

**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
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Workshop 1: SWOT Analysis

Aspect of Strategy: Children and Families

Strengths

- Advertising
- Dairy mile – concept
- Active travel
- Early years focus and breastfeeding
- Long term government funding

Weaknesses

- Not enough physical activity
- Implementation at UK level
- Daily mile – implementation, momentum (solution – as part of active travel)
- Sponsorship e.g. sporting events
- School and early years food provision – how is this monitored
- Led by health boards solution - partnership

Opportunities

- Long term funding
- Food labelling in SMEs
- Culture within school and wider community and retail
- Give teachers the knowledge and skills
- Cross party/multi agency partnership working with school
- Healthy living from early years onwards
- Retail environment support agenda
- Active schools reinforce – easier access
- Agenda and date capture
- Targeting right children

Threats

- Practicalities for SMEs – knowledge, cost
- Promoting unhealthy relationship with food (solution – not kcal but colour coded)
- Media and weight – interpretation of messages
- Funding – not long term

Workshop 1: SWOT Analysis

Aspect of Strategy: Leadership

Strengths

- Updating direction
- Rich ladder of food
- Healthy food available (Scotland)
- Links to other supportive policies e.g. GFN, HWL
- Starting and identifying lead groups e.g. NHS HS WM group – that can be given ownership and autonomy
- Identifies the need for leadership across private and public sector but needs more emphasis on the role of third sector

Weaknesses

- Food industry will follow but will not lead?
- Funding for food innovation focus on business but not on health
- More upstream
- PH priorities and D&O strategy – why separate?
- Wider consultation – more range of partners should be involved e.g. planning
- Government should have more ownership – why NHS focus health
- Current doc not accessible for all
- Supplementary guidance for specific groups should be included
- Needs to be stronger from a third sector perspective
- More expectation for public sector to lead by example now. Needs to go wider to provide duty of care to staff
- Not built accountability into the consultation – both locally and nationally

Opportunities

- Price promotion – strong leadership, policy/drivers
- Allocation of premises could be addressed
- The way things change - Change behaviours
- Through groups to identify relevant stakeholders
- Strengthen leadership section – ensure it acknowledges work being done and that it is everyone's responsibility
- Identify how it links to the mental health strategy
- More holistic national approach to supporting consistency and resource
- Identify resources for workforce Health Improvement to ensure public sector lead by example

Threats

- BREXIT – changing regulations e.g. sugar will become more available and cheaper as the quotas are being removed
- Funding
- Political direction
- Needs sustained leadership across all areas of strategy so doesn't fall back just as NHS role and lifestyle interventions
- Lack of capacity can restrict the ability to commit to taking responsibility and lead
- Funding – short term funding restricts developing local strategies etc
- How to measure areas which don't have a monetary implication – do these become the soft option

Workshop 1: SWOT Analysis

Aspect of Strategy: Treatment and Weight Management

Strengths

- Targeted services
- Integrating the early years and upwards
- Bring everyone together to discuss future – sharing knowledge
- Regulation of need for services across all age groups
- Builds on existing strategies/improvement plans
- More resource to back the information already given to families
- Working with the early years in prevention for adulthood
- Inclusive – including all the right people around the table to enable this area of work
- Greater engagement with maternity services - ? – HR partners
- Good treatment in and balanced with prevention
- Can push agenda to Health and Social Care
- Leadership recommended SIGN and NICE
- Employee health leadership

Weaknesses

- No explicit instruction around CHW services – missed opportunity
- Complicated/strict reporting
- Monitoring success
- Different fund allocation for prevention treatment
- Unclear on how exactly funding may filter down
- Emphasis on DM
- Education of public and patients on diet and weight management and co-morbidities
- Ensuring funding outside type 2 diabetes
- Focus on T2D if potential to miss out CVD or mental health or other co-morbidities
- No mention of social media
- No emphasis on staff training

