The Public Health Responsibility Deal
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Foreword

Public health is everyone’s business.

We are now all too familiar with the impact of modern lifestyles on the health and wellbeing of the population, and the consequences for our economy. On top of the impact on individuals’ lives, estimates of the annual direct costs to the NHS as a result of physical inactivity, alcohol misuse, and obesity are as high as £8.7 billion – and, of course, there are significant costs to the wider economy. People’s environments, lifestyles, families, workplace, peer groups, and behaviour define their health prospects and are shaped by a wide range of factors.

Business is a powerful influence on the lives of all of us, whether as employers, through commercial actions, or through community action. For example, nearly 17 million families use a major supermarket every week. Businesses have both the technical expertise to make healthier products and the marketing expertise to influence purchasing habits. If the full strength of these skills can be directed towards activities to encourage and enable people to make healthier choices – as many responsible businesses do already – the benefits could be great.

The Public Health Responsibility Deal has been established to maximise these benefits. By working in partnership, public health, commercial, and voluntary organisations can agree practical actions to secure more progress, more quickly, with less cost than legislation.

The strength of the Deal lies in the diversity of organisations that it brings together – public sector, commercial, non-governmental, and academic – to determine things business can do to accelerate the progress towards public health goals. In a context like this, we shouldn’t be scared to use the reach of businesses to achieve mutually beneficial aims. Put simply, commercial organisations can reach individuals in ways that other organisations, Government included, cannot.

The pledges we are launching today are just the start of a long-term programme of work, and the organisations that have already signed up are in the vanguard. Responsibility Deal partners have already started on the next phase of their work to develop further pledges. I now call on businesses across the country to sign up to these pledges, and to go further still, to make the greatest possible contribution they can to improve the health of the nation.

Andrew Lansley CBE
Secretary of State for Health
Why a Public Health Responsibility Deal?

“We recognise that we have a vital role to play in improving people’s health”

1. People’s lifestyles have a major impact on their health and wellbeing. Eating and drinking more healthily, becoming more physically active, and receiving appropriate health support at work have the potential to transform lives.

2. The Government’s overall strategy for public health is set out in the recent White Paper, *Healthy Lives, Healthy People*. The White Paper makes clear that everyone has a part to play in improving public health, including government, business, non-governmental organisations (NGOs), and individuals themselves.

3. Priorities for action to improve public health are defined by Government and informed by research, advice from scientists, health professionals, and others. The Public Health Responsibility Deal is a new way of harnessing the contribution that business can make to delivering these priorities.

4. We aspire to good health and yet we persist in behaviours that undermine it. We make personal choices about how we live and behave: what to eat, what to drink, and how active to be. We make trade-offs between our behaviour today and the impact of these immediate choices on our longer-term health.

5. All capable adults are responsible for these very personal choices. At the same time, we do not have total control over our lives or the circumstances in which we live. A wide range of factors constrain and influence what we do, both positively and negatively.

6. The Government’s approach to improving health is, therefore, wider than simply considering what Government can do, and is based on the following actions:
   - positively promoting ‘healthier’ behaviours and lifestyles;
   - adapting the environment to make healthy choices easier; and
   - strengthening self-esteem, confidence, and personal responsibility.

7. The Responsibility Deal taps into the potential for businesses and other organisations to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol, and health in the workplace.
8. Pledges developed under the auspices of the Responsibility Deal are not intended to replace Government action – they complement it. There is still a vital role for Government, for instance in developing national policy, defining priorities, and communicating public health messages. This role will continue.

9. The idea that businesses can contribute to public health goals is not new. For instance, the UK is currently seen as an international leader on salt reduction, not because Government imposed legislation but because businesses, Government, and public health groups have worked together for many years to bring about changes that will prevent thousands of premature deaths. The Responsibility Deal takes this insight and radically scales up the ambition. It seeks to derive similar public health benefits in a much broader range of challenging areas.

How the Responsibility Deal Brings Organisations Together

10. A plenary group chaired by the Rt Hon Andrew Lansley CBE MP, Secretary of State for Health, oversees the development of the Public Health Responsibility Deal. This group includes senior representatives from the business community, NGOs, public health organisations, and local government.

11. Alongside this, five networks – considering food, alcohol, physical activity, health at work, and behaviour change – have been established to develop pledges for action. These pledges represent the first outputs of the Public Health Responsibility Deal.

