



The Faculty of Public Health is the membership organisation for the leaders in UK public health. We work closely with our specialist members to stimulate national and international debates on promoting, protecting and improving public health. We set the standards for the education and training of public health specialists through a five-year multidisciplinary training programme and continuing professional development.

The FPH publishes the respected academic journal, the Journal of Public Health, as well as a quarterly members' magazine and regular policy documents on subjects as varied as alcohol, obesity, children and smoking, nutrition labelling, asylum seekers' health and the health impacts of climate change.

Our annual conference regularly attracts the biggest gathering of public specialists in the UK and this year will be held in London on 4 July.

We are a faculty of the Royal Colleges of Physicians of the United Kingdom and have a membership of more than 3000, based around the UK. FPH is a registered charity.



The Royal Society for Public Health (RSPH) is an independent, multi-disciplinary organisation, incorporated by Royal Charter, dedicated to the promotion and protection of collective human health and well-being. Through advocacy, mediation, empowerment, knowledge and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and certify products, training centres and processes.

We have over 6,000 members and almost 100,000 people take our qualifications each year in subjects such as food hygiene, health and safety, nutrition and health improvement. We also run conferences in food safety, hospital hygiene, water, infection control, occupational medicine and nutrition for the elderly. Our publications include the journals Public Health and Perspectives in Public Health. We work in all areas of public health policy, and we link with many other organisations. We run an accreditation service for health and safety related products and we also manage the second largest food packaging certification scheme in the UK.



12 STEPS TO BETTER PUBLIC HEALTH A MANIFESTO



The Faculty of Public Health



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

“The next few months will be filled with manifestos, promises and commitments as the UK readies itself to face a tightly contested general election. So why are the Faculty of Public Health and the Royal Society for Public Health challenging all the political parties to define their policies for a healthier society? And how could we consider asking for policy changes that need investment in a time of recession? The answer is clear and unambiguous. Health and wealth are inseparable. The wealth of a nation is based in its people. We believe these 12 recommendations will go a long way to helping our children, our elderly people and our working population live healthier and happier lives. These proposals are not intended to be the definitive list of everything necessary to improve our nation’s health, but they represent a dozen significant steps for the new government to take towards a healthier future, and towards making the UK fitter for the decade ahead.

Please note dates indicated are for the introduction of legislation, where relevant.

1

A MINIMUM PRICE OF 50P PER UNIT OF ALCOHOL SOLD

Alcohol consumption in the UK has doubled over the last 40 years. The average consumption of alcohol in a population is directly linked to the amount of harm. Consumption is strongly linked to affordability: as price has fallen, consumption has risen. Alcohol is now 69% more affordable than in 1980. Tackling price and availability are the most effective alcohol policies. Banning discounts such as “buy one get one free” or “three for the price of two” together with a minimum price per unit of alcohol sold, such as the 50p suggested by England’s Chief Medical Officer, would have a significant impact on excessive drinking, especially among younger people. **When? By 2011**

2

NO JUNK FOOD ADVERTISING IN PRE-WATERSHED TELEVISION

A recent Which? report criticised the 2006 Ofcom measures to ban junk food advertising between programmes where 20% of the audience were younger than 16. The current measures are ineffectual and fail to cover programmes such as soaps which are still watched by large numbers of young people. A complete ban before the 9pm watershed is needed to effectively reduce consumption of salt, saturated fats and sugars by children and adolescents, reducing the risk of cardiovascular disease later in life. **When? By 2011**

3

BAN SMOKING IN CARS WITH CHILDREN

Evidence shows that air inside a car can be 23 times more toxic than a home environment in the context of passive smoke, and smoking when driving distracts a person from concentrating on the road ahead and cars around them. Smoking in a car with a child on board is an offence in several Australian regions, in parts of Canada and the United States, in Cyprus, and is under consideration in the Netherlands and South Africa. **When? By 2011**

4

CHLAMYDIA SCREENING FOR UNIVERSITY AND COLLEGE FRESHERS

Sexually Transmitted Infections (STIs) are rising, with rates of Chlamydia up by 150% between 1997 and 2007 amongst under-25s. The national Chlamydia screening programme could be boosted by targeting students on entry to university or college. This would also highlight the importance of sexual health at a key point in their lives. **When? By 2013**

5

20 MPH LIMIT IN BUILT UP AREAS

A 20mph speed limit in built up areas would have manifold benefits. It would reduce pedestrian and cycle accidents; encourage people to walk and cycle more because it would be safer; and discourage people from using polluting cars because of the “frustration” of having to drive slowly. **When? By 2011**

6

A DEDICATED SCHOOL NURSE FOR EVERY SECONDARY SCHOOL

School nurses play a vital role in child and adolescent health. An RCN survey in 2009 reported that 64% of school nurses consider their workload too heavy, with on average each covering 2,590 pupils, or one secondary school and six primary schools. There are lessons to be learned from Finland, which has a relatively low level of teenage pregnancy and where teenagers are taught to take responsibility for their own health by organising appointments with a school nurse themselves. A dedicated school nurse for every secondary school can also help identify at-risk teenagers. School nurses could be the health champion for every school. **When? By 2012**

7

25% INCREASE IN CYCLE LANES AND CYCLE RACKS BY 2015

Making roads safer for people to cycle on will help reduce cardiovascular disease and decrease carbon emissions as more people use bikes instead of cars on short and medium distance journeys. The economic benefits of walking and cycling routes show a cost benefit ratio of 20:1 with likely savings including a reduction in deaths due to heart disease and stroke. Planning controls should include stipulations to build appropriate cycle storage facilities spearheaded by supermarkets and hospitals. **When? By 2015**

8

COMPULSORY AND STANDARDISED FRONT-OF-PACK LABELLING FOR ALL PRE-PACKAGED FOOD

A clear at-a-glance labelling system, including a “traffic-light” indication of the level of fats, saturated fats, sugars and salt, would help consumers choose healthier options, and should be made compulsory. **When? By 2011**

9

OLYMPIC LEGACY TO INCLUDE COMMITMENT TO EXPAND AND UPGRADE SCHOOL SPORTS FACILITIES AND PLAYING FIELDS ACROSS THE UK

Increasing physical activities in schools is vital to fighting childhood obesity. One way to encourage this is to provide improved sports facilities and green spaces in which children can play and exercise. Evidence suggests that pupils who are more active are also more attentive in class and have greater concentration. A more active childhood could be one of the key legacies of 2012. **When? By 2012**

10

INTRODUCE PRESUMED CONSENT FOR ORGAN DONATION

One thousand people per year die waiting for an organ donation. The need for donor organs is more pressing than ever and surgeons are increasingly having to use “higher risk” donors with less healthy organs. We call for the urgent introduction of a presumed consent scheme, allowing people to opt out if they choose to do so. **When? By 2011**

11

FREE SCHOOL MEALS FOR ALL CHILDREN UNDER 16

Evidence shows that cardiovascular diseases can originate in childhood, and it is important to start good dietary habits early. It is estimated that by 2020 one in five boys and one in three girls will be obese. A free school meal scheme has been successful for over 30 years in both Sweden and Finland, and ensures that pupils receive at least one nutritious meal everyday, regardless of their home circumstances. This would do much to reduce health inequalities in terms of childhood obesity. All Scottish children will be entitled to free school meals for the first three years of primary school from this year. A £40m pilot scheme is operating in England. **When? By 2014**

12

STOP THE USE OF TRANSFATS

It has been proven that transfats (industrially produced trans fatty acids) can damage health. As with cigarettes there is no known safe level of consumption. Banning transfats from foods is a relatively easy way to help protect the public. The virtual elimination of transfats through legislation has already been achieved in Denmark and similar initiatives across the United States and in Austria and Switzerland demonstrate a growing political consensus on the issue. **When? By 2011**