

IMPROVING
SCOTLAND'S
HEALTH



A Healthier Future –

Action and Ambitions on Diet, Activity
and Healthy Weight

Consultation Document



Scottish Government
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Ministerial Introduction



Scotland finds itself in a position where we produce some of the finest food and drink in the world but, as a nation, our diet can often leave much to be desired. The pace of modern life means that all too many of us, all too frequently, eat food that is quick, cheap and high in calories. Indeed, some people feel they have no other choice.

Our diets, activity, and weights are among the biggest public health challenges we face, with very significant preventable impacts on our health, public services and the Scottish economy.

As a government, our ambition is to change our food culture. While this change will not be easy, it is necessary. And it will need leadership and sustained action across all sectors of our society. Government alone cannot achieve this ambition.

There are three broad areas where we intend to act:

- Transforming the food environment
- Living healthier and more active lives
- Leadership and exemplary practice

In our **Programme for Government**, we set out our ambition for Scotland to be the best place in the world to grow up, and the best place in the world to be cared for and to be healthy. That is why we have committed to a new approach which is as important as our actions on smoking and alcohol.

Scotland's obesity rates continue to be amongst the highest in the developed world. The potential costs to our health services – and to the economy – of increasing numbers of people with chronic ill-health and becoming too ill to work, are very significant.

Given the links between obesity and deprivation, and the significant and consequent health inequalities for women and children, we need to address and target the specific needs of different parts of our population, as well as achieving improvement overall.

In considering the best approach, we have drawn on our experience of implementing the **Obesity Route Map**, the learning from our actions to address alcohol use and smoking, and the broad consensus on evidenced actions that will lead to success. In particular, we have concluded that:

- a broad range of interventions is needed because the factors contributing to overweight and obesity are complex.
- consumer education and personal responsibility are important, together with physical activity, but they will not be sufficient to produce the change we want to see across Scotland as a whole and they will not be sufficient for people who are already overweight and obese.
- interventions that rely less on individual choice and more on changes to the wider environment are essential in making healthier choices easier when we eat at home, eat out or eat on the go.

In short, we want everyone in Scotland to eat as well as possible, with healthy weight and diet across the population. Improving the food environment is critical to achieving this aim.

We want to hear what people who live, work and consume food and drink in Scotland think is necessary to achieve this.

We welcome your views on action which would have the greatest impact and what we should prioritise. And we welcome your thoughts on actions we should take forward in the longer-term. As with our ground-breaking strategies on alcohol and tobacco, this is the start of a progressive plan of action, learning from our experience in Scotland and further afield.



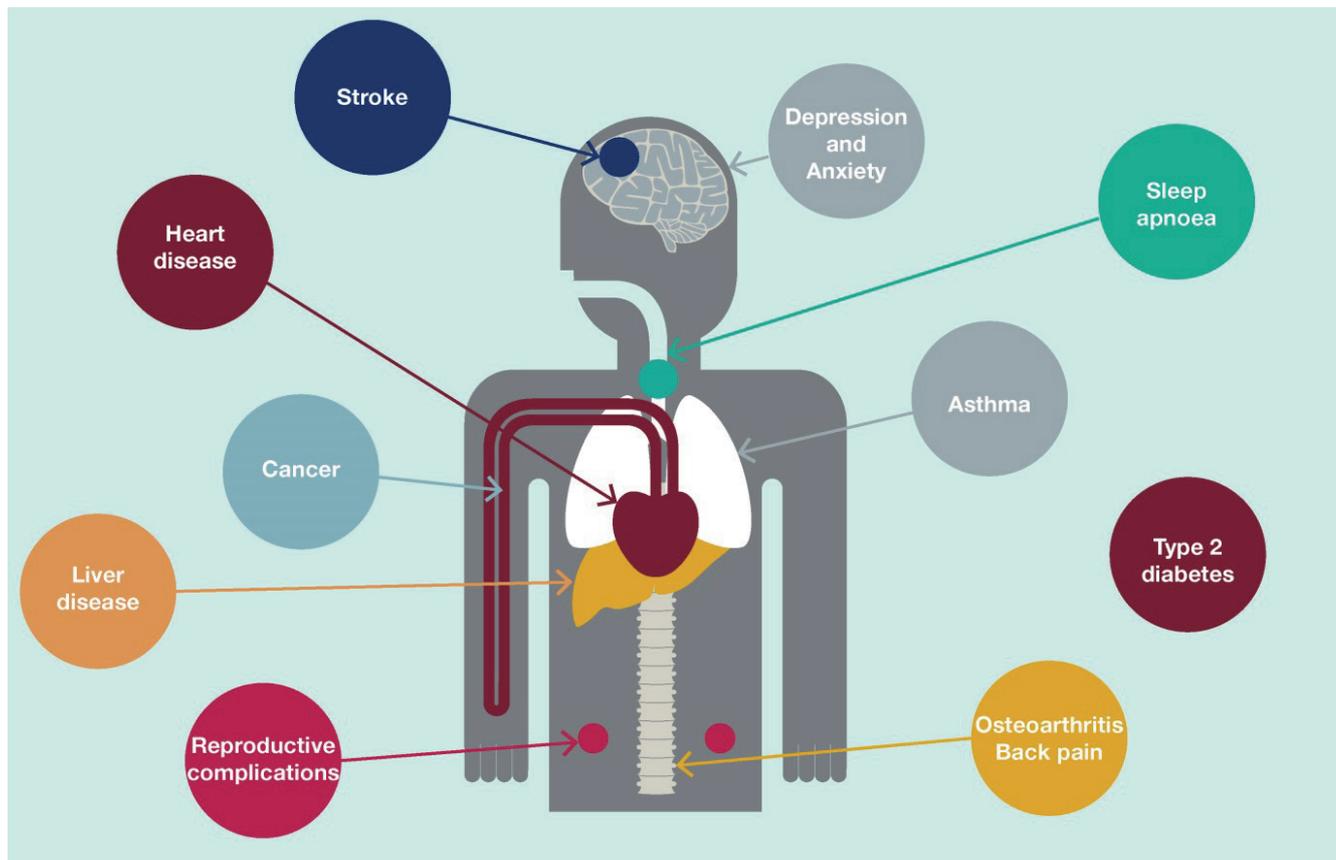
AILEEN CAMPBELL MSP
Minister for Public Health & Sport

Transforming the food environment

1.1 Many of us find it challenging to make healthy choices, particularly when food and drink high in fat, salt and sugar is cheap, widely available, and heavily promoted. As a consequence, we are consuming significantly more calories than we need, with around 20% of all calories and fat, and 50% of sugar coming from so-called 'discretionary foods'¹.

