ScotPHN report

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

Engagement events undertaken by the Scottish Public Health Network (ScotPHN) on behalf of the Scottish Government (SG)

December 2017 - January 2018

Contents

Introduction

Scottish Government held a consultation on 'A healthier future – action and ambitions on diet, activity and healthy weight' between 26th October 2017 and 31st January 2018. During this period, the ScotPHN organised four events to engage with a wide range of stakeholders on the strategy. Face to face events were organised in Glasgow (6th December 2017), Edinburgh (8th December 2017) and Inverness (10th January 2018); two virtual discussions were also undertaken by video conference on 11th January 2018.

The format of these events provided background to the current consultation document from Scottish Government and the presentation from local NHS and local authority on their experience of implementing obesity interventions since the publication of the Obesity Route Map (2010). Attendees were then asked to consider a SWOT analysis of certain aspects of the strategy in facilitated discussion:

- treatment and weight management;
- families and children;
- leadership;
- wider contributions; and
- surveillance

A second facilitated discussion on how to implement the new strategy locally was undertaken to galvanise action around the new strategy.

Full details of workshop discussions can be found in the appendices. This report provides a summary of the key points and themes.

General Impressions

Attendees were glad that this agenda is seen as important for Scottish society by Scottish Government. The strategy and its aim to re-invigorate this agenda, building on previous and current intervention, was welcomed. Its ambition was also welcomed, but attendees would like to have seen this go further with bolder steps and governance identified. The document itself was felt to be well-laid out and coherent.

It was interesting to see how the views of stakeholders have developed since previous engagement undertaken by ScotPHN on Scottish Government policy on diet and obesity and since the launch of the Obesity Route Map (2010). For ScotPHN the key message from the engagement is that the actions are the actions; what needs to be developed is the framework and leadership to make sure these are sustained, up-scaled and resourced in order to make a real difference.

There were no new opinions, just a greater understanding of the challenges faced nationally and locally to addressing the obesogenic environment. Support for their activities through an appropriately co-ordinated, managed and led infrastructure, and regulation/legislation where applicable, is what attendees would welcome most.

General Points

The workshop discussions were very rich; however, some of the points made were more general in nature or do not fit within the topic headings of the workshops (and therefore the main structure of this report). In order not to lose the richness of these discussions, the main points or recurring themes are captured below.

- As might be expected, the funding available to ensure effective implementation of the strategy to ensure proper evaluation, upscaling of effective interventions, sustained services and programmes, education of professionals and public and so forth was of concern.

- The funding for type 2 diabetes services that the strategy includes recurred as a theme throughout the discussions. Some did not understand this focus on type 2 diabetes because they felt it reinforced a focus on treatment rather than prevention. Others queried why no focus on other obesity co-morbidities, CVD for example, and the risk of not having any focus on them.

- For many, the link to the new Mental Health Strategy (2017-2027) was not sufficiently explicit. The importance of good mental health to be able to engage with the healthy weight agenda was recognised. Specialist support for those who may have experienced trauma or adverse events and who have developed unhealthy behaviours (anonymous overeaters; binge eaters etc.) needs to be in place. The impact of poor nutrition and lack of physical activity on mental health needs to be better understood.

- To a lesser extent, links to other national policy areas were mentioned. These included: alcohol; learning disabilities; and environmental sustainability and /climate change. The strategy must dovetail with other national policy – i.e. other policy should not weaken the ambition or contradict this strategy (and vice versa). Better understanding of how policies and services link is also required. Health in All Policies was mentioned in this regard.

- There was a strong desire for the strategy to provide strategic overview taking a population / holistic / whole system approach and engaging more with the other key stakeholders; local authorities were specifically mentioned as they have control and influence over a wide range of contributors to the obesogenic environment. The strategy should remove the barriers to perceived ‘silo’ working and narrow the distance between NHS and local authority, which was noted as being still too great.

- Given limited resource and capacity, there was frequent request for national development of resource for adoption locally; the sharing of best practice and for this to be held in some central repository. It was noted that the ‘Eat Better, Feel Better’ resource is not very well known.

- Engagement with industry was welcomed, however, there was a degree of cynicism about how and what they will contribute, feeling that they will adapt 'around' new health policy promotions. However, this could be addressed through balancing regulation and restriction with strong promotion of positive alternatives e.g. restriction of sugary drinks balanced to support other choices. It was noted that legislation will not necessarily change things, but the influence of the consumer and changing their food preferences, could be a powerful tool; where consumers go, industry will follow.

- Some wished to see the inclusion of more on physical activity, active travel (e.g. sustainable cycle routes) and place (especially greenspace). National work to create minimum standards for weight management to maximise reach, work in partnership with providers of physical activity opportunities and specifically ALEOS was suggested.

