CONSULTATION RESPONSE

Obesity Action Scotland
Healthy weight for all

Obesity Action Scotland response to

Scottish Government on

'A healthier future - action and ambitions on diet, activity and healthy weight'

Deadline: Wednesday 31st January 2018

Obesity Action Scotland welcomes this consultation. Obesity rates in the whole of the UK are considerably worse than the OECD[1] average and action is urgently needed. The current obesity crisis has many underlying influences. A fundamental influence is the obesogenic environment in which we live, where inactivity and overconsumption of energy dense foods is extremely easy, available, affordable and accepted. The range of actions outlined in this consultation is comprehensive and, if implemented, has potential to improve the Scottish diet. Importantly, improving nutrition will be the engine for achieving sustainable development goals[2] (SDGs), which were adopted by the Scottish Government. The consultation highlights the need to have a wider debate about food culture in Scotland.

Obesity Action Scotland is a unit that was established in summer 2015 to provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland. It is funded by a grant from the Scottish Government and hosted by the Royal College of Physicians and Surgeons of Glasgow on behalf of the Academy of Medical Royal Colleges and Faculties.

The main aims of the Unit are:

- To raise awareness and understanding of what drives obesity and the health problems associated with obesity and overweight with health practitioners, policy makers and the public
- To evaluate current research and identify strategies to prevent obesity and overweight based on the best available evidence
- To work with key organisations in Scotland, the rest of the UK and worldwide, to promote healthy weight and wellbeing

The Steering Group of Obesity Action Scotland has members across various disciplines involved in preventing and tackling obesity and its consequences e.g. clinicians, public health experts, epidemiologists, nutritionists and dieticians, GPs and weight management experts.

Consultation questions

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

   Yes No Don't know

   We welcome and support the proposal to tackle price promotions with legislative action in Scotland. This is a measure that has also been identified by Food Standards Scotland and Public Health England as a necessary step in changing dietary habits and obesogenic environment. The Public Health Responsibility Deal was unsuccessful in achieving change in price promotions through voluntary approaches and we agree that legislation is needed.

   Restrictions on all types of promotions should be considered. Public Health England in their report *Sugar Reduction – the Evidence for Action* identify multi-buys (including X for £Y), temporary price reductions (TPRs) and also list extra-free[3]. In this type of promotion, the size of a food or drink product is temporarily increased and this is highlighted on pack. Although at the moment 'extra free' constitute only a small fraction of promotions in Scotland (TPRs 74% and multi-buys 23%)[4], this could change should multi-buys or TPR only be restricted.

   Obesity Action Scotland asks that the new diet and obesity strategy addresses all types of price and non-monetary promotions (see answer to Question 14 for more on non-monetary promotions). A multi-stage approach could be used to introduce changes, with restricting multi-buy offers, including X for £Y offers, first. We should use the learning from the alcohol legislation[5] which restricts multi-buys in Scotland to determine the best mechanism and timing for the introduction of these measures. The risk of industry changing types of promotions on products high in fat, sugar and salt (HFSS) in response to restrictions on only chosen methods of promotion, should be explored and closely monitored to avoid unintended consequences.

   Price promotions are widespread in Scotland. Research has indicated that promotions are the most salient form of marketing for young people in Scotland[6]. Analysis by Public Health England suggests that price promotions increase the total calories bought by UK consumers. This is because any uplift in purchasing products on promotion that are high in fat, sugar and salt is not compensated by reductions in other junk food items that are not on promotion[7].

   Food Standards Scotland identified that nearly 40% of all calories, 40% of total sugar and 42% of fats and saturated fats were purchased on price promotion in 2014/15. More than half regular sugar soft drinks were purchased because of price promotions[8]. Analysis by CRUK in 2017 identified that 110 tonnes of sugar are bought on price promotion in Scotland every day[9].

