

IMPROVING
SCOTLAND'S
HEALTH



A Healthier Future –

Scotland's Diet & Healthy Weight
Delivery Plan



Scottish Government
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Ministerial foreword



As the new Minister for Public Health, Sport and Wellbeing, I welcome the early opportunity to set out my vision and ambition for this priority area of public health. My plan sets out a challenging agenda and I relish the opportunity to lead its delivery. With broad consensus in Scotland on the need to act - and to be bold and decisive - I am confident that together with our public, private and third sector partners, we will bring people and communities across Scotland with us.

Looking after ourselves and the next generation is vital to our nation's health and our ability to flourish as individuals.

Yet far too many people in Scotland face serious risks to their health associated with poor diet and unhealthy weight. We have the highest overweight and obesity levels of any UK nation - nor do we compare well with the majority of our counterparts in the developed world.

This situation is unacceptable – not least because it's largely avoidable.

Change is needed.

We won't shirk from this challenge. Scotland has a proud history of taking ambitious and pioneering action on public health. We were the first in the UK to introduce a smoking ban in public places, and we recently became the first country in the world to introduce a minimum unit price on alcohol.

Now it's time for a renewed focus on improving the nation's diet and weight.

The vision is simple: to create a Scotland where everyone eats well, and we all have a healthy weight.

Giving all children the best possible start in life is essential to achieving this. The First Minister recently announced a pledge to halve childhood obesity by 2030, and I'm proud that her ambition sits at the heart of this delivery plan.

But this is also a plan for everyone in Scotland, consistent with our vision for a nation where we can all enjoy our right to the highest attainable standard of health. Many of us need to pay attention to our diet and weight, although it is sobering to see that a far higher proportion of people in our most deprived communities are obese compared to those in more affluent areas. I'm clear that we must do more to support those who need it most, so they feel empowered and enabled to make healthier choices. That's why we will seek to significantly reduce health inequalities, taking a human rights based approach.

Making the improvements we need to see requires decisive action – and a new food culture.

Government alone cannot achieve this. Change happens in our homes and communities, in the places where we eat, live and work, and through the lives we lead. In all these places we must - together - make it easier to eat well and have a healthy weight.

Achieving changes also requires a joined up approach to food, where Scotland continues to grow as a Good Food Nation and where good, affordable, locally sourced food is at the heart of our efforts to ensure everyone in Scotland has a healthy diet. Our commitment to being a Good Food Nation stands to make a very substantial contribution to our ambitions.

With the Convention of Scottish Local Authorities (COSLA), we have agreed six key public health priorities for Scotland. These priorities recognise the significance of leading healthy lives, and commit to *'a Scotland where we eat well, have a healthy weight and are physically active'*. COSLA will be a key partner in the delivery of this plan, and I welcome their endorsement of its direction of travel.

Political consensus is always welcome when tackling important public health issues, and I welcome the cross-party backing from the Scottish Parliament for this plan to be ambitious in its scope. I look forward to the continued support of colleagues as we tackle this public health challenge.

Recognising that some actions can only be taken on a UK-wide level, I want to work constructively with the UK Government and other devolved administrations to ensure we achieve the best possible outcomes for Scotland using all the levers collectively available to us, including the UK actions in the UK Government's recent action plan.

It would be impossible to discuss the nation's diet and weight and not recognise the significance of physical activity. So this document goes hand in hand with *A More Active Scotland: Scotland's Physical Activity Delivery Plan*, soon to be published, for supporting and enabling the people in Scotland to become more active.

Since launching our consultation in October 2017, there has been significant, positive response to our ambition. I look forward to working with our many partners to implement this plan and achieve our bold vision for a healthier Scotland..



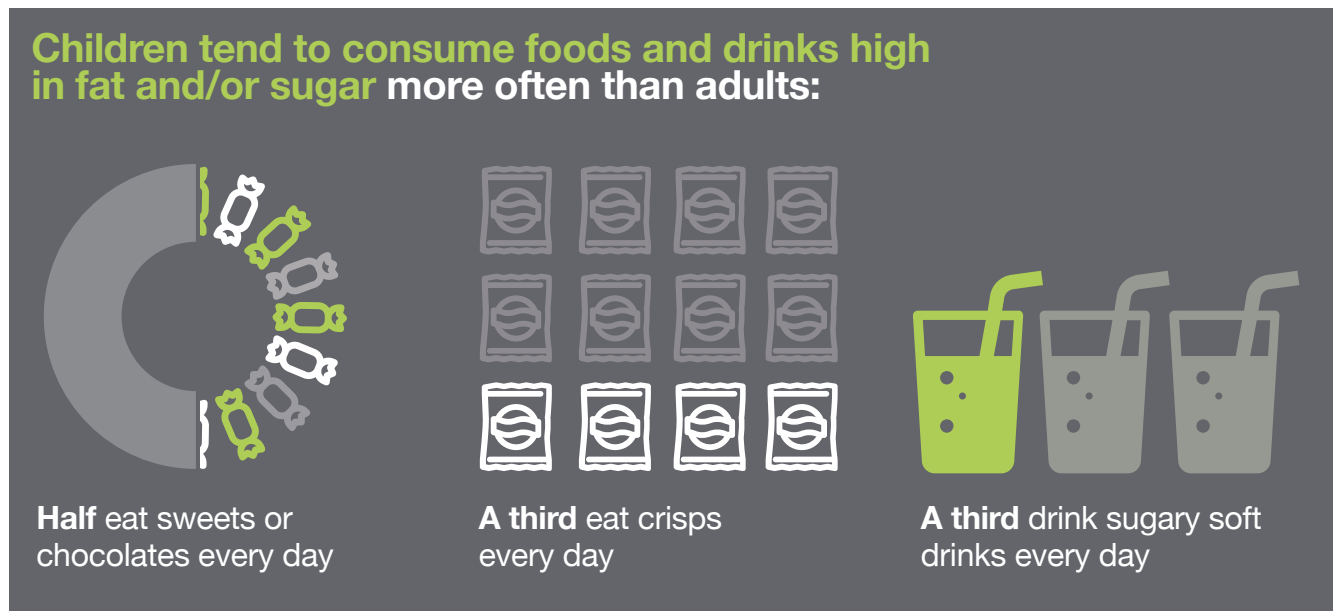
JOE FITZPATRICK MSP
Minister for Public Health, Sport & Wellbeing

The Challenge

The impacts of poor diet and overweight are profound. They affect not only our health, but also our ability to lead happy, fulfilling lives. They have also led to increased, unsustainable demand on the NHS and other public services.

The Scottish diet remains stubbornly unhealthy, and we are far from meeting our dietary goals.¹ This has a direct impact on levels of overweight and obesity - and therefore health harm – in the population.

These problems start early. Overall, children in Scotland tend to consume foods and drinks high in fat and/or sugar more often than adults² – an alarming finding that indicates future health problems in store. In Scotland, the rates of overweight and obesity for both children and adults are among the highest in the developed world. The 2016 **Scottish Health Survey** estimates that 29% of children are at risk of being overweight (including at risk of obesity) – of which approximately half (14%) are at risk of obesity specifically.³



Source: Public Health Priorities

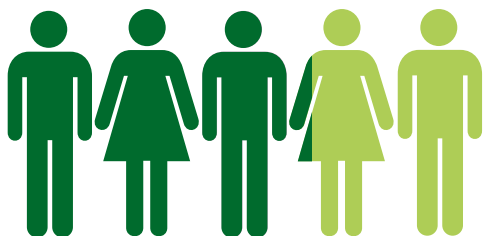
1 Scottish Government (2017), The Scottish Health Survey 2016, volume 1, main report. <http://www.gov.scot/Resource/0052/00525472.pdf>

2 Scottish Government (2017), The Scottish Health Survey 2016, volume 1, main report. <http://www.gov.scot/Resource/0052/00525472.pdf>

3 Scottish Government (2017), The Scottish Health Survey 2016, volume 1, main report. <http://www.gov.scot/Resource/0052/00525472.pdf>

Being overweight or obese is now the norm for Scottish adults. Two-thirds (65%) of adults are now overweight, with almost one-third (29%) obese.⁴

