report

# A HEALTHIER FUTURE – ACTION AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT

## WRITE-UP OF WORKSHOPS FROM SCOTPHN ENGAGEMENT EVENT IN SUPPORT OF THE OVERALL ENGAGEMENT PROCESS BY SCOTTISH GOVERNMENT (GLASGOW, 6 DECEMBER 2017)

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## Workshop 1: SWOT Analysis
## Aspect of Strategy: Children and Families

**Strengths**

- Support by SG for family  based activity eg Children's Wood enable community assets, facilitate better outdoor resources
- Begin prevention at early life – whole population approach – targeted for those at risk
- Lead by example in NHS – authenticity e.g. healthy workplace, food, exercise, discounts, chocolates as 'thank you', working patterns etc
- Sharing good practice
- Enliven existing strategies
- Local initiatives and examples of good practice that could be shared and up scaled
- Eat better feel better resource available for signposting
- Improvement in practices of schools encouraging home growth of fruit and veg
- Staff/workforce
- Reinforces that message is coming from Government
- Holistic approach
- Partnership working
- No labelling
- Targeting advertising and marketing
- Recycling costs of fruit and veg
- Breast feeding – early intervention

**Weaknesses**

- Food – parent choice? Need to involve parents indecision making 'nanny state'
- Mixed messages at schools – healthy eating snacks vs sweets as rewards
- Incentives/mandate for schools. Needs whole life approach
- Not know operationalise
- Peer pressure of other children bringing high fat, sugar and salt lunches and snacks
- Local initiatives – not all aware of resource available
- 12 hour shifts lack of breaks
- Lack of governance around un-evidenced based advice
- Budget constraints
- Spend on prevention to save on treatment
- More support for Education

- Community based initiatives
- Make clearer link to impact of poor diet and lack of physical activity on mental health
- No regulating of ‘diet/fitness’ industry
- No mention of mental health strategy

**Opportunities**

- Peer pressure eg sports groups for good
- To raise awareness of what healthy looks like
- Extended family can get signposted to services
- Involved community - See the people as assets and links and strengthen Community Empowerment Act
- Scale-up good practice e.g. active travel, outdoor learning
- Whole systems
- Implementation
- ‘better eating, better learning’
- Public health messages as part of training of undergraduate programmes
- Ensure everyone is providing evidence based advice
- Change local school initiatives such as ‘Fruity Friday’ to be the norm and implemented across the piece
- Higher promotion of fruit within supermarket
- Wider partnership buy in
- Upskilling of workforce
- Media can play a positive role in supporting this –
- work with commercial slimming groups
- Work with local comms departments – creating healthier workplace, supporting staff
- Positive role models
- Standing desks
- Learning from others – NHS, Education, 3rd sector
- Partnership working
- Permission to act
- Training for health professionals – how to initiate discussion and influence change
- Culture change
- Implementation and linking with other aspects of health e.g. mental health

**Threats**

- Modern technology – just order online no matter where food outlets are
- Speed of change of technology

- Extended family – culture of ‘treats’
- Capacity, priorities, responsibility, infrastructure, links between partners who decision makers
- Normalisation of overweight
- Need to empower parents to act as advocates? formal agreement within schools
- Shrinking workforce
- Local activity – fundraising, brownies guides selling home baking
- Culture – gifts of alcohol and chocolate
- Capacity for workforce training
- Media/ Social media
- Teenagers – decrease physical activity
- Teenagers body image – don’t want to participate in gym classes
- Buy in from senior managers who can influence staff
- Commercial slimming groups
- Financial support
- Corporate leads/champions – senior leaders need to support
- Capacity for partnership working
- Lack of support from businesses
- Licensing issues – local issues supporting economic development

## Workshop 1: SWOT Analysis
## Aspect of Strategy: Leadership

**Strengths**

- Looking at leadership at every level how are the food industry going to reaction to this
- Evidence that weight needs to be within policies
- Waste policy – possible cost savings/ using 'ugly' fruit and veg
- Strong history of policy within Scotland
- Partnership working e.g. recent Cancer UK campaign to promote awareness of links between diet/obesity and cancer
- What messages work? E.g. hard hitting
- Local delivery plans to encompass obesity
- Huge change in national policy
- Reporting back to Government e.g. HPHS targets/performance management – accountability
- Asset based approaches
- Reformulation – move to legislation
- Possibilities for portion size to alter food culture/calorie gaps on certain products
- Knowledge of food culture
- Progress of contract caterers buy in to HLA, easy to engage with through existing work
- Strong reputation, good, locally sourced food
- Can learn from SGF work in retail criteria already implemented in NHS premises
- Many retail/confectionary items available
- Our workforce

**Weaknesses**

- Getting permission to act from management
- Funding
- Scottish Government agreement on policy used e.g. HLA for all
- Working in 'silos'
- Alcohol is not mentioned within the policy
- Simple/visual lay terms and messages
- Leadership needed around portion sizes/communication and resources
- Promoting local produce e.g. farmers markets
  Not using local policy e.g. 2020 vision
- Staffing numbers and expertise (distribution of resources)

- Poor management ‘buy-in’
- ‘Tentative’ legislation around food production/development
- SG needs to provide conclusive evidence for staff
- MacKenzie report (Health inequality)
- Need after funding from others for sponsoring events
- Issues of how to break supply and demand
- Very Americanised culture – portion size, snacks
- Difficulties to change habits
- Motivation to alter food habits
- Always focus on bad food stories – deep fried mars bars etc
- Often policy work too focused on public sector which is a tiny portion of food provision in Scotland
- Healthier items can be more expensive, need to be comparable with non-healthy items
- Poor communication between staff fin NHS and HPHS
- Lacking strong leadership
- Relationship – wrong person, poor communication

**Opportunities**

- Community intervention and pathway approach
- Taking our workforce forward to support brief interventions and positive conversations around weight
- Food development opportunities for heathy options within vending machines
- Looking at school guidelines (re-visiting) – local initiatives need legislation support
- Using this as an opportunity to broaden scope of HLA and SGF
- Learning from other UK campaigns
- Industry and supermarket – legislate rather than opt in/opt out
- Making food labelling accessible e.g. text is too small
- Using research that is already established
- Joining up partnership working – obesity strategy and health strategy
- Strong management supporting obesity policy
- Statuary rather than voluntary – HLA policy needed and more frequent visits and more frequent visits and support from team
- More media coverage and promotion to public – let them know this work is happening. Targeted at populations e.g. men/young people
- Market research – what do the population want
- Product placement
- Staff training – raising the issue/understanding weight maintenance
- Linking opportunities to health inequalities – strategy needs to be localised
- Sharing of information and good practice across health boards

- Link with Scottish F&D to create new healthy Scottish food heroes
- Range of adverts/outreach work linked to key areas from ‘out of home’ report for action
- Excellent links with FE/HE, workplace, community groups etc exist through HLA, can utilise experience to progress and engage in different areas
- Learn from other countries ie Netherland – evidence based
- Look at social justice to monitor progress – why are things happening
- Learn from Japan etc help with full service

**Threats**

- Companies are driven by profit
- Franchise opportunities within NHS and Council venues
- Applications for fast food outlets: should these outlets be made to contribute to community in a beneficial way
- Enjoying a healthy relationship with food e.g. vulnerable groups particularly young people eating for health rather than to be slim
- Lack of public knowledge around risks of diet and obesity
- Working environment e.g. shift working/HGV drivers
- Too big of a picture
- Cost issues
- Buy in from external partners
- Changing behaviours – need to be lots of little steps
- Stop firefighting
- Being too insular
- Political issues
- Lack of buy in from people
- Finance led issues ie CPU for NHS

## Workshop 1: SWOT Analysis
## Aspect of Strategy: Treatment and Weight Management

### Strengths

- Evidence base behind interventions
- Recognition major issue as government and society
- Investment
- Health, diet, exercise – all together } social approach
- Multi-agency
- Growing body of evidence to support interventions – effective
- National work to create minimum standards for weight management
- Football clubs or others – partnership working and tailoring classes
- Passionate and skilled workforce and virtual networking (very rewarding?)

### Weaknesses

- More sustainable cycle routes – changes in environments
- Silos – working separately – thinking - especially planning
- Referral to exercise classes, varied costs in different parts of Scotland – too expensive
- Not documenting outcomes of weight management
- Referrals problematic – not ready for change and too complex
- Shaming conversations with health professionals – need better training
- Maintenance after short term programmes
- Linking to context – family/friends/peer support – long term
- Overweight ageing population
- Access not easy – through GP – need to make it self-referral/walk in

### Opportunities

- Clearly defined standardised approach – unified approach
- Raise public awareness of consequences of obesity e.g. too big for surgery scanners
- More education information e.g. advertising campaigns eg HIV campaigns
- Consider referral paths – pre-op. At pre-op 'good opportunity for teaching healthy lifestyle – Real opportunity (but need realistic weight loss targets)
- Small talk – big difference – apps – GPs
- Needs to be led by example in NHS and LA settings including schools e.g. catering
- Longitudinal studies increasing evidence base
- Increasing evidence base

- Lancet study – diabetes (467?)
- Realign funding – realign spend from drugs/treatment into prevention
- Training for conversation skills
- Tailoring programmes e.g. male cooking class
- Closer marketing with third sector – training skilled practitioners tier 2
- Making best use of web based services and technology e.g. Florence
- Recognition of need for preventative measures and funding – adverse events/trauma issues needing support
- Anonymous overeaters / binge eaters – maybe require specialist support
- Involve people more using social media eg facebook

**Threats**

- Normalisation of obesity – mitigate - reinforce positives of choosing healthy lifestyle (health benefits) BE BOLDER
- Acute services under pressure
- Community services seen as safer option for cuts
- You can have the best weight management but if these is no change to the environment, you are set up to fail
- Under funding of infrastructure (IT)
- Lack of funding for range tier 2-3 services – short term funding – pressure to save money immediately – difficult to recruit
- Loss of specialist skills and knowledge
- Large percentage of people with high BMI not developing diabetes – difficult to ask service
- Big issues still with quality of school meals – sweet/puddings and need for freshly prepared
- Need better food experience at schools
- Better food options and water available in hospitals
- Overweight NHS staff

## Workshop 1: SWOT Analysis
## Aspect of Strategy: Surveillance

**Strengths**

- In Scotland we have a large amount of data at population level, treasury data, HWL, HLA
- Kantar data – this also have the ability to drill down further in to specific categories and promotions
- Sky database for diabetes is likely to have potential to show return on investment

**Weaknesses**

- We have a huge amount a data we need to get better at using it more effectively
    - To be able to work most efficiently we need to understand what is 'good enough' to demonstrate the effect we need to show
    - We also need to understand how will be show this effect at a national and local level
- Need more school data points as there is a lack of data on children above the age of 7.
- Need evidence on what works in relation to other interventions to support prioritisation.

**Opportunities**

- Develop meaningful intelligence to tell the story of what is happening. Both in long term and short term to ensure national and local continuing 'buy in'- through population surveillance, implementation evaluation, performance monitoring.
- Politicians want information on return on investment – economic evaluation
- Health Visitor pathway – extension of contacts may facilitate surveillance data
- Could we be more effective to look at data over time to directly link to implementation of intervention?
- Improved rigour around school entry weight check
- Need to understand what is already there, what is tells us and doesn't tell us
- Engage all policy areas which have an impact on obesity – what are they monitoring what can that tell us?
- What are local action plans? What are local areas collecting? – may have their own way of measuring improvement
- What data do economic development leads (national and local) have?

## Threats

- (none identified)

## Workshop 1: SWOT Analysis
## Aspect of Strategy: Wider Contributions

### Strengths

- Environmental Health has existing relationships
- Environmental Health are first line educators
- Partnership working e.g of healthy living working group – good way to share practice
- Small jump for enforcement from food safety to nutritional content

### Weaknesses

- Voluntary take up on recommendations
- No structure for nutritional structure
- Promotions restrictions – need to derive the regulations for enforcement
- We need independent means to enforce marketing/advertising restrictions
- Skills in nutritional information – need to upskill Environmental Health

### Opportunities

- Develop a more mandatory system
- Skills/upskilling existing community groups
- Need labels on alcohol similar to food labelling
- Legislation means appropriate resources for Environmental Health
- Cycling to be incorporated into Curriculum for Excellence school
- Opportunity to work with manufacturers (Both small and large) on food composition, calorie content, fat, protein etc (need to be in it for the long run)
- A level of standardisation with the option of localism
- Long term vision – nutrition education needed in Environmental Health; nurses, teachers, midwives social workers etc.
- Enforcement – appropriate, supportive legislation
- Labelling/marketing i.e menu cards
- Using tech (nutritional labelling)
- Learning through a social experience
- Education with impact and reinforcement backing
- Public engagement – education from grass routes

### Threats

- Labelling – public needs to be empowered to know what the label means
- A lot of players and so many schemes – how do we bring this together

- Skills deficit in community groups – PTA, PC, Scouts, Sports Clubs etc
- Skills deficit – community cooking classes not scaled up

## Workshop 2: Local Implementation
## Aspect of Strategy: Children and Families

**'What are we going to do to help support local implementation?'**

- No counting calories
- Local context priorities resources
- Complex condition = complex solution – no quick fixes
- Family action = ownership
- Learn from others, use UK wide resources rather than 'Scottish' e.g. Liverpool Cereal App, PHE
- Charismatic leadership
- Clear directives to all levels of service delivery
- Whole system mandated responsibility, ownership, succession planning
- Assess needs and share our resources
- Continuum of diseases and sustainability (community, staff), within programmes to sustain behaviours
- Continuity of delivery
- Lead
- Community evaluation??
- Communication and innovation
- Sustainable long-term
- Greening spaces
- Support ?? rate relieve
- Develop local autonomy
- Health Scotland repository of information
- Self-funding?? – how to find this funding
- Link with Environmental policy and local community food partnerships
- Identify barriers
- Deliver to large area and rebrand at local level
- Consistency of priorities
- Gap legislation and implementation
- Funding and different priroities
- Different demographics
- Outcome vs output measures or economic evaluation
- Money for management treatment??? Funding for prevention?
- Community initiative
- Positive local environment support change
- Duplication of effort / resource by partners
- Reduced workforce – short contracts
- Identify barriers / other agenda conflicting
- Deliver small area rather than large footprint = time, money etc more effective

- Deliver large area and rebrand locally
- Perception of normal / culture
- Consistency of priorities
- Local influence – big companies and media

**Workshop 2: Local Implementation**
**Aspect of Strategy: Leadership**

- HIAP – Aim
- Activities going on – joined up in thinking but not in strategy
- Reacting is not proactive
- LDP – more statements in here
- Where was 20/20 integration in this?
- Topic working not doing very well – 9?
- Commissioning – 3rd sector activity
- PMF is the vehicle to get things done – implementation – targets work/setting very important
- Faith and trusts in SG commitment
- Distribution of funding by population distorted
- Obesity – poor buying and resources whereas other topics have this, diluted priority
- Different approaches in NHS and LA – reshift focus/funding of both, upstream and delivering services
- Target obesity can change things
- Pull schemes together into one
- Environment needs legislation
- HWL to influence what orgs do
- Need targets and reporting in action plans
- Need a public launch – advertise
- More to be done in maternal obesity
- Evidence isn't there to support what works
- What is best practice – should be evidence based
- Look at market research (social marketing)
- Engage male population – get involved
- Focus on young generation – the future
- Cultural shift
- Need drivers in orgs but needs to come from higher
- Work with industry to influence good habits
- Change pallets – retrain – addicted to sugar/fats
- Step change
- Long term funding required
- Normalise the process of weight management behaviours
- Hunger for success
- Home economics to teach people to cook – practical cooking skills/workshops
- Revisit schools again
- Community development base needs to be there

- Define good and bad foods
- Locally in delivery plans, accountability, build on resources in the area, localised. – link to health inequalities
- Public attitudes on how to reduce levels of obesity in Scotland
- Mckinsey report – healthy living wage
- Education – support local people to be child minders – provide a service to community in schools, cooking/food supplies.
- Signpost to weight management services
- Working patterns/shift work a factor?
- Good food nation bill – what is it?
- Strong vibrant leadership – people who are inspirational
- Need clear philosophy from top down
- Avoid ‘new’ money ending up in T and/or not just in prevention of diabetes
- Leadership challenge? – Respond to the consultation on how the funding both new and existing is to be used
- Build on emerging opportunities – eg prevention in realistic medicine
- We need better information – but needs to be meaningful, openess to change
- Curriculum for excellence – 1st group 16+ changing patterns, decrease bad habits. Impact of education
- Potential for CPPs – information, links between groups
- Strength of large employers in PS – can be focused
- Monitoring of HPHS – something similar – good vehicle to make change
- Community Empowerment Act – reach to community buy in
- Christie report – local level change, working with community, partnerships, consultation, top of agenda
- Look back at our journey so far, learn from our experience
- Our workforce – personal and professional
- Relationships right person in right position
- Education need more engagement ie attainment
- Health not just NHS all encompassing – Education/Health need to work together
- People in mind set of their own service delivery – financial impacts, time
- Stop telling people what to do
- Need more research/publication relevant to public sectors
- Need to implement more work life balance – make healthy choice easier
- Need to put into practice, all of our practices
- Need inspiration – build on what we know and fill the gaps

