neighbourhoods methodology.

Local government will also need fairer funding for these places, better to reflect their greater needs and to help close health inequalities.

Implementation

This is a challenging goal needing persistent action for ten years and more. A good start can be made by strong action to reduce smoking, poor diets, obesity, and risk factors in places with the worst health, and by ensuring all departments and NHSE prioritise places with the worst health in all relevant policies and programmes.

8. Four Other Topics

Persistent and stronger actions to reduce the significant harms to our health from alcohol, physical inactivity and air pollution are all important, as is addressing factors that cause mental ill health. The key actions to accelerate these are suggested below.

Health in all Policies – mandate departments to review their existing policies and programmes and how they could be re-prioritised to improve health.

Alcohol harm – price, marketing and availability are the key ways to reduce harms which are worst in most deprived places. Gradually and persistently make alcoholic drinks more expensive, less strong, less marketed and less popular and low alcohol ones cheaper, by restoring automatic uprating to alcohol duty and in time minimum unit pricing. Mandate Home Office/DHSC/HMT to reduce alcohol harms. See Appendix 6.

Physical inactivity – physical activity is highly effective against physical and mental illness. Focus on places where people are least active. Use good existing programmes: Uniting the Movement by Sport England, Active Travel which builds physical activity into everyday life and locality-based action as in GM Active. Mandate DCMS, DfT, DHLUC, DEFRA with local government to co-develop a national plan to reduce inactivity in places where this is worst. Explore philanthropic funding for green open spaces in places with worst health.

Mental health – poor mental health is rampant and serious, almost a quarter of adults and one-sixth of children and young people are affected. Depression and anxiety are the biggest cause of days of lost work. Early detection and prevention of risks in childhood is critical. Preventative mental health measures in schools have been effective. The right support for women in the perinatal period is important. Expand MHSTs to all schools. Focus on early intervention and build on the Prevention Concordat for Better Mental Health. Commit at the launch to develop a National Mental Health and Wellbeing Strategy and use an early Mental Health Bill to promote the prevention of mental ill health.

Clean air – poor air quality has risks for us all especially for young children, those in ill health and the elderly. Highly polluted communities are particularly exposed. Focus on places with high pollution and high population density. The Environment Act 2021 introduced a new target for PM2.5 of 10 µgm-3 by 2040, a new Government might commit to get there earlier. Labour have said: “We will pass a Clean Air Act with stricter statutory targets on air pollution that match World Health Organization recommendations, to protect our children from the serious respiratory illnesses they cause.”

9. Local Leadership, Community Engagement

Central government must set the ambition, support partners, legislate and develop national policies. But wherever possible the mission should be led by local partnerships with local public support.[18] Labour says it recognises this: "we need government to be more agile, empowering, and catalytic – supporting a whole range of public, private and civil society players to make an impact". Metro Mayors, Combined Authorities and Councils have a key health creation role with the levers on employment, skills, education, housing, planning and infrastructure.[19]

100-day announcements a new Government could make:

Devolve – if it is possible to act locally to improve health, it will do so. Local people will be given the power to decide on further air pollution measures, controlling fast food outlets, smoking in outdoor public places, outdoor advertising and using planning powers for health. Commit to engage the power and scale that Combined Authorities can bring.

People – each of us are crucial agents for our own better health. So, government will review how better to inform and support us to manage our own health and risks, ideally through other trusted agencies and through technology and social media.

Communities – better health needs active, participating communities, it cannot be done to places, but must be achieved with them. So, government will promote and support all local authorities and health institutions to support community engagement, responding to their insights, investing in them to participate in shaping better places and services.[20]

Local authorities – local authorities directly engage their local public for better health and speak for them. Restoring local authority resources will not happen quickly but central government could announce how it will help:

- Redefine health spend and put 'health' back into health services[21]
- End highly inefficient competitions for small pots of money for silo goals
- Recognise that levelling up health will need core funding
- Remove barriers to prevention, but protect budgets for prevention funding
- Provide local authorities with longer-term funding settlements
- Design financial flows that incentivise prevention.[22]

10. A Public Health Bill

A Public Health Bill in the first King's Speech could define an ambition for society and promote a public debate about the need for change, the ambitions, the measures needed and how to monitor and entrench progress, applying lessons from Climate Change policy. This would include making health creation a central part of any government policy; to invest a proportion of health spending on prevention; to reduce health inequalities; for health creation to be as important as wealth creation and to entrench these in statutory obligations.[23] See Appendix 2 by William Roberts, CEO, RSPH.

11. International Co-operation

Premature avoidable ill health is a problem for many countries so the UK experience, particularly in smoking cessation and food reformulation, would be valuable to others, and would support our international development role. The new government might also seek a partnership with WHO to support its mission for better health. See Appendix 7.

Conclusion

Acting rapidly and boldly a new government can make remarkable progress to improve the health of our children and of society and so benefit our economy. Many people, many organisations can be engaged with this as a joint mission for better health; it is possible and would be popular. A new government has a mandate for strong action and will never have more political capital to do so. The public want much more action and improving our society's health, developed with local people and places, will be popular.

Geoffrey Filkin

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Appendix 1 Better Workplace Health

Tina Woods, Elizabeth Bachrad, James Bethell, Business for Health

Pre-election context

To date, none of the election pledges offered by any political party sees health as a fundamental part of the formula to drive prosperity; there is very little mention of policy integration across government departments to tackle the wider determinants of our health responsible for the chronic disease epidemic dragging the economy down.

All 'health policies' published to date are limited to 'fixing the NHS' and only the Liberal Democrats have proposed ideas to address social care which is a crucial plank to bring NHS waiting lists down and build capacity in the system for more preventative health.

To achieve a healthier economy poised for growth, we need far bolder ideas and radical solutions that address system change to help people stay healthy across their lives. We need a fundamental shift away from a broken 'sickcare' model towards a more preventative health paradigm. To do this, all relevant government departments need to work together: Science, Innovation & Trade, DWP, DHSC/Public Health and Treasury. We also need to target all stakeholders, not just the NHS, to transition away from health harming practices, behaviours, and environments.

It is lamentable that the role of business in health creation has been sidelined in all the pledges and manifestos published to date, missing significant opportunities to drive long-term system change to create a 'prevention society and economy' that has been mooted in recent government documents and discussions.

Crucially, we need incentives initiated now to encourage longer-term investment into health than today's budget and political cycles typically allow. The evidence shows, for example, that good worker health nurtured by businesses investing in their people contributes to higher productivity. Investment in places also supports economic prosperity and the social wellbeing and wealth of communities,[24] so we also need to encourage investors to think in terms of influencing the system within which they're investing, not just individual companies.

Businesses can be harnessed to address all factors that influence health, including behaviour, environment and lifestyle (including unhealthy choices driven by unhealthy environments), encapsulated by the term 'exposome'[25] – and which link to planetary health too, as recognised for the first time at COP28.[26] As the root causes of poor health and the solutions to address these are completely linked to climate, the co-benefits of bringing 'Health' into ESG investment are increasingly being recognised and valued by those in spheres of influence to impact trillions of capital to 'invest for health'.

Short-term wins

As recommended across the B4H report: *Rebooting the Nation's Health through the Workplace*,[27] the forthcoming IPPR report: *Healthy Industry, Prosperous Economy*, and RSPH Workplace and Public Health 10 June roundtable, quick wins are:

- Use proactive tax incentives and revise existing ones where necessary to remove friction, to encourage and reward businesses – especially SMEs – to create healthier workplaces and workforces, which will improve the health of working age people as well as have wider impacts on their families and communities. Consider, for example, making health and wellbeing-related benefits in-kind tax-free (eg EAP), and facilitating occupational and vocational rehabilitation to enable employees to return to work quicker, with support. Specific to SMEs, consideration should be given to making health insurance products viable for SMEs and low-earners (for example, more flexible packages).
- Reform and strengthen sick pay to shift the UK from a high presenteeism, low productivity country (in line with Centre for Progressive Change and IPPR goals) by: 1) increasing statutory sick pay; 2) abolishing lower earnings limit; 3) giving SMEs a refund on statutory sick pay costs if they provide their employees with effective health services and return to work support; 4) offering tax breaks for private healthcare.
- Incentivise contribution of business to 'workplace health' as part of a company's remit, potentially via the Health and Work Standard (in effect, a public health stamp) and associated accreditation being considered in the government consultation on Occupational Health. A national standard will provide reputational benefits as well as a benchmark: this would incentivise companies to gain accreditation through something like the Workplace Wellbeing Charter. This will also incentivise uptake of training/qualifications on improving health in the workplace – providing a benchmark for designing and delivering workplace support spreading core message: 'good work is good for you'
- Guide companies with evidence-informed interventions to improve workplace mental and physical health (including making them available within the workplace to enhance access and uptake, partnering/working within other organisations in place). Include infrastructure that enables health promotion like allowing employees to take paid time off for doctor visits, and implementing nudge tactics to drive positive behaviour change and mindset shifts in individuals, communities and the wider population.
- Expedite legislation initiated by the Conservatives to ban smoking (banning anyone born after 2009 from legally smoking by gradually raising the minimum age to buy cigarettes from the current level of 18).
- Revisit Henry Dimbleby's National Food Strategy recommendations, and consider, for example: 1) imposing taxes on ultra-high processed and high-salt foods; 2) introducing mandatory food reporting to reduce the proportion of unhealthy food being manufactured and sold, while increasing healthier food options; 3) imposing bans on advertising and promoting unhealthy food and drinks to children; 4) Introducing healthy lunches and cooking classes for all school-age children. Also, implementing active transport options for people getting to work considering how this links to obesity.

- Resume funding of a resurrected *ONS Health Index*[28] with involvement of businesses and investors as core users of the tool to 'invest for health'. Engaging businesses as users will help to develop data standards & protocols, and enhance access to more granular data from businesses in a two-way feedback system to predict trends and intervention needs with high accuracy. It will also guide decisions on what 'heath-relevant' data to collect and enable Treasury to target and prioritise constrained resources on what is delivering maximum health and wealth outcomes for the nation.

