Glasgow Centre for Population Health

Response to Scottish Government's consultation on *A healthier future – action and ambitions on diet, activity and healthy weight*

Introduction

The Glasgow Centre for Population Health (GCPH) welcomes this consultation and the opportunity it gives for stakeholders to contribute to the development of this important strategy. Evidence is strong and growing about the importance, for both individual and population health, of maintaining a healthy weight throughout life[1]. However, the proportion of people who are a healthy weight is lower in Scotland than in most other comparable countries[2]; the proportion of adults who are overweight or obese is now 65%[3]. This is socially patterned, with men and women in the most deprived areas more likely to be obese than men and women in the least deprived areas[4]. Children are also struggling to maintain a healthy weight, with just over a quarter of children aged 2-15 years at risk of being overweight or obese. Levels of obesity in children aged 2-15 have remained at around 14-17% since 1998, but obesity has increased more for the most deprived children aged 2-15 years than for the least deprived, whose obesity levels have remained stable.

The Scottish diet is renowned as one that is high in fat, salt and sugar and low in fruit and vegetables[5]. Scottish young people continue to follow a diet that falls short of national recommendations and compares poorly with that of other European countries. An unhealthy diet and low levels of regular physical activity contribute to obesity. Poor diets, and obesity among adults and children has been a public health concern in Scotland and other developed countries for a number of years[6;7;8]. Policies in agriculture, transport, urban policy, the environment, education, food processing, distribution and marketing influence dietary habits and physical activity patterns. Increasingly these influences are promoting unhealthy weight gain in both children and adults. Commentators have described this 'obesogenic environment' as a major factor in the growth of obesity[9]. Examples of this obesogenic environment include the heavy promotion and availability of fast food, energy-dense snacks, and high sugar drinks which are particularly targeted at children; low cost and large portion sizes of foods; limited access to and affordability of healthy food; and urban design, including the transport system, that inhibits daily physical activity, active transport and active recreation. Addressing this requires a population-based, cross-government, multi-sectoral and culturally relevant approach which has strong political support. We see this strategy as an important opportunity to take such an approach.

There is a strong link between poverty and the affordability of food, and a suboptimal diet and excess weight gain. It is concerning that the inequalities in obesity, particularly for children and women in Scotland, appear to be increasing. It is important that any strategy aiming to increase the proportion of people who are a healthy weight recognises the need to do this in a way that also addresses these inequalities and makes links to the many other relevant strategies and research documents which can help inform the approach and maximise its successful implementation.

The GCPH was established in 2004 to carry out research and support new approaches to improve health and address inequalities, working in partnership with local organisations and communities. The Centre's work is focused on Glasgow, with wider relevance across Scotland. The work of the GCPH has a particular focus on poverty as a key determinant of a range of health and social outcomes (including poor diet and obesity). Since its inception the GCPH has recognised the importance of food, food poverty, physical activity and the role of food in education in looking at wider population health and has undertaken a range of related research and learning projects. We recognise that our food system needs to become

fairer, healthier and more sustainable if we are to tackle some of today's social, economic, environmental and public health problems, including obesity and inequalities in obesity. We also recognise the related public health challenge of food insecurity, which is growing for vulnerable individuals and families as a result of increasing levels of economic hardship.

The GCPH is a key partner in Glasgow's sustainable food partnership, the Glasgow Food Policy Partnership, which is working at a strategic level with local partners to help strengthen and bring coherence to our work to make good, nutritious food more available and accessible to everyone.

In this consultation response we draw on learning from our own work and our work with partners, as well as our knowledge of wider evidence. We hope our contribution is useful. We would be very happy to discuss any aspect of this response further.

Responses to Consultation Questions

Question 1: Are there any other types of price promotion that should be considered in addition to those listed above?

Yes.

We welcome and support the proposal to address price promotions on foods high in fat, sugar and salt using legislative action in Scotland. We believe that restrictions on all types of promotions of unhealthy food products should be considered, including multi-buys, temporary price reductions and 'extra-free' (buy one get one free). We also consider that restrictions on 'meal deals' that incorporate confectionery, sugared drinks or 'upsizing' should be considered. However opportunities to promote healthier options through price or other (e.g. reward points) promotions should not be restricted and should, where possible, be encouraged. In addition, we think it would be useful to consider specifying what proportion of promotions (price or otherwise), for example in a retail outlet, should be on food products defined as 'healthy'. Finally, we think it would be useful to explore how 'portion sizes' are defined on packaged food.

These actions are in line with the findings and recommendations in the Public Health England (PHE) sugar report[10]. A recent Cochrane review examining the impact of food size (portion, packet or individual unit size), suggested that reducing the size of high sugar food and drink products may help to reduce sugar consumption in both adults and children. We believe that restricting 'upsizing' should also be considered for inclusion in the actions proposed here[11].

Question 2: How do we most efficiently and effectively define the types of food and drink that we will target with these measures?

We recommend using the existing FSA/Ofcom nutrient profiling model (NPM) which is established and well known. We believe that consistency in definitions, labelling and terms used in communications is vital so that the public can be assured and confident that the same categories apply for all products and in all settings and/or communications. The NPM is currently being reviewed by Public Health England

(PHE) and we recommend that the outcomes of this are incorporated into the approach taken in Scotland.