12. The networks for food, alcohol, physical activity, and health at work deal with particular public health challenges and have led the development of pledges that are listed later in this document, alongside a description of the networks themselves.

13. The behaviour change network1 has a different remit. It seeks to put behavioural science expertise at the disposal of the other networks, enabling them to push the boundaries of their work. It brings together organisations and individuals with expertise in behaviour change, in its widest context, from the fields of social marketing, advertising, academia, public health delivery, and business. Network members have begun advising the other networks on their forward planning, for instance in considering the risks of negative compensatory behaviour when product offerings are changed, and how to mitigate against this. The network is also exploring ways in which Responsibility Deal partners can help build the evidence base for more

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1 Chaired by Paul Lincoln, Chief Executive of the National Heart Forum, and supported by Anne Milton MP, Parliamentary Under Secretary of State for Public Health.
ground-breaking future work to change behaviour in environments including the retail sector. This should enable the establishment of trials to test novel approaches in the next phase of the Deal’s work.

The Structure of the Deal

14. There are three central parts of the Deal:

- core commitments
- collective and individual pledges
- supporting pledges.

15. The five core commitments (outlined below) define the scope, purpose, and high-level ambitions of the Responsibility Deal. All Responsibility Deal partners have signed up to the core commitments and, in doing so, they are confirming their support for the Deal’s ambitions and committing to take action in support of them where they can.

The core commitments

The business community, voluntary sector and NGOs have already done a great deal to help people achieve a healthier diet, increase their levels of physical activity, drink sensibly and understand the health risks of their lifestyle choices. Signatories to the Public Health Responsibility Deal will work in support of the following core commitments in relation to their customers and staff, where relevant.

1. **We recognise that we have a vital role to play in improving people’s health.**

2. **We will encourage and enable people to adopt a healthier diet.**

3. **We will foster a culture of responsible drinking, which will help people to drink within guidelines.**

4. **We will encourage and assist people to become more physically active.**

5. **We will actively support our workforce to lead healthier lives.**

16. In turn, collective and individual pledges set out the actions that partners will take to deliver against these core commitments.

17. **Collective pledges** represent the collectively agreed action that members of a given sector will take in support of a particular core commitment. All partners have signed up to deliver at least one of the collective pledges – some have signed up to many more. These pledges have been designed and developed by the networks, and approved by the relevant network chairs and the Department of Health.
18. **Individual pledges** are specific to a particular organisation or sub-group within a sector, and have been developed by them and approved by the relevant network chairs and the Department of Health. Making an individual pledge gives an organisation the opportunity to demonstrate where they can be leaders in their sector by going further than collective action can at present, or to make a commitment in an area where collective action is not appropriate.

19. The current list of collective and individual pledges is set out later in this document, together with a list of partners that have signed up to each so far. As more organisations sign up, this will be recorded on the Department of Health website.

20. Five **supporting pledges** (outlined below) underpin all the collective and individual pledges. They define the operating principles and processes of the Deal.

<table>
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<th>The supporting pledges</th>
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<tr>
<td>a) We will support the approach of the Public Health Responsibility Deal and encourage other organisations to sign up.</td>
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<td>b) We acknowledge that the Deal’s strength comes from organisations of different types across varying sectors working together to improve people’s health.</td>
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<td>c) We will contribute to the monitoring and evaluation of progress against the pledges.</td>
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<td>d) Where we offer people information to help make healthier choices, we will use messages which are consistent with Government public health advice.</td>
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<td>e) We will broaden and deepen the impact of the Public Health Responsibility Deal by working to develop further pledges in support of the five core commitments.</td>
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**Accountability to the Public**

21. Monitoring progress is key to establishing accountability by confirming that the actions organisations have pledged to take have been completed.

22. Similarly, evaluation has an important role to play in showing the public and other interested parties, as well as the partners themselves, the impact of the Deal in changing behaviour and/or improving health outcomes. The Department of Health is currently considering the feasibility of an independent evaluation of the impact of elements of the Deal.
23. Partners have agreed to fulfil the monitoring and evaluation requirements for each pledge to which they have signed up. More detail on the requirements for each pledge are available on the Department of Health website. In summary, these include:

- publishing their progress on the pledges to which they are committed, using the agreed indicators, as part of the annual reporting mechanisms that they already use;

- setting out where they intend to report progress on their pledges along with a web link (where appropriate), for publication on the Department of Health website;

- submitting updates of their progress on the pledges they have made to the Department of Health on an annual basis; and

- (if required) making additional data available to support independent assessment or evaluation where this has been agreed within the network.