Medium-term goals

Medium-term the next government should consider:

- Develop data standards to facilitate and automate collection of 'health-relevant' data from business to help government evaluate health interventions in terms of impact to the economy.
- Introduce legislation for mandatory workforce health reporting from businesses above a certain size – which will have impacts in the supply chain of those businesses.
- Mobilise and incentivise (through reduced business rates?) community pharmacies and other trusted local businesses (including hairdressers, supermarkets, charities etc) to reach people 'where they are' and offer counselling, screening, blood pressure checks, vaccinations, and early detection and treatment of risk factors
- Mobilise mayors and local authorities/combined authorities to incentivise Integrated Care Partnerships to focus efforts on the people and places suffering the worst health.
- Continue to devolve powers to regions, empowering combined authorities and councils to manage local DWP budgets, joining up NHS and health activity with DWP activity, promoting key partnerships through better data sharing and linkage to facilitate action around shared goals, and enabling local employers, businesses and communities to play a leading role in the health of their communities.
- Explore the important role of public procurement to achieve maximum social value and the use of public sector contracts to incentivise better health outcomes, especially for SMEs. Learn from examples of good practice in local councils.[29]
- Continue to progress new UK data legislation, the Data Protection and Digital Information Bill and the Digital Markets, Competition and Consumer Bill[30] which together create the ability to unlock data to enable it to easily and safely flow across the economy. Linking up datasets and sharing them through unique digital IDs would enable multidisciplinary teams in both private and public sectors to use the same data platform and AI tools, aiding collaboration, reducing duplication and maximising opportunities to accelerate UK ambitions in the Science & Tech Framework, and inform Research & Development, investment cases and incentive structures, including new algorithmic solutions for international trade, while bringing 'Health' into ESG investment for global adoption and scale.

- Linked to digital and data legislation above, expand access to 'health relevant' data beyond the NHS medical record as part of a cloud-based 'personal health account' accessed through the NHS app positioned for wellness rather than just managing sickness. Through personal data wallets promote consumer- and citizen-driven data philanthropy to share workforce data, housing data, purchasing data showing eating patterns, activity levels through tracking devices to fuel health research at scale; create data standards to connect and share data to understand health trajectories and risk for disease and connect with UK Biobank and Our Future Health, as well as other international biobanks to create a 'federated world testbed for health'. Factor in access to diverse data sets representative and reflective of populations that need most support.

Longer-term system change

Longer-term the next government should consider:

- Incentivise 'investing for health': bringing 'Health' into ESG investment through an appropriate mix of government incentives, supportive legislation and mandatory reporting in areas including workforce health, food system shaping (including revisiting Henry Dimbleby's National Food Strategy recommendations) and regional social and economic development (linked to Levelling Up policy, move to integrated care systems and shared investment in non-medical interventions like social prescribing).
- Provide incentives for pension funds, fund managers and asset management firms to balance short-term fiduciary responsibilities with long-term accountability to manage externalities creating long-term systemic impact; explore how capital allocation can improve population health through engaging with the commercial determinants of health.
- Create simple tools, supported by government, that can help fund managers and asset owners make decisions to invest for health and/or disinvest away from industries harming health, while exploiting the co-benefits of investing for health and climate – as the causes and solutions are inextricably linked as COP28 has highlighted.
- Develop a currency for health, exploring the creation of health credits akin to carbon credits, and create a 'National Health Bank to Invest in Prevention'.[31]

What actions need primary legislation

- Legislation on tax incentives for workforce health schemes
- Legislation on work health reporting
- Legislation on food reporting
- Legislation for pension funds, fund managers and asset management firms to balance short-term fiduciary responsibilities with long-term accountability to manage externalities creating long-term systemic impact.

Appendix 2 What Might the Benefits Be of Creating a New Public Health Act?

William Roberts, Chief Executive, Royal Society of Public Health

We have seen a deterioration in healthy life expectancy and a widening of inequalities over the last decade, driven by factors that sit outside of the NHS.

It doesn't have to be that way, fairer and more equal nations are healthier nations, tackling the wider drivers of and preventing ill health should be at the centre of the next governments agenda.

Whilst inequality can be dismissed as an issue affecting the poor, it makes all of us less healthy and less prosperous. A nation fit for the future needs to unlock the health of those who have been left behind to ensure we prevent ill health and create a healthier and more prosperous future to make us the healthiest nation in the world. This is not only a moral but also an economic imperative for the United Kingdom.

If Health really is Wealth, then any future government that seeks economic growth, would want to ensure that any action they undertook had the potential to improve the health of the nation. Back in 1848, the Public Health Act was created to ensure that the greatest challenges we faced had a structure in which to tackle them.

The Act was groundbreaking in both its breadth but also commitment to tackle the causes of ill health. It focussed upon seven areas and sought to create and leverage the power of national and local structures to tackle the scourges of the Victorian era. In the lead up to the General Election, there have been calls for a new public health act or bill of health.

A new public health act should enshrine any new Government's mission to achieve three key goals.

1. Creating the conditions to make our nation healthier

Whilst healthcare has a clear role in improving the health of the nation, it is the building blocks of good health that keep us well and allow us to thrive, these include, work, housing, environment, transportation, social connection and a sense of purpose.

A wholescale, government commitment to tackling the causes of ill health and strengthening the building blocks of good health would enable our population to lead healthy, happy and productive lives. This starts by creating the conditions in which we can thrive.

2. Tackling issues that can only be dealt with at a national level using a cross governmental approach

Much can, and indeed should, be decided locally when it comes to creating a healthier nation. There are, however, some issues that can only be dealt with at a national level. We cannot rely on localities to address the social and commercial determinants of health – from the cost of living to the climate emergency – which are driven by national or even international factors. Equally, higher goals such as equity of choice, growth, freedom and opportunity can only be achieved with some intervention and support at a governmental level.

This means that if we are serious about addressing the social and commercial determinants of health, we need legislative and regulatory change alongside societal and personal change – it cannot be an either/or. Any response requires a clear cross-government approach. Taking a health-in-all policies approach across government will help to unlock future prosperity. but only if health is seen as a critical driver of national security and prosperity, not a drain on resources.

3. Clearer devolution of responsibility and accountability for improving public health

There are many good and effective public health organisations and leaders in the UK, what there is not, is a clear focal point for public health in its entirety.

There have been calls for the development of health creation units, government missions around health, cross departmental ministerial briefs and for the return of a national Public Health Agency. Whilst these structural changes are likely to have some impact, key to developing a stronger system is a clear set of national, regional and local powers combined with a national body with responsibility and accountability for coordinating delivery of a new public health act, acting as the bridge between national and local government and identifying the resources needed to enable regional and local structures to deliver.

Any future Public Health Act should:

- **Focus on making the creation and improvement of health a national priority** – the 1848 Act signalled a clear intention to tackle the biggest public health issues of the day and set the tone for a range of genuinely groundbreaking changes that significantly improved the health of the nation. We should recapture this spirit with the goal of making the UK the healthiest nation in the world.
- **Make health creation a central part of any future government policy** – focussing on creating and maintaining health rather than just treating the consequences of ill health whilst harnessing the collective power of government. There are many cross-government initiatives that have showed real benefit over the last 100 years, so this scan be done.
- **Signal the intent to invest a proportion of health spending on prevention** – this starts with investment in the public health grant but builds to ensure that alongside funding our health and care system we ensure that there are the resources required to ensure that we keep people healthy as prevention is better than cure.

- **Enshrine the need to reduce inequalities and a target for this over the next decade** – we know that inequality drives ill health, that the poorest in society experience the worst health and that whole population approaches can leave behind the most in need. Creating a requirement for all government departments to reduce inequalities would focus each on collective action.
- **Create a health creation measure for investment business cases** – GDP is a powerful indicator centred around the market economy, but a poorer measure of broader economic welfare. If we want government to prioritise health so that it has equal standing to GDP, we need a way to measure this. A range of these measures exist, but they require a whole government commitment to embed them.
- **Develop a clear delivery framework for national, regional and local responsibility and accountability of the act** – one of the great successes of the 1848 Act was to create the delivery structure for the solutions to the biggest Public Health threats we faced. Whilst it did not solve all of the challenges we faced as a nation it did give a clear mechanism for attempting to tackle them.
- **Be comprehensive and tackle the big issues** – any act needs to go further than just tidying up existing legislation. It would need to consider how to address: reducing levels of poverty, housing, water and sanitation, the food system, climate, safety, work, the commercial determinants of health. The delivery approach for tackling these, real clarity on what should be done, what works and the workforce we need to make it happen.

There are many brilliant people and organisations that have given different elements of this considerable thought and harnessing their thinking could significantly assist any future government in developing a Public Health Act that could transform the health and prosperity of the nation.

Appendix 3 A Path to Ending Smoking

Hazel Cheeseman, ASH

Labour's 2023 'Health Missions'[32] pledged to create a "roadmap to a smoke-free Britain". The 2024 manifesto starts to describe this roadmap with commitments to phase out the sale of tobacco to the next generation, improve access to treatment for smokers in hospital and address the marketing of vapes to children.

These are important commitments but will not on their own be enough to end the harms from smoking at the pace the country needs.

Within the 2024 manifesto Labour also commits to "halve the gap in healthy life expectancy between rich and poor"[33] and address the social determinants of health. To secure such a goal further progress will be needed to reduce smoking which is responsible for half the gap in health life expectancy. The focus on the social determinants is welcome, but we also need to recognise that commercial drivers of ill health are a key social determinant.[34]

In the last 50 years the tobacco industry has robbed this country of at least 8 million lives prematurely with many more people experiencing ill health early in life damaging their wellbeing and impairing their ability to work.[35] In recent decades these deaths have been highly concentrated in disadvantaged populations driving inequalities and damaging prosperity.

However, it is possible to end the impact of this industry on British life. With the right roadmap and sufficient funding the next 5 years can put us on track to make smoking obsolete within 20 years.

The next Labour Government needs to:

Take rapid action

- Commit to reintroducing the Tobacco and Vapes Bill in the King's Speech
- Rapidly table the Bill in Parliament with improvements where needed
- Rapidly bring forward regulations to limit the marketing of vapes and remove the promotional aspects of products and packaging
- Review the investment and strategy needed to effectively implement provisions

Create a Roadmap to a Smokefree Britain

- Commit to publishing a Roadmap to a Smoke-free Britain in the King's Speech
- Include targets in the Roadmap to put us on track to make smoking obsolete in 20 years
- Re-invest £36m in the infrastructure at regional level to ensure national strategy is support through local delivery.

