SCOPING A PILOT HEALTHIER LOCAL ADVERTISING AND SPONSORSHIP POLICY IN SCOTLAND

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THE UNIVERSITY of EDINBURGH

Obesity Action Scotland
Healthy weight for all

Contents

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Foreword

Rates of obesity in Scotland remain stubbornly high. Too many adults continue to live with overweight and obesity, and perhaps most concerning of all, too many of our children grow up in environments that make a healthy weight harder to achieve and maintain. These patterns are deeply unfair. **People living in our most deprived communities continue to experience the greatest burden**, reinforcing and deepening existing health inequalities.

At the same time, the landscape of obesity prevention is evolving. The emergence of medications may offer opportunities for improving individual health outcomes. However, **there remains a clear moral imperative to maintain and strengthen population-level approaches to prevention.** Medication cannot, and should not, replace action to create healthier environments for all.

One of the most powerful, yet often under-recognised, drivers of our food environment is marketing. We are all susceptible to its influence, both consciously and unconsciously. This is not accidental. **Large multinational corporations invest millions of pounds each year to shape preferences, normalise over-consumption, and drive purchasing behaviours.** Recent analysis by Nesta has highlighted the scale of this investment, with advertising spend increasingly shifting into outdoor spaces as other channels become more regulated.

Public spaces should reflect public good. Yet too often, they are dominated by junk food marketing that promotes products damaging to our health, particularly in the communities already most affected by inequality. **Reclaiming these spaces is not about limiting choice; it is about rebalancing influence and reducing the disproportionate power of large corporations in shaping our everyday environments.**

This is where **local action has a vital role to play.** National policies, including recent restrictions on advertising of junk foods on television and online, and forthcoming regulations on promotions, are essential. But they are not sufficient on their own. **Local authorities have important levers to shape the environments in which people live their daily lives, and outdoor advertising is a clear example of this.**

Obesity Action Scotland has long recognised this opportunity. In our **Local Levers for Diet and Healthy Weight report**, we set out the potential for local action to support healthier food environments. This scoping work builds directly on that work, exploring the feasibility of implementing one of those levers: restrictions on junk food advertising (high in fat, sugar and salt) in publicly owned spaces.

The findings are encouraging and instructive. Across England and Wales, local authorities have

demonstrated that such policies are achievable and effective. Importantly, **concerns about loss of advertising revenue, often cited as a barrier, have not been borne out in practice,** with authorities reporting minimal or no financial impact and, in many cases, **a shift towards more positive and community-focused advertising.** At the same time, approaches have been developed to protect and support local businesses, including exemptions and a focus on promoting healthier products rather than excluding businesses altogether.

This report highlights that local leadership is central to success. **Strong partnerships** between local authorities, health boards, and community planning partners, supported by political commitment and empowered local champions**, are critical to navigating the complexities and delivering meaningful change.**

However, **Scotland risks being left behind**. While many local authorities in England and Wales have already moved forward with healthier advertising policies, progress here has been limited. With the development of Good Food Nation plans and a renewed focus on population health, we now have a clear window of opportunity to act.

The time to act is now. We need consistency across all forms of marketing — from television and online to in-store and outdoor advertising. **By taking forward the recommendations in this report, Scotland can build on existing momentum, harness the power of local action, and take a significant step towards creating healthier environments for everyone.**

I urge policymakers, local leaders, and partners across sectors to work together to turn this opportunity into action.

Julie Cameron
Head of Obesity Action Scotland

Obesity Action Scotland
Healthy weight for all

Executive summary

Restricting advertising of high fat, sugar and salt (HFSS) products has been used as a local lever in contexts beyond Scotland to support healthier food environments. This report explores how local healthier food advertising and sponsorship policies could be developed in a Scottish context. With the forthcoming deadline for local Good Food Nation plans set for 1 April 2028, there is a critical window of opportunity to strengthen policies to improve the healthfulness of food environments.

A desk review was conducted to understand published evidence regarding the process undertaken to develop healthy advertising and sponsorship policies in England and Wales, where there are existing policies. Barriers to adopting such policies in these contexts have included industry opposition, concern around revenue loss, and long-term advertising contracts. Enablers were early senior buy in, templates from organisations like Sustain, and voluntary sector leadership and support.

The report focuses on scoping of a healthier advertising and sponsorship policy in Ayrshire and Arran, but recognises beyond the specificities about contracts, due to similar public body structures, conclusions are likely to be generalisable to other geographies across Scotland. The Ayrshire and Arran region sits on the West Coast of Scotland and is covered by one territorial health board (NHS Ayrshire and Arran) and three local authorities (South Ayrshire Council, East Ayrshire Council, and North Ayrshire Council). Semi-structured, in-depth interviews were conducted with 13 key informants, including the three local authorities in addition to the health board.

The report considers initiation of the process, scope of policy, governance, advertising and contracts process, and monitoring and enforcement. It recommends national leadership, leveraging the existing prevention focused policy agenda, to ensure local political buy-in, consistency and clarity. At a local level it highlights the importance of cross-council working, including elected members, and of joint working between local authorities and health boards through the existing mechanisms of the Health and Social Care and Community Planning Partnerships. Local champions were identified as critical to build local buy-in, particularly in relation to navigating potential trade-offs between population health and supporting local businesses.

Further research is recommended, particularly exploring what existing advertising and sponsorship policies exist across local authorities and health boards in Scotland and how these could be expanded to include food; greater understanding of monitoring and enforcement of existing healthy advertising and sponsorship policies; greater understanding of the role of companies selling HFSS products in sponsorship of community development work; and more research considering the impact of healthy advertising and sponsorship policy beyond England.

Key findings

- There is growing evidence from England and Wales demonstrating that healthier advertising and sponsorship policies are feasible and can reduce exposure to advertising for products harmful to health, with minimal evidence of negative impacts on local authority advertising revenue.
- The main barriers to adoption are perceived concerns around loss of income, long-term advertising contracts, uncertainty around responsibility for monitoring and enforcement, and potential tensions between population health objectives and wider economic development priorities.
- Early political and senior leadership buy-in, cross-council collaboration, involvement of legal services, alignment with existing strategic priorities, and support from local champions were identified as key facilitators of successful policy development.
- In Ayrshire and Arran, existing partnership structures, including Community Planning Partnerships and the development of Good Food Nation plans, provide a critical opportunity to progress a local healthier advertising and sponsorship policy through a whole-systems and prevention-focused approach.
- Whilst national guidance would support consistency and clarity of approach across Scotland, the experiences of local authorities in England and Wales demonstrate that local action can be progressed in advance of national policy.

Key recommendations

- **Establish a pan-Ayrshire healthy advertising and sponsorship working group,** bringing together the three local authorities, NHS Ayrshire and Arran, legal teams, commercial services, procurement, and relevant elected members to lead development of a consistent regional approach.
- **Embed healthier advertising commitments within Good Food Nation plans and wider prevention strategies,** framing action as part of reducing health inequalities, improving population health and creating healthier local environments.
- **Identify and support local champions**, with an understanding of the complexity of the food system to facilitate cross-sector engagement, communicate the rationale for action, and maintain momentum.
- **Develop a clear local policy framework using existing evidence and national definitions**, including the UK Nutrient Profiling Model for HFSS products, and learning from local authorities in England and Wales, while recognising the importance of supporting local businesses.
- **Review existing advertising and sponsorship arrangements**, including council-owned assets and forthcoming contract renewals, such as bus shelter advertising, to identify practical opportunities to introduce healthier advertising requirements over time.
- **Advocate for national guidance and policy support** to provide greater consistency in approach, support local implementation, and strengthen alignment across Scotland.

