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The Public Health Responsibility Deal: brokering a deal for public health, but on whose terms?

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Introduction

Globally, obesity prevalence has doubled since 1980 [1]. Interventions have focused on motivating behavioural change through the provision of information to individuals [2,3]. But despite widespread recognition of the scale of the problem, in no country has it been reversed through public health measures [4]. Acknowledgement of this situation has driven a fundamental change in the policy approach to obesity. Interventions that focus on individual choice are being complemented by policy that takes an ecological approach, recognising that individuals are ultimately responsible for their health behaviours but that choices are made in the context of a larger, 'obesogenic' environment [4,5].

To reengineer the environment to prevent obesity requires a societal approach involving governments, civil society and the private sector [4,6]. Some form of engagement with the food industry is necessary due to its influence over the food environment. The World Health Organisation (WHO), for example, has promoted a multisectoral, 'whole of society' approach to obesity prevention, calling on civil society and the private sector, including the food industry, to 'partner' with governments on the implementation of public health measures [6,7].

This article investigates the potential impact of private sector engagement in public health by looking at a working example; the Public Health Responsibility Deal in England

(from now on referred to as 'the Responsibility Deal'). Specifically, it analyses the Responsibility Deal calorie reduction pledge; its stakeholder representation, working practices, and development and implementation, in order to identify the role and influence of the private sector.

The Responsibility Deal was launched in England in March 2011 and represents a partnership approach to public health whereby Government engages private sector and NGO partners in efforts to address public health objectives. The Deal is organised into five networks each with specific focus; food, alcohol, physical activity, health at work, or behaviour change. Partner organisations pledge voluntary actions, agreed by the networks, which are designed to help meet public health goals. The argument for the voluntary approach is that it allows practical actions to be agreed upon more quickly and with less cost than legislation [8].

Between March 2011 and June 2013, the Food Network of the Responsibility Deal developed pledges that addressed out-of-home calorie labeling, trans fat removal, salt reduction, fruit and vegetable promotion, and calorie reduction. The calorie reduction initiative is notable for its ambition to drive the national obesity target in England of 'a downward trend in the level of excess weight averaged across all adults by 2020'. This is to be achieved by reducing the nation's collective calorie intake by five billion calories per day; equivalent to 100 calories per person per day and an estimate of the average reduction necessary to achieve a healthy weight [9]. Responsibility Deal partners pledge to reduce calories through reformulation and portion size reduction of products, and by encouraging behavioural change in consumers through activities such as the promotion of smaller portion sizes or making healthier products available. This approach, influenced by behavioural science theories [10], aims to make the existing, default

choice the lower calorie choice (as opposed to offering lower calorie alternatives). Thus 'nudging' consumers towards reduced calorie consumption.

The Responsibility Deal is among several types of voluntary arrangements that have emerged within the past decade where policymakers and government bureaucrats have favoured collaborative, voluntary approaches, as opposed to legislative or regulatory approaches, to address leading public health problems [11, 12]. The argument in favour of collaboration with industry partners is that it is more effective than acting independently of them. The argument against suggests that the approach affords industry the opportunity to influence the development of public health policy to its own ends [13, 14, 15].

Other conditions that have favoured private sector engagement in public health include: the failure of previous public health intervention strategies; rising healthcare costs [3]; and the food industry's appropriation of a responsibility for public health through corporate social responsibility activities [16]. Governments have adopted neoliberal policies that have promoted pro-business values, expanded the role for public-private partnerships, and delegated some responsibility for public health to the private and non-profit sectors [17,18,19].

In an environment conducive to private sector involvement, the food industry has moved proactively to pledge actions to improve the health profile of its products [4]. Coalitions of large multinational food and drink businesses have pledged to reformulate their products and to market them responsibly [20, 21, 22]. Largely business-led and self-regulated, such voluntary initiatives have met with scepticism from the public health community, including the World health Organization [13, 23, 24,25]. Comparisons have been drawn

with the tobacco industry, suggesting that weak voluntary standards and lax enforcement are employed as a tactical move to forestall legislation [25,26,27]. Governments stand accused of abdicating responsibility for public health to the private sector at the expense of more effective, evidence-based approaches [4,28]. Underpinning these criticisms is the perception that a conflict of interest between private interests (consume more) and public interests (consume less) precludes meaningful action [26,29,30]. Industry is not incentivised to re-shape public tastes if it presents a risk to existing markets and shareholder value [31] and only through regulation, or the threat of government regulation, can this conflict be over-ridden [11,14]. The industry view, in contrast, is that it is simply stepping up to high-level calls to play its part in tackling the problem [32]. It has argued that the conflict of interest lies in *not* acting to support a healthy populace ‘for unhealthy consumers do not purchase our products’ [33].

The Responsibility Deal is an example of an initiative that harnesses the voluntary or ‘opt-in’ actions of industry for public health ends. It is notable, however, for being driven by government. Comparable schemes are, for example, CEO-led [20,21], or co-ordinated at a pan-European level [22]. The Responsibility Deal, however, is a formal public-private-NGO partnership initiated and led by the English government to address specific, target-based public health objectives, such as reducing excess alcohol, salt and calorie consumption [8]. Despite government’s leading role, there remain tensions over the involvement of the private sector.

Shortly before the launch of the Responsibility Deal, a group of six prominent health organisations involved in developing the alcohol-related pledges refused to back the initiative. They expressed concerns that the pledges were limited in scope and not specific or measurable (see Bryden et al [11] for a discussion on the need to set

ambitious targets and the need for independent review or audit); that industry views had been prioritised and that there was no commitment to alternative actions should voluntary measures fail [34]. As an approach to obesity prevention the Responsibility Deal received similar criticism [28,35]. Counter to these concerns government ministers claim that the Responsibility Deal, now in its third year, has achieved more, faster and cheaper, than legislation [28,36].

As a relatively new venture it is understandable that there has been no evaluation of the pledge in terms of outcomes i.e. a reduction in calorie production and consumption. A DH-funded evaluation of the wider Responsibility Deal has begun, although the initial focus has been on *how* to evaluate the initiative - a logic model for its evaluation has been proposed - rather than an evaluation of outcomes [11,37]). At the time of writing the first annual self-reporting procedure of the calorie reduction pledge had begun with a number of companies reporting the actions they had taken during the first year [38] but no population level monitoring was apparent. Despite this, it is possible to evaluate the potential of 'the Responsibility Deal approach' as a public health policy tool, by looking in detail at the initiative's working practices. Are the concerns over the weight of industry influence founded? Or, in contrast to the perceived weakness of industry-led voluntary agreements, does the Responsibility Deal's government-led approach provide evidence that with strong public leadership there is potential for voluntary actions to deliver meaningful results for public health?

