Voluntary Health Scotland response: A healthier future: action and ambition on diet, activity and healthy weight.

January 2018

Introduction

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.

The views expressed in our response have been informed through desk based research, a meeting with a Community Health Initiative and two meetings of the Health Policy Officers Network, one of which was attended by one of the lead Scottish Government officials developing the draft strategy.

VHS welcome the Scottish Government's draft strategy, 'A healthier future: action and ambition on diet, activity and healthy weight' and commend its potential to affect positive change to the Scottish diet.

We would also like to highlight the response to the draft strategy consultation by Obesity Action Scotland, and we would like to echo the well informed and expert recommendations made by them.

Population wide approach

We welcome the population wide approach to tackling obesity that the Scottish Government has taken. The latest Scottish Health Survey shows that two-thirds of adults in Scotland are either overweight or obese, which means that people in Scotland are more likely to be an unhealthy weight than not. It is imperative that the strategy and resultant policies and actions take a population wide approach rather than focusing on changing individual behaviours[1], to affect the most significant possible change to the Scottish diet. As such VHS believe it is important to tackle the

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[1] Elaine T, et al. Obesity in Scotland: a persistent inequality. International Journal for Equity in Health 2017 16:135

obesogenic environment, introduce preventative policies with the aim to alleviate social and economic disadvantages that underpin obesity, malnutrition and the epidemic of diet-related diseases, and promote a positive food culture in Scotland.

Definitions

VHS support the recommendation made by Obesity Action Scotland to use the Food Standards Agency and Ofcom Nutrient Profiling Model and agree that it should be kept up-do-date alongside emerging evidence and research. The Nutrient Profiling Model specifies which food and drink products can be advertised during children's programmes on TV and radio based on a set criteria of positive (fruit, vegetable, protein, fibre, etc.) and negative (fat, sugar, salt, etc.) nutritional factors.

Obesogenic Environment

The consultation aims to introduce whole population measures by tackling the environment within which we live, buy and consume harmful products. This includes increasing the price, reducing availability and restricting marketing of the harmful product.

Price Promotions

VHS welcome the strategy's proposal for a restriction on price promotions of food and drink high in fat, salt and sugar (HFSS). We think that all types of price promotions should be considered in this restriction including multi-buys, X for £Y, temporary price promotions and also extra-free promotions whereby the size of food or drink is temporarily increased and this is highlighted on the packaging. There is a concern that by not including all the price promotions in the restriction, the unrestricted promotions may increase further in popularity. We would support the recommendation made by Obesity Action Scotland for the Scottish Government to explore how to ensure that any ban on promotional activity is robust and effective and avoids retailers simply switching to other types of marketing promotions.

Cancer Research UK identified that 110 tonnes of sugar are bought on price promotions in Scotland, every day. The uptake of price promotions in Scotland is high across all SIMD groups, it accounts for around 40% of energy intake. This suggests that restrictions on promotions of HFSS foods and drinks are likely to affect purchasing behaviour regardless of level of deprivation or income[2].

However, banning promotions can have an adverse effect for people on low incomes and with very small budgets who may prioritise calories over nutrients[3], unless alternatives are provided. It is therefore imperative that savings and promotions are transferred adequately to healthier food options in order to reduce the possibility of unintended inequalities of the policy actions.

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[2] Food Standards Scotland. Food and drinks purchased into the home in Scotland using data from Kantar WorldPanel. Edinburgh: Food Standards Scotland; 2016.
[3] Health and Sport Committee Official Report 6 Dec 2016 COL 5

VHS recommend transferring savings and promotions on high in fat, salt and sugar to healthy food items such as fruit and vegetables and alternative foods. Research suggests that while the number of promotions on healthy and unhealthy foods appear to be equal, price promotions on unhealthy foods tend to offer a greater reduction in price or greater product volume for a set cost compared to promotions on healthy food and drinks[4]. This results in the uptake of promotions on unhealthy food and drink being much higher, it makes sense if HFSS food promotions are being limited to increase the promotions on healthier alternatives. This is backed up by research which shows that interventions to increase the sale of healthy items through price promotions can be effective, with the effect increasing the higher the discount[5]. Polling conducted on behalf of Cancer Research UK suggested that 7 in 10 people agree to banning price promotions on unhealthy foods and shifting promotions towards healthier food[6].