24. An online registry will provide transparency on who the Deal’s partners are and the pledges on which they have committed to take action. It will allow partners, the public, and other interested parties to track progress. Information will also be available to indicate where partners are reporting on their own progress. In time, the registry will act as portal for partners to submit information to the Department of Health as part of the agreed monitoring processes for each pledge. The online registry can be reached on the Department of Health website.

The Start of an Ongoing Process

25. The pledges announced at the launch of the Responsibility Deal represent an important step forward for public health, and demonstrate that this way of working can deliver real advances. However, the launch represents just the start of an ongoing process.

26. To date, over 100 organisations have been involved in developing the Public Health Responsibility Deal. Those that have now signed up to pledges have formally become Responsibility Deal Partners.

27. In the coming months the Responsibility Deal will involve a wider range of organisations that will develop pledges in new areas that realise the full potential of this way of working.
28. The Deal will also continually seek new partners. While over 170 organisations have already signed up at this early stage, many others will not be aware or have had time to consider whether they can become a partner. There is the opportunity for the widest range of commercial and non-commercial organisations to get involved – for instance, almost any employer has the potential to sign the Health at Work pledges. Trade bodies and other representative organisations will have a particularly vital role to play in energising their sectors and, in some instances, larger organisations will be able to mentor others to help them prepare for signing up.
The Responsibility Deal
Collective Pledges

Food Pledges²

“We will promote and enable people to adopt a healthier diet”

F1. Out of home calorie labelling – We will provide calorie information for food and non alcoholic drink for our customers in out of home settings³ from 1 September 2011 in accordance with the principles⁴ for calorie labelling agreed by the Responsibility Deal.

One in six meals, and around 20% of men’s and 25% of women’s energy respectively, comes from food eaten outside of the home. The provision of out-of-home calorie labelling is intended to give people some of the information they need to make healthier choices more often when eating out, and to encourage out-of-home food businesses to make healthier options more available.

F2. Salt reduction – We commit to the salt targets for the end of 2012 agreed by the Responsibility Deal, which collectively will deliver a further 15% reduction on 2010 targets. For some products this will require acceptable technical solutions which we are working to achieve. These targets will give a total salt reduction of nearly 1g per person per day compared to 2007 levels in food. We recognise that achieving the public health goal of consuming no more than 6g of salt per person per day will necessitate action across the whole industry, Government, NGOs and individuals.

High salt intake increases the risk of having high blood pressure which, in turn, significantly increases the chances of having heart disease or a stroke. Businesses now have the opportunity to make clear their commitment to deliver specified salt targets for the manufacture and procurement of 80 categories of food, as well as changing kitchen practices for food prepared on site. Businesses are also demonstrating, with NGOs and Government, a joint recognition of the need to go further in the future to achieve the 6g per day public health recommendation.

² Further details on each of the pledges can be found on the Department of Health website.
³ Out of home settings include restaurants, quick-service restaurants, takeaways, cafés, pubs, sandwich shops, and staff restaurants.
⁴ Calorie labelling will be provided in accordance with the following principles: a) Calorie information is displayed clearly and prominently at point of choice; b) Calorie information is provided for standardised food and drink items sold; c) Calorie information is provided per portion/item/meal and, for multi-portion or sharing items, the number of portions will also be provided; d) Reference information on calorie requirements is displayed clearly, prominently, and in a way that is appropriate for the consumer.
F3. Artificial trans fats removal – We have already removed, or will remove, artificial trans fats from our products by the end of 2011.  

Trans fats in food are associated with an increased risk of coronary heart disease. As a result of industry action since the 1990s, average intakes in the UK have fallen by a third and are within current public health recommendations. However, further action by industry will help to ensure that intakes of artificial trans fats are reduced to a minimum.

The Food Network

The food network is chaired by Dr Susan Jebb (Medical Research Council Human Nutrition Research Unit), and supported by the Rt Hon Andrew Lansley CBE MP, Secretary of State for Health. It includes representation from the catering, retail, and manufacturing sectors, as well as NGOs, public health experts, and local government.

The scope of the food network’s activity is wide-ranging and embraces four main areas:

- information to consumers
- content of food
- improving the availability of healthy food, and
- promotion of healthier food choices.