Methods and materials

When research began in May 2012 it was assumed that the majority of the source material would be available on Department of Health (DH) websites; due to the commitment of the DH (and wider Coalition Government) to make transparency and public accountability a fundamental principle of its working practices [39, 40]. However,

no Responsibility Deal meeting documentation was found other than for two meetings held in late-2010 which were published on an archived DH website [41]. An email was sent to the DH requesting documentation from subsequent meetings but no response was received and so a series of five Freedom of Information (FOI) requests were filed [42,43,44,45]. Requests for information held by or on behalf of UK public authorities may be filed under the Freedom of Information Act 2000, which gives people a general right of access to information. For the purpose of this research the FOI requests were filed via the website Whatdotheyknow.com which provides an online service for the public submission and archiving of UK FOIs [46]. Further information on how to file a FOI request can be found on the UK Government website [47].

As detailed in Table 1, four FOI requests yielded 56 documents. Of these, documents relating to past high-level meetings were concurrently posted to the Responsibility Deal website. For subsequent meetings held during the research period this documentation was published directly to the website. All supplementary information used for the research was publicly available and includes government and NGO reports, media releases, and articles from peer-reviewed journals.

Results

Table 1: Summary of Freedom of Information requests relating to the Responsibility Deal submitted to the Department of Health during May/June 2012 and the 56 documents received in response.

| FOI | Requested information | Number of |
|-----------------------------------|---|--|
| Request No. / Date filed | | documents [reference] / Date received |
| 1 May 2012 | Meeting agendas, discussion papers and meeting minutes etc. for meetings where the Food Network of the Responsibility Deal was discussed | 44 [42] June 2012 |
| 2 May 2012 | <p>Pertaining to the calorie reduction pledge:</p> <ul style="list-style-type: none"> • The names of members of the calorie reduction sub-committee of the Responsibility Deal Food Network • A list of organisations that were consulted on the creation of the Calorie Reduction pledge. • Documentation from meetings where the Calorie Reduction pledge was discussed. • Consultation documents and responses that led to the creation of the Calorie Reduction pledge. • Documents which detail how the Calorie Reduction pledge was modified in response to consultation with partners/other involved organisations. | 8 [43] June 2012 |
| 3 May 2012 | Documentation relating to the monitoring and evaluation of the calorie reduction pledge of the Responsibility Deal | 3 [44] June 2012 |
| 4 June 2012 | Evidence of incentives provided to partners for actions relating the calorie reduction initiative | 1 [45] July 2012 |

The results are presented in two sections

s. The first defines the working practices that constitute ‘the Responsibility Deal’ approach. The second section presents evidence of the effectiveness of the approach as a policy tool by documenting how the approach influenced the development and implementation of the calorie reduction pledge.

The ‘Responsibility Deal approach’ to calorie reduction

Stakeholder representation

Oversight of the Responsibility Deal is led by a plenary group chaired by the Coalition Government Secretary of State for Health, Jeremy Hunt. However, it was his predecessor Andrew Lansley who initiated the Responsibility Deal approach and then championed its implementation following the formation of the Coalition in 2010 [48]. Hunt replaced Lansley as Secretary of State for Health, and chair of the Responsibility Deal plenary group, following a cabinet reshuffle in 2012 [49]. In addition to the Secretary of State, the plenary group includes senior representatives from industry and non-governmental organisations (NGOs), and government advisors. Reporting into the plenary group are the five networks; food, alcohol, physical activity, health at work and behaviour change [8]. The focus of this article is the Food Network and its development and implementation of the calorie reduction pledge (see Figure 1 for a schematic representation of the Network’s organisational structure and workflow).

The Food Network is headed by a High Level Steering Group (HLSG). This sets the Network’s priorities, commissions the development of pledges from task-specific working groups, and has final review of the pledges and their monitoring and evaluation plans [50]. It too comprises representatives from public, private and NGO organisations. As shown in Figure 1, at the time of the research the HLSG was chaired by a senior

academic with additional members including: a representative from Government's Scientific Advisory Committee on Nutrition; six industry representatives (food, retail and hospitality trade associations; Sodexo, a contract caterer; Pepsico; and Tesco); and two public interest NGOs (PINGOs) (The Faculty of Public Health and the consumer association, Which?) [51]. The HLSG terms of reference additionally require one member to be a senior representative from a health charity [52]. This position was previously held by Cancer Research UK (CRUK) which stepped down in the second half of 2012 to focus its involvement on the Alcohol Network of the Responsibility Deal [53]. HLSG meeting minutes from June 2013 indicate that the health charity position was still vacant at that time [54]. Despite the involvement of the PINGOs all have publically criticised the Responsibility Deal approach, primarily regarding limitations in the scope, monitoring and evaluation of the pledges [35,55]. At the time of writing, the Faculty of Public Health (FPH) had recently announced its withdrawal from the Responsibility Deal due to the prioritisation of private interests and a lack of evidence that the Deal was achieving its goal of being faster and more effective than legislation [56, 57]. The departure of the FPH would leave just one PINGO on the Food Network HLSG.

In relation to stakeholder representation, recognising the absence of certain organisations from the Responsibility Deal Food Network is also informative. Other PINGOs were involved in Food Network discussions prior to the launch of the Responsibility Deal but disengaged citing similar reasons to those mentioned above [58,59]. Also notable is the absence of the Food Standards Agency (FSA), even as an observer. This government department was responsible for nutrition policy in England until late 2011 and had extensive experience of working with industry to achieve voluntary agreements in areas such as salt reduction, food reformulation and trans fats [60,61].

In addition to the organisations represented on the HLSG, the Food Network additionally comprises a group of organisations referred to interchangeably as the 'wider Food Network' or the 'e-Food network' (due to the facility for its members to contribute electronically). The function of this group is to 'test' the outputs of the HLSG [50]. Documents show that the wider Food Network was consulted on all aspects of the design of the pledge from the early scoping stages through to its launch [62]. There is, however, no record of which organisations participated in this informal extension of the network. A subsequent FOI request, filed in September 2012 to clarify the membership of the wider Food Network, received a response from the DH indicating that this extension of the network primarily comprises the food and drink businesses that government seeks to sign to the pledge [63].

Figure 1: Organisational structure and workflow: the Responsibility Deal and Food Network, July 2013 (Source: authors)

Working practices

Calorie reduction was the fourth pledge developed by the Food Network; others focused on salt and trans fats reduction and providing calorie labels on restaurant menus. The five billion calorie reduction target was set by Government on the basis of independent scientific advice [64], but it was the responsibility of the Food Network to agree a strategy that would deliver that target.

Records show that a key Food Network HLSG meeting was held in September 2011.

