

Response ID ANON-1EPT-UGAT-B

Submitted to **A healthier future - action and ambitions on diet, activity and healthy weight**

Submitted on **2018-01-31 15:34:44**

Transforming the food environment

Promotions

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

Yes

Please explain your answer.:

Evidence shows that it is not just price that affects purchasing behaviour in relation to food and drink products but also location. Restricting aisle-end displays for alcoholic and sugar-sweetened drinks has been found to be as effective as pricing interventions on reducing consumer purchases:

<http://www.sciencedirect.com/science/article/pii/S0277953614001361?via%3Dihub>.

Therefore, product placement should be considered in addition to price promotions.

While there is evidence to suggest that restricting promotions on less healthy foods, multi-packs or 'meal deals' has the potential to improve the diet of the population, it is unlikely to reduce health inequalities arising from poorer diets in low socio-economic status groups:

<http://ajcn.nutrition.org/content/early/2015/02/11/ajcn.114.094227.full.pdf>

Therefore, other measures which address health inequalities should be considered.

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

Please explain your answer.:

The OFCOM nutrient profile model (NPM) provides an evidence-based approach that should be applied to all promotional activity and allows promotion of healthier options:

<https://www.gov.uk/government/publications/the-nutrient-profiling-model>

The NPM is currently being reviewed by a working group and a revised version that addresses current shortcomings will be available shortly. This work is being led by Alison Tedstone, Head of Nutrition and Obesity at Public Health England.

Advertising

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

Strongly agree

Please explain your answer.:

The OFCOM nutrient profile model provides positive guidance for non-broadcast advertising. However, it is important that any advertising not only avoids the targeting of children in relation to products which are high in fat, salt or sugar but should also promote healthy eating in adults too. Therefore, advertising which suggests to parents or carers that these foods are appropriate as either individual or family choices should be discouraged. For example, multi-person or family-size 'meal deals' of fast food are often promoted as being easy and popular choices that can be convenient for busy parents or offered as a treat in a social setting.

Non-broadcast advertising may not only be adversely influencing population diet but may be specifically affecting the diets of individuals of low socio-economic status due to advertising location. Research has found that food advertising exposure was greatest in the least affluent areas in a region of the UK:

<https://www.cambridge.org/core/journals/public-health-nutrition/article/socio-economic-differences-in-outdoor-food-advertising-in-a-city-in-northern-england/192383F225D9>

Differential exposure to food advertising has also been demonstrated in women's magazines targeting different socio-economic strata:

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-368>

<https://academic.oup.com/eurpub/article/19/2/144/427301>.

Out of home sector

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

Yes

Please explain your answer.:

A robust review of the evidence concluded that interventions to promote healthier ready-to-eat meals should either restrict the choices available to consumers e.g. by limiting portion sizes, or use better processes to influence their choices e.g. by incentives and disincentives:

<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-016-0429-z>

<http://onlinelibrary.wiley.com/doi/10.1111/obr.12479/full>.

Action should focus on portion size and calorie cap options in preference to calorie labelling, which studies have shown to be only moderately effective:

<https://link.springer.com/article/10.1007%2Fs10900-014-9876-0> <https://www.ncbi.nlm.nih.gov/pubmed/27358442>. It should also guard against the possibility of

multiples of smaller portions being sold as an alternative to larger ones.

There is evidence that, because of the demographics of those who consume out of home meals most frequently, interventions should specifically be tailored to and targeted at adults aged 30 years or younger: <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0210-8>.

Further research has shown that the consumption of out of home meals increases as children grow older and, therefore, interventions should be specifically aimed at children to counter this increase:

<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0210-8>.

The role of local authorities and their policies around planning regulations should be carefully considered. Without appropriate regulation, the number of out of home food and drink outlets will continue to grow and encourage excessive energy consumption.

The use of supplementary planning directives by local authorities is the subject of current research funded via the NIHR School for Public Health Research, which may help to inform future interventions - contact Dr Jean Adams, CEDAR: jean.adams@mrc-epid.cam.ac.uk for further details.

Planning system and the food environment

Labelling

5 Do you think current labelling arrangements could be strengthened?

Yes

Please explain your answer.:

The most effective step regarding current labelling arrangements would be to ensure that the label clearly displays information for the portion suggested by the package size - or for the entire package if large and not easily or intuitively divisible. 'Traffic light' style information helps considerably but quantitative information must be in a readable format i.e. in a large font and placed prominently on the pack:

<https://www.ncbi.nlm.nih.gov/pubmed/29258543>

The variety of formats and colours of current front-of-pack (FoP) labels is unhelpful to the public and government should seek to ensure these become standardised with regard to all elements of the label, thus removing commercial discretion:

<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0319-9>

Making FoP labels compulsory for all food and drinks (including alcoholic drinks) would, we believe, support the public to make informed choices.