Fund a Roadmap to a Smokefree Britain

- Implement a one-off 'windfall' tax on tobacco industry profits to resource their Roadmap for a Smoke-Free Britain
- Legislate to regulate the price of tobacco and generate a smokefree fund from money that would otherwise create excessive profits for the tobacco industry
- Require tobacco companies to disclose sales data to support the generation and distribution of a smokefree fund
- Commit to current increases in funding already pledged of around £170m pa.
- Invest an additional £200M pa to deliver the support needed to bring rates of smoking down in line with an ambition to make smoking obsolete within 20 years

Support quitting at scale

- Bring forward further regulations to promote quitting through introducing pack inserts and dissuasive cigarettes
- Confirm existing funding commitments and fund new support to ensure that opt out interventions are a part of routine care in hospital and across other high priority health services.
- Provide certainty to local government and the NHS that funding will be long term
- Produce a workforce plan with local government and the NHS to ensure there is capacity to deliver the support smokers need for the next decade
- Secure access to new and existing medications for smokers across the whole country in the NHS and local government support services
- Provide guidance to local services on vaping as a quitting aid in line with NICE guidance
- Set national service standards for quit support to smokers across the NHS and local government to create a standard offer to smokers

Create smokefree communities

- Bring cigarillos and cigars into the same regulatory regime as cigarettes and hand-rolled tobacco
- Create a public health licensing regime for tobacco retailers which provides powers to local government to decide where tobacco is sold

- Consult on extending smokefree legislation to outdoor hospitality spaces where food and drink is served
- Use single-use plastic regulations to ban cigarette filters to protect the environment and dissuade smokers

Reduce the affordability of tobacco

- Recommit to the current tax escalator for tobacco of 2% above inflation
- Close the gap in tax for hand rolled tobacco, cigars and cigarillos with cigarettes

Take a balanced approach to harm reduction

- Proceed with the tax on nicotine liquids but ensure that it is not varied by strength
- Explore ways to increase the entry price for vaping products to limit youth uptake without reducing the incentive for adult smokers to switch
- Maintain swap to stop scheme for vapes with a focus on the most disadvantaged communities
- Implement a communications strategy to address harm misperceptions about vaping among health care professionals and smokers
- Ensure all nicotine products are appropriately regulated in line with their potential harms

Play our role in creating a smokefree world

- Extend tobacco control financing for UKOTs from 2025 until all UKOTs have implemented the WHO FCTC
- Reinstate 5 year ODA funding for the FCTC2030 project to support FCTC implementation in low- and middle-income countries (LMICs), to continue implementation of the FCTC and the Illicit Trade Protocol
- Bid to host the next biennial FCTC Conference of the Parties and Illicit Trade Protocol
- Review and strengthen where necessary existing FCO DH guidelines for overseas posts

Support for action

Public support for action to create the smoke-free Britain envisaged by Labour is high. In a large public opinion survey conducted by YouGov for ASH in February/ March 2024 73% of British adults back a goal to make Britain a country where no one smokes, with 10% opposing.[36]

The public also strongly back the phased-out sale of tobacco pledged in the Labour Manifesto with 69% backing the measure, including 74% of 2019 Labour voters.

The public has long seen an important role for the Government in tackling smoking. Over the 16 years that ASH has been running its public opinion surveys, many policies to address smoking have been implemented and smoking rates have fallen significantly. However, despite

this, the proportion of the public who think the Government should be doing more to address smoking has grown. In 2007, 29% of the British public thought the Government wasn't doing enough. In 2024 this has grown to 50%. Meanwhile, those who think the Government is doing too much has also fallen from 20% in 2007 to 7% in 2024.[37]

The public are ready for the changes needed to make our country smoke-free.

Economic case for change

Smoking places a major burden on the economy and public services. Reducing smoking will contribute to boosting economic growth. This impact can be rapid and will grow over time as fewer people are sick and leave the labour market.

The current impact of smoking on public finances and the economy is significant. Just looking at English public finances there is an annual loss of around £18.5Bn due to smoking made up of:

- £11.3 Bn lost tax receipts from reduced productivity
- £4.1 Bn increased social security spending
- £3.1 Bn service costs for health, social care and fires

However, these are not the only costs. The impact on lost productivity has significant implications for the economy of an estimated £28.7B. This is due to poor health leading to unemployment, underemployment and death during working age (18.3B) and additional 'opportunity cost' where people spend money on tobacco it creates few UK jobs but switching their spending would add an estimated £10.5B to the economy.[38]

These big impacts on the economy and public finances are also echoed in the households of people who smoke. Tobacco makes up a significant part of the expenditure of households that include a smoker with the average smoker spending £2,486 a year on tobacco or 11% of the average income. Many smoking households are in poverty. Based on 2019 data 1.5 million households including a smoker were in poverty which included a million children, 2.2 million working age adults and 400,000 pensioners. [39]

Rapid action

The initial programme for government is clear. The measures included in the Tobacco and Vapes Bill introduced in the last parliament, which enjoyed cross-party support, should be rapidly reintroduced. These include:

- Creating a smokefree generation through the phased-out sale of tobacco to all those born after 2009 commencing in 2027.
- Taking powers to further regulate vape products and their marketing
- Introducing tougher penalties for underage sales
- Bringing non-nicotine vapes and all consumer nicotine products into the regulatory regime.

While the timeline for bringing in the smokefree generation provisions appears long, retailers will welcome a long lead time and investment in the communications and education necessary to support them in enforcing the law.

On vaping, the timeline is more urgent. Vape products have been a crucial driver in reducing rates of smoking and will continue to be an important part of a comprehensive strategy to help smokers quit smoking in the future. However, the increased use among teenagers has been a serious concern. This can be curbed through additional regulation, particularly of marketing, and must be undertaken swiftly. Addressing marketing, branding and advertising can be done rapidly. It may take longer to define appropriate regulations in relation to flavours given their valuable role in helping adults to quit and the complexity of defining effective regulations.

The levels of use among teenagers may be contributing to public misperception that vaping is as harmful as smoking and also exposing teenagers to the risks of addiction. Reducing youth use must be a priority for an incoming government.

Minor changes to the Bill which was introduced in the last parliament could strengthen the legislation without slowing down the passage of the Bill. Such changes would include:

- Taking powers to strengthen regulation of vape advertising
- Ensuring that product standards for vapes can be strengthened
- Extending the requirement for age verification from Scotland to the rest of the country

Implementation of the tobacco and vapes legislation will benefit from sufficient enforcement resources and a clear communication and education plan for consumers and retailers.

A Labour Government should:

- Commit to reintroducing the Tobacco and Vapes Bill in the King’s Speech
- Rapidly table the Bill in Parliament with improvements where needed
- Rapidly bring forward regulations to limit the marketing of vapes and remove the promotional aspects of products and packaging
- Review the investment and strategy needed to effectively implement provisions

Beyond a Bill: Roadmap to a Smokefree Britain

Labour’s Health Mission committed to creating a roadmap to a smoke-free Britain – they now need to describe the steps on the roadmap in a new comprehensive tobacco control strategy. In 1997 the incoming Labour government responded to stagnating smoking rates by producing the first cross-government strategy to reduce smoking within a year of coming to power. That strategy, Smoking Kills, kick started declines in smoking rates that moved us from having some of the highest rates of smoking in Europe to some of the lowest. The UK is truly a world leader in tobacco control, but continued progress is not inevitable.

Over the last few years, despite setting a goal for England to have smoking rates of 5% or less by 2030, the Government took little action to bring this about and there was evidence that declines in smoking rates stalled.[40] Recent announcements to phase out the sale of tobacco and increase investment in quit support, enforcement and mass media have all been very welcome and, if funding is maintained by an incoming Government, should together start to bring rates down again. But there is much more that can be done. There was a risk that this investment would be less than the sum of its parts without a coherent national strategy to drive change.

In 2019 the Conservatives set an ambition for the country be at less than 5% smoking rates by 2030, their smokefree 2030 goal. However, the stalling in smoking rates since then now makes that goal unrealistic.

But rapid progress can be made and set us on track to lead the world in reducing smoking. An incoming Labour Government must replicate the action of 1997 and commit to publishing their Roadmap to a Smokefee Britain within the first year.

The Roadmap should set a path for a country where no-one smokes. In the next 5 years the government should seek to reduce rates of smoking in England by the following:

- Adults from 12.7% (2022) to 7.3% by 2029
- Routine and manual workers from 22.8% (2022) to 17.4% by 2029
- 15 year olds from 3% (2021) to less than 1% by 2029
- Pregnant women 8.8% (2023) to 4.2% by 2029
- Smokers with long term mental health conditions from 25.1% (22/23) to 19.7% by 2029

These rates of decline are possible if additional investment is made to support disadvantaged smokers with the highest rates of smoking. This investment must be in addition to current spending in the NHS and local government.[41]

The last Labour government also put in place a strong regional infrastructure to tackle smoking. This has largely been eroded with a strong regional programme remaining in the North East through local investment for the last two decades and leading to faster rates of decline than other regions. Greater Manchester, London and parts of Yorkshire have also established programmes with local investment and other areas have this under active consideration. A future Labour strategy on tobacco should re-establish regional infrastructure to support local government and NHS delivery while also undertaking programme work at scale. A fully funded tobacco regional infrastructure would cost in the region of £36m.

A Labour Government should:

- Commit to publishing a Roadmap to a Smoke-free Britain in the King's Speech
- Include targets in the Roadmap to put us on track to make smoking obsolete in 20 years
- Re-invest £36m in the infrastructure at regional level to ensure national strategy is support through local delivery.

Funding the Roadmap

With the policy goal set to phase out the sale of tobacco in this country the question becomes; how quickly can this be done? The answer to this is, in part, dependant upon sufficient investment being targeted for the most disadvantaged populations. The last government committed an addition £170M to support local and national action which an incoming government should maintain. However, to really accelerate change towards a smokefree country in the region of an additional £200M is needed.

Rather than taxpayers footing the bill, the companies which have for decades profited from the sale of lethal and addictive products should be forced to pay.

Smoking has had a profound social and economic impact on this country with costs externalised to individuals and the state, while tobacco companies have made astonishing profits. Few consumer goods have the kind of profit margins for manufacturers which tobacco does. Imperial Tobacco which has around 45% of the UK market had an operating profit margin of 70.5% in 2021.[42] Collectively it's estimated that the UK tobacco market generates around £900m per year in profits for four corporations.[43]

The ability of big tobacco companies to continue to make such massive profits in a context where their products are highly taxed and public policy is structured to reduce consumption is a clear example of market failure.

Tobacco companies and their proxies argue that they 'pay their fair share' in taxes due to the high excise taxes on tobacco. This is not the case. First, tobacco taxes do not cover the cost of tobacco to the state or society. Second, these taxes are not allocated to reduce rates of smoking but part of the consolidated fund. Third, it is not tobacco companies who pay these taxes. These costs are passed on to smokers.

