

S T A R T
W E L L
L I V E
B E T T E R

**a manifesto for
the public's health**



**FACULTY OF
PUBLIC HEALTH**

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A message from the FPH President

PROFESSOR JOHN R. ASHTON, CBE

As we enter election season, FPH is again turning its attention to how we might challenge all political parties to produce a strong and compelling plan for public health; one that puts investing in people's mental and physical health and wellbeing at the heart of its agenda. Our manifesto, **Start Well, Live Better**, gives them the building blocks.

Our **12 priorities** have been identified through a lengthy process of consultation with our members; the people working at the frontline of public health, who see the impact of ill health and inequalities on a daily basis.

We've tried to strike a balance between being pragmatic and visionary; what we can do in the short to medium term that could make a more immediate, positive impact on people's health, as well as what to do about longer term challenges that need a more sustained approach.

Our intention is for **Start Well, Live Better** to be instrumental in putting policies in place after the general election that will work towards better health for all.

John R Ashton



Introduction

Start well, live better – some steps in the right direction

There have been some important advances in public health since FPH published its previous manifesto, **12 Steps to Better Public Health**,¹ in 2010. Powers to ban smoking in cars with children, and regulatory powers to implement standardised tobacco packaging have been hard won. We now need to push for their rapid implementation. Free school meals for our youngest children will be provided in Scotland and England – for some, their only quality meal of the day. There is also a strong recognition of the need to give as much focus to people’s mental wellbeing as to their physical wellbeing, though again there remain, however, many challenges to improving child and adult mental health, particularly in these cash-strapped times.

Rise of the new, rise of the old

As well as ongoing challenges, we’ve also seen the emergence of new ones, and the re-emergence of some that belong to a bygone era. Sugar and its impact on health has crept steadily up the public health agenda. Its role in the obesity crisis and impact on children’s oral health makes action to reduce our consumption a public health imperative. The growing antibiotic resistance of some microbes has reached what many believe are crisis levels. There is mounting concern that the EU/US Transatlantic Trade Investment Partnership agreement will threaten a broad range of public health policies, as well as the NHS’s ability to operate as a national service unconstrained or distorted by international competition rules, with implications for public health and safety. And whilst the profile and support for minimum unit pricing for alcohol has never been greater, it remains a public health battleground. We’re also seeing the re-emergence of public health conditions that should be banished to the history books: TB, rickets and child road traffic accidents; all with strong links to poverty and inequality.

Taking a leap forward

Our manifesto, **Start Well, Live Better**, reflects these continuing and emerging threats. It is by no means a definitive list of what needs to change. Instead, it represents what our members believe to be those priority areas where specific and urgent action is needed. Action that will improve people's health and wellbeing, save lives, and give our children and young people the best possible chance of achieving a healthy future. If we are to bridge the rapidly increasing gap between rich and poor, we need our governments to lay a solid foundation from which we can build. The Marmot Review, *Fair Society, Healthy Lives*,² gives us a good framework for doing this.

FPH and its members are committed to achieving the highest possible standard of physical and mental health and wellbeing for our children, our communities and our society. Any government serious about creating a fairer, healthier society, should have these commitments at the forefront of their public health action plan. As Cicero is often quoted: "The health of the people is the highest law." We urge all politicians and policymakers to put people first, and to regard good health and wellbeing as a fundamental human right.³

FPH's 12 priorities for public health action

Any government serious about creating a fairer, healthier society should have these 12 commitments at the forefront of their public health action plan:

Give every child a good start in life

- 1** Give all babies the best possible start in life by implementing the recommendations of the 1001 Critical Days cross-party report.
- 2** Help children and young people develop essential life skills and make personal, social, health and economic, and sex and relationship education a statutory duty in all schools.
- 3** Promote healthy, active lifestyles in children and young people by reinstating at least two hours per week of physical activity in all schools.