The then Secretary of State for Health, Andrew Lansley, joined for the calorie reduction

agenda item and set forward his vision for the calorie reduction pledge to 'tackle the obesogenic environment', emphasising that 'the initiative was not simply about having lower calorie options but was instead about shifting the whole offering in a healthier direction'. Discussions also covered a draft pledge that detailed the aims and objectives of the pledge, a 'menu of options' for action by participating companies, and the proposed monitoring process [65]. The draft pledge was approved by the HLSG shortly after and issued to the wider Food Network for consultation.

Over the following months the pre-launch consultation process involving the wider Food Network resulted in a series of revisions to the pledge. A FOI response supplied five subsequent drafts dated between October 2011 and February 2012 [62] but no record exists of why the changes were made or which organisations requested them. There were no minutes on the Responsibility Deal website to explain the changes to the pledge or the HLSG discussions that led to them.

Revisions to the pledge

By comparing the drafts that resulted from the pre-launch consultation process against the final pledge [66] the revisions can be identified and some conclusions drawn as to their potential effect. Although there is no record of which organisations requested the changes, by looking at how the pledge changed during the consultatory period, and the interests that would be served by those changes, some indication is given as to the relative influence of private and public interests. Revisions to the three key components of the pledge - its wording, guiding principles, and monitoring process - are described below.

Revisions to pledge wording: remit expanded to include provision of information

Following consultation with the wider Food Network, believed to primarily represent food and drink businesses, the wording of the pledge was changed as shown in Box 1.

BOX 1: Revisions to the wording of the pledge

The wording of the pledge was changed as follows (text that is struck through represents text deleted during the consultatory period; underlined text was added):

We will ~~encourage~~ support and enable our customers to eat and drink fewer calories through actions such as product/menu reformulation, ~~portion control~~ reviewing portion sizes, education and information, and actions to shift the ~~balance of promotions~~ marketing mix towards lower calorie options. We will monitor and report on our ~~progress~~ actions on an annual basis [62,65,66].

Of particular note is the introduction of the phrase 'education and information'. This fundamentally expands the core remit to allow pledged actions that are not directly related to calorie reduction but which focus instead on providing information to consumers about calorie reduction and choice of foods. Also notable is the change from a commitment to report *progress* to a commitment to report *actions*. This risks legitimising the reporting of actions that do not represent an advancement in calorie reduction.

Revisions to pledge guiding principles: actions do not have to be additive

The guiding principles of the pledge act as a checklist against which pledged actions can be reviewed for relevance. Box 2 shows the significant changes that were made during the consultation period.

Box 2: Revisions to the pledge's guiding principles

The guiding principles of the pledge were changed as follows (text that is struck through represents text deleted during the consultative period; underlined text was added):

Guiding Principles

Actions in pursuit of the calorie reduction pledge should:

- ~~be new or significantly enhance existing activity~~
- ~~reduce where possible the salt, saturated fat or sugar (NMES) content of the product~~
- seek to deliver long term and sustained changes reductions in energy intake
- include measures linked to the company's core business
- ~~be carried out on a sufficient scale to make a significant impact~~
- be developed in a way which embraces the spirit of the Responsibility Deal to improve public health and seeks to avoid the potential for unintended consequences, including the likelihood of exacerbating health inequalities
- not conflict with, and if possible support work to reduce the salt and/or saturated fat content of products [62,65,66].

Of note is the redaction of the principles that required pledged action to be new, to significantly enhance existing activity, or to be impactful. This is in keeping with the changes to the pledge wording (see Box 1) that removed the requirement for businesses to report how their actions have contributed towards the progress of the initiative. These revisions legitimise the re-appropriation of existing business practices as new, pledge-qualifying actions. In contrast, the addition of the fourth principle; that pledged actions

must be linked to the company's core business, could strengthen the pledge by ensuring that any actions taken are significant in their scope.

Revisions to pledge monitoring process: quantitative metrics removed

The five billion calorie reduction target was set by Government as a means to calibrate the scale of action at national level [64]. At the company level signatories must report actions that contribute towards the national target via an annual monitoring form published on the Responsibility Deal website. When the HLSG first agreed the monitoring form it required qualitative and quantitative reporting. For example, reformulated products or reduced portion sizes should *replace* existing products and the number of products affected must be recorded. To get to this stage had already required compromise. The HLSG had discussed setting company or sector level targets, and taking baseline measurements from which progress could be measured, but these measures were not adopted [65].

During the consultation period the requirement for quantitative monitoring metrics was removed. Signatories are not obliged to disclose whether affected products will replace or coexist with the original full calorie product. The only mandatory monitoring requirement is a 500-word (maximum) narrative describing activities undertaken [67]. Actions are not quantified, unless voluntarily, and therefore cannot easily be evaluated for their contribution to the five billion calorie target. No evidence was found of plans to monitor or evaluate outcomes at the population level.

Effectiveness of delivering broad engagement

The final draft of the calorie reduction pledge was approved by the HLSG and launched in March 2012. At launch there were 17 founding signatories representing the manufacturing, retail and food service sectors (see Figure 1) [68]. By February 2013, almost one year after its launch, 29 companies had published a calorie reduction pledge delivery plan detailing the actions they would take [69]. Industry sectors are represented to varying degrees. Large fast food restaurant chains, for example, are conspicuously absent despite some being signatories to other Responsibility Deal pledges.

Due to the voluntary nature of the Responsibility Deal existing signatories can opt not to sign additional business-relevant pledges. This is demonstrated by looking at the overlap between companies that signed a separate calorie labelling pledge and those that signed the calorie reduction pledge. As shown in Figure 2, most of the restaurant chains that agreed to add calorie labels to their restaurant menus declined to sign the calorie reduction pledge to reformulate or reduce the portion size of their products. This is despite many of those businesses being characterised by high-calorie, energy dense foods to which the calorie reduction pledge would be particularly relevant.

INSERT Figure 2: Evaluation of signatories to calorie labelling versus calorie reduction pledges (Source: authors).

Measure of effectiveness in delivering calorie reduction

Whilst it is desirable to achieve broad engagement across the food and drink industry, it is equally important to evaluate whether the pledged actions relate to direct calorie reduction; the objective of the initiative. To this end the delivery plans were analysed to determine the type of actions pledged. In total, 102 actions¹ were assigned, for the purpose of the analysis, to one or more of the following categories: reformulation, reduced portion size, new product development, marketing/promotional, and provision of information.

As shown in Figure 3, the most commonly pledged actions involved the development of new, reduced-calorie product ranges (26%) or the provision of information to help consumers make healthier dietary choices (20.5%). That these actions qualify for inclusion is attributable to the revisions made to the pledge during the consultation with the wider Food Network. Only one-third of pledged actions relate to reducing calorie content through reformulation (19.5%) or portion size reduction (15%) – the original primary objectives of the initiative. Few pledged actions commit to specific products or quantifiable levels of calorie reduction. Coca-Cola provides an example of one of the more specific pledges with its promise to cut the calorie content of ‘several’ of its leading drinks (excluding Coca-Cola) by at least 30% by the end of 2014 [70].