Scottish Health Survey 2016: Obesity



Two thirds
(65%) of adults in Scotland
were overweight, including



29%
who were
obese, in 2016

These figures are largely unchanged since 2008

Source: Scottish Health Survey 2016

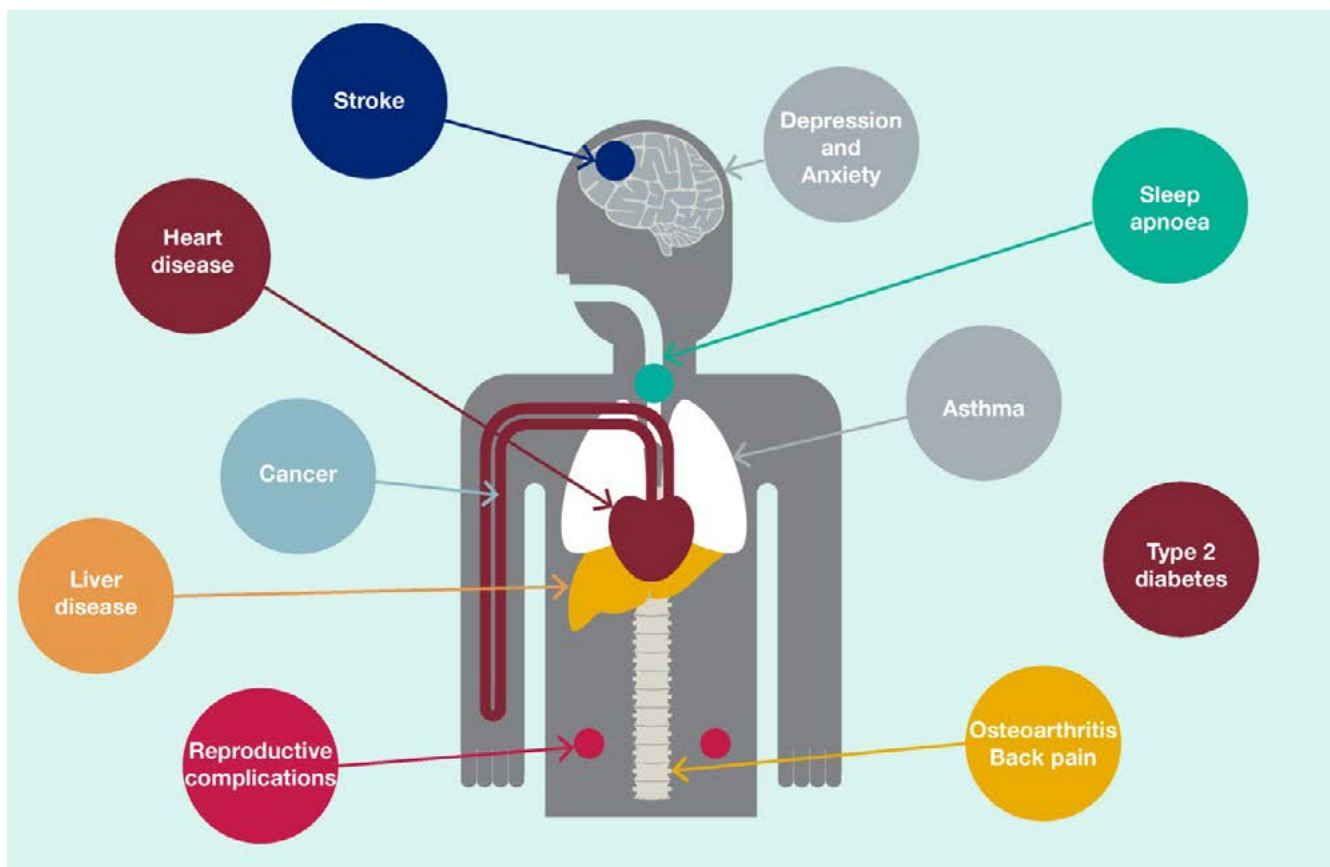
⁴ Scottish Government (2017), The Scottish Health Survey 2016, volume 1, main report. <http://www.gov.scot/Resource/0052/00525472.pdf>

The health harms associated with carrying excess weight are severe. Obesity is the second-biggest preventable cause of cancer, behind only smoking, and is linked to around 2,200 cases of cancer a year in Scotland.⁵ Being overweight and obese is also the most significant risk factor for developing type 2 diabetes,⁶ and can result

in increased risk of other conditions including cardiovascular disease and hypertension.⁷

Poor diet and weight often also go hand in hand with other risk factors such as low physical activity, smoking and harmful drinking – compounding health harms.⁸

Obesity Harms Health



Source: Public Health England

5 Katrina F Brown et al (2018) *The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015* <http://www.nature.com/articles/s41416-018-0029-6>

6 Hauner H (2010). *Obesity and diabetes*. in Holt RIG, Cockram CS, Flyvbjerg A et al (ed.) *Textbook of diabetes*. 4th edition.

7 Guh et al (2009) *The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis* <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-88>

8 Scottish Government (2017), *The Scottish Health Survey 2016, volume 1, main report*. <http://www.gov.scot/Resource/0052/00525472.pdf>

We know that people who live in more deprived areas tend to be most impacted. Significant inequalities in levels of obesity persist between people living in the least and most deprived groups in Scotland – and the gap may be widening for children.⁹ Overall, around 32% of adults living in the most deprived areas are obese, compared with 20% of those living in the least deprived areas.¹⁰

As well as health impacts, there are significant socioeconomic implications. The annual cost of treating conditions associated with being overweight and obese is estimated to range from £363 million to £600 million. The total annual cost to the Scottish economy of overweight and obesity, including labour market related costs such as lost productivity, is estimated to be between £0.9 billion and £4.6 billion.¹¹



£4.6 billion

Source: Public Health Priorities

9 E Tod et al (2017) *Obesity in Scotland: a persistent inequality*. *International Journal for Equity in Health*, 16: 135. <https://doi.org/10.1186/s12939-017-0599-6>

10 Food Standards Scotland (2018) *The Scottish Diet - It needs to change 2018 update*. http://www.foodstandards.gov.scot/downloads/Situation_report_-_the_Scottish_diet_-_it_needs_to_change_-_2018_update_FINAL.pdf

11 A Castle (2015) Obesity in Scotland. *SPICe Briefing, 15/01*. 7 Jan 2015. http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf

This situation is not sustainable for either the health of the nation or the health service. It is much better for the individual, society and the health service to seek to prevent ill-health occurring in the first place.

Public opinion backs action. Nearly 70% of people believe that obesity harms Scotland either 'a great deal' or 'quite a lot'.¹² The majority of people in Scotland are also in favour of at least one intervention to place restrictions on advertising, sponsorship and packaging of food and drink high in fat, sugar or salt.¹³

To make a meaningful impact, we need to tackle the factors that encourage us to make unhealthy choices. Food and drink high in fat, sugar or salt is widely available, and heavily promoted – in fact, UK consumer expenditure on price promotions is the highest in Europe.¹⁴ Evidence suggests that, overall, the food and drink provided out of home is skewed towards less healthy options.¹⁵

It's clear our plans to tackle the Scottish diet need to be ambitious and decisive.

¹² NHS Health Scotland (2018) *Public attitudes towards reducing levels of overweight and obesity in Scotland* <http://www.healthscotland.scot/media/1705/public-attitudes-to-reducing-obesity-in-scotland.pdf>

¹³ NHS Health Scotland (2018) *Public attitudes towards reducing levels of overweight and obesity in Scotland* <http://www.healthscotland.scot/media/1705/public-attitudes-to-reducing-obesity-in-scotland.pdf>

¹⁴ Public Health England (2016) *Sugar Reduction: The evidence for action. Annexe 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Annexe_4_-_Analysis_of_price_promotions.pdf

¹⁵ Food Standards Scotland (2017). Diet and Nutrition Board Paper. Proposals for setting the direction for the Scottish Diet: One year on: <http://www.foodstandards.gov.scot/publications-and-research/fss-board-meeting-8-march-2016>

Our Vision and Approach

Our vision

A problem of this scale must be met with an equally ambitious aim, and our vision is for a Scotland where everyone eats well and has a healthy weight. Recognising the specific need to tackle weight-related issues at an early stage, this delivery plan also has an ambition to halve child obesity in Scotland by 2030. We are also aiming to significantly reduce health inequalities.

Outcomes

This vision will be achieved by working towards five key outcomes:

- ✓ Children have the best start in life - they eat well and have a healthy weight
- ✓ The food environment supports healthier choices
- ✓ People have access to effective weight management services
- ✓ Leaders across all sectors promote healthy weight and diet
- ✓ Diet-related health inequalities are reduced

Our approach and principles

In developing this plan, we have listened to a wide range of views: over 360 stakeholders and individuals responded to our 2017 consultation (**A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight**) and over 630 people attended our engagement events. There was broad consensus, if not on every proposal, that overweight and obesity are significant and serious public health problems that require ambitious action.

The actions set out in this document are informed by and form the Scottish Government's response to that consultation.

Additionally they are set in the context of the UK Government's **Childhood obesity: a plan for action Chapter 2** published on 25 June. Most of the measures included in the plan are specific to England. The Scottish Government welcomes the actions being taken at a UK-level, which complement the actions outlined in this delivery plan.

Our overall approach is underpinned by the public health reform principles to which we and COSLA have committed.¹⁶ And we will encourage our partners and those working with us across Scotland to reflect similar principles in all that they do. It is also shaped by the following cross-cutting principles:

Evidence-based interventions

We are committed to policy and action which is grounded in the evidence. This means we will continue to evaluate our actions and their impact. We will consider the case for additional measures, where the evidence supports this.

Population-wide measures

The main focus of this delivery plan is the implementation of population-wide interventions to change the environment, which will impact everyone in Scotland - learning from the experience of successful public health policies, such as the ban on smoking in public places. Evidence suggests that population-wide interventions are likely to be more effective in reducing inequalities as they do not rely on individual behaviour change.¹⁷

¹⁶ Scottish Government (2018) *Scotland's Public Health Priorities* <http://www.gov.scot/Publications/2018/06/1393>

¹⁷ Macintyre, S. (2007) *Inequalities in health in Scotland: what are they and what can we do about them*. Other. MRC Social and Public Health Sciences Unit. <http://www.healthscotland.scot/publications/health-inequalities-what-are-they-and-how-do-we-reduce-them>

Targeted measures

Sitting alongside our population-wide approach, is delivery of targeted and tailored support specifically to those children and families who are most at risk.

Reducing inequalities

A key outcome of this delivery plan is to reduce diet-related health inequalities, taking a human rights based approach to ensure that we are supporting those most in need. It is crucial too that our stakeholders and delivery partners place a special emphasis on reducing inequalities when planning, designing and delivering interventions – including through the co-design of services and support where possible.

Joined up policy

Recognising that the causes of overweight and obesity are complex, multi-faceted and shaped by a broad range of factors, our plan for improving diet and weight sits alongside a wide range of government policy and action. It is one of five linked public health strategies being published this year for Alcohol Prevention, Substance Use, **Tobacco Control**, and Physical Activity. In particular, physical activity has an important role in weight management, and this delivery plan should be read alongside the forthcoming: A More Active Scotland: Scotland's Physical Activity Delivery Plan.