However, simply providing information for consumers via labelling is unlikely to be effective if used alone as an intervention:

<http://onlinelibrary.wiley.com/doi/10.1111/obr.12479/full>.

Research suggests that such knowledge is necessary but not sufficient to change behaviour. Labelling arrangements could, therefore, be strengthened by providing other behaviour change tools alongside any information:

<https://www.ncbi.nlm.nih.gov/pubmed/23512568>.

Reformulation and innovation

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

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

Research has found that small and medium-sized businesses (SMEs) can be successfully engaged in implementing interventions to promote healthier out of home food:

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3980-2>.

However, it is important to note that the capacity of smaller and independent out of home outlets to change current practices is more limited than that of large franchises and chains. These smaller businesses may, therefore, need greater support to overcome any practical and economic challenges and to implement change.

<https://www.repository.cam.ac.uk/handle/1810/271219>

In general, SMEs are positive about these changes, particularly when they are cost-neutral and use a 'health by stealth' approach i.e. one where their customers do not really notice that there has been any change. They should, therefore, be supported in introducing interventions which have minimum implications for their business while having maximum benefit for their customers.

The need to reformulate and innovate runs further than simply SMEs and that national chains selling food products (i.e. supermarkets, restaurants, fast food) are a key stakeholder to challenge. They are responsible for a very high proportion of the food being eaten in the UK and are, therefore, highly influential due to their sheer size and the number of outlets they own. Therefore, for any reformulation to be effective, the plan also needs to target those parts of the food industry who have the largest effect on the UK's diet.

Food and drink levies

Living healthier and more active lives

Developing a positive relationship with food from birth to adulthood

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

Yes

Please explain your answer.:

There is a focus in this section of the consultation document on individual level interventions. These require greater engagement and use of resources by the individual (i.e. 'agency') than more structural, population level interventions that facilitate healthy choices. Such interventions are also more likely to widen inequalities:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4942121/>

<https://www.ncbi.nlm.nih.gov/pubmed/27046234>

<https://www.ncbi.nlm.nih.gov/pubmed/25934496>

Most of the proposals in the consultation paper focus on diet and maintaining a healthy weight and more consideration needs to be given to supporting physical activity across the lifespan. One area for potential intervention would be changing physical environments to promote physical activity e.g. through active travel to school or through cycling infrastructure and better public transport:

<https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-3-19>

[http://www.ajpmonline.org/article/S0749-3797\(15\)00622-4/fulltext](http://www.ajpmonline.org/article/S0749-3797(15)00622-4/fulltext)

<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0239-8>

Furthermore, health visitors, early years workers, and other key front-line staff could be supported to talk to families about becoming more active as well as about their diet and weight. Research suggests that parental health behaviours influence child health behaviours, so the promotion of an overall family approach would be of clear benefit: <https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-11-54>

<https://www.ncbi.nlm.nih.gov/pubmed/8483856>

There is also a need to recognise that parents and healthcare professionals are not always able to easily identify when a child is overweight:

<https://www.nature.com/articles/ijo2011106> <http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1754.2006.00890.x/full>

Likewise, it would be useful to provide more detail about how mothers will be 'supported' to breastfeed and to include the topic of weaning in this guidance. Interventions should specifically target factors such as age of weaning, foods used, frequency and portion size. There is also a need to explore further the challenge of excessive formula feeding:

<https://www.sciencedirect.com/science/article/pii/S0140673617329914>

As highlighted earlier, we believe that community-based healthcare professionals e.g. midwives, health visitors and pharmacists play a key role in supporting parents and families and that they should be properly trained and monitored to offer these kinds of interventions.

Supported weight management

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?