- The social determinants of health will impact on obesity, so the public health agenda on health inequalities and social justice should be used to support the strategy, and progress on obesity could be monitored using health inequality indicators. Prevention should include not just preventing poor lifestyle choices, but preventing negative structural factors which contribute to negative life circumstances. Service redesign may be required to truly address health inequalities and address socio-economic factors.

- Rurality can lead to health inequality as access to and availability of services may occur in that setting. This extends to the food environment, whereby the necessity for long shelf life leads to less availability of health food options.

- Attendees felt that there is a lack of public knowledge around the risks of bad diet, lack of physical activity and obesity. This will impede the implementation of the strategy. The public needs to be motivated to change its habits through strong, simple, accessible, 'hard hitting' messages. Therefore there is probably need for more media coverage. Individuals need to be motivated to change, and behaviour change will take 'lots of little steps'. Consistency of message is important from those who are the most knowledgeable, and this should be used by all partners.

- In terms of language, it was felt best to avoid the term 'obesity' as people do not engage with it and it could stigmatise. Consistency in terminology is important.

- The continuing role of Obesity Action Scotland and others - Cancer UK, Alcohol Focus Scotland etc. – in lobbying was felt important.

- There were several points made in relation to the food environment:
    - better support to help promote local produce (e.g. farmers markets, food co-ops);

- healthier items can be more expensive, need to be comparable with non-healthy items;
- better links to waste policy could lead to co-benefit (e.g. 'ugly fruit and veg' are sold more cheaply);
- labelling needs to be more accessible, not only difficult to understand, but too small to read.
- the focus on public sector, food environment is too narrow as, in terms of food provision, the public sector is in reality only a small part of food provision in Scotland;
- fast food outlets should be made to contribute to their community in a beneficial way;
- local issues supporting economic development in conflict with healthy eating choices;
- canteen and vending options in public sector organisations and trusts/ leisure services and colleges needed further improvement similar to HLA (Healthy living Award) and HRS (Healthcare Retail Standard). There should be no inconsistency of message (e.g. leisure services that host vending machines.);
- some procurement challenges exist. It would be good if the rules were more flexible and reflected local issues and needs. One example was raised of a local nursery no longer buying local food for children as an activity as they had to procure through set channels and could not use the local green grocers to get fruit and veg for children to taste and to learn about the importance of shopping.

- Attendees agree that this is a good time for public health legislation e.g. alcohol and that this should be used fully. The current public health reform was noted and its potential importance to moving this agenda forward. There was some query if the new, national public health agency could provide leadership, although it was noted that this could re-inforce the view that obesity sits with 'health'.

- BREXIT was seen as a threat to progress, with the potential for deregulation and the impact of new trade arrangements to have adverse effects on obesity prevention. For example, could sugar could become more available and cheaper as the quotas are removed? Where will power for issues such as food labelling rest after the return of powers from Europe – Holyrood or Westminster?

Workshop 1: Strengths, Weaknesses, Opportunities, Threats (SWOT) Analyses

This section summarises the workshop discussions at all the events in terms of the SWOT analyses undertaken.

Aspect of Strategy: Children and Families

Strengths

The strategy will consider the relationship between the planning system and the food environment. However, in the context of the children's and families working, will further legislation may be required. For instance, exclusion zones would be helpful which would extend to mobile vans and link to Beyond the School Gate.

The strategy seeks to do more to address advertising of unhealthy foods to children.

The strategy focuses on early prevention and seeks to be more inclusive. Areas marked out for specific mention were:

- services will engage more with women prior to first pregnancy, which supports the need to ensure healthy weight as early as possible in life. Attendees did wonder how these women would be identified.
- it builds on the success in relation to breastfeeding and weaning (more happening at 6 months instead of earlier);
- it supports family-based activity (e.g. the Children's Wood). The extended family will be signposted to services;
- it builds on the success of the Daily Mile to reinforce the importance of active schools, although a greater emphasis on physical activity generally and specifically in relation to teenagers was seen as desirable.

Weakness

The issue of mental health was raised in many of the discussions with the feeling that weight related stigma should be considered more prominently in the strategy, especially in children and young people. More needs to be done in relation to social media and the pressure on teenagers in relation to inappropriate body images, the increase in early body dysmorphia and so forth.

The strategy does not go far enough in relation to legislation; a specific issue raised was that of marketing and reformulation of weaning pouches, which are often high in sugar and this is not understood well by parents who instead think that they are doing well for their child.

