



**A HEALTHIER FUTURE –
ACTION AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT
- RESPONDENT INFORMATION FORM**

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

British Dietetic Association Scotland Board

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

- Food and Drinks Industry Representative body
 Manufacturer
 Retailer
 Out of home provider (e.g. restaurant, fast food outlet, coffee shop)
 Public Sector Health Organisation
 Third Sector Health Organisation
 Other (please note in the text box provided) Professional Body

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

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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
- No

Summary of Consultation Questions

Question 1

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

Please explain your answer.

We welcome the inclusion of multi-buy, X for Y and temporary price promotions for high fat, salt and sugar (HFSS) food. We would also urge government to include promotions that offer larger individual pack sizes for the same price – e.g. “20% extra free”. It will be important to ensure that there are no loopholes which simply allow retailers to move from one form of price promotion to another with the same effect.

The British Dietetic Association (BDA) Scotland Board recommend, as well as discounting, consideration is given to the promotion, prominence and accessibility of these products. This would include restrictions on non-price promotions of HFSS products within stores, including the use of end of aisle, checkout or point of purchase displays.

Evidence indicates that end of aisle displays and low tech cardboard displays^{1,2} can be as effective in driving sales as a price reduction or promotion. Research by the Point of Purchase Association International (POPAI)³ shows that a majority (76%) of decisions on what to purchase are “unplanned” and made in store. They also found point of sale displays draw a significant amount of attention from consumers. Research from The Integer Group has shown that in-store messages are the biggest driver of impulse purchases⁴.

Marketing around checkout areas needs to be regulated to help people make healthier food choices. The BDA has been collaborating with the Children’s Food Campaign and others to support the “Chuck the Junk” campaign⁵ to remove HFSS products from checkouts, and specifically to target displays and marketing of food aimed at children.

The evidence for the effectiveness of these price and non-price promotions would also imply that using them to promote healthier products in store may increase the public’s purchasing of healthier products, fruit and vegetables. Retailers who take positive steps to improve the way they promote healthier foods in their stores should be recognised and acknowledged as exemplars.

¹ <http://www.sciencedirect.com/science/article/pii/S0277953614001361>

² <http://adage.com/article/news/store-displays-effective-price-cuts/132767/>

³ http://www.popai.cz/files/publishing/shopper-engagement-study_5165.pdf

⁴ <https://www.prnewswire.com/news-releases/study-shows-nine-out-of-ten-shoppers-make-impulse-purchases-147733845.html>

⁵ https://www.sustainweb.org/childrensfoodcampaign/chuck_junk/

Question 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.

In its current format the nutrient profiling model may not be the most accurate and up to date measure. The current model was developed over 12 years ago and the results of a review is awaited. The BDA Scotland Board welcome the anticipated results from the review commenced October 2016 and being carried out by Public Health England.

Consideration should be given to a more advanced, evidence based model which is simple to use. Consideration should be given to the colour coding criteria used within the UK front of pack food labelling guidance. This would ensure consistency of criteria used to assess 'healthiness' throughout the UK food retail sector.

We would urge against focusing the definition on specific nutrients. Although reducing sugar, salt and saturated fat would be positive, the BDA Scotland Board's strong view is that people eat food, not single nutrients, and to demonise one or another to the exclusion of others can encourage an unhealthy approach to eating. No single nutrient is responsible for all instances of excess weight.

Question 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
- Agree
- Neutral
- Disagree
- Strongly disagree

Please explain your answer.

The BDA Scotland Board recognise that healthier environments enable people to more easily eat a healthy diet, including limitations on the marketing and promotion of HFSS products.

We support the government's plans to examine the extension of current Advertising Standards Authority (ASA), Committee of Advertising Practice (CAP) restrictions. We would urge the government to go further and restrict advertising to all age groups, and extend their plans to all street advertising and also sponsorship of sports and other events by companies that predominantly sell HFSS foods, to both children and adults. For example, the Scottish Football Association (SFA) currently has McDonald's as its "Official Community Partner" and Mars as its "Official Snackfood

Partner”⁶, while the Scottish Professional Football League (SPFL) has IRN-BRU as sponsors of the Scottish Challenge Cup⁷.

We understand the Scottish Government cannot currently legislate to limit the broadcast advertising of HFSS products, however we strongly agree pressure should be put on the UK Government to implement such changes.

Question 4

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

Yes No Don't know

Please explain your answer.

The BDA Scotland Board is aware that food eaten outside the home makes up an increasing proportion of people's diets in Scotland. We welcome the initiatives highlighted and await the specific strategy for out-of-home providers. We would appreciate recognition of the role that Dietitians can play in working with businesses/organisations across the public, private and voluntary sectors in advising on healthier processes, portion sizes, promotions and nutritional standards^{8,9}.

The workplace is a setting where many people spend the largest proportion of their time and therefore can play a key role in contributing to the health of their employees and in turn the health of their organisation. The BDA Scotland Board welcomes the recognition that government needs to lead by example. We support the consideration being given to nutritional standards for public sector procurement. However, we are disappointed that no mention is made of the Health Promoting Health Service (HPS) which we believe is a key way of leading by example. NHS Scotland employs approximately 160,000 staff, a significant number of people, therefore HPS has the potential to influence the health of Scotland's population through its staff and their families.

The HPS has as part of its core themes a commitment to support healthy eating and physical activity, as well as weight management for NHS staff. Positive as this is, obesity is not explicitly included as part of the remit and could be strengthened. Prevalence of overweight and obesity among nurses in Scotland is worryingly high, with prevalence higher in nurses than other health professionals¹⁰. Nursing 2030 Vision recommends putting in place measures to protect and promote nurses' health and wellbeing¹¹.

NHS Scotland needs to commit to supporting weight management not just for staff but for patients, carers and visitors too. As part of the HPS hospital premises can

⁶ http://www.scottishfa.co.uk/scottish_football.cfm?page=3305

⁷ <https://spfl.co.uk/challenge-cup/>

⁸ <http://www.bbc.co.uk/news/health-12345499>

⁹ <https://www.brent.gov.uk/media/16404321/d212-report-on-the-trans-fat-project-dec-2015.pdf>

¹⁰ [http://www.journalofnursingstudies.com/article/S0020-7489\(15\)00332-6/abstract](http://www.journalofnursingstudies.com/article/S0020-7489(15)00332-6/abstract)

¹¹ <http://www.gov.scot/Resource/0052/00522376.pdf>

play a role in creating healthy environments, for example making stairs easier to find or ensuring the layout of food service outlets encourage healthy eating choices and discourage consumption of HFSS products. Using the HPHS approach NHS Tayside adopted an exemplar role by removing high sugar drinks from its sites and replacing with healthier drinks¹². Staff, visitors and patients should be encouraged to walk to and within their worksites and clinical areas where appropriate.

As part of the government leading by example, the BDA Scotland Board would encourage the Scottish Government, every Health and Social Care Partnership and all NHS Boards to sign up to healthy meeting initiatives such as the Scottish Cancer Prevention Network's healthy meeting scorecard¹³. Further action for the out-of-home sector should include restricting planning permissions for takeaways and other food and drink outlets in specific areas, e.g. schools, as has been taken forward by the Mayor of London in his recent London Plan¹⁴.

The Scottish Centre for Healthy Working Lives seeks to achieve a healthier workforce by looking at factors in the workplace which encourage healthy eating through education campaigns, access to healthier foods, and policies which promote healthy choices. The BDA Scotland Board ask consideration and support be given in the strategy to BDA Work Ready. This dietitian-led wellness programme, with a national network of accredited dietitians, designs and delivers nutrition programmes to help people stay healthy at work.

Question 5

Do you think current labelling arrangements could be strengthened?

Yes No Don't know

Please explain your answer.

The BDA Scotland Board believe the UK wide voluntary front of pack (FoP) colour coded nutrition labelling scheme requires further promotion and implementation to ensure increased and more consistent use throughout the food industry. Simplifying the scheme further is necessary along with ensuring labels are in the same format across products to improve and increase consumer understanding.

Improvements in labelling need to be backed up by an ongoing public information campaign. Better awareness amongst consumers on how to interpret labels, including percentage reference intakes and how they differ depending upon a person's size and activity levels, will improve the effectiveness of FoP labelling. Dietitians have the knowledge and expertise to upskill the general population to help them better understand and interpret nutrition information.

¹² <http://www.healthscotland.com/uploads/documents/17681-HPHSCasestudy11Drinks4Health.pdf>

¹³ <https://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/>

¹⁴ <https://www.london.gov.uk/press-releases/mayoral/mayor-cracks-down-on-new-takeaways-near-schools>

Question 6

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

The BDA Scotland Board agree the Scottish Government should build upon and support the sugar reformulation work being undertaken by Public Health England as this will clearly impact on products sold in Scotland. Substituting sugar for alternative sweeteners should not be the long-term solution. Instead further work which will address total calories and saturated fat requires to be supported. Changing the nation's dietary habits by reducing total sugars, saturated fat and calories should be the long-term aim. Dietitians can support SMEs in Scotland to translate these recommendations (and other dietary recommendations) into practice and to communicate them to their consumers.