## Workshop 2: Local Implementation
## Aspect of Strategy: Treatment and Weight Management

- Referral pathways could be two-way
- Ownership of service locally ( and the issue) is essential in developing and maintaining project/service
- Empower service users to become involved and take ownership
- Representatives of right professions around the table (GPs, Practice Nurses etc)
- Place agenda within the new GP contract
- Framework for who's at risk of diabetes/screening in a wider sense
- Develop a tiered approach – with sufficient funding and appropriate partners around the table
- Robust assessment through a central point for assessment
- Develop a shared understanding between partner agencies
- Embed 'behaviour change' at the earliest possible stage
- Induction and/or professional training should include modules relevant to the topic
- Look to a range of outcome measure, not just weight eg cholesterol
- Weight management should be seen as more than just weight loss
- Look to build individuals confidence in relevant ways. So when weight might not be decreasing but leg strength is through exercise then praise it
- Opportunities to share good practice should be established and maintained – sharing learning across Scotland – make better use of online electronic means
- This issue isn't only a public health issue – need to bring in all professionals especially those delivering face to face services for real people – clinicians
- Standardised services does not equal post code lottery
- Support and resource should be available to monitor and evaluate cost effectiveness, record outcomes
- Ensure catering staff are appropriately trained, supported and experienced to deliver
- Year on year funding presents challenges – eg recruitment
- Better if longer term funding – commitment, strategic approach – plan, target, objectives.
- Ring fenced funding to support services for acute. – At more risk due to these services perhaps not being a 'clinical risk'.
- Power of teachable moment – use services already available e.g. pre op consultation provides opportunity. In glasgow team seeing high percentage of obese patients
- Fast track to weight management – weight loss could negate surgery (High cost positive)

- Bring programme up to scale
- Challenge once out other end of weight management – if food environment doesn't change it is unlikely to work
- National reporting on outcomes – high level – may drive improvement
- Advertising important role to play – should be positive/aspirational
- School meals – need to be better, not about nutrient profiles but must also be about 'healthy' food choices. Should we be serving hotdogs, cakes etc?

## Workshop 2: Local Implementation
## Aspect of Strategy: Surveillance

Please see 'Edinburgh' report for this information as the response was combined with feedback from Glasgow as the same facilitator led both discussions.

**Workshop 2: Local Implementation**
**Aspect of Strategy: Wider Contributions**

- Positive that new strategy chimes with what is already being done locally
  - Continuation of route map
  - Strengthen what we are doing
- Struggled to engage with people with diabetes – health psychology student project to focus on engagement
- Strengthen data collection (need support from SG to do this) – understanding benefit of collecting the data for service improvement
- Information sharing and good practice sharing – feedback to central organisation to share with contact details
- Cycling Scotland – collects and produces data and active travel and barriers to active travel. Have data to create 'heat maps' to identify areas where investment in active travel is likely to have a bigger impact
- Nutritional sampling data – could be published to track changes in how out of home sector are producing food
- Could feed into Place standard data on FSS.net
- Could be feed back into schools for food outlets around them
- 'School kids meals' sold around schools which are HFSS – could this be stopped through marketing legislation
- Align departments to reach outcomes i.e. planners consider public health when granting permission for supermarket… statuary consultation with food standards officers for planners
- Link to planning bill – to support active travel – identify actions to be taken to be impactful
- Speaking to CEOs would help enable change, COSLA briefing for local elected members, including public support for measures. Infographics. Would help shift focus at a local level.
- GPS data on food premises Scotland Wide – Scotland National Database – MARCH?
- Not much change going to happen at this stage – need to wait for the detail (and any mandatory action)
- BUT If there was a director from CEO level then this would be down to front line staff and change would happen
- There needs to be a briefing paper (2 page infographic) for CEO's, elected members, CPP's etc – this might help get this higher on agenda
- We need to include planners, town planners in this agenda – they are crucial and should have been here

report

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