1.2 Poor diet is associated with significant harms to public health and wider socioeconomic performance. Much of that harm is driven by overconsumption leading to people becoming overweight and obese. A good diet and healthy weight significantly reduces the risks of developing type 2 diabetes, 13 types of cancer, and other diseases including cardiovascular disease and depression^{2, 3}.

Obesity Harms Health



Source: Public Health England

1 Discretionary foods are foods we do not need and have little or no nutritional value, such as confectionery, crisps, cakes, biscuits and sugary drinks. Food Standards Scotland 2015 The Scottish Diet: It Needs to Change - Situation Report
 2 Centers for Disease Control and Prevention 2017 Vital Signs Monthly Report (October)
 3 Food Standards Scotland 2016 Monitoring foods and drinks purchased into home in Scotland, using data from Kantar WorldPanel

1.3 The food and drink industry has a pivotal role to play in leading, enabling and supporting healthier purchasing. We know that marketing boosts purchasing of foods high in fat, salt and sugar, which are already over-consumed³.

1.4 Significant work is already well established in Scotland – such as the **Healthyliving Award** and the Scottish Grocers Federation **Healthy Living Programme** which help caterers and small retailers to offer healthier choices. These voluntary schemes have informed the development of Scotland's mandatory **Healthcare Retail Standard** which sets strict criteria for hospital food and drink provision and in-store promotions.

1.5 There is growing recognition across industry of the need to support healthier diets. Some progress has been made through voluntary action – such as front of pack labelling and removal of confectionery from some checkouts. However, we want to enable industry to go further so we can deliver the scale and pace of change needed.

1.6 In 15 years, progress towards meeting the **Scottish Dietary Goals** has remained stubbornly challenging. Furthermore, action is inconsistent across the food and drink sector, leading some to call for a level playing field across retail, catering and manufacturing. There is clearly no single solution, rather a wide range of regulatory and other action is required to create a food environment that better supports healthier purchasing.

Promotions

1.7 Promotions are a key strand of marketing activity designed to encourage consumers to purchase products more quickly, more frequently and in greater quantities than in the absence of the promotion. In Scotland latest figures⁴ show that 35% of all food and drink purchased was on price promotion, with food high in fat, salt and sugar more likely to be purchased on promotion than healthier alternatives (around 50% compared to around 30% respectively).



50% of the sugar we consume comes from discretionary foods

Source: Food Standard Scotland

1.8 We have engaged the food and drink industry on voluntary action to support healthier diets, most recently through our **Supporting Healthy Choices Voluntary Framework**. Despite constructive engagement with the food and drink industry, this approach has not delivered sufficient commitment to action, particularly in relation to promotions. We therefore believe that more specific targeted action is required to improve the balance of promotional activity towards healthier options.

4 Food Standards Scotland 2016 Foods and drinks purchased into the home in Scotland using data from Kantar WorldPanel



1.9 We will therefore take forward measures to restrict the promotion of food and drink high in fat, sugar and salt.

1.10 The primary aim is to reduce the public health harm associated with poor diet and the excessive consumption of food and drink high in fat, salt and sugar, including the risks of developing type 2 diabetes, 13 types of cancer and other conditions such as cardiovascular disease and depression.

1.11 In developing our approach, it is important that we clearly define both the types of foods and the types of promotions to be targeted for maximum benefit to public health. We are currently considering how we approach this.

The Scottish Government is minded to act to restrict price promotion on food and drink products which are high in fat, salt and sugar. This could include:

- multi-buy;
- X for Y;
- temporary price promotions.

1.12 Food and drink products high in fat, salt and sugar could be defined by:

- the existing nutrient profiling model⁵; or
- a specific nutrient e.g. sugar and saturated fat; or
- foods that contribute the most calories to the diet.

Question 1

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

Please explain your answer.

Question 2

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

Please explain your answer.

1.13 We are in the early stages of developing our proposals for legislative action. Your feedback will inform our approach and we will engage with stakeholders on our final proposals in early 2018.

1.14 We will also continue to engage with industry on opportunities to increase the promotion and availability of healthy food, building on work already underway – in particular the Scottish Grocers Federation **Healthy Living Programme**, which seeks to increase the range of healthier products on offer in convenience stores in low income areas. We will also work with retailers to promote uptake of the **Healthy Start Programme** and implement the industry-led **Fruit, Vegetables and Potatoes Action Plan** for increasing the consumption of Scottish produce.