¹ Actions were excluded where the delivery plan suggested they were already underway at the commencement of the calorie reduction pledge i.e. they were not additive to existing company activities. Actions were also excluded if they were not directly relevant to the calorie reduction pledge e.g. some pledged actions related to calorie labelling which is a separate pledge.

INSERT Figure 3: Analysis of pledged actions – by type of action (Source: authors).

Discussion

In the absence of any formal outcome evaluation, opinions are divided over whether the Responsibility Deal is a weak alternative to legislation that has prioritised private over public interests, or a cost-effective and expeditious alternative that has harnessed private sector efforts for the good of public health. Critics, sceptical of the ability of a voluntary partnership to drive comprehensive engagement have called for a timetable of potential legislative measures as an ultimatum to encourage engagement [34, 71]. Government has said it will consider legislation if progress is inadequate but no detail or timescale has been provided [72,73].

The Responsibility Deal approach to calorie reduction was designed as a public-private-NGO partnership to be governed by representatives of each sector [50]. However, only one of three HLSG positions reserved for PINGO was occupied as of July 2013, whilst industry representatives remained at their full complement of six. Formulation of the Food Network strategy involved extensive private consultations with a second tier of partner organisations – the wider Food Network - believed to primarily represent the food and drink industry ie the businesses that would implement the strategy. An important observation is that this is the intended approach of the Responsibility Deal as outlined in its terms of reference [50]. It deliberately and closely involves the food and drink industry in the specification of the measures they are to implement (calorie reduction through reformulation and portion control). Despite the strong potential for such measures to conflict with business interests (for example, through the risk that consumers reject a reformulated product) no sanctions exist to drive compliance. This failure to incorporate

sufficient disincentive for non-participation empowered signatories to demand revisions to the pledge and non-signatories to remain as such, as evidenced by the significant revisions to the pledge and selective engagement by the restaurant industry (see Figure 2). Likewise there are no sanctions for companies that pledge actions that avoid addressing existing products through their focus on the development of new product ranges or health promotion activities.

The revisions to the pledge between its draft and final forms widened the scope of the pledge in favour of the food industry and allowed for the inclusion of actions that are not additive and which do not directly reduce calorie content in the food system. Aims and objectives were redefined to the extent that they now recognise new product development and health promotion – common business practices - as progress towards public health goals. Only one third of pledged actions relate to the primary aims of the pledge, despite the former Secretary of State for Health, Andrew Lansley, having emphasised that the focus should be on the reformulation and reduced portion size of existing products. Although there is no record of the organisations that demanded the changes, the revisions strongly favour private over public health interests. This lack of transparency surrounding stakeholder representation and influence does little to enhance the credibility of an initiative already under fire for its close dealings with industry. Having PINGOs sit on the HLSG, albeit lower in number than private sector organisations, may suggest the representation of public interests, but this research indicates that representation alone does not guarantee influence. This finding is in keeping with the statements of those health organisations that disengaged from the Responsibility Deal citing, amongst other concerns, the prioritisation of industry interests [34, 57]

The amendments to the monitoring processes also reveal an imbalance in partner influence. If pledged actions fail to deliver the required calorie reduction then sooner or later it will become evident that objectives and outcomes are not aligned. In the absence of adequate monitoring, however, that conclusion will likely be delayed. As highlighted by this research, quantifiable monitoring metrics were removed from the draft pledge and the decision was taken not to record baseline measurements from which to monitor progress [65]. No commitment to population level monitoring was found, which further compounds this deficiency.

Inadequate monitoring minimises industry (and Government) accountability – neither the success nor the failure of pledged actions can be easily evaluated. Critics might suggest that any delay to the evaluation process will buy industry some time. In the absence of adequate monitoring, the Coalition Government, ideologically opposed to regulation unless voluntary approaches prove unsuccessful [74], cannot easily evaluate whether or not the pledge is on course to achieve its five billion calorie reduction target. If failure to meet this target is the trigger for the consideration of regulatory alternatives, then the preclusion of evaluation would inevitably delay this process.

Despite the revisions to the pledge appearing to favour private interests, this has not resulted in comprehensive engagement across all sectors of the food and drink industry. Few food service businesses, for example, have signed up to the pledge despite ‘out of home’ eating contributing 10% of calories consumed in the UK [75]. In some cases this is despite those businesses being signatories to other food-related pledges. That large multinational organisations characterised by high calorie foods can choose to ignore additional business-relevant pledges provides further evidence of the weakness of the Responsibility Deal’s voluntary, sanction-free approach. In addition to maximising the

impact of the pledge, broad take up within a particular sector of the food industry would create a 'level playing field' by reducing the commercial risk that participants are at a competitive disadvantage as a result of their actions [18].

In principle it should be possible to achieve meaningful results through voluntary action if there are clear targets, industry cooperation and strong government leadership. In the case of the calorie reduction initiative there is little evidence of this. The degree of compromise required to find the common ground between public and private interests strongly suggests a lack of governmental bargaining power. This observation is in keeping with studies that suggest that regulation, or the threat of regulation, is the only evidence-based mechanism to influence corporate behaviour in the public interest [11,14].

The implication of these findings is that the Responsibility Deal approach as a policy tool risks failing to deliver the required calorie reduction, and in the absence of adequate monitoring and evaluation this will go unchecked. As Government's flagship obesity initiative this will have a significant opportunity cost both in public health and economic terms. More generally, the research confirms the importance of certain features to the good governance of a well-functioning public-private-NGO partnership. Such features include incorporating sufficient disincentives for non-participation [11,14], establishing fair and transparent stakeholder representation and influence [26,76], and creating measurable aims and objectives that are linked to the wider public health objective and which facilitate evaluation [71,77] (See Box 3 for actions to support these recommendations as applied by the authors to the Responsibility Deal Food Network).

Box 3: Recommended actions to ensure good governance of the calorie reduction initiative (Source: authors)

- Publish a timetable of legislative actions that will be enforced if the initiative does not meet its five billion calorie reduction target.
- Instruct an independent review of stakeholder representation and working practices to ensure that influence is appropriate and transparent.
- Devise SMART (Specific, Measurable, Attainable, Relevant and Time-bound) company- and sector-level calorie reduction targets. Such as a flat rate percentage calorie reduction target across products of low nutritional value. The combined targets for each sector should derive from the five billion calorie reduction target.
- Monitor population level outcomes. For example, by monitoring caloric changes from the supply side (using sales data) and consumption side (using nutrition data) [78], or by using existing population weight surveys as a proxy measure for calorie reduction [79].

