



The Association of Directors of Public Health Consultation Response

Shaping the National Cancer Plan Consultation

Objectives and Scope

This [call for evidence](#) will inform the development of the Government's national cancer plan for England. Rather than a formal consultation on specific proposals, it constitutes a request for expert ideas and evidence that the government can build on.

The [Department of Health and Social Care](#) (DHSC) is seeking views and ideas on the contents of the plan in order to improve outcomes and meet the health mission goal to reduce lives lost to the biggest killers.

The national cancer plan will take forward the reforms to be set out by the 10 Year Health Plan and our approach to cancer will be based on the shifts set out in it. The national cancer plan will also use submissions to the [Change NHS](#) website that are about cancer.

This call for evidence follows on from the [10-year cancer plan call for evidence in 2022](#) and the [major conditions strategy call for evidence](#). DHSC has published a [summary](#) of the submissions to the 10-year cancer plan call for evidence. DHSC will consider those previous responses to inform the development of the national cancer plan. If you have contributed to these previous calls for evidence, you may wish to consider what has changed since your previous submissions and what additional comments you would like to add.

About ADPH

[ADPH](#) is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including [UKHSA](#) and [OHID](#) as well as the four CMOs, [NHS](#), devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources and maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national, and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response to questions

Prevention and awareness

Outline important risk factors for the government and the NHS to focus on to improve prevention.

ADPH Response:

Tobacco

Smoking is the leading preventable cause of cancer in the UK, responsible for 16 types of cancer and six in 20 cancer deaths. Recent modelling from [Action on Smoking and Health](#) estimates smoking costs society £43.7 billion annually through lost productivity and healthcare expenses.ⁱ While 11.9% of the UK population are smokersⁱⁱ, most want to quit but are trapped in nicotine addiction, often starting before age 20.ⁱⁱⁱ Preventing smoking initiation is crucial to reducing addiction rates and relieving pressure on services. Second-hand smoke also increases cancer risks for non-smokers,^{iv} including pregnant women and children. Reducing smoking rates and limiting tobacco industry influence is essential for protecting public health.

Obesity

Obesity is the second biggest cause of preventable cancer in the UK, causing 13 types of cancer^v, and 18,100 cases of cancer annually.^{vi} With 28% of UK adults being obese^{vii}, and with low public awareness of 'obesity as a risk factor for cancer'^{viii}, prevention is critical. Obesity-related illnesses cost the NHS £6.5 billion per year.^{ix} The Government can enable healthier choices through policies such as food reformulation, front-of-pack nutrition labelling, and marketing restrictions on unhealthy foods for children.^x Early intervention is key, as 15% of children aged two to 15^{xi} were obese in 2022, with half likely to remain obese in adulthood.^{xii} Creating environments that support healthy lifestyles is vital to reducing future cancer cases.

Alcohol

Alcohol consumption causes irreversible harm to health, including mouth, throat, stomach, and liver cancer^{xiii}, equating to around 11,900 new cases annually.^{xiv} Despite this, 57% of men and 43% of women drink alcohol at least once a week^{xv}, and public awareness of alcohol's link to cancer remains low.^{xvi} Any alcohol consumption increases cancer risk,^{xvii} making reduction efforts essential. Policies such as Minimum Unit Pricing^{xviii} can help reduce affordability, availability, and appeal. Government-led public education campaigns are needed to inform people about alcohol-related health risks, supporting informed decision making and lowering cancer rates.

Commercial determinants of health

When thinking about prevention, commercial practices must also be mentioned as they significantly impact public health, particularly concerning tobacco, alcohol and obesity. Factors such as advertising, industry influence, poverty, and access to healthy food shape health outcomes. Effective prevention requires a system-level approach, shifting responsibility from individuals to broader policy changes. Addressing environmental factors is crucial to preventing ill health and ensuring sustainable health improvements.^{xix}

Research and innovation

How can the government and the NHS maximise the impact of data, research, and innovation regarding cancer and cancer services?

ADPH response:

The Government and the NHS can maximise the impact of data by prioritising research on reducing cancer incidence. Improved data sharing links would also empower local partners, such as LAs, with better information to enhance public health initiatives so that fewer people develop cancer. In addition, improved data sharing links would enable local partners, such as LAs, to better improve the health of their local populations.

