

**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  
(VIRTUAL, 11 JANUARY 2018)**

**JANUARY 2018**

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## **Virtual Session Part 1: SWOT Analysis**

**Aspect of Strategy: All**

**Group: Glasgow, Fife and Tayside**

### **Strengths**

- Targeting the food industry
- Changing the environment – support to make the right decisions
- PH Lead (beyond PHE)
- Ambition of the strategy
- Schools programme, early intervention, build on existing work – still there
- Clinical problems recognised (T2D) (balance prevention and treatment)

### **Weaknesses**

- More needed on communities and families
- Population no motivation to change long term health – focus on short term gain
- It is important and paramount to support communities
- Links to other work – Mental Health, stigma, stress of losing weight (be subtle)
- Blame on the individual
- Language - Don't say 'obese' – could be a barrier – better definition 'healthy weight'

### **Opportunities**

- Link to other work e.g. sugar and dental
- Health – consistency of message for all
- All working to the same message
- 27-30 month review – surveillance – feedback to parents – identify additional support
- Coproduction approach

### **Threats**

- Integration of health services – need those to achieve a coherent message
- More emphasis on mental health and reducing stigma
- Missing areas such as sleep and screen time – recognise these wider contributions

## Virtual Session Part 1: SWOT Analysis

Aspect of Strategy: Misc

Group: Aberdeen

### Food Environment:

#### **Strengths**

- Government willingness to Legislate
- Government engagement with retailers, enforcement
- Wider focus of strategy on food environment, not just individual behaviour

#### **Weaknesses**

- Doesn't include alcohol consumption
- Will need to address cultural dependence upon the motor car

#### **Opportunities**

- Links between food environment and 'green' agenda (plastic waste etc)
- Potential for regulation of food outlet density / zoning
- Potential to standardise food calorie labelling (calories per food item, rather than spurious 'serving' or 'per 100g')

#### **Threats**

- Will legislation be enforceable
- 'Big Food' profit motive a huge opponent

### Healthier Living and Physically Active:

#### **Strengths**

- Lots of existing good work to build on

#### **Weaknesses**

- Most existing programmes aren't implemented at sufficient scale
- Need to focus on families (particularly as a determinant of children's habits)
- Will need to address serious cultural work / life imbalances (people are time poor)
- Will need to address things like commuting

## **Opportunities**

- We should make best use of available partnership arrangements – for example community planning, children’s services partnerships
- Support should be given to local grassroots projects (e.g. local walking groups)

## **Threats**

- Many people don’t know how to cook – or are time poor – and there is a growing dependence on ready meals
- Processed foods are cheaper than fresh food
- Danger that weight-loss services dominate spending and effort

## **Leadership:**

## **Strengths**

- There is an existing national conversation
- Politicians are helping to advance the agenda

## **Weaknesses**

- Health professionals are amongst the most overweight, especially nurses – not a matter of knowledge or health literacy – but time and working life

## **Opportunities**

- Potential to make it a statutory requirement for each CPP area to have a healthy weight strategic plan
- Potential to interpret the strategy for other key stakeholders (e.g. town planners)

## **Threats**

- Sedentary culture – car dependence, digital distractions, road safety concerns for children’s outdoor play

## **Virtual Session Part 1: SWOT Analysis**

**Aspect of Strategy: All**

**Group: Dumfries & Galloway**

### **Strengths**

- Focus on linking different sectors and topics eg environment
- Political will at National level with opportunity to translate this to local level
- Increase in funding for active travel (commitment to ongoing funding would benefit long term behaviour change work and outcomes)
- Existing local working partnerships and relationships e.g. through Community Planning Partnerships
- Strong evidence base for aspects of work and lots of learning to be gained from previous/existing work
- Ensuring an outcome focused approach to this work
- Strong focus on community development approach to support implementation
- Strong developing work in Scotland around behaviour change (How can we build on this?)
- Technology/social media if used correctly can support key messages

### **Weaknesses**

- Limited consideration of mental health aspects and its impact on obesity
- Underweight not covered
- Prevention agenda requires to be strengthened and supported with funding. There is a need to ensure that funding allocated to implement the strategy is proportioned appropriately between clinical aspects and prevention aspects
- Targets stifling progress for new initiatives and innovation
- Technology/social media is moving very rapidly and government organisations can be left behind

### **Opportunities**

- Technology providing an opportunity to engage people
- Opportunity to provide a greater focus on physical activity
- Strengthen use of Physical Activity Pathway across NHS Board, H&SCP's, local authorities and Leisure trusts
- Health and Social Care Partnerships provides opportunity to develop joint approaches across Health and Social Care
- Health Visiting and the new pathway (increased contacts)
- Creative budgeting to develop programmes