⁵ Nutrient profiling model was developed by the Food Standards Agency and uses a scoring system which balances the contribution made by beneficial nutrients that are particularly important in children's diets with components in the food that children should eat less of. It is used by Ofcom as basis for BCAP and CAP codes for broadcast and non-broadcast media restrictions for advertising on food and drink high in fat, salt and sugar to children. The model applies equally to all food and non-alcoholic drink. Department of Health 2011 The Nutrient Profiling Model – Policy Paper



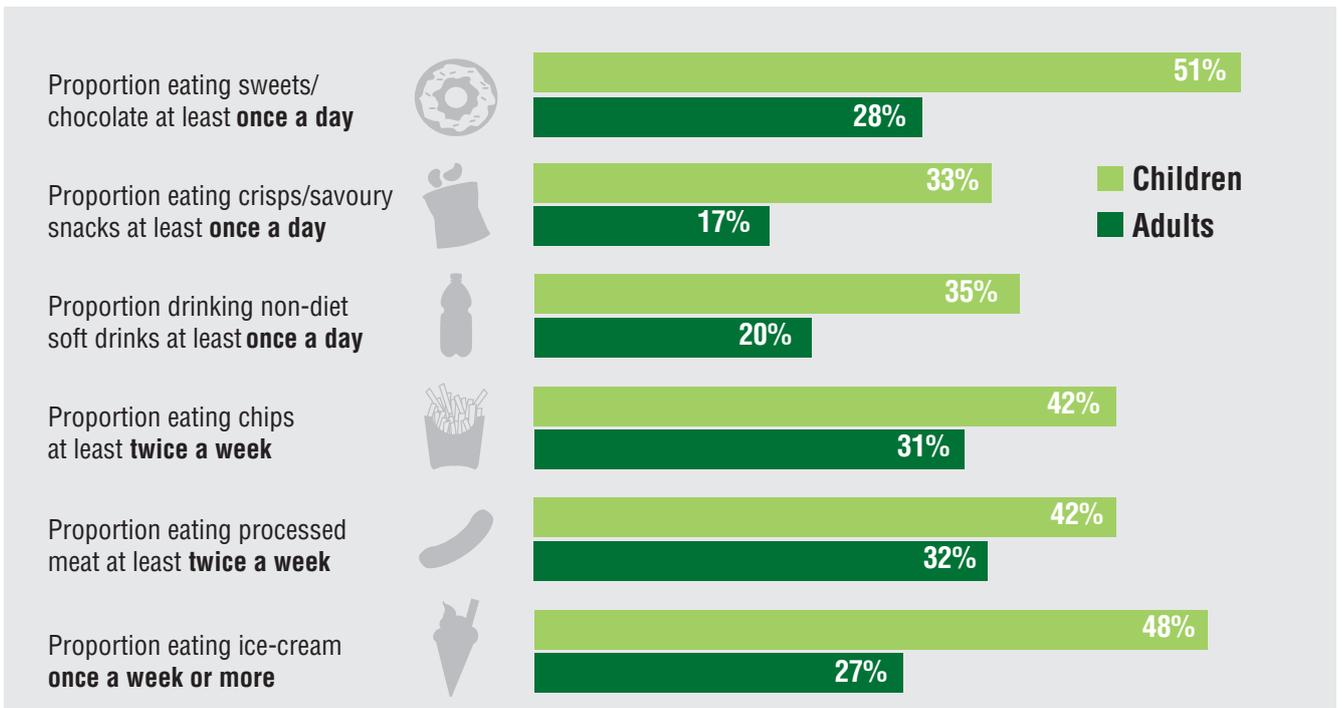
Advertising

1.15 Promotions and advertising are significant drivers of behavioural change. Promotions influence consumer decisions at the point of purchase, with complementary messaging through advertising in the wider environment. Advertisements appear in a variety of media, with out of home advertising accounting for 66% of an individual's total exposure to marketing in any day⁶. We equally recognise that advertising can also be a powerful force for positive messaging on healthy eating.

1.16 While we welcome recent ASA measures to limit junk food and drink advertising aimed at children, they do not go far enough. We believe there is scope to further strengthen current restrictions for both broadcast and non-broadcast advertising of food and drink high in fat, salt and sugar, to encourage healthier purchasing particularly in relation to children.

Scottish Health Survey 2016: Children's diets

Overall, children in Scotland tended to consume foods and drinks high in fat and/or sugar more often than adults



Source: Scottish Health Survey 2017

6 According to the Institute of Practitioners in Advertising (IPA)

1.17 A positive change in this area would be to extend current restrictions on the advertising of food and drink high in fat, salt and sugar to all programmes before the 9pm watershed. As broadcast advertising is currently reserved, we will strongly press the UK Government to ban the broadcast advertising of foods high in fat, salt and sugar before the 9pm watershed. If they will not act, we will request these powers are devolved to the Scottish Parliament.

1.18 We will monitor and review the implementation and impact, in 2018, of the Committee of Advertising Practice (CAP) code on non-broadcast advertising of products high in fat, salt and sugar. If we assess this is not sufficient, we will take any necessary steps to embed good practice. We will also continue to press the CAP to adopt the revised nutrient profile model once it is available.

1.19 We will explore the scope to, and commission research to examine, the extension of the current CAP restrictions at, or near, streets or locations commonly used by a high proportion of children (for instance, children's visitor attractions and Safer Routes to Schools). We will also explore opportunities to restrict advertising on buses, trains and transport hubs.

Question 3

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Please explain your answer.

Out of home sector

1.20 The out of home⁷ sector – referring to food and drink purchased and consumed outside the home – has the potential to play a significant role in driving improvements to the Scottish diet. In 2015 alone, there were 948 million visits to out of home establishments in Scotland – up 3% on the previous year (compared to only a 1.3% increase in England)⁸.

7 Out of home establishment include restaurants, takeaways, sandwich shops, bakeries and coffee shops.

8 Overview of Out of Home Market in Scotland. NPD Crest Report. 2015

1.21 Evidence suggests that, overall, the food and drink provided out of home is skewed towards less healthy options⁹. The sector is very diverse, ranging from multi-nationals and UK companies to local independent outlets – and is still growing. Food and Drink is a growth sector in Scotland and our commitment to becoming a **Good Food Nation** is part of our efforts to encourage the sector to focus on healthy, fresh and nutritious food. Some work has been done to promote healthy eating in the out of home sector, for example through the **Healthyliving Award**. But there is scope for the sector to do much more to support healthier food provision.

