Dear Minister for Public Health and Sport,

OBESITY

The Committee held a short inquiry into Obesity towards the end of last year and you kindly came to give evidence on the 6 December 2016. We held a roundtable evidence session with stakeholders the same day and received 8 written submissions.

During the evidence session you invited us to provide comments on areas we felt should be covered in a new obesity strategy. I thank you for the invitation and this letter will cover some of the issues raised with us regarding obesity and areas we believe the new obesity strategy must aim to tackle.

We were concerned to hear Scotland has the worst weight outcomes of all the United Kingdom nations and among the worst of any Organisation for Economic Co-operation and Development nation. In 2015 65% of adults were overweight, including 29% who were obese. In children 28% were at risk of becoming overweight while 15% were at risk of obesity.

Evidence provided to us suggests this is due to the obesogenic environment in Scotland. Two features of this environment are unhealthy food is more available and more heavily promoted than in other countries. There are other complex cultural factors that also contribute to this environment as well as barriers to healthy eating which are also relevant in explaining high obesity levels in Scotland.
We heard various reasons, relating to this environment, for the high obesity levels in Scotland including:

- availability of cheap high fat, salt and sugar foods\(^{1}\)
- 40% of adults not meeting physical activity guidelines\(^{2}\)
- people prioritising calories over nutrients as a result of poverty\(^{3}\)
- food culture – less eating together, more snacking and sweet treats\(^{4}\)

At face value obesity contributes to numerous health conditions. NHS Health Scotland advised these include: type 2 diabetes, stroke, cancer, depression and anxiety, liver disease, osteoarthritis and back pain, asthma, reproductive complications, and sleep apnoea. Obesity reduces life expectancy by an average of 3 years, and severe obesity by 8-10 years. We will explore the association between obesity and other social determinants later in the letter.\(^{5}\)

> Can you advise what work the Scottish Government plans to do to engage the public to help motivate a culture change around obesity, lack of physical activity and unhealthy foods?

**How do we stop obesity?**

We were interested there seems to be at least two different views on obesity and how it should be tackled.

1. obesity as a social problem\(^{6}\) - addressed through policies to alleviate poverty, provide access to healthier environments, healthier foods and exercise etc.
2. obesity as a medical problem\(^{7}\) - addressed by people being ‘made’ to consume fewer calories – especially if they are overweight or obese.

The social approach looks for a focus on the longer term policies, which can be classed as preventative spend, that should bring about healthier environments and culture change overall, while the medical approach focusses on addressing the “crisis” that already exists through measures such as: taxing high sugar, fat and salt foods, supporting people via weight loss programmes; surgery; regulating the food industry, advertisers, and enforcing changes in food formulations and portion size.

We are aware the results of the social and preventative approach wouldn’t be easily measurable in terms of obesity in the short term and a number of measures to

\(^{1}\) Health and Sport Committee Official Report 6 Dec 2016 COL 3
\(^{2}\) Health and Sport Committee Official Report 6 Dec 2016 COL 4
\(^{3}\) Health and Sport Committee Official Report 6 Dec 2016 COL 5
\(^{4}\) Health and Sport Committee Official Report 6 Dec 2016 COL 5, 6, 14
\(^{5}\) [http://www.scottish.parliament.uk/S5_HealthandSportCommittee/Inquiries/Submission_NHS_Health_Scotland_.pdf](http://www.scottish.parliament.uk/S5_HealthandSportCommittee/Inquiries/Submission_NHS_Health_Scotland_.pdf)
\(^{6}\) Paths for All, University of Edinburgh, Nourish Scotland
\(^{7}\) Cancer Research UK, Obesity Action Scotland
promote active travel for example, are politically unpopular – car parking charges, restricting cars in towns etc. The medical and regulatory approach could see changes much more quickly, but would possibly have a disproportionate effect on the most deprived. And without a whole system approach, the costs of medical treatment of the effects of obesity do not decrease, as new obese people will constantly be requiring treatment.