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?:

The findings of the ongoing process and outcome evaluations of the NHS Diabetes Prevention Programme should be examined very carefully. These will shed light on the challenges of recruitment and retention as well as impact:

<http://onlinelibrary.wiley.com/doi/10.1111/dme.13562/full>

<https://www.research.manchester.ac.uk/portal/en/projects/evaluating-the-nhs-diabetes-prevention-programme-nhs-dpp-the-diploma-research-programme-diabetes-prevent>

Within the NHS, funding GP surgeries to have 'health champions' for overweight and obese people would be a worthwhile consideration – and would assist in the provision of weight management services for people with (or at high risk of) diabetes. However, it would also be beneficial to look beyond traditional health service delivery programmes and develop community-based support with third sector involvement. The ActWELL programme is a good example of this type of approach: <http://actwellstudy.org/>

It should also be noted that many patients at higher risk of diabetes are also at higher risk of cancer and that targeted weight management initiatives can offer them significant health gain:

<http://onlinelibrary.wiley.com/doi/10.1111/codi.12895/abstract>

Healthy living and other interventions

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

Yes

Please explain your answer.:

The guidance currently refers to the support of healthy living interventions as a treatment, provided through NHS and non-NHS referral pathways. However, there also needs to be a focus on the importance of preventive measures through health promotion and one area of focus might be the health and well-being of the working population. Given that the number of people in work in Scotland is over 2.6 million, the workplace would seem to be an ideal setting in which to reach large sections of society:

<http://www.bbc.co.uk/news/uk-scotland-scotland-business-40947422>

Workplace health and well-being is currently advocated by numerous reputable charities e.g. the British Heart Foundation, who can provide a clear business case for employers and examples of best practice:

<https://www.bhf.org.uk/health-at-work>

Furthermore, occupational health and safety advice for employers (including promotion of health at work) is provided by NHS Scotland by Public Health England:
<http://www.healthyworkinglives.com>
<https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>

There should be continued encouragement and support for employers to provide healthy lifestyle interventions since the case to initiate such schemes has already been well established:

<https://www.ncbi.nlm.nih.gov/pubmed/19094421>
www.emeraldinsight.com/doi/abs/10.1108/17538351011031948

One example of best practice in workplace health and wellbeing is an award-winning programme for employees of an acute NHS hospital trust in England:
<https://www.ncbi.nlm.nih.gov/pubmed/23771680>

There is also growing evidence that healthy lifestyle behaviours can be promoted in the workplace through a variety of different interventions such as digital learning tools, physical activity programmes and general health checks:

<https://www.ncbi.nlm.nih.gov/pubmed/27486706>
www.tandfonline.com/doi/abs/10.1080/14635240.2015.1016621
<https://www.ncbi.nlm.nih.gov/pubmed/23827053>
www.emeraldinsight.com/doi/abs/10.1108/IJWHM-07-2013-0027

Physical activity

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

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

There is generally only a limited consideration of physical activity in the proposals outlined as part of the consultation, and this should be reviewed. The current plan links to the Active Scotland Outcomes Framework, which emphasises the importance of Greenspace Accessibility for encouraging physical activity:
<http://www.gov.scot/About/Performance/scotPerforms/partnerstories/Outcomes-Framework>

However, there is also a need to consider the quality of green spaces; indicators such as the Greenspace Accessibility Indicator do not take account of the perceived quality, cleanliness or safety of the spaces and yet these factors clearly affect their usage:
<http://www.sciencedirect.com/science/article/pii/S0091743504003457>.

There is also a need to consider the quality of the more-immediate neighbourhood environment for encouraging individuals to engage in everyday physical activity. Evidence suggests that neighbourhoods with greater disorder e.g. litter or graffiti, discourage activity and healthy eating and yet these issues are rarely considered in interventions to promote physical activity or healthy weight:
<https://academic.oup.com/aje/article/163/11/1012/168577> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1215553/>

There is evidence that those who are disadvantaged e.g. those with low incomes, disabilities or from ethnic minorities, have particularly low levels of physical activity and would benefit from interventions to support them adopting more active daily lives:
<http://www.sciencedirect.com/science/article/pii/S0749379798000816>

One major issue which challenges many of these disadvantaged groups is infrastructure and it is clear that they would benefit from having access to a more supportive physical environment:
<http://www.sciencedirect.com/science/article/pii/S0749379704000297>
<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0230-4>

However, these particular types of intervention are likely to be insufficient in terms of encouraging behaviour change in the targeted populations and complementary individual and social strategies will also be required: <http://www.sciencedirect.com/science/article/pii/S0277953601001502>

We are committed to Scotland becoming the first 'Daily Mile' nation, with roll out across the wider community including nurseries, colleges, universities and other public-sector workplaces e.g. NHS sites. It will be important to ensure that these initiatives are both well monitored and rigorously evaluated e.g. with a randomised controlled trial (RCT), to ensure that appropriate data is fed forward into the evidence-base.