It does not highlight the importance of subject specific teachers for home economics and PE. Further work is required to train more home economists and PE teachers as often subject specific staff are more confident in delivering these important subjects than a non-subject specific teacher. The importance of these subjects being delivered in a fun, interactive way by confident staff was highlighted. An inequality was noted around the issue that some schools now request payment for ingredients for home economic classes. The strategy should do more to strengthen the role of education in this agenda more generally.

Given the parent's responsibility in food choices for their children, there was a feeling that the strategy should do more to support parents to make the healthy choice. More should be done to strengthen their role in achieving healthy lifestyle choices; they could also act as advocates in e.g. schools.

Opportunities

The strategy could be an opportunity to have more intensive support for breast feeding.

It should highlight the potential of the health visitor role more. For example, greater support from health visitors for selective eating in early years. In addition, the new, pre-school health check which will be undertaken by the health visitor is helpful as it will continue the relationship with the parent. However, the option of having a P7 health check undertaken by the school nurse would be advantageous.

There is an additional opportunity to link with playground/toddler groups and these could be health visitors but could include others as well like Active School Coordinators.

There is an opportunity to further build on work in relation to pregnancy. This should consider more than normal BMI but also food and physical activity choices.

Threats

Food partnerships with schools are good, but the food industry needs to adhere to health issues as well or they could be undermined.

The current culture of providing non-healthy ‘treats’, especially within the extended family will do a lot to undermine activity elsewhere.

Aspect of Strategy: Leadership

Across all the workshops, it was felt that leadership at all levels is important to the successful delivery of the strategy. All those involved from Scottish Government to locality to individual professionals should 'lead by example'. This means – for instance – that the duty of care of the NHS towards its staff should extend to ensuring there is the provision of support for staff to have a healthy weight.

There was consideration of what good leadership should include, and this description be incorporated into the strategy. There was a recognition that sound leadership needed to be supported and consideration was given to ensuring leaders had access to available, good quality data and a joined up system locally and nationally.

Strengths

The strategy provides essential leadership to updating the strategic direction and focus on the prevention of obesity. It links to other areas of national policies which can support it (e.g. Good Food Nation, Healthy Working Lives). It was felt that there was a need to build on initiatives such as the Healthy Living Award, which could do more to engage caterers through more visits, more support from the HLA team, or perhaps using more statuary rather than voluntary means. Furthermore, the strategy identifies key leadership groups that should take ownership and work autonomously in implementing the strategy.

Attendees felt that although the strategy supports elements of leadership some of its content could be strengthened further by including more:

- emphasis on the role of third sector and working in partnership;
- on how current issues with the functioning of Integrated Joint Boards, are to be addressed if they are expected to have a leadership role;
- emphasis on how the food industry should engage fully with this agenda;
- on accountability at all levels and parts of the system in delivering the strategy;
- on how local delivery plans explicitly include activity in relation to obesity prevention;
- on building on the assets based approach; and

- on the importance of the obesogenic environment.

Weakness

Scottish Government needs to be bold leaders in respect of legislation and in particular with the food industry. There was a feeling that the food industry is interested in commercial issues and not in increasing health. That they will not lead voluntarily and there will need to be legislation on key changes such as reformulation/portion size.

It was felt that the role of local authorities is weak in the strategy and it would be stronger through wider consultation and increased involvement with a range of local authority functions including planning and education.

Again the involvement of the third sector was seen as important.

Leadership is challenging so needs proper support, sustainability etc. Some of the NHS attendees felt that they need to be empowered and supported by management. That there is an expectation that they have 'permission to act', rather than having to negotiate management 'buy-in'. Capacity is an issue as the space to lead is not available currently; there is no time for anything other than achieving the 'day job'. Perhaps if the wider implications of obesity were better understood at local level this could be addressed.

Again within the NHS, the leadership role of the Health Promoting Health Service is extremely important. However, there was some feeling that HPHS could communicate better with its intended audience.

Opportunities

There is an opportunity to join up different areas of policy, supported by strong leadership for implementation.

There is an opportunity to build momentum at local and national levels, building on previous and existing work, using the leadership that already exists within communities.

There is an opportunity to pilot areas to test a whole system approach to a multi-faceted approach.

Threats

In the main, the threats identified were in relation to the support for leadership at all levels:

- the lack of and diminishing funding and resource impacting on the development and maintenance of local and national leaders;
- the potential lack of political direction or political 'point scoring'. For example, the potential conflict between the promotion of Scottish food and drink at home and abroad, which is a cornerstone of the Scottish economy; and
- the lack of joined up leadership within Scottish Government.

The strategy will only be successful through sustained leadership across all areas of strategy and it moving beyond the NHS role and lifestyle interventions.

Aspect of Strategy: Treatment and Weight Management

Generally it was felt that treatment and weight management needs to be placed within a wider context. Even the best treatment and weight management system is unlikely to succeed if it is not supported by a healthy environment.

Strengths

The strategy recognises the balance of treatment and prevention. However, throughout the discussions the balance of funding for treatment and prevention was raised.

Additional funding identified for treatment in the strategy was welcomed, but it was queried whether it is sufficient. For example, current services could run better and at more scale if more resource was available. More resource is required for referral and follow up of patients once identified and engaged with service.

Attendees supported the 'joined up' approach outlined in the strategy to include multi-agency, partnership working and its 'societal' approach to health, diet and physical activity. Its attempts to regulate services across all age groups was welcomed. This does need to be fully embedded into Health and Social Care.

The strategy builds on the growing evidence base behind effective interventions. For example, through provision of support for interventions that have been successful, one example mentioned was the Fit for Fans schemes.

Weakness

The strategy does not sufficiently consider some issues with the current treatment and weight management system. There is variation in treatment and weight management across Scotland. The current referral system is problematic (particular issue regarding GP referral was raised). It was suggested that it is not ready for change and is too complex to negotiate therefore patients do not progress. It was suggested that referral should be made by a wider range of organisations including community services.

More emphasis on training the staff within the system is required so that they have the sort of knowledge and skills which can build the necessary courage to engage with effectively patients in the first place and to do in a manner that avoids the types of blaming/shaming conversations which can occur. At the Inverness event, the issue of not stigmatising the overweight and obese was a key issue; the use of language was felt important in avoiding this. There should be more emphasis on the 'teachable moment' to encourage pursuit of a healthier lifestyle and not discouraging patients through setting of unrealistic weight targets.

The system focuses on weight loss (short term – usually 8 week intervention) and not how weight management is maintained over the long term. More needs to be done to embed interventions into 'life', for example providing family/friends/peer support to facilitate long term weight loss. The system also fails in that it does not document outcomes of weight management making it difficult to assess the impact of an intervention.

In terms of health inequalities the system does not sufficiently acknowledge the potential of widening inequalities; for example, the cost of exercise classes varies geographically and may limit access of those in more deprived areas.

The focus on type 2 diabetes was welcomed by some, however, attendees were not sure how those at risk/pre-diabetic would be identified and a framework for identification should be considered.

It was felt the strategy could include more to support treatment and weight management through education of public and patients on diet and weight management and co-morbidities.

Opportunities

The strategy provides an opportunity for a unified, clearly defined standardised approach, across all aspects of the service including Health and Social Care; across the life span; and across the gamut of prevention to treatment. This should be supported by realignment of funding from drugs/treatment to prevention. This would

be further supported by more effective referral pathways which are easier to negotiate and more joined up.

Furthermore, this agenda could link to other, current NHS initiatives notably, Realistic Medicine, changes to the GP contract, and current public sector reform.

It provides an opportunity to raise public awareness of the consequences of obesity and provide more education. This could be supported through appropriate marketing and using social media (e.g. Facebook) and technology-enhance care (e.g. Florence).

There is an opportunity to strengthen and develop successful interventions as well as develop new areas. For example, more tailoring of healthy weight programmes to specific audiences (e.g. men-only cookery classes).

There is an opportunity to better link weight management and mental health (supported by linking of the two strategies).

Threats

A threat to treatment and weight management interventions is lack of and short-term nature of funding; acute services are under increasing pressure; community services are seen as safer option for cuts. Insufficient, skilled resource is available if short term funding leads to inability to recruit. How can the ambition of the strategy be fulfilled if the infrastructure is missing, and services are not properly resourced and sustained?

Furthermore, specific pressure points in the system were seen as a threat to overall treatment and weight management. For instance, health visitor network/services were seen as providing an important link in the system, to improving the healthy weight within the family context (not just mother and child), so changes in this service has the potential to undermine local implementation.

A lack of funding also impacts on the quality of intervention. A specific example noted was in the quality of school and hospital meals, where a better food experience in schools for pupils could improve greater uptake of school meals and reduce seeking food outside of the school.

Aspect of Strategy: Surveillance

Under this heading, attendees considered population surveillance, evaluation of interventions and performance monitoring. Across the events, their importance to understanding the impact of the strategy and interventions, locally and nationally, was seen as vital to measuring success and being able to prioritise interventions. Monitoring and evaluation should be used to address the current lack of consistency in interventions and insufficient follow-up on outcome.

Evaluation was specifically seen as including economic evaluation to understand the return on investment in prevention as well as assessing the cost benefits of treatment. The local political importance of such evaluation was seen as highly important.