We support a bold approach to the new obesity strategy and would encourage you to include options that may initially be unpopular as this could result in an important step towards balancing out health inequalities in Scotland.

**Current policies**

We heard Scotland has a good policy framework for tackling obesity. Examples given to us were the increase in active travel, the ‘Football Fans in Training’ programme, national transport strategy and the rollout of free school meals for those in primary class 1-3. It should be noted however in many cases no evidence was provided to us to back up the statements on successful policies.

- Can you provide evidence to support the noted success of policies aimed at tackling obesity, such as those mentioned above? If evidence is not available can you advise how you are measuring the outcomes of policies?

However, having good policies is not necessarily translating into healthy outcomes. The main reason given for this was an inconsistent approach to resourcing the policies and frameworks. This resulted in successful policies not being scaled up or stopped altogether. The University of Edinburgh noted “Scotland has an admirable strategy…however, we are failing to implement them at scale and with resources”

We are pleased to hear Scotland does not lack good policies when it comes to obesity but are concerned about an apparent lack of follow-through on implementation. It would seem if we supported and resourced the proven good policies across the country we would be in a better position to tackle obesity.

We would urge the Scottish Government to ensure mechanisms are in place within the new strategy to facilitate successful policies and provide the opportunity for them to be introduced across the country and not just for short periods of time in isolated places. It may be money has to be ring-fenced to ensure this is achievable.

- Can you advise if you have any plans to ring-fence monies for the delivery of new policies?
- Can you advise how you plan to roll-out future policies to ensure they are introduced across the country?

You advised us there was significant investment in active travel – £39.2 million per year, however we understand only 2% of the transport budget is spent on cycling and walking. We also heard the funding for jogscotland has been removed completely, even though this campaign was particularly successful in encouraging

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8 Health and Sport Committee Official Report 6 Dec 2016 COL 5
women to undertake more physical activity. Walking, jogging and cycling are accessible to most, and walking and jogging in particular are inexpensive. As such it seems they should be made as accessible to all as possible.

- Can you advise what action you plan to take to increase participation in walking and cycling and whether there are plans to return funding to the jogscotland campaign?
- Can you advise the ways in which policies support local authorities to develop and maintain walking and cycling infrastructure?

**Obesity and inequality**

Inequalities are one of the focuses in our [Strategic Plan](#). We test all activity we scrutinise against the impact it has on health inequality. It is therefore disappointing and of concern the gap is widening between the least and most deprived when it comes to obesity.

This seems to be because of a range of factors. As mentioned at the beginning of the letter it is proven people on low incomes and with very small budgets will prioritise calories over nutrients. We also heard the Obesity Road Map has a number of interventions aimed at attitudes, values and behaviours and these contributed to inequalities changes because the least deprived will respond to the health messages they hear and will do something about it. It is welcome some respond to such messages but additional measures and actions must be taken to get the message across to the remainder. However, we are also aware simply changing the message so it reaches everyone will have no impact if the underlying reasons for bad food choices remain – such as poverty. It is important the Scottish Government looks to target all of society in its messages but also works to reduce inequalities which will in turn have an effect on obesity levels.

Health inequalities were noted as being a significant issue for certain areas of the population including, older people, women and children. We were advised one of the reasons the gap has widened with regard to obesity is, in the past, we relied on interventions that are taken up only by those who can make that choice. For example, leaflets will be read only by people who are interested already, and who can afford to buy and cook healthier alternatives.

We were pleased to hear the Scottish Government is focusing on health inequalities as we believe it is essential when planning a new obesity strategy this is at the forefront of consideration and policy decisions must not result in a widening of inequalities. We encourage you to ensure policies are population wide.

- Can you advise whether current Scottish Government strategies to tackle obesity take account of the total social context and what work will be done to ensure this is the case in the future strategy?
- What more will the Scottish Government do to ensure interventions reach all of society and reduce obesity in more deprived communities?
- Can you advise in which areas of most need money and resources are being targeted?

**Marketing and promotion, regulation and fiscal control**
The BDA, Cancer Research and Obesity Action Scotland strongly support the introduction of regulatory and fiscal measures to change the current obesogenic food and drink environment. The measures they support are:

- introducing of a levy on sugar-sweetened beverages (SSBs)\(^9\)
- restrictions on advertising of unhealthy foods and drinks, especially before the 9pm ‘watershed’, and particularly where children will be exposed to such advertising.

In addition, Food Standards Scotland in ‘The Scottish Diet: It has to change’ has identified areas for focus, which also acknowledge the presence of a strongly obesogenic environment and note the retail and food industry could also change certain practices. These are:

- Changing the types of food and the ways they are promoted in supermarkets and food outlets
- Individuals cutting down on ‘discretionary’ foods – such as snacks and sweet ‘treats’ that add nothing nutritionally to diet, which are readily available at home and when eating away from home
- Reducing portion sizes
- Reformulation of foods to reduce salt, fat and sugar.

We heard quite staggering figures on the amount and types of food purchased on promotion. Cancer Research UK noted 40% of food in the United Kingdom is bought on promotion; this is the highest rate in Europe\(^10\). The vast majority of price promoted food was junk food.

It was also noted the ‘4Ps’ were important – price, promotion, place and product and we believe it is essential the Scottish Government looks to tackle these to the extent possible through regulation and fiscal control. This may, for example, be through changes to rules surrounding price and promotion of unhealthy foods as was done with alcohol and multipack sales. This could also be achieved by regulations on the placement of products within shops to stop the unhealthy choice being placed on rotunda displays where they are more likely to be selected. If it is not possible to prevent unhealthy foods being so heavily promoted we believe healthy food options must be given at least equal prominence. We understand product placement is very successful in promotions. Perhaps this should be encouraged to promote healthier options.

It is our understanding 80% of the Scottish population agrees with action on junk food advertising, and a slightly lower figure agreed with action on price promotions. Whilst we appreciate not all powers around advertising have been devolved we


\(^10\) Health and Sport Committee Official Report 6 Dec 2016 COL 5
believe there is still much that can be done and encourage you to include regulatory measures, to the limits of existing powers, in the new strategy.

We welcome the recent announcement by the Committee of Advertising Practice that will prevent advertisers from promoting foods high in fat, salt or sugar in all non-broadcast media – including print, cinema, online and social media – that is specifically targeted towards children, or where under 18s make up over 25% of the audience.

- Can you advise whether you plan to introduce any regulatory measures to help control the promotion and advertising of unhealthy foods, and if so what these measures will be?
- Labelling regulations currently lie at EU level, however we would encourage you to pursue the control of these powers to the Scottish Parliament and plan for early intervention on their use.

You advised the Committee you were continuing to lobby the UK Government to ban pre-watershed advertising for junk food. We encourage you to keep up this approach and would be grateful if you would keep us updated on progress.

**Cross-portfolio focus**

It came as no surprise to us obesity has a cross-portfolio reach. We heard various areas where obesity impacts including:

- worse employment outcomes (lower wages, early exit from the workforce through sickness or early retirement)
- lower educational attainment
- reduced social wellbeing and quality of life

As such, measures to tackle obesity will equally need to come from areas other than health. Consideration needs to be given from education, local government, transport etc.

The WHO, in their [Guidance for addressing inequities in overweight and obesity](https://www.who.int/obesity/whosis/overweight/overweight-guidance/en/), highlight the link between obesity and educational attainment in women, and the particular problems associated with pregnancy and overweight, not only for the women but for their children, and state:

“Policies and interventions to reverse this trend should stem from multiple levels and sectors – including better joined-up government action between the social, employment, education and health sectors – as well as from retail, agriculture, transport, finance, and the private sector. When developing policies at regional, national and local levels, the equity implications should be considered to ensure that policies (i) do not make inequities worse and (ii) reduce inequities”

- Can you advise how the work to ensure a fully-integrated policy approach to tackling obesity across all the relevant portfolios is being addressed including how this is being monitored and reported?
Cost of Obesity and data collection

One of the areas the Committee were interested in but had difficulties in getting agreed figures for was the cost of obesity to Scotland.