Conclusion

The Responsibility Deal's voluntary, partnership approach is claimed by Government to have achieved more, faster and cheaper, than regulation. This research suggests, in contrast, that it is the collaborative, voluntary working practices of the approach that have undermined its potential as a public health policy tool and hindered its ability to deliver at a population level. The Responsibility Deal legitimises industry involvement in the design of policy measures, with no sanctions or targets to ensure those measures drive public health goals. It has afforded private interests the opportunity to influence in their favour the public health policies and strategies that affect their products.

The resulting distraction of objectives and preclusion of evaluation is likely to result in a significant public health opportunity cost. For the private sector to take meaningful actions that prioritise public health interests above its own will require considerable incentive. To expect them to be made voluntarily is misguided.

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References

- [1] World Health Organisation. Obesity and overweight. Fact sheet No. 311. <http://www.who.int/mediacentre/factsheets/fs311/en/>; 2013.
- [2] Nestle M, Jacobson M. Halting the obesity epidemic: a public health policy approach. *Public health reports* 2000; 115(1): 12-24.
- [3] Government Office for Science. Foresight - Tackling Obesities: future choices. <http://www.bis.gov.uk/foresight/our-work/projects/published-projects/tackling-obesities/reports-and-publications>; 2007.
- [4] Swinburn B, Sacks G, Hall K, McPherson K, Finegood D, Moodie M & Gortmaker S. The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 2011; 378 (9793): 804-814.
- [5] Egger G, Swinburn B. An "ecological" approach to the obesity pandemic., *BMJ (Clinical Research Ed.)* 1997; 315(7106): 477-480.
- [6] World Health Organisation. Draft action plan for the prevention and control of noncommunicable diseases 2013–2020. http://apps.who.int/gb/e/e_wha66.html; 2013.
- [7] World Health Organization, Global strategy on diet, physical activity, and health. <http://www.who.int/dietphysicalactivity/strategy/eb11344/en/index.html>; 2004.

[8] Department of Health. The Public Health Responsibility Deal

<http://responsibilitydeal.dh.gov.uk/>; 2011

[9] Department of Health. Healthy Lives, Healthy People: A call to action on obesity in England.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130401; 2011.

[10] Thaler RH, Sunstein C.R. (eds.) Nudge: improving decisions about health, wealth, and happiness. New Haven. 2008. London: Yale University Press.

[11] Bryden A, Petticrew M, Mays N, Eastmure E, Knai C. Voluntary agreements between government and business-A scoping review of the literature with specific reference to the Public Health Responsibility Deal. *Health Policy* 2013; 110: 186-197.

[12] Kraak V, Harrigan P, Lawrence M, Harrison P, Jackson M, Swinburn B. Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition. *Public Health Nutrition* 2012; 15 (03): 503-517.

[13] Gilmore AB, Savell E, Collin J. Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease?. *Journal of Public Health*, 2011; 33(1): 2-4.

- [14] Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thaksaphon T, Lincoln P, Cassewell S. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013;381; 670-679.
- [15] Hawkes C, Buse K. 2011. Public health sector and food industry interaction: it's time to clarify the term 'partnership' and be honest about underlying interests. *European Journal of Public Health* 2011. 21 (4): 400-1.
- [16] Herrick C. Shifting blame/selling health: corporate social responsibility in the age of obesity. *Sociology Of Health & Illness* 2009; 31(1): 51-65.
- [17] Richter J. WHO reform and public interest safeguards: An historical perspective. *Social Medicine* 2012; 6(3):141-150.
- [18] Carolan MS. *Embodied Food Politics*. Ashgate: Farnham; 2011.
- [19] Schanbacher WD. *The Politics of Food: The Global Conflict between Food Security and Food Sovereignty*. Santa Barbara: Calif; 2012.
- [20] Healthy Weight Commitment Foundation. Coalition aims to reduce obesity. http://www.healthyweightcommit.org/news/Reduce_Obesity/; 2009.
- [21] International Food and Beverage Alliance. Our Commitments. <https://www.ifballiance.org/our-commitments.html>; 2013.

- [22] EU Pledge. The EU Platform for Action on Diet, Physical Activity and Health.
<http://www.eu-pledge.eu/content/eu-platform-action-diet-physical-activity-and-health>;
- [23] World Health Organisation. WHO Director-General addresses health promotion conference. http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/; 2013.
- [24] Mindell JS, Reynolds L, Cohen DL, McKee M. All in this together: the corporate capture of public health. *BMJ* 2012; 345: e8082.
- [25] Ludwig DS, Nestle M. Can the food industry play a constructive role in the obesity epidemic? *Journal of the American Medical Association* 2008; 300(15):1808-1811.
- [26] Sharma L, Teret S, Brownell K. The food industry and self-regulation: standards to promote success and to avoid public health failures. *American Journal Of Public Health* 2010;100(2): 240-246.
- [27] Brownell K, Warner, K. The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food? *Milbank Quarterly* 2009; 87(1): 259-294.
- [28] Science and Technology Select Committee. Behaviour Change
[\http://www.publications.parliament.uk/pa/ld201012/ldselect/ldsctech/179/17902.htm;
2011

- [29] Lincoln P, Rundall P, Jeffery B, Kellett G, Lobstein T, Hotska L, Allen K, Gupta A. Conflicts of interest and the UN high-level meeting on non-communicable diseases. Lancet 2011; 387: e6.
- [30] Stuckler D, Nestle M. Big Food, Food Systems, and Global Health. PLoS Med 2012; 9(6): e1001242.
- [31] Magnusson R S. Non-communicable diseases and global health governance: enhancing global processes to improve health development. Globalization and Health 2007:3.
- [32] Mensah GA, Yach D, Khan, M. Industry response to the obesity threat. Journal of the American Medical Association 2011; 305(4):361-362.
- [33] International Food & Beverage Alliance. Submission by the International Food & Beverage Alliance on the World Health Organization Discussion Papers 1 & 2 (version dated 19 March 2012) on effective approaches for strengthening multisectoral action for NCDs. <https://www.ifballiance.org/resources.html>; 2012.
- [34] Royal College of Physicians. Key health organisations do not sign responsibility deal. <http://www.rcplondon.ac.uk/press-releases/key-health-organisations-do-not-sign-responsibility-deal>; 2011.
- [35] Which? Responsibility Deal One Year On Which Briefing. <http://www.which.co.uk/about-which/who-we-are/which-policy/food/policy-and-regulation/>; 2012

[36] Quinn I. "Hunt claims Responsibility Deal success as new pledges unveiled" Grocer 2012 Nov 15. www.thegrocer.co.uk/topics/health/hunt-claims-responsibility-deal-success-as-new-pledges-are-unveiled/234236.article

[37] Petticrew M, Eastmure E, Mays N, Knai C, Durand MA, Nolte E. The Public Health Responsibility Deal: how should such a complex public health policy be assessed? *J Public Health (Oxf)*. 2013; Jul 23.
<http://jpubhealth.oxfordjournals.org/content/early/2013/07/23/pubmed.fdt064.abstract>.

