Preventing and Reducing Obesity in Scotland

Thank you for inviting the Scottish Directors of Public Health and the Scottish Public Health Network to give evidence to the Health and Sport Committee of the Scottish Parliament.

This written evidence, we are bringing to the attention of the Committee two recent documents concerning aspects of the Scottish obesity epidemic. These reports, which were produced by the Scottish Public Health Network (ScotPHN) on behalf of the Scottish Directors of Public Health, threw light on the importance and achievements of the Child Healthy Weight Programme and the work undertaken across Scotland in support of the Obesity Route Map for Scotland.


We consider that these reports make essential reading both in what they say about the important progress we have made in Scotland, and the step change in action which is needed to address the obesity epidemic amongst the people of Scotland. In particular we would wish to highlight the points made in the Executive summary of the Review of the Obesity Route Map (See annex 1) and the recommendations of the Expert Group report on the Child Healthy Weight Programme (See: annex 2).

However, obesity is also a potential future threat to the vision set out in the Chief Medical Officer’s Realistic Medicine initiative and is likely to be a key challenge to the successful, sustainable implementation of the National Clinical Strategy as many of the diseases that the future NHS in Scotland will face will be obesity-related and will have been preventable.

Looking to the future, the Scottish Directors of Public Health welcome the commitment made in A Plan for Scotland: The Government Programme for Scotland 2016/17 that 2017 will see a consultation on a refreshed strategy on diet and obesity which aligns with other health improvement initiatives.

The Scottish Directors of Public Health, ScotPHN and the wider Public Health community in Scotland welcome this commitment and hope that weight management and obesity prevention – in line with the far-reaching vision set out in the Obesity Route Map for Scotland - will be an essential component of the new strategy.
We stand ready and willing to provide the necessary local public health leadership to tackling the obesity epidemic in Scotland with more determination than ever before.

18 November 2016
Executive Summary

On obesity in Scotland:

1. The prevalence of overweight and obesity in Scotland is high, and the underlying trend is increasing and shows a strong link with inequalities, particularly for women and children. Measurement and data reporting would benefit from review to improve our understanding and track progress.

2. Overweight and obesity are major contributors to ill health in Scotland. Two areas of particular concern are:
   - type II diabetes where almost 90% of people with the condition have a Body Mass Index (BMI) of over 25 (1); and
   - the impact on the short and long-term health of both mothers and babies of obesity in pregnancy. (2)

3. Overweight and obesity result from an obesogenic environment acting on individual biology and psychology to influence individual lifestyles leading to overconsumption of energy dense foods and inactive lifestyles expending less energy. Simply encouraging individual choices that change behaviour is not a sufficient approach to dealing with the complex interplay of factors that create obesity and overweight.

On the Obesity Route Map in Scotland:

4. The Obesity Route Map (ORM) (3) focuses on prevention, and not on the treatment of obesity. Overweight and obesity can be seen as an epidemic, if a slow moving one, and would benefit from the coordination of prevention, risk management and treatment that an epidemic requires.

5. The ORM and its subsequent Action Plan are still relevant and constituted a reasonable response to the evidence at the time. Our review of subsequent evidence supports the continuation of a broad range of actions.

6. A minority of actions in the Action Plan have been successful in reaching their milestones. Most have progressed towards the milestones set. A few did not start or progressed poorly despite considerable effort.

7. Where carried out, evaluations generally show small positive effects. It is not possible to recommend any individual actions to be scaled up and further work is needed to examine the benefits of scaling up such actions.

8. There are distinct characteristics of both the more successful and least successful ORM actions. Successful ones have focused on opt-in interventions
with individuals and actions are largely those that were underway or already planned at the time of launch; new developments require greater support. Structural and environmental changes are slow to progress and require sustained effort.

9. The ORM’s 4 ‘pillars’ of energy in, energy out, early years and workplace remain important, however, the way in which they are delivered may not be as effective as it could be. A move is proposed towards community and place-based approaches focused on areas of deprivation, with broad lifestyle, and whole life course interventions, alongside continued work with individuals.