Beyond public health, we also seek coherence across a range of other policies and areas. These include action on welfare reform and child poverty. This delivery plan also aligns to our ambitions for Scotland as a **Good Food Nation**, and well-established frameworks for improving children and young people's

outcomes. **The Maternal and Infant Nutrition Framework; Getting it right for every child; Better Eating, Better Learning; Curriculum for Excellence**, with its strong focus on health and wellbeing, and proposed changes to school food regulations, are all essential scaffolding for ensuring continuity of support to children, young people and their families across all ages and stages.

Cross-sector leadership

Ambitions and actions on this scale cannot be taken forward by government alone. Tackling obesity is a shared responsibility, and central to the success of this plan will therefore be leadership, collaboration and commitment across the public, private, third and community sectors.

The actions in this plan set out how we hope to achieve our vision.

Outcome 1: Children have the best start in life – they eat well and have a healthy weight

Halving childhood obesity in Scotland by 2030 is a deliberately bold ambition. With nearly three in ten children in Scotland at risk of being overweight or obese, aiming high is not just desirable, it is also necessary if children and young people are to flourish and lead happy, healthier lives.

We also know that early childhood – and, in fact, what happens before children are born – is a critical time for establishing good nutrition and healthy eating habits. If we can achieve this, the likelihood of children becoming overweight or obese in later life is significantly reduced.

Many people are involved in a child's life – including midwives, health visitors, family nurses, GPs, teachers and school nurses – so it is important they are armed with the knowledge and skills to talk about diet and weight to support children and their families to make healthier choices. We also recognise that all environments where children live, learn and play have an enormous influence on what they eat. That includes not just their home but also early years and childcare settings, schools, shops and retail premises beyond the school gates, and the wider community. That is why actions right across this plan, not just those outlined below, will contribute to achieving our ambition for halving childhood obesity.

But fundamentally, we want to ensure parents and carers are supported to make informed decisions, whether it's about breastfeeding and weaning, nutrition, portion size or mealtime behaviours. And should their child's weight become a concern, we want parents to understand why it matters, and to feel supported – not judged – with good advice and services (see outcome 3).

Adolescence is a particularly important stage in a young person's life when they start to make more decisions for themselves and are open to many different influences. The transition to adulthood can be a challenging time, with diet and weight among a wide range of factors affecting their health and happiness. We therefore want to give this specific attention, so that young people feel empowered and supported to make healthy choices.

Healthy diet and weight before and during pregnancy

The Scottish Government is determined that every child, regardless of their circumstances, should get the best start in life. We want more women and their partners, where pregnancy is planned, to feel supported to take steps for a healthier pregnancy prior to conception.

Action 1.1 By summer 2019, the Scottish Government will consult on a pre-conception action plan to improve how services engage, inform and support women before they become pregnant to start their pregnancy at a healthy weight, and in good physical and nutritional health. We will raise awareness of the importance of pregnancy planning and nutrition, focusing on first pregnancies and higher risk groups (e.g. women of childbearing age who are known to have weight issues, those who are known to be diabetic and women who have previously miscarried).

Supporting women to breastfeed

There is strong evidence that breastfeeding is one of the most important things that a mother can do to give her baby the best nutritional start in life and can also be a means of preventing obesity among infants and young



children.^{18,19} However, we recognise that for some mothers and babies breastfeeding can be challenging. So, where a mother can, and would like to, breastfeed her baby for longer (and a majority of women have said they would), we want to support them to achieve that.²⁰

Action 1.2 Building on current infant feeding services and the best evidence available, the Scottish Government will, over the next three years, work with Health Boards and the third sector to develop services that meet the needs of women based on their individual circumstances with the aim of reducing the drop off in breastfeeding rates at 6-8 weeks by 10% by 2025.

Advising parents about healthy eating in the early years

We understand that parents want to get it right when it comes to their child's diet and nutrition, but that sometimes differing advice, for example from other parents and family members, can cause uncertainty about the best things to do. We therefore want to ensure that parents and expectant parents know how and where to access accurate and up to date information on child healthy eating and lifestyle habits, through discussions with health professionals, social marketing and by directing parents to a range of online resources through **Scotland's Baby Box**.

Action 1.3 Building on **Eat Better, Feel Better, Ready Steady Toddler** and the **Parent Club** website, email and social media channels, the focus of Scottish Government's social marketing activity to March 2020 will be on giving parents practical advice on weaning, and at the ages and stages that follow: toddlers, pre-schoolers, and primary school aged children.

Action 1.4 The Scottish Government will raise awareness among parents and carers, and the professionals who support them, of the possible longer-term impact of using snacks (such as confectionery, sugary drinks and crisps) as rewards for behaving well. We will do this through **Ready Steady Toddler**, the **Eat Better, Feel Better** campaign and the **Parent Club** website. An independent evaluation will be carried out by end of June 2021 and used to improve information and advice.

Upskilling frontline staff to support parents and children

We want all parents and carers to feel informed, supported and empowered when it comes to making decisions about their child's diet and nutrition. Critical to this is that all those who play a role in supporting parents, children and young people – from midwives, health visitors and other healthcare professionals, to youth workers, early years and school practitioners, teachers and catering staff – have the knowledge and skills

18 The Lancet (2016), *Series from the Lancet journals: Breastfeeding* <https://www.thelancet.com/series/breastfeeding>

19 World Health Organisation (2016), *Final report of the Commission on Ending Childhood Obesity* http://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf;jsessionid=80DB37EF24A06BD1DEF7807332A3C66A?sequence=1

20 Scottish Government (2018), *Scottish Maternal and Infant Nutrition Survey 2017* <http://www.gov.scot/Resource/0053/00531610.pdf>



to support parents to make healthier choices for themselves and their children.

Action 1.5 To ensure parents receive the most appropriate advice and support, the Scottish Government will in 2018 develop training on diet, nutrition and healthy weight for front-line staff across a wide range of disciplines working with children, young people and families.

Action 1.6 Building on this strong foundation, we will take further action to develop the knowledge and skills across the workforce.

- A programme of eLearning and Continuing Professional Development will be introduced in 2018, to ensure front-line staff across a range of disciplines have the knowledge, skills and confidence to support parents with weaning and toddler diet, including discussing and advising on the timing and introduction of suitable foods based on the age and stage of the child.
- Training for early years practitioners by summer 2019, to support the implementation of **Setting the Table** nutritional guidance and food standards, which will be updated to reflect current evidence and changes in early learning and childcare (ELC) provision. The Care Inspectorate will monitor implementation of this guidance.
- Updated resources and tools for GPs, health visitors and the early years

workforce in 2019, to equip them to engage with and support families when weight or nutrition is a concern. This will include healthy eating, portion control and mealtime behaviours.

- Health and other professionals will have access to training and support materials in 2020, to enable them to refer children and families to appropriate and supportive diet and healthy weight interventions such as parenting support, cooking classes, and child healthy weight programmes.

Children and young people have the skills they need to make healthy choices

Health and wellbeing sits at the heart of the **Curriculum for Excellence**, supporting children and young people to develop essential skills to live happy, healthy lives. The promotion of health and wellbeing is, along with literacy and numeracy, identified as a responsibility for all practitioners working with children and young people in the school environment. Food and Health Experiences and Outcomes are an entitlement from ages 3-15, supporting children and young people to develop their understanding of a healthy diet.²¹ In addition, Better Eating, Better Learning (BEBL) currently provides guidance and support to schools, local authorities, caterers, procurement departments, parents, children and young people to work in partnership to make further improvements in school food and food education.²²

²¹ Education Scotland, *Experiences and outcomes* <https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-%28building-from-the-statement-appendix-incl-btc1-5%29/Experiences%20and%20outcomes>

²² Education Scotland, *Better Eating, Better Learning* <https://education.gov.scot/improvement/self-evaluation/Better%20Eating,%20Better%20Learning>

Action 1.7 Over the course of this parliament, the Scottish Government will invest £750 million in the Attainment Scotland Fund to tackle the poverty-related attainment gap. Local authorities and schools in receipt of this funding include health and wellbeing interventions as one of three key target areas in their plans for intervention, alongside literacy and numeracy. Amongst the various interventions made by local authorities and schools using this funding, there are programmes that include education on healthy eating and lifestyle as well as some programmes that include provision of meals alongside learning opportunities for children and families.

Action 1.8 Through the work of the Regional Improvement Collaboratives (RICs), Education Scotland will strengthen and focus the provision of health and wellbeing support to schools and authorities across Scotland. The RICs are due to finalise their regional plans by September 2018.

Supporting young people to make healthier decisions

Our young people stand to gain the most from living in a country that strives to create a healthy eating culture. The Year of Young People 2018 is a great opportunity to build a lasting legacy by listening to young people and asking them to lead key strands of work. Indeed there are some examples of young people leading change in their communities, such as engaging local retailers to improve the food on offer near their school. Alongside this, our messaging on diet and healthy weight and how it is delivered must be informed by young people. We recognise this is particularly important in adolescence when young people are making more decisions for themselves.

Action 1.9 Young people will lead change and action on healthy eating in line with their rights and ambitions to lead healthy and active lives. A coalition of the Scottish Youth Parliament, Young Scot, YouthLink Scotland and Children in Scotland will support their work, together with local partners as identified by the young people. This will include messaging on healthy diet and weight.

Action 1.10 To better understand the extent to which weight-based stigma prevents young people from seeking advice and support, the Scottish Government will, by winter 2018, carry out research into the contribution body image makes to poor mental wellbeing among young people in Scotland, and act on those findings.

All children and young people eat well

We believe that children and young people in Scotland have the right to eat healthy and nutritious foods and that it is important that good food behaviours are consistently modelled wherever they may be. That is why, alongside radical action in the wider food environment, and supporting families to eat well at home, ensuring all children and young people eat well in ELC settings and schools is a priority. This requires a whole learning community approach so that everyone working within the school context is clear about what is expected.