[38] Department of Health. Progress on reducing calories. 2013.
<https://responsibilitydeal.dh.gov.uk/reducingcalories/> (Accessed: 19 July 2013).

[39] Cabinet Office. The Coalition: our programme for government.
<https://www.gov.uk/government/publications/the-coalition-documentation>; 2010.

[40] Department of Health. Publication scheme.
<https://www.gov.uk/government/organisations/department-of-health/about/publication-scheme> (Accessed; 25 October 2013).

[41] Department of Health. Public Health Responsibility Deal Plenary Group key papers and meeting documents; 2010.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/Plenarygroup/DH_123047?PageOperation=email (Accessed: 25 October 2013).

[42] Department of Health. Meeting agendas, discussion documents and agendas etc for meetings where the Food Network of the Public Health Responsibility Deal was discussed. 2012

http://www.whatdotheyknow.com/request/meeting_agendas_discussion_docum#incoming-290895 (Accessed: 10 Feb 2013).

[43] Department of Health, Calorie Reduction pledge of the Public Health Responsibility Deal. 2012

http://www.whatdotheyknow.com/request/calorie_reduction_pledge_of_the#incoming-290914 (Accessed: 10 Feb 2013).

[44] Department of Health. Evaluation and Monitoring of the Calorie Reduction pledge of the Public Health Responsibility Deal. 2012

http://www.whatdotheyknow.com/request/evaluation_and_monitoring_of_the#incoming-290881 (Accessed: 10 Feb 2013).

[45] Department of Health. Evidence of incentives for signing up to food-related Responsibility Deal pledges. 2012.

http://www.whatdotheyknow.com/request/evidence_of_incentives_for_signi#incoming-293449 (Accessed: 10 Feb 2013).

[46] My Society. WhatDoTheyKnow. 2013.

<http://www.mysociety.org/projects/whatdotheyknow/> (Accessed: 11 July 2013).

[47] UK Government. How to make a freedom of information (FOI) request. 2013.
<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act> [accessed on 11 July 2013).

[48] Public Health Commission. We're all in this together. Improving the long-term health of the nation. 2009.
<http://www.healthyweight4children.org.uk/resource/item.aspx?RID=92341> (Accessed: 23 October 2013).

[49] Burn-Murdoch J. How does Cameron's reshuffle change the composition of the cabinet? The Guardian. 4 September 2012.
<http://www.guardian.co.uk/news/datablog/2012/sep/04/cabinet-reshuffle-coalition-cameron-data> (Accessed: 23 October 2013).

[50] Department of Health. Meeting agendas, discussion documents and agendas etc for meetings where the Food Network of the Public Health Responsibility Deal was discussed; Meeting 1 Proposed Terms of Reference. 2012.
http://www.whatdotheyknow.com/request/meeting_agendas_discussion_docum
(Accessed: 3 August 2012).

[51] Department of Health. Food network's high level steering group. 2013.
<https://responsibilitydeal.dh.gov.uk/food-networks-high-level-steering-group/> (Accessed July 11 2013).

[52] Department of Health. High level steering group 12 March 2013 meeting; HLSG membership. 2013. <https://responsibilitydeal.dh.gov.uk/high-level-steering-group-12-march-2013-meeting/>. (Accessed July 11 2013).

[53] Osborne S (2013) Email to Clare Panjwani, 15 October.

[54] Department of Health. High level steering group 12 June 2013 meeting: Membership of the High Level Steering Group. 2013 <https://responsibilitydeal.dh.gov.uk/high-level-steering-group-12-june-2013-meeting/>. (Accessed July 11 2013).

[55] Cancer Research UK. The Government's Responsibility Deal – our view - Cancer Research UK - Science Update blog. 2011 <http://scienceblog.cancerresearchuk.org/2011/03/15/the-governments-responsibility-deal-our-view/> (Accessed: 7 August 2012).

[56] Faculty of Public Health. NGOs pull out of Government's Alcohol Network of the Responsibility Deal. http://www.fph.org.uk/ngos_pull_out_of_government%27s_alcohol_network_of_the_responsibility_deal (Accessed: 23 October 2013).

[57] Faculty of Public Health. FPH Withdraws from Responsibility Deal. 2013 http://www.fph.org.uk/fph_withdraws_from_responsibility_deals (Accessed 22 July 2013).

[58] Bennett, L. No deal. 2011

<http://www.diabetes.org.uk/upload/Professionals/Publications/Summer%202011/No%20deal%20web.pdf> (Accessed: 2 August 2012).

[59] British Heart Foundation (BHF) (2011), British Heart Foundation - Responsibility Deal [Press Release]. 15 March. Available at:

<http://www.bhf.org.uk/default.aspx?page=12990> (Accessed: 6 July 2012).

[60] Food Standards Agency (FSA) (2012), UK-wide consultations. Available at:

<http://www.food.gov.uk/news-updates/consultations/consultations-uk/2009/?completed=Yes> (Accessed: 14 July 2012).

[61] Food Standards Agency (2011), Government responsibility for healthy eating, nutrition and food labelling. Available at: <http://food.gov.uk/multimedia/webpage/nutpage> (Accessed: 2 August 2012).

[62] Department of Health. Calorie Reduction pledge of the Public Health Responsibility Deal; DE704018 attachment. 2012.

http://www.whatdotheyknow.com/request/calorie_reduction_pledge_of_the#incoming-290914 (Accessed: 10 Feb 2013).

[63] Department of Health. 2012. The organisations represented on/members of the Responsibility Deal Food Network Calorie Working Group and the e-Food Network www.whatdotheyknow.com/request/the_organisations_represented_on

[64] Department of Health. Meeting agendas, discussion documents and agendas etc for meetings where the Food Network of the Public Health Responsibility Deal was discussed; Meeting 3 Calorie Reduction Paper. 2011

http://www.whatdotheyknow.com/request/meeting_agendas_discussion_docum

(Accessed: 3 August 2012).

[65] Department of Health. Meeting agendas, discussion documents and agendas etc for meetings where the Food Network of the Public Health Responsibility Deal was discussed; Meeting 3 Action Note. 2012

http://www.whatdotheyknow.com/request/meeting_agendas_discussion_docum

(Accessed: 10 Feb 2013).

[66] Department of Health. F4. Calorie Reduction | Public Health Responsibility Deal. 2012. <https://responsibilitydeal.dh.gov.uk/pledges/pledge/?pl=23> (Accessed: 10 Feb 2013).

[67] Department of Health. How progress is reported. 2012.

<http://responsibilitydeal.dh.gov.uk/2012/11/14/monitoring-progress/> (Accessed: 10 Feb 2013).