It is also important that SMEs operating in the out-of-home sector play a role in offering healthier options to consumers. Simple advice provided to small and independent restaurants, cafés and fast food outlets can help them provide healthier food and clearer information to their customers. Something as simple as improving frying practice (e.g. "shake, tap and hang") can reduce the presence of trans fats and reduce the total calories in fried foods.

Question 7

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

Yes No Don't know

Please explain your answer.

The BDA Scotland Board welcomes the Scottish Government's intention to tackle obesity across the life course from birth to adulthood. A more joined up approach is required between this strategy and other relevant strategies in Scotland, for example, Improving Maternal and Infant Nutrition: A Framework for Scotland (MINF). It is important this new strategy does not distract from the MINF and the existing good work in maternal, early years and schools. Connections need to be stronger with clear signposting between strategies.

We are disappointed the role of Dietitians has not been recognised in these proposals. Registered Dietitians apply the science of nutrition to support people in making positive food choices throughout life. They assess, diagnose and treat dietary problems at an individual and wider public health level. Focusing on prevention and early intervention, Dietitians work in a variety of health, community, local authority, education and food industry settings. As nutrition and diet experts, Dietitians should have a central role in promoting healthy eating messages, encouraging increased physical activity, utilising holistic approaches and behaviour change and coproduction techniques to enable all age ranges of people to reach or maintain a healthy weight.

The BDA Scotland Board recommends increased investment in public health and clinical nutrition and dietetic services across Scotland. There is great disparity throughout Scotland in service provision and capacity across the NHS Boards. Hence there are substantial inconsistencies in the level and ability of these services to deliver and support healthy weight initiatives. The BDA Scotland Board recommends that all NHS Boards in Scotland are made aware of the inconsistencies in dietetic staffing levels and the resulting impact on their capacity to contribute adequately in the prevention and treatment of overweight and obesity.

Dietitians have played a key role in developing and leading on Child Healthy Weight (CHW) programmes across Scotland. As a result of short term funding arrangements, we realise CHW programmes have come under financial strain in recent years which has resulted in programmes being scaled back. Such retrograde steps compromise the Scottish Government's ability to achieve the outcomes of the Diet, Activity and Healthy Weight strategy. The BDA Scotland Board believes that CHW programmes must continue and in fact expand and become sustainable. To do so requires ongoing, long term investment. Indeed, the independent evaluation of the CHW programme in 2013 stated that "delivery of group and one-to-one interventions needs to increase" ¹⁵.

Consideration should be given to integration of the CHW programmes with school physical activity, lifestyle and healthy eating / food skills programmes. Family based interventions should also have an important place in childhood obesity management.

We are very conscious of the need for improving lifestyle health skills and support mechanisms for the adult population. The recent draft for General Practitioner Contracts in Scotland illustrates the role of the multidisciplinary team in primary care and specifically highlights the role of physiotherapists in response to the demands placed on primary care for musculoskeletal conditions. There is also a clear need for Dietitians within this service as a large percentage of musculoskeletal problems are created by or are exacerbated by excess body weight. Dietitians are leading members of multidisciplinary weight management teams, both in providing clinical leadership, direct advice to patients / carers and in supporting other health and social care workers providing services. Dietitians work with individuals with complex medical conditions to devise realistic weight loss targets, using evidence based practice. They provide personalised, specific, age and culturally appropriate advice and support, taking into account the whole person, not solely dietary aspects, resulting in a positive experience of care. Dietitians have extensive experience in using behaviour change techniques and promoting self-management in the successful treatment of obesity. National Institute for Health and Clinical Excellence (NICE) Public Health Guideline PH53¹⁶ clearly recommends dietitians as part of the multidisciplinary team for weight management. Similarly, Scottish Intercollegiate Guidelines Network (SIGN), Guideline 115¹⁷, advocates the role of dietitians for bariatric surgery patients.

¹⁵<http://www.healthscotland.com/uploads/documents/22544-RE006%20Evaluation%20of%20Child%20Healthy%20Weight%20Programme%20Research%20Report%205122013.pdf>

¹⁶ <https://www.nice.org.uk/guidance/ph53/chapter/1-recommendations>

¹⁷ <http://sign.ac.uk/guidelines/fulltext/115/index.html>

Dietitians have a crucial function in each of the widely recognised four tiers of successful weight management i.e. from leading/assisting in the development and co-ordination of tier one population wide preventative services and to supporting non-clinical lifestyle interventions at tier two, to leading/delivering specialist weight management clinical services at tier three up to highly specialised dietetic interventions for bariatric patients at tier four. There are many examples of good dietetic practice across Scotland which can be shared by the BDA Scotland Board with the Scottish Government if required. Dietetic provision within each of the four tiers is not consistent across NHS Scotland. The BDA Scotland Board recommends the gold standard should be inclusion of Registered Dietitians and standardised dietetic practises/services at each of the four tiers within and across all the NHS Boards in Scotland.