As well as price promotions non-financial promotions such as positional promotions including end-of-aisle displays, point of sale, island bin displays, store entrances and middle of shelf displays, should also be addressed. An audit of supermarkets' product positioning of snack products across eight developed countries found that the UK had the highest average total aisle length dedicated to snack food including crisps, chocolate and confectionary, with snack food at over 70% of checkouts[7]. The UK also had the second highest ratio of snack foods aisle length to fruit and vegetables aisle length within the supermarkets that were sampled in the aforementioned audit. Studies show that the visibility of products in a retail environment increased by feature and display promotions, for example end of aisle displays, can lead to increases in both healthy and unhealthy food and drinks. Therefore, replacing positional promotion on unhealthy food and drink to healthy food and drink can have a significant impact on the Scottish diet alongside the restriction on price promotions.

Advertising and Sponsorships

We support the Scottish Government's commitment to press the UK Government to ban the broadcast advertising of HFSS foods before the 9pm watershed.

VHS also support the recommendation of Obesity Action Scotland regarding the monitoring and review of the Committee on Advertising Practice (CAP) code on non-broadcast advertising of HFSS products.

We also welcome the Scottish Government's intention to explore opportunities to restrict junk food advertising on buses, trains and transport hubs. We also call on the

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[4] Food Standards Scotland. Food and drinks purchased into the home in Scotland using data from Kantar WorldPanel. Edinburgh: Food Standards Scotland; 2016.

[5] Adam A and Jensen J. What is the effect of obesity related interventions at retail grocery stores and supermarkets? A systematic review. BMC Public Health 2016 16:1247

[6] CPG Health Inequalities - http://www.parliament.scot/msps/health-inequalities.aspx

[7] Thornton L, et al. Does the availability of snack foods in supermarkets vary internationally? International Journal of behavioural nutrition and physical activity 2013, 10:56

Scottish Government to consider placing restrictions on sponsorship of events by HFSS products such as McDonalds sponsorship of 2012 London Olympics and Irn Bru sponsoring the Glasgow Commonwealth Games in 2014. This sends out both negative and contradictory messaging and promotes unhealthy foods which are already overconsumed in Scotland. We recognise the challenge and complexity of shifting the culture and practice of sporting bodies in this respect.

Labelling and Health Literacy

There is a need for clear and consistent labelling, therefore we support further action to improve the labelling of nutritional information, in particular Front of Pack labelling. There is also a need for labelling of portion sizes and nutritional values to be consistent. For example, there is much inconsistency regarding the portion sizes that the nutritional values pertain to, for a 100g packet of crisps the front of pack can often show nutritional values for a 25g portion size, this can be misleading.

There is also a need for improved awareness of how to use and understand food labelling in the general population[8].

VHS support Alcohol Focus Scotland's response relaying the importance of clear labelling of alcohol. As with other 'discretionary foods', alcohol is low in nutritional value but is also heavily promoted. The recognition of alcohol as a discretionary food is particularly important when it comes to nutritional labelling and the provision of health information for consumers to enable informed choices on their diet.

We also support the recommendation of Obesity Action Scotland to use teaspoon symbols to indicate the number of teaspoons of free sugars in a package/unit of food or drink.

Reformulation

Reformulation can enable behavioural change by impacting on the environment in which people consume. We would ask the Scottish Government to ensure that well researched alternatives to sugars, fats and salts be used as there are noted side effects to substances such as aspartame.

Inequalities

Impact of health inequalities and wider socio-economic inequalities

Health inequalities are avoidable differences in people's health across social groups and between different population groups[9]. Obesity is linked to a number of health conditions including 13 different types of cancer, Type 2 Diabetes, cardiovascular disease, Alzheimer's, stroke and mental health issues to name a few. Obesity is

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[8] Obesity Action Scotland Response
[9] NHS HS. Health inequalities: what are they? How do we reduce them? Edinburgh 2016

reported to reduce life expectancy by an average of three years, or eight to ten years for severe obesity[10]. As such obesity results in multi-morbidities and reduced life expectancy which are most common in the most deprived segments of the population[11].

People's chances of becoming obese are greatly increased by 'the circumstances in which they live, specifically, the levels of resources (financial power, knowledge and social capacity) people have'. Increasing people's awareness of the impact of obesity on health, and highlighting actions individuals can take to reduce and prevent obesity can actually result in widening inequalities. This is because the people with the most financial resources tend to be the most able to make changes to their lifestyle and immediate environment to help them maintain healthy weight[12].

All actions in the draft strategy especially interventions such as the supported weight management programme and the Type 2 Diabetes Prevention Framework should be reviewed for their impact on the inequalities gap. We welcome point 2.2 which states that the strategy will seek to prioritise work with families in poverty and on low incomes. One of the main criticisms of catch all interventions is that they can unintentionally widen health inequalities. For example, ASH Scotland talk about the "unintended effect whereby interventions aimed at the general population result in widened health inequalities, because lower income groups may be least likely to respond to health information campaigns and are therefore 'left behind' in terms of unchanged behaviour."[13]

The strategy should explicitly state the measures it will take in order to calibrate the services and support mechanisms offered to the level of disadvantage and inequalities faced. This is necessary in order to overcome the barriers faced by people who are disadvantaged from accessing the actions outlined in the strategy.

What is even more necessary is to tackle the underlying causes of inequalities that underpin obesity and multi-morbidities; an unequal distribution of income, power and wealth, at the same time as raising awareness of the impact of obesity.

The actions the strategy has stated to transform the food environment by limiting promotions and advertising whilst also improving labelling have the potential to improve the Scottish diet and reduce health inequalities. A statement made by one respondent in VHS's seminal study looking at health inequalities, 'Living in the Gap', seems appropriate "We could view health inequalities as a consequence of capitalist processes at play in Scotland. How much money do the manufacturers of alcohol, tobacco and unhealthy foods make? They have an interest in keeping people addicted to these harmful substances; the people most affected are the communities

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[10] ScotPHO. Obesity and health inequalities in Scotland. 2017

[11] Kenny L et al. Double trouble: the impact of multimorbidity and deprivation on preference-weighted health related quality of life a cross sectional analysis of the Scottish Health Survey. 2013 12:67

[12] ScotPHO. Obesity and health inequalities in Scotland. 2017

[13] Voluntary Health Scotland. Living in the Gap: A voluntary sector perspective on health inequalities in Scotland. 2015

who live in poverty. Yet it has not been challenged.[14]" It seems that the tide has changed.

Whole Government Approach

The solutions to obesity are cross portfolio and multi-disciplinary, it is important that the strategy recognises the role of all Scottish Government policies and strategies which can improve diet and obesity levels in Scotland.

Food as a human right

A rights based approach that considers the governance that underpins the food system needs to be considered[15]. 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 how we access it
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[16]

One component of a right to food is an end to food insecurity often referred to as food poverty. Food insecurity is defined as the 'inability to consume an adequate quality or sufficient quantity of food for health, in a socially acceptable manner, or the uncertainty that one will be able to do so'[17].

The continued development of foodbanks is evidence of food poverty and insecurity and is one way in which some parts of the third sector are responding to a need. Clearly foodbanks remain very controversial which is why it is important that policy and legislation enshrines people's right to access adequate food in a dignified manner.