The food network’s pledges have important public health implications with the potential to significantly reduce the incidence of high blood pressure, heart disease, and stroke, while empowering consumers to better manage their calorie intake to help control their weight.

In its next phase of work, the food network will be seeking cross-sector commitments to support people in reducing their calorie intake to prevent weight gain, and improve access to fruit and vegetables as part of a healthy diet.

Alcohol Pledges

“We will foster a culture of responsible drinking, which will help people to drink within guidelines”

A1. Alcohol labelling – We will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant.

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5 This will be achieved by eliminating the use of partially hydrogenated vegetable oils (p-HVO) in foods and limiting the levels of trans fats in oils and fats used as ingredients or in preparing foods (e.g., frying oils) to a maximum of 2%.

6 Further details on the pledges can be found on the Department of Health website.
This pledge will help to increase public understanding of units and NHS guidelines, enabling people to better understand and manage their consumption.

A2. Awareness of Alcohol Units in the On-trade – We will provide simple and consistent information in the on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, and we will also explore together with health bodies how messages around drinking guidelines and the associated health harms might be communicated.

This pledge is expected to contribute to a rise in consumer awareness of units and health harms related to alcohol, especially among higher-risk drinkers. Industry will work in partnership with the Drinkaware Trust to make use of the most recent consumer research on what works. Industry will also explore, together with health bodies, whether and how extra information can be included, such as calories, health harms, and drinking guidelines.

A3. Awareness of Alcohol Units, Calories & Other Information in the Off-trade – We will provide simple and consistent information as appropriate in the off-trade (supermarkets and off-licences) as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.

This pledge will also contribute to a rise in consumer awareness of the unit and calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines. Retailers will draw on material produced for use in pubs and clubs to provide consistent messaging in an easy to use format in their stores and through other communication channels.

A4. Tackling Under-Age Alcohol Sales – We commit to ensuring effective action is taken in all premises to reduce and prevent under-age sales of alcohol (primarily through rigorous application of Challenge 21 and Challenge 25).

This pledge is expected to lead to a reduction in the number of under-age purchases and a reduction in the percentage of under-15 year olds drinking alcohol obtained outside of the home. While there is already a legal requirement to have age verification policies in place, industry will, in addition, promote and encourage the rigorous use of the Challenge 21 and Challenge 25 schemes. These require on and off-trade staff to ask for agreed identification to validate alcohol purchases to reduce the number of under-18s purchasing alcohol.

A5. Support for Drinkaware – We commit to maintaining the levels of financial support and in-kind funding for Drinkaware and the “Why Let Good Times Go Bad?” campaign as set out in the Memoranda of Understanding between Industry, Government and Drinkaware.
The Drinkaware Trust is a charity established to change consumer attitudes and behaviour to reduce harm from alcohol. It is supported by voluntary donations from across the drinks industry. This pledge commits the industry to maintaining agreed levels of cash and in-kind funding of Drinkaware through to 2013.

A6. Advertising & Marketing Alcohol – We commit to further action on advertising and marketing, namely the development of a new sponsorship code requiring the promotion of responsible drinking, not putting alcohol adverts on outdoor poster sites within 100m of schools, and adhering to the Drinkaware brand guidelines to ensure clear and consistent usage.

Industry has committed to this further action, in addition to abiding by the existing Community of Advertising Practice and Broadcast Committee of Advertising Practice codes on advertising, overseen by the Advertising Standards Authority. This action will support the objectives of the codes in ensuring that alcohol advertising does not target children and young people.

A7. Community Actions to Tackle Alcohol Harms – In local communities we will provide support for schemes appropriate for local areas that wish to use them to address issues around social and health harms, and will act together to improve joined up working between such schemes operating in local areas as:

- Best Bar None and Pubwatch, which set standards for on-trade premises
- Purple Flag which make awards to safe, consumer friendly areas
- Community Alcohol Partnerships, which currently support local partnership working to address issues such as under-age sales and alcohol related crime, are to be extended to work with health and education partners in local Government
- Business Improvement Districts, which can improve the local commercial environment

Depending on the goals of each local partnership project, this pledge is expected to lead to a reduction in problems such as under-age sales and alcohol-related disorder, and improve the attractiveness of the areas in which these schemes operate.

The Alcohol Network

The alcohol network is chaired by Jeremy Beadles (Wine and Spirit Trade Association) and Mark Bellis (Faculty of Public Health), and supported by Paul Burstow MP, Minister of State for Care Services.