At population level, surveillance should be undertaken over the long term; this could include the use of longitudinal studies to increase the evidence base.

However, there were concerns on how this can be improved with only short term funding, the pressures on NHS Boards and local authorities and the resultant lack of resource to undertake monitoring and evaluation. Funding for interventions should be contingent on the inclusion of monitoring and evaluation.

Strengths

There is a variety of population level data that could be better used to support monitoring and evaluation of interventions. Data sets noted included: Scottish Health Survey; UK Treasury data; Healthy Working Lives/Healthy Living Award data. More widely Kantar data could be used to understand specific categories and promotions and the SCI diabetes database could be used to track the success of elements of the strategy.

Weaknesses

<u>Data</u>

The large amount of data available should be used to better effect and better understanding of impact of the strategy. For example, the ability to utilise data which is 'good enough' to demonstrate the success or not of an intervention. Also, there is a lack of direct linkage between an intervention and outcome.

In spite of the amount of data available, key data are not collected, the prime example being school data on children over the age of 7 years. (There was also comment that the entry school check itself could be more rigorous.) There is also a lack of data obtained at individual level, which could be used to demonstrate short term outcomes and progress towards longer term objectives.

There is a lack of consistency across Scotland of what is collected, how it is collected/measured and how it informs further activity. For example, local outcome implementation plans (LOIPs).

Further consideration of how data can be used to show effect at local and national levels, and at individual and population levels is required.

Third Sector Involvement

There is insufficient consideration of how the third sector could support the strategy more broadly, but also specifically in monitoring and evaluation. The third sector is well placed to support this especially at local level; however, it would require better, longer term investment to develop systems and collect meaningful data. Successful examples were provided: the 'Edinburgh Model' inequalities fund, which has developed a system of monitoring and evaluation and allows people to report on the impact of social connection (38 diverse organisations report into this mechanism); the 'Fife Project' which allows organisations to report data into it at an individual, household and community level.

Vulnerable populations

It was felt that the strategy does not address vulnerable population groups sufficiently, in particular older people who may have poor nutrition. Surveillance could be used to ensure that these groups are better targeted. For example, it could

be used to monitor the types of people accessing weight management services (e.g. those with learning disabilities, or the socially isolated). The third sector is well placed to engage vulnerable people on a wide range of issues (see above).

Opportunities

There is an opportunity to develop a stronger, more comprehensive system of monitoring and evaluation, which provides meaningful intelligence at local and national levels, over the short and long term, including Health and Social Care. Through the strategy there is an opportunity to refocus/repurpose current monitoring and evaluation and link it better throughout the 'system'. The input of other professions e.g. physiotherapy, health visitors should be required of this system.

Data from the non-clinical parts of the system (public health; health improvement) also have the potential to provide better understanding of the wider picture, especially data on health inequalities.

There is an opportunity to use and extend current cohort studies – for example the 'Growing up in Scotland' study – which could continue to monitor the current cohort of children into adulthood. There is an opportunity to undertake more longitudinal studies to understand implementation of obesity interventions over the longer term.

There is an opportunity to introduce better or additional indicators of impact of interventions. It was suggested that locality planning provides a good locus for community level change measures. Indicators would not relate only to diet, but could include: social inclusion; building social capital; the degree of control someone feels they have: and reports of 'feeing listened to'; amongst others.

Threats

None of the workshop discussions identified any threats to surveillance in relation to the strategy. Though the threat to the strategy of not having effective surveillance was mentioned.

Aspect of Strategy: Wider Contributions

Strengths

The strategy seeks to engage with industry, although there was some concern regarding how far reaching this will be without legislation or further regulation.

It seeks to strengthen the role of Healthy Working Lives and the Healthy Living Award and build on their work to date. It was noted that this could be even stronger if the role of HLA could be extended so it could also work with publically funded catering locations.

It recognises the need for partnership working.

It addresses some wider settings / environmental issues (e.g. on price promotion).

Weaknesses

The focus on the food environment without considering the wider obesogenic environment and support to make healthy lifestyle choices easier was a particular issue for attendees.

Price promotions restrictions are not supported by regulations for enforcement. Generally, more to restrict marketing/advertising is felt to be required. This was also the case more generally in that the strategy does not include on regulation and identifying specific responsibility in key organisations (e.g. Local Authority Environmental Health, FSS, HLA).

Key partners should be considered more fully. Specific mention was made the role of Local Authorities and Community Planning Partnerships, Health and Social Care Partnerships, the third sector and volunteers in communities.

In communities, more needs to be achieved in creating the roles necessary to promoting healthy lifestyles and in providing leadership or addressing missing skill sets in community groups (e.g. PTA, PC, Scouts, Sports Clubs etc). More needs to

be done in communities to educate people generally as well as in targeted communities.