Action 1.11 As part of the Scottish Government's expansion of funded ELC to 1140 hours by 2020, all children in receipt of their entitlement will be provided with a free meal and a drink of milk at their ELC setting. A National Standard will be set which ELC providers wishing to deliver funded ELC will have to meet, which will include a standard that ensures that food provided within funded settings meets the most up to date nutritional guidance for this age group.²³

Action 1.12 The Care Inspectorate will publish **Food Matters: nurturing happy, healthy children** in autumn 2018. The resource will provide childcare providers and practitioners with examples of good practice from a variety of childcare settings. The resource aims to support improvement and will focus on creating positive eating experiences for children, experiences that will help them to develop positive relationships with food. It also aims to support services to be innovative around healthy eating and to maximise the opportunities for children's learning and social development.

Action 1.13 The Scottish Government is currently consulting on proposed amendments to the nutritional requirements for food and drink served in Scottish schools.²⁴ This includes proposals based on the latest scientific and expert advice, to further reduce sugar and promote healthy, high quality food

and drink. In light of the outcome of the consultation, the regulations and guidance for implementation will be updated to further strengthen nutritional standards for food and drink in schools.²⁵

Action 1.14 To improve food provision and food education, and ensure schools across Scotland are health promoting, Education Scotland will, by the end of 2020, publish a self-evaluation framework to support the implementation of the Schools (Health Promotion and Nutrition) (Scotland) Act 2007.²⁶ This will aim to build on **Setting the Table** and support the transition between early years and school years food provision.

Action 1.15 The Scottish Government will invest an additional £1 million over the next two years to support children experiencing food insecurity during school holidays, a time when there is a risk of going without healthy food.

Action 1.16 With Welfare Foods policy now devolved to Scotland, the Scottish Government will continue supporting low income families to have access to a healthy diet by replacing Healthy Start Vouchers with a new Best Start Foods smartcard. This includes increasing payments, expanding the range of eligible foods available through the Best Start Foods scheme and simplifying the application process through linking this with the **Best Start Grant**. The changes will come into force in summer 2019.

²³ Scottish Government (2018), *Early learning and childcare service model for 2020: consultation paper* <https://beta.gov.scot/publications/early-learning-childcare-service-model-2020-consultation-paper/pages/6/>

²⁴ Scottish Government (2018), *Nutritional requirements for food and drink in schools: consultation*, <https://consult.gov.scot/support-and-wellbeing/food-and-drink-in-schools>

²⁵ Scottish Government (2008) *Healthy Eating in Schools: A Guide to Implementing the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008* <http://www.gov.scot/Publications/2008/09/12090355/0>

²⁶ Scottish Government (2007), *Schools (Health Promotion and Nutrition) (Scotland) Act 2007* <https://www.legislation.gov.uk/asp/2007/15/contents>

Outcome 2: The food environment supports healthier choices

Achieving Scotland's dietary goals and our ambition to halve childhood obesity, demands action to transform the food environment - that is the environment that influences what we buy and eat - to support healthier choices and reduce the excessive consumption of food and drink high in fat, sugar or salt (HFSS).

It is increasingly hard for many of us to eat well and maintain a healthy weight. Not only is food much more energy dense and readily available, but we also live increasingly sedentary lifestyles and are bombarded with seemingly ever-present messages and triggers that encourage consumption.

Relying solely on individual action is not always sufficient. We are all susceptible to temptation, but children are especially impressionable. We need to make it easier for us all to make positive dietary choices.

Measures to transform the food environment, such as restricting the promotion and marketing of less healthy foods and reducing the energy density of food, are also more likely to be effective in reducing health inequality than measures aimed at encouraging individuals to change their behaviours.²⁷

Restricting HFSS promotion and marketing within premises

As a nation, we consume too much food and drink that has little to no nutritional value, but which contribute calories or salt to our diet.

These "discretionary foods" account for, on average, 379 calories per person per day - that is about one fifth of total calories. They similarly account for about one fifth of total fat and saturated fats and for over half of daily free sugars consumption.²⁸ For good health, we should eat such food and drink less often and in smaller amounts.

Food Standards Scotland (FSS) advise that



50% of the sugar we consume comes from discretionary foods

Source: Food Standard Scotland

we reduce our intake of discretionary foods by at least half.²⁹ To help to achieve this and Scotland's dietary goals, we intend to restrict the promotion and marketing, within premises where these foods are sold, by removing triggers that may encourage their purchase.

²⁷ This is because more advantaged groups find it easier to avail themselves of health promotion advice and preventive services. Macintyre, S. (2007) *Inequalities in health in Scotland: what are they and what can we do about them*. Other: MRC Social and Public Health Sciences Unit <http://eprints.gla.ac.uk/81903/>

²⁸ Estimation of food and nutrient intakes in Scotland from secondary analysis of the Living Costs and Food Survey. Data from 2013-2015 included in a report being prepared for publication by Food Standards Scotland.

²⁹ Food Standards Scotland (2018) *The Scottish Diet - It needs to change 2018 update*. http://www.foodstandards.gov.scot/downloads/Situation_report_-_the_Scottish_diet_-_it_needs_to_change_-_2018_update_FINAL.pdf

Action 2.1 The Scottish Government will in autumn 2018 consult on detailed plans to restrict the promotion and marketing of targeted HFSS foods, within premises where these foods are sold to the public, to inform impact assessments and consideration of legislation to reduce associated health harms.

Some progress has been made through voluntary action, such as some removal of confectionery from some checkouts. However, to deliver the scale and pace of change needed and maintain a level competitive playing field, mandatory measures are required.

The consultation will include seeking views on our intention to focus on food and drink:

- high in fat, sugar or salt
- frequently consumed
- add calories or salt
- but have little or no essential nutrients.

In particular: confectionery, sweet biscuits, crisps, savoury snacks, cakes, pastries, puddings, and sugar containing soft drinks. Views will also be sought on whether to also include ice-creams and dairy desserts.

It will also seek views on restricting their promotion and marketing, including:

- multi-buys: buying a set number of products for a set price, e.g. 2 for £2. Meal deals are a form of this. It would also include buy one get one free and e.g. 3 for 2 offers
- free or free samples

- sale of unlimited amounts for a fixed charge, e.g. unlimited refills
- upselling
- coupons (whether physical or electronic) being accepted (10p/20% off etc.)
- purchase rewards (e.g. toys, vouchers, loyalty card points, reduced price for another product, competition entry)
- displays at checkouts, end-of-aisle, front of store, island/bin displays, etc.
- promotion of value.

The Scottish Government will explore the scope for relevant restrictions online.

Restricting HFSS advertising

Advertisements for HFSS foods appear more than twice as often in broadcast media as any other type of food and drink adverts,³⁰ and it is clear that the food industry believes that advertising drives sales - the top 18 spending crisp, confectionery and sugary drinks brands put over £143 million a year into advertising in the UK.³¹

Advertising has a significant impact in normalising what is acceptable for children in society to eat, fostering habits about:

- what we eat (discretionary foods are the norm);
- when we eat it (snacking culture is the norm); and
- how much we eat (larger portion sizes are the norm).

30 Boyland, E & Whalen, R. A, Liverpool University (2017), 'Watershed' Moment: Why it's Prime Time to Protect Children from Junk Food Adverts'

31 The Grocer, *Top 100 Advertising Spend: FMCG Brands*, <https://www.thegrocer.co.uk/attachment?storycode=550799&attype=T&atcode=113157>



SGF Healthy Living Programme (Big Breakfast Event Hawick, March 2017)

The Scottish Government recognises that most choices are shaped by our environment and are almost entirely emotional and sub-conscious decisions. We need our society to shift advertising towards healthier options to empower people to make choices in-store that support their wellbeing and that of their family.

In our October 2017 consultation paper, we outlined that as broadcast advertising is currently reserved, we would strongly press the UK Government to ban the broadcast advertising of HFSS foods before the 9pm watershed. We welcome that the UK Government has announced that it will consult on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online.

Action 2.2 The Scottish Government strongly advocates that the UK Government, following its consultation, moves quickly to ban the broadcast advertising of HFSS foods before the 9pm watershed.

Action 2.3 The Scottish Government will in 2019 explore the scope for strengthening the Committee of Advertising Practice (CAP) regulations on advertising HFSS foods online, taking account of the Advertising Standards Authority (ASA) review due to conclude at the end of 2018.

Action 2.4 The Scottish Government urges the UK Government to work with it and the devolved administrations in considering the right approach to the regulation of online advertising of HFSS foods.

Action 2.5 The Scottish Government will engage with local authorities, transport companies and media agencies to develop a code of practice in 2019, to restrict advertising HFSS foods on sites they manage such as bus shelters, stations and inside buses and trains.

Action 2.6 We will consider the ASA's review of the implementation and impact of the CAP code on non-broadcast advertising of HFSS foods and, if insufficient progress has been made, will consider what action we can take to protect children from exposure to HFSS food and drink advertising. The Scottish Government will continue to call for the CAP to adopt PHE's forthcoming nutrient profile model, revised in line with the latest scientific evidence.

Action 2.7 The Scottish Government requests that the ASA strengthen the implementation of its CAP code by removing advertising of HFSS foods within a radius of 800 metres of any site with 25% or more footfall by under 16 year olds, including schools.

Restricting the use of licensed characters, brand equity characters and celebrities

Despite a welcome strengthening of the UK's advertising codes, we still see characters from the latest movie blockbuster appearing on children's chocolate and brand equity characters³² advertising cereals high in sugar.

It is clear that current restrictions do not go far enough. Restrictions on packaging and in-store are inconsistent with those

³² **Equity brand** characters are characters that have been created by the advertiser and have no separate identity outside their associated product or brand.

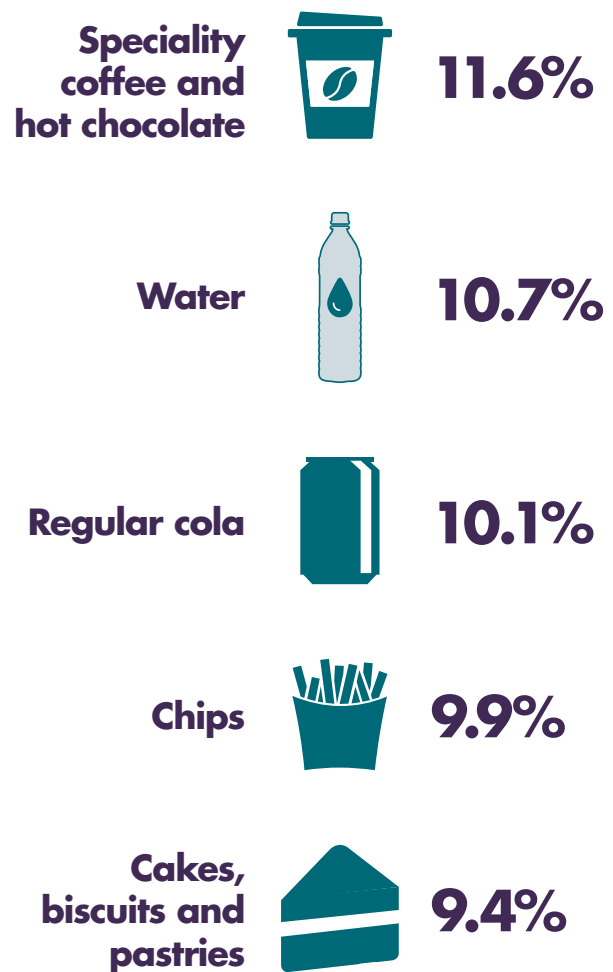
for advertising. And for those advertising restrictions, there exists a discrepancy between licensed³³ and unlicensed (or equity) characters, creating a loophole that allows brands to use cartoon characters to market HFSS products.

Action 2.8 The Scottish Government urges the UK Government to pursue measures to restrict the use of licensed characters, brand equity characters³⁴ and celebrities to promote HFSS foods to children.

Developing and implementing an Out of Home Strategy to support healthier choices

It has never been more convenient to eat food out of the home. In 2015 alone, there were 948 million visits to out of home establishments in Scotland – up 3% on the previous year.³⁵ But is it too easy to buy cheap, fast food? 91% of consumers think so.³⁶ Many of the top food and beverages consumed out of home in Scotland tend to be less healthy, including chips/french fries, burgers and regular cola. Children between 0-12 yrs consume these types of foods more often than adults in out of home settings.³⁷

Top 5 foods and drinks consumed out of home (% of total visits)



Source: Food Standards Scotland situation report 2018

³³ **Licensed characters** are characters that are borrowed equities and have no historical association with the product.

³⁴ **Equity brand** characters are characters that have been created by the advertiser and have no separate identity outside their associated product or brand.

³⁵ NPD Crest Report.(2015), *An overview of the out of home market in Scotland* http://www.foodstandards.gov.scot/downloads/FSS_Monitoring_-_Out_of_Home_-_Final_Publishable_Slides_-_Sept_2016.pdf

³⁶ Food Standards Scotland, Social Attitudes Survey, repeated in *The Scottish Diet: It needs to change*, 2018 update http://www.foodstandards.gov.scot/downloads/Situation_report_-_the_Scottish_diet_-_it_needs_to_change_-_2018_update_FINAL.pdf

³⁷ Food Standards Scotland, Social Attitudes Survey, repeated in *The Scottish Diet: It needs to change*, 2018 update http://www.foodstandards.gov.scot/downloads/Situation_report_-_the_Scottish_diet_-_it_needs_to_change_-_2018_update_FINAL.pdf



Bridgend Inspiring Growth

With more than 30,000³⁸ out of home food outlets in Scotland, the role that the out of home sector can play should not be underestimated. Establishments that embrace healthier options with fewer calories, provide clear nutrition information and offer a greater proportion of smaller portion sizes will help Scotland to progress towards its dietary goals.

Action 2.9 FSS will in autumn 2018 consult on an Out of Home³⁹ (OoH) strategy, in parallel with the Scottish Government consultation on the promotion and marketing of targeted HFSS foods. The OoH consultation will focus on how to encourage calorie reduction and measures to encourage food outlets to provide better information to customers, including calorie information on menus. It will also include the role the public sector can play as an exemplar in healthier food provision.

Helping our understanding of nutrition labelling

Action to drive the purchase of healthier food options in shops and catering outlets relies on consumers making informed choices. The Scottish Government, in concert with other UK administrations, launched the voluntary Front of Pack colour-coded nutrition labelling scheme in 2013, enabling consumers to easily see whether a product is high in fat, salt or sugar. Around two-thirds of packaged foods in supermarkets display the Front of Pack label⁴⁰ but that leaves many products, including many discretionary foods high in fat, salt and sugar, without this consumer-friendly information.

Action 2.10 The Scottish Government will urge the UK Government to push for mandatory Front of Pack labelling that would help consumers easily identify healthier and unhealthier foods.

Action 2.11 To support people to better understand nutrition labelling, FSS will in 2019/20: (i) conduct research among consumers with a view to running a consumer education marketing campaign on nutrition labelling; and (ii) engage with health and education networks to support relevant professionals to encourage consumers to use nutrition labels to make healthier choices.

Controls over food outlets near schools

As set out in the Scottish Government's **Public Health Priorities**, we want the places and spaces where people live to support them to lead healthy lives. The area around schools is an environment where we want to make a positive change in the habits of young people at lunchtimes and on the way to and from school. One possible lever available to us is planning policy. We will continue to explore how it could be used alongside other measures to encourage healthier choices and discourage unhealthy ones.

Action 2.12 As part of its forthcoming review of Scottish Planning Policy, the Scottish Government will take into account its commissioned research, to be published this summer, on the relationship between the food environment and the planning system, including

38 Food Standards Scotland. Food Hygiene Information Scheme: <http://www.foodstandards.gov.scot/consumers/food-safety/buying-food-eating-out/food-hygiene-information-scheme>

39 The OoH strategy will cover all food consumed outside the home, including food eaten "on the go". Takeaway food consumed in the home will also be included.

40 UK Government written answer: Food: Labelling - 132571 <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-03-14/132571/>



how food outlets near schools can be better controlled. The next version of Scottish Planning Policy is expected to be published in 2020.

Reformulation of products to reduce risks of public health harm

The Scottish Government welcomes the steps taken by Public Health England to encourage larger companies to reformulate their products. However, given that 95% of Scottish companies in the food and drink manufacturing sector are small and medium-sized enterprises (SMEs)⁴¹, it is important that this sector also plays its part, not just for the health of our nation but to enhance our reputation as a producer of healthier quality produce using the latest innovative practice. Consistent with the aims for responsible growth for the Scottish food and drink sector set out in **Ambition 2030**, the Scottish Government will work with partners over the next three years and invest £200,000 to support SMEs reformulate commonly consumed products.

Action 2.13 A dedicated Reformulation Connector will be embedded within the **Make Innovation Happen Programme** to link companies to existing support, such as academia through the Scottish Funding Council and wider business support through the Scotland Food and Drink Partnership.

Action 2.14 The Scottish Government will lead a Ministerial summit in late 2018, to raise awareness of the commercial benefits and costs associated with reformulating. The summit will feature new research from Food and Drink Federation Scotland who will revisit companies that have already reformulated products, and fresh market insights from the Make Innovation Happen Insights Programme.⁴²

Restricting the sale of energy drinks to young people under the age of sixteen

The Scottish Government recognises that consumption of energy drinks is a significant concern to parents, teachers and young people. These concerns go beyond the high sugar content that most of these drinks have. Teaching unions report issues with behaviour⁴³ and the last European Food Safety Authority study indicates significantly higher consumption in the UK than our European neighbours.⁴⁴

Action 2.15 The Scottish Government welcomes the leadership shown by many retailers in restricting the sale of energy drinks to young people under the age of 16 and urges those who have not yet taken this action, to do so. We will work with Sporta, the co-ordinating body for leisure trusts on whether similar measures can be taken in the 1,300 facilities their members manage in Scotland.

41 Scottish Government (2018), *Scottish Government's Growth Sector Database* <http://www.gov.scot/Topics/Statistics/Browse/Business/Publications/GrowthSectors/Database>

42 Scottish Enterprise, Make Innovation Happen Insights Programme <https://www.scottish-enterprise.com/knowledge-hub/articles/insight/food-and-drink-innovation>

43 The National Association of Schoolmasters Union of Women Teachers (NASUWT) (2016) Big Question Survey Report 2016. 13% of teachers who have responded cite the use of caffeine and energy drinks as a driver of poor pupil behaviour. <https://www.nasuwat.org.uk/article-listing/big-question-survey-report-2016.html>

44 European Food Safety Authority (6 March 2013), *Energy drinks report*, <https://www.efsa.europa.eu/en/press/news/130306>

Action 2.16 The Scottish Government will consult on restricting the sale of energy drinks to young people under the age of 16.

Fiscal measures that encourage healthier choices

The Soft Drinks Industry Levy (SDIL) provides an exemption for milk-based drinks containing more than 75% milk. While milk and milk-based drinks can play an important role in a child's diet, for some products that nutritional benefit can come with a significant increase in sugar consumption. This has been partially addressed by the addition of a milk-based drinks category to the PHE's voluntary reformulation programme, however, the Scottish Government remains concerned that this will not sufficiently address the high levels of sugar currently being consumed through these products.

The SDIL has led to a welcome price differentiation between drinks subject to the levy and those that are not, providing consumers with an economic driver to make healthier choices.