Opportunities

- £42 million over 5 years weight management
- Promotion of strategy and impact at population level
- Tackle early-intervention in under 5's local interventions
- To share the information to encourage awareness

- Be innovative and really make change
- Develop new areas and strengthen / boost current successful initiatives (do more of what works)
- How to tackle advertising – more public health adverts: food to education
- Need to develop under 5 support provision
- Realistic medicine
- Focus on prevention of T2D
- Working with Health and Social Care change
- PH being reviewed
- GP contracts changes
- Legislation on energy density on foods/ready meals/snacks
- Learning from tobacco
- Holistic approach
- Make referral system easy – joined up services

Threats

- Funding allocation
- Resources/staff allocation
- Need to ring-fence funding and address non-recurring funding
- Lack of clarity and no follow up on ambitions
- Does enough expertise exist to meet the demand of expanded services
- Pressure on health visitor network/services
- Proving positive outcomes, high failure rates
- Everyone doing different things and no real evaluation
- With funding comes target setting and monitoring and evaluation – resources for this?
- The argument of personal responsibility – public sympathy
- Unachievable targets
- Funding – now secure
- Consistency
- Security
- Loss of trained staff
- SG not talking to each other at policy level
- Budget – where does it go?
- Target around 8 week programmes
- Need clear strategy on pregnancy, learning disability, mental health, family and minority groups – acute and PH roles

Workshop 1: SWOT Analysis

Aspect of Strategy: Surveillance

Strengths

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Weaknesses

- Strategy very top down – it doesn't recognise the work of the third sector. This sector have a huge role to play in supporting people to maintain weight loss
- There is a lack of data gathering at an individual level, this could show progress in shorter term outcomes towards longer term goals. A lot of what is collected at the moment is linked to funding but could change.
- Indicators could be:
 - Community level change measures (locality planning good locus to build in measures- could report into)
 - Monitoring benefits beyond improved diet – social inclusion, building social capital, degree of control someone feels they have, reports of feeling listened to
 - People understanding their rights or the impact of the environment around them (need creative approaches to support people engaging and understanding)
- Would need investment to get monitoring from third sector as no resource to do this despite being well placed. Moving toward longer term funding (5 years- 10 years) to enable these systems to be developed and meaningful data collected. An example of where this has worked well is the 'Edinburgh Model' inequalities fund – this has developed a system of monitoring and evaluation and allow people to report on the impact of social connection (38 diverse organisations report into this model).
- The 'Fife Project' allows organisations to report data into it at an individual, household and community level.
- Weight management services should be engaging vulnerable populations. Surveillance could ensure these people are targeted. Could monitor the types of people accessing weight management services – learning disabilities, socially isolated. Pathways to weight management services could include the community services who are engaging with these people rather than referral from GPs. Wide range of agencies to refer. Community agencies are skilled at engaging vulnerable people in a wide range of issues.
- The term 'Obesity' is a medical term which might turn of people from engaging with the strategy – look for terms which people identify with.

- There is a gap in the strategy – nothing for older people who have issues around social isolation, quality of food

Opportunities

- Health and Social Care integration and Reform of Community Planning – opportunities for the strategy to engage in these to support implementation as well as monitoring. Strategy needs to be engaging with these agendas - Could challenge commissioning decisions, track data at a local level.
- Wider range of agencies able to refer to WM services

Threats

-

Workshop 1: SWOT Analysis

Aspect of Strategy: Wider Contributions

Note: This discussion was led differently and the group discussed the questions the strategy proposed and linked to aspects on the strategy



Respondent
information form.doc

List of questions:

Q1 – Wider contributions

- Could we do more i.e. instead of free/extra popular unhealthy stuff get free fruit as extra, could also extend this to other aspects of out of home eating e.g. takeaways
- All or anything re price promotion advertising etc. has to connect to affordable food and the knowledge of how to process it, this linked us back to talking about cooking skills and what community organisations can do to help people make the most of what they can access and discussion of other initiatives e.g. incredible edible giving places over to people in the community
- Restrictions and work on advertising could help reduce food wastage in home though not address waste in earlier parts food system e.g. ugly veg between farm and retailer
- Work with retailers to promote uptake of Healthy Start

Q2 – Wider contributions

- This could impact positively but re awareness of Community Food initiatives e.g. retailers providing meal bags or community cafes, community meals may find this hard as not have resources to do the calorie labelling etc., could there be a solution in the regulations e.g. via level of turnover above or below which point have to start doing this or other system
- Is there a wider group affected too e.g. local produce and farmers markets? (recognising that our farmers markets tend to be more middle class unlike the US some discussion of the differences came up)
- Who will do the policing of this e.g. HLA? Will there be a role for Environmental Health or FSS in this re calorie counting guidance etc.
- Expand Healthy Living Award to publically funded catering locations which do not currently offer a mark of health.

Q3 – Wider contributions

- Recognised not in Scottish Government gift and welcomed the move

- Committee of Advertising Practice monitor and review current code and explore other restrictions e.g. near schools and advertising on buses, trains etc. including commissioning research
- Quite a bit of discussion on the challenges of marketing and advertising, which are a big powerful business sector and have increased their influence in the last 10 – 20 years.
- Bit of an aside re advertising, packaging, traffic light labelling etc. i.e. with all the advertising, packaging and attractiveness of ready-made food etc. could there be a case for going the way of cigarette packaging e.g. public health warnings and then plain packaging
- How we could do more to encourage marketing of healthy stuff
- Social marketing, building on Eat Better Feel Better, targeted at young people especially leaving home or young families re shopping, cooking and eating.

Q4 – Wider contributions

- This linked to developing/agreeing a definition of food & drink high in fat, sugar & salt:
 - Current nutrient profiling
 - Specific nutrient e.g. sugar and saturated fat
 - Food that contribute most calories to diet

Q5 – Wider contributions

- Need to really improve industry buy in re improvements in this area
- Is there a role for schools in education? But challenge not all about school as how will this improve the level of literacy for those in lower SMID , should not just rely on school to fix it needs others e.g. in community
- Is there an opportunity to make it easier re health literacy plan? Ask folk what they understand
- Is there a link here to maintain Child Healthy Weight work and examine expanding re prevention e.g. work in schools and communities on diet and physical activity plus targeted work with vulnerable children and their families

Q6 – Wider contributions

- Opportunity and a challenge e.g. price and cost for small or community groups and orgs (e.g. those doing meal bags or providing meals to eat at home)
- Clearly a big role of UK Companies needing to reformulate most i.e. Nestle Heinz etc. Could this go the way of Minimum Unit Pricing? Would this get folk (big business) to fall into line or would they ignore – is more pressure needed re BIG industry?

- From existing active travel investments and the existing network of clubs and volunteers that support people to be active – link these in with efforts to support weight management

Q7 – Wider contributions/children and families/treatment and weight management

- Re information provision to children, families and pre-birth are there similar challenges re literacy etc. and community org involvement?
- Explore opportunity to extend Healthcare Retail standard beyond NHS to retail settings operating in publically funded locations
- Positive, needs to build on other things too e.g. Peas Please. impact to change obesity promoting environment
- Sugary drink levy – press UK government on transparency on how it is distributed and for its extension to sugary milk based drinks.

Q10 – Wider contributions/treatment and weight management

- This links to statutory sector LEADERSHIP and the need to take communities with us (risk if not do it)
- Is this an opportunity for 3rd sector to get involved and for a link to things like food +carbon reduction + food policy at local level
- Could this be a tool for better regulation and more input from others?
- Research evidence and good practice re planning system and food environment, e.g. controlling food outlets near schools
- Welcomed and linked to the previous stuff on planning
- Press UK Government to ban advertising of foods high in fat, sugar and salt before 9pm
- Important to join things up, already seeing some changes,
- Also need to remember rural contexts, could we need to use the tax system to maintain public transport and other active travel,
- Joining up impact e.g. link to other strategies and programmes e.g. continue Scottish Grocers Federation Healthy Living Programme

Q11&12 – Wider contributions/leadership

- Need local authorities to provide consistent messages and practice e.g. leisure centres and vending machines, currently mixed messages with centres etc. providing unhealthy snacks and promoting physical activity, this is part of the wider LEADERSIP agenda too
- Strengthen food labelling on front of packs.
- Improve how important information is communicated to families.
- Explore other labelling approaches
- Some discussion of what this really meant and who could be covered how link to schools stuff, HLA etc. could be positive but again it could be a challenge re community orgs etc.

- Renew commitment to community food initiatives that make healthy affordable food more accessible and equip people, particularly in deprived communities with knowledge and skills to prepare healthy meals
- Some discussion again what this meant in reality, also went off at tangent re are there challenges where communities have no food shop or access to local produce, local food for local people noted though reality of this may be difficult re major supermarkets buying up produce and some discussion of waste or ugly veg. Some mention of opportunity for mobile shops though perhaps not diesel i.e. electric re sustainability climate change agendas etc. need stuff that is suitable for rural context too. Some mention of holiday hunger as an issue, and that provision of activity + food opportunity to build relationship and engage with parent on food.
- Recognition that there are lots of groups and orgs who DO FOOD e.g. beyond cafes, retailers etc. orgs may run exercise classes, sports/arts activities, environmental work, Scouts and Guides were they discuss and/ or serve food, FOOD is important as part of a joined up strategy. FOOD as a tool to connect people e.g. address isolation not just about obesity/malnutrition etc.
 - But all this work not just happen it NEEDS SUPPORT at all levels, some discussion of funding decisions etc. linking back to Participatory Budgeting and locality plans
- Use improvements in planning system and the Place Standard to support development of healthy sustainable communities especially re healthy choices and active travel

Q13 – Wider contributions/children and families

- Fine though irony here with price promotion social marketing stuff re people buying bottled water instead of drinking good tap water we have here in Scotland, links to stuff re advertising and poor quality of water in England/London where big advertisers/business may sit
- Restrict price promotion on food and drink high in fat, sugar and salt:
 - multi buy
 - X for Y
 - Temporary price promotion
- An opportunity also to encourage more fruit and veg, also link to community stuff and role of community retailers or local shops
- Reformulation – how can we support small to medium sized enterprises to do this with their products?
- Some discussion of what this was where fitted, linking us back to community setting
- This and other aspects raised importance of Volunteering too and more community stuff e.g. shops, activities etc. and back to the theme of food as a tool for community engagement, involvement and empowerment – not like exercise which can be hard – we all have to EAT.

Q14 –

- Community was a theme that peppered discussions, not sure it comes out in the notes, food as a tool, food as a vehicle for change, food as a need and basic human right.
 - Strategy for out of home providers including:
 - Calorie labelling of options
 - Portion size and calorie cap
 - Promotion and marketing
 - Cooking methods and reformulation
 - Nutritional standards for public procurement
- Some discussion of gaps:
 - The importance of volunteers seemed to be missed and the resources needed to support and enable volunteering in communities, whatever the group or role.
 - Is there a link to social prescribing? Good to begin to join things up, lots more could be done where are the food industry folk e.g. here today or reps from SG?
 - Brexit – what are the implications e.g. affordability, could more food come from US/NZ etc. If European subsidies go and nothing in place farmers may stop producing so could be threat, plus even if produce crop could be issue still as we have not got folk to harvest it?