The Responsibility Deal alcohol network has, to date, primarily involved retailers, producers, industry representative organisations, and health NGOs, alongside observers from the Scotland, Wales and Northern Ireland Governments.
The network seeks to deliver pledges in support of the core commitment: “We will foster a culture of responsible drinking, which will help people to drink within guidelines.” The network has begun setting up a series of sub-groups that will look at additional issues post launch, with a view to developing further pledges.

**Physical Activity Pledges**

*We will encourage and assist people to become more physically active*

**P1. Physical activity: Community** – We will use our local presence to get more children and adults more active, more often including engaging communities in planning and delivery.

This pledge commits organisations to work with their local communities and existing networks through promotional and outreach work to highlight local sporting and physical activity opportunities to increase participation. This is particularly relevant given the forthcoming London 2012 Olympic and Paralympic Games, which provides great scope to inspire people of all ages to get more active. Systematic engagement with local communities, particularly disadvantaged communities, in the development of local sport and physical activity programmes will help ensure that the opportunities offered meet local needs.

**P2. Physical activity guidelines** – We will contribute to the communication and promotion of the Chief Medical Officers’ revised physical activity guidelines.

This pledge seeks to raise the profile of the Chief Medical Officers’ revised and extended physical activity guidelines (to be available in summer 2011) through improved promotion and communication of the key messages by participating organisations. Government, business, and third-sector organisations working together will help ensure greater reach and impact when the guidelines are published. There will be a particular focus on promoting the health benefits of regular physical activity and the health risks of sedentary behaviour.

**P3. Active travel** – We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour.

Walking and cycling are simple ways for people to build physical activity into their everyday life, particularly in relation to shorter journeys, many of which are still taken by car. This pledge commits organisations to take clear actions to support and promote active travel. These could include, for example, promoting cycling for employees through the provision of secure, safe, and accessible bike parking and the provision of good quality changing and locker facilities.

7 Further details on each of the pledges can be found on the Department of Health website.
P4. Physical activity in the workplace – We will increase physical activity in the workplace, for example through modifying the environment, promoting workplace champions and removing barriers to physical activity during the working day.

The aim of this pledge is to improve employees’ health and wellbeing, which can help reduce sickness absence, and increase productivity. Employers have a significant role to play in promoting sport and physical activity for their employees. This could include promoting a culture where sport and physical activity are actively encouraged through sporting and recreational clubs, highlighting the benefits of physical activity, or even improving signage to encourage employees (and visitors) to take the stairs instead of the lift.

P5. Physical activity: Inclusion – We will tackle the barriers to participation in physical activity faced by some of the most inactive groups in society.

Evidence shows that there are specific population groups most at risk of physical inactivity – these include disadvantaged groups, older people, people with disabilities, and certain black and minority ethnic (BME) populations. This pledge commits organisations to remove any proven or perceived barriers to participation in physical activity through, for example, tailored promotion and delivery of sport and physical activity opportunities. Organisations may achieve this by working with local community groups or engaging with community leaders or ‘influencers’.

The Physical Activity Network

The physical activity network is chaired by Fred Turok (Fitness Industry Association) and supported by the Rt Hon Simon Burns MP, Minister of State for Health. It comprises a wide range of partner organisations, including representatives from across the sector – the indoor, outdoor, and active travel sectors plus key partners from business, academia, and sporting organisations. Development of the pledges has been done in consultation with a range of partners including academic experts.

The network seeks to support and enable people of all ages to be more active and to better understand the health benefits of regular physical activity. In the coming months, it will continue to develop specific proposals and plans for further action, including significantly growing the number of participating partners and pledges. The network will facilitate effective partnerships across the physical activity sector and beyond – the NHS, local authorities, third-sector organisations, delivery bodies, and business – brought together in a series of partnerships. The network will also look at positively engaging with other sectors that have a powerful ability to influence physical activity levels, such as the electronic games industry. There will be a focus on the least active groups, energising local delivery, and raising public awareness of the serious health risks of inactivity.
The long-term ambition is to grow the network to up to 1,000 partners, who will work together to deliver up to 100 projects aiming to get more people more active, more often, and improve their physical and mental health and wellbeing.