It does not sufficiently link to the Place Standard.

Opportunity

There is an opportunity to extend the role of Local Authority Environmental Health using the relationships local EH Officers have with businesses etc; if EHOs were upskilled and resourced, they could be first line educators on nutrition. It was noted that it is a small jump for enforcement from food safety to nutritional content.

Nutritional education should be given to more health and social care professionals who could use their position to influence and support behaviour change.

There is an opportunity to link key, national policies (e.g. food labelling should be extended to alcohol, cycling/active travel) should be incorporated into Curriculum for Excellence.

In spite of concerns expressed at ability to motivate industry to make far-reaching changes, attendees welcomed the opportunity to work with manufacturers (small and large) on issues such as food composition, calorie content, fat, protein etc.

Threats

Effective implementation of the strategy is hampered by:

- inconsistency of message and approach;
- partners not engaging as required or not understanding their contribution; and
- lack of sustained, resource within the public and third sectors

The wider contribution needs to be part of the system for implementation and part of joined up thinking.

Workshop 2: Local Implementation

In the second workshop, attendees were asked to consider how they will implement the strategy locally. The notes taken at the events illustrate actions to be progressed at both local and national level. There was a particular emphasis on how national activity could better support local implementation and, overall, comments on how the national, more general actions that could support successful local implementation of the strategy were in the majority. It was clear that participants felt that those barriers identified through the SWOT analysis undertaken in Workshop 1, needed to be addressed to achieve successful implementation.

This summary makes no judgement on effectiveness of actions proposed but provides the common themes and points raised by attendees throughout much of the discussion.

Finally, it is worth noting that attendees felt that a more nationally co-ordinated, well-resourced, 'once for Scotland' approach should be adopted for successful implementation of the strategy.

Aspect of Strategy: Children and Families

In relation to children and families work, a number of specific comments were made:

- National support to strengthen existing arrangements and partnerships would be welcomed. In this regard, specific mention was made about clarifying the policy direction of travel and resource envelope available for work in relation to maternal and early years care.

- It is important to embed 'behaviour change' as early as possible: so teach children and young people where food comes from, the skills of shopping and eating intuitively. This should be supported by guidance and appropriate training for education staff/canteen staff/parents on eating and portion control. To support this the wording in the strategy should be changed to reflect the importance of portion size versus eating intuitively. There may be a role at national level for agencies such as the Education Scotland to involve wider education staff to teach body image, food advertising, manipulation, resilience and political engagement.

- The focus of activity should not be solely on the child but the whole family to ensure it is embedded and sustained. Examples from Inverness included Highlife (Highland) and Fitlife (Moray) cards, which are used to encourage families to participate in physical activity. This would be further supported by embedding more widely in school and community. Physical activity could be increased by fitness classes specific to young people being developed and promoted.

- Health visitors should not focus solely on the mother and child, but take a whole family approach. Activities in relation to promoting a healthy weight should be incorporated into the health visitor pathway.

- Nationally, need to address the gaps in implementation. A specific example provided was that of support for Looked After and Accommodated (LAAC) young people and the need for independent living skills on moving into first tenancy and learning healthy eating, cooking and budgeting. This applies to other vulnerable groups.

- It was noted that interventions should not reinforce and increase health inequalities. For example, the cost of participating in fitness classes may prohibit some from partaking; Young Scot cards and associated discounts could go some way to address this.

In relation to older children, the importance of working within the school setting was noted:

- The role of schools in implementation and the 'buy in' of education was seen as vital and early successes of Curriculum for Excellence should be built on. Schools should reinforce positive messages and promote healthy body image. More engagement with pupils at primary and secondary age should take place to help encourage healthy eating and physical activity further. This may address a particular problem of low uptake of school meals at secondary school and of pupils instead going off site to find 'unhealthy' food options. Other suggestions included increasing the number of breakfast clubs, and improve links with supermarkets to support them and to ensure they are sustained. Nationally, the budget for nursery and school meals should be increased to ensure they are nutritious and attractive to pupils. It was suggested that interventions undertaken in other countries (e.g. France, Netherlands, Denmark) where children are involved in menu and school meal preparation may provide helpful example.

Some concern in relation to free school meals was expressed as this does not support parents to input to healthy eating. By the time children reach P4 an opportunity to engage with parents may have been lost.

Aspect of Strategy: Leadership

National leadership was clearly seen as vital:

- There was a desire for strong, inspirational leadership at local and national levels to drive forward implementation of the strategy and create the necessary relationships, and which is maintained over the long term. The issue of how initiatives fall away when key personnel leave or funding comes to an end was raised frequently. This leadership should not be afraid of saying what does and does not work, and prioritising successful, evidence based approaches.