Introduce good laws to prevent bad health and save lives

- 4** Protect our children and young people by stopping the marketing of foods high in sugar, salt and fat before the 9pm watershed on TV, and by tightening online marketing restrictions.
- 5** Introduce a 20% duty (per litre) on sugar sweetened beverages as an important measure to tackle obesity and tooth decay, particularly in children and young people.
- 6** Tackle alcohol-related harm by introducing a minimum unit price for alcohol of at least 50p per unit of alcohol sold.
- 7** Save lives through the rapid implementation of standardised tobacco packaging.
- 8** Set 20mph as the maximum speed limit in built-up areas to cut road deaths and injuries, and reduce inequalities.

Help people live healthier lives

- 9 Enable people to achieve a good quality of life by giving everyone in paid employment and training a living wage.
- 10 Reaffirm commitment to a universal healthcare system free at the point of use, funded through general taxation.

Take national action to tackle a global problem

- 11 Invest in public transport and active transport to promote good health, and reduce our impact on climate change.
- 12 Implement a cross-national approach to meet climate change targets, including a rapid move to 100% renewables and a zero-carbon energy system.



Start Well, Live Better

Give every child a good start in life

Give all babies the best possible start in life by implementing the recommendations of the 1001 Critical Days⁴ cross-party report

The first 1001 days of life (from conception to age two years) is an incredible period of development for babies. By their 1001st day, a baby's brain has reached 80% of its adult weight.⁵ A baby's earliest experiences will shape their brain development and have a lifelong impact on their mental health and wellbeing.⁶ Experience of abuse, neglect and exposure to stress can lead to health-harming behaviours in later life.

Providing babies with the very best start in life is dependent on creating positive caregiver/baby attachments, nurturing and supportive relationships, and an environment that will enable them to flourish and grow.⁷ Implementing the vision set out in 1001 Critical Days, as well as increased investment in parenting support, breastfeeding, and early years play and education, will provide a holistic approach to supporting emotional resilience and wellbeing in our children.

Help children and young people develop essential life skills and make personal, social, health and economic, and sex and relationship education a statutory duty in all schools

As well as a high standard of academic education, it is vital that we support our children and young people in understanding and developing the skills to live and to thrive as individuals and as members of society. This means building their emotional resilience in order to deal with the pressures they will face while navigating through a complex and changing world.

The UK has one of the highest rates of teenage pregnancy in Europe.⁸ Poor social and emotional capabilities increase the likelihood of health-harming behaviour, mental health problems, and reduce life chances.⁹ We have also seen increasing awareness of violence within young people's relationships,¹⁰ and there is growing concern over the accessibility of online pornography and its potential impact on our views on relationships and sex.¹¹ Teaching personal, social, health and economic education, as well as sex and relationship education, will support our children and young people to build emotional resilience and to navigate through life. This should be a statutory provision in all schools, whether state funded or independent.

Promote healthy, active lifestyles in children and young people by reinstating at least two hours per week of physical activity in all schools

Whilst physical education is part of national education curricula, there is no statutory requirement for schools to devote a specific amount of time to it.¹² Physical activity has an important impact on children and young people's physical and mental health and wellbeing, their educational attainment, and ultimately, their future life chances. It can reduce their risk of chronic conditions in later life such as coronary heart disease, type 2 diabetes, mental health problems and obesity.¹³

National recommendations for physical activity for 5-18 year olds is for at least 60 minutes of moderate to vigorous physical activity per day.¹⁴ Schools should support children and young people to achieve a healthy, active life through the statutory provision of at least two hours of physical activity per week in all schools.

Introduce good laws to prevent bad health and save lives

Protect our children and young people by stopping the marketing of foods high in sugar, salt and fat before the 9pm watershed on TV, and by tightening online marketing restrictions

There are regulations in place to prevent broadcasting adverts for unhealthy foods during and around programmes made for children and young people. However, children and young people also watch programmes during 'adult' commercial airtime, peaking between 8 and 9pm.¹⁵ Children aged 5-15 years watch, on average, 15.4 hours of TV per week, and are increasingly accessing programmes via devices such as tablets. Children aged 12-15 years spend as much time using the internet as they do watching TV, and in 8-11 year olds, their internet use is greater than that for TV. 67% of 12-15 year olds say they have an active social networking profile.¹⁶ Online marketing rules are self-regulated by the food industry and don't distinguish between healthy and unhealthy foods.