In 2014 the Government consulted on imposing a levy on tobacco manufacturers and importers to ensure that they made a greater contribution to the costs of smoking to society.[44] The decision was taken not to proceed, because the costs would be passed on to smokers, who already pay high excise taxes, and behavioural effects would limit the revenue that could be raised.[45]

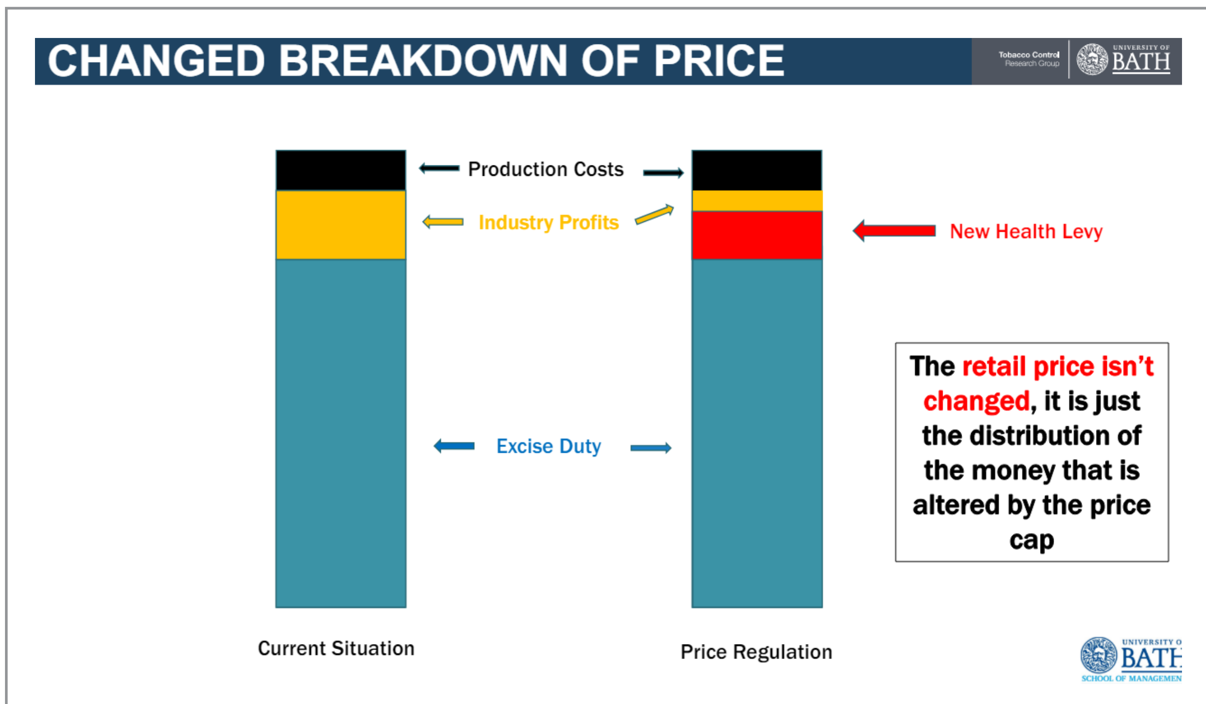
However, the model proposed in 2024 (visualised in the graphic below courtesy of Dr Rob Branston, University of Bath) would ensure that this does not happen redistributing the current money raised by spending on tobacco from manufacturers to the state:

1. **Capping tobacco manufacturers' prices and hence profits**: By capping prices, as is the case already for utilities such as energy and water, manufacturers could be prevented from passing the cost on to consumers.
2. **Setting the price to underpin the levy**: The levy would operate through a cap on the wholesale price charged by manufacturers for tobacco products, which would be set at a level that would cover the costs of production and distribution plus a reasonable profit margin. The level of profitability for tobacco companies would be pre-determined at around 10% operating profit margin which is aligned to the lower end of consumer food

and drink industry benchmarks and similar to UK manufacturing. It is essential, however, that prices to consumers should not be lowered as a result of the scheme as this would increase consumption and reverse the decline in smoking prevalence. The difference between the capped price and the current wholesale price would be made up with the levy. Consequently, the price to the consumer would not decline, but the profits of the tobacco industry would diminish and a large fund would be made available to make smoking history.

3. **Smokefree Fund**: Capping the wholesale price charged by tobacco manufacturers' profits at 10% would enable an estimated £700 Mn a year to be raised as a health promotion levy, without changing the price to the consumer. A memorandum of understanding between HMT and DHSC would be required to ensure that a specific sum from the proposed scheme is set aside to fully cover the Smokefree Fund.
4. **Protecting tobacco taxes**: The proposed 'polluter pays' levy would not impact on revenue collected from tobacco product taxation, as the money would come from industry profits not the consumer. Tobacco tax rates could continue to be raised above inflation over time, in line with commitments made by this government and its predecessors, with the proceeds going into the going to the Consolidated Fund.

A detailed discussion paper is available here on how a levy could operate.



Reproduced courtesy of Dr Rob Branston, University of Bath from presentation of the APPG on Smoking and Health.

While £700Mn could be raised it is estimated that an additional £300Mn is needed in addition to the funding currently being spent in local government and the NHS. Therefore, this levy could provide additional resources to support public health activities. Prioritising activity to reduce levels of alcohol consumption would further help to reduce smoking given the known relationship between consumption of these products.

This new Smokefree Fund should be allocated across the country based on levels of prevalence. To aid this, and support efforts to bring rates of smoking down, legislation which creates the Smokefree Fund should include requirements for manufactures to disclose their sales volume data, supporting efforts to better understand the market and target resources where they are most needed.

To secure the levy and Smokefree Fund will require consultation and legislation and is unlikely to be delivered in the first year. As such an incoming Government should consider a one-off wind-fall tax so investment in the system can commence immediately.

In 2018 it is estimated that tobacco manufacturers made over £900 million in profits in the UK alone.[46] Yet despite their enormous profitability, the major tobacco manufacturers pay very little corporation tax in the UK.[47,48]

When energy firms are being required to pay windfall taxes on their excessive profits for an essential public service, tobacco manufacturers should not be exempted from comparable fiscal intervention. It has been estimated that an immediate corporation tax surcharge could raise around £74 million a year.[49]

The last Government consulted on a vaping products duty with a one-off increase in tobacco taxes alongside it to ensure that vaping remained cheaper than continuing to smoke. The two revenue increases are estimated to raise £628m by 28/29 and the consultation suggests this funding could be allocated to address smoking cessation providing a further route to consider in resourcing the action needed to bring smoking rates down.

A Labour Government should:

- Implement a one-off ‘windfall’ tax on tobacco industry profits to resource their Roadmap for a Smoke-Free Britain
- Legislate to regulate the price of tobacco and generate a smokefree fund from money that would otherwise create excessive profits for the tobacco industry
- Require tobacco companies to disclose sales data to support the generation and distribution of a smokefree fund
- Commit to current increases in funding already pledged of around £170m pa.
- Invest an additional £200M pa to deliver the support needed to bring rates of smoking down in line with an ambition to make smoking obsolete within 20 years

Supporting quitting at scale

In addition to protecting the next generation, the Government must address the 6 million people currently smoking in this country and scale up support to help them quit. Current smoking undermines the health of the workforce leaving people too sick to work in middle age and diverting money that would otherwise be spent on goods and services that generate more UK jobs than tobacco. Smoking also damages family-life with children growing up in smoking homes more likely to get sick and become smokers themselves and family members more likely to have to provide informal care to loved ones who become sick. If Labour want a healthier workforce and homes with more income helping people to quit smoking can make an important contribution.

Some of this will require the funding from the Smokefree Fund – but not all of it.

Key measures which could support quitting without cost to the state include:

- Pack inserts in tobacco motivating people to quit and directing them to support. This will be an important place to promote evidence-based messages about vaping to smokers.
- Dissuasive cigarettes: health warnings on packs have been shown to motivate quitting so extending those messages to cigarettes and cigarette papers can extend the reach.

In addition to these measures, investment will be needed for the highly cost effective and evidence-based treatments available to help smokers to quit. Investment in mass media behaviour change campaigns is highly effective. While investment has been low in the UK in recent years, in the US they have made significant investment with the FDA's Tips from Former Smokers campaign,[50] delivering 11 ads a quarter to the target audience from 2012–15, led to over half a million sustained quits during 2012–2015. The last Government had already committed to invest £15m a year in until 2028. This investment should be sustained and extended with additional investment of £9 Mn made in areas with the highest rates of smoking.

Other commitments made by the last Government should be maintained. These include:

- £70 Mn increased funding to local authorities to support quitting (5 year commitment)
- £10 Mn for a financial incentives scheme for pregnant smokers and their partners (2 year commitment)
- £45 Mn swap to stop scheme to connect smokers with free vaping products to quit (2 year commitment)
- £30 Mn for enforcement

Additionally, ~£70 Mn has also been allocated within NHS England to support inpatient quitting in acute and mental health settings and embed quit support in the maternity pathway. This is in line with the Labour manifesto commitment to implement opt out support for smokers in hospital. However, it only partly meets this commitment.

These new hospital based services have been underfunded. To address this gap and ensure that all services can be established to reach all of those who are admitted and smoke an additional £15 Mn pa is needed.

Current services are also only intended to support inpatients not the many outpatients including those in community mental health services where smoking rates and inequalities are very high. To address this gap, and meet the Labour manifesto commitment, additional funding is needed or around £115 Mn pa to provide support to:

- Outpatients
- Pre-assessment
- Specialist mental health

There is significant scope for innovation in addressing smoking in NHS settings and resources should be scaled up over time with pilots helping the system to understand how new programmes can be best implemented. For example, a recent RCT in A&E providing rapid access to vaping products for smokers found high rates of quitting a reach with disadvantaged populations.[51] There are now at least 40 NHS sites considering rolling out the scheme.

There are also services within the NHS where there is good evidence that smokers can be supported to quit. Additional investment needed to support smokers in those settings is estimated to be:

- £10 Mn pa to provide opt out quit support for all those accessing Targeted Lung Health Checks.
- £7.5 Mn pa to support those who smoke and live with a pregnant woman.
- £8 Mn pa to roll out quit support with NHS Talking Therapies.

Good implementation of support to quit is not all about the level of funding. Surveys of local government and the NHS by ASH have identified some common themes which can be addressed through a national strategic response:

- Lack of confidence that funding in NHS and local government will be maintained resulting in short term contracts and insufficient mainstreaming.
- Challenges in recruiting, retaining and training staff to provide the support smokers need.
- Complex pathways between local government and NHS services due to locally rather than nationally defined service standards.
- Variation in access to stop smoking medications such as cytisine or to using vaping as a quitting aid.