- There is a lot of current activity, but the strategy needs to be more explicit on how this existing work connects with and address the agenda overall is needed. Implementation will be served by making Health in all Policies real and by making more explicit the strategy's link to other national policy.

- Multi agency and sector working will be required to address obesity and the responsibility of all those concerned needs to be reinforced. (Should there be a national, multi-agency/sector leadership group?) There should be better recognition that this is a complex problem, which will take a long time to address, therefore there needs to be national leadership for long term planning (supported by long term funding) and to prioritise local and national activity within that. There were several requests for there to be greater equity in funding for prevention and treatment; this requires consideration of funding given to local authorities and that given to the NHS. There needs to be more legislation to address the obesogenic environment. Also the need to engage on the international stage as some issues are beyond the control of Scottish and UK governments.

- Creating the correct environment for implementation through advertising campaigns to raise public understanding of obesity. This should be consistent with other national campaigns to avoid conflicting messages. Messages should be clear and simple e.g. could infographics be used more? Use of social media to promote message was mentioned often; this should be in a positive way. Employ marketing skills to this cause. Any marketing strategy should be supported by NHS, local authorities etc.

- The links to the national approach to developing better health literacy and obesity need to be emphasised more. Better understanding of social and cultural literacy is also important to target messages to different demographics and cultures.

- The idea of leading by example was raised in various ways (e.g. the Health Promoting Health Service) or public sector organisations using procurement guidance to procure healthy and sustainable food.

Local leadership and accountability is important and needs to be supported nationally:

- National guidance on who leads, who is accountable and recognition of who is responsible was seen as desirable. It was felt currently there is not enough recognition of the wider contribution to addressing obesity. Also, the space and time to lead should be created as it is difficult to improve/change practice when doing the day job.

- Local implementation is served by the Christie report and the Community Empowerment Act and this potential should be developed further to work with communities, in partnership to create local leadership and outcomes. For example, the use of the Community Empowerment Act to secure assets for the community such as allotments for food growing. It was recognised that this may need to be supported by education to build confidence in communities. The importance of the public health duty in assessing the health benefits of community assets transfers should be more prominent.

- The strategy should be incorporated into community planning and Local Outcome Improvement Plans (LOIPs) and embedded in Health and Social Care Partnerships. The potential for these to provide information, link between groups, share good practice, provide accountability locally, was recognised.

- The importance of the third sector to local implementation was recognised and whether it should be commissioned more to implement this agenda locally.

- Local implementation should consider the local economic environment and make links to local business.

Aspect of Strategy: Treatment and Weight Management

Some general points were raised on this issue:

- Creating a healthy environment to support treatment and weight management is essential; without this, it will make the task of obtaining healthy weight much harder for individuals. Weight management should not only be seen as 'weight loss'.

- A consistent approach in the development of services is important to avoid a 'post code lottery'. It should be recognised that there is variation in service provision across the country and that different areas are starting at different points. This development should take a person-centred approach.

- The balance of treatment and prevention was raised. Ensuring weight problems are being addressed sooner rather than later must be a key deliverable. This will help improve well-being whilst also reducing the need for more costly treatment (e.g. bariatric surgery, type II diabetes, cancer, etc.).

- There is a need to continue to support existing weight management services whilst the strategy is introduced.

- New approaches should be explored (e.g. the Diabetes UK project using healthy food shopping in supermarkets with a Personal Shopper working in support of NHS dieticians) or the encouraging the adoption of product substitution in on-line shopping website that can to promote healthier options in shopping baskets.

- There needs to be more done by the industry to support weight management: areas identified included: labelling of food; and supermarkets moving snacks away from checkouts.

- Brexit should not be allowed to reverse current food-related legislation.

Funding and resources were a clear concern for participants:

- There was concern at the phased introduction of the £42m funding investment to support treatment and weight management and whether there is a need to "front end it" to get some services started. This could include evaluation, social marketing and so forth. The attendees thought the strategy could be clearer on how investment will be allocated and it should set a timeframe for it. At local level, some felt that each locality should be able to set plan for funding; this should come with accountability for delivery.

- Attendees were concerned that the strategy does not refer to the workforce consequences of implementation. Several queried whether staffing could or should be increased?

- There was concern that there may be insufficient capacity within the system to meet increased demand if public awareness is increased, and self-referral possible; service providers need to be able to engage with individuals when they are most motivated to lose weight (not lose the 'teachable moment'). The ability of staff to engage with implementation will depend on the capacity available.