- Develop legislation which supports action across a number of areas i.e. Education, Environmental Health and Planning
- Opportunity to use Food and Physical Literacy to promote community health and wellbeing

### **Threats**

- Technology being used as a leisure activity rather than physical activity (though some technology tools/apps can support physical activity)
- Lack of opportunity to be flexible in use of funding (bundles)
- Need to win the economic argument with key industry players
- Big businesses will always have more money than 'us' to promote their products – it is about how we work with them to promote in a responsibility way
- Technology/social media use can harm key messages

## **Virtual Session Part 1: SWOT Analysis**

**Aspect of Strategy: All**

**Group: Highland**

### **Strengths**

- Enthusiasm in our health and wellbeing structures that will support a community led approach to this agenda, examples of this include:
  - Community gardens
  - Small grant fund of £100k
  - Outdoor environments conducive to getting out and about
  - Good track record in supporting the co-production of social enterprise
  - Local examples of good practice like LOHO and Strachur Hub.
- Lots of enthusiasm in this agenda from a wide range of staff and partners, including community reps.
- We already deliver the X-pert programme for people diagnosed with Type 2 diabetes.
- Good balance between obesogenic environments and individual responsibility in the proposals.

### **Weaknesses**

- Accessibility of healthy/affordable food e.g. rural areas have difficulty getting cheap healthy choices.
- Local communities have no say in what food is available in local shops.
- Strategy feels top down and doesn't take account of differences in rural areas.
- Seems too much content in one strategy eg consider separating food production from healthy living.

### **Opportunities**

- Population based approach e.g. teenagers who will be future parents.
- This issue needs a high profile public debate.
- Keep school children in school at lunch time.
- Stop licences for fast food outlets near schools open at lunchtime.
- The new sugary drinks tax should be used in addition to the proposed new investment.



## **Threats**

- Difficult to “fight” big business and the public sector feels a sense of powerlessness.
- New funding should be ring fenced for this purpose.
- Austerity is an ongoing threat to investing in prevention.
- Not enough new investment eg £42 million over 5 years does not amount to much for small areas like Argyll and Bute.
- SMEs contribute significantly to local economy of rural communities and they need to make a profit to survive. It is not clear if there has been an economic impact of this in the proposed requirements.

## **Virtual Session Part 2: SWOT Analysis**

### **Aspect of Strategy: All**

### **Group: Ayrshire & Arran, Highland, Glasgow, Tayside, Orkney and Western Isles**

#### **Strengths**

- T2D prevention
- Schools and linking to other parts of the community (strengths in community)
- Address promotions
- Wide environment – food etc – address as a whole (not in silo)
  - Engage people
  - Range of partners (us, industry etc)
  - Sugary – commonly with dental – multi agency approach

#### **Weaknesses**

- Sedentary behaviours
- Screen time not addressed
- Mental health not addressed
- Celebrity bloggers (can also be strength)

#### **Opportunities**

- LTC – keep on path
  - Long term commitment
  - Not just a quick fix
- Co-morbidities – support more people
- Self-management guidelines – how to structure organisation, culture to maintain healthy weight
- Make better links between existing work
- Various specialists -> do more to prevent comorbidities (more dietetic resource)
- Recreate culture, remove stigma
- 'bags of change' standardised programme
- Adapt meal deals based on healthy choices

#### **Threats**

- Availability of resource and staff
- Systems to evaluate if you achieve what you set to do
  - Local and national approaches gathering same info

- Whats going on elsewhere – tests of change
- Multiagency – patient – advice – how to monitor ??? practitioner to advise
- 'Health fatigue' ???

## Virtual Session Part 1: Local Implementation

### Aspect of Strategy: All

### Group: Glasgow, Fife and Tayside

- Build clearer pathways
- Learn from what's going on elsewhere – tests of change
- Needs everyone on board working together
- 27-30 month + PI measure – no intervention on result – could use for more than just surveillance
- Know more about what is happening locally
- Focus on rural – same communication
- Monitoring and surveillance in strategy would result in more success at local level. Different population measures (ISD – dental extractions, national dental includes position P1 and P7, track decay)
- Build external environment to understand what happens and value it
- Raft of measures beyond art of what is currently countable
- Long term cross party support
- Quality improvement methodology – small tests of change -> understand
- Different culture
- Local picture (small data culture) – not regional or national - balance of national and 'softer' smaller measures

### 'How to maintain weight loss over long term?'

- We don't know how to do it
- We have short term focus
- Deal with as long term condition
- Need whole person approach
- Family and community - ?? food culture
- Soft approach eg teach new mothers about e.g. sugar and importance of sleep