A Labour Government should:

- Bring forward further regulations to promote quitting through introducing pack inserts and dissuasive cigarettes
- Confirm existing funding commitments and fund new support to ensure that opt out interventions are a part of routine care in hospital and across other high priority health services.
- Provide certainty to local government and the NHS that funding will be long term
- Produce a workforce plan with local government and the NHS to ensure there is capacity to deliver the support smokers need for the next decade
- Secure access to new and existing medications for smokers across the whole country in the NHS and local government support services
- Provide guidance to local services on vaping as a quitting aid in line with NICE guidance
- Set national service standards for quit support to smokers across the NHS and local government to create a standard offer to smokers

Creating smokefree communities

Protecting the next generation from smoking, and accelerating quitting, will be best done in a context where triggers to smoke are reduced, access to tobacco is more limited and smoking is not part of people's everyday lives. Much successful policy has already been introduced to achieve environments where smoking is less common. But there is more a Labour Government could do:

- **Cigarillos and cigars**: these products are not included in aspects of tobacco regulations despite having similar levels of harms to cigarettes and hand rolled tobacco.[52] There is evidence of growing use among younger people[53] with cigarillos being excluded from minimum pack size of 20, flavour bans and plain pack legislation and not attracting the same level of excise tax. This should be addressed before they further undermine tobacco restrictions.
- **Licensing tobacco retailers**: There is strong support among both retailers and the public for a retail licensing scheme.[54] This scheme needs to build on existing track and trace infrastructure and be rooted in public health legislation allowing local government to have greater control over where tobacco is sold.
- **Smokefree outdoor food and drink spaces**: The public strongly support extending existing smokefree regulations to include outdoor hospitality spaces where people eat and drink. Some local authorities have made new pavement licences smokefree as part of protecting their local population.[55]

- **Ban on filters**: Smokers wrongly believe that filters can protect them from the harms of smoking and filters also reduce the difficulty and unpleasantness of smoking. Banning them will aid environmental objectives as the most littered item in the UK and will also discourage smokers.

A Labour Government should:

- Bring cigarillos and cigars into the same regulatory regime as cigarettes and hand-rolled tobacco.
- Create a public health licensing regime for tobacco retailers which provides powers to local government to decide where tobacco is sold.
- Consult on extending smokefree legislation to outdoor hospitality spaces where food and drink is served.
- Use single-use plastic regulations to ban cigarette filters to protect the environment and dissuade smokers.

Reducing the affordability of tobacco

Making tobacco less affordable is one of the key levers for reducing tobacco consumption. It is shown to reduce consumption and increase levels of quitting across the world. The UK has a strong track record on this with the first tax escalator in place from 1993 and the most recent escalator in place since 2010[56] increasing tobacco excise tax 2% above inflation, something an incoming government should commit to retaining. In recent years there has been a bigger increase in hand rolled tobacco tax to start to close the historical gap in tax between hand rolled tobacco and factory made cigarettes.[57]

This gap should be closed more quickly and the taxation of other tobacco products, such as cigarillos, (currently taxed at a lower rate and which we are starting to see an increase in use of among younger people) should also be reviewed.

A Labour Government should:

- Recommit to the current tax escalator for tobacco of 2% above inflation.
- Close the gap in tax for hand rolled tobacco, cigars and cigarillos with cigarettes.

Balanced approach to tobacco harm reduction

Vaping has been an important aspect of the UK's approach to reducing smoking. While not risk free, vaping poses a fraction of the risk to health of smoking. In the words of Prof Sir Chris Whitty: "If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable."[58]

This principle should continue to inform the UK's approach to vaping ensuring that the next generation do not take up vaping while maximising its potential as a tool to help smokers to quit.

Labour has committed to protect children from vape marketing, and the powers set out in the Tobacco and Vapes Bill, if rapidly reintroduced, would provide Government with many of the tools needed to achieve this.

However, an incoming Labour government will also need to ensure that products cannot be bought at pocket money prices while ensuring there remains a strong financial incentive for smokers to switch. The proposed vaping products duty on e-liquid recently consulted on by HMRC[59] will be a useful tool and will also support enforcement efforts by bringing products into the excise movement regime. However, a flat rate of tax would better protect users' health than one which increases with nicotine strength. If users are incentivised to use lower strength products this risks quit attempts failing or vapers using a greater volume of liquid which could increase risk to health.[60]

It is equally important to ensure that, as the Labour Health Missions say, vaping is used as an effective quitting aid. Reinvestment in the swap to stop scheme (noted above) will be a valuable route to connect disadvantaged smokers with access to free products and advice to stop. However, the levels of misperceptions among the public and smokers about the relative harms of vaping compared to smoking are at an all-time high, with half the public wrongly thinking that vaping is as or more harmful than smoking. A proper communications strategy is needed to address this.

A Labour Government should:

- Proceed with the tax on nicotine liquids but ensure that it is not varied by strength.
- Explore ways to increase the entry price for vaping products to limit youth uptake without reducing the incentive for adult smokers to switch.
- Maintain swap to stop scheme for vapes with a focus on the most disadvantaged communities.
- Implement a communications strategy to address harm misperceptions about vaping among health care professionals and smokers.
- Ensure all nicotine products are appropriately regulated in line with their potential harms.

Our role in creating a smokefree world

The UK is a world leader in tobacco control. Under the last Labour government we played an important role in the development and adoption of the first WHO health treaty, the Framework Convention on Tobacco Control (FCTC),[61] and the implementation of the full range of measures in the Treaty. As global leaders, our role is not just through implementing the requirements of the FCTC at home, but also by supporting others to do the same.

We have a moral responsibility to make smoking history not just at home but also globally. British transnational tobacco companies, supported by UK trade policy, played the major role in fuelling the 20th century tobacco epidemic which killed around 100 million people, mostly in countries in the global north.

As countries like ours took action to tackle our tobacco epidemic, Big Tobacco shifted its focus to the global south. Over 80% of the 1.3 billion tobacco users worldwide now live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs, such as food and shelter, to tobacco.

Nearly 9 million people a year die from tobacco, amounting to 15% of all deaths, more than air pollution, obesity or alcohol. Annual deaths from tobacco are higher than that from COVID in the peak pandemic years of 2020 and 2021. Unless action is taken tobacco could kill as many as 1 billion this century, the overwhelming majority of whom will live in the global south.

The UK has been supporting UK Overseas Territories (UKOTs) and LMICs to achieve the Sustainable Development Goal target to accelerate implementation of the WHO tobacco treaty, the FCTC. The project led to substantial progress and demonstrated value for money but more is to be done and a Labour government should ensure funding is sustained.

However, in many LMICs the tobacco industry has been able to delay and weaken implementation of the FCTC.

The last Labour government put in place rules to prevent diplomatic posts supporting the lobbying efforts of British tobacco transnationals. However, there is evidence that the current guidelines have not been completely effective. The next Labour government must strengthen the rules.

A Labour Government should:

- Extend tobacco control financing for UKOTs from 2025 until all UKOTs have implemented the WHO FCTC
- Reinstate 5 year ODA funding for the FCTC2030 project to support FCTC implementation in low- and middle-income countries (LMICs), to continue implementation of the FCTC and the Illicit Trade Protocol.
- Bid to host the next biennial FCTC Conference of the Parties and Illicit Trade Protocol
- Review and strengthen where necessary existing FCO DH guidelines for overseas posts

Appendix 4 OHA Proposals on Healthy Diets Policies

Alfred Slade, Government Affairs Lead, Obesity Health Alliance

Context

The Obesity Health Alliance (OHA) is submitting proposed wording for the Healthy Diets portion of the 'Action Plan for Better Health', led by Lord Filkin.

This project will suggest how any new government could make a fast and powerful start to improve population health with a bold plan in its first 100 days, rapidly without legislation and also to define what might require primary legislation. It will be built with expert input from expert organisations and be sent to senior civil servants in late June and to the new government on 5 July.

Outcome Goal in 5 to 10 Years

Diet and excess weight are major risk factors for ill health and mortality in the UK. Excess weight leads to many diseases that cause significant mortality and morbidity, including type-2 diabetes, cardiovascular disease, cancer, musculoskeletal conditions, liver and kidney disease, and poor mental health. In 2019/2020, there were over one million NHS admissions where obesity was a factor. Frontier Economics estimates costs of £98 billion to the UK economy (through NHS costs, additional welfare payments, lost productivity and other factors) annually due to obesity-related ill health.

In the next 5–10 years, the new government must transform the health of our food environment to prevent obesity and diet-related ill health. This positive ambition will help millions of us to be healthy for longer, have a happier life and contribute more, with lower risk of disease. The economy will be stronger, with healthier and more prosperous communities.

A healthier food environment will support the Government to achieve the World Health Organization's (WHO) sustainable development goals to:

- ensure healthy lives and promote wellbeing for all at all ages by 2030, reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being;
- end hunger, achieve food security and improved nutrition and promote sustainable agriculture;
- ensure sustainable consumption and production patterns.

69% of adult men and 59% of adult women in England currently have a weight classed as overweight or obese. The highest rates are among the lowest socioeconomic groups. With more than one in three children in England already above a healthy weight when they leave primary school, the problem is set to escalate further unless preventative action is taken.

In 2017, the UK Government set a target of halving childhood obesity by 2030. This must be re-committed to, alongside targets for significant reductions in adult obesity rates, and increasing average healthy life expectancy (the number of years someone lives in good health) by five years by 2035. Health equity must be a goal for every level of government so this must include narrowing the gap in overweight and obesity prevalence between more and less deprived areas. A healthier food environment means that:

- readily available food and drinks are healthier as well as enjoyable and tasty, with appropriate portion sizes, and with clear and honest nutritional information both on product packaging and on food eaten out of the home;
- access to healthy food is affordable, businesses profit from prioritising healthy products, and health-promoting aspects of our environment are well resourced for all;
- everyone lives, works, learns and plays in environments in which healthier food is the most convenient option and in surroundings that support being physically active;
- all food and drink advertising and promotions support and encourage diets that benefit the health and wellbeing of adults and children.

These changes in the food environment should be designed to enable everyone to eat a diet in accordance with UK Government guidelines. Where specific recommendations exist for babies and children these must be used. These guidelines must continue to be reviewed based on the best independent scientific evidence:

- Increase fruit and vegetable intake to at least 5 portions every day;
- Reduce free sugar intake to 5% of energy intake;
- Reduce salt intake to 6 grams per day for adults;
- Increase fibre intake to 30g per day for adults;
- Reduce saturated fat intake to less than 11% of energy intake;
- Consume two portions of fish per week, one of which should be oily;
- Consume no more than 70g red and processed meat per day for adults;
- Achieve adequate intakes of all micronutrients.

Role of the Food Environment

Some people have underlying susceptibility to obesity: specific genes have been identified that are associated with obesity, which can be linked to excess weight gain from the earliest months of life, and these genes may contribute to an increased risk of weight gain, through hormonal and neural pathways and feedback loops.

However, there are multiple other contributing factors that affect individuals' weight: life experiences and cultural norms, deprivation and employment type, psychological factors, other health issues (including mental health conditions), and access (or lack of it) to non-stigmatising treatment and support. In particular, the major factor that influences every aspect of life, and over which policy can have significant influence, is the increasingly 'obesogenic environment' to which we are all now exposed from infancy onwards – one in which calorie-dense, nutrient-poor food is accessible, abundant, affordable and normalised (as explored extensively in the 2021 National Food Strategy), and where physical activity opportunities are not built into everyday life.