Marketing influences the foods and drinks that children consume.¹⁷ To protect our children there should be a ban on advertising foods high in sugar, salt and fat before the 9pm watershed, clear distinction on what is a healthy or unhealthy food in rules for online marketing (and preferably a ban on advertising these on sites used by children), and tighter online marketing regulation of these unhealthy foods which are independently enforced and monitored.^{18, 19}

Introduce a 20% duty (per litre) on sugar sweetened beverages as an important measure to tackle obesity and tooth decay, particularly in children and young people

There is good evidence that regular consumption of soft drinks with added sugar, high-fructose corn syrup or similar ingredients (known as sugar sweetened beverages or SSBs) is associated with weight gain and obesity, diabetes, heart disease and poor dental health.²⁰ By 2050 it is estimated that overweight, obesity and related morbidity will cost the NHS £9.7 billion, with wider costs to society estimated to reach £49.9 billion.²¹

In the UK, the average child consumes approximately 100 calories a day from SSBs, representing one tenth of their daily calorie intake. Consumption in adults has been rising over the past 25 years. Sugar from SSBs now represents around a fifth of all the added sugar in the diet. It has been estimated that a 20% duty on SSBs would reduce the number of obese adults by 180,000 (or 1.3% of all obese adults).²² It would also raise around £1 billion in taxation revenue which could then be invested in children's services.²³

Tackle alcohol-related harm by introducing a minimum unit price for alcohol of at least 50p per unit of alcohol sold

It is estimated that, in England alone, the personal, social and economic costs of alcohol are as much as £55 billion.²⁴ In the UK, it is estimated that over 2.5 million children are living with parents who drink hazardously.²⁵ Between 1980 and 2010, the affordability of alcohol increased by 48%. Over 40% of all violent incidents involve alcohol.²⁶ Alcohol is also a driver of inequalities with greater levels of harm suffered in the more disadvantaged socioeconomic groups.

Modelling shows that implementing a minimum unit price (MUP) for alcohol of at least 50p per unit of alcohol sold would result in a reduction of about as much as 7% in alcohol consumption in England (slightly lower for Scotland). This would save over 3,000 lives every year, reduce chronic illnesses by as much as 41,000, and cut violent crime by 11,000.²⁷

Save lives through the rapid implementation of standardised tobacco packaging

Almost one sixth of the UK population smoke and two thirds of smokers start before they are aged 18.²⁸ As well as exposure to family and friends' smoking, marketing (including through branded packaging) is a risk factor for young people smoking.²⁹ There are positive signs that standardised tobacco packaging will be introduced in England. The final report of the Chantler Review,³⁰ conducted to look at the public health impacts of standardised packaging, concluded that it was very likely that the introduction of standardised packaging would have a positive effect on public health, and would contribute a modest but important reduction in the uptake and prevalence of smoking. Indeed, smoking prevalence in Australia has decreased steeply since standardised packaging was introduced there.³¹

There is strong support in the devolved nations for standardised tobacco packaging. However, until the actual regulations are implemented, continued pressure to introduce this important public health measure will be maintained.

Set 20mph as the maximum speed limit in built-up areas to cut road deaths and injuries, and reduce inequalities

In 2013 there were almost 5,400 pedestrians and just under 3,300 cyclists killed or seriously injured on our roads. The total number of children (0-15 years) killed or seriously injured was 1,980.³² Whilst this figure represents a drop from 2012, it is still a hugely significant number of lives damaged or lost, and the biggest cause of preventable death in children.³³ Road traffic casualty rates have a clear social gradient, with rates higher in areas of disadvantage.³⁴

There is also evidence that a 20mph speed limit in built up areas would have manifold benefits. It would make our roads and streets safer to use, reducing deaths and serious injuries in all road users, including drivers.³⁵ People would be encouraged to walk and cycle with the consequent physical and mental health benefits. Air pollution through carbon emissions would also be reduced. Introducing 20mph speed limits is a devolved issue, implementable by local authorities.