**Health at Work Pledges**

_“We will actively support our workforce to lead healthier lives”_

**H1. Chronic conditions guide** – We will embed the principles of the chronic conditions guides (developed through the Responsibility Deal’s health at work network) within our HR procedures to ensure that those with chronic conditions at work are managed in the best way possible with the necessary flexibilities and workplace adjustments.

The increased prevalence of long-term but controlled health problems like diabetes, cancer, and heart disease means that businesses have to manage people with these conditions in their workforce. The health at work network has developed guides for employers/line managers and for employees, with advice on the support employees might need. The guides recommend a common-sense approach that reflects the minimum expected in a trusting, respectful line manager/employee relationship. They are designed to help affected people remain in work and those on long-term sickness absence to return. Although chronic medical conditions may persist throughout working life, maintaining work can greatly help to reduce their impact.

**H2. Occupational health standards** – We will use only occupational health services which meet the new occupational health standards and aim to be accredited by 2012/13.

In her review of the working-age population, Dame Carol Black recommended clear standards of practice and formal accreditation of occupational health service providers. In January 2010, the Faculty of Occupational Medicine launched occupational health standards that represent the minimum expectations of a safe, effective, quality occupational health service. An accompanying accreditation scheme is due to be launched later this year. The standards and accreditation scheme will help to raise the overall standard of care provided by occupational health services in the UK and so promote improvements in the health and wellbeing of the working-age population.

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8 Further details on each of the pledges can be found on the Department of Health website.
H3. Health & wellbeing report – We will include a section on the health and wellbeing of employees within annual reports and/or websites. This will include staff sickness absence rates.

Employees are more likely to take increased responsibility for their own health and wellbeing if they see a genuine commitment at the most senior levels of the organisation to safeguarding and improving workplace health. By reporting on employee health and wellbeing – and taking remedial action when problems are identified – organisations can demonstrate the importance they attach to this aspect of their business.

H4. Healthier staff restaurants – We will implement some basic measures for encouraging healthier staff restaurants/vending outlets/buffets, including:

- Ensuring the availability of healthier foods and beverages in all available channels to employees
- Working with caterers to reformulate recipes to provide lower fat, salt, artificial Trans Fatty Acids and energy meals
- Provision of responsibly sized portions of foods within food outlets
- Provision and promotion of the consumption of fruit and vegetables through availability and price promotion
- Provision of calories and/or Guideline Daily Amounts on menus per portion as a minimum (further nutrients optional)
- Water is visible and freely available

Staff restaurants can promote healthy eating and reduce the salt, fat (particularly saturated fat), and sugar content of food, and increase the amount of fruit and vegetables in meals. Offering healthier meals at work will contribute to Government objectives of reducing diet-related ill health and its costs to the NHS and the wider economy.

The Health at Work Network

The health at work network is chaired by Dame Carol Black (National Director for Health and Work, and Chair of the Nuffield Trust) and supported by Earl Howe, Parliamentary Under Secretary of State for Quality. It aims to reinforce understanding of the positive link between health and work among employers, employees, and the general public.

The network involves representatives from the private sector, central and local government, and the third sector, and has working groups in four areas:

- health and wellbeing local business partnerships – three pilots in which large companies mentor local small and medium-sized enterprises (SMEs) on employee health and wellbeing;
• engaging SMEs – analysing the most effective ways of engaging SMEs in workplace health and wellbeing, and developing a website that brings together SME-relevant information;

• managing chronic conditions guides – developing guides for employers and employees on managing people with chronic illness in the workplace; and

• occupational health – developing practical guidance to help occupational health services support and encourage employers in safeguarding and improving the health and wellbeing of their workforce.

Following the launch, the network will look at mental ill health – still one of the biggest causes of working days lost. It will also develop proposals for how employers can be supported to offer health-promoting activities to their employees, such as free health checks and smoking-cessation programmes.
Partners that have Signed Collective Pledges So Far

Partners are invited to sign up to pledges at any time. To see the most up to date list of partners that have signed each pledge, and to sign up your organisation, please visit: http://responsibilitydeal.dh.gov.uk/