Question 3: To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

☒ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

We strongly agree with the proposed actions outlined and support all action to limit children's exposure to advertising of foods high in fat, salt and/or sugar.

We also believe that these actions must go beyond broadcast advertising and should include advertising on video-sharing platforms/computer games, print (including magazines and comics targeting under-16s), cinema, social media and through sponsorship of, for example, sporting events, family events and schools-based resources. There should also be restrictions on the use of character branding (i.e. using cartoon or movie characters, references or promotions) on the packaging of unhealthy food targeting children. End-of-aisle displays and product placement within stores can also influence purchasing behaviours and should be considered for inclusion in any restrictions implemented. The findings from the recent PHE review should inform the approach taken in this strategy[12].

The speed of marketing developments mean that these proposed actions may not have the intended reach over time, so we support ongoing monitoring and review of the Committee of Advertising Practice (CAP) regulations, and subsequent action if required.

As per our response in Question 2, we believe that consistency in definitions, labelling and terms used in communication is important, so we support the intention to press CAP to adopt any update to the nutrient profiling model (NPM) that arises from the Public Health England review.

We support the proposal to explore the scope to extend the current CAP restrictions to locations and streets commonly used by children and young people, particularly those near schools[13] and to restrict advertising of high fat, sugar and/or salt products on public transport vehicles and in public transport stations. We also suggest that the extent to which currently devolved powers allow for restrictions to sponsorship of events by brands/companies promoting food products high in fat, salt and/or sugar is explored. We would support a code of practice for public authorities in Scotland to avoid sponsorship from/advertising of brands or companies promoting foods or drinks high in fat, sugar and/or salt.

Question 4: Do you think any further or different action is required for the out of home sector?

Yes ☐ No ☐ Don't know ☒

This is difficult to answer as limited detail is provided on the likely scope and content of the out-of-home strategy, however we welcome and support the development of such a strategy as we recognise out-of-home eating has an important and growing influence on our diet and our food culture. We suggest that such a strategy considers labelling (which should be consistent with other food labelling and CAP), portion control, 'upsizing/upselling' where larger portion sizes are encouraged through price incentives, and menus/deals aimed at children and young people, which often offer largely high fat/ sugar/salt options and a 'free dessert' with few, if any, vegetables or fruit.

We also support the proposal to include advice on healthier processing for food producers and commend the work of Glasgow's Environmental Health team to reduce the saturated fat content of fast food through supported changes in cooking oils and cooking processes[14].

We support the proposal to consider nutritional standards as part of the public sector procurement process: the potential impact of this on the daily nutrition of a large number of people, as a result of the wide reach of public sector catering, is considerable. In Gothenburg, Sweden, with whom we have undertaken a learning exchange, the public sector food programme prioritises food that is "'local, organic, seasonal, prepared on site (if possible)" and this applies across schools, residential homes, and other public sector settings. This was a local (city-wide) initiative and had strong environmental, as well as health, aims[15].

We also welcome the recognition of the opportunity to grow the Scottish food and drink sector, and employment in that sector as a result, by supporting and investing in the development of SMEs to help them meet a greater demand for healthier food. We would suggest that this investment and business development support is focused on supporting innovation and development, and on identifying and meeting gaps in available food products for which the known demand is not currently being met by existing local food producers or manufacturers.

Question 5: Do you think current labelling arrangements could be strengthened?

Yes ☐ No ☐ Don't know ☒

Existing evidence suggests that food labelling has limited influence on food choices so this action, while necessary, must complement and be accompanied by a range of actions on the wider determinants. PHE found that "even the much improved nutrition information on food labels[16] has limited influence as few of us read these unless we are trying to lose weight or have a particular health issue"[17;18].

Although we have not undertaken much research in this area, we would stress the importance of having clear and obvious labelling on all food products, and of an approach to definitions, labelling and terminology used in communications across the retail sector that is consistent with CAP and NPM. In particular, the labelling of 'added sugar' content needs to be improved to allow consumers to identify 'free sugars' in food products. It is not adequate to expect consumers to rely on an app/scanning bar codes to get nutritional information.
It will be important to communicate extensively to consumers about any revised labelling , and to test the approach with consumers, including older and younger consumers and those will different levels of literacy, to check understanding of any labelling approach adopted.

Consideration should also be given to how any labelling arrangements can be adopted/adapted/reflected consistently for the out-of-home sector.

In general, we urge caution in the pursuit of actions which drive responsibility for healthy eating down to the individual level in the face of many other influences driving in the opposite direction[19] and see this action to improve consumer information useful only as part of a comprehensive strategy that addresses the range of wider influences on diet.

Question 6: What specific support do Scottish food and drink SMEs need most to reformulate and innovate to make their products healthier?

We welcome the commitment of support to SMEs to develop healthier food products and recognise the potential for this to have a positive impact on the Scottish food and drink sector. SMEs will need to know the criteria against which the 'healthiness' of their products will be assessed in order to inform their product development investment, so confirmation and clear and timely communication of the NPM and labelling arrangements to SMEs will be important.

As mentioned above, an understanding, for example from procurement colleagues, of the sort of healthy products or ingredients for which there is demand from public and private sector food businesses will help ensure that new products that are developed have a market.