Workshop 2: Local Implementation

Aspect of Strategy: Children and Families

- Discussion around prioritisation of funding
- Multi agency leadership group
- 'Do it once' Scotland
- Education to 'buy-in' (from beginning) – top down --- positive messages and body image
- Agreed timeframe for implementing legislation e.g. TV advertising
- Thinking outside the box – help drive agenda to SME's
- Right people, right place, right time – national campaigns etc – targeted - funded
- Health Visitor pathway – include healthy weight
- Realistic long term (20 yrs) plan with funding to match
- Increasing goals around 'bikeability'
- Promoting realistic active travel
- Considering this policy as a part of ALL policies
- Media training for those that need it – use media to promote positive messages
- Key messages – training for relevant personnel
- Prevention
- Proactive

Workshop 2: Local Implementation

Aspect of Strategy: Leadership

- Lead by example – procurement/sustainability – perhaps public procurement guidance
- Spell out the possibility rural/city
- Educate where food comes from
- Tease out the different levels – who is accountable
- D&O not visible in policy and strategy
- Link to community planning
- Link to local business – economic environment
- Build momentum at all levels
- Other countries best practice – Finland
- Work with key national bodies
- Bottom up
- Cultural change – collective responsibility
- Advertising campaigns
- Have opportunities to look at the other parts i.e. mental health – not just holistic approach – long term
- Self-evaluation tool for NHS and LA etc
- Need to recognise the time that this will take to see change – need to prioritise and need to identify timelines (locally and nationally)
- Self-evaluation tool – to support with highlighting gaps, priority areas. Will have to think holistically and identify who might need to be engaged with to make sustained change and system wide approach
- Need to think how local can link with wider industry and local businesses
- Link to wider mental health – both in strategy and wider
- Recognising the individual complexities of obesity e.g. mental health, poverty, childhood experiences, ethnic communities, family circumstances
- Need resource and setting of direction for maternal and very early years needs strengthened – strengthening partnerships
- Spell out the possibilities for action with regards to sustainable procurement
- Provide examples of good practice
- Explicit guidance on leadership at all levels – who leads, who is accountable, help recognise who is responsible
- Should be stipulated that this is a core part of HSCP
- Should be linked to community planning and economic development
- Look to other policies, other countries about leadership and building the will
- Work more cohesively with key national bodies which can build will
- Clarity of it being a role for everyone and need all areas to take a lead to make changes to improve diet

- Need to think about an approach that is inclusive, takes into account the complexity of food. Not as simple as tobacco and alcohol. How to raise the issue sensitively and no stigmatisation
- Move from personal responsibility approach to environment
- Need to ensure that the changes are accessible to all – service are accessible (consider mental health, healthy food is available and affordable)
- Look at how media campaign support change – targeted
- Need to take into account wider issues: poverty, skills, education
- HW - Looking at fundamental causes – recognising the wider causes
- Info graphic would be good to explain wider causes of obesity
- Change the way we engage and communicate – think about marketing and using ways to influence people to recognise the ways in which we are targeted by food manufacturers
- Need to look at learning disabilities, this needs to be thought about in the strategy

Workshop 2: Local Implementation

Aspect of Strategy: Treatment and Weight Management

- £42m funding investment to support treatment and weight management, concern about phased introduction of funding as need to pump prime some services to get started
- Need to ensure consistent approach in development of services
- Need to continue to support existing weight management services
- Consider projects and which groups aiming to support concern focus solely on T2DM
- Creation of efficiency savings, need to consider methods of tracking whether interventions are working
- 'Pathfinder' Sites : good practice and test sites, need for cradle to grave approach
- Need to target prevention and pre-diabetes not only those diagnosed with T2DM
- More emphasis on weight management as some individuals who are obese do not have T2DM
- What about other co-morbidities i.e. hypertension, cholesterol
- Projects need health economist input
- Consider introducing performance indicators within health visitor pathway
- Child Health Surveillance Programme – no mandatory recordings associated with interventions
- Adolescents – be aware of pricing which may prevent participation in physical activity, promote discounts associated with Young Scot cards (5% reductions if under 25 years)
- Develop and promote fitness classes specifically for young people
- Missed opportunity – need to reference schools to promote health and well-being
- Difficulty linking with secondary schools, consider opportunities to keep young people in schools over lunch time
- Free school meals do not support parents input to healthy eating by the time children reach P4 missed opportunity to engage with parents
- Secondary school meals low uptake, need to consider how to make an impact on the school environment to encourage healthy eating
- Engage with those attending both primary and secondary schools to find out what they think will help to encourage healthy eating / physical activity
- No reference to increasing workforce to support delivery of the plan
- Build and expand on lifestyle approach via health visitor and adolescent work
- Need to front load funding to build in social marketing, evaluation etc