10. There have been challenges in working on food and nutrition. Whilst recognising that significant work has taken place more effort is required to achieve impact, and if progress cannot be made then moves should be made to regulate.

11. The following generic commitments in the ORM did not translate into the Action Plan and progress on them was limited. Further action is required on:
   - increasing public awareness and professional education;
   - improved national leadership and accountability; and
   - an integrated research strategy.

**On emerging obesity challenges for Scotland:**

12. In addition this review has highlighted the need for:
   - a stronger infrastructure locally to enable effective coordination of action to achieve impact;
   - the integration of policies across all fields, and strategies for effective implementation without unintended effects to promote obesity. This would include greater coordination of outcomes, indicators, evaluation and reporting;
   - a review of direct and indirect funding for the prevention, management and treatment of overweight and obesity to ensure effective investment in view of the high cost burden of later disease; and
   - the NHS to be an exemplar in many aspects, particularly with supporting those of its staff who are overweight and obese and could benefit from weight management.
Summary of Recommendations to the Minister for Public Health

Recommendation I

The Scottish Government should refresh its strategic approach to healthy weight management and obesity reduction. Drawing on the work of the Scottish Public Health Obesity Special Interest Group (SPHOSIG), this refresh must start with a review of “Preventing Overweight and Obesity in Scotland: A Route Map towards Healthy Weight” to ensure the necessary cross-departmental involvement to effect change in the environmental factors that promote healthy weight.

Recommendation II

(a) NHS Health Boards and their Community Planning Partners should be required to develop existing Child Healthy Weight programmes into comprehensive services across the full range of settings. Services should include:

• a tiered approach to population prevention, intervention and treatment;
• clear pathways to appropriate behavioural interventions and clinical treatment;
• support for parental involvement and family participation, including social marketing and incentivised approaches;
• support for the emotional wellbeing of children and families;
• training of staff in health behaviour change or motivational interviewing techniques; and
• support those at greatest risk of increasing health inequality associated with childhood obesity.

(b) Updated national guidance should be developed to aid development of these services. This should draw on experience from existing programmes and research-based guidelines.

Recommendation III

(a) Development and delivery of new child healthy weight services should be agreed by NHS Boards and Local Authorities’ Children and Family and Education services, within the context of local Community Planning Partnerships, and co-produced with children, their families and local communities.

(b) NHS Board Local Delivery Plans and local Community Planning Partnership Single Outcome Agreements should be in place to identify additional, local funding and resources to augment and develop the existing treatment and prevention programmes to create the comprehensive service.
(c) As a minimum the existing ring-fenced funding from the Scottish Government should be maintained. However, this funding should only be confirmed when local plans for the development and delivery of Child Healthy Weight Services are agreed.

**Recommendation IV**

Child healthy weight should be seen as a priority for action in all areas of children’s policy in Scotland, including:

- the planning, design and delivery of services for children and young people under the terms of the Children and Young People (Scotland) Act 2014;
- meeting the requirements of GIRFEC and monitored as part of SHANARRI; and
- delivering Curriculum for Excellence and the aspirations of Beyond the School Gate; and


**Recommendation V**

NHS Health Scotland should extend its current support for CHW programmes by developing approaches to:

- reduce the inequalities that give rise to obesity across the life-course;
- increase public understanding of obesity and child healthy weight;
- identify and mobilise community assets to reduce obesity; and
- integrate overweight and obesity impact within health and health inequality impact assessment tools.

**Recommendation VI**

(a) Scottish Government should provide new funding to develop longitudinal, population-wide surveillance of the obesity epidemic and outcomes of CHW services.

(b) To support this, the frequency of height and weight (BMI) measurement for children should continue to be measured around primary school entry and a secondary school entry measurement be introduced.

(c) Outcome monitoring will require the development of new cross-sectoral indicators, drawing on previous HEAT targets and EY Framework indicators. These should be co-produced with Scottish Government and families within local communities. NHS Boards, Local Authorities and all Community Planning Partnerships should be subject to performance management of their CHW services, using these indicators.