Enhancing the scale and quality of the Scottish food and drink sector has benefits for the Scottish economy, for increased employment and could help contribute to Scotland's climate change goals. There are also opportunities to link this support and investment in developing healthier food products to sustainability goals by also reducing food packaging for new products. The "collaborative but authoritative" way in which the Government (Food Standards Agency and the Department of Health) worked with the food industry in an iterative but planned way over a number of years to reduce the salt content of identified food products could provide some useful learning for the approach taken to supporting Scottish food and drink SMEs to make their products healthier[20].

Additional comments:
- para.1.33-34:
There is a strong case for measures to reduce the consumption of sugar-sweetened beverages (SSBs) in Scotland due to the high prevalence of sugar-related health problems and the major contribution that consumption of SSBs make to sugar in our diets, and particularly in the diets of young people. The available evidence suggests that taxing SSBs is one measure that could help achieve this, albeit as part of a wider strategy addressing other upstream determinants[21].

We support the UK levy on SSBs, however, as the approach to taxation in the UK is different to the approach taken in other jurisdictions, monitoring and review of the changes both to the composition of SSBs (as a result of reformulation by manufacturers), the consumption levels/patterns of SSBs and the contribution that they make to overall sugar intake following the introduction of the tax should be undertaken.

We support the proposal, as advised by Food Standards Scotland, to call for the Soft Drinks Industry Levy to include sugary milk-based drinks, containing less than 95% milk[22]. We also suggest that the levy applies to alcoholic drinks which meet the relevant sugar content thresholds.

Furthermore, we would suggest that consideration is given to legislation that prevents highly caffeinated 'energy' drinks being sold to children under-16 years of age[23].

Question 7: Do you think any further or different action is required to support a healthy weight from birth to adulthood?

Yes ☒ No ☐ Don't know ☐

We welcome and support the actions proposed in the consultation document, and share the aspiration for future generations to start and continue life at a healthy weight and with a positive attitude to, and experience of, food. In particular, we support the recognition of the importance of aligning this strategy to approaches for addressing poverty and health inequalities. In the proposed actions we would have liked to see a clearer focus on the poverty agenda, on reaching those most likely to have a poor diet, and those most at risk of becoming overweight and obese and of further complications. This includes those living on very low incomes and in poverty, and those with physical and learning disabilities[24].

We would have liked to see a greater recognition in the proposed actions of the wider determinants of health and the fact that obesity is linked to deprivation. The final strategy on diet, healthy weight and obesity should link with and reflect the Child Poverty Act[25], and be informed by work on child poverty such as Healthier Wealthier Children[26] and the Cost of the School Day[27], and food poverty[28]. The ability to buy and cook nutritious food relies on the extent to which people have money to buy better food for their families. For this reason there needs to be recognition of the role of financial inclusion programmes to help alleviate some of the adverse effects of, for example, welfare reform. While the proportion of children living in poverty is high

(over a quarter of all children in Scotland were estimated to be living in poverty in 15/16[29] and over a third of children in Glasgow[30]), interventions seeking to influence behaviours around food and activity are likely to have limited effect.

Furthermore, the environments in which people live and grow will have a major impact on the type and quality of food they and their families are able to consume – this will be influenced by affordability but also by availability and accessibility and by the means and resources available to prepare food in the home[31]. Support, advice and information cannot compensate for these wider environmental factors if they do not enable a healthy diet. For people to maintain a healthy weight, not least after a weight management intervention, the wider environment needs to be supportive and enabling, otherwise investment in education- and behaviour-based interventions will have limited long-term success.

We support the proposed focus on improving services, focusing on those most at risk. We also support a focus on early years (from conception) both through the health visitor pathway and with the wider early years workforce. We recognise that the early years are vital for developing regular physical activity and healthy eating habits and routines for life. This is particularly important at the present time when we are seeing a continuing increase in the number of Primary 1 children who are at risk of being overweight or obese. The WHO ECHO group highlighted the importance of developing healthy diet and physical activity routines in the early years and noted that the first 1,000 days of life from conception provide a vital window for preventing and addressing obesity[32].

In addition to the proposed actions, we feel there are additional opportunities to engage others who have an influential role in the lives of preschool children, such as grandparents (who often provide informal childcare) which should be considered[33].

We would commend the approach taken by the Amsterdam Healthy Weight Programme which is taking a multi-facetted, holistic and long-term approach to preventing excess weight gain in children[34].

Additional comments:

-Para 2.12:

We support the use of social marketing to provide clear, consistent, positive and simple messages targeted appropriately to different audiences, to help improve knowledge and support healthy food choices for individuals and their families. This should be part of an adequately resourced communications strategy and plan.

However it is important that there is recognition of the limitations of ‘information and education’ focused actions to address inequalities and of the evidence that health education messages aimed at changing individual behaviours can increase inequalities and divisions in society[35].