   The public support for regulation of price promotions has been increasing. Recent consumer tracking survey published by FSS showed that support for banning promotional offers on HFSS foods in Scotland increased from 46% in 2016 to 49% in 2017. Similarly, Scottish Social

Attitudes survey[10] showed that 52% of Scots support a ban on price offers on unhealthy foods and 66% support ban on unhealthy foods next to checkouts. The FSS survey reported that majority of Scots (71%) were worried that unhealthy foods are more often on price promotions; this was particularly widespread among females (76% compared to 65% males)[11]. An earlier survey by Cancer Research UK (January 2016) sampling 1744 UK adults, showed that 66% thought that price promotions on junk food should be reduced, while 25% said they shouldn't and 9% did not know[12].

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 evidence-based FSA/Ofcom nutrient profiling model (NPM) to decide which products cannot be promoted. It is a well-established and accepted tool. However it is important that the model is kept up to date now and in the future as evidence develops. The most up to date and relevant model of the NPM should be used.

The FSA/Ofcom nutrient profiling model (NPM) has been used since 2007. It specifies which food and drink products can be advertised during children's programmes on TV and radio, based on whether their nutritional profile meets a set of criteria including positive (fruit, vegetables, protein, fibre) and negative (salt, sugar, fat) factors[13]. In June 2017, the Committee on Advertising Practice (CAP) introduced a new regulation for non-broadcast media targeted at under-16s[14]. The same NPM is used to assess food and drink advertised online (such as on video-sharing platforms or 'advergames'), in print, cinema, and social media as for the broadcast media.

PHE is currently carrying out a review of the NPM on behalf of the Department of Health. As outcomes of the review and the consultation are expected early in 2018, we suggest using the updated model and monitoring its performance.

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 and offer the following thoughts on how they should be taken forward.

9pm watershed

We support Scottish Government's commitment to press the UK Government to ban the broadcast advertising of foods high in fat, salt and sugar before the 9pm watershed. Such ban would reduce the amount of HFSS product adverts seen by children by 82% compared to just 37% for the current regulations[15]. While this ban is intended to reduce children's exposure to HFSS product advertising, the House of Commons Health Select Committee after March 2017 hearings stated that 'it would be no bad thing in tackling obesity if adults were exposed to less advertising of unhealthy food'.

A recent study published by Obesity Health Alliance provided strong support for this; they showed that children can be exposed to up to nine advertisements of HFSS products during half an hour of watching prime time TV[16]. Furthermore, they showed that 59% of adverts of food and drinks played during family viewing time would be banned according to the current regulations if they were played during children programmes. Another recent study by Cancer Research UK showed strong association between watching advertisements and eating habits: young people with high TV exposure were almost twice as likely to consume 2 or more sugary drinks per week, 1 or more takeaways per week, and 1 or more fried potato product(s) per week[17].

Surveys show that public is ready for change. YouGov survey published by CRUK in February 2016 reported that 74% of the UK public backed a ban on junk food advertising before the 9pm TV watershed[17]. A very recent survey[10] showed that majority of Scottish public supports a ban on sugary drinks adverts (56%) and a ban on unhealthy foods adverts (53%).

Impact of the CAP code on non-broadcast advertising

In June 2017, the Committee on Advertising Practice (CAP) introduced a new regulation for non-broadcast advertising of products high in fat, salt and sugar targeted at under-16s[14]. The FSA/Ofcom nutrient profiling model is used to assess food and drink advertised online (such as on video-sharing platforms or 'advergames'), in print, cinema, and social media. The new restrictions apply when it can be shown that at least 25% of the audience are children.

We support the Scottish Government's commitment to monitor and review the implementation and impact of the CAP code on non-broadcast advertising of HFSS products.

We believe that monitoring and review is necessary as there are a number of loopholes in the new regulations, similar to those we have seen in TV advertising:

1) The new restrictions only apply when it can be shown that at least 25% of the audience are children. This means that significant proportion of children, and a very large absolute number of children, will still be exposed to advertisements of HFSS products
2) The demographics show that the majority of social media users are not children, however, we know that many younger children access popular social media sites despite the "official" age restrictions
3) There are currently no restrictions on HFSS product manufacturers' sponsorship of sports and family attractions and marketing communications in schools
4) There are currently no restrictions on using child-friendly brand characters on packaging of HFSS food and drink

If the review shows that the CAP code on non-broadcast advertising of HFSS products has had insufficient impact in children's exposure to this advertising, we agree that the Scottish Government should take steps to reduce the exposure and embed good practice.