Exposure to obesogenic environments is not equally felt by all: there are significant inequalities in both the food and physical-activity environments, which drive the increased prevalence of unhealthy weight in deprived areas. There has been a substantial shift in population weight over decades, not because people no longer care about being a healthy weight, but because obesity is a normal response to this abnormal environment: the 'micro' environment (such as an individual's own home, school or place of work) also contributes to whether individuals develop obesity, with the 'macro' environment determining the prevalence of obesity in a society. This leaves the majority of people vulnerable to obesity, with the greatest barriers to healthy weight being faced by the most disadvantaged in our society. For further information, please see our *Turning the Tide* report and pages 45 and 47 of the National Food Strategy.

Overarching Recommendations

There are a number of policy recommendations that the OHA supports that will be relevant to other areas of this report beyond obesity. The first priority recommendation is restoring the Public Health Grant to address the 28% real-terms cuts since 2015.

The second key recommendation is the creation of a cross-government institution (such as a Mission Delivery Board) to bring together all relevant Departments and arms-length bodies to deliver a long-term strategy to improve the health of the nation and reduce health inequalities. Many of the key policy areas impacting population-health are the responsibilities of Departments beyond the Department of Health and Social Care. A framework is needed to ensure there is cross-government working to achieve the long-term health outcomes desired, that places addressing dietary health and structural drivers of obesity at its core.

The National Food Strategy

The OHA supports the National Food Strategy, and its recommendations on health align with our own. It is however important to acknowledge that the NFS goes into areas beyond the OHA's remit on environment and agriculture policy, and as such we have no consensus position on those aspects of the strategy.

We also caveat that the NFS makes no significant mention of regulations on unhealthy food advertising – because it was written at a time that this was Government policy and enjoyed universal cross-party support. The authors have since stated that were the strategy written today, it would include a significant focus on advertising and marketing. The OHA considers the regulation of unhealthy food and drink advertising to be of the upmost priority.

Immediate Policies with First 100 Days

Less Healthy Food and Drink Advertising

1. Deliver Commitments on Regulating High in Fat Salt and Sugar (HFSS) TV/Online Advertising

Policy: Implement planned restrictions on adverts for less healthy products on TV (including paid for on demand) before 9pm, with 24 hour restrictions online (including video and gaming streaming).

Planning

1. Protect Local Authority Public Health Plans

Policy: Establish a process for a national government Department to provide support to any local authority facing an appeal by a large business to a local authority's plan or planning decision made on public health grounds.

Mechanism

1. Create a central government fund to cover the legal costs of local authorities contesting the appeals made by a large business against planning decisions made on public health grounds.
   a. A large business, for the purpose of these regulations, would be defined as having more than 250 Full Time Employees.
2. Appoint a civil service team in the Department for Health and Social Care with expert knowledge of the evidence base for these interventions, who can advise all local authorities and their legal representatives on contesting these appeals and remove the majority of the administrative work from the local authority teams.
   b. This must be done alongside amendments to national guidance, to ensure that the Planning Inspectorate and companies are fully aware that such actions are within the powers of local authorities and in line with national priorities.

Impact & Rationale

- An immediate issue undermining action to create healthier food environments is legal action (or threats thereof) to any planning policies designed to create healthier local food environments introduced by local authorities, by larger or multinational companies operating hot food takeaways and fast food outlets.
- The existing appeals system was designed for local residents and businesses to object to specific elements of local authority plans and planning policy. Multinational corporations are able to exploit this system by bringing a level of financial and legal resources that local authorities are unable to contest, and repeat this process across the whole country.
- The Local Government Association has identified this as a major barrier, and noted that the legal action can be entirely spurious in nature and still deliver the desired outcome for the company, as most local authorities do not have the financial resources to legally contest the challenges.
- This issue received significant media attention in 2023, when it was revealed that Kentucky Fried Chicken had launched legal challenges to dozens of UK councils, successfully overturning childhood obesity plans in sixteen councils and watering down plans in a further nine.
- National government, including the Department for Health and Social Care, is able to access the level of resources needed to contest these legal tactics and has experience in successfully doing so, most recently in Kellogg's attempt to undermine the UK's Nutrient Profiling Model that underpins national public health policy on food.

Infant Food Marketing

1. Release and make mandatory the voluntary commercial baby food and drink guidelines

Policy: Support healthier diets in the early years by improving the commercial baby food and drink market in line with public health recommendations for feeding infants and young children under 36 months.

Mechanism

1. Release the revised voluntary commercial baby food guidelines.
2. Baby food should closer align with the WHO Europe Nutrient Promotions and Profile Model and with UK public health recommendations (including not permitting marketing of baby snacks for use under 12 months, or growing up/toddler milks for use from 12 months).
3. Following the publication of voluntary guidelines, implement secondary legislation to make guidelines for commercial foods mandatory
   a. The specific legislation to amend is the "Food for Specific Groups regulations (2020)" – particularly the "Processed Cereal-based Foods and Baby Foods for Infants and Young Children (England) Regulations 2003".
4. Ensure compliance via independent enforcement by the Food Standards Agency.

Impact & Rationale

- Commercial infant and toddler foods do not align with public health recommendations, and widespread consumption of these products contributes to poor diets in the early years.
- Further measures to protect children's health proposed below (Labelling – Point 4) on warning labels and health claims will require these guidelines to be made mandatory.

2. Implement the International Code of Marketing of Breastmilk Substitutes

Policy: Protect breastfeeding from commercial influence by strengthening regulations governing the marketing of formula milks and other breastmilk substitutes, including growing up/toddler milks, in line with UN minimum standards, and ensuring appropriate enforcement.

Mechanism

1. Secondary legislation to amend the Food for Specific Groups regulations (2020) (specifically Commission Delegated Regulations 2016/127 and 2016/218) so that they are in line with the International Code of Marketing of Breastmilk Substitutes (the model law of WHO Europe provides a template).
2. Strengthened, independent enforcement by the Food Standards Agency.

Impact & Rationale

- Breastfeeding is the single most impactful intervention to protect against obesity, but most women in the UK are not enabled to meet their breastfeeding goals.
- Current legislation governing the marketing of breastmilk substitutes is limited in scope, presenting multiple loopholes which the formula industry exploits to undermine breastfeeding, as well as safe and appropriate formula feeding.
- Current legislation is not appropriately enforced, as there is no routine monitoring of compliance and the enforcement mechanism is not independent of the formula industry.

Labelling

1. Mandatory Front of Pack Labelling

Policy: Ensure everyone has access to clear and transparent information, by mandating that all packaged food has colour-coded Front of Pack Labelling (FOPL)

Mechanism: Publish current consultation response, and new consultation followed by secondary legislation to amend the Food Safety Act 1990. The out of home sector could be addressed with an amendment to the The Calorie Labelling (Out of Home Sector) (England) Regulations 2021.

Impact & Rationale

- Parents need to be able to make an informed choice, and using interpretative front of pack labelling (eg Traffic lights or Nutriscore) is evidence-informed.
- Food Standards Agency research has shown Traffic Light Labels and Nutriscore perform better in consumer understanding compared to warning labels.

- Most packaged retail products already have these labels, and those that don't, need to be brought in line with more responsible companies
- Minimal opposition from the food and drink industry, who would like there to be a level playing field (approx. two-thirds currently voluntarily display FOPL)

2 'Health Halos' & Misleading Health and Nutrition Claims

Policy: No product classified as high in fat, salt or sugar (HFSS) under the Nutrient Profile Model (NPM), could display a claim about the health or nutrition benefits on its packaging or in its marketing.

Mechanism: Consultation followed by secondary legislation to amend the Food Safety Act 1990, or by amendment to apply this condition to categories within the Promotions Regulations. This may be best placed as a supplementary piece to mandatory front of pack labelling.

Impact & Rationale

- These health claims actively mislead people who think they are making a healthy choice.
- Health and nutrition claims on-pack deter people from scrutinising the label more closely.
- 41% of products containing a child-focussed health claim (e.g. "one of your kid's five a day") were found to be high in fat, salt or sugar.
- It is indefensible for companies to be presenting products that are high in fat, salt and sugar as being a healthy option. This is a consumer protection issue as much as a health issue.
- Nutrition and Health Claims exist in law within 'The Nutrition (Amendment etc.) (EU Exit) Regulations 2020', The NPM exists in Law in the Food (Promotion and Placement) (England) Regulations 2021, both under the Food Safety Act 1990. The combination of these two existing policies to deliver these policies is straightforward and backed by strong precedent.

3. Child Friendly Images

Policy: No product classified as HFSS under the NPM could have a child-friendly image/ cartoon on its packaging or marketing

Mechanism: Consultation followed by primary legislation to amend the Food Safety Act 2003. N.B. early-stage work on this issue was conducted under the May administration in 2016, then abandoned.

Impact & Rationale

- Companies should not be using imagery, including superheroes, sport stars and cartoon characters to advertise products that are high in fat, salt and sugar as they make these products more appealing to children.
- Removing child friendly images from cigarette packets was a pivotal moment in tackling smoking (e.g Joe Camel)
- This would follow successful policies seen in Mexico and Chile.

- In May 2022, 72% of UK adults supported "Banning the use of child-friendly images (like cartoon characters, sport stars, comic book characters) on unhealthy food and drinks". 16% opposed.

4. Labelling & Packaging of Commercial Baby Foods

Policy: Extend the above two policies to fully cover commercial baby foods (marketed to 36 months). This should further ensure that commercial baby foods require a warning label if high in sugar.

Mechanism: The NPM does not apply to commercial baby foods and drinks, and would have to be based on "high sugar" products as defined in the draft commercial baby food and drink voluntary guidelines. Baby foods are described in law within 'The Nutrition (Amendment etc.) (EU Exit) Regulations 2020', under the Food Safety Act 1990.

Supplementary legislation would be needed to policies above to extend these to cover commercial baby foods and mandate a "high sugar" warning label, and this would likely require the proposed voluntary guidelines to be made mandatory (please see below).

Impact & Rationale

- There is an incorrect assumption that baby foods are already regulated above and beyond most other food and drink products – with regards to nutrition, the opposite is true. Commercial baby food and drink is often neglected in government policymaking, and special efforts must be made to rectify this.
- There is widespread use of misleading labelling and health claims on baby products, and this must be urgently addressed to ensure that parents are not being misled into believing products are healthier than they are.

Healthy Start

Healthy Start Auto-enrolment

Policy: Auto-enrol all eligible pregnant women and children in the Healthy Start Scheme

Mechanism: Does not require legislation. Auto-enrolment requires data-sharing between the Department for Work and Pensions (who hold data that identifies children who are eligible for this scheme), Department of Health and Social Care and NHS Business Service Authority.