1.22 Working with Food Standards Scotland, NHS Health Scotland and stakeholders, we will produce Scotland's first sector specific strategy for out of home providers by summer 2018. This will include action on:

- calorie labelling
- portion size and calorie cap options
- promotions and marketing
- advice on healthier processes e.g. cooking methods and reformulation; and
- nutritional standards for public sector procurement.

1.23 The out of home strategy will be relevant for large and small businesses across the public, private and voluntary sectors. We will engage with relevant stakeholders as we develop our strategy.

Question 4

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

Yes No Don't know

Please explain your answer.

Planning system and the food environment

1.24 We will research precedent, evidence and good practice on the relationship between the planning system and food environment, including exploring how food outlets in the vicinity of schools can be better controlled, with a view to informing the review of Scottish Planning Policy.

Labelling

1.25 Labelling, with simplified nutrition information, works alongside dietary advice, industry reformulation and other changes to the food environment to make healthier choices easier. It has an important role to play in both retail and out of home settings to help consumers make informed food and drink choices. It can also encourage food manufacturers to reformulate their food products to gain a more positive nutrient profile.

⁹ 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>



1.26 The UK-wide voluntary **Front of Pack (FoP)** colour coded nutrition labelling scheme was introduced in 2013 following extensive consultation with businesses, consumer groups and public health professionals. It has good uptake, with around two thirds of pre-packed foods and drinks in the UK displaying a FoP label, and is popular with consumers. Around 80% of people say they look at the label when shopping and those that do tend to have a healthier shopping basket with fewer calories, less sugar, fat and salt and higher fibre content¹⁰.

1.27 We will explore how we can strengthen the current labelling arrangements and improve the way in which we communicate important information to families. In doing so, we will consider the effectiveness and impact of other labelling approaches.

Question 5

Do you think current labelling arrangements could be strengthened?

Yes No Don't know

Please explain your answer.

Reformulation and innovation

1.28 Changing consumer preferences, as well as the influence of initiatives such as the UKG's Soft Drinks Industry Levy and Public Health England's (PHE) reformulation programmes, are creating incentives for manufacturers to produce healthier food.

1.29 This, in turn, is creating important opportunities for Scottish businesses. **Ambition 2030** recognises the opportunities that come with a greater demand for healthier food in helping to grow the Scottish food and drink sector. Large food and drink businesses are more likely to have the resources needed to invest in product reformulation and innovation, such as research and development and technical capacity. For many small and medium enterprises (SME), it is more challenging. As 98% of Scottish food businesses are SMEs, we must ensure that they have the support they need to compete in this area and enhance Scotland's reputation for healthier food products.

1.30 We will invest an initial £200,000 over the next 3 years to help Scottish SMEs reformulate their products. With Food and Drink Federation Scotland and Food Standards Scotland, we will develop a wider package of support including access to practical advice, academic and technical expertise and knowledge exchange, as well as promoting other relevant initiatives such as the recently launched **Make Innovation Happen** service.

¹⁰ From a presentation at an open Westminster Food and Nutrition Forum (12 September 2017) based on recent research (not yet published) exploring consumers' understanding and use of the UK's front of pack (FoP) nutrition labelling scheme carried out by Kantar Worldpanel and commissioned by the Department of Health



Question 6

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

Food and drink levies

1.31 We support the introduction of the UK Government Soft Drinks Industry Levy from April 2018. The significant levels of reformulation that companies have already undertaken in response are encouraging. Notwithstanding the important role this can have in supporting our endeavours, we are concerned at the lack of transparency of the existing soft drinks levy and the way in which it is allocated to Scotland.

1.32 To that end we will be engaging with the UK Government to seek more transparency on how the soft drinks levy is distributed.

1.33 However, the scope of the levy should be extended to include sugary milk-based drinks containing less than 95% milk, consistent with advice from Food Standards Scotland. The current threshold of 75% is much too low, allowing milk to be used as a carrier of added sugars into children's diets with some drinks exceeding more than 8g/100ml¹¹. We think that threshold should also apply to dissolvable powders for milk-based drinks such as milkshakes or hot chocolate since their added sugar levels are comparable and feature in products aimed at children.

1.34 We will call for the UK Government to extend the Soft Drinks Industry Levy to include sugary milk-based drinks, including dissolvable powders, containing less than 95% milk.

11 See the Food Standards Scotland response to the Soft Drinks Industry Levy consultation.

Living Healthier and More Active Lives

2.1 As well as creating the conditions for healthier weight and diet, we want to enable personal change, allowing all of us to start, live and age well.

Health inequalities

2.2 The overarching aim of the Scottish Government is to create a fairer Scotland and reduce inequality. It is not fair that those with the poorest health outcomes are those living in poverty. The obesity strategy will seek to prioritise work with families in poverty and on low incomes to design services and approaches that meet their specific needs and are impactful. This will be aligned to existing approaches to create a fairer Scotland such as the **Child Poverty Strategy**.

2.3 The devolution of the **Healthy Start Vouchers** provides an opportunity to tailor the scheme to Scottish needs and better support families on the lowest incomes.

Developing a positive relationship with food from birth to adulthood

2.4 We want Scotland's future generations to start life with a healthy weight (both under and over); grow at a healthy rate; and have a positive attitude to, and experience of, food. Our plans for maternal and infant health, building on our achievements through the **Maternal and Infant Nutritional Framework**, are therefore integral to this strategy and the action we propose for improving diet and weight. Also important will be opportunities offered through increased professional support via the **Family Nurse Partnership** and **Universal Health Visiting Pathway** in Scotland.

2.5 Beginning, where possible, with breastfeeding, our aim is to establish good overall food behaviours, including healthy food and healthy eating patterns, as part and parcel of Scottish family life.