**Virtual Session Part 1: Local Implementation**  
**Aspect of Strategy: All**  
**Group: Aberdeen**

(no notes)

## **Virtual Session Part 1: Local Implementation**

**Aspect of Strategy: All**

**Group: Dumfries & Galloway**

- Adopt a structured approach at local level through engaging Community Planning Partnerships etc and all stakeholders
- Focus on cultural aspects and 'big boulders' - What are the big changes we can make?
- Using existing initiatives (where they is good practice) to develop work e.g. building and embedding Health Promoting Health Service as part of NHS being an exemplar
- Ensuring we adopt a whole system approach to this work, where we work to a common agenda and demonstrate links between different sectors
- Ensure that we consider inequalities within this work
- Through being creative with budgeting and financial aspects
- Engaging the local business community and food producers
- Through ensuring strong leadership with the public sector being an exemplar
- Putting forward strong economic arguments and business cases in order to engage those who have not previously embraced this agenda
- At the core of work there should be engagement across all sectors and within communities in order to generate a ground swell of change
- Need to identify and build strong messages (i.e. What are the key things we want to be saying? These messages need to be hard hitting, based on evidence and consistently used across partners
- Consider how we monitor change/impact i.e. Do we set targets? or Is it more about performance frameworks?

## Virtual Session Part 1: Local Implementation

Aspect of Strategy: All

Group: Highland

### What we want locally?

- Generic health workers to work in a person centred way.
- Further support for social enterprises like LOHO:
- Recognise third sector funding models are fragile.
- Ring fenced money with no strings attached.
- Recognition that rural areas are different from urban areas.
- Consistency of messages for both public and staff.
- Restrict food licences around schools.
- Do want a national strategy but this must be empowering to local areas and support co-production.
- Clarify role for strategic partners e.g. how are Community Planning Partnerships stakeholders?
- Public debate and a national campaign.
- Government needs to tackle big business, how does this strategy link with what is happening UK wide, e.g. what is happening to the “sugar tax” on fizzy drinks.
- Step by step guide to raising the issue of weight with people as staff may be reluctant to raise the issue, especially if they themselves are overweight or inactive.
- Co-ordinated approach to link people in with sources of support in their community e.g. debt advice if they have money worries, these social problems can cause emotional over eating. There should be co-ordination with the proposed national role out of Link Workers.
- Inventive healthy opportunities e.g. look to other countries for ideas.

In addition to these two questions the group considered some of the questions in the full consultation document:

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?

- Greatly welcome a strategic response to the type 2 diabetes epidemic as the incidence has continued to increase in recent years despite existing strategy. This issue is already being considered in Argyll and Bute with a view to strengthening support to enable people with diabetes to self-manage their condition. Any proposals for type 2 diabetes weight management should run hand in hand with self-management support.

- We need to get to the position where it is the norm for people with type 2 diabetes to take part in peer support activities.

Question 9 - Do you think any further or different action on healthy living interventions is required?

- Welcome section 2.30 about linking people with sources of support “non-health referral pathways, however recommend the term *social prescribing* is used to ensure consistency with other policies.
- Third sector organisations can play an important role in healthy living. Future funding streams should require a physical activity element in community based activities.
- Disappointed there is not more about in the new GP contract about the role primary care can play in preventing health problems occurring and/or getting worse.



## Virtual Session Part 2: Local Implementation

### Aspect of Strategy: All

### Group: Ayrshire & Arran, Highland, Glasgow, Tayside, Orkney and Western Isles

- Labelling of food – easier to recognise e.g. colour scheme -> clarify what is better system (No Scottish powers - Brexit may change this – need an advocate)
- Supermarket – move snacks away from checkout – PLACEMENT NOT JUST PROMOTION
- Eat Better, Feel Better resource, link to ‘Bags of Change’ + re-energise
- ‘Well Now’ - More commitment to support weight management and continuity of service for long enough to take effect (eg LTC approach)
- Leadership consistent to sustain small programmes – not dependent on one person
- Parts of system, structure, not person dependent
- Commissioning structure open to non-traditional thinking – e.g Orkney endowment to sustain park runs.
- Complex system – integrate – work better across the system
- What is good leadership? – localised in schools, teachers, classroom assistants, catering staff – lead by example – the day to say contacts
- Culture created to support eg use of bloggers
- Be more courageous (leadership)
- Create systems and structure to support
- Commissioning
- Enable leadership at all levels – permission to act. Asset based approach (All NHS and LAs)
- Outcomes – early intervention/prevention – will not be quick results
- Measures of ‘factual’
- Pace of modern life – not sure what can be done but eg 30hrs screen time/week could be used more productively
- Promoting healthy eating not emphasising ‘bad for you’
- SG priorities but locally don’t have the resources to implement



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