1. Background

Scotland's Population Health Framework has set two priorities for its initial phase: (1) embedding prevention in our systems and (2) improving healthy weight. Healthy diets underlie both of these priorities. What people eat is determined by where they live, work, learn and play, as well as their personal circumstances. Developing a whole systems approach to improve the healthfulness of food environments across Scotland is key to the Population Health Framework's success. Healthier food environments are also critical for achieving the outcomes of the **Good Food Nation (Scotland) Act** and well aligned with the **National Planning Framework 4 (NPF4).**

Restricting the advertising of food and drink high in fat, sugar and salt (HFSS) has been identified as an effective local lever to support healthier food environments.[1] Whilst new **UK-wide restrictions on advertising HFSS products online and on TV** came into effect in January 2026, a report by Nesta found that there has already been a 59 percent increase in outdoor advertising spend since 2018 when these restrictions were first proposed.[2] An estimated 98 percent of the UK population are exposed to outdoor advertising every week.[3] In 2024, outdoor advertising accounted for more than a quarter (27 percent) of total spend on food advertising.[2] Thus, restricting outdoor advertising of HFSS products is increasingly important.

According to Sustain, **25 local governments in England and Transport for London** have signed off healthier food advertising policies. Transport for London was the first in 2019,[4] followed by Bristol in 2021.[5] Two local authorities in Wales (Cardiff and Vale of Glamorgan) have also adopted policies that ban HFSS product adverts. Moreover, in Wales, the **Future Generations 2025 report** recommends that all public bodies should ban the advertising and promotion of HFSS and ultra-processed food and drink from all publicly owned advertising and marketing spaces.

To the best of our knowledge, to date in Scotland, only **Aberdeenshire Council's Advertising and Sponsorship Policy** specifically covers HFSS products. The policy notes (Section 3.3): *"The Council will not accept sponsorship that undermines health promotion. For example, sponsorship from companies that produce or promote tobacco, food with a high fat content, or high sugar drinks."*

Whilst the City of Edinburgh Council has developed an **Advertising and Sponsorship Policy**, this policy does not include reference to food. The policy notes (Section 4.7): *"The proposed revisions to the policy do not currently include specific restrictions around food advertising."*

Nonetheless, there is strong third sector support for bans on HFSS product adverts in outdoor and public spaces through the **Non-Communicable Disease (NCD) Alliance Scotland**, a coalition of 24 health organisations. Moreover, there is a critical window of opportunity to strengthen policies to improve the healthfulness of food environments with the forthcoming deadline for local Good Food Nation plans set for 1 April 2028.

2. Aims

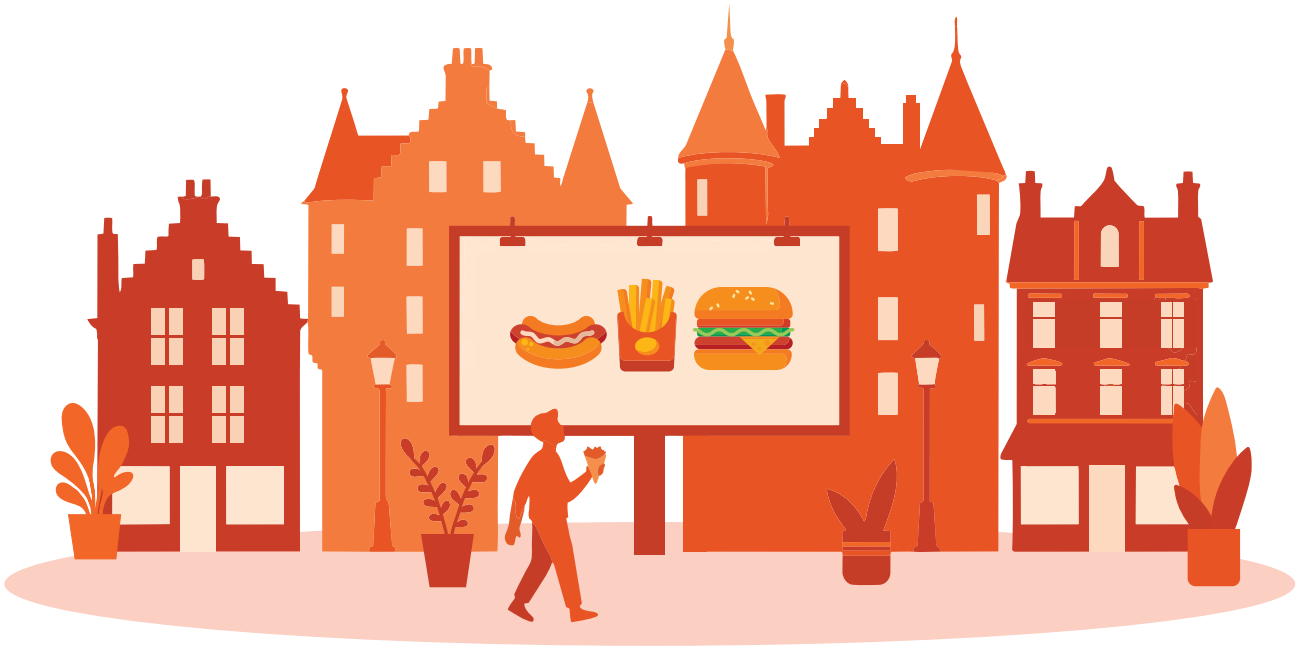
The overarching aim of this project was to explore how local healthier food advertising and sponsorship policies could be developed in a Scottish context. The focus was primarily on development and adoption rather than implementation and enforcement given the stage of these policies in Scotland.

The two overarching research questions we aimed to answer were:

1. **What process was undertaken to develop and implement healthier food advertising policies in England and Wales?**

2. **What steps would be required to develop and implement a healthier food advertising policy in the region of Ayrshire and Arran?**

The Ayrshire and Arran region was selected as a case study for the Scottish context given its diverse geography and the overlap of a single health board with three local authorities: South Ayrshire, East Ayrshire, and North Ayrshire (which includes the Isles of Arran and Cumbrae).



3. Methodology

3.1. Desk review

A desk review was conducted to understand published evidence regarding the process undertaken to develop healthy advertising and sponsorship policies in England and Wales. Academic papers were identified via PubMed and Google Scholar searches (15 January 2026, **Appendix 1**) and reviewing the reference lists of relevant articles.

Nineteen research studies were identified, including two scoping reviews,[6,7] five studies on multiple local authorities in England,[8-12] five studies on the Transport for London policy,[4,13-16] three studies on Bristol's policy,[5,17,18] and one study in Leeds[19] and two studies in Scotland describing exposure to outdoor advertising.[20,21] We focused on the four studies[10,11,16,17] that explore the processes underlying the development, adoption, implementation or enforcement of policies rather than studies that evaluated the impact or general exposure to outdoor advertising. A twentieth study was added based on interviewee feedback which had been published subsequent to the database search.[22]

Grey literature was identified via a Google search with the terms 'healthier advertising policies in England and Wales,' which resulted in 53,500 results (16 January 2026). To narrow down the search, we initially focused on outputs from established public health bodies, particularly the Local Government Association.[23] In addition, we focused on documents from two geographies deemed comparable to Ayrshire and Arran, namely, Luton Council in England and Vale of Glamorgan Council in Wales. Like North Ayrshire Council, Luton Council is part of the Institute of Health Equity's Marmot categorisation. Vale of Glamorgan Council area and the Ayrshire region have a similar agricultural history. Both of these areas are at different stages of the process, with Luton Council initially introducing a policy banning HFSS adverts on council-owned spaces and assets in August 2023[24] and Vale of Glamorgan Council approving such a policy in September 2025 and planning to introduce the policy from March 2026.[25]

3.2. Semi-structured, in-depth interviews

Semi-structured, in-depth interviews were conducted with 13 key informants, recruited via email invitations. We used purposive and snowball sampling. Most key informants were local authority and health board professionals involved in developing and/or implementing advertising and sponsorship policies. In Ayrshire and Arran, we interviewed stakeholders from each of the three local authorities in addition to the health board. For the purposes of anonymity this report does not specify departments.