2.6 We want to ensure children start school with a healthy weight. This means getting better at prevention, starting with children in the early years, providing support to parents on the need for good food, good sleep and healthy weight to get them ready to learn. This means continuing to offer support to children, their parents and carers, and wider families when weight becomes an issue. We must also exploit the widest range of opportunities in children's surroundings to promote healthy living including, for example, through nursery and school meals, their learning, and play spaces.

70% of children's excess weight gain is achieved by age 5



2.7 For long-term benefit, we want to see effective support and advice maintained as children progress through school and emerge into adulthood. We want to ensure that they are equipped with the knowledge to make positive choices in life, both for themselves and as the potential parents of the future. That means information and advice for families – delivered at the right time and in the right way – about physical activity, sleep, dental health, food and cooking are vital.

2.8 In our schools, through the **Curriculum for Excellence**, every child and young person in Scotland is entitled to a broad general education which includes learning about food and health. This ensures pupils develop a full understanding of food issues in their widest sense. As well as learning how to cook, food education encompasses food choices and the influences of advertising and culture. Since 2015 we have provided free school meals to every child in Primary 1 to 3 at all publicly funded schools in Scotland. This targets our resources to the youngest school children, giving them the opportunity to benefit from a nutritious meal at a crucial stage of their education, and encourages the development of healthy eating habits which can be sustained as they grow older.

2.9 We know that conversations with parents about weight and the food children eat, can be sensitive and difficult, and we recognise how the realities of parenting can present challenges. That is why we seek to enable, empower and support parents, building on existing strengths and assets to help deliver improved outcomes.

2.10 We will improve the way in which services engage, inform and support women before first pregnancy to ensure they start their pregnancy at a healthy weight and in good physical health – and are given support to breastfeed. We will specifically target women and families who are most at risk.

2.11 To reduce the percentage of children starting primary school overweight or obese, we will use a preventative approach through the health visitor pathway and wider early years workforce to engage with families to promote healthy eating, portion control and mealtime behaviours and, where appropriate, offer referrals to family healthy living and weight interventions.

2.12 We will use social marketing, building on **Eat Better Feel Better**, to help young families and other groups – such as teenagers and young people leaving home for the first time – improve the way they shop, cook and eat.

2.13 We will develop training and resources to ensure front-line staff across a range of disciplines have the knowledge, skills and confidence to discuss weight, portion control and good mealtime behaviours to give the right advice and refer appropriately. This will be built into wider work with families.

2.14 We will complete the school food and drink regulation review with a view to moving them closer towards the **Scottish Dietary Goals**. This includes ensuring the regulations can support children – especially primary school pupils – to have access to more fruit and vegetables as part of their school day.

2.15 We will work with NHS Boards to maintain and examine expanding the child healthy weight work as a core part of preventative service provision. Together with healthy weight interventions, this will include work in schools and communities on healthy diet and physical activity, and targeted work with vulnerable children and their families.

2.16 Healthy weight, diet and nutrition already fit with our **Maternal and Infant Nutrition Framework**, but will also play a role within the forthcoming ten year **Child and Adolescent Health and Wellbeing Action Plan** which will be launched during the Year of Young People.

2.17 During 2018, the Year of Young People, we will set up collaboration with Young Scot and the Scottish Youth Parliament to better understand and respond to children and young people's perceptions and experiences of food; the role it plays in their lives; and their food behaviours.

Question 7

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

Yes No Don't know

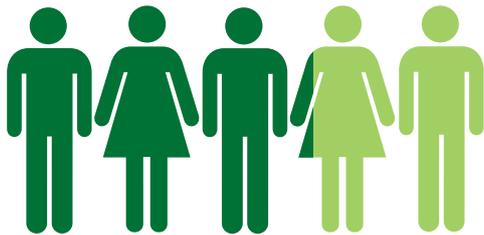
Please explain your answer.

Supported weight management

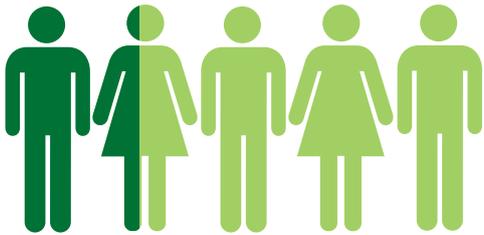
2.18 As already stated, the majority of adults in Scotland are overweight (65%)¹², bringing a higher risk of developing serious diseases. In particular we are seeing a worrying increase in type 2 diabetes. That is why, in our **Programme for Government**, we have made a commitment to deliver a new approach to weight management for people with, or at risk of, this disease.

The Health Service spends around 9% of its total health expenditure treating type 2 diabetes

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 2017

2.19 While we do not know the exact cause, we know that obesity and being overweight are the most significant factors that increase the risk of diabetes. The risks of developing type 2 diabetes are seven times higher for people who are obese compared to those with a healthy weight, and three times higher for people who are overweight. Latest data show that 87% of adults with type 2 aged 16-54 years are overweight¹³.

2.20 The number of people in Scotland with Type 2 Diabetes is significant and growing. In 2016, over 250,000 people were diagnosed with Type 2 in Scotland, with 17,000 new cases each year. Diabetes UK estimates suggest that over 500,000 people in Scotland are at risk of developing type 2 diabetes¹⁴.

2.21 Type 2 diabetes has a serious impact on people's lives, with real risks of cardiovascular disease, sight loss and amputation. Moreover, it puts pressure on our health services, with treatment costs accounting for around 9% of total health expenditure. It also affects productivity and, ultimately, our economy due to increased sickness absence and early retirement due to ill-health.

2.22 However, for many, type 2 diabetes can be avoided which is why – with the Scottish Diabetes Group – we are developing a prevention framework in which diet and exercise are key components. This is drawing on studies showing that significant changes in diet and exercise leading to weight loss can delay or prevent the onset of diabetes

¹³ Scottish Diabetes Survey Monitoring Group: Scottish Diabetes Survey 2016
<http://www.diabetesinscotland.org.uk/Publications/Scottish%20Diabetes%20Survey%202016.pdf>

¹⁴ Diabetes UK: 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>



and its associated morbidity. Encouragingly, evidence is also beginning to demonstrate that weight loss, along with lifestyle behaviour changes, can reduce – and in some cases halt – reliance on medications. These types of behaviour changes can even reverse the type 2 diagnosis.