Revised nutrient profiling model

We support the Scottish Government's proposal to press the Committee of Advertising Practice (CAP) to adapt the revised NPM once it is available.

PHE is currently carrying out a review of the NPM on behalf of the Department of Health. Outcomes of the review and consultation will be published next year[18]. In the regulatory statement, CAP acknowledged that an updated NPM may change the standards against

which food and soft drink products are classified. However, CAP has given no commitment to adopt an updated NPM, noting that they would have to assess the regulatory and economic impact of any new model[14].

Advertising at locations popular with children
We support the Scottish Government's proposal to examine the extension of current CAP restrictions at or near streets or locations commonly used by a high proportion of children. The Scotland Act 1998 (as amended by the Scotland Acts of 2012 and 2016) confers broad, but not unlimited, legislative competences on the Scottish Parliament. Control of advertising at locations popular with children seems to be within the powers of the Scottish Parliament, as within devolved matters are outdoor displays, billboards, adverts at sporting events, music and cultural events, and book, comedy and film festivals[19].

As control over sponsorship of events lies within the powers of the Scottish Parliament as well, we call on the Scottish Government to consider restricting sponsorship of events by companies / brands of HFSS products, especially for events where children are present. Similar action was taken by the municipality of Amsterdam, where such sponsorship is not allowed at any events co-sponsored by the city. The Scottish public also supports such restrictions: the recent Scottish Social Attitudes Survey showed that 63% of respondents would ban sponsorship of unhealthy foods and drinks at sports events[10].

Advertising on buses, train and transport hubs
We strongly support the commitment to explore opportunities to restrict advertising of HFSS products on buses, trains and transport hubs. The municipality of Amsterdam took similar action: adverts targeting children and promoting unhealthy food will be banned from the city's metro stations from 1st January 2018[20].

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

Yes No Don't know

We welcome and support the announcement of an out of home sector strategy as we agree this is a key part of our eating culture in Scotland and further action is required. However, we would wish to see the actions, which could make the most significant difference, made mandatory through legislation. Portion control (mandatory calorie caps and appropriate price differentials between portion sizes), promotions (such as meal deals) and labelling (such as calorie labelling) within the out of home sector are key areas for action. We must also see an end to the practice of upselling, where price incentives encourage us to buy larger portions[21]. Finally, changes and improvements to the planning system could alter the density and type of catering outlets (including vending machines) creating healthier food environment.

5. Do you think current labelling arrangements could be strengthened?

Yes No Don't know

We support further action to improve labelling. In particular we need more consistent application of front of pack (FoP) labelling across the retail industry, calorie labelling on alcohol, improved labelling on "added sugar" content, and improved and consistent nutritional information across the out of home sector.

There is also a need for improved awareness and understanding of food labelling in the general population.

Consistent use of FoP in retail

Voluntary FoP labelling, which can be presented as traffic light labelling, was adopted in the UK in 2013 and around 75% of businesses use the scheme on their products. This progress should continue to be supported.

Added sugar

Scottish Dietary Goals[22] state that average intake of free sugars should not exceed 5% of total energy in adults and children over 2 years. However, free sugars are not marked on food and drink in Scotland, and therefore it is difficult for the public to know how much they consume. Further consideration should be given to the concept of a teaspoon symbol on the packaging, as suggested by Jamie Oliver during the Health Select Committee hearing in 2015[23], to mark number of teaspoons of free sugars in a package / unit of food or drink.

While Public Health England created a Food Smart app which helps to find out how much sugar, salt and fat is in foods by scanning bar codes, it is only of use to those with smart phones and there is no equivalent in the out-of-home sector.

Out of home

We need improved and consistent nutritional information across the out-of-home sector. In both Scotland and England voluntary initiatives resulted in only a fraction of businesses providing calorie labelling on their menus[24].

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

N/A

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 support actions outlined in the consultation document, with the following comments and suggestions for further actions:

2.10 We welcome a focus on improving services and support for pregnant women but this must include opportunities before, during and after pregnancy, focusing on those most at risk. As this is an important commitment we would welcome clarification of the funding source.

2.11 We welcome the use of the health visitor pathway and wider early years workforce to promote healthy eating, especially since the diet of Scottish children is much poorer than the diet of Scottish adults[25], and the use of this pathway to offer referrals to interventions where appropriate but we would ask that this involves adequate investment, training and consistent practice.

The formal reviews of the child's health by health visitors offer key opportunities for both surveillance data and signposting to appropriate services. This needs to be explored further. As we are seeing a continuing increase in the number of children entering Primary 1 already at risk of overweight and obesity we must see an urgent focus on the early years.

Health visitors are in a unique position to engage directly with families and offer support but they require adequate funding and training to do this along with the support of more specialised services. The Amsterdam model of co-producing solutions with families and neighbourhoods relies on clear roles and responsibilities across many early years and childhood professionals. This has proven to be a very successful model.

2.12 Using social marketing to promote healthy eating is an effective part of a wider package of measures. We have learnt from international evidence that most successful are short and simple messages communicated at every opportunity. For example, Healthy Weight for all Children programme in Amsterdam has three 'rules of thumb' messages: (1) Eat and drink healthy, (2) Get active, (3) Get a good night's sleep.

2.13 Delivery of this action will require significant investment in training across a breadth of professions and a clear understanding of roles and responsibilities.

2.14 We welcome the commitment to move school food and drink regulation closer towards Scottish Dietary Goals.

In 2017 Obesity Action Scotland looked at school meal menus published on local authorities' websites. We found that the menus varied dramatically and although schools offered salads, they served puddings more often than soup and frequently served red and processed meat. We had the following 4 recommendations: (1) use unprocessed or minimally processed foods wherever possible, (2) prioritise vegetables, soups and salads over puddings, (3) the free sugar content of schools meals should move towards the updated Scottish Dietary Goals, (4) create a positive physical and social environment for school meals.

Good monitoring and evaluation framework is crucial for achieving healthy school meals that meet Scottish Dietary Goals. Those recommendations should be considered in the review of school food and drink.

Food and drink regulation in other publicly funded institutions should also be reviewed, so that offered menus are in line with Scottish Dietary Goals.

2.15 Working with the NHS boards to maintain and examine expanding the child healthy weight work will be an important part of delivering this programme. In the light of ambition to expand this work, we would expect a commitment to either maintain or expand the funding for it. We need to see greater clarity and consistency on what Scottish Government and Health Boards invest in these services, how they are delivered and the measuring and reporting of outcomes.

We believe that clear targets and transparency are crucial and should focus not on the number of interventions but on their impact. In taking the child healthy weight programme forward, learning from the most effective interventions should be acknowledged.

The Scottish Public Health Network (ScotPHN) published a report on the Child Healthy Weight Programme in Scotland in August 2014. They concluded that until then (1) Scotland has not done enough to tackle overweight and obesity, and (2) what has been done has increased rather than decreased the inequality gap in obesity risk between the most affluent and the most deprived amongst Scottish children[26]. The report included recommendations, among which were (1) development of existing programmes into comprehensive services across the full range of settings, (2) the new services should be co-produced with children, their families and communities, (3) child healthy weight should be seen as a priority across all areas of children's policy in Scotland, (4) Scottish Government should provide new funding to develop longitudinal, population-wide surveillance of the obesity epidemic and outcomes of the CHW services. These recommendations should be incorporated as this work is taken forward.

We would urge Scottish Government to improve the surveillance of weight in childhood in order to allow the more accurate tracking of this important and challenging health issue. An additional measurement of weight and height in primary 7 to the Child Health Programme would improve population wide surveillance. Consistent recording and collection and reporting of data from the health visitor pathway formal review points could help identify how to focus resources and support.

The latest Primary 1 BMI statistics[27] indicate that we are not making enough progress on this issue as obesity rates in Primary 1 children continue to rise and have reached 10.5%. We need to see a refreshed, improved focus in this area as a matter of urgency.

2.16 We welcome the intention to fit healthy weight, diet and nutrition within the forthcoming ten year Child and Adolescent Health and Wellbeing Action Plan. We expect that a framework proposed in the Action Plan, shows links with existing policies and guidance which address healthy weight, diet, physical activity, and mental health including stigma related to body weight. Encouraged by the positive framing of the title of the document, we expect it focuses on ways to achieve healthy weight and improve lifestyle.