The interview topic guide (**Appendix 2**), informed by the desk review and updated iteratively

The interview topic guide (**Appendix 2**), informed by the desk review and updated iteratively as the interviews progressed, covered policy scope, governance, contracts, communications, barriers and enablers, and a specific discussion of who else the key informant felt we should interview to inform snowball sampling.

All interviews were conducted online between January and April 2026 using Microsoft Teams and recorded. The transcripts were downloaded and corrected, as needed, by listening to the interview recording, and all potentially identifying information was removed from transcripts such that the final transcripts analysed were anonymous. The recordings and original transcripts were then permanently deleted. Transcripts were analysed using NVivo software to identify key themes.

The initial draft of the findings was shared back with interviewees and they were given the opportunity to provide feedback regarding whether the findings accurately reflected their contributions to the research.

The protocol for the interviews was reviewed by the Human Ethics Research Committee at the University of Edinburgh and received a favourable opinion. All interviewees provided informed verbal consent.

3.3. Limitations

There are two important limitations which should be considered when interpreting the results of this project.

First, the interviews focused on the Ayrshire and Arran region, and the details that emerged from the interviews regarding the process for developing, adopting and implementing local healthier food advertising and sponsorship policies may differ in other regions. For example, in other regions, the local third sector may already be engaged in advocating for HFSS product advertising bans in outdoor and public spaces, and may play a more prominent role in the policy development and adoption process.

Second, we were not able to completely 'bottom out' the step-by-step process for developing, adopting and implementing such a policy given the small sample size and low response rate to email invitations sent to council staff. We only interviewed one person in East Ayrshire Council, two people in South Ayrshire Council, and four people in North Ayrshire Council. As a result, the recommendations should be seen as broad guidance, based on a combination of learnings from the successful adoption of such policies in England and Wales, together with the context-specific knowledge of the stakeholders we were able to interview in Scotland.

4. Lessons from the development and adoption of local advertising and sponsorship policies in England and Wales

About one-third of local authorities in England have adopted a harmful commodity advertising policy.[9] This section describes the process of how local authorities, primarily in England given that is where the bulk of the published evidence exists, initiated the process for developing and adopting such policies. It considers the policy development process, the implementation process and resource considerations that are explicitly recognised as part of council papers, media (including press releases), voluntary sector publications, as well as research studies. It also discusses the main barriers and facilitators identified by local authority professionals and other stakeholders. Finally, it concludes by highlighting potential gaps that could be usefully addressed to overcome barriers or augment the impact of facilitators on the process of developing and adopting local advertising and sponsorship policies.

Many of the findings presented in this section are from a study involving interviews with 20 representatives from 15 local authorities in England published by researchers at the University of Bristol.[10] Promisingly, that study found that participants

> *"reported visible reductions in harmful commodity advertising in their localities and minimal to no advertising revenue losses, with more 'positive' and pro-social advertisements replacing restricted ones."* [10]

This observation from stakeholders continues to support the initiation of similar processes in Scotland.

4.1. Policy development

4.1.1. Initiation of the process

Policies to address advertising and sponsorship of HFSS products were seen to align with a general shift to whole-systems approaches to improve health and wellbeing.[10,17] Evidence of greater exposure to advertisements for unhealthy food in high deprivation areas was also a driver of adoption, as the policy was seen as important for addressing health inequalities.[10,17]

The development and adoption process in England has taken several years in many local authorities. In Bristol, policy development took 18 months.[17] Another study of 14 local authorities in northern England which formed a "Healthy Weight and Physical Activity Community of Improvement" found that between March 2021 and February 2022 (the period of data collection), six areas had drafted policy guidance but no councils had changed their formal policy position.[11]

Findings from multiple studies suggest that local authority professionals are aware of the risk of counter-lobbying by industry and therefore tend to minimise external engagement in early stages of policy development. [8,10,11] Instead, they focus on securing support from senior leadership and across relevant council departments before expanding to external stakeholders. This contrasts with the experience in London, the first area to adopt such a policy in 2019, where consultation with the public and commercial actors early on in the process was perceived of as a facilitator of adoption.[16]

4.1.2. Framing of the policy

A key element of multiple healthier food advertising policies is the framing of the policy within existing programmes of work and commitments, including strategic council-wide plans.

Luton Borough Council, England

In Luton, emphasising the connection between unhealthy food and drink advertising and health inequalities was critical for initiating policy development. The **healthier advertising and sponsorship policy** was seen to align with the Institute of Health Equity's 'Marmot Town' categorisation.

Vale of Glamorgan Council, Wales

In Vale of Glamorgan, the first local authority in Wales to implement an HFSS product adverts ban, the policy was framed as complementing existing Council commitments and priorities. For example, the Council explicitly recognised the broader climate and nature implications of a healthier advertising and sponsorship policy in their **committee briefing paper**. In media interviews, Councillors emphasised that the policy did not restrict people's choices, but rather stopped people from "having these adverts thrown at them all the time."[25] Again, media coverage highlighted the fact that the new policy complemented existing Council priorities, namely health inequalities, with one Councillor saying, "We as a council have a values driven corporate plan. I think this is a demonstration of our values in action."[25]

4.1.3. Ways of working

Multiple Council committee briefing papers explicitly recognised the role of the charity, Sustain, in the development of their policy. **Sustain's Healthier Food Advertising Toolkit** was cited as being especially useful.[9] The expertise and support of the third sector was a clear enabler to the development and adoption of existing healthier food advertising policies.

4.2. Policy implementation

4.2.1. What's included?

The majority of existing healthier food advertising policies apply to new rather than existing contracts. However, there is some recognition that existing contracts may voluntarily adopt this.

Policies apply to the council-owned outdoor advertising estate and, in some instances, transport networks such as bus shelters. However, a recent analysis of the Bristol healthy advertising policy did not find a significant impact on household purchases of HFSS products.[22] The authors conclude that this is likely due to the fact that only about 30 percent of the of the city's outdoor advertisement estate is owned by Bristol City Council.[22]

Luton Borough Council, England

Whilst the Council has adopted the policy, implementation will be gradual as it applies to new and renewed leases/licenses. The Council has acknowledged that unhealthy food adverts might still appear on bus shelters up until 2027 when the current contracts expire.[24]

Vale of Glamorgan Council, Wales

Vale of Glamorgan Council's policy came into effect in March 2026, so the implementation process is at an early stage. The proposed Vale of Glamorgan protocol, relates to "current and prospective advertising and sponsorship opportunities connected to the Council's building, assets and physical resources and both new and existing products and services including events."[26]

Both Luton Borough Council and Vale of Glamorgan Council have a broad scope, with Luton's policy "restrict[ing] the advertising of products that are high fat, salt or sugar on all council-owned assets,"[27] recognising in media publications the importance of control of Council assets as part of this process.[24]

4.2.2. Resource/revenue considerations

One of the biggest concerns of local authorities regarding introducing this policy is the loss of revenue. However, a report by Nesta evaluating six local authorities found councils that implemented this policy had not lost revenue by doing so.[28]

Both Luton Borough Council and Vale of Glamorgan Council explicitly recognise in their documentation that there is no negative impact on the income generated through advertising and sponsorship as a result of introducing this policy and do not see this factor as a barrier to policy implementation. The Vale of Glamorgan Council's **'Resources Scrutiny Committee'** briefing paper explicitly recognise other councils have already brought in similar policies across assets, buildings and communication mechanisms.