Action 2.17 The Scottish Government urges the UK Government to extend the SDIL to include sugary milk-based drinks, including dissolvable powders containing less than 95% milk, if these drinks do not meet their 20% Public Health England (PHE) Reformulation Programme sugar reduction target by 2020.

Action 2.18 The Scottish Government urges the UK Government to take appropriate action if it becomes clear that industry will not meet the PHE reformulation targets set for both sugar and calorie reduction.

Action 2.19 The Scottish Government urges the UK Government to further use the tax system to make healthy food cheaper and to reduce the purchase of HFSS foods, and to devolve the necessary competences to the Scottish Parliament in this area to ensure a fuller range of levers are open for consideration.

Outcome 3: People have access to effective weight management services

Evidence tells us that there is an increased risk of developing serious diseases, such as heart disease, cancer and type 2 diabetes, for people who are overweight or obese, as well as potential psychological and emotional consequences.⁴⁵ But with nearly one third of children and two thirds of the adults in Scotland overweight and obese we know that for complex and wide ranging reasons maintaining a healthy weight in childhood and adulthood can be extremely challenging.⁴⁶

This is why it is important that there is fair access to suitable, supportive and effective weight management services that provide support and advice, free from stigma and bias, to help more children, young people and adults in Scotland achieve and maintain a healthy weight.

There is already good practice happening across Scotland that provides effective support to those who need it. We want to build on this, focussing on prevention and early intervention, particularly for those adults where the signs of health harm are already indicated, to ensure there is good quality provision and equity of access right across our communities.

Weight management services for people with, or at risk of, type 2 diabetes

Type 2 diabetes can have a serious impact on people's lives – such as cardiovascular disease, sight loss and amputation – putting a significant amount of pressure on our health service. Worryingly, we are seeing the number of people in Scotland living with type 2 diabetes growing. In 2016, more than 250,000 people in Scotland (4.8% of the population) had a registered diagnosis of type 2 diabetes, and there are around 17,000 new cases each year.⁴⁷ Not all those living with type 2 diabetes have been diagnosed. It is estimated that around 10% of cases of type 2 diabetes remain undiagnosed.⁴⁸ Diabetes Scotland also estimates that over 500,000 people in Scotland are at high risk of developing type 2 diabetes.⁴⁹

Evidence presented in the Scottish Government's **National Clinical Strategy** noted that clinicians may be too ready to move to medication rather than supporting people to make serious progress in lifestyle change to move towards a healthy weight.⁵⁰ We do know however that through changes in diet and lifestyle it is possible to delay, prevent and even reverse type 2 diabetes and its associated morbidity.⁵¹

45 A Castle (2015) Obesity in Scotland. *SPICe Briefing*, 15/01. 7 Jan 2015. http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf

46 Scottish Government (2017), *The Scottish Health Survey 2016, volume 1, main report*. <http://www.gov.scot/Resource/0052/00525472.pdf>

47 NHSScotland (2016) *Scottish Diabetes Survey 2016* <http://www.diabetesinScotland.org.uk/Publications/Scottish%20Diabetes%20Survey%202016.pdf>

48 <http://www.scotpho.org.uk/health-wellbeing-and-disease/diabetes/data/data-introduction/>

49 Diabetes Scotland: State of the Nation 2015 report, The Age of Diabetes <https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/SOTN%2520Diabetes.pdf>

50 Scottish Government (2016), *A national clinical strategy for Scotland* <http://www.gov.scot/Resource/0049/00494144.pdf>

51 Lean, Michael EJ et al. *Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, cluster-randomised trial*, *The Lancet*, Volume 391, Issue 10120, 541 - 551 <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2817%2933102-1/fulltext>



Football Fans in Training

By targeting support for those with, or at risk of, type 2 diabetes we could therefore change this trajectory and make a positive impact on our population health.

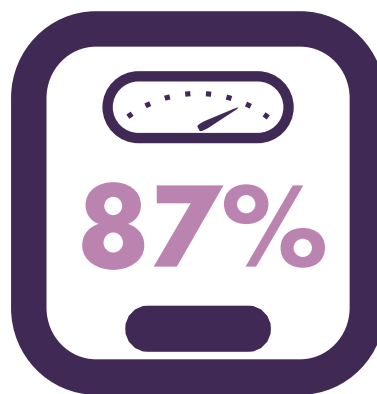
Action 3.1 The Scottish Government will invest £42 million over five years to establish supported weight management interventions as a core part of treatment services for people with, or at risk of, type 2 diabetes. This will be supported by a type 2 diabetes prevention, early detection and early intervention framework, to be published in summer 2018, which sets out national level guidance for Health Boards and their partners on designing and implementing an integrated type 2 weight management service.

Action 3.2 In 2018-19, the Scottish Government will work with 'early adopter' Health Boards and their partners to embark on the first phase of implementation of the framework. The early adopters will be East Region (NHS Lothian, NHS Borders and NHS Fife), NHS Tayside and NHS Ayrshire & Arran. The learning from the early adopters will support and inform the second phase of the implementation of the framework to all Health Boards across Scotland from 2019-20.

Action 3.3 The Scottish Government will appoint a professional advisor in 2018 to work with Health Boards to deliver the framework and to support them to carry out community-led engagement and partnership, working as a core part of their service planning and delivery, in line with our wider approach to public health.

Action 3.4 The Scottish Government will monitor and evaluate the effectiveness of the framework through existing databases. Specifically, we will track the reduction in drug prescriptions for type 2 diabetes care, sustained weight management and incidence of type 2 diabetes, and introduce new measures to monitor uptake and completion of weight management interventions. In the longer term, we will monitor the incidence and prevalence rates of type 2 diabetes, and the reduction and delay of complications, such as cardiovascular disease, sight loss and amputation.

Action 3.5 The Scottish Government will run a media campaign to support the type 2 diabetes framework.



of type-2 diabetics are
 overweight or obese

Source: Food Standards Scotland situation report 2018



Football Fans in Training

Adults have access to effective weight management services

As well as a focus on type 2 diabetes, we want to continue to fund and encourage people to access appropriate weight management programmes and interventions that are tailored to their needs.

Action 3.6 The Scottish Government will continue to fund Health Boards to deliver weight management interventions to support sustained improvements to weight and diet for overweight and obese adults, focusing on those from deprived communities.

Action 3.7 NHS Health Scotland will work with its partners to develop evidence-informed and cost-effective minimum standards and pathways for weight management programmes for adults by 2019, with consistent monitoring of outcomes across Scotland by 2020. This is with the aim of improving the quality and equity of access to weight management services for adults across Scotland.

Action 3.8 In 2018-19, the Scottish Government will continue to fund healthy weight interventions designed and delivered by the third sector, such as Football Fans In Training (FFIT).⁵² FFIT is a 12 week programme aimed at improving both men's and women's health and wellbeing by supporting them to improve lifestyle choices, increase physical activity and reduce weight.

Children and parents have access to effective weight management services

Our primary focus is on prevention. However, too many children in Scotland are already an unhealthy weight. To make progress on our national ambition and reduce health risks in later life, it is essential that they, and their families, are well supported to achieve a healthier weight. We therefore need to have the means to monitor weight from birth through to adolescence, and to offer families appropriate support. There are systems we can build on, such as the child health reviews that include height and weight measurement, in the Universal Health Visiting pathway.⁵³ And every primary school in Scotland currently measures children at P1 (this data is then collated for the purposes of national measurement). However, if we are to grip the challenge of childhood obesity, we need a more robust approach.

Action 3.9 The Scottish Government will continue to fund Health Boards to deliver weight management interventions to support sustained improvements to weight and diet for at risk children, young people and families, focusing on those from deprived communities.

Action 3.10 To improve quality, and equity of access, NHS Health Scotland will continue to support Health Boards to deliver Child Healthy Weight Interventions and will, by 2020 develop evidence-informed and cost-effective minimum standards, referral pathways and outcomes.

⁵² SPFL Trust, Football Fans in Training <http://spfltrust.org.uk/projects/football-fans-in-training/>

⁵³ Scottish Government (2015), *Universal Health Visiting Pathway in Scotland - Pre Birth to Pre School* <http://www.gov.scot/Publications/2015/10/9697>

Action 3.11 The Scottish Government will appoint a professional advisor in 2018 to support the development of consistent and systematic approaches to identification, referral and support for children and young people who are overweight and obese, and their families. As part of this work, we will explore current practice, evidence and cost-effective options for improving tracking, support and data beyond Primary 1.

People do not experience weight related stigma

Evidence shows that people with obesity experience stigma from employers, health professionals, the media and from family and friends. Obesity stigma and weight bias have been associated with low self-esteem, depression and avoidance of medical care, and therefore could be a barrier to accessing support that could help people live healthier and happier lives.⁵⁴

Action 3.12 NHS Health Scotland will work with Health Boards to develop consistent and accessible healthy weight information and appropriate professional training - including training on weight bias and obesity stigma - by 2020.

⁵⁴ World Health Organization (2017), *Weight bias and obesity stigma: considerations for the WHO European Region* http://www.euro.who.int/__data/assets/pdf_file/0017/351026/WeightBias.pdf

Outcome 4: Leaders across all sectors promote healthy diet and weight

Ambitions and actions on this scale cannot be taken forward by Government alone. Our recently published **Public Health Priorities for Scotland** identifies a healthy diet as a key priority, and highlights the need for strong collective leadership and partnership across the public, private, third and community sectors. All along the way we must also engage with people and communities to support them to make better decisions about their diet and weight – and their health more generally. This is central to the ambition and success of this plan.

Since our consultation, alongside Government, leaders from across all sectors have committed to champion this agenda, to work with us to develop and showcase good practice, and to test new approaches. By leading by example, our aim is to inspire others.

