Written Evidence to Health and Sport Committee Preventative Agenda

Obesity prevention is paramount for the future of Scotland

Introduction

Obesity Action Scotland was established in summer 2015 to provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland. It is funded by a grant from the Scottish Government and hosted by the Royal College of Physicians and Surgeons of Glasgow on behalf of the Academy of Medical Royal Colleges and Faculties. The main aims of the Unit are (1) to raise awareness and understanding of what drives obesity and the health problems associated with obesity and overweight with health practitioners, policy makers and the public; (2) to evaluate current research and identify strategies to prevent obesity and overweight based on the best available evidence; (3) to work with key organisations in Scotland, the rest of the UK and worldwide, to promote healthy weight and wellbeing. The Steering Group of Obesity Action Scotland has members across various disciplines involved in preventing and tackling obesity and its consequences e.g. clinicians, public health experts, epidemiologists, nutritionists and dieticians, GPs and weight management experts.

Our call to the Health and Sport Committee

Obesity is preventable, yet in Scotland 29% of the adult population is obese. This crisis has many underlying influences. A fundamental one is the obesogenic environment in which we live, where inactivity and overconsumption of energy dense foods is extremely easy, available, affordable and accepted. **In order to prevent and reduce obesity we must tackle the availability, affordability and acceptability of an unhealthy diet.**

Numerous recommendations from Scotland, UK and world-wide, stress the importance of turning obesogenic environments into healthy food environments for the prevention of obesity in both children and adults. Healthy food environments would also support those losing weight and maintaining weight loss. The most striking benefits to population wellbeing have come from public health, not medical interventions. This epidemic requires bold action to improve our diet. **We would ask the Health and Sport Committee to ensure that improving diet and tackling obesity are key topics included in any preventative agenda work that is undertaken.**

Consequences of obesity

Obesity increases the risk of many diseases including Type 2 diabetes, 11 types of cancer, cardiovascular disease and Alzheimer’s. It also reduces life expectancy by an average of 3 years and
severe obesity (BMI >40) by 8-10 years. Finally, obesity reduces productivity and physical activity; it increases sickness absence and demand for health and social care services.

Obesity in Scotland shows a strong link with inequalities. Lower socio-economic status is associated with higher levels of obesity. Women and children in the most deprived areas are particularly affected by more extreme obesity (for example, 20% of women living in more affluent areas are obese compared to 34% living in deprived areas)\(^1\).

**Cost of obesity in Scotland**

The annual cost to the NHS in Scotland of overweight and obesity is estimated to be between £360million and £600million\(^2\). Average NHS costs for people with a BMI of 40 (severe obesity) are estimated to be twice those for people with a BMI of 20 (normal weight range).

Apart from healthcare expenditure, there are also indirect economic costs of overweight and obesity. The McKinsey Institute estimates that the cost to the UK is equivalent to 3% of gross domestic product ($73billion). This analysis takes into account loss of productivity attributable to loss of life or impaired life quality, direct health care costs and investment to mitigate the impact of obesity.

It was estimated that if the current trends continue, there will be 11 million more obese adults in the UK by 2030, and consequently there will be many more cases of type 2 diabetes, heart disease, stroke, cancer and poor health\(^3\). The combined medical costs associated with treatment of these preventable conditions were estimated to increase by £1.9-2 billion/year in the UK by 2030.

**Obesity prevention agenda**

The Scottish Government have indicated their intention to publish a new diet and obesity strategy in 2017. It is crucial that this new strategy addresses the policy gaps from previous work.

In 2010 the Scottish Government published a long-term obesity strategy *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight* (Obesity Route Map)\(^4\). It has since been reviewed by ScotPHN\(^5\) who found that a minority of actions have been successful in achieving their milestones. Most have shown a little progress and a few have not started or have progressed slowly. It also highlights that there have been challenges working on food and nutrition and that more effort is required to achieve impact in this area.

A journal paper published in 2015 assessed the appropriateness and likely impact of the balance of measures proposed within the ORM Action Plan\(^6\). It concluded that the number of interventions aimed at attitudes, values and behaviours outweighed those aimed at costs and regulation. This was at odds with the balance of international evidence on what would be most effective for obesity prevention.

A truly comprehensive package of measures will include action at national and local level and will require action from government, public sector, industry, civil society and individuals. **We would welcome investigation by the Health and Sport Committee of how to develop authority, oversight and accountability for obesity preventative action at local level.**
Investment in Preventative Funding

International Food Policy Research Institute (IFPRI) in their most recent Global Nutrition Report show that scaling up nutrition investments is still a high-impact, high-return proposition, with a benefit-cost ratio of 16:1 and a compound rate of return of more than 10 percent\(^7\). The costs of neglecting nutrition are high, causing economic losses of 10 percent of gross domestic product. There is also a strong case for tracking financial resources and investments in nutrition: it leads to a far greater focus on results and helps make the case for additional investment.

The McKinsey Institute\(^8\) showed evidence that almost all the identified interventions are cost-effective for society because savings on health-care costs and higher productivity could outweigh the investment required to deliver the intervention. Therefore, a broad portfolio of initiatives, delivered at scale, is needed to address the health burden.

**Obesity Action Scotland is calling for the following preventative actions to tackle obesogenic food environment:**

1. Regulation to tackle price promotions on unhealthy foods (HFSS)
2. Restricting advertising and sponsorship associated with unhealthy food
3. Regulations to control portion size
4. Support for the Soft Drinks Industry Levy to be implemented and monitored
5. Support for the UK reformulation programme to be implemented and extended

**Evaluating Interventions**

Tracking the preventative spend on obesity through an effective monitoring, evaluation and accountability framework needs to form a key part of the new diet and obesity strategy. This should use as its foundation the monitoring systems already suggested by the Global Nutrition Report\(^9\): Health Data Collaborative\(^10\) and the INFORMAS\(^11\) system to benchmark and monitor food environments, including the healthy food policy index\(^12\).

**Conclusions**

Poor diet and its metabolic consequences currently account for more poor health and early deaths in Scotland than any other risk factor\(^13\). Obesity affects 29% of the Scottish adult population and shows a strong link with inequalities. **Improving diet and tackling obesity are key measures to be included in any preventative agenda.** The changes to the environment we are calling for are supported by the international evidence as best preventative strategies. Such policies, if implemented effectively, will have significant economic benefits.

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\(^1\) The Scottish Government. 2016. The Scottish Health Survey 2015 edition. Edinburgh. (supplementary tables available online)
2 Castle A. SPICe briefing: Obesity in Scotland. 2015; 15/01