Pilton Community Health Project has called for a focus on food as a human right in its recent report, 'Hungry for Change'[18]. It has highlighted the issue of food insecurity or food poverty and how this inhibits people's ability to adequately feed themselves. It has called for improvements in the availability and affordability of food as well as the development of local food activities as a means of developing a local food economy.

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[14] Voluntary Health Scotland. Living in the Gap: A voluntary sector perspective on health inequalities in Scotland. 2015

[15] Scottish Food Coalition. The right to food, Discussion series. 2017

[16] ibid

[17] Professor Liz Dowler at the University of Warwick

[18] Pilton Community Health Project. Hungry for Change. 2017

Employment

The third sector is united in its belief that people's living conditions must be maintained through a living wage and regulation of insecure employment contracts such as zero hour contracts. It is increasingly becoming clear that the levels of in work poverty are rising, families with at least one member in employment are still having to resort to using foodbanks. Many people who are in work find it hard to navigate the benefits system and do not know what benefits or support they are entitled to; there is so much complexity and confusion[19].

Place and Planning

We welcome the Scottish Government aim to research precedent, evidence and good practice on the relationship between the planning system and food environment, including an aim to explore the vicinity of food outlets to schools.

A cross-sectional analysis[20] of the relationship between tobacco and alcohol supply and neighbourhood deprivation showed that there is a high supply of alcohol and tobacco in the most deprived areas. Adolescents in areas of high tobacco supply are more likely to have ever smoked or currently be smoking. The findings showed that regulation of tobacco supply was required in all areas not just child spaces (e.g. near schools) to reduce smoking amongst adolescents[21]. This learning can be transferred to the regulation of food outlets to child spaces as well.

It is also important to be cognisant of the impact the prevalence and clustering of fast food outlets, off-licences and betting shops has on people's health and wellbeing. This clustering is more often than not present in most deprived areas, which are not well served by large supermarkets[22], making it harder to access healthier food options. It is important that fast food outlets are regulated in all areas to make sure that licenses are given based on demand within an area. Tools such as the Place Standard should be used to involve local communities into the planning of places and to gauge the need for fast food outlets and off licences to avoid clustering and over consumption.

Greenspace

Proximity to an adequate quantity of high-quality greenspace has been found to have a protective effect on health[23], with its availability in areas of social deprivation

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[19] Feeding Britain Inquiry - https://www.feedingbritain.org/

[20] The research report, 'Tobacco and alcohol environment: smoking and drinking during adolescence", looked at how the Scottish Government could achieve the 'Tobacco End Game' (a tobacco free Scotland) without increasing inequalities and in an environment where tobacco is normalised amongst young people.

[21] Cross Party Group Health Inequalities March 2017

[22] Scottish Food Coalition. The right to food, Discussion series. 2017

[23] Groenewegen PP, Van den Berg AE, Maas J, Verheij RA, De Vries, S. Is a green residential environment better for health? If so, why? Annals of the Association of American Geographers 2012; 102(5):996-1003.

potentially reducing health inequalities.[24] People are more likely to use greenspace if they think it is safe, well-maintained and easy to reach. Those living in areas of the greatest socio-economic deprivation are less likely to live within walking distance of greenspace and less likely to be satisfied with that greenspace[25].

Studies have shown that physical activity can improve mental health and reduce the risk of obesity, coronary heart disease, type 2 diabetes and certain cancers[26]. The fact there is a lack of availability of good quality parks, recreation and sports facilities in areas of socioeconomic disadvantage, further exacerbates health inequalities.

Transport

People's transport choices are influenced by the distance that they have to travel to conduct their daily routines and make choices about their leisure time, as well as the way in which they perceive their physical environment. Improving the quality of the built environment and improving the connections between places can encourage people to make more sustainable travel choices that impact positively on their health such as walking and cycling. It is also important to note that well-connected and attractive public places and streets can encourage people to exercise and make active travel choices.

The planning process can help to develop walkable neighbourhoods by creating high connectivity (for example, easy routes between destinations), good pedestrian and cycling facilities (such as good street design, lighting, well-maintained pavements, cycle routes, traffic calming measures), and good accessibility (easily reached destinations and facilities, greenspace and transport links)[27].

Housing

There are a number of ways in which housing issues affect people's ability to access food. The rising costs of housing means that people spend larger proportions of their income on rent and mortgages rather than food. Moreover, many homes lack basic equipment such as cookers, fridges and freezers[28][29].

Fuel Poverty

There is a strong correlation between fuel poverty and the ability to heat and cook food. It has also resulted in what is being coined the 'heat or eat' dilemma[30] where people on low incomes have to decide between cooking a meal or heating their home. This alongside the high costs of food result in people choosing calories over

[24]Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. Lancet 2008; 372(9650):1655-1660.

[25] NHS Health Scotland (2016). Place and Communities

[26] Glasgow Centre for Population Health (2013). The built environment and health: an evidence review.

[27] Glasgow Centre for Population Health (2013). The built environment and health: an evidence review.

[28] Pilton Community Health Centre. Hungry for Change. 2017

[29] Joseph Rowntree Foundation. The links between housing and poverty.

[30] University of Sheffield. Heating or eating and the impact of Austerity. 2016

nutrients. We commend the Scottish Government for their consultation on a Fuel Poverty Strategy.

Education

The Food Research Collaboration and Centre for Food Policy in the City University of London have recently identified a number of policy asks to prioritise cooking skills as a solution to health and social problems, which should be adaptable for the Curriculum for Excellence. These include:

- 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
- 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
- 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
- The creation of a training programme to enable community leaders to pass on cooking skills and consistent healthy eating messages to their community

Lack of positive role models and poor life skills can also contribute to poor health outcomes. One young person who participated in a case study for VHS's 'Living in the Gap' report explained: "My muscles have started to waste because of my size – I need to lose some weight and I've been having problems with my legs… My support worker has helped me to change things like my diet and to be a bit more active. It's stuff like practicing my physio exercises, making sure I have enough medication to last me at the weekend and over Christmas, taking the stairs instead of the lift… She's taught me a few simple things to cook instead of buying ready-made – I know that's what I need to do but it was hard. She encourages me.[31]"

Social Capital

VHS in our work relating to loneliness and social isolation during the development of the draft strategy, A connected Scotland[32], have commented on the positive role that food based projects can play in developing social capital; fostering kinder more connected communities; and developing learning about food and nutrition for people within communities.

Bridgend Inspiring Growth[33] in South Edinburgh has provided young people with training, qualifications and experience in producing and serving low cost, healthy

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[31] Voluntary Health Scotland. Living in the Gap: A voluntary sector perspective on health inequalities in Scotland. 2015

[32] https://vhscotland.org.uk/draft-scottish-government-strategy-to-tackle-loneliness-and-social-isolation-in-scotland/

[33] http://www.bridgendfarmhouse.org.uk/

meals to older people, disabled people and families on low incomes, via a pop-up community café. Their highly popular Come Dine Wi' Me project has run in Craigmillar and Bingham, both areas of socio-economic deprivation. With input from a private sector, award winning chef, the project uses an approach that successfully combines education, community development and a social activity, building a kinder, more social community at the same time as addressing food poverty and poor awareness of healthy food options[34].

Creating a healthy and positive food culture

Voluntary Health Scotland provide the secretariat for the Health Inequalities Cross Party Group[35]. In December 2017 the group held a discussion on the development of the Culture Strategy where attendees discussed the relationship between food and culture. It was noted that many children do not know what vegetables actually look like so their relationship with food is skewed towards unhealthy foods. It was also mentioned that initiatives working with children and young people alone may work positively for the duration of the project or session but if the positive learning is not reinforced at home, it may not change eating behaviour in the long run. It is important to consider the impact of projects that work with both children and adults and improve their health literacy as well as cooking and budgeting skills. This will mean that the impact of small scale projects and positive examples set in school environment for children and young people will be improved and greatly extended.