Impact & Rationale

- The Healthy Start scheme provides free vitamins and payments worth £4.25 per week for pregnant teenagers, and in low income families, pregnant women and children aged 1–4, and breastfeeding women/infants under 1, who get a double payment of £8.50 per week. The cash can be spent on fruit, vegetables, pulses, milk and infant formula. The scheme provides a vital nutritional safety net for the lowest income families and as a statutory scheme, funding for all those eligible should be available.

- Approximately a third of children and pregnant/breastfeeding women who are eligible for Healthy Start are not registered due to various factors such as lack of awareness of the scheme, not knowing if they are eligible and the administrative burden of applying.
- Administrative challenges are currently blamed for auto-enrolment not being in place. In October 2023, Mastercard and All Pay (the providers of the Healthy Start card) confirmed that auto-enrolment is possible from their side, they just require the data of eligible people to be shared.
- An opt-out rather than opt-in approach would improve uptake of the scheme and ensure that all families who want access to the scheme are able to.

Increase Health Visitor Workforce

Policy: All families should receive the full offer of health visiting support set out in national policy in the Healthy Child Programme and Health Visiting Model for England.

Mechanism: Update OHID 0-19 Commissioning guidance, providing greater clarity and system levers to ensure equity of health visiting provision throughout England. It is estimated that 5,000 more health visitors are needed to meet the scale of families' needs and replace workforce losses since 2015.

Impact & Rationale

- There are currently no levers to ensure that national policy set out in the Healthy Child Programme and Health Visiting Model for England are delivered.
- Families face a postcode lottery of support, with health visiting services experiencing significant cuts and role drift from their core "health" functions.
- Health visiting is the only service that proactively and systematically reaches all families from pregnancy and through the first five years of a child's life across a breadth of physical health and mental health needs (for babies, children and adults), child development, social needs and safeguarding.
- Cuts to health visiting services are having knock-on consequences across the health, education and social care system (for example, falling immunisation rates, increase in A&E attendance for children 0–4 years, inequalities in obesity rates, poor school readiness and soaring costs of late intervention/ child protection).

Policies within the First Year

HFSS Advertising

Extend HFSS Advertising Regulations to Outdoor Areas

The regulations on less healthy food products should be extended from TV and online to physical spaces outdoors. This is the next logical step after protecting children on TV and online, by protecting them where they learn and play.

Why take action? This policy has the same evidence base as the TV/online regulations already committed to, with added precedent from the existing policies on the Transport for London network and other council-owned advertising spaces. There are strong links with health inequalities – four out of five outdoor billboards are in deprived areas.

64% of the UK population in favour of a total ban on outdoor advertising, with only 24% opposed. Rises to 76% in favour with 15% opposed when framed around child-focussed places. Opposition to these policies is focussed on scare-mongering tactics about the impact on revenue, but existing policies implemented by local authorities have disproved this.

Action needed: This could either be done as a regulation across all outdoor advertising (eg via an amendment to the Communications Act 2003 or bespoke primary legislation as with 'The Tobacco Advertising and Promotion Act 2002'), or by codifying the exclusion zone model seen in some London boroughs within certain distances (currently 400m) of 'child focussed places'.

Planning

1. Hot Food Takeaways Near Schools

At present in England, there is potential for councils to adopt a planning policy, based on strong local health evidence, that will restrict the opening of new hot food take-aways. However, these policies are only present in some areas and there is no national leadership on how and why such action should be taken.

Why take action? The proportion of food eaten outside the home has increased and this food tends to have a higher calorie content than food purchased in a supermarket. Evidence from England shows that more deprived areas have the highest concentration of fast-food outlets, with some of the most deprived areas having almost five times as many outlets than more affluent areas.

Documents considered by planners indicate that action should be taken to support good health, but they lack a clear overarching objective or direction from national government that these outcomes are a priority. Without this direction, actions such as reducing the prevalence of hot food take-aways will be de-prioritised.

Action needed: National Government should publish new guidance that explicitly states that a primary purpose of the planning system is to promote good health and create places in which people of all residents can live safe, active and healthy lives, including objectives to reduce health inequalities and address public health priorities such as healthy weight.

This should establish a best practice model, based on existing 400m exclusion zones around schools, that can be implemented across the country by local leaders with support from national government.

Energy Drinks Age of Sale

In 2019, the Government announced it would ban the sale of energy drinks to children under 16. However, despite running consultations on the matter, no concrete legislation or announcements have been brought forward to implement this commitment.

Why take action? These products often contain much more caffeine than a coffee in a single can, and other stimulants, artificial flavourings and sugar. Children also frequently consume more than one can at a time. The negative health impacts are clear, as are the impacts on children’s sleep, interpersonal behaviour and educational outcomes.

This issue has risen in prominence recently following a viral social media marketing campaign for a particularly high-caffeine energy drink promoted by popular influencers. The Welsh Government is currently bringing forward their own plan to implement such a ban in Wales.

Action needed: The consultation run by the previous Government in 2019 would be considered out of date as it occurred five years ago. It would need to be re-run, which provides an opportunity to incorporate latest evidence of the extensive health harms for children. Following the consultation, primary legislation would be needed.

Making Voluntary Programmes Mandatory

1. Food Data Transparency Partnership (FDTP)

The voluntary FDTP programme aims to improve the availability, quality and comparability of data in the food supply chain to create a positive change in the food system towards the production and sale of more environmentally sustainable and healthier food and drink.

Why take action? Food businesses engaged with the FDTP represent the most engaged and progressive parts of the sector – those who also want FDTP to be mandatory; unless the FTDP is mandatorily applied to all companies that sell unhealthy food and drink, we will not have the much needed level-playing field or be able to monitor the progress towards healthier diets.

Action needed: Ensure the nutrition-based metrics are not further weakened by industry interference and publish them as soon as possible to ‘test’ the parameters. Concurrently launch consultation and undergo Impact Assessment on making FDTP mandatory, with a view to having a permanent process established by September 2025.

2. Sugar, Salt, Calories Reduction and Reformulation Programmes – building on success of the Soft Drinks Industry Levy model

The voluntary reduction and reformulation programme is overseen by OHID. Companies are challenged to reduce the salt, sugar and calories of their food with category specific targets, including calorie ‘caps’ for some. Insufficient progress has been made, due to the voluntary nature of the programme. When people continue to buy and eat products that have been reformulated, the larger the improvement in food composition, the more significant the impact

on nutrients and calories purchased and consumed – suggesting that people do not compensate by eating more.

The voluntary sugar reduction programmes have shown only an average reduction in sugar content of approximately 3.5%, compared to a reduction of 46% in average sugar content per product in soft drinks as a result of the Soft Drinks Industry Levy. The voluntary calorie reduction programme showed that only a single product category had demonstrated any significant level of calorie reduction. This is despite both programmes having had in excess of 5 years to demonstrate progress, and recently receiving a further extension with a clear message to industry that if progress is not made by December 2025, then the Government would need to consider further action beyond voluntary measures.

Why take action? The voluntary programme has shown that all types of foods can be improved, but that a level playing field is needed. The precedent of the Soft Drinks Industry Levy has shown that with a clear mandatory fiscal measure to incentivise corporate behaviour change, significant reformulation can happen at a sector-wide scale relatively quickly.

A number of proposed next steps have been developed, including in the National Food Strategy, building on the success of the Soft Drinks Industry Levy (as proposed by the Recipe for Change campaign) and NESTA's mandatory retailer targets proposal.

Action needed: Launch a consultation (jointly led by the Treasury and DHSC) on what action should be taken in the next phase of the reformulation programmes, when current voluntary programmes conclude in December 2025. This should specifically acknowledge that the voluntary approach has failed, and review the relative merits of all three of the potential ways of expanding the levy proposed above.

Appendix 5 Concentration of Risks that Drive Health Inequalities – Policy Actions

David Buck, The King's Fund

There is no single policy action that will make a population-wide difference to the concentration of risks that drive and sustain inequalities in health. This needs a more strategic policy approach across health policy; at national, regional, local and neighbourhood level, as set out in Table 1 on page 58.

These actions need to be cohered by a national health inequalities target and system support (such an approach has led to improvement in the past[62,63,64]). Whilst fine tuning this target is required,[65] at a high level it should be based on narrowing gaps in healthy life expectancy (HLE) between areas and include a focus on MSK and mental health (big drivers of HLE gaps in people of working age[66]). This will support many of the 2.8m people out of the labour force with long-term illness[67] back to work, creating a virtuous circle between health and wealth and helping address our productivity problem.

Table 1: Policies required to tackle concentration of risks

	Wider determinants	Behaviours	Integrated care systems	Community
National	**All government departments analyse the concentration of health risks associated with their main policy goals** linked to parties' 'health missions' and implement cost-beneficial interventions to address.	**HMT design tax policy to recognise health behaviours cluster and concentrate** e.g., Tax policy on alcohol, smoking, and foods is focused on influencing clustering of behaviours and consumption.	**DHSC sets ICS goals and targets which are focused indirectly and directly on reducing the concentration of risks.** For example, as overall goals: reducing inequalities in avoidable mortality; and healthy life expectancy. And contributing goals.	**DLUHC and DHSC jointly roll out the model behind Local Trust's approach to Big Local and 'left-behind neighbourhoods'.** Giving every local authority £10m to spend over ten years.
	Accompanied by **a national health inequalities target**; **national learning support**; with **a focus on MSK and mental health** as core drivers of health inequalities in the working age population.			
Regional	Regional bodies (e.g., combined authorities, regional offices of government and the NHS) **review and be clear on how their activities are impacting on the concentration of health risks; allocating resources and actions in alignment**, e.g., coordinate and bring coherence to national funding streams; influence policies and implementation especially over the concentration of risks through the wider determinants (e.g., regulating housing quality; clean air zones) and coordinate behaviour support (for example regional tobacco control).			
Local	**Local government needs adequate and fair financing.** This requires more fiscal devolution to enable local areas to focus on places/ communities where concentration of risk are highest. Govt reverses £3bn cumulative deficit in public health grant (on trajectory back to 2015/15 level in real terms per capita).	**The NHS and local government develop integrated wellness services at scale and focus on concentration of clusters of health behaviours in key groups.** Supported by joint budgets, approaches and genuine integration between the NHS and local government.	**ICSs to prevent, delay and mitigate the impact of multiple long-term conditions.** Including: capitated budgets to incentivise prevention/control of people's health; using voluntary sector at scale; population health management (PHM) analysis and intervention.	**Local government, NHS (and partners) have specific goals to increase community participation in decision-making and resource allocation decisions**; actively introduce and systematise community budgets.
	Underpinned by **clear accountability and peer learning support**.			