Improving the food we serve

Scotland's public sector is leading the way in promoting healthier food. There are statutory regulations for schools to ensure that our children get the most nutritious start in life. In hospitals, we provide food appropriate to patients' needs, while visitors and staff can eat in a **Healthyliving Award** (HLA) canteen or buy a healthy lunch from a **Healthcare Retail Standard** shop.⁵⁵ All Scottish Government and Parliament sites meet HLA nutrition criteria at the plus level.

Action 4.1 We will draw on the expertise of the HLA team and develop an action plan to ensure everybody has good food options no matter where they live, building on good practice and taking advantage of locally sourced, seasonal produce. FSS will consult on an Out of Home Strategy in autumn 2018 which will consider how the Healthyliving Award might be adapted for use by the public sector, and other options relevant to public sector food outlets.

Action 4.2 Sporta, the national association of leisure and cultural trusts,⁵⁶ will work with and support members to adopt the HLA to ensure healthier options are available and promoted in cafes and vending machines. By spring 2019, at least half of Sporta members in Scotland will have achieved the HLA.

Action 4.3 Menus in schools, hospitals and elsewhere drives the procurement of food. The Scottish Government will by 2020 publish guidance to support healthier choices where this is not yet in place and look for opportunities to increase the sourcing of local, healthier, seasonal produce including through the **Food For Life Programme**.

⁵⁵ All hospital shops in Scotland meet the Healthcare Retail Standard: <https://www.scottishshop.org.uk/healthy-living/healthcare-retail-standard-guide>. All NHS catering outlets hold the Healthyliving Award: <http://www.healthylivingaward.co.uk/index>

⁵⁶ At the date of publication, Sporta has 25 members in Scotland, delivering services to over 1300 facilities. Last year these services and facilities were accessed by 78m customer visits, with a combined turnover of £404 million.



82% of people think that reducing levels of obesity is a shared responsibility

Source: Food Standards Scotland situation report 2018

Ensuring everyone can eat well

We recognise that too many people are still affected by food insecurity and there is a need for continued action by Government to ensure they and their families can eat well.

Action 4.4 Through our £1 million a year Fair Food Fund, the Scottish Government will continue to support community food providers that help people experiencing food insecurity to access fresh, healthy food in dignified ways and that help people develop the skills and knowledge needed to plan and prepare nutritious food for themselves and their families.

Action 4.5 The Scottish Government will continue our support for FareShare, to redistribute high quality surplus food from the food and retail sectors to community food providers to support their work on food insecurity.

Action 4.6 The Scottish Government will continue to support the Empowering Communities Fund, which provides support to communities to tackle poverty and health inequality on their own terms. We will also continue to support the Fair Food Transformation Fund which focuses on tackling food poverty.

Action 4.7 Community Food and Health (Scotland), in partnership with the Scottish Government, will hold a summit in winter 2019 to explore how we can best enhance local community-led initiatives to make healthy, affordable food more accessible.

Supporting students to eat well and have a healthy weight

Colleges and universities have an important role in promoting healthy eating and physical activity, and ensuring young people have the support they need to achieve and maintain a healthy weight.

Action 4.8 Ahead of the academic year 2019-20, the Scottish Funding Council (SFC) will develop a comprehensive approach to healthy diet and weight, starting with colleges. This will include consideration of the food available in canteens and vending machines; information and support on diet and weight; staff health and wellbeing; regular opportunities for physical activity, including through participation in sports activity; and recognition and transfer of best practice. The SFC will also participate in the forthcoming UK Healthy Universities 'Summit' to ensure its approach is informed by best practice in Scotland, the UK and further afield.

Local leadership and action to improve diet and weight

There is consensus that diet and healthy weight, and being active, is one of the important things that Scotland as a whole must focus on over the next decade to improve Scotland's health. This will require action by national and local government and partnerships across the system.

Action 4.9 The Scottish Government welcomes the commitment of leaders in the following areas to work with us and partners to develop and champion a whole-systems approach to diet and weight: North Ayrshire, Dundee, and the East Region community planning partnerships.



Open Door Café

Action 4.10 Building on their existing policies and plans, they will show how they are:

- building collective leadership, including with public services, the third sector and local businesses, and joining up action across a range of partners on prevention, early intervention and reducing inequalities;
- amplifying the voices of people and communities with the poorest health outcomes, and highlighting and promoting changes that will make a positive difference to their capacity to eat well, achieve and maintain a healthy weight, and be active;
- embedding community-led health activities in service planning, design and delivery;
- addressing the wider determinants of health and the complex set of factors that affect people's diet and weight;
- improving the use of local data and wider intelligence to build a comprehensive portfolio of interventions, filling gaps, and taking action across the life course to co-produce improvements for people's diet and weight, particularly those living in deprived communities;
- being an 'early adopter' of the national Type 2 Diabetes Prevention Framework including developing new – or extending existing – weight management services, and working with the Scottish Government and partners to inform - and be a test bed for – other key national developments; and
- improving the use of technology and innovation.

Action 4.11 The Scottish Government, with NHS Health Scotland, Obesity Action Scotland and other partners, will work with these areas to support local delivery and showcase best practice.

Action 4.12 FSS will support these partnerships to encourage local catering businesses to introduce calorie labelling on their menus by providing a calorie labelling tool (**Menucal**) together with supporting information. Food Standard Scotland will also evaluate the introduction of calorie labelling in these areas with a view to wider roll out across Scotland.

Improving the health, diet and weight of Scotland's workforce

As well as action addressing the places where we live and shop, we must consider what more can be achieved in the places where we work, recognising the links between the health and wellbeing of staff, performance, absenteeism, and recruitment and retention.

Action 4.13 The Scottish Government will by September 2018 develop a strategy to further promote the health and wellbeing of staff and, as an exemplar, encourage others in the private, public and voluntary sectors - particularly the NHS - to commit to taking action.

Action 4.14 The Scottish Government will review by April 2019 our **Health Works Strategy** for working-age people in Scotland, which includes promoting health and wellbeing in the workplace, healthy food choices in canteens, physical activity and active travel.

Ambition 2030: A growth strategy for farming, fishing, food and drink is Scotland's Food & Drink's strategy to drive the food and drink sector forward over the coming years. It is a product of partnership between the food and drink industry and the Scottish Government. Whilst economic growth is at its heart, the strategy commits the sector to providing leadership in improving the health and wellbeing of both its own workforce and the wider Scottish population. Partnership between industry and the public sector has driven the growth of the sector in recent years. This same approach can now drive forward the critically important health agenda where there has been less progress. A focus on a healthier diet presents real opportunities for food and drink producers to innovate to meet market demand. Crucially though, it will also underpin Scotland's growing reputation as a home of world class products and an industry that is a leader in responsible growth.

Action 4.15 As part of delivering **Ambition 2030**, Scotland Food & Drink will work with its partners across industry and the Scottish Government to develop a programme to improve the health and wellbeing of the sector's 120,000-strong workforce.

Outcome 5: Diet-related health inequalities are reduced

Reducing health inequalities is a primary objective of this plan, and runs all the way through it, consistent with the **Fairer Scotland Duty**, which came into force on 1 April 2018, whereby Scottish Government Ministers must actively consider whether they can narrow inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. As we said in relation to all our public health priorities, reducing health inequalities is not just a matter of social justice. It is also a question of human rights. Our ambition for children reflects our commitment to support the United Nations Convention on the Rights of the Child,⁵⁷ which acknowledges the right for children to be as healthy as possible.

The causes of health inequality are broad and entrenched. If we want everyone in Scotland to eat well and have a healthy weight, we have to tackle the underlying factors as well, with poverty and deprivation remaining the biggest and most important challenges.

At the same time, we are clear that the efforts of society as a whole must increasingly turn toward supporting 'wellbeing' creation. This is not something that is achieved primarily through the NHS. The **Public Health Priorities for Scotland** provides the framework for this kind of societal change and the new coalition we need to deliver it.

Recognising this broader context, this plan prioritises the health of people in our most deprived communities. In particular:

- its strong focus on preventative measures and early intervention from pre-birth to adolescence will lessen inequalities;
- it contains action designed to empower people to make better decisions, and a commitment that we and our partners will work differently with communities and co-produce services they will use. The design and delivery of weight management services as part of our Type 2 Diabetes Prevention Framework is a great opportunity to get this right;
- there are population measures that impact everyone in Scotland. Learning from our wider experience such as the ban on smoking in public places, we know that these types of measures are more effective in reducing health inequalities than those aimed at changing people's behaviour.⁵⁸

The diagram on next page sets out the specific actions that will help reduce inequalities against each of the delivery plan's outcomes. Taken together, the combined effect of these policies should mean that everyone in Scotland, no matter where they live, can eat more healthily and move towards a healthy weight, reducing the health harms associated with inequalities.