To create a healthy food culture there is a need to developing a positive relationship with food. We can look to international examples such as Amsterdam, where community engagement – through the employment of 'community health promoters' and the use of social media, professional talks and 'inspirational workshops', has successfully increased awareness of healthy lifestyles, turned large outdoor spaces into play and sustainability spaces and introduced civic engagement programmes.[36]

In the past decade the Nordic governments have been able to affect positive change to the food culture and consumption patterns of their people. They have achieved this by making local, seasonal and natural foods fashionable as well as making health desirable[37].

Role of third sector

It is imperative that voluntary health organisations and other types of third sector organisations such as social enterprises and Community groups are not ignored, either in the further development or the implementation of the strategy. To do so would be to overlook an extensive pool of resource, experience and expertise. These

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[34] https://www.youtube.com/watch?v=1m0OFZSDcc0

[35] http://www.parliament.scot/msps/health-inequalities.aspx

[36] Obesity Action Scotland. Amsterdam Community Work.
http://www.obesityactionscotland.org/international-learning/amsterdam/amsterdam-community-work/.
Updated 2017. Accessed 18/12/2017.

[37] http://www.obesityactionscotland.org/blog-items/taking-inspiration-from-the-nordic-approach/

are organisations embedded at the heart of communities throughout Scotland and already working effectively with public sector colleagues, through community planning or health and social care integration partnerships.

The third sector provide a range of support services to people to help them overcome social, cultural and educational gaps that can affect healthy eating. Nearly 13% of VHS members work directly in areas relating to food, nutrition and obesity, this is exemplary of the relationship between health and food. Moreover, 75% of our membership work in areas relating to poverty, community health and development which will often have aspects of either food provision or support to access food. One such example is North Glasgow Community Food Initiative, who provide a range of services and projects to help people increase their food knowledge including growing food, improve their skills and confidence in food preparation, improve people's ability to plan healthy diets through nutrition workshops and weight reduction courses and help with financial budgeting. They provide support to an extensive range of groups from nurseries and primaries to local women's centre, ex-offenders and mental health associations[38].

The third sector and community food initiatives often offer more dignified ways for people to learn about and access affordable food and also other forms of support that can improve people's health and wellbeing and have positive affect on their diet. It is important that the third sector is recognised for its contribution and its funding is secured. It is disappointing to see services such as the North Ayrshire Food Train, who in the Scottish Parliament debate on creating a more connected Scotland[39] amongst other occasions were lauded by numerous MSPs for providing vital support, are having their funding cut by the local Health and Social Care Partnership. This is exemplary of third sector funding cuts across Scotland and more needs to be done to safeguard the vital services that voluntary sector provide.

Monitoring and Evaluation

Monitoring and evaluation need to be robust so that they can accurately measure outcomes not just the increased activity. We support Obesity Action Scotland in their proposal to use a similar approach to MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy).

The Global Nutrition Report 2016[40] and the World Cancer Research Fund together with the NCD Alliance[41] 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

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[38] North Glasgow Community Food Initiative

[39] https://www.scottishparliament.tv/meeting/debate-building-a-connected-scotland-tackling-social-isolation-and-loneliness-together-january-18-2018

[40] International Food Policy Research Institute. Global nutrition report 2016: From promise to impact: Ending malnutrition by 2030. 2016.

[41] World Cancer Research fund International and NCD Alliance. Ambitious, SMART commitments to address NCDs, overweight and obesity. Make the UN decade of action on nutrition count for all forms of malnutrition. Policy brief. 2017.

and actors in other sectors should specify in a SMART manner how commitments in their own sectors can help advance nutrition.

Conclusion

VHS welcome the draft strategy, 'A healthier future: action and ambition on diet, activity and healthy weight' and commend its potential to affect positive change to the Scottish diet. We agree with Obesity Action Scotland and believe that 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. Moreover, we think that Scottish Government should work together with the third, public and private sectors on the issue of diet and obesity.

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