2.17 We welcome and support the proposed collaboration with Young Scot and the Scottish Youth Parliament to better understand and respond to children and young

people's perceptions and experiences of food. We would welcome clarification of the funding source for this commitment. Learning from this collaboration should be shared and followed up with action.

Additionally, we strongly believe that all of the above actions need to be focused on those most at risk of overweight and obesity. Point 2.2 of the consultation states that the strategy will seek to prioritise work with families in poverty and on low incomes. This is of paramount importance and we have seen the success of such an approach in Amsterdam where childhood overweight and obesity dropped within the first three years of their Healthy Weight for all Children programme especially in children with low and very low socio economic status[28].

Framing obesity problem in terms of child rights could support actions on healthy weight from birth to adulthood. Child rights to health and play can add legal and moral impetus to public health measures and can reframe health as a shared responsibility of the state, parents, and child[29]. Scottish Ministers have a duty under the Children and Young People (Scotland) Act 2014 to keep under consideration whether there are any steps that they could take that might give further effect in Scotland to the UN Convention on the Rights of the Child[19]. The Convention on the Rights of the Child protects the child's right to food in the context of the right to life, survival and development, to health, to nutrition and to an adequate standard of living.

The importance of developing healthy diet and physical activity preferences from as early as possible has been stressed by the experts, including the WHO ECHO group. The first 1000 days from conception offer a unique opportunity for obesity prevention[30,31] and public health efforts should focus on this period. The practical example of this approach is the Amsterdam Healthy Weight Programme – the first milestone in their 20-year plan, which started in 2012, is for all Amsterdam children aged 0-5 to be healthy weight in 2018 - after 6 years of the programme[28,32].

Finally, it should be stressed that the above actions to support healthy weight from birth to adulthood will have a better chance of long-term success, if implemented in environments and culture, which support children and parents eating healthier foods and being more active. Therefore, actions to foster healthy living environments outlined in this consultation are paramount.

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 welcome the commitment to invest £42m over five years to establish supported weight management interventions as a core part of treatment services for people with, or at risk of, type 2 diabetes; and the proposal to target 30% (95,000) of people diagnosed with type 2 diabetes. We are very aware that referral route to supported weight management service for people with type 2 diabetes and at risk of developing it, should be designed carefully to avoid widening of the inequality gap.

Weight management services across Scotland vary significantly and there is not a consistent approach to weight management in people at high risk of type 2 diabetes[33]. Research undertaken in 2014 gathered information from 9 health boards across Scotland on weight management services[33]. It found there were differences in referral criteria, referral pathways, provision, length and frequency of follow-up, dietary intervention, quantity and type of physical activity intervention and provision of specialist interventions. Many services do not include high diabetes risk as a specific category for referral and do not allow patients with a BMI from 25-30 (a category which a large number at high diabetes risk are in) to attend services. The major barriers to improving services are low funding levels and short term budgets that are often at threat of non-recurrence.

Existing services are under-utilised in general with a specific under-referral of patients with type 2 diabetes[34]. This is often due to lack of knowledge of the services in primary and secondary care and circuitous referral routes. However it has to be acknowledged the attitudes also persist that patients are to blame for their obesity and that it is not the clinician's role to assist with behaviour change[35]. This requires to be addressed.
For services related to pregnancy (either pre- or post- or during pregnancy, including before a subsequent pregnancy) even greater inconsistency exists. Services can be very localised with variation within boards as well as between.

Greater clarity is also required on what this investment means for existing adult weight management services across Scotland. It is important that all adults who need support to lose weight have the ability to access good services within their area.

Finally, we wish to note that while intensive interventions are an integral part of a solution to obesity crisis, and can control and even reverse diabetes, as demonstrated in a recently published study[36], prevention every day is effective for many more people, and prevents all associated diseases. A very recently published UK modelling study[37] showed that due to high prevalence of obesity and physical inactivity, which are risk factors for multiple diseases, in the next 20 years there will be a massive expansion in the number of people suffering from multiple diseases, known as multi-morbidity. It was concluded that along with bespoke healthcare service provision for patients with multi-morbidity, there needs to be a focus on prevention[37].