Appendix 6 Alcohol Briefing Paper

Association of Directors of Public Health

- There is no safe level of regular drinking. Alcohol is a group one carcinogen, like tobacco and asbestos, and a direct cause of at least seven types of cancer – the increased risk starts from the first drink (CMO Guidelines 2016)
- The cost of alcohol harm in England is £27.4bn every year – equivalent to £485 per capita (Institute of Alcohol Studies Cost Profiles 2024)
- Tackling alcohol harms is cost effective – for example, in England, every £1 invested in alcohol treatment yields £3 of social return. This increases to £26 over 10 years (Public Health England (2018). Alcohol and drug prevention, treatment and recovery: why invest?)
- There are almost 1 million alcohol related hospital admissions every year (Fingertips data)
- Alcohol specific deaths have hit record levels in England – with 10,048 deaths per year – an increase of 33% since 2019 (ONS alcohol specific deaths 2022)
- Like the tobacco industry, the alcohol industry's profits depend upon driving ill health – 78% of all alcohol consumed in the UK is by people drinking at harmful or hazardous levels, and almost a quarter all alcohol industry revenue comes from the heaviest drinking 4% of the population (https://pubmed.ncbi.nlm.nih.gov/30136436/)
- There are over 700,000 alcohol-related violent incidents a year – equating to over 2 in 5 of all violent crimes – with devastating consequence for victims, families and wider communities (British Crime Survey)
- 40% of secondary school-age children have been involved in some form of violence because of alcohol (British Crime Survey)
- People living in the 20% most deprived local authorities are more than 5 times more likely to die from an alcohol-specific death, and more than 5 times more likely to end up in hospital due to alcohol, than those in the 20% least deprived

Why alcohol harm matters

Alcohol harm is not an issue that exists in isolation: it cuts across families, communities, and workplaces. It affects the **nation's health and wealth**, with established links to over 200 major health conditions. This includes **7 different cancers** (including some of the most common such as breast and bowel), heart attacks, strokes, poor mental health and even suicide. It can fuel crime and anti-social behaviour, ambulance callouts and hospital admissions, domestic abuse, homelessness, as well as wider issues of employability and productivity in our workforces. Where children and young people are exposed to alcohol harm at an early age, their lives can be severely impacted.

Taking action on alcohol harms is **not a party political issue** – it should be a cornerstone of building a **safer, stronger, healthier and more economically productive country**. As health-harming industries (tobacco, unhealthy foods and alcohol) use a 'common playbook' of actions to lobby government to prevent regulation, a coherent approach to tackling major risk factors is necessary. Alcohol also exacerbates the risk of health harms from tobacco and obesity and as a key driver of major conditions and preventable illness, action to tackle alcohol harms has never been so important.

The alcohol crisis is preventable

Behind the statistics are **real people, families and communities**, suffering from largely preventable harms. There are evidence-based interventions that policymakers can introduce to reduce the levels and cost of alcohol harm to society, and with the right political will and leadership, there is a real opportunity to save lives – every week that the Government delays taking action, another **490 people die from alcohol causes**. Despite the significant costs and record-high rates of alcohol harm, there has not been a national alcohol strategy since 2012. In their first 100 days, the incoming government should commit to the development of an **evidence-based, comprehensive national alcohol strategy that is free from commercial interference**.

The most effective solutions

The **evidence base is strong** when it comes to alcohol harm reduction. In addition to learning from the tobacco agenda, the World Health Organisation and Public Health England Evidence Review 2016 have demonstrated what works in relation to alcohol harm reduction. A new national alcohol strategy must prioritise interventions which **raise awareness of alcohol harms and which reduce the affordability, availability and promotion of alcohol**. These are the most effective and cost effective measures in terms of reducing consumption and harm at a population level and must be accompanied by interventions, which raise awareness of alcohol harms, including public education campaigns.

Support for policy interventions

Various opinion surveys have shown that backing for evidence-based interventions is extremely high – regardless of political affiliation. **This gives politicians from all political parties a strong mandate for action.** For example amongst the public in England:

- 70% are in favour of **protecting government policy from the alcohol industry** and its representatives[68]
- 74.1% support limiting children's exposure to advertising[69]
- 78% support alcohol calorie labelling, and 61.5% support health warning labels, designed by an independent health body[70]

Furthermore, in the **North East, the region experiencing the highest levels of alcohol harm**, surveys show that:

- 45% of people felt that the Government was '**not doing enough**' to tackle alcohol harms, compared to 5% that felt it was doing 'too much'.
- 67% agreed that "government has a responsibility to try to protect people from alcohol harms by **raising awareness of harms related to alcohol** and encouraging people to drink within low risk guidelines" compared to 7% who disagreed.
- 59% agreed that "the government has a responsibility to try to protect people from alcohol harms by **introducing legislation**" compared to 13% who disagreed.[71]

Tackling alcohol harm is cost effective

Importantly, tackling alcohol harm is cost effective and by contrast, failing to do so has an adverse financial impact. For example, the annual cost of recent cuts to alcohol duty was more than £2.1 billion in 2022–23. **By 2027–28, the total cumulative foregone revenue will reach £23.9 billion.** If the government had stuck to the planned trajectory for alcohol duty in 2012 – to increase all duties by 2% above inflation in 2013/14 and 2014/15, and maintain them in line with inflation every year thereafter – this would have raised **another £23.9 billion for the public finances**. This amount is equivalent to seven years of the public health grant.[72]

What are we asking for?

- Commit to the development of an evidence-based national alcohol strategy, independent of alcohol industry influence
- The introduction of pricing policies which improve public health and protect the public purse, including:
  - A minimum price per unit for alcohol across the whole UK
  - A fairer alcohol duty system which at least keeps pace with inflation
- The introduction of restrictions on alcohol marketing – particularly to protect children and vulnerable people
- Take steps to raise awareness of alcohol harms, via:
  - the delivery of public education campaigns
  - the introduction of mandatory health warnings and nutritional / unit information on alcohol labels
- The introduction of a 'public health licensing objective' in England and Wales and consideration of a wider overhaul of the Licensing Act
- Investment in prevention and early intervention and improving access to specialist support for at-risk drinkers
- Ensuring that the alcohol industry is prohibited from involvement in the development of public policy

Appendix 7 International Co-operation

The UK can both share its experience and learn from others.

1. Our role in creating a smokefree world – ASH

The UK is a world leader in tobacco control. Under the last Labour government it played an important role in the development and adoption of the first WHO health treaty, the Framework Convention on Tobacco Control (FCTC), and the implementation of the full range of measures in the Treaty. As global leaders, our role is not just through implementing the requirements of the FCTC at home, but also by supporting others to do the same.

We have a moral responsibility to make smoking history not just at home but also globally. British transnational tobacco companies, supported by UK trade policy, played the major role in fuelling the 20th century tobacco epidemic which killed around 100 million people, mostly in countries in the global north.

As countries like ours took action to tackle our tobacco epidemic, Big Tobacco shifted its focus to the global south. Over 80% of the 1.3 billion tobacco users worldwide now live in low and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty, diverting household spending from basic needs, such as food and shelter.

Nearly 9 million people a year die from tobacco, amounting to 15% of all deaths, more than air pollution, obesity or alcohol. Annual deaths from tobacco are higher than that from COVID in the peak pandemic years of 2020 and 2021. Unless action is taken tobacco could kill as many as 1 billion this century, the overwhelming majority of whom will live in the global south.

The UK has been supporting UK Overseas Territories (UKOTs) and LMICs to achieve the Sustainable Development Goal target to accelerate implementation of the WHO tobacco treaty, the FCTC. The project led to substantial progress and demonstrated value for money, but more is to be done and a Labour government should ensure funding is sustained.

However, in many LMICs the tobacco industry has been able to delay and weaken implementation of the FCTC. The last Labour government put in place rules to prevent diplomatic posts supporting the lobbying efforts of British tobacco transnationals. However, there is evidence that the current guidelines have not been completely effective. The next Labour government must strengthen the rules, see ASH appendix 3.

2. Partnership with World Health Organization

WHO/Europe endorsed The King's Fund launch of the Covenant for Health and the principles and priorities within it and have observed the development of subsequent reports, *Health is Wealth* and *Action Plan for Better Health*.

Action for Better Health is closely aligned with WHO guidance; implementing such a programme would help the UK to deliver its health-related Sustainable Development Goals. This presents an opportunity to become a global exemplar in preventing ill health and also to secure international resources to help implementation. For example, WHO's Regional Office for Europe (WHO/Europe) is ready to support countries like the UK to progress important public health policy effectively, including through its Country Support Teams initiative.

If the UK government put in a request to support an ambitious government and societal programme like this *Action Plan for Better Health*, this would secure access to WHO's expertise and international convening power to help guide choices and implementation strategies.

This is a good time to act alongside the international community and be a leader within it, as WHO/Europe has recently launched its report on commercial determinants of noncommunicable diseases (NCDs) and, in September, it is due to launch Race to the Finish, looking at how countries can act to reduce the costly burden of NCDs, including through its Quick Buys for rapid impact. These initiatives are highly relevant to a programme like Action for Better Health.

Endnotes

[1] Our reports *A Covenant for Health*, 2023 and *Health is Wealth*, 2024 suggested why and how to do so.

[2] See Global Burden of Disease evidence.

[3] The Tobacco and Vapes Bill had significant scrutiny in the last parliament and can be bought back quickly with minor changes as it stands. Any additional tobacco legislation needed could be dealt with in a wider PH Bill.

[4] Labour said it will set up Mission Delivery Boards chaired by the Prime Minister; both of these are needed.

[5] There is also an opportunity to identify co-benefits – between a mission to improve health and reduce inequalities and other missions and high-level government priorities. Health Foundation.

[6] Explore a new category of government expenditure – Preventative Departmental Expenditure Limits to fund prevention. Health Foundation June 2024. Prevention, rhetoric to reality.

[7] These two risk factors drive high levels of high fasting plasma glucose, and high LDL cholesterol.

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[9] Health Foundation. 2022.

[10] With the greatest risks in the most disadvantaged places.

[11] There are 12 million people with high blood pressure, only half are effectively treated, 5 million people have high blood sugar levels, 70% undiagnosed.

[12] Which lays out a systematic approach to addressing health inequalities.

[13] Use of digital lifestyle support services by deprived and non-white groups has been good and are achieving good outcomes at lower cost than conventional services.

[14] Including actions through family-based interventions, early years interventions, targeting parents of overweight children with support with weight management and looking again at management of obesity in pregnancy as well as more intensive support for women with past GDM.

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[16] Health Foundation, June 2024.

[17] For example, commit to eradicate damp and mould in social housing in five years, starting in the places where health is worst.

[18] See also section of the Labour Manifesto on localism which are highly relevant to a cross government approach to health creation.

[19] Investment in early years and tackling school readiness are also Manifesto commitments.

[20] IfG

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