- Learn from other interventions in other countries: France, Amsterdam, Scandinavia, Denmark where children involved in menu and preparation of school meals
- Recognise differing starting points across Scotland and relationships with schools
- Need to consider obesity policy and what will have the biggest impact (similar to smoking, alcohol pricing)
- Consider inclusion of how to help your child lead a healthy life and include in the Baby Box
- Health Visitor focuses on mum, need to focus on wider family network (dad / grandparent/extended family). Dad is often role model for son
- Use social media to engage in a positive way, need for media strategy to be supported by NHS, local authorities, leisure
- Recognition of diverse backgrounds and cultural differences – health literacy, language, generic messages, Eastern European often view obese child as sign of growth, health and wealth. Produce diet sheets for different cultures
- Supermarkets so pay tax for 3 for 2 offers on unhealthy foods. Need to standardise food labelling across all supermarkets as currently labelling is different. Teach healthy food shopping in supermarkets with Personal Shopper (Diabetes UK / Scotland have previously supported with dieticians). Use of on-line shopping to promote healthier options in shopping basket, praise where healthy options are being purchased
- Obesity plan should include more about the psychological and social aspects of weight management
- Biggest threat to the plan is funding and how to retain services beyond 5 year funding period
- When raising awareness there is a need to consider immediate access to supportive services (weight management/ physical activity) when individuals are engaged and motivated
- Use of focus groups to learn of experiences and to obtain improvement suggestions
- Noted ethics do not appear to support requests to go back to ask individuals why they did not engage with services referred to

Workshop 2: Local Implementation

Aspect of Strategy: Surveillance

- Need to understand the target we are aiming for, is it to reduce or stop the rise of obesity?
- Need to link in with other strategies to ensure all the contributing factors are engaged and working together.
- Develop a logic model which builds up from an individual level – the types of changes we would like to see in a person and the environment around them to support them to lose and maintain weight loss – look at the inequalities people face which creates barriers
- Could invest in community foods to make healthier foods more accessible and affordable.
- Monitor prices of basic food basket to ensure not costing people more for healthy food.
- Need to be able to tell the story of why restrictions on promotions won't mean more costly shopping baskets for people in low income (own brands not promoted, promotions encourage extra unneeded purchasing etc.) to build understanding and support. How are communities being engaged? – This would help understand the whole and tackle the 'them' and 'us' issue.
- Need to balance mental wellbeing, social wellbeing and physical wellbeing. All these should have an indicator.
- Taking a non-prescriptive approach – give evidence on why approaches work and what good practice looks like and allowing people to implement at a local level. Could be supported by locality leads in SG to give advice on implementation, regional events to share good practice.
- When implementing locally need all the critical partners sitting around the table – need joint signatures committing to the outcomes (like what was done for the Integrated Care Fund).

Workshop 2: Local Implementation

Aspect of Strategy: Wider Contributions

Culture (wider)

- Everyone's business
- Change of guidance to councils
- Technology – peer developed
- Schools
- What is our target impact in the meantime?
- Children can't safely play outside?
- Targeted work...inequalities, Save the smile – socially constructed resolution care?
- PB – making none of Stuff visible
- Tension in joining ... state vs regional
- Will to let this go to community level not in GP constraint (need to know what/how to join up- role of link workers?)
- HoS excuses not to do things eg, stop waste cut off?

Asset based approach

- Engaging
- Health first
- Social
- Key moment - traditions matter
- Improving peoples quality of life
- Obesity
- How things are marketed?



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