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

Yes No Don't know

We feel that while the current consultation document offers comprehensive set of actions, it does not address joint action enough.

The actions proposed in this consultation fit within the six areas of action recommended by the World Health Organization's Commission on Ending Childhood Obesity (ECHO):

1. Promote intake of health foods
2. Promote physical activity
3. Preconception and pregnancy care
4. Early childhood diet and physical activity
5. Health, nutrition and physical activity for school-age children
6. Weight management

The WHO's ECHO strongly suggest that successful implementation of the recommended actions needs coordination of contributions of 'all government sectors and institutions responsible for policies, including, but not limited to: education, food and agriculture, commerce and industry, development, finance and revenue, sport and recreation, communication, environmental and urban planning, transport and social affairs, and trade.'[38]

Establishment of a multisectoral and multi-stakeholder group is suggested; the group would comprise of relevant governmental agencies, and would coordinate policy development, implementation of interventions, monitoring and evaluation across all government, including accountability systems.[2,38]

Any action proposed in this consultation should be reviewed in terms of its impact on health inequalities.

Food Research Collaboration and Centre for Food Policy in the City University of London have recently identified six policy asks to prioritise cooking skills as a solution to health and social problems. The following policy asks should be considered in the context of healthy living interventions:

1. Make sure no child of either sex leaves school without being able to cook and decent meal – ensure the full curriculum is implemented right through to the age of 15 where cooking is concerned
2. Institute mandatory paternity leave so it becomes as regular as maternity leave
3. Protect family life and living conditions through living wages and regulation of employment contracts, such as zero hour contracts
4. Both health and education policy makers to acknowledge Home Economics for its capacity to deliver a comprehensive food education experience for young people; and that consequently, it be made available within the curriculum to all students at junior cycle level, as well as being recognised as the linchpin of a whole of school health and wellbeing programme
5. Recognise the real breadth of value that the development of cooking skills can have – the wider impact on an individual's life and those around them
6. The creation of a training programme to enable community leaders to pass on cooking skills and consistent healthy eating messages to their community

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

Physical activity can contribute to individual weight loss and is an important element of prevention of obesity and overweight. However there is limited evidence that it can blunt the surge in obesity on a population level. [39,40] We support the measures to increase activity levels throughout the population such as increasing active travel, creating active places, and promoting active lifestyles but these measures will only be effective at tackling obesity problem, if they are accompanied by the other measures improving diet, sleep and reducing sedentary time.

We believe that Government's work to encourage physical activity would be more effective at tackling obesity, if it was accompanied by (1) guidance and actions to reduce screen based entertainment and sedentary time, as well as (2) guidance and actions on appropriate sleep time[38].

According to NICE guidance[41] the recommended level of physical activity is likely to (1) help increase energy expenditure and (2) reduce the risk of diseases associated with excess weight such as type 2 diabetes and cardiovascular disease. Both improving dietary habits and being physically active are as important for people who are a healthy weight as for people who are already overweight.

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

We think that the outlined actions for public sector leadership, voluntary sector leadership, food and drink industry leadership, and Scottish Government and the NHS leading by example have the potential to make tackling obesity a priority in Scotland.

NHS Scotland leading by example is especially important, as many staff in the workforce will have opportunities to motivate positive change during routine patient contact. As a public service and exemplary employer, but also through the practice of Health Promoting Health Service, NHS Scotland should take lead with healthy workforce practices. Kerr and colleagues in the review of Obesity Route Map[42] highlighted that the NHS needs to offer weight management and support to staff with overweight and obesity. Although there are numerous local initiatives and Healthcare Retail Standard[43] (HRS) was rolled out in March 2017, more needs to happen: the HRS should be monitored, developed and extended, standards for food provided within the service strengthened, and further opportunities to create healthy environments and to promote healthy behaviours should be explored.