- In an environment where there is continued requirement for efficiency savings, evaluation of treatment and weight management interventions is essential to understand which ones work and should be prioritised, and which ones should be terminated. It was noted that a 'one fit all' approach may not work, so better understanding of what works for specific groups would be helpful. This could be further supported by sharing good practice at national level and making better use of technology to do so.

- It would make sense from an efficiencies point of view, but also to ensure consistency of message, that resources (e.g. leaflets, apps) should be developed and provided nationally on a "once for Scotland" basis.

There were relatively few comments on local implementation:

- The value of local services was expressed and the importance of working within the local context. It is important the required multi-disciplinary team is brought together to create ownership and improve co-ordination between different services; a two-way referral pathway and appropriate sign-posting between services were suggested. The new link worker role could provide helpful contribution to this agenda. Service users should be empowered to become involved in the development of services, again creating ownership; they should be empowered to self-manage.

- The service needs to work within the capacity and resources available e.g. venues; it also needs to be flexible so that it is available when users are.

- In rural areas, consideration of the hard to reach should be undertaken and how this could be addressed through technologies such as Florence and wider telehealth approaches.

Aspect of Strategy: Surveillance

The importance of monitoring and evaluation to implementation was widely recognised in discussion:

- It was felt that without surveillance measures it is difficult to act and there should be targeted and identified outcome measures. There should be a range of outcome measures not only in relation to weight but also in relation to e.g. health inequalities, access to services. Outcome measures should be employed to drive forward improvement as part of a holistic approach.

- These measures should lead to action. For example, if a set target is not met there should be consequence. Evaluation should lead to further action. For example, in child surveillance, it was queried what intervention results from the 23-30 month and P1 measurement of weight?

- All action plans should include targets or a performance framework, and reporting mechanism.

- There was some suggestion that self-evaluation (NHS and local authority) would help highlight gaps and priority areas.

- Local evaluation needs to be supported nationally through funding, central resource/tools and inform national understanding of outcomes. Sharing of best practice should be co-ordinated on a national basis. Better use of existing national resource such as health intelligence and health economics (to show the cost-benefits of investment in prevention) is required. There needs to be clarity on who has overall responsibility for delivery, reporting (on what) and feedback.

- Data collection needs to be strengthened nationally as well as understanding of quality improvement methodology and how data can inform service improvement.

Aspect of Strategy: Wider Contributions

Wider contributions to implementation considered by attendees include culture, physical and obesogenic environments, and technology, and how these need to change, as well as the contribution of other organisations and sectors - this is 'everybody's business'. This was reflected by the appetite of those wider organisations represented at the events to support this agenda locally and nationally. For example, in Glasgow the role of environmental health was discussed. Specific themes included:

- Local authorities have an important role in addressing many aspects of the obesogenic environment and in developing the right environments for physical activity and healthy eating through planning (greenspace, creating safe play areas), licensing food sellers and so forth. It was suggested that departments could be better aligned to reach outcomes e.g. statutory consultation with food standards officers for planners, or link planning and active travel.

- Better understanding of the food environment is required, especially in relation to schools. Suggestions included, a Scotland-wide database of location of food premises, the use of the Place Standard data in conjunction with the Food Standards Scotland website, stronger legislation in regards to HFSS food sold in the vicinities of schools, nutritional sampling data being used to inform schools of what is being sold in the vicinity.

- The local authority role should be supported from the highest level through engaging Chief Executives and CoSLA to affect change. It was suggested that a (infographic) briefing paper for CEOs, elected members, CPPs amongst others should be developed to support better local authority implementation.

- Other agencies can contribute. For example, Cycling Scotland collects and produces data on active travel and barriers to active travel. This data could be used to create 'heat maps' to identify areas where investment in active travel is likely to have most impact.

- The better use of the community and assets based approach was also discussed under this topic also. Implementation could be served better through more community development workers and resources to bridge into communities as well as 'role models' based in communities. If funding is not available within the public sector, could other resources be identified? Or could the £42 million be targeted instead to boost capacity for preventative work in local communities using community development instead of wholly towards type 2 diabetes treatment services?

Appendices

Glasgow Event 6th December 2017

- **Attendance List**
- **Flipchart Notes from Workshops**

Edinburgh Event 8th December 2017

- **Attendance List**
- **Flipchart Notes from Workshops**

Inverness Event 10th January 2018

- **Attendance List**
- **Flipchart Notes from Workshops**

Virtual Event 11th January 2018

- **Attendance List**
- **Flipchart Notes from Workshops**

ScotPHN report

For further information contact:

ScotPHN
c/o NHS Health Scotland
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Email: nhs.healthscotland-scotphn@nhs.net

Web: www.scotphn.net

Twitter: @NHS_ScotPHN