2.23 To implement our **Programme for Government** commitment, we will invest £42m over five years to establish supported weight management interventions as a core part of treatment services for people with, or at risk of, type 2. We propose to target 95,000 people (30% of those diagnosed) in order to make an impact on population health.

2.24 We will measure the effectiveness of interventions through existing databases; specifically, we will track the reduction in drug prescriptions and, in the longer term, the reduction and delay of complications such as cardiovascular disease, sight loss and amputation.

Question 8

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

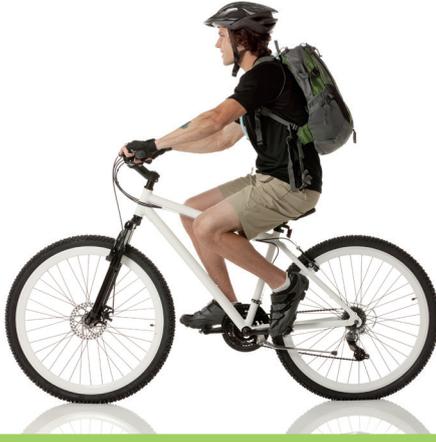
Healthy living and other interventions

2.25 We also want to ensure a wide range of support is available to help people eat better, eat less, and be more active, no matter where they live in Scotland. Clearly interventions must be able to demonstrate positive outcomes.

2.26 We want to support opportunities to make more use of ‘health defining’ moments by bringing together healthy living interventions and services in health settings. The **ActWELL** pilot in breast screening, funded by the Scottish Government, is illustrating what can be achieved, as it supports women to make lasting changes with a focus on physical activity, diet and weight.

2.27 The added bonus is that we can expect the effectiveness of the outcomes of these interventions to increase as improvements are made to the environment.

Obese people are 7 times more likely to develop Type 2 Diabetes than those with a healthy weight



2.28 We will continue to support the delivery and development of healthy living interventions as a treatment through the NHS and the third sector, such as the innovative **Football Fans In Training**¹⁵.

2.29 To improve the quality of services across Scotland and equality of access, we will work with the NHS and partners to develop guidance on minimum standards for programmes and sustainable weight management pathways for children and adults, taking account of the evidence on effectiveness and cost effectiveness.

2.30 As part of the action outlined above, we will look specifically at non-health referral pathways through other partners such as employment and social work services.

Question 9

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

Yes No Don't know

Please explain your answer.

Physical activity

2.31 Evidence¹⁶ shows that physical activity is one of the best things we can do to improve our health, whether we are overweight or not. **The Active Scotland Outcomes Framework** sets out the Scottish Government's vision for an active nation. Physical activity is about getting people moving. Daily walking, playing in a park, going to a gym, training with a team, or aspiring to win a gold medal – it doesn't matter how people get active it just matters that we do. We want more people to be more active, more often.

2.32 The 2014 **Commonwealth Games Legacy programme** has funded a range of targeted interventions with relatively inactive groups such as the elderly, disabled people, teenage girls and those with lower socio-economic status. We are committed to Scotland becoming the first 'Daily Mile' nation, with roll out to nurseries, schools, colleges, universities and workplaces.

2.33 We are also committed to putting active travel at the heart of our transport planning. Investment will increase from £40 million to £80 million per year, from 2018-19, to make our towns and cities friendlier and safer spaces for pedestrians and cyclists. We will also appoint an Active Nation Commissioner to ensure delivery of world-class active travel infrastructure across Scotland.

¹⁵ FFIT is funded by the Government, developed in partnership by SPLTrust and Glasgow University and successfully delivered by the Community Coaches of Scotland's Professional Football teams.

¹⁶ The Lancet: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31070-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31070-4.pdf)

2.34 As important as it is to our health, modern life – including sedentary jobs – means that, for most of us, being active is not enough. Action on diet and behaviour change, alongside physical activity, remain essential to our goal of helping everyone live healthier, longer lives.

2.35 We will use our increased investment in active travel to encourage more to walk and cycle and link this with our efforts to support weight management activity and use the existing network of clubs and volunteers that support people to become active. As well as having a positive impact on our environment and reducing congestion, this will support our ambitions to become a more Active Scotland and will play an important role in us all being healthier.

2.36 We will use the improvements to our planning system to ensure that the places and spaces we live in enable active travel and healthy choices. This will build on the work we have done with the **Place Standard**¹⁷ to support the development of healthy, sustainable communities and ensure everyone has the opportunity to shape and influence the places in which we live.

2.37 We will give further thought to how to create active places to make it easier for everyone to be more active.

2.38 We will use existing programmes, such as **Active Schools** and the **Daily Mile**, to ensure being active continues to play an important role in maintaining a healthy weight.

Question 10

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

Leadership and Exemplary Practice

3.1 There is already broad consensus that more needs to be done in Scotland to tackle obesity and the associated inequalities. The cost of obesity and poor health – human, societal and economic – are unsustainable; but with the right action they are largely preventable.

3.2 We need to create a whole nation approach that improves Scotland's weight and diet and gets us more active. This will demand strong leadership and broad commitment, as well as ambitious and progressive action right across the system. We will need to build the will and momentum, at national and local levels, to support and implement bold policies. These are vital if we are to increase the scale and pace of change, and achieve long-term gains at population level.

Public sector leadership

3.3 For the public sector, and the communities they serve, we see new opportunities emerging for effective leadership through Community Planning Partnerships and Integration Authorities. During 2019, these local arrangements will be further supported by the establishment of a new national public body with specific responsibility for the public's health. Further support will also be sourced through related joint working with other expert organisations – for example Food Standards Scotland and Obesity Action Scotland. The new national priorities for public health, due to be published in early 2018, will help to generate wide discussion and action.