[68] Department of Health. Meeting agendas, discussion documents and agendas etc for meetings where the Food Network of the Public Health Responsibility Deal was discussed; Calorie Reduction Roll out. 2011.

http://www.whatdotheyknow.com/request/meeting_agendas_discussion_docum

(Accessed: 3 August 2012).

[69] Department of Health. F4. Calorie Reduction signatories.

<http://responsibilitydeal.dh.gov.uk/f4-calorie-reduction/> (Accessed: 10 Feb 2013)

[70] Department of Health. Coca Cola Great Britain. 2012

<https://responsibilitydeal.dh.gov.uk/deliveryplans/?dp=2825>

[71] House of Lords Science and Technology Select Committee. Behaviour Change 2nd report of Session 2010-2012. Stationary Office, 2011.

[72] Brimelow A. "Consider tougher regulation in obesity fight – Labour" BBC News 2013 Jan 5. www.bbc.co.uk/news/health-20914685 (Accessed: 3 Mar 2013).

[73] Gray N. Industry making progress on public health goals, but more work to do, says UK minister. Food Navigator 2013; www.foodnavigator.com/Financial-Industry/Industry-making-progress-on-public-health-goals-but-more-work-to-do-says-UK-minister (Accessed: 3 March 2013).

[74] Department of Health. Healthy Lives, Healthy People: Our strategy for Public Health in England. 2010. Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

[75] Department for Food, Environment and Rural Affairs. Food Statistics Pocket Book 2012 (in year update) 2013. <https://www.gov.uk/government/publications/food-statistics-pocketbook-2012> (Accessed: 15 July 2013).

[76] Buse K, Harmer A. Seven habits of highly effective global public-private health partnerships: practice and potential, *Social Science & Medicine* 2007; 64(2): 259-271.

[77] Kraak VI, Story M. A Public Health Perspective on Healthy Lifestyles and Public–Private Partnerships for Global Childhood Obesity Prevention. *Journal of the American Dietetic Association* 2010; 110 (2): 192-200.

[78] Slining MM, Ng SW, Popkin BM. Food companies' calorie-reduction pledges to improve U.S. diet. *American Journal of Preventive Medicine*. 2013; 44(2): 174-84.

[79] Hall KD, G Sacks, Chandramohan D, Chow CC, Wang YC, Gortmaker SL, and Swinburn BA. Quantification of the effect of energy imbalance on bodyweight. *Lancet* 2011. 378 (9793): 826-37.

Captions

Figure 1: Organisational structure and workflow: the Responsibility Deal and Food Network, July 2013 (Source: authors).

This diagram shows the membership and workflow of the stakeholders involved in creating and implementing the calorie reduction pledge.

Figure 2: Evaluation of signatories to calorie labelling versus calorie reduction pledges (Source: authors).

This diagram demonstrates that it is common practice for companies not to sign up to all relevant Food Network pledges. In general, fast food and catering businesses have agreed to label the calorie content of their foods, but not to reduce it. Food retailers have agreed to do both.

Figure 3: Analysis of pledged actions – by type of action (Source: authors).

By February 2013, 29 companies had submitted calorie reduction plans to the Department of Health. In total these comprised 102 pledged actions relating to calorie reduction. The most common type related to the development of new products. This risks adding to product choice rather than reducing the calorie content of existing products.



Responsibility Deal Plenary Group

Chair: Secretary of State For Health

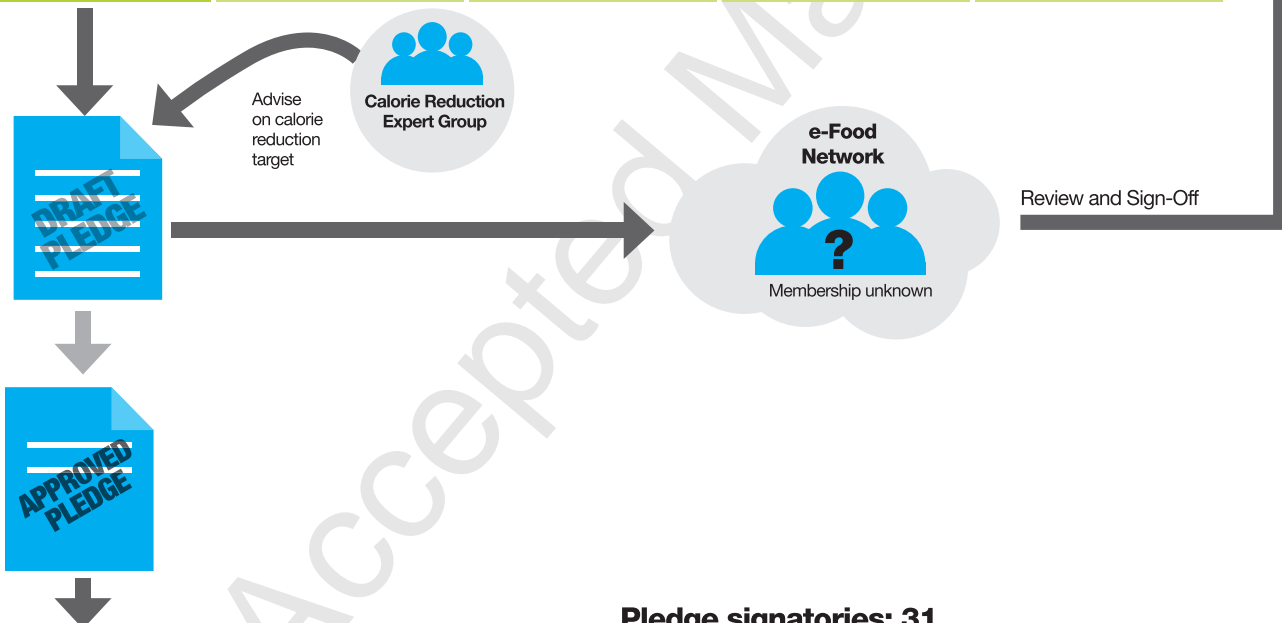
| Industry: 15 | | PINGO: 5 | Government Advisors: 2 | NHS: 1 |
|--|--|---|--|--------------------------|
| Advertising Association ASDA British Hospitality Association British Retail Consortium Compass Group Diageo GB Food and Drink Federation Fitness Industry Association | Mars UK Morrisons Portman Group Sainsbury's Tesco The Co-operative Unilever UK & Ireland | MRC Human Nutrition Research UK Health Forum Which? Cancer Research UK* Faculty of Public Health* | Chief Medical Officer Expert Adviser on health and well-being at work <i>*July 2013 – Withdrew citing prioritisation of industry interests in formulation of gov alcohol strategy.</i> | South East Coast SHA |
| Food Network | Health at Work Network | Alcohol Network | Physical Activity Network | Behaviour Change Network |