Help people live healthier lives

Enable people to achieve a good quality of life by giving everyone in paid employment and training a living wage

The reduced ability to afford essential items such as food, heating your home, or paying rent can have a major negative impact on adult and children's physical and mental health and wellbeing. The Living Wage is set at a level to provide an acceptable standard of living based on the cost of living in the UK.³⁶ The Living Wage is different from the national minimum wage in that it is not legally enforceable. The living wage is set at £9.15 per hour in London and £7.85 per hour in the rest of the UK. This differs from the national minimum wage which is just £6.31 for anyone over 21 years of age, regardless of where they live.. The goods and services identified as needed by people to live to an adequate level haven't changed since 2008. However, people's ability to afford them has declined due to rising costs. While the cost of essential items has risen by 28%, the average wage has risen by just 9% since 2008.³⁷

Paying a living wage can bring social and economic benefits; from individuals needing to work less hours and so having more time with their family, to employers seeing rates of absenteeism drop and staff retention increase.³⁸ The principle of a living wage should also be extended to cover those in paid training. The living wage should be set in the context of a fair welfare system that ensures people unable to work, or in low paid or low hours work can still live healthy lives.

Reaffirm commitment to a universal healthcare system free at the point of use, funded through general taxation

The NHS has its place in the UK psyche as one of the major pillars of our society. Founded to help address some of the nation's biggest inequalities, the NHS has become a national treasure. As society has changed, so too have the diseases that challenge us, both individually and collectively. Major killers like obesity, diabetes, and heart disease are influenced by our lifestyles and our environment. Inequalities persist and, in these austere times, are widening. It is still true today that where you live is a major factor in how long, and how healthily, you will live.

The NHS has also changed; evolving, innovating to meet those challenges – struggling at times, but in the main available to those who need it, irrespective of wealth or status. However much it has changed, however much it needs to continue to change, fundamental to the NHS's ethos should be that it delivers the maximum public health benefit from every pound invested, that it ensures the highest possible standard of care, and that it remains a universal healthcare system; open to all, free to all, and funded by all through general taxation.

Take national action to tackle a global problem

Invest in public transport and active transport to promote good health, and reduce our impact on climate change

Obesity and climate change are two of our biggest public health challenges. Since the 1970s travel by foot, bicycle and bus has declined.³⁹ Travel by car has increased beyond replacing those journeys previously taken by other means, as people travel longer distances. Levels of physical activity in both adults and children are low, declining with older age, and even lower in women.⁴⁰ The UK also has ambitious targets to cut its greenhouse gas emissions by 80% by 2050.⁴¹

Investing in public transport and infrastructure to support active travel, such as walking and cycling routes, and better planning to make services and amenities more accessible by foot, cycle or public transport, will increase levels of physical activity.⁴² This will promote both physical and mental health and wellbeing, reduce the risk of chronic conditions such as obesity, stroke and musculoskeletal problems,⁴³ and help cut carbon emissions, as well as air and noise pollution. Introducing 20mph speed limits in built-up areas will also promote greater safety for pedestrians and cyclists. Investment of at least £500m per year is needed to support local programmes for walking and cycling.

Implement a cross-national approach to meet climate change targets, including a rapid move to 100% renewables and a zero-carbon energy system

IPCC evidence confirms that an unsustainable approach to the future (including climate change) is almost certainly one of the biggest threats to public health this century.⁴⁴ Emissions from energy used to generate heat account for almost half of the UK's greenhouse gas emissions.⁴⁵ Action on this will deliver both immediate and longterm benefits for health, inequalities and prosperity. It will also save significant amounts of money and help the UK meet its own legally binding targets for the reduction of greenhouse gas emissions of 80% by 2050.⁴⁶ While some trends show promising potential, we need to mainstream those good practices so that developing sustainably is a core part of all businesses. We need to drive transformation in the way our industries, our health sector and we as individuals carry out our business and day-to-day lives.

One of the most important actions is for governments, including devolved and local governments, and public sector organisations, to commit to investment in 100% renewables, such that our investment in renewables matches and then exceeds our investment in the fossil fuel industry. Building an energy economy based on renewables will enable us to secure our energy supply and to tackle fuel poverty which has been caused in part by fluctuations in world fuel prices. This would reduce excess winter deaths and cold-related hospital admissions. We should exploit all possible opportunities to improve health and sustainability, reduce harmful emissions and waste, and to save money.

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About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice, as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

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is available at

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