When exploring innovative cancer management and treatment practices, robust governance is essential to prevent and manage potential conflicts of interest from industry involvement. Policymaking must be based on unbiased evidence and data, free from undue industry influence, to ensure effective intervention and avoid distorted outcomes.^{xx}

Inequalities

In what areas could the government have the most impact in reducing inequalities in incidence (cases of cancer diagnosed in a specific population) and outcomes of cancer across England?

ADPH response:

The UK lags behind other developed nations in its cancer survival rates, partly due to health inequalities^{xxi} with an estimated 33,000 cases of cancer linked to deprivation each year.^{xxii} These inequalities are avoidable, and immediate action is needed to address them. Improving prevention, reducing inequalities in screening uptake and raising awareness and reducing barriers to responding to symptoms are key factors in reducing health inequalities.

Over a third of cancers are preventable, often through lifestyle changes such as quitting smoking, limiting alcohol consumption, and maintaining a healthy weight.^v However, these risk factors are more prevalent in deprived areas. Smoking, the leading avoidable cause of cancer,^{xxi} is a key driver of the deprivation gap in cancer incidence.^{xxiii} Higher smoking rates in deprived communities highlight the need for targeted prevention efforts and cessation support. Similarly, lower socioeconomic status is linked to higher levels of alcohol-related ill health and greater difficulty in maintaining a healthy weight due to limited access to affordable, nutritious food. A targeted, evidence-based approach that enables healthy choices can reduce these risk factors and, in turn, cancer inequalities.

Beyond individual risk factors, the combined effect of multiple risks must be considered. Research shows that the impact of overlapping risk factors is amplified, particularly among the most deprived groups, further worsening health disparities.^{xxiv}

In addition to prevention efforts, strong regulation is needed to counter industry tactics that shape behaviours and worsen health inequalities. Unhealthy commodity industries – tobacco, ultra-processed food, fossil fuels, and alcohol^{xxv} – contribute to at least one-third of global deaths, with commercial practices responsible for half of cancer-related deaths.^{xxvi} These industries disproportionately target vulnerable populations, exacerbating inequalities. For example, the targeted promotion of menthol

cigarettes to ethnic minorities or the aggressive marketing of unhealthy foods to children via social media and food delivery apps.

Rather than placing blame on individuals, efforts should focus on systemic change and industry accountability. Protecting populations from the harmful influence of commercial practices is essential to reducing cancer inequalities and improving public health.

Health promotion efforts also play a role in a preventative approach when communicating cancer risk factors, as well as for the signs and symptoms of cancer. Accessible and wide-reaching health promotion tools educating people on signs and symptoms of a range of cancers are also key to early identification.^{xxiii} There is both published evidence and experience of the impact of health promotion strategies to improve uptake in underserved groups.

Cancer screening is also important, it can catch cancers early and can act as a preventative measure and stop cancer developing in the first place.^{xxiv} However, it is important that screening initiatives are fully resourced, accessible, and aimed at increasing uptake in typically underserved groups, for example through reminders, ringing up non-responders, supporting ethnic minorities through interpreters, and specialist workers for those with learning difficulties.

Priorities for the national cancer plan

What are the most important priorities that the national cancer plan should address?

ADPH response:

The focus should be on keeping people well through strong and well-funded preventative measures. With over a third of cancers being preventable, this should be a top priority in reducing cancer cases, deaths and overall impact. Preventative strategies must be evidence-based, tailored to different population groups, and targeted at underserved communities to effectively address cancer inequalities.

Population-level approaches to prevention have been shown to be more effective and cost-efficient in improving health outcomes,^{xxvii} and this principle should guide cancer prevention efforts. As health care services contribute only 10-20% to overall health outcomes,^{xxviii} the cancer plan must also address the wider determinants of health. Risk factors such as industry marketing and obesogenic environments affect entire populations and should be mitigated through targeted policies and regulatory measures. The Government must implement policy reforms, restrictions, and broader public health initiatives to address these determinants, improve cancer outcomes, and reduce health inequalities.

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