4.3. Barriers

The main barriers reported in the literature are summarised in **Table 1**. Industry opposition and "scaremongering" about potential revenue loss was a consistently cited barrier across studies.[8,10,13]

Table 1. **Barriers to developing and adopting local advertising and sponsorship policies in England and Wales.**

Barriers	Examples of Mitigation Measures Employed
Industry opposition	• Evidence to counter industry claims on revenue loss (from Transport for London) • Counter "nanny state" narrative with narrative on disproportionate influence of unhealthy food advertising on people's behaviour (even if subconsciously)
Revenue concerns	• Exemptions for local businesses • Emphasising it is about multinational companies influencing people's behaviour not individual businesses in a local area
Small area with limited advertising estate	• Developing policy with neighbouring local authorities
Long-term advertising contracts	• Request contract holders to voluntarily adopt the policy (largely unsuccessful) • Does not have to be an 'all or nothing approach'. Policy can apply to contracts with earlier renewal date, with recognition this will be a legal element to all contract renewals.

4.4. Facilitators

The main facilitators reported in the literature are summarised in **Table 2**. Early buy-in from senior and political leadership, and multi-party collaboration helped ensure policy adoption.

Table 2. **Facilitators to developing and adopting local advertising and sponsorship policies in England and Wales.**

Facilitators	Specific Examples
Political alignment and support	• Early engagement to get leaders on-board
Policy champion	• Credible and influential council members who are passionate about the policy
Alignment with other policies and council-wide strategic priorities	• "health in all policies" approach, child poverty, health and wellbeing strategies, healthy weight declarations, climate priorities
Evidence of feasibility and effectiveness from other local areas	• Transport for London's ban (however, some local authorities felt the fact evidence largely came from London was a barrier to change)
Templates	• Sustain created blueprint, neighbouring councils that had previously adopted advertising policies
Voluntary sector leadership	• Sustain's expertise in both the development and implementation of policies

4.5. Gaps

Potential gaps that may have helped address some of the barriers or augment the facilitators are presented in **Table 3**.

Table 3. **Gaps to developing and adopting local advertising and sponsorship policies in England and Wales.**

- Difficult to navigate contracting arrangements, who is responsible, and policy change process – even for people within the council
- Lack of local evidence
- Better data on potential revenue impacts
- Cost-effectiveness of such policies (requiring data on impacts and costs incurred for implementation and enforcement)
- Real-time databases on advertisements to facilitate monitoring and enforcement (rather than relying on spot checks and resident complaints)

The reality on the ground of privately owned advertising being more pervasive suggests that in addition to policies guiding advertising and sponsorship by local authorities and other public institutions, national action may be required to address outdoor advertising more broadly, as has been done for online and TV advertising of HFSS products.

5. Understanding the process required to adopt local advertising and sponsorship policies in Ayrshire and Arran

5.1. Context

Ayrshire is situated in the South West of Scotland on the Firth of Clyde.[29] There are three local authorities that cover the region: South Ayrshire Council, East Ayrshire Council, and North Ayrshire Council (which includes the Isles of Arran and Cumbrae) (**Figure 1**). According to the 2022 Scottish Census, approximately 365,300 people live in Ayrshire: 111,600 in South Ayrshire, 120,300 in East Ayrshire, and 133,400 in North Ayrshire.[30]

Figure 1. South Ayrshire Council, East Ayrshire Council, and North Ayrshire Council in South West Scotland.

NHS Ayrshire and Arran is the territorial health board that covers the whole region. It is one of the largest employers in the area, employing approximately 11,354 staff and serving more than 370,000 people.[31] The **Public Bodies (Joint Working) (Scotland) Act 2014** requires explicit joint working between the health board and local authorities. The **Public Health etc. (Scotland) Act 2008** *"requires each health board to continue to make provision, or secure that provision is made, for protecting public health in its area."* The Director of Public Health, whilst employed by the NHS Board, has ultimate responsibility for population health across the region, working within the health board, but also collaboratively with local authorities through the Integration Joint Boards, Health and Social Care Partnerships, and Community Planning Partnerships.[32,33]

As **Table 4** demonstrates, life expectancy and healthy life expectancy is lower in Ayrshire and Arran when compared to the national average. The percentage of adults and children with a healthy weight, and the percentage of children with no obvious tooth decay, are also lower in Ayrshire and Arran than the national average.

Table 4. **Overview of health statistics for NHS Ayrshire and Arran as compared to national statistics for Scotland. Data are from the Scottish Public Health Observatory.**

Statistic	NHS Ayrshire and Arran	Scotland
Healthy life expectancy, females	54.9 years	59.4 years
Healthy life expectancy, males	54.9 years	59.1 years
Life expectancy, females	80 years	81.1 years
Life expectancy, males	75.8 years	77.2 years
Population living in the 20% most deprived areas in Scotland	29.9%	19.7%
Adult healthy weight	29%	33%
Child healthy weight in primary 1	72.7%	74.5%
Child dental health (no obvious tooth decay) in primary 1	69.9%	73.9%

5.2. Initiation of the process

5.2.1. Working cross-council and connecting the dots

The importance of cross-council working emerged not only in the content of interviews, but also as we snowballed across departments within a given council in trying to identify who would ultimately be responsible for such a policy. From the outset, establishing an internal working group that has a broad, cross-cutting membership of decision-makers across policy and service areas, particularly legal services, was deemed critical, by relevant authority interviewees.

> *"I think a key driver has been our legal team...[1] We did establish a cross-council group and that included not only legal, but finance, procurement, practitioners and health and social care. These are key decision makers. Involvement right across the council to provide strategic direction and operational experience."*

Interviewees highlighted that a cross-council approach also ensures there is consistency in strategy across different elements of the councils' advertising and sponsorship portfolio, which may not be managed by the same departments.

> *"So I think when it comes to the council itself and advertising, we can obviously advertise where we have ownership of the opportunities and that would involve our asset management team... There's an element by which the council actually provides opportunities. We either run events. So there's an element whereby all of those service areas would actually need to be on message."*

Informal, internal conversations were identified as a means of initiating this cross-council group.

> *"I think when it comes to tricky areas, it is about conversations and talking to people and working out where the supporters are and where the potential opposition is... There has to be ways to kind of talk through that and work together and get past it."*

Interviewees noted that clearly articulating how a healthy advertising and sponsorship policy would support and complement existing legislative priorities was another means of encouraging membership across the council. Two specific examples given were the **Good Food Nation (Scotland) Act** and the **Community Wealth Building (Scotland) Act**, which place legislative duties on local authorities and health boards to develop local plans, part of which emphasise a preventative approach to population health.

> *"Hopefully going forward with Good Food Nation, some of those positive outcomes in there, some of the outcomes that support population health and sustainability would possibly be good places, good hooks, good homes for this work. And this kind of work could be shown to be an example of how you deliver on that."*

1... indicates an abridged quote throughout this report.

"Ayrshire has had a healthy weight strategy that spanned each of the three local authorities alongside NHS Ayrshire and Arran. And there were a number of actions in there to deliver in order to halt or reduce the prevalence of obesity and overweight in adults and children. So that was a 10 year framework that ended in 2024. And rather than do another iteration of that, we have agreed that the Good Food Nation plans that each of the relevant authorities have to produce will be the next version of a healthy weight strategy."

Interviewees clearly recognised tangible means of actioning a healthier advertising and sponsorship policy through specific frameworks, policies or legislative requirements.

“I think a key driver has been our legal team... We did establish a cross-council group and that included not only legal, but finance, procurement, practitioners and health and social care. These are key decision makers. Involvement right across the council to provide strategic direction and operational experience.”

5.2.2. Recognising this is a 'political issue'

Several interviewees stated that building internal support for this agenda should extend beyond council employees and explicitly include elected members, from the outset.

> *"The first step would be to work it up, I suppose, and take it to the executive leadership team. And then you would probably take it to the policy advisory panel, which is all the elected members sit on that and you would get their view on whether they would likely to support or not. You might do an administration briefing, which is like the party that's in control."*

"So an example that I can name was the sort of smoking ban indoors... Look at the significant change that that has delivered, you know, and health outcomes as a result of that. And there is something to be said for national policy around this work and about advocating for that."

Ensuring buy-in from elected members requires accessible and dynamic briefing information and engagement, clearly articulating 'the why'.

> *"The encouraging thing when we have briefed elected members about advertising in the past, where there has been a lot of noise about an opportunity and potential risk, elected members have been positive if they have been presented with a robust business case and evidence to inform opinion. Leadership is required and that has been clearly demonstrated."*

5.2.3. Top-down and bottom-up leadership, building on the prevention agenda

Whilst there are existing examples across the UK of local authority led policy, there is no national guidance in relation to a healthy advertising and sponsorship policy, in the UK or Scotland. In Wales, the **Future Generations 2025 report** explicitly recommends that all public bodies should ban the advertising and promotion of HFSS and ultra-processed food and drink from all publicly owned advertising and marketing spaces. Multiple interviewees recognised the importance of a healthy advertising and sponsorship policy, even if there is not a national policy. As discussed in Chapter 4, the lack of a national policy in England or Wales has not been a barrier to local authorities developing their own local advertising and sponsorship policies in these contexts.

There was suggestion by some interviewees that a healthy advertising and sponsorship policy builds on other large scale regulatory approaches. The importance of national regulation in the process of banning smoking indoors was highlighted as a similar example. National policy was seen as a means of removing barriers to progressing this policy at a local level, for instance not getting buy-in from elected members or lack of prioritisation of such a policy.

> *"Just coming back to the barriers around this work, there is something for me, and again, having been around the block quite a few times with transformation and change and the space around tackling inequality within our communities, there is that the importance of national policy around this work cannot be underestimated… So an example that I can name was the sort of smoking ban indoors… Look at the significant change that that has delivered, you know, and health outcomes as a result of that. And there is something to be said for national policy around this work and about advocating for that."*

Beyond indoor smoking bans, interviewees highlighted that there is precedent in relation to the commercial determinants of health, namely infant formula advertising. All health boards in Scotland must follow the baby friendly principles and uphold the **World Health Organisation's Baby Friendly Standards**.

> *"We're not allowed to have any promotional materials… around that are produced by the formula industry. There are quite strict rules around what products can be advertised in terms of infant formula that can be advertised or promoted. So that is always something that I think about, when I think about advertising and the sponsorship and that sort of work."*

At the health board level, another example raised by a participant was an internal practice to avoid use of the British Nutrition Foundation (who are industry funded) resources. Whilst this is currently a local practice, rather than written guidance, from a sponsorship perspective, explicit consideration of the use of, recommendation of, and endorsement of resources should involve careful consideration of who they are funded by.

> *"If you look at who they're [British Nutrition Foundation] sponsored by or who they're funded by, the list of… food producers, so food industry is quite varied and includes Pepsi-Cola, Mars, Greggs, McDonald's, and so on and so on and so on. NHS Ayrshire and Arran has adopted a position and I think a number of other health boards do… which is we will not use or recommend resources produced by the British Nutrition Foundation for the very reason that the resources are funded and therefore linked to the food industry of which a high proportion are manufacturers of foods that are high in fat, sugar and salt… I think the next stage is if we were going to have… an advertising or sponsorship policy. One of the things that I would like to see included is… When you are endorsing or recommending the use of resources, you need to think carefully about who they're funded by."*

In recent years, national government in Scotland have placed a particular focus on prevention and improving population health, for instance, through the publication of the **Population Health Framework**. Interviewees recognised that developing a healthier advertising and sponsorship policy was one means of working towards this strategic priority and builds on the prevention agenda.

> *"At a strategic senior level, there is that commitment between… the community planning partners, for example, in Ayrshire… there does seem to be a commitment and a recognition that we need to focus on improving health… we need to build on that and that this work around advertising and sponsorship policy needs to be framed in a way where that's just one thing that would contribute to improving population health."*

As is the case in Luton,[34] interviewees mentioned that North Ayrshire Council is part of the **Institute of Health Equity's Marmot Places**. Development of a healthy advertising and sponsorship policy was seen as being strategically aligned with this place-based approach.

> *"We're not throwing additionality at this. What have you got? What assets and strengths can we all bring collectively as partners? And by partners, you mean that in the wider sense of it's not just the council. It's the partnership. It's about the third sector. It's about the business sector. It's about how we can think definitely with national partners and partners like Public Health Scotland to see what can we offer in this place through more integrated whole-systems working that can deliver outcomes for local people."*

5.2.4. Supporting local champions

Multiple interviewees recognised the important role of a local champion as a connector and communicator of why this policy area is strategically important. It was noted that the local champion should understand the *"complexity of the food system"* in order to drive forward systems change. In Ayrshire this individual was identified by multiple interviewees as sitting within the health board, however, who this champion is may vary in other contexts.

"Obviously elsewhere we've had our healthy weight work going on and I think [redacted] has worked really hard to get that integrated and linking across many different areas as we can, thinking about different aspects and impacts and influences."

5.2.5. Proactively navigating risk

Interviewees spoke about perceived risks, at a local level, associated with introducing a healthier advertising and sponsorship policy. They suggested it was important to have clarity and understanding on what these potential tensions are as part of the process of building stakeholder support and understanding.

One well-recognised tension, in existing literature and by interviewees, is between economic regeneration and health. Interviewees recognised the tension between supporting local businesses and population health are not exclusive to the development of a healthy advertising and sponsorship policy.

"When I look at Ayrshire growth deal, we have the food and drink work stream there... the real focus there has been about growing food businesses, growing local food businesses, really regardless of kind of what that food product is that they are selling, but more about, you know, their business model and sustaining and growing that."

One interviewee identified a particular tension surrounding sponsorship of community development work, particularly by businesses selling HFSS products.

Interviewees recognised that it is not always possible to consider all the contradictions, tensions, and unintended consequences when making food policy decisions.

"It's really hard to sort of find all these contradictions and find solutions to them. Sometimes it's just not possible. Yeah, and there's unintended consequences in places."

In North Ayrshire, an interviewee pointed out that in the existing Advertising and Sponsorship Framework, the associated risk is determined as low, and this has allowed for approval and implementation of the framework.[35]

"We wanted to minimise the risk to the council through a robust business case, establishing robust policy and 100% performance rated contracts with our partners. So all our legal obligations are met and there is no financial risk to the council."

A risk register example was developed (**Table 5**) based on risks identified in the literature review, the risk register in North Ayrshire's Council existing advertising and sponsorship policy, the interviews, and information provided by Strathclyde Partnership for Transport (SPT), who have the existing bus shelter contract across Ayrshire.

"So there's a tension around companies like Gregg's, right?... they have supported, as you know, the supported breakfast clubs have supported all kinds of activities... if we're advertising or Greggs are sponsoring or providing grants and then they're asking for their logos to be placed upon community groups and so on. **How does that kind of play out? So, these are some of the complexities in my world around how all of it works that I don't really have a resolution to, but it's an interesting challenge because there's a resource there."**

Table 5. **Risk register example.**

Potential Risk	Explanation	Mitigation/broader consideration
Legal	Potential concerns around implied endorsement, to ensure things are fair and open to all businesses within policy framework and to ensure the council cannot be legally challenged.	Involvement of legal from the outset to ensure strong governance, principles of the policy, and safeguards.
Revenue	Adopting a healthy advertising and sponsorship policy may impact on local authority revenue.	In other parts of the UK, where such an approach has been taken, declines in revenue have not been observed.[28] The existing partnership approach, with a private sector market leader, taken in the current framework in North Ayrshire in relation to council-owned assets, minimises the revenue risk.
Contradictory policy areas (explicitly health and economic growth)	"There's risks, I think, for the council in relation to contradictory policy areas…for example, we would pursue healthy weight through the previous healthy weight strategy and through our food priority and the work that public health is doing. But at the same time, we might be promoting businesses which are actually promoting high sugar and fat products. We would be supporting those businesses, helping them to develop, giving them new premises or helping them to have new premises through our food and drink work stream, which is more focused on economic growth of local businesses. So there's clear potential for conflict if we're not joined up enough across the piece on this and singing from the same hymn sheet."	Establishing a cross-council working group, with expertise from beyond the council, including public health expertise from the health board.

5.3. Scope

Of the three local authorities and one health board in Ayrshire, North Ayrshire has an existing Advertising and Sponsorship Framework.[35] This policy particularly considers the council-owned commercial channels, which includes advertising on council assets, specifically roundabouts, council vehicles, and floral beds. The existing policy is framed around a Community Wealth Building approach, particularly focusing on supporting business. Health is not recognised in the existing framework, which sits in the municipalisation team.

> *"We have 29 roundabouts and obviously there are, it's dedicated to 1 advertiser, per roundabout with multiple signage. In terms of vehicles that we have over 40 sides of refuse collection vehicles with commercial advertising. There is also the potential availability of our significant van and truck fleet. We also have 10 floral beds open to sponsorship."*

Within this existing policy, there is recognition of particular exemptions around advertising and sponsorship. In relation to advertising, these exemptions include, but are not limited to[35]

- Advocacy of, or opposition to, any politically, environmentally or socially controversial subjects or issues.
- Political advocacy, opposition and publicity (being material which in whole or in part, appears to be designed to effect political support of a political party) or campaigning materials.
- Disparagement or promotion of any person or class of persons.
- Promotion or incitement of illegal, violent or socially undesirable acts.
- Promotion or availability of tobacco, alcohol products, weapons, gambling or illegal drugs.
- Advertising of financial organisations and loan advancers which meet the Financial Standards Authority's definition of High Cost Short Term.
- Promotion or availability of services, products, activities or materials with an adult or sexually explicit content advertising that infringes any trademark, copyright, patent rights or consumer protection laws.

In relation to the inclusion of wider health-harming products (beyond food), there is a clear understanding and recognition at a council-wide level of their exclusion. Food is not included in the existing framework. Several interviewees recognised that a clearer definition of HFSS products would enable their inclusion in future iterations of this framework, as this has previously been a barrier to progressing a ban on HFSS adverts.

> *"It was something that was discussed and we would want to consider something in terms of high fat, salt and sugar products. And at that time, it was felt that possibly we didn't have the clarity in terms of the criteria and definitions. But I think it's something that I would be keen to have that discussion internally again"*

Of note, despite there being no national policy on alcohol or gambling, both are still covered in the existing policy in North Ayrshire.

5.3.1. Clear and consistent definition in relation to food

Having national guidance to enable a consistent, evidence-informed approach was cited as important by interviewees.

> *"It depends on which commodity you're talking about. If we are talking about... cigarettes or smoking, for example, the message is very clear and the message is very black and white. It's this is bad for your health, so don't do it... when you think about the food industry. That's a more difficult and nuanced message to deliver because you don't want to demonize... I would think you want to protect children from aggressive marketing techniques that are used for products that are high in fat, sugar and salt. So if I was going to define 'healthier', I would say it needs to be products that are lower in fat and sugar and salt."*

Whilst interviewees mentioned the lack of definition of HFSS products as a barrier, such definitions exist in the UK and Scotland. **The Communication Act (2003)** (amended by the **Health and Care Act 2022**) made provision for restrictions on advertising of less healthy food and drink products on TV and online. The **Advertising (Less Healthy Food Definitions and Exemptions) Regulations 2024** and **The Advertising (Less Healthy Food and Drink) (Brand Advertising Exemption) Regulations 2025** give practical effect to these provisions. Existing policies use the UK Nutrient Profiling Model, for instance **Bristol Council's Advertising and Sponsorship Policy: High Fat, Salt or Sugar Policy Guidance note**, recognises the current guidance on whether a product is considered HFSS under Nutrient Profiling Model, as well as, *"the outcome of any reviews or revisions of the NPM [Nutrient Profiling Model] will be taken into consideration in applying our policy."*

5.3.2. Not just food: covering multiple health harming products

The existing policy in North Ayrshire recognises multiple health harming products. However, pros and cons of trying to address multiple health harming products in a single policy were cited. For example, whilst a policy considering multiple health harming products could enable greater senior internal buy-in, it may take more time to sign off such a policy.

> *"I can see the benefits to having that as part of a broader framework on some of the other commodities that we've talked about... I think it would be an easier message potentially... It would be an easier piece of work to convince those in the most senior positions. The downside of putting them all together is it feels as though that would take quite a long time because it always does to try and reach consensus."*

“It's changing how we advertise. So the business is fine, but promote your healthier options rather than promote all your not so healthy options.”

There was suggestion by an interviewee that in other contexts (England and Wales), a broader approach enabled greater coalition building, which enabled a stronger voice to progress the policy agenda. The caveat to this was that the broader approach can also lead to greater push back. However, this was perceived to be less significant in local level decision-making.

> *“I guess there's like, you can get a coalition behind it, but also on the other hand, you've got like a stronger coalition against it. But I think at a local level, that's probably less of a risk.”*

5.3.3. Exemptions for local businesses

North Ayrshire’s existing Advertisement and Sponsorship Framework particularly recognises the importance of advertisement opportunities for local business. However, an interviewee noted that further consideration would need to be given to potential exemptions, particularly the impact of/inclusion of franchise companies, who whilst effectively operate as a local business, are ultimately utilising the environmental printing of a corporation.

> *“I suppose when you're talking about how that's defined as well as that about the is it about the franchising and you know, so if you own a McDonald's and I know where I'm based, but you're the franchise holder, so as effectively a local business, but it has their brand and their product.”*

Interviewees recognised that framing to gain business buy-in is important, namely, that the policy focuses on healthier products, rather than exclusion of businesses.

> *“So suppose it's getting those suppliers or those businesses on board that they support. I think when they advertise, advertise a healthier option. So I'd be quite happy for advertisement to happen, but put it out as a healthier option... So that needs to be a clear message that we're going to do anything. It's changing how we advertise. So the business is fine, but promote your healthier options rather than promote all your not so healthy options.”*

5.4. Governance

5.4.1. Community Planning Partnerships leading at a local level

A critical existing method for joint working at a local level, between health boards, local authorities and other relevant stakeholders in Scotland is the Community Planning Partnerships. There are 32 Community Planning Partnerships. The **Community Empowerment (Scotland) Act 2015**'s main purpose is to "reduce inequalities." The Community Planning Partnerships have existing responsibility for areas connected to this workstream, for instance, the Population Health Framework.

In this context, interviewees noted that the Community Planning Partnerships are well-suited to lead the development (and the associated governance) of local healthy advertising and sponsorship policy.

> *"So through our CPP [Community Planning Partnerships], I think very much seeing an enabler around partnership working and the relationships that we have already established [redacted] and building from that I think is key."*

An interviewee also pointed out that this work could be undertaken via APSE Scotland Commercialisation Network Group, which has agreed to establish and facilitate working groups on a range of topics that could include commercial advertising. An Ayrshire group could then provide support to local authorities at different stages of development and draw on expertise for wider discussions, e.g., implied endorsement, partner and employer contracts. It could also provide a platform for the rollout of healthy advertising across Scotland. The APSE Scotland Commercialisation Group is chaired by North Ayrshire Council and has membership across all Scottish local authorities.

5.4.2. Public health experts as local champions

Through the Public Health etc (Scotland) Act 2008, Health Boards provide advice and service across a specific geographical area. Whilst the Director of Public Health sits within the Health Board they have responsibility for population health across the region and an ethical responsibility to guide local authorities from a public health perspective in Scotland. This takes place through existing joint working models and interviewees emphasised the importance of Community Planning Partnerships.

> *"I suppose, an ethical obligation that when we are working with partners that we guide them and what an ethical framework would look like, so in order for the Director of Public Health sitting in an NHS structure to be able to influence improvement of the Ayrshire population's health, he or she has to do that through partnership working with the organisations that have responsibility for these other things… But if you needed to know who is responsible, I would say that sits with the Director of Public Health."*

An interviewee noted that there are limited internal policy levers by the NHS health board. There is no advertising on NHS estates in Ayrshire and Arran of a non-health related product or service. This limits the powers the health board has internally to create change. However, the health board has significant external levers (similar to Wales). The health board, particularly the public health directorate, should play an advisory, expert role across a health board region in partnership with the local authorities.

> *"There's no advertising of a... non-health related product. Or service... So bearing in mind what I've just said about NHS and Arran having very limited advertising... The realm is going to be in the joint work that we do with local authorities."*

5.4.3. Critical role of the Council's legal team in ensuring strong governance

Interviewees emphasised that the legal team should be involved in the development of a local/regional healthy advertising and sponsorship policy. Legal input ensures strong governance, principles of the policy, and safeguards from the outset.

> *"Our legal team had a number of, clear things that they wanted in obviously to take account of. Governance, number one, the principles of the policy, the safeguards and, implied endorsement, so that things were fair and open to all businesses that we couldn't be criticised or taken to court for something, steer policy or steer action towards a particular business or group of businesses. In the public sector, we can be risk averse at times when dealing with new opportunities. Robust policies and practices and being evidence led can assist the development of greater confidence and ambition."*

5.5. A critical window of opportunity – existing local contracts

The existing framework in North Ayrshire includes advertising on council assets, specifically roundabouts, council vehicles, and floral beds. Whilst advertisement on other council and partner assets has been considered, this was not progressed as part of the initial policy development process, due to the belief that incremental change was necessary. There is an appetite for expanding what the existing framework considers in the future.

> *"We did have initial discussions with SPT about developing the bus stop advertising offer as part of a discussion about maintenance responsibilities. But these discussions didn't reach a conclusion at that time. The key has been that we didn't want to flood the market locally. We do want and intend to develop our advertising and sponsorship portfolio, once economic conditions improve and without undermining the existing offer."*

The advertising on bus shelters is under the control of local councils in Ayrshire. Strathclyde Partnership for Transport (SPT) were awarded the shelter maintenance contracts for East Ayrshire Council, North Ayrshire Council, and South Ayrshire, which started on 1 October 2020. The contract operated until 31 March 2024 with an option for a further 3 years extension. The contract is now within the extended period which currently ends on 31 March 2027.

SPT currently maintains both standard and advertising bus shelters in South and North Ayrshire (**Table 6**). SPT maintains the advertising shelters only in East Ayrshire. SPT have sub-contracted the management and maintenance of these advertising panels to Global.

Table 6. **Bus shelters operated by Strathclyde Partnership for Transport on behalf of the local councils in Ayrshire.**

Council	Bus shelters with advertising panels*
East Ayrshire	35
North Ayrshire	28
South Ayrshire	25
Sub-total	88
Grand total of advertising panels/shells**	176

**All of these are classic 6 sheet (non-digital) advertising panels*
***These panels are double sided, therefore 176 panels/shells.*

There are existing restrictions placed by SPT on the type of advertising. These restrictions are:

> *"The Advertiser shall not display any advertisements or notices of a political or religious nature or which promote smoking or tobacco products or any of its manufacturers and/or suppliers or the content of which is reasonably considered as to be likely to be offensive to members of the general public.*
>
> *The Advertiser shall ensure that all advertisements conform in all respects with the Code of Practice relevant to such advertisements as laid down from time to time by the Advertising Standards Authority* [Code of Practice 15- "food, food supplements and associated health or nutrition claims"][36]
>
> *The Advertiser is not permitted to install or display any defamatory material upon any Advertising bus shelter and the Advertiser shall indemnify SPT and the councils against any action or claim and all costs charges expenses losses or damages which it may incur in connection with any defamation or defamatory material installed.*
>
> *SPT and the councils reserve the right to amend the subject matters which they deem unacceptable from time to time."*

Within the existing contract, there is also recognition that, *"SPT and the Councils reserve the right to amend the subject matters which they deem unacceptable from time to time,"* implying there is scope for contract amendments.

Within Global's Copy Guidelines (for audio, digital and outdoor advertising),[37] which were last updated 3 June 2025, there are restrictions on advertising of HFSS products, where, *"Advice should be sought from Global in each case: Anything promoting (directly or indirectly) food or non-alcoholic drink which is high in fat, salt and/or sugar ("HFSS" products), according to the Nutrient Profiling Model managed by Public Health England."* However there is no recognition of sub-national differences, of monitoring of this policy, or that Public Health England was replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities on 1 October 2021.

Transport Hubs (through bus shelter advertising contracts) could provide a distinct area to progress a healthy advertising and sponsorship policy due to typically, the larger proportion of adverts on transport hubs, comparative to advertising on council sites.

> *"The question is like the number of adverts on transport hubs or, you know, on public transport proportion to council sites and is, you know, is transport a more fruitful area to target before local authorities, which, you know, might be easier to get it done there."*

5.6. Monitoring and enforcement

Further exploration of the enforcement and monitoring of a healthier advertising and sponsorship policy in a Scottish context is required. There is currently a general sense of uncertainty from across different departments of local government around what this would look like, particularly in a climate of significant resource constraint. This uncertainty and lack of clarity has led to one example of push back by Environmental Health and Trading Standards teams from a policy progressing. Ultimately, both Planning and Environmental Health professionals were unsure if this would fall within their remit, but recognised that if that was the case, enforcement would be difficult to do without supporting national legislation and appropriate and adequate resource.

> *"There's potentially a role for planning in terms of what we do and don't allow and permit and some of those things are perhaps not under their control but that's been one of the areas where when we've had the conversations before the questions been being asked of our regulatory planning service who essentially respond to national policy and deliver in relation to that. And we also have a role in terms of trading standards and Environmental Health. And I think one of the issues there was a fear that or a fear of feeling that they would have an enforcement role in relation to it... and that wouldn't be resourced and that would then take away from other areas."*

Environmental Health professionals in Scotland do not currently have any remit for advertising. Whilst planning professionals have some existing remit around advertising, this does not currently consider the content of what is being advertised. This approach is the same in England through the **Town and Country Planning (Local Planning) (England) Regulations 2012**, where currently advertisements and new billboards for example, can be rejected on Health and Safety, rather than content grounds.

> *"So whether it's for lager, whether it's for cigarettes, whether it's for double glazing, whether it's for, you know, it doesn't, that doesn't come into our considerations. So, in that regard... we probably haven't considered it because we just don't have the powers to be able to... the kind of structure rather than*
> *the actual content."*

As Maguire et al.'s joint Nesta and Public Health Scotland report concludes, there are multiple potential opportunities for greater recognition of the role of planning in relation to health improvement.[38] Further research on the potential role of planning in the development of a healthy advertising and sponsorship policy is necessary.

Currently North Ayrshire Council assesses and approves all potential advertisers to ensure that their business activities and products comply with council policy. The Business Development Manager responsible for commercial advertising, reviews and approves every advert prior to it going live.

6. Recommendations

These recommendations have been categorised as either national or local, based on where policy levers lie. A national and local approach running in tandem is required to progress this agenda in Ayrshire and Arran. National guidance/legislation is a clear enabler for this, but not a requirement.

6.1. National

National guidance is recommended to ensure local buy-in (e.g., political leadership), clarity of messaging around healthier advertising and sponsorship, and consistency in approach. There is precedent on other commercial determinants of health, for instance through the **World Health Organisation's Baby Friendly Standards**, which all health boards adopt in Scotland.

Specifically, this guidance should:

- Explicitly identify synergies with existing frameworks and legislation, namely,
    - Good Food Nation (Scotland) Act
    - Population Health Framework
    - National Planning Framework 4 (NPF4)
    - Community Wealth Building (Scotland) Act
- Frame the guidance around a preventative approach and reducing health inequalities.
- Use the already well-defined HFSS classification applied in other legislation (for instance, the **UK Nutrient Profiling Model**).
- Take into consideration brand-only adverts, adverts of a range of products, all types of product representations (e.g., images, text), and incidental adverts of HFSS products (e.g., an ad for a TV programme featuring cakes), as recommended by **Sustain**.

6.2. Local

With the forthcoming deadline for local Good Food Nation plans set for 1 April 2028, there is a critical window of opportunity to strengthen policies to improve the healthfulness of food environments.

There is significant existing work in other parts of the UK on developing, adopting, and implementing healthier advertising and sponsorship policies. Local authorities in Ayrshire can take advantage of these learnings and resources – particularly **Sustain's Healthier Food Advertising Policy Toolkit** – in developing their healthy advertising and sponsorship policies.

A cross-council approach, with a working group membership that includes multiple departments, especially legal, should be established. Elected members should be involved in this process from the outset. The existing APSE Scotland Commercialisation Network Group and Community Planning Partnerships are key vehicles to progressing this work forward in a Scottish context and developing local, place-based healthy advertising and sponsorship policies.

Identifying and supporting local champions of a healthy advertising and sponsorship policy is important. Individuals with an existing understanding of the complexity of the food system should lead this work and build local 'buy-in'. The already identified Good Food Nation leads/working groups established within both health boards and local authorities set a precedent for taking a cross-cutting systems wide approach to this work and may be appropriate to take on this leadership role.

Whilst contradictory policies are a perceived risk, a cross-council and health board working group is one means of ensuring consideration, discussion, and alignment around potentially contradictory policy areas. Loss of revenue is perceived as a potential risk, however there is no existing evidence from councils where such policies have been adopted in England and Wales to support this. Instead, there are examples of explicit protection (and support) of local businesses in existing policies, for instance through exemption processes. Protection of local businesses should be explicitly recognised in the development of local healthy advertising and sponsorship policies. From the outset, framing of such a policy should recognise this approach focuses on healthier products, rather than exclusion of local businesses.

It is recommended the development of local healthy advertising and sponsorship policy in Scotland focus on council owned estate, as has started in North Ayrshire, and through the renewal of existing contracts, for instance, bus shelter advertising.

7. Future Directions

There may be precedents from existing advertising and sponsorship policy (e.g., gambling, infant formula, fossil fuels) in other local authorities and health boards across Scotland; understanding what currently exists at a local level across Scotland and how existing policy could be developed and expanded to include food would be valuable.

There is limited information and understanding on how existing healthy advertising and sponsorship policies are enforced. As such, there is potential pushback from those with enforcement responsibilities in other areas, including Environmental Health and Planning. It is important to understand what the enforcement process could be and what the resource implications of this approach are.

There is existing precedent of companies selling HFSS products sponsoring community development activities in Ayrshire, which includes the inclusion of their logo. It would be helpful to better understand this sponsorship process and the impact of this arrangement.

Significant existing research considering the impact of healthy advertising and sponsorship policy focuses on England. Considering the impact of healthy advertising and sponsorship policies in other contexts is needed.

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Appendix 1 – Academic literature searches

The following searches were conducted as part of the desk review to identify peer-reviewed articles on local advertising and sponsorship polices relating to food in the UK. All searches were conducted on 15 January 2026 and all results were reviewed and synthesised by one author.

Database	Search terms	Restrictions	Total results	Relevant*
PubMed	"advertising" AND "food" AND "united kingdom"	Past 5 years	79	12
Google Scholar	"advertising" AND "food" AND "united kingdom"	Since 2020	Screened first 50	8 (n=7 duplicates to PubMed search, n=1 new study)
Reference review of included studies	N/A	N/A	N/A	6 new studies

*Relevant results were those relating to local advertising and sponsorship policies specific to food, in most cases outdoor advertising and advertising relating to transport services. Results relating to quantifying exposure to outdoor unhealthy food advertising were also evaluated to provide context. Results on online or TV advertising policies were not deemed relevant for this project.

Appendix 2 – Interview topic guide

We will not expect an answer from each interviewee on all these topics/ questions. This is a general guide- some are more relevant to interviewees in England and Wales and others in Scotland.

Warm up

- Have you previously considered regulating advertising of unhealthy products locally (e.g., high fat, salt and sugar (HFSS) products, alcohol, gambling, vaping, fossil fuels)?
- What prompted interest in a healthier advertising/sponsorship policy? Any specific incidents, political commitments, strategies, or public feedback?
- Who needs to be in the core working group for developing such a policy?

Scope of policy

- What principles guided / would guide the scope of such regulations? (e.g., health, equity, sustainability, etc.)
    - What do you think would be more feasible and why, policies covering multiple harmful products, e.g., gambling, tobacco, alcohol and HFSS products, or just HFSS products?
- How is / would "healthier" be defined?
    - What was / would be the process for deciding the definition and what was in / out of scope?
    - Was / would brand-only advertising by health harming brands be considered?
    - Who decides the definition?
    - How often is it reviewed / updated?
- Which assets and sponsorship channels are / would be covered by such regulations?
    - What was / would be the process for identifying assets and sponsorship channels that were / would be within scope?
    - Advertising generated by the council themselves and advertising by third parties on outdoor council-owned spaces both in scope? What about events?
    - Are there / would there likely be any exceptions or carve-outs (e.g., local businesses)?
- What proportion of outdoor advertising is council owned? Of that which isn't council owned, which private companies own those assets? Any major players?
    - How did you go about collecting this information?
    - Which council services currently sell advertising or sponsorship, and through what processes?
    - Any dependencies with transport or private landowners?
    - How does / would such a policy complement existing policies and strategic priorities of the Council?

Governance

- What was / would be the decision route for such a policy?
    - Consultation steps (is public consultation a requirement?), timelines
- What papers / assessments were / would be required (including Island Impact Assessment for Isle of Arran and Isle of Cumbrae)?
- What sorts of political considerations were there / would there be in developing and adopting such a policy?

Contracts

- What are your existing contracts, including renewal cycles, notice periods, and performance clauses?
    - Is there a council-wide approach to advertising or is this managed independently by different departments?
- In the event of a long wait period for a new contract, could voluntary agreements be explored within existing contracts?
- Whether / how potential revenue risks were considered.
- Whether / how potential legal risks were considered.

Comms

- What framing was / could be used?
- Was there any stakeholder strategy to build support for the policy inside the council?
    - Were there / are there concerns regarding additional workload should such a policy be adopted? How could this barrier be overcome?
- Was there any stakeholder strategy to build support for the policy outside the council?
    - Were members of the public involved? If yes, how?
    - Were commercial stakeholders involved? If yes, how?
- What was / would be the role of the third sector/ voluntary sector in this process?

Barriers and enablers

- What were / would you anticipate the biggest barriers experienced?
- What were / would you anticipate the biggest enablers? What would have made it / would make it easier to proceed?

Snowball sampling

- Is there anyone else that you think we should interview to find out more regarding the questions discussed today?

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