⁵⁷ <https://beta.gov.scot/publications/un-convention-rights-child-guide-children-young-people/>

⁵⁸ Macintyre, S. (2007) *Inequalities in health in Scotland: what are they and what can we do about them*. Other. MRC Social and Public Health Sciences Unit. <http://www.healthscotland.scot/publications/health-inequalities-what-are-they-and-how-do-we-reduce-them>



Westerhailes Health Agency

Outcome 1 - Children have the best start in life

- Supporting good nutrition and a healthy weight before and during pregnancy (1.1)
- Supporting women to breastfeed for longer (1.2)
- Prioritising and funding health and wellbeing interventions in closing the attainment gap (1.7 & 1.8)
- Expanding and improving provision of healthier food in early learning and childcare settings (1.11 & 1.12)
- Consulting on proposals to further tighten nutritional standards for school meals (1.13)
- Improving nutritional guidance and food standards for early years childcare providers (1.14)
- Supporting children facing food insecurity during school holidays (1.15)
- Supporting low income families to have access to a healthy diet (1.16)

Outcome 2 - The food environment supports healthier choices

- Restricting targeted promotion and marketing of HFSS foods within premises where foods are sold to the public (2.1)
- Restricting HFSS foods advertising (2.2 – 2.7)
- Urging UK Government to restrict the use of licenced characters etc. for HFSS foods promotion to children (2.8)
- Supporting healthier choices in Out of Home outlets (2.9 – in part)
- Exploring controls over food outlets near schools (2.12)
- Reformulating products to reduce public health harm (2.13 & 2.14)
- Restricting the sale of energy drinks to under 16s (2.15 & 2.16)
- Supporting fiscal measures that encourage healthier choices (2.17 - 2.19)

Outcome 5 – Diet-related health inequalities are reduced

Outcome 3 - People have access to effective weight management services

- Investing £42m to support weight management interventions for people with type 2 diabetes (3.1)
- Continue to fund Health Boards to deliver weight management programmes, with an emphasis on deprived communities (3.6, 3.8 & 3.9)
- Improving the equity of access to high-quality weight management services for children, young people and adults (3.7 & 3.10)
- Improving identification, referral and support for children and young people who are overweight or obese (3.11)
- Reducing weight related stigma as a barrier to accessing support (3.12)

Outcome 4 - Leaders across all sectors promote healthy diet and weight

- Improving the provision of healthier choices in a variety of settings including the public sector (4.1 - 4.3)
- Ensuring those impacted by food insecurity can eat well (4.4 – 4.6)
- Enhancing community-led initiatives on access to healthy affordable food. (4.7)
- Supporting students to eat well and have a healthy weight (4.8)
- Championing a whole-systems approach to diet and weight, working with local partners (4.9 - 4.10)
- Promoting the health and wellbeing of Scotland's workforce (4.13 – 4.15)

Next Steps – Evidencing impact (6.1 - 6.3) and Ensuring strong accountability (6.4 & 6.5)

Next steps

It is evident from the discussion and debate over the past year that this most pressing issue has captured imaginations and generated consensus on the need to act. The actions we will take to improve Scotland's diet and weight, and give children the best start, are bold, innovative and wide-ranging. They have been informed and shaped by a growing body of evidence, public consultation, and robust engagement with stakeholders including academics and public health experts. But this is just the start. We will monitor implementation of the plan, and its impact. We will learn how others are tackling diet and weight, particularly in our poorest communities. And we will consider the case for additional measures, where the evidence supports this. Such is the scale and nature of the problem, we want to ensure we have the strongest possible plan of action for Scotland and for future generations.

Evidencing impact

Action 6.1 With NHS Health Scotland and other stakeholders, the Scottish Government will develop a monitoring and evaluation framework by spring 2019 and report regularly on key measures of performance.

Action 6.2 The Scottish Government will work with national and local partners to ensure a strong sustained focus on reducing inequalities and will continue to report annually on overweight and obesity levels across all socio-economic groups.

Action 6.3 The Scottish Government will continue to ensure policy and action is evidence-led. A working group will apply public health expertise, data and intelligence, drawing on people's lived experience and learning from best practice across Scotland, the UK and further afield.

Ensuring strong accountability

Action 6.4 The Scottish Government will establish a senior oversight group to monitor implementation of this plan, and will publish a regular report on progress. We will also consider the case for any additional targets to support improvements to Scotland's diet and weight, reducing inequalities and delivery of key actions in this plan.

Action 6.5 With NHS Health Scotland, CoSLA and Obesity Action Scotland, the Scottish Government will ensure stakeholders have regular opportunities to learn about progress, latest evidence, and good practice in Scotland and further afield.

Glossary

A

A More Active Scotland: Scotland's Physical Activity Delivery Plan

The **A More Active Scotland: Scotland's Physical Activity Delivery Plan** describes Scotland's ambitions for sport and physical activity.

C

Committee of Advertising Practice

The Committee of Advertising Practice (CAP) is the sister organisation of and is administered by the Advertising Standards Authority (ASA). The CAP is responsible for creating and maintaining the UK code of non-broadcast advertising, sales, promotion and direct marketing which regulates non-broadcast marketing communications.

Community Food initiatives

Projects or programmes tackling locally identified barriers to a healthy diet, for example a community-run café in a low income neighbourhood or a community garden run with people who are homeless.

D

Discretionary foods

In its report, **The Scottish Diet - It needs to change 2018 update**, FSS describe discretionary foods and drinks as high in calories, low in nutritional value and not necessary for our health. They tend to be heavily promoted and represent an unhealthy proportion of our overall diet. In the report FSS include: confectionery, cakes, biscuits, pastries, savoury snacks and sugary drinks. They are a subset of HFSS foods.

E

Equity Brand Characters

See **Licensed characters**

F

Foods

A collective term used in this report for food and drink.

Food Environment

The food environment comprises the foods available to people in their surroundings – and includes the nutritional quality, safety, price, convenience, labelling and marketing of these foods. This includes supermarkets, convenience stores, cafés, restaurants, takeaways, work and school canteens, and all other venues where people procure and eat food.

Source: FAO (2016) *Influencing Food Environments for Healthy Diets*. Food and Agriculture Organization of the United Nations, Rome.

Front of Pack Labelling

See **traffic light labelling**.

H

Health Inequalities

The unfair and unavoidable differences in people's health across social groups and between different population groups.

Health Visiting Pathway

The pathway presents a core home visiting programme to be offered to all families by health visitors as a minimum standard. Along with these core home visits health visitors exercising the function of a Named Person on behalf of their Health Board will be required to be available and responsive to parents to promote support and safeguard the wellbeing

of children by providing information, advice, support and help to access other services.

Healthy Start Vouchers

Healthy Start Vouchers are being devolved as part of the Welfare Foods provisions of the Scotland Act (2016). They are currently administered by Department of Health and provide low income pregnant women and children under the age of four with vouchers worth £3.10 per week to purchase fruit, vegetables and milk (one for pregnant women and those with a baby under the age of one; and one for each child in the family under four-years old). It will be integrated with the Best Start Grant (Scottish replacement for the Sure Start Maternity Grant) following commencement.

Healthy Weight

See **Overweight and obese**

HFSS

Foods which are high in fat, sugar or salt.

Licensed characters

Equity brand characters are characters that have been created by the advertiser or food manufacturer and have no separate identity outside their associated product or brand.

Licensed characters are characters that are borrowed equities and have no historical association with the product.



Source: Food Foundation

O

Overweight and obese

Body Mass Index (BMI) is the most commonly accepted measure of overweight and obesity.

Weight in kg divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

BMI (kg/m ²)	Description
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight
30 to less than 40	Obese
40 and above	Morbidly obese

Although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity in children. Instead, overweight and obesity are defined using several other methods including age and sex specific BMI cut-off points or BMI percentiles cut-offs based on reference populations. Children can be classified into the following groups:

Percentile cut-off	Description
At or below 2nd percentile	At risk of underweight
Above 2nd percentile and below 85th percentile	Healthy weight
At or above 85th percentile and below 95th percentile	At risk of overweight
At or above 95th percentile	At risk of obesity

Source: Scottish Health Survey 2017

Out of home

FSS will consult on an Out of Home Strategy. It will cover all food consumed outside the home, including food eaten “on the go”. Takeaway food consumed in the home will also be included.

P

Population health

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at, and acts upon the broad range of factors and conditions that have a strong influence on our health. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health.

Promotion

Promotion is advertising a product or brand, generating sales, and creating brand loyalty.

Source: McCarthy, Jerome E. (1964). *Basic Marketing. A Managerial Approach*. Homewood, IL: Irwin. p. 769. ISBN [0256025339].

Public health

Public health focuses on the health of populations as a whole rather than on individuals. It deals with the behavioural, social and environmental factors that influence the health of populations.

Public Health England (PHE) Reformulation Programme

PHE Reformulation Programme – A UK Government policy, launched in their **Childhood Obesity Action Plan (2016)** and administered by PHE, that sets a target for manufacturers to achieve a 20% sugar reduction by 2020 with a (5% in the first year) across the top nine categories of food that contribute most to intakes of children up to the age of 18 years.

S

Scottish Dietary Goals

The Goals describe, in nutritional terms, the diet that will improve and support the health of the Scottish population. They are set at the Scottish population level. They indicate the direction of travel, and assist policy development to reduce the burden of obesity and diet-related disease in Scotland. They will continue to underpin diet and health policy in Scotland and will be used for scientific monitoring purposes.

SME – Small and medium enterprise

Small-sized enterprises have fewer than 50 employees. Medium-sized enterprises have fewer than 250 employees.

Source: The Procurement Reform (Scotland) Act 2014 – section 9(3)

Soft Drinks Industry Levy

The Soft Drinks Industry Levy is a UK Government policy proposal featured in the 2016 Childhood Obesity Action Plan. The proposed levy will apply to the production and importation of soft drinks containing added sugar. The levy took effect from April 2018.



Central and West Integration Network

T

Traffic Light Labelling

Traffic light labelling is a front-of-pack nutrition labelling scheme to help consumers see, at a glance, what is in their food. The label is colour-coded red, amber and green, and highlights 'percentage reference intakes' (formerly known as guideline daily amounts), to show how much fat, saturated fat, salt, sugar and energy is in a product.

- Red colour coding means the food or drink is high in this nutrient and we should try to have these foods less often or eat them in small amounts.
- Amber means medium, and if a food contains mostly amber you can eat it most of the time.
- Green means low, and the more green lights a label displays the healthier the choice.

Type 2 diabetes

Type 2 diabetes occurs when the body doesn't produce enough insulin to function properly, or the body's cells don't react to insulin. This means glucose stays in the blood and isn't used as fuel for energy. Type 2 diabetes is often associated with obesity and tends to be diagnosed in older people. It's far more common than type 1 diabetes.

Source: NHS Inform <https://www.nhsinform.scot/illnesses-and-conditions/diabetes/type-2-diabetes>



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