Food Network High Level Steering Group

Chair: MRC Human Nutrition Research

| Industry: 5 | | PINGO: 2 | Government Advisors: | |
|---|----------------------------|--|--|--|
| Food and Drink Federation British Retail Consortium British Hospitality Association | PepsiCo Sodexo Tesco | Which? <i>Health Charity (position vacant)</i> UK Faculty of Public Health* <i>*July 2013 – Withdrew citing prioritisation of industry interests in formulation of gov alcohol strategy.</i> | Scientific Advisory Committee on Nutrition | |
| Calorie Reduction | Salt Reduction | Calorie Labelling | Trans Fat Reduction | |
| Fruit & Veg Consumption | | | | |

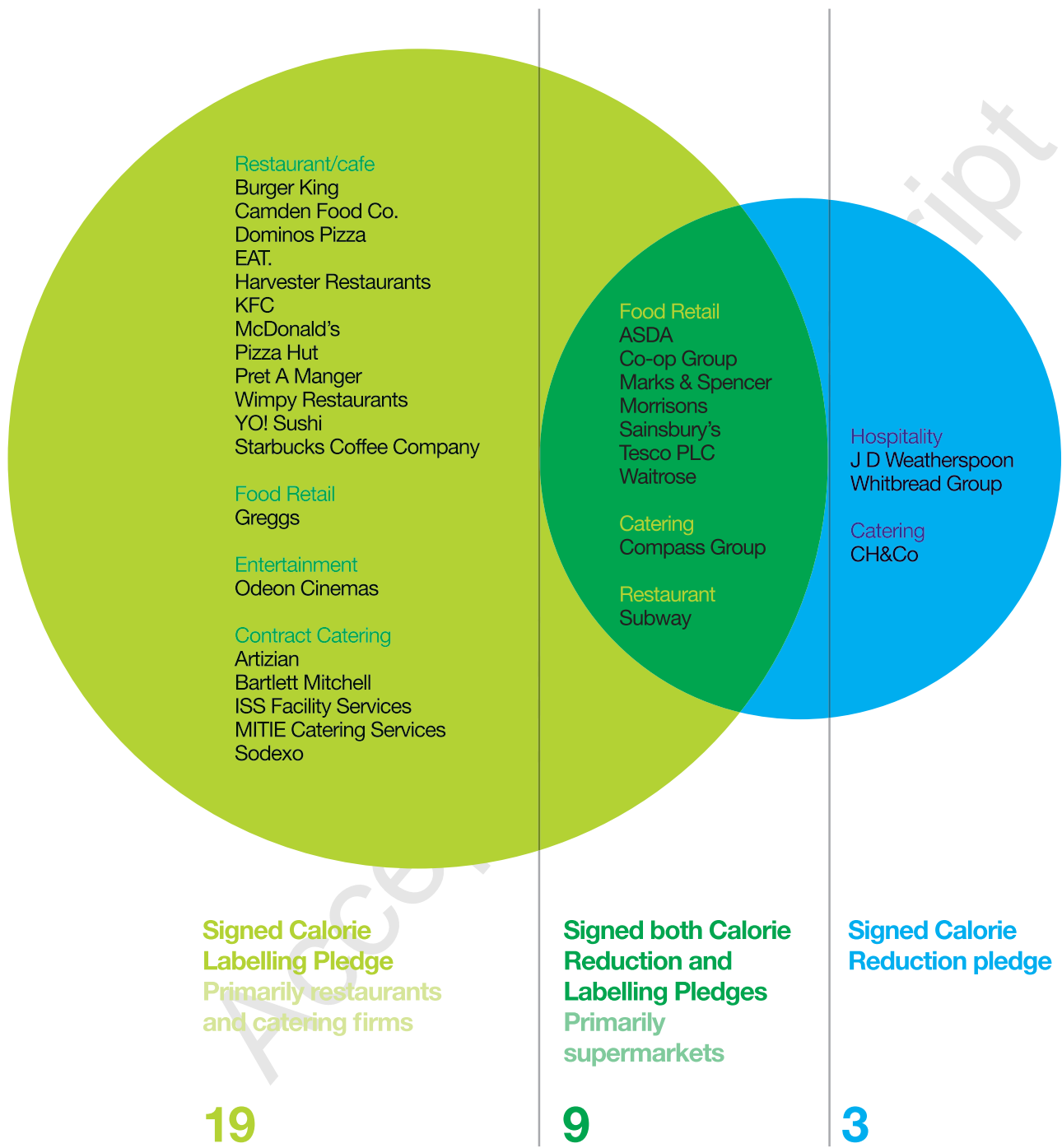


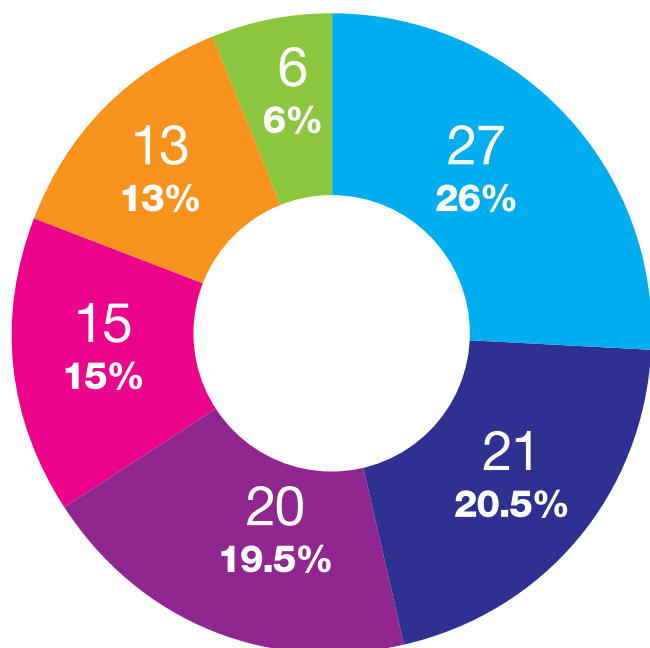
Pledge signatories: 31







| Food Retail | Food/beverage Manufacturer | Food Service | Trade Association |
|---|---|---|-------------------|
| ALDI Stores Asda* Marks & Spencer* Morrisons* Sainsbury's* Tesco* Waitrose* The Co-operative | AG Barr Britvic Burtons Dairy Crest GlaxoSmithKline Kerry Foods* Coca Cola* Mars (UK)* Mondelez* Nestlé UK* PepsiCo UK* Premier Foods* Unilever* United Biscuits Authentic Food Company | Compass Group* CH&Co JD Weatherspoon Lexington Catering Subway* Whitbread* Skinnimalinx | Dairy UK |

Orange = Members of Responsibility Deal governing bodies (8)

* Founding signatories (17)





-  New product / increased choice
-  Provision of information
-  Reformulation of existing products
-  Reduction in existing portion size
-  Marketing promotion
-  Commitment to calorie reduction but non-specific pledged actions