Food & drink industry leadership

3.4 Equally we now need industry – including manufacturers, retailers and caterers – to show leadership and commitment. The food and drink industry is extremely important to Scotland's economy and we welcome Scotland Food & Drink's strategy for growth, **Ambition 2030**, and its commitment to health and wellbeing. In translating this into action, we would ask industry to see the re-balancing of food towards healthier options – whether people eat at home, eat out, or eat on the go – as a key measure of success. This connects with our aspiration that Scotland is a **Good Food Nation**, where people from every walk of life take pride, pleasure, and benefit from, the food they buy, serve, and eat day by day.

3.5 This, along with wider policy such as the UKG soft drinks levy and reformulation programmes, and changing consumer preference, reflects the direction of travel we want to see. Taken together, these are leading to growing demand for healthier products which, over time, will create important new market opportunities. This is a challenging agenda, particularly for Scotland's small and medium-sized enterprises, and we therefore want to work constructively with industry in developing our respective plans, and to support it effectively.



Leading by example

3.6 An important part of the leadership role is leading by example. Whether as individuals, employers, service providers or purchasers of goods and services, there are many different ways in which the public, private and voluntary sectors can do this. The Scottish Government is developing plans for promoting the health and wellbeing of its workforce, but every employer in Scotland has an interest in this as a key means of improving recruitment, retention and productivity. Moreover, evidence shows that those who have important roles in caring for people and influencing their behaviours can do this more effectively when they are fit and well.

3.7 Elsewhere in the public sector we have had some success in making it easier for people to buy and eat more healthily. Schools must now meet statutory regulations for all food and drink they provide and the **Healthyliving Award** and **Healthcare Retail Standard** have transformed catering and retail outlets across the NHS.

3.8 However, there is scope for all of us – across the public, private and voluntary sectors – to do a lot more. The challenge is making change systematic and spreading the benefits to the entire population.

3.9 We will invite and support a select number of local government and health leaders to enhance and share their improvement work on weight and diet in their areas, harnessing the widest range of public, private and voluntary sector partners. In particular we will support work to improve the local environment in our most vulnerable communities.

3.10 We will develop plans to further support the health and wellbeing of Scottish Government staff, being an exemplar and encouraging others in the private, public and voluntary sectors – particularly the NHS – to commit to action.

3.11 We will ensure that health and environmental sustainability are key considerations in public procurement of food.

3.12 We will expand the **Healthyliving Award** to publically funded catering locations which do not currently offer customers a mark of health.

3.13 We will also explore opportunities to extend relevant **Healthcare Retail Standard** criteria beyond the NHS to other retail settings operating in publicly funded locations.

3.14 We will renew our commitment to the community food initiatives that make healthy, affordable food more accessible and equip people, particularly in deprived communities, with the knowledge and skills they need to prepare healthy meals.

**Question 11**

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

Question 12

How can we build a whole nation movement?

Evidence-based improvement

3.15 Consistent with the approach taken so far, we are committed to policy and action which is grounded in the evidence. This means we will continue to:

- evaluate our actions and be prepared to change our approach using, for example, improvement methodology and ‘small tests of change’;
- monitor the extent of the problem and the impact of our actions through established approaches such as the **Scottish Health Survey**;
- monitor and collaborate on the most up to date evidence base through the **Scottish Food and Drink Research, Evidence and Evaluation Collaborative**¹⁸; and
- make the research and evidence base widely available to inform policy and practice across Scotland.

3.16 We will put in place a robust monitoring and evaluation programme to inform the development and measure the impact of new proposals.

3.17 We will host a biennial international conference to measure progress and share good practice.

Question 13

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

Question 14

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

¹⁸ A body consisting of policy and analytical experts from Scottish Government, Food Standards Scotland, NHS Health Scotland alongside academics with expertise in the field of food and drink research. The body's function is to improve the coherence and relevance of food and drink related research in Scotland through building collaborations between policy makers, intermediary organisations and researchers.

Annex A

Responding to this Consultation

We are inviting responses to this consultation by 31st January 2018.

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You view and respond to this consultation online at <https://consult.scotland.gov.uk/health-and-social-care/a-healthier-future>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 31st January 2018.

If you are unable to respond online, please complete the Respondent Information Form (see "Handling your Response" below) to: DietPolicy@gov.scot

Handling your response

If you respond using Citizen Space (<http://consult.scotland.gov.uk/>), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to be published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form attached included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.scotland.gov.uk>. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to DietPolicy@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.scotland.gov.uk>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (<https://www.ideas.gov.scot>)

Responses will be analysed and used as part of the decision-making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Annex B Respondent Information Form



Scottish Government
Riaghaltas na h-Alba
gov.scot

A HEALTHIER FUTURE – ACTION AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT - RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

If you are responding on behalf of an organisation, please tell us the type of organisation for which you are providing a response.

- Food and Drinks Industry Representative body
 Manufacturer
 Retailer
 Out of home provider (e.g. restaurant, fast food outlet, coffee shop)
 Public Sector Health Organisation
 Third Sector Health Organisation
 Other (please note in the text box provided)

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
- Publish response only (without name)
- Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No

Annex C

Summary of Consultation Questions

Question 1

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

Please explain your answer.

Question 2

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

Please explain your answer.

Question 3

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Please explain your answer.

Question 4

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

Yes No Don't know

Please explain your answer.

Question 5

Do you think current labelling arrangements could be strengthened?

Yes No Don't know

Please explain your answer.

Question 6

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

Question 7

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

Yes No Don't know

Please explain your answer.

Question 8

How do you think a supported weight management service should be implemented for people with, or at risk of developing, Type 2 Diabetes – in particular the referral route to treatment?