It was suggested by the experts that true progress can be achieved by a combination of regulatory/fiscal interventions and voluntary, education-based ones[44], which this consultation offers. It is also crucial to address both collective and individual responsibilities. While the document defines some collective responsibilities, it should also commit to offering a framework for individual ones. Mapping the actions and responsibilities on lower levels (for example roles of health visitors, nurses, teachers, community leaders/workers, doctors, chefs or local government councillors), would empower individuals to do their part of tackling obesity in Scotland with confidence, trusting that other issues are being addressed by other competent individuals, as well as institutions. A clear understanding of roles and responsibilities is required as well as the permission to be bold and brave on this issue. We must ensure that the framework for progress is clear and goals are measurable.

A whole systems approach to obesity, as illustrated by Amsterdam Healthy Weight Programme[28], Healthy Weight Communities work in Scotland[45] and recently by Public Health England[46], emerges as effective and increasingly recognised approach where everybody has a part to play in tackling obesity.

12. How can we build a whole nation movement?

Building a whole nation movement is an important concept, if we truly want to change an ingrained diet. We need to consider how to change habits, traditions and how to change the current food culture in the country. There is a lot of work already progressing in this area through the Scottish Food Coalition and the Good Food Nation Bill preparations. This work must continue and develop with support from the Scottish Government. We must connect all the work related to food from the national chef to food waste to dietary goals, if we truly want to progress a whole nation movement. Obesity Action Scotland has been a part of this debate through our work in the Scottish Food Coalition and collecting and sharing international evidence. We wish to continue providing this contribution and leadership to help build a whole nation movement and change food culture in Scotland.

Consideration should be given to the rights-based approach. Rights-based approach is about the governance that underpins the food system[47]. The core pillars of the right to food are that food must be: (1) accessible both financially and geographically, (2) adequate, meeting dietary needs, being free from harmful chemicals, and being culturally appropriate – including in how we access it, and (3) available through access to land and other resources, processing, distribution and marketing, and the sustainability of the food system in to the future – including its contribution to and resilience to climate change.

We can also learn from international experiences. Such a whole nation movement rose in the Nordic countries in the recent years. It was started by a group of chefs, who focused on pleasure associated with food and eating. They made eating local, seasonal and natural food fashionable. After ten years of 'New Nordic Food' conquering the world, food is now the second (after nature) reason for tourists around the globe to visit Nordic countries. The movement supported businesses and the economy. At the same time, health became fashionable and desirable. As a visitor from the Nordic Council of Ministers told us last summer "…ten years ago nobody had expected that cabbage would be served at music festivals in a hot dog bun instead of a sausage, but last week it was! At one of the largest music festivals in Denmark."[48]

Another example of a movement is the city-level Amsterdam community engagement[49]. It stemmed from the priorities of the local government and translated into a range of community efforts, such as investment in volunteer training and subsequent avalanche of activities delivered by empowered individuals. This movement is also strongly based on simple health messages, co-production, and continuous trust-building conversation between local government and the community[49].

There is a potential to build a whole nation movement in Scotland. The Scottish Food Coalition hosted and facilitated a meeting on 26th of November 2017, entitled: 'Scotland's Food in Scotland's Hands'. The meeting was attended by a wide range of people and organisations involved with food at every level. The meeting explored co-production exercise ('kitchen table top talks') for the Good Food Nation Bill. The report from the meeting has been published on the Scottish Food Coalition's website and will be followed by production of a kit to facilitate 'kitchen table talk talks' in communities/ neighbourhoods/ homes.

Finally, success of building of a whole nation movement will depend on public awareness of the issues and willingness to change. Encouragingly, findings of a recent survey[10] show that

Scots recognise the harm that current levels of overweight and obesity are causing and are ready for improvements to the food environment in Scotland. This includes actions such as placing limits on fat and sugar content of foods, restricting advertising of unhealthy food and drinks, and restrictions on displaying unhealthy food at supermarket checkouts.

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

We support the actions proposed in this consultation and look forward to the details.

Monitoring and evaluation need to be robust enough to measure the outcomes and not only contact time / increased work (i.e. number of sessions delivered at schools as part of Child Healthy Weight Programme). This should be supported by a strong accountability system across all sectors and stakeholders. The MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) has been a highly effective model[50] and a similar approach could be applied here.