### Food Pledges

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<th>F1. Out of Home Calorie Labelling</th>
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<td>Signatories to date: ASDA, Camden Food Co, Compass Group UK &amp; Ireland, Co-operative Group (The), GlaxoSmithKline (GSK), Harvester Restaurants, ISS Facility Services Healthcare, KFC UKI, Kraft Foods UK and Ireland, Marks &amp; Spencer, McCain Foods (GB) Ltd, McDonald’s Restaurant Limited, Midcounties Co-operative, Morrisons Supermarkets Plc, Nestle UK, Pizza Hut (UK) Limited, Pret A Manger, Sainsbury’s Supermarket Ltd, 7 Day Catering Ltd, Sodexo, Tesco PLC, The Real Greek Food Co Ltd, Unilever UK Ltd, United Biscuits (UK) Limited, Waitrose, Warburtons Limited, Wimpy Restaurants Group Ltd, YO! Sushi</td>
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<th>F2. Salt Reduction</th>
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<td><strong>A1. Alcohol Labelling</strong></td>
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| **A2. Awareness of Alcohol Units in the On-trade** |

| **A3. Awareness of Alcohol Units, Calories & Other Information in the Off-trade** |
### Alcohol Pledges continued

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### A7. Community Actions to Tackle Alcohol Harms


### Physical Activity Pledges

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| **P5. Physical Activity: Inclusion** |

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Partners that have made Individual Pledges So Far

Food

FI – 1 The Association of Convenience Stores (ACS) has committed to work with its members to roll out Change4Life (C4L) branding into 1000 stores, learning from the successful ACS/DH programme to improve fruit and vegetable availability in deprived areas.

This pledge means that stores in the convenience sector will give more space and prominence to fruit and vegetable sales, and use C4L branding at the heart of local communities. This will ensure that consumers in more areas of the country have access to good quality, affordable fresh fruit and vegetables.

Alcohol

AI – 1 ASDA – By 30th April 2011 we will no longer display alcohol in the foyers of any our stores.

Changes are expected in the volume of alcoholic products sold, in particular the type of products typically displayed in foyers.

AI – 2 ASDA – We will provide an additional £1m to tackle alcohol misuse by young people.

Asda will provide an additional £1m to tackle alcohol misuse by young people through an extension to their support for mobile youth facilities that provide alternatives to alcohol and invest in new initiatives that focus on the causes of alcohol abuse amongst young people.

Asda will work in partnership with Addaction to identify suitable projects to support. They will come back to the Department of Health and Department for Education for endorsement, under the aegis of the Responsibility Deal.

AI – 3 Heineken – We will aim to remove 100 million units of alcohol from the UK market each year through lowering the strength of a major brand by 2013.

Assuming no change in volume, this should reduce the total amount of alcohol units sold through this brand by 100 million per annum by 2013.
AI – 4 Heineken – We will distribute 11 million branded glasses into the UK on trade showing alcohol unit information by end of 2011.

Heineken will promote unit awareness in the on-trade by introducing 11 million unit labelled glasses to the on trade by the end of 2011 and ensuring all branded glasses across all major brands carry unit information by end of 2011.

Physical Activity

PI – 1 Tesco – We are proud of our support for the annual Race for Life in partnership with Cancer Research UK. Last year, 700,000 women took part. We will therefore work with CRUK to encourage a big increase in the number of women running; our target is one million women to run, jog or walk 5k in support of CRUK.

PI – 2 Streetgames – In 2011, we pledge to help 50,000 young people living in deprived areas make doorstep sport a regular part of their lives by attending at least one session per month.

StreetGames is a groundbreaking national charity which develops sport with disadvantaged communities and makes sport accessible to young people regardless of their social circumstances. Doorstep sport is sport delivered to young people where they want it, when they want it and how they want it.

There is no ‘one size fits all’ – it is about finding the right solution for each community. This pledge will be supported by Streetgames’ network of 120 community sport projects and partnerships with 16 National Governing Bodies (NGBs) of sport. There will be a particular focus on young women aged 16-24.

PI – 3 NHS Sport & Physical Activity Champion – Through the NHS Challenge we will provide support to NHS employees to become more active, in particular, by supporting the NHS Sport & Physical Activity Challenge to get 300,000 NHS staff more active by 2012.

The NHS reportedly has a sick rate of 4.5% – 1.5 times higher than the private sector. Motivated by the 2012 Olympics, NHS staff will be encouraged to become more physically active and improve their health. This pledge will be led by the NHS Challenge and a steering group that includes representatives of the NHS, the London Organising Committee, the Department of Health, and physical activity promoting bodies.
PI – 4 Fitness Industry Association – We will recognise the specific health challenges of shift work and provide opportunities for shift workers to become more active.