Question 9

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

Yes No Don't know

Please explain your answer.

Question 10

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

Question 11

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

Question 12

How can we build a whole nation movement?

Question 13

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

Question 14

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

Annex D Glossary

A

Active Scotland Outcome Framework

The Active Scotland Outcomes Framework describes Scotland's ambitions for sport and physical activity.

Visit the following [link](#) for more information.

ActWELL

Following successful pilot work, the ActWELL study (lead by the University of Dundee in conjunction with Breast Cancer Now and NHS Breast cancer screening clinics) aims to assess the benefits, costs and acceptability of a community delivered, personalised weight management programme (ActWELL) in women attending routine breast cancer screening clinics (in Aberdeen, Dundee, Edinburgh and Glasgow). Recruitment started in July 2017 and the response from women has been very high.

Visit the following [link](#) for more information.

Ambition 2030

An ambitious plan to drive growth in Scotland's farming, fishing, food and drink industry. **Ambition 2030** was developed by the Scotland Food & Drink Partnership, an industry-led partnership of the main organisations in the farming, fishing, food and drink sector, alongside The Scottish Government and its key agencies.

Visit the following [link](#) for more information.

B

BMI

See **body mass index**.

Body mass index (BMI)

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

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.

Visit the following [link](#) for more information.

Community Planning Partnership

A Community Planning Partnership (or CPP) is the name given to all those services that come together to take part in community planning. There are 32 CPPs across Scotland, one for each council area. Each CPP is responsible for developing and delivering a plan for its council area.

Visit the following [link](#) for more information.

D**Daily Mile**

The Daily Mile – a free, simple and effective concept of jogging, walking and running for 15 minutes to improve the physical, social, emotional and mental health and wellbeing of people regardless of age, ability or personal circumstances.

Visit the following [link](#) for more information.

E**Eat Better, Feel Better**

A Scottish Government campaign launched in 2015 which aims to encourage and support people to make healthier choices to the way they shop, cook and eat.

Visit the following [link](#) for more information.

F**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, cafes, 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.

Food Standard Scotland (FSS)

FSS was established by the Food (Scotland) Act 2015 as a non-ministerial office, part of the Scottish Administration, alongside, but separate from, the Scottish Government. FSS develops policies, provides policy advice to others, is a trusted source of advice for consumers and protects consumers through delivery of a robust regulatory and enforcement strategy.

Visit the following [link](#) for more information.

Front of Pack Labelling

See [traffic light labelling](#).

Fruit, Vegetables & Potatoes Action Plan

A new Fruit, Vegetable & Potato Industry Leadership Group (announced June 2017) is developing the first Sector Action Plan to capitalise on market opportunities, and grow the sector whilst also trying to drive increased consumption of healthy Scottish produce. This work complements Ambition 2030 and the new group, which for the first time brings together all key representatives across the sector, will identify the specific actions needed to overcome any barriers to growth, develop new market opportunities, and address issues facing the sector, including the implications of Brexit and access to labour.

G

Good Food Nation

Good Food Nation is the next phase of Scotland's National Food and Drink Policy. It highlights the successes of Scotland's first food and drink policy, **Recipe for Success**, whilst recognising the continuing challenges within Scotland's food and drink sector. Becoming a Good Food Nation recognises the need to move towards a healthier, more resilient and sustainable food system.

Visit the following [link](#) for more information.

H

Healthcare Retail Standard

The **Healthcare Retail Standard** (HRS) is a set of criteria developed for retail outlets in all healthcare settings across Scotland. These criteria require the retail outlet to have at least 50% of their products from a healthier range. They also restrict what can be actively promoted in these stores.

Visit the following [link](#) for more information.

Health Inequalities

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

Health Visitor 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 Living Programme

The Scottish Grocers' Federation (SGF) Healthy Living Programme is a Scottish Government sponsored programme whose main objectives are to increase the range, quality and affordability of fresh produce and other healthier products from across categories in convenience retail stores across Scotland.

Visit the following [link](#) for more information.

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 4 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 **Body Mass Index**.

Healthyliving Award

The Healthyliving Award is a national award for the foodservice sector in Scotland. Eating out plays an important part in people's lives and what people are increasingly looking for is good healthier food.

Visit the following [link](#) for more information.

M

Make Innovation Happen

Make Innovation Happen is a new and ambitious service to support food and drink businesses to innovate in Scotland.

Visit the following [link](#) for more information.

O

Obese

See **Body Mass Index**.

Out of home

Any food or drink purchased for immediate consumption outside the home, including takeaway or home-delivered food.

Overweight

See **Body Mass Index**.

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.

Preventing Obesity Route Map

In February 2010, the Scottish Government and COSLA launched a long-term obesity strategy entitled Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. It is most commonly referred to as the 'Obesity Route Map'

Visit the following [link](#) for more information.

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 Public Health England, that sets a target for manufacturers to achieve a 20% sugar reduction by 2020 with a (5% in the first year) across the top 9 categories of food that contribute most to intakes of children up to the age of 18 years.

Visit the following [link](#) for more information.

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.

Visit the following [link](#) for more information.

Scottish Health Survey

The Scottish Health Survey (SHeS) provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland.

Visit the following [link](#) for more information.

Small Test of Change

Small tests of change are mini-interventions that allow healthcare teams and others to try out new ideas quickly and cost-efficiently.

Visit the following [link](#) for more information.

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 is due to take effect from April 2018.

Visit the following [link](#) for more information.

Supporting Healthy Choices Voluntary Framework

The **Supporting Healthy Choices Voluntary Framework** set out the Scottish Government and the then Food Standards Agency in Scotland ambition to work collaboratively with partners to improve Scotland's diet and tackle health inequalities. The framework called on industry partners to implement a range of voluntary commitments which reflect the action believed necessary to rebalance diets in Scotland.

Visit the following [link](#) for more information.

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.

Visit the following [link](#) for more information.



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