Cancer Research UK advised they had done modelling which calculated obesity could lead to almost 700,000 additional cancer cases a year. They noted if there was a 1% reduction in obesity each year in the UK, there would be about 40,000 fewer cases of cancer each year, which would probably save the NHS about £40 million.11

We understand previous Scottish Government analysis estimated overweight and obesity combined were responsible for health care costs of £312 million in 2007/08, or £363 million at 2015 prices.

The figures are believed to be hugely underestimated due to many issues not being included in the calculation. This includes areas such as mental health where data was not available in the same way as for other areas; such as cardiovascular disease.

It seems if the true cost of obesity to Scotland is to be understood, along with the value of the savings that accrue from success there needs to be work done on data collection and a broadening of the areas that can be impacted by obesity.

- Can you advise what work the Scottish Government is doing to collate the cost of obesity to the NHS in Scotland?
- Will the Scottish Government also look to gather cost data around obesity on a wider cross-portfolio scale?

We understand one of the areas where data is collected is the child health surveillance programme at school entry, which gives data on body mass index in children. All our witnesses agreed the surveillance programme should be extended to include a second data point in primary 6, before children move on to secondary school (as is currently done in England). We agree and the increase in data would help to provide more confident monitoring and allow targeted interventions if the data shows this is required.

You committed to look at and consider monitoring young people’s weight at secondary school. We welcome this commitment and would support the introduction of such a measure.

- Can you advise if the Scottish Government will seek to introduce a second data monitoring point under the child health surveillance programme at Year 6 and early secondary school stage?

Obesity Route Map

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11 Health and Sport Committee Official Report 6 Dec 2016 COL 11
Whilst the issues mentioned above are important we also believe it is necessary for you to take cognisance of the previous obesity strategy including its strengths and addressing its weaknesses.

The Scottish Government launched its Obesity Route Map\textsuperscript{12} (ORM) in 2010 and at the time this was seen as a ground breaking approach to obesity. The route map was reviewed by the Scottish Directors of Public Health Network (ScotPHN) in October 2015\textsuperscript{13}. The review noted the ORM was still relevant and constituted a reasonable response to the evidence at the time and has a broad range of actions which would prove suitable for continuation.

However, the review also noted only a minority of actions in the ORM action plan have been successful in reaching their milestones. It also notes the ORM focuses on prevention and not on the treatment of obesity and it would benefit from a coordination of prevention, risk management and treatment an epidemic requires.

ScotPHN note the emerging obesity challenges for Scotland are:

- a strong 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.

We believe the ScotPHN review of the ORM is an important piece of work and should be considered by the Scottish Government when looking at a new strategy.

- Can you advise if you will take on the recommendations of the 2015 review and use it as a starting point for your new strategy?
- Will you also take the six recommendations from the Expert Group Report on the Child Healthy Weight Programme and build these in to the new strategy?

We understand interventions cost money but believe preventative spend must be looked at seriously by the Scottish Government. The initial outlay would seem to be outweighed by the ultimate cost savings to the NHS, employers, and local authorities.

All the above show there is no easy fix for tackling obesity in Scotland and a comprehensive long term, cross-portfolio approach will be required.

We would be grateful if you could advise us of the expected timetable for the publication of a new obesity strategy.

We would also be grateful for a reply to our letter by 17 February 2017.

The Committee has also asked me to make you aware we have had discussions around considering a Committee Bill covering obesity. The potential areas in which the Scottish Parliament holds competency in this area are currently being investigated.

Kind regards,

Neil Findlay
Convener