-Para 2.14:

We support the school food and drink regulation review and suggest that, again, these are consistent with, not just the Scottish Dietary Goals, but also the revised NPM cited earlier. We also support enabling all children to increase their intake of fruit and vegetables as part of the school day. However we recognise that children,

and particularly young people of school age, purchase food from vendors near to schools before school, at lunchtime and after school and we support action to explore the planning mechanisms that can be used to influence this. We would like to see this considered as part of the Planning (Scotland) Bill 2017[36]. We have concerns that once food businesses have a licence there are limited powers to restrict what food they actually sell. We are also aware of an increasing trend among young people of using fast food apps to order deliveries, so the actual location of food vendors may be less important than the number of them and their promotions.

There are great examples of work to improve and increase food education in schools in Scotland, including those in Better Eating Better Learning[37], but the approach to delivering food education, the provision of food in schools and the approach to mealtimes varies greatly between local authorities and between schools. On a learning exchange visit to Gothenburg, Sweden which we organised in 2012, we were able to see first-hand the different approach that is taken to school meals there[38]. Lunchtimes are considered part of the school day and children and young people do not expect to leave the school but rather to participate in the preparation, serving and clearing up of the meal. One meal option is available, supplemented with an extensive salad bar, and Primary children sit together 'family style' with teachers. There is also a greater focus on provision of vegetables, and meat is not served at every meal. We would suggest that consideration is given to how lunch (and breakfast) times are organised and whether there are opportunities to take a 'Swedish' approach, which incorporates the following key elements: nutritional recommendations; meal composition; meal schedule; meal environment (and educational elements); food hygiene; staff competence; and evaluation/quality assurance.

Following this visit, Glasgow City Council tested aspects of this Swedish model, including 'family style' dining where teachers sit with the pupils for some lunches, in one primary school in Glasgow[39]. The school evaluated this experience positively and has now adopted this as the regular arrangement for school lunches. We would recommend that this approach be considered for introduction in other primary schools.

In 2014 Glasgow City Council piloted 'The Big Eat In' for Secondary 1 students, with support from the GCPH, which aimed to encourage Secondary 1 pupils to stay within school grounds at lunchtime, to eat a healthy lunch and participate in a lunchtime activity. The findings from this pilot study showed that the uptake of school meals was higher in all eight participating schools during the pilot period[40]. The research also highlighted challenges to encouraging young people to stay on site, which included the attraction of leaving school for young people transitioning to adulthood and seeking opportunities for independence, school designs which often mean that the cafeterias are too small to cater for all the students, and a view held by some students that the school cafeteria was not a pleasant environment.

Among Glasgow secondary school students there continues to be a culture of leaving school at lunchtime to purchase food from local vendors. In our research exploring the nutritional quality of food sold from outlets around selected Glasgow secondary schools[41], we found that fast food bought outside school is of very poor nutritional value and high in fat and salt. We also found that fast food outlets

commonly use targeted marketing strategies to encourage pupils to buy unhealthy food and drinks. Encouraging pupils to stay onsite is therefore likely to result in an improvement in the nutritional quality of their lunch. In addition, the Cost of the School Day research highlighted that those pupils who are eligible for free school meals are disadvantaged where there is a culture of leaving school to buy lunch from external vendors – if they stay onsite to take up their free lunch they feel excluded from their friends. This was reported to result in stigma and isolation for those children who were not financially able to leave the school for lunch. 'Onsite' lunchtime policies therefore have the dual benefits of providing healthier and affordable food options without stigmatising those who are not financially able to purchase off-site lunches.

So, in addition to the commitment to review regulations, we would like to see a review of the approach to food in schools that is taken in Scotland, including meal times and school design, with a view to making meals an integral part of the school day and part of the learning experience. In general, there should be a greater focus on ensuring that the dining environment is positive and pleasant, and on providing minimally processed, locally sourced foods, less meat, and more vegetables, soup, salad and fruit. In addition, and to ensure greater consistency across the country, school food provision should be regularly monitored to ensure adherence to the regulations.

Additional comments:
-Para 2.18
We support the proposal to collaborate with Young Scot and the Scottish Youth Parliament to better understand the role of food in the lives of children and young people, both in and out of school, and what action is needed to meet their needs and circumstances.

Question 8: How do you think a supported weight management service should be implemented for people with, or at risk of developing, type 2 diabetes - in particular the referral route to treatment?

We do not have detailed knowledge of the evidence relating to weight management services, however we support the commitment to invest in supported weight management interventions as a part of treatment services for people with type 2 diabetes. At present there appear to be large variations in the implementation of weight management services across NHS boards and effectiveness and cost-effectiveness evaluations to establish best practice appear to be lacking[42]. In addition, the latest Cochrane review on the subject dates from 2005, so while this concludes that services targeting adults with prediabetes can reduce the incidence of diabetes, updating this, could usefully inform the implementation plans[43].

Question 9: Do you think any further or different action on healthy living interventions is required?

Yes ☒ No ☐ Don't know ☐

We accept that specific interventions are necessary to support those who are obese to lose weight, and to manage related ill-health. However, the prevention of excess weight gain and maintenance of a healthy weight is more effective for more people, less costly for both individuals and society, and helps prevent the diseases associated with excess body weight. So, while we recognise that services to treat obesity are a necessary part of this strategy, we feel there should be greater recognition of, and emphasis on, supporting the maintenance of healthy weight and prevention of excess weight gain through making environmental and cultural changes that influence what children and adults eat and how active they are on daily basis. This is a more cost effective approach that is likely to be more successful for more people in the long term[44]. We therefore support actions to make the environments in which we grow, live and work much more conducive to maintaining a healthy body weight, as well as to improving quality of life more generally.

While we support the proposed actions listed in this section of the consultation, they are mainly behaviour-oriented interventions that do not take account of wider determinants and the impact of poverty (see also above) and, as such, risk exacerbating existing inequalities; those who are most able to engage are more likely to be those who are better off and at less at risk of obesity and related complications.

Examples of other approaches, that seek to modify the environment and address wider determinants, include making healthy food more affordable and accessible, particularly in areas of deprivation, prioritising active forms of travel into infrastructure development and planning, and providing more safe places and free or affordable opportunities for families to be active and play together on a regular basis.

Question 10: How can our work to encourage physical activity contribute most effectively to tackling obesity?

We accept that once someone is obese, physical activity interventions alone are unlikely to be adequate to enable weight loss. However, physical activity has been described as a 'wonder drug'[45] with multiple health benefits resulting from adequate daily activity, including helping to prevent weight gain and maintain a healthy body weight. Levels of activity have been static or falling in recent years for children and adults[46], with sedentary behaviour, largely linked to screen time, increasing greatly. Those who are inactive will benefit more by becoming active, than those who are active will benefit from increasing their activity[47], so we believe that there should be a focus on getting more people moving more every day, and reducing the proportion of people who are sedentary. For those who are currently inactive, and who may not have undertaken activity for some time, there needs to be a focus and value placed on participation in physical activity opportunities rather than achievement. This is also true for young people, and particularly girls, who tend to reduce their activity greatly in their early teens[48]. We support the adoption of 'the daily mile' but stress

that this must not be seen as sufficient daily activity and that opportunities for building activity of different types into daily routines for children and for adults, for example as part of a daily commute and through play and recreation, must be a priority[49].

Active travel is an important part of this; building opportunities to walk, cycle or scoot safely as part of our daily commute. To be successful in influencing a modal shift, increased government commitment to active travel must be accompanied by commitments to reduce the dominance of cars, improve infrastructure, improve public transport and enable integration of different transport modes, particularly in densely populated areas[50]. Increasing active travel, like increasing physical activity more generally, cannot be achieved through behavioural focused interventions alone and requires changes in our approaches to planning, transportation and sport and recreation.

A recent Sustrans research report highlighted that the main barrier to active travel to school is parental concerns over safety[51]. This is consistent with GCPH research into the influences on adult travel choices[52]. Bike training and road safety education is important and necessary but safety concerns must be addressed by improving safe infrastructure for walking and cycling to school, and in urban areas more generally, if an increase in walking and cycling is to result.

Additional comments:

- **Para 2.36**

We welcome any changes to the planning system that will help to make safe active travel and healthy urban design standard practice. It would be helpful to have more detail about the changes referred to in the consultation. We also wish to emphasise that active travel is not just utilitarian – where spaces feel safe and pleasant people are more likely to use them for walking and cycling for recreation as well as for commuting.

- **Para 2.37**

We would like more detail here. Is a working group planned? Will there be community engagement? And will this happen at a local or national level? The Place Standard tool[53] is one useful way of engaging communities in conversations about their local neighbourhoods and existing transport arrangements and traffic issues. Although it is relatively early to judge the impact of the tool in terms of influencing change, the potential to use it to support local engagement could be explored.

Question 11: What do you think about the action we propose for making obesity a priority for everyone?

We agree that the tackling the obesity issue in Scotland requires leadership, collaboration and a joined up approach to policy. However we would suggest a different emphasis: to prioritise maintenance of a healthy weight. This different focus, we believe, emphasises the need to support everyone to be able to eat nutritious food in moderation and to be active every day. Where individuals require support to lose weight this should be available across the country targeting those at greatest

risk, but the focus on preventing weight gain will assist individuals to lose weight as part of these interventions, and to maintain that weight loss after the intervention.

We support all of the proposals outlined in paragraphs 3.6 to 3.14.
In particular we support paragraph 3.8 and support innovative thinking around how to build wide engagement, for example, in childcare and afterschool care, in private and public sector organisations, in communities, and through whole family approaches (such as opportunities for whole families to engage in physical activity together).

We also support paragraph 3.11 and recognise the considerable co-benefits that are possible by considering health and environmental sustainability in public procurement in a co-ordinated way. This should also relate to the investment and support for Scotland's food and drink sector outlined earlier in the document, so that new products are developed that meet the health and environmental sustainability requirements of public procurement.

-Para 3.13:
We agree that the Healthcare Retail Standard should be extended to all retail settings in publicly funded locations.

-Para 3.14:
We strongly support recognition and support for, and sustained commitment to, the work of community food initiatives which make nutritious, affordable food accessible to a wide range of people, particularly in deprived communities. The community food sector, and its paid and volunteer staff who work incredibly hard, play a vital role in making food knowledge, skills and services accessible to many people and communities across Scotland, in contributing to public sector service provision, and in using food to build cohesive communities.

We would like to see greater and more sustainable opportunities for the community food sector to deliver locally appropriate services and support in sustainable ways. As part of this, the community food sector requires greater and more consistent funding and investment. Innovation should be encouraged and supported as far as possible where it meets recognised needs, for example, community food initiatives could work with local convenience stores in areas poorly served by food retail outlets, to increase the availability of fresh fruit and vegetables.

Question 12: How can we build a whole nation movement?

We support a whole nation approach, if it has political leadership and cross party support for a strategic direction that focuses on a holistic, long-term, inequalities-sensitive approach to promoting healthy weight throughout the life-course, and for local, community-led action.

Promising international examples which could inform the approach in Scotland include:

- Amsterdam healthy weight programme[54], where they have adapted the EPODE approach[55] into a 20-year plan to achieve improvements in the number of children and young people who are a healthy weight. In the first few years they

have seen a fall in the total number of young people who are overweight or obese and this has been greatest in those with the lowest socioeconomic status.
- Finland, where they have adopted the WHO's Health in All Policies approach[56], has seen childhood obesity in 5-year-olds fall as a result[57].

What is clear from these examples is that that the approach requires genuine cross-agency, long-term commitment to be successful.

Our experience of having a cross-city partnership focused on sustainable food is a positive one, although it is still early days, and it points to the value of a partnership approach to help identify the roles and responsibilities of each layer and sector and the contribution each can make to a common goal, and to bring coherence and synergy to the work of each partner.

Glasgow has just established an Active Travel Forum which is another example of a partnership forum at local authority level that has the potential to be a useful forum to bring coherence, strength and synergy to the city-wide work to increase active travel.

Question 13: What further steps, if any, should be taken to monitor change?

Most of the content and recommendations in the Obesity Route Map published in 2010 continue to be relevant, but the review of progress that took place in 2015 concluded that progress on implementation had been slow and required better monitoring[58]. This highlights the need for a comprehensive and robust monitoring plan for this strategy from the outset, both to monitor progress and to give an early indication of implementation challenges. The approach taken by the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) is a model that could usefully be considered.

In terms of relevant data, there is reasonably robust data currently available from the Scottish Health Survey (SHS) on weight. However, we believe that accuracy of estimates of physical activity based on the SHS needs to be reviewed, particularly in relation to children's physical activity for which other surveys provide quite different results. It would be timely, at the outset of this strategy, to have a more robust and accurate means of measuring physical activity. In addition, we recognise the inherent challenges in getting accurate dietary intake data and we wonder whether a similar approach could be adopted to food data as was used for alcohol data – to use retail data as a proxy for consumption data?

Additional comments:

- **Para 3.17**

We are not convinced that a biennial international conference is necessary or the best use of resources given that a number of other conferences already take place at which progress and good practice could be shared between Scottish practitioners and between countries. It might be more appropriate to support Scottish representation at these conferences or to look to other ways to share learning, for example through learning exchanges to other cities or countries.

Question 14. Do you have any other comments about any of the issues raised in this consultation?

Yes.

We would like to see the issue of alcohol and its relationship with body weight included.

Overall, while we broadly support many of the actions proposed in this consultation, we feel that the new strategy is an opportunity to prioritise and bring leadership, co-ordination, coherence and impetus to the wide range of actions required to support and maintain a healthy weight and prevent excess weight gain, with a particular focus on inequalities. While we accept that weight management must be part of the response to obesity, particularly as those who are obese are gaining most weight[59], we wish to see the primary focus on maintaining a healthy body weight throughout the life-course (through good nutrition and increasing activity), with obesity reduction as a component of the strategy rather than the focus. We note that the strategy title is 'diet, activity and healthy weight' yet there is no mention of actions to prevent or address those who are, or are at risk of, low weight and related complications. This should also be a component of the wider strategy.

Furthermore, the specific needs of some population groups who are more likely to be overweight or obese, or have particular needs, have not been adequately addressed. The strategy in its current form is also missing a cultural dimension that recognises the different needs and challenges facing different population groups.

In addition, would like to see greater focus on the environment in the final strategy and its aims. Moving to a more plant-based diet and moving away from carbon-based modes of transport would have benefits for both population health and the environment.

Indeed, there are a number of existing national policies and strategies that seek to enable improved health, reduced inequalities and increased physical activity. It would be helpful to have greater clarity, in the final strategy, of how it links to other relevant strategies and policies, and the additional contribution that it makes.

---

[1] Butland B, Jedd S, Kopelman P, et al (2007). *Foresight tackling obesities: future choices – project report.* London: Government Office for Science.
[2] Castle A (2005). *SPICe Briefing: Obesity in Scotland*. Edinburgh: Scottish Parliament.
[3] Scottish Government. Trends in obesity. At: http://www.gov.scot/Topics/Statistics/Browse/Health/TrendObesity
[4] Tod E, Bromley C, Millard AD, et al. Obesity in Scotland: a persistent inequality. *International Journal for Equity in Health* 201716:135. https://doi.org/10.1186/s12939-017-0599-6
[5] Lang T, Dowler E, Hunter D (2006). *Review of the Scottish Diet Action Plan: Progress and Impacts 1996-2005. E*dinburgh: NHS Health Scotland.
[6] Scottish Office (1993). *Scotland's Health- A challenge to us all: the Scottish Diet*. Edinburgh: Scottish Office.
[7] Scottish Government (2010). *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight.* Edinburgh: Scottish Government. Available at: http://www.gov.scot/Publications/2010/02/17140721/19

[8] Food Standards Scotland (2015). *The Scottish Diet: It needs to change*. Food Standards Scotland: Aberdeen. Available at: www.foodstandards.gov.scot/downloads/Final_Report.pdf
[9] Ogilvie D, Hamlet N. Obesity: the elephant in the corner. *BMJ* 2005; 331 (7531):1545–1548.
[10] Public Health England (2015). *Annexe 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar*. In: Sugar Reduction: The evidence for action. London: PHE. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Annexe_4._Analysis_of_price_promotions.pdf
[11] Hollands GJ, Shemilt I, Marteau TM, *et al.* Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco*. Cochrane Database of Systematic Reviews* 2015, Issue 9. Art. No.: CD011045. DOI: 10.1002/14651858.CD011045.pub2
[12] Ells J, Roberts K, McGowan VJ, Machaira T. *A mixed method review of behaviour changes resulting from marketing strategies targeted at high sugar food and non-alcoholic drink.* Annex 3 in Sugar Reduction: The evidence for action. Public Health England: London; 2015. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470174/Annexe_3._Marketing_evidence_review.pdf
[13] Crawford F, Mackison D, Mooney JD, Ellaway A. Observation and assessment of the nutritional quality of 'out of school' foods popular with secondary school pupils at lunchtime*. BMC Public Health (*2017) 17:887. Available at: https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-017-4900-9?site=bmcpublichealth.biomedcentral.com
[14] Paton E (2017). *Saturated fat in takeaway meals project: Final Report.* Environmental Health, Glasgow City Council: Glasgow. Available at: https://pdfsecret.com/download/saturated-fat-in-takeaway-meals-project-final-report_5a1314bed64ab24772a2a313_pdf
[15] Crawford F, Whyte B, Crawford A (2012). *Going to Gothenburg: Reflections on a Study Visit*. Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/393_going_to_gothenburg_reflections_on_a_study_visit
[16] Food Standards Agency (2010). *Front of pack labelling research.* Available at: http://collections.europarchive.org/tna/20100927130941/http://food.gov.uk/healthiereating/signposting/devfop/siognpostlabelresearch/
[17] Ipsos Mori (2010). *Qualitative Research to Explore Peoples' Use of Food Labelling Information*. Available at: http://tna.europarchive.org/20110116113217/http://www.food.gov.uk/multimedia/pdfs/qualilabelres.pdf
[18] Public Health England (2015). *Sugar reduction, the evidence for action*. Public Health England: London;p27. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf
[19] Jebb S. A system-wide challenge for UK food policy. *BMJ* 2012;344:e3414
[20] Public Heath England (2015). Annexe 5a. Salt reduction case study. In: *Sugar Reduction: The evidence for action Annexe 5: Food supply.* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470176/Annexe_5._Food_Supply.pdf
[21] Langley K, Muirie J, Crawford F, Walsh D (2017). *Exploring the potential impact of sugar taxation on secondary school-age children and young people's dietary intake: an evidence review.* Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/740_the_potential_impact_of_sugar_taxation_on_young_peoples_dietary_intake
[22] Food Standards Scotland (2017). *Food Standards Scotland response to Soft Drinks Industry Levy Consultation.* Aberdeen: Food Standards Scotland.
[23] Visram S, Crossley SJ, Cheetham M, Lake A (2017). Children and young people's perceptions of energy drinks: A qualitative study. *PLoS One.* Available at: https://doi.org/10.1371/journal.pone.0188668
[24] NHS Digital (2016). *Health and Care of People with Learning Disabilities: Experimental Statistics: 2014 to 2015*. Available at: http://digital.nhs.uk/catalogue/PUB22607
[25] Scottish Parliament (2017). *Child Poverty (Scotland) Act* 2017. At: http://www.legislation.gov.uk/asp/2017/6/contents/enacted
[26] NHS Greater Glasgow and Clyde*. Healthier, Wealthier Children*. At: http://www.nhsggc.org.uk/your-health/campaigns/healthier-wealthier-children/

[27] Child Poverty Action Group in Scotland (2015). *Cost of the School Day - research and action for change*. Glasgow: CPAGS. Available at: http://www.cpag.org.uk/content/cost-school-day-research-and-action-change
[28] Independent Working Group on Food Poverty (2016). *Dignity: ending together in Scotland.* Edinburgh: Scottish Government. Available at: http://www.gov.scot/Publications/2016/06/8020
[29] Scottish Government (2017). *Poverty and Income Inequality in Scotland: 2015/16.* Edinburgh: Scottish Government. Available at: http://www.gov.scot/Resource/0051/00515392.pdf
[30] GCPH. *Understanding Glasgow*. At: http://www.understandingglasgow.com/indicators/poverty/overview
[31] Crawford F. (2013) Neighbourhoods and Healthy Nutrition. In: Stock C., Ellaway A. (eds) Neighbourhood Structure and Health Promotion. Springer: Boston, MA.
[32] World Health Organization (2016). *Report of the Commission on Ending Childhood Obesity.* Available at: http://www.who.int/end-childhood-obesity/publications/echo-report/en/.
[33] Chambers S, Rowa-Dewar N, Radley A, Dobbie F (2017). A systematic review of grandparents' influence on grandchildren's cancer risk factors. *PLoS ONE* 12(11):e0185420. https://doi.org/10.1371/journal.pone.0185420
[34] Amsterdam healthy weight programme website. At: https://www.amsterdam.nl/bestuur-organisatie/organisatie/sociaal/onderwijs-jeugd-zorg/zo-blijven-wij/amsterdam-healthy/
[35] Beeston C, McCartney G, Ford J, et al (2014). *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities.* NHS Health Scotland: Edinburgh. Available at: http://www.healthscotland.scot/media/1053/1-healthinequalitiespolicyreview.pdf
[36] Scottish Government. Planning and Architecture. At: https://beta.gov.scot/policies/planning-architecture/reforming-planning-system/
[37] Scottish Government (2014). *Better Eating, Better Learning – A new context for school food.* Edinburgh: Scottish Government. Available at: http://www.gov.scot/Publications/2014/03/1606
[38] Crawford F, Whyte B, Crawford A (2012). *Going to Gothenburg: Reflections on a Study Visit*. Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/393_going_to_gothenburg_reflections_on_a_study_visit
[39] Glasgow City Council (2016). *A Food Policy for Glasgow Schools*. Glasgow: GCC. Available at: https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32197&p=0
[40] GCPH (2013). *Findings Series 27 - 'The Big Eat In'*. Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/226_findings_series_27-the_big_eat_in
[41] Crawford F (2012). *Findings Series 35 - 'Out of School' Foods*. Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/354_findings_series_35-out_of_school_foods?&&aq=35
[42] Read S, Logue J (2016). Variations in weight management services in Scotland: a national survey of weight management provision. *J Pub Health*; 38(3): e325–e335, https://doi.org/10.1093/pubmed/fdv132
[43] Norris SL, Zhang X, Avenell A, et al. Long-term non-pharmacological weight loss interventions for adults with prediabetes. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD005270. DOI: 10.1002/14651858.CD005270. Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005270/full
[44] World Health Organization (2014). *The case for investing in public health*. Copenhagen: WHO. Available at: http://www.euro.who.int/__data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf?ua=1
[45] Department of Health (2009). *On the state of public health: Annual report of the Chief Medical Officer.* London: Department of Health.
[46] Scottish Government. *Health of Scotland's population – Physical Activity. At*: http://www.gov.scot/topics/statistics/browse/health/trendphysicalactivity
[47] Kelly P, Kahlmeier S, Götschi T, *et al*. Systematic review and meta-analysis of reduction in all-cause mortality from walking and cycling and shape of dose response relationship. I*nternational Journal of Behavioral Nutrition and Physical Activity* 2014;11:132.
[48] NHS Health Scotland (2010). *Five-year review of Let's Make Scotland More Active A strategy for physical activity.* Edinburgh: NHS Health Scotland. Available at: file:///C:/Users/jm422v/Downloads/C__Documents%20and%20Settings_floraj_Desktop_1383-HS%20PAHA%20Summary%2010%20v5%20(1).pdf
[49] Global Advocacy Council for Physical Activity, International Society for Physical Activity and Health (2010). *The Toronto Charter for Physical Activity: A Global Call to Action.* Available at: https://ncdalliance.org/sites/default/files/resource_files/torontocharter-eng-20may2010.pdf

[50] Muirie J (2017). *Active travel in Glasgow: what we have learned so far.* Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/702_active_travel_in_glasgow_what_we_ve_learned_so_far
[51] Sustrans (2018). *School Travel Survey of Parents*. Edinburgh: Sustrans. Available at: https://www.sustrans.org.uk/news/safety-fears-cited-main-reason-why-more-children-dont-travel-actively-school
[52] Muirie J (2017). *Active travel in Glasgow: what we've learned so far*. Glasgow: GCPH. Available at: http://www.gcph.co.uk/publications/702_active_travel_in_glasgow_what_we_ve_learned_so_far
[53] https://placestandard.scot/
[54] Amsterdam Healthy Weight Programme. At: https://www.amsterdam.nl/bestuur-organisatie/organisatie/sociaal/onderwijs-jeugd-zorg/zo-blijven-wij/amsterdam-healthy/
[55] Borys JM, Le Bodo Y, Jebb SA, et al. EPODE approach for childhood obesity prevention: methods, progress and international development. *Obes Rev. 2012;13*(4):299-315. doi: 10.1111/j.1467-789X.2011.00950.x. Epub 2011 Nov 23.
[56] World Health Organization (2015). Health in All Policies training manual. Available at: http://www.who.int/social_determinants/publications/health-policies-manual/en/
[57] World Health Organization (2015). Finland curbs childhood obesity by integrating health in all policies. Available at: http://www.who.int/features/2015/finland-health-in-all-policies/en/
[58] Kerr A (2015). *Scottish Public Health Obesity Special Interest Group – Review of the Obesity Route Map (ORM).* Glasgow: Scottish Public Health Network.
[59] ScotPHO (2016). *Obesity and health inequalities in Scotland.* Available at: http://www.scotpho.org.uk/media/1154/scotpho170727-obesity-and-health-inequalities-in-scotland-summary-report.pdf