Any new interventions introduced should be underpinned by behaviour change theory and methods which incorporate measures to discourage car use e.g. by reducing the number of city-centre parking spaces and building 'Park & Ride' facilities. Similarly, active travel schemes should be encouraged as a safe, affordable and convenient option. This could be achieved through the provision of bike libraries, bike racks, cycle lanes and well-lit walking paths with a good pavement surface:
[http://www.ajpmonline.org/article/S0749-3797\(15\)00622-4/fulltext](http://www.ajpmonline.org/article/S0749-3797(15)00622-4/fulltext)

At a population level, more interventions which engage adults in physical activity outside the realm of 'sports and exercise' are needed. This could include commuter-focused initiatives e.g. walking buses or social community groups e.g. gardening clubs. Action should also consider how to increase incidental activity e.g. devising planning regulations which require new buildings to facilitate the use of stairs rather than lifts.

Leadership and exemplary practice

Leadership

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

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

The actions proposed in the consultation paper appear to be predominantly 'top down' initiatives. It is important that local and community-led actions around weight management are also considered.

Any action about preparing healthy meals should include provision or subsidy towards equipment, along with appropriate education and training, since efforts to increase knowledge or skills will not translate into behaviour change if the appropriate resources are lacking.

Furthermore, there is scope to encourage weight management interventions not just for their health benefits but for other reasons too e.g. to promote looking good or social interaction. Such interventions might also include consideration of alcohol consumption as part of the diet and healthy weight debate as there is no mention of this at any point in the consultation paper.

12 How can we build a whole nation movement?**How can we build a whole nation movement? :**

To realise success across an entire nation, it is vital that this campaign appeals to everyday lives, work sites and communities. It is important to focus on and emphasise the positive results of change in relation to health and well-being. This might include providing specific details of the benefits to be gained from adopting a healthier lifestyle (e.g. such being energetic, sensible, thrifty, hard-working) rather than the avoidance of any undesirable characteristics. Another approach could be to promote what might be considered traditional Scottish traits (e.g. strength, stamina) and their association with a positive and productive lifestyle.

However, any campaign will need to be underpinned by a nationwide programme of population level, low-agency, policy interventions in order to achieve equitable impacts on diet, physical activity and obesity:

<https://www.ncbi.nlm.nih.gov/pubmed/27404268>

<https://www.ncbi.nlm.nih.gov/pubmed/27046234>

<https://www.ncbi.nlm.nih.gov/pubmed/25934496>

Likewise, extending the healthcare retail initiative to other settings seems sensible, although any action would need to take account of the findings of the present evaluation, which has yet to be concluded.

Evidence-based improvement**13 What further steps, if any, should be taken to monitor change?****What further steps, if any, should be taken to monitor change?:**

The intervention programme proposed in the consultation paper operates across a number of complex systems. As such, a wide range of impacts and outcomes are possible, affecting health and a range of other outcomes. All of these should be monitored in order to enable an assessment of the net benefits to society.

The Scottish Health Survey should remain the key indicator of change in obesity at a population level:

<http://www.gov.scot/Publications/2017/10/2970/downloads>

At an individual level, self-monitoring of body weight has been shown to be effective in regulating weight gain and this should be encouraged wherever possible:

<https://www.ncbi.nlm.nih.gov/pubmed/26896865>.

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

It is vital to acknowledge that behaviour change is complex and that interventions may be required at multiple and interacting levels to reflect this complexity:

<https://www.sciencedirect.com/science/article/pii/S2468266717301676>.

It is also key to consider the public acceptability of any interventions proposed: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4065329/>.

Health inequalities need to be given full consideration and efforts made to ensure that interventions do not widen existing inequalities. There are specific risks associated with the introduction of population-level interventions and some interventions for diet and healthy weight are likely to be more effective and equitable than others:

<https://academic.oup.com/ije/article/34/1/40/638481>.

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001990>.

It is important to consider the role of financial incentives. Recent reviews have found that they can be instrumental in changing health behaviours and also be acceptable to the public, if they are effective and cost-effective: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0090347>

<https://www.sciencedirect.com/science/article/pii/S0091743514005118>.

Lastly, it is essential to ensure that each new intervention is rigorously evaluated for its impacts on health. It is also important that a systems-level evaluation is undertaken to assess the balance of benefits and disbenefits of the combined programme of interventions across a range of outcomes on health and across diverse sectors.

About You**What is your name?**

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

UK Society for Behavioural Medicine (UKSBM)

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

Other (please note in the text box provided)

If other, please specify.:

Learned society

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

Publish response only (without name)

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

Yes

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Very satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Slightly satisfied

Please enter comments here.: