



Abolition of PHE: Consequences for the UK Food System

FPH Food SIG

The abolition of PHE will see its health protection responsibilities transferred to a new body, the National Institute for Health Protection. However the future of PHE's health improvement functions remains uncertain. It is critical we optimise the opportunity presented by these challenges given that health inequalities continue in our society. As only one example of many, "improvements to life expectancy have stalled, and declined for the poorest 10% of women".ⁱ The impact of the coronavirus pandemic has highlighted existing inequalities in England and is exacerbating them.^{ii,iii}

Health improvement involves a range of programmes and interventions fundamental to the nation's health including tackling obesity, type 2 diabetes, non-communicable diseases such as cancer, and the structural inequalities that impact on the distribution and impact of all these challenges. We acknowledge the essential role Public Health England holds in supporting public health nutrition. These essential roles include oversight of data and intelligence related to public health nutrition, and provision of expert input and guidance for national strategy and policy related to obesity and nutrition, and provision of the Secretariat for the Scientific Advisory Committee on Nutrition (SACN). These critical roles should be maintained by a national public health organisation with capability to oversee public health nutrition strategy at national level. However, we suggest there are additional areas related to the food system that are directly linked to the health of our population which should be included in the remit of a new public health organisation.

A strong foundation of health promotion is fundamental to the UK's realisation of its commitment to the delivery of the Sustainable Development Goals (SDGs)^{iv} as well as to its role as signatory to various human rights charters and treaties, including the United Nations Convention on the Rights of the Child. A healthy and equitable food system and environments that promote healthy diets are key to the attaining the SDGs, and critical to recognising the right of every child in the UK to be healthy and to live a life free of obesity^{vi}.

Poor diet is a primary cause of early morbidity and mortality in the UK which has the highest consumption of ultra-processed foods, high in salt, sugar and fats, in Europe, and the highest rate of obesity in Western Europe.^{vii} The quality, adequacy and accessibility of healthy food and healthy eating behaviours are critical to individual and community health and well being and are key factors in addressing health inequities. The diet people eat, and the nutritional quality of this diet, is clearly the immediate link to health. But it is the wider food system – aspects of food policy, production, provision and disposal – that drives the food choices available to people and the nutritional quality of this diet. The multiple and interwoven aspects of the wider food system ultimately determine the health of our population.

These areas where population health and food policy intersect are core public health areas of practice and should be embedded within a new public health organisation focussed on the health

and wellbeing of society. In particular, the following issues should be part of the agenda for the new organisation:

- **Food Insecurity:** Lack of access to adequate, nutritious food in a socially acceptable way is known as food insecurity; it is a key driver of poor health and wellbeing outcomes across the lifecourse, and affects an estimated 8-10% of UK households^{viii}. Like other public health issues, its impact is not equally distributed among the population. Further, this is a growing issue; the fact that food banks have become an established part of the food economy providing almost 2 million emergency parcels in 2019-2020 is a public health scandal. The Trussell Trust has warned of a 61% increase in demand for October-December following on from an 81% increase in April 2020 compared to April 2019. Accurate data capturing the prevalence and severity of food security is currently sparse, and resources must be directed at measuring and addressing the fundamental right to food.
- **Emergency planning.** COVID 19 has exposed the inadequacy of the existing food production and distribution systems, highly effective in meeting demand in stable times but unable to respond quickly and effectively to a crisis leading to disrupted food supply chains, closure of food outlets, jobs losses and panic-buying.
- **National food policy.** As the UK has left the EU, new challenges are likely to emerge, including the imposition of tariffs and the disruption and reorientation of supply chains. New trade agreements related to food and agriculture have the potential to impact the health of our population for decades. This is a critical issue for the UK as we currently import a majority of our healthy foodstuffs despite having the potential to produce more domestically.
- **Environmental sustainability.** Public Health England currently has a role in identifying risks to population health related to climate change and environmental sustainability. As the food system is a key contributor to greenhouse gas emissions, water and air pollution, biodiversity loss, there is an important role for public health to play in assessing risks and recommending policy in these areas.

The criticality of our food system to the health of the nation must not be lost in the restructuring of public health. This is a rare opportunity to ensure that public health has a key role in contributing to and prioritizing wider areas of food policy that have a direct impact on the health of the population. The new organization should have the scope to assess research evidence and devise guidance, resources and interventions that will help the eradication of these weaknesses in our food system. In addition, it is critical that these new arrangements for leading on improving the nation's health are set up in a way that enables the essential cross-Government working required to provide healthy, safe and sustainable food for the country. This includes work with DEFRA, Department for Education, MHCLG and Ministry of Justice, Food Standards Agency among others.^{ix}

There is already an unhealthy food supply and consumption crisis in this country which, without radical actions, will become a catastrophe. Much more needs to be done if we are to create a secure and sustainable food system. It is time for bold thinking and action.

FPH recommends:

- The establishment of a new consumer and nutritional public health coordinating body to advise the government and to be a public voice

- A new cross-government food policy coordinating committee (ideally a Cabinet sub-committee)
- The publication of a National Food and Health Plan with population health and sustainability at its core
- Expert independent input to trade agreement negotiations on health, food safety and quality, sustainability and environmental standards
- A stronger role for health assessment in evaluating the effectiveness of food provision, and creation of a food system that is socially, economically and environmentally sustainable
- Development of local, resilient, accessible and equitable food systems with a low carbon footprint
- A stronger and appropriately resourced role for local government including establishing Local Food Liaison Groups to plan for, and respond to, the governance and provision of food at local level in both crisis and regular times
- Embedding food provision and dietary quality in emergency and crisis response plans, drawing upon the expert advice of the proposed new advisory body recommended above
- Improved monitoring of food-related conditions (e.g., food insecurity) at all levels of governance
- A review of the current availability of surveillance data with the identification of appropriate metrics and data collection mechanisms to enable a comprehensive and ongoing evaluation of the food system and provide intelligence to support action at a local and population level.
- Action to reduce inequalities of diet and diet-related health and wellbeing, with particular attention to the realities of food insecurity and the needs of at-risk groups, including school-aged children eligible for free school meals
- All of these actions must be underpinned by core public health principles, and consideration of impacts across the full spectrum of physical, social, and environmental health. This includes initiating and collaborating in research that identifies the most effective ways to achieve these actions.

ⁱ <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

ⁱⁱ : Bamba, C., Munford, L., et al (2020) COVID-19 and the Northern Powerhouse, Northern Health Science Alliance, Newcastle.

ⁱⁱⁱ https://www.independentsage.org/wp-content/uploads/2020/11/Inequalities-_i_SAGE_FINAL-draft_corrected.pdf

^{iv} <https://www.gov.uk/government/publications/implementing-the-sustainable-development-goals/implementing-the-sustainable-development-goals--2>

^v Garde A, Byrne S, Gokani N, Murphy B. A child rights-based approach to food marketing: a guide for policy makers: UNICEF, 2018.

^{vi} Ó Cathaoir KE. Children's Right to Freedom From Obesity: Responsibilities of the Food Industry. Nordic Journal of Human Rights 2018; 36(2): 109-31.

^{vii} OECD Indicators. Health at a Glance 2019 <http://www.oecd.org/health/health-at-a-glance-19991312.htm>

^{viii} Trussell Trust. State of Hunger: A study of poverty and food insecurity in the UK November 2019 <https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf>

^{ix} Parsons K. RS Sharpe & C Hawkes (2020) Who makes food policy in England? London: Centre for Food Policy, City University of London: <https://foodresearch.org.uk/publications/who-makes-food-policy-in-england-map-government-actors/>