There are 3.6 million shift workers in the UK; evidence suggests that their levels of physical activity are lower than average levels across the population and that health inequalities are strong as a result. The FIA has created Shift into Sports to help address this and is working with major employers of shift workers to offer reduced-rate access to health, fitness, and sporting facilities, in partnership with the Mayor of London and organisations such as Sport England, Addison Lee, Central YMCA, the Amateur Swimming Association, and the Small Sided Football Federation.

PI – 5 The Premier League – The Premier League will support the work of its member clubs in seeking to encourage male football fans to adopt healthier lifestyles and increase their levels of physical activity through the Premier League Health Programme. We will also take action through member clubs to engage with young people in local communities and fan bases through the Creating Chances programme to increase levels of physical activity.

This pledge will be led by the Premier League, which will work with its clubs and partners to deliver a demonstrable impact on the health of football fans and local communities.

PI – 6 The Sport & Recreation Alliance – We will take action to encourage community sport by increasing the number of sports clubs registering as Community Amateur Sports Clubs and we will promote increased participation in the community through this network.

The Sport and Recreation Alliance will lead this pledge. As the representative alliance of national governing bodies, it works to promote physical activity and sport at all levels.

PI – 7 Sporting Equals – We will target the least active BME communities to promote positive attitudes to sport and physical activity and increase the percentage of people from BME communities who achieve one or more 30-minute session of sport and physical activity per week.

Sporting Equals, an organisation who exists to actively promote greater involvement by all communities that are disengaged especially the black and minority ethnic population in sport and physical activity, will lead this pledge. They will work closely with the providers of sporting opportunities (national
governing bodies, local authorities and agencies, sports organisations) and the users of sporting opportunities (community and faith groups, local clubs, charities and individuals) and additional partners to deliver on this pledge utilising links with NHS agencies and other organisations addressing health inequalities in society.

**PI – 8 Ramblers/Walk England –** We will encourage adults, children and families to walk as part of their daily routine by promoting and providing access to online tools, educational material, motivational resources and organised walking activities.

This pledge will be led by Ramblers, which safeguards footpaths and places for walking, and promotes walking in all communities. This pledge will be met through their network of 50 local areas and 500 groups across England as well as drawing support from other walking promoting organisations such as Walk England.

**Health at Work**

**HI – 1 Mars UK, Novo Nordisk, Unilever –** To work in partnership with SME organisations to help them to promote health and wellbeing amongst their staff.

**HI – 2 A Development Group including Let’s Get Healthy, Zest People and Samworth Brothers (Ginsters) has been established to share knowledge about health, work and wellbeing best practice and advice for the benefit of SME sector via the one-stop-shop website (to be developed).**

Around 40% of UK workers are employed by SMEs, which traditionally have fewer resources, time, or capacity for running their own workplace wellbeing programmes. There is a clear need to find different ways to support SMEs and help them support their employees. Both HI-1 and HI-2 are designed to do this. The pilots involve large employers reaching out to SMEs in their local area to share their resources and expertise in managing workplace health and wellbeing. The one-stop-shop website will include information that will help SMEs to manage employee health and wellbeing. We expect both these pledges to deliver better SME engagement in the health, work, and wellbeing agenda, with more small businesses demonstrating commitment to employee wellbeing.
HI – 3 Business in the Community (BITC) – To embed the principles of the BITC emotional Management toolkit within HR procedures.

Mental disorders affect as many as 450 million people worldwide and employees with mental health problems are absent from work 7.5 times longer than those with a physical illness. BITC’s new online tool will help line managers to recognise the signs of someone that may be suffering from stress or another mental health problem. It will also provide practical advice for managers on how to respond in an appropriate way and suggest possible solutions. By improving the emotional resilience of their team, managers are helping to create a more positive working environment for employees which, in turn, helps increase productivity and reduce staff turnover for the business. By embedding the principles of the toolkit in human resources procedures, better retention of people with mental health problems and a general reduction in sickness absence rates are expected.

HI – 4 Nestle, E.ON, American Express Services Europe – To broaden out occupational health services so that there is more focus on the promotion of healthy workplaces.

Too often, occupational health is seen as a last resort for staff with poor attendance records and many employers do not recognise the characteristics of a good occupational health service. The aim of this pledge is to help employers procure occupational health services that proactively support the health of their workforce and also prevent ill health. A general improvement in the level of occupational health services available to employers is expected from this pledge.