Monitoring should be comprehensive, covering not only outcomes of the introduced measures but also effects on related activities, for example if restrictions on multi-buy promotions are introduced first, monitoring should include other types of price and non-monetary promotions to understand how they change in response to restrictions on multi-buys.

A four-step accountability framework was proposed by Global Nutrition experts in 2015[44], consisting of: (1) take the account, (2) share the account, (3) hold to account, (4) respond to the account. The framework, apart from monitoring of actions also identified other levers of change: government-specified and government monitored progress of private sector performance, government procurement mechanisms, improved transparency, and management of conflicts of interest. The implementation plan of the WHO ECHO recommendation suggests that monitoring and holding actors to account for commitment could be shared between government and civil society[38].

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

Yes. We have the following comments:

1) The solutions to obesity are cross portfolio and multi-disciplinary. It is important that the ownership of the strategy within Scottish Government reflects that. It should be clearly identifiable as a cross government, cross portfolio Strategy.

2) Non-monetary promotions have not been addressed in this consultation. Non-monetary promotions are positional promotions involving placement of product within store and store layout (i.e. end of aisle, window and entrance displays, display at eye-level, and at checkouts), product information promotions (i.e. banners, flyers, shelf decoration), and promotions with prizes (i.e. prize draws). Some retailers have already stopped displaying HFSS foods at the checkouts in retail settings. The House of Commons Health Select Committee recommended that such displays are banned[15].

Action is needed especially to tackle placement of HFSS products within stores. Choice architecture interventions (nudges) have potentially larger effects than educational approaches[51]. This could be simply illustrated by retailers placing products they want to sell in prominent places in store as opposed to providing product information. Choice architecture interventions involve redesigning environments to change behaviour and improve health in the long term, i.e. providing water fountains to facilitate drinking tap water.

Assuming that the restrictions on price promotions proposed in this consultation will come into force, the industry may expand the use of non-monetary promotions on HFSS products. This issue should be explored further to avoid unintended consequences. Addressing as many types of promotions on HFSS products as possible in the new diet and obesity strategy for Scotland is likely to increase the overall effectiveness of the policy.

3) Another issue not covered in this consultation are displays and promotions of HFSS products as impulse buys at point of non-food sales (clothes stores, petrol stations, news agents etc.). This is a very widely used strategy and the House of Commons Health Select Committee recommended an outright ban on such practices[15].

4) Paragraph 1.24 includes commitment to explore how food outlets in the vicinity of schools can be better controlled. We would welcome and support action in this area.

   Research commissioned by Food Standards Scotland[52] showed that three quarters (77.0%) of young people bought food or drink beyond the school gate at least twice each week; this rose to more than 90% of pupils at some of the most deprived schools studied. The most popular outlet categories were takeaway, chip shop or fast food outlets (25.8%), newsagent or sweet shops (25.1%); supermarkets (23.0%), grocery or corner shops (20.1%), sandwich shops (17%) and a burger/chip/ice cream vans (11%).

   Changes and improvements to the planning system could (1) protect local authorities from being legally challenged by street vendors, opposing the conditions to street trading licenses preventing them from trading in the vicinity of schools and within school working times, (2) highlight the crucial role that environment has on our food choices and diet, and (3) potentially improve quality of food young people consume for lunch during school days.

   The problem of fast food availability near schools is also being discussed in England. The Mayor of London Sadiq Khan has very recently proposed a ban on new fast food outlets within 400m of schools as part of the city's new planning strategy.

5) Obesity Action Scotland supports the commitment (point 1.34 of this consultation) to call for the UK Government to extend the Soft Drinks Industry Levy (SDIL) to include sugary milk-based drinks, including dissolvable powders, containing less than 95% milk. We also repeat our call for all alcoholic drinks containing sugar to be covered by the levy as well.

6) Finally, we would like to highlight the importance of SMART actions in tackling the obesity problem in Scotland. The Global Nutrition Report 2016[53] and the World Cancer Research Fund together with the NCD Alliance[54] call on all actors to make ambitious SMART commitments on nutrition action: specific, measurable, achievable, relevant, and time bound. All actors – governments, international agencies, civil society organisations, businesses and actors in other sectors should specify in a SMART manner how commitments in their own sectors can help advance nutrition.

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