We recognise that successful interventions cannot be delivered by Dietitians alone and acknowledge the need for a stepped and targeted approach to prevention, treatment and management. Dietitians can train and support the wider health and social care workforce, communities and volunteers to deliver effective programmes to maximise impact. Such training should include providing staff such as doctors, nurses, midwives and health visitors with the knowledge, skills and confidence to offer fundamental nutrition and weight management guidance and support as well as supplying tools for signposting / referring onwards to a range of appropriate lifestyle weight management programmes and specialist interventions for those with complex needs (such as those with multiple conditions or those requiring bariatric services).

The BDA Scotland Board is concerned that as NHS Boards are under significant financial pressure, some may consider decreasing or decommissioning their public health and clinical weight management services. Such cuts are false economy due to the increased cost to health and social care as a result of increasing obesity and associated comorbidities. The Scottish Government should act to ensure adequately funded public health and weight management services. We urge the Scottish Government to provide support with permanent and ring-fenced funding for the establishment of long term comprehensive weight management services within health and social care.

We believe the strategy does not currently include sufficiently clear steps to address health inequalities. It is recognised that lower socio-economic status is associated with higher levels of obesity, but it is also important to recognise that other groups such as people with learning disabilities are also more at risk. Furthermore, people with mental health issues are at a higher risk of obesity and have particular challenges exacerbated as a side effect of medications to managing their weight. Recognition also needs to be given to the fact for many people emotional eating is a problem with psychological factors affecting eating habits and use of food as a coping mechanism. The impact of obesity on all these groups of people needs to be considered and specific strategies to address the distinct issues identified.

The BDA Scotland Board recommends additional action is required to address weight maintenance among healthy weight individuals as well as action to encourage weight loss or prevent further weight gain for those who are overweight or obese.

Question 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?

The BDA Scotland Board agree a supported weight management service should be implemented for people with, or at risk of developing type 2 diabetes. Dietitians can play an important role in developing any such weight management service, and more generally in improving the quality of life of people with type 2 diabetes¹⁸.

Acknowledgement is given to the recent British Medical Journal (BMJ) publication which demonstrated induced remission from diabetes as the result of very low-calorie diets¹⁹. This research received significant media attention but was unfortunately misrepresented. Intensive support was provided by Dietitians in the study which was not reported in the media. Dietitians advise on how nutritional needs are best met whilst following very low-calorie diets and the dietetic led intervention demonstrated 60% of participants moved away from prediabetes²⁰. Dietitians throughout Scotland currently have imperative function in the successful roll out of diabetes education programmes such as the Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND)²¹ and Dose Adjustment for Normal Eating (DAFNE)²² programmes.

However, the overall target of the strategy must be a reduction in obesity and overweight levels in the population as a whole. We recognise the development of type 2 diabetes is clearly associated with high levels of obesity and low levels of physical activity. We recommend population wide lifestyle interventions which focus on weight reduction and increased physical activity will show the greatest effect in reducing risk of type 2 diabetes.

¹⁸ https://www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/tad_dm_v2

¹⁹ <http://www.bmj.com/content/358/bmj.j4030>

²⁰ <https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/MAP.pdf>

²¹ <http://www.desmond-project.org.uk/whatisthedesmondprogramme-271.html>

²² http://www.dafne.uk.com/Evidence_Base-l371.html

Question 9

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

Yes No Don't know

Please explain your answer.

Dietitians, working in a multidisciplinary team, are demonstrated as clinically and cost effective in the management of overweight and obesity²³. It is clear from the recent Scottish Attitudes Survey that the vast majority of the public in Scotland (86%) believe more of weight management services are needed and would be effective²⁴.

There are a range of effective weight management programmes developed in Scotland that have been shown to produce > 5% weight loss, which has a clinically significant impact on the development and management of health conditions. Many are impressive examples of non-NHS specialist staff delivering effective interventions for weight loss with training and ongoing support from Dietitians. It is positive to see acknowledgement in the document of the Football Fans in Training (FFIT) programme which is a great example of a successful intervention which had ongoing support from Dietitians.

The BDA Scotland Board is cognisant of the wider practical food skills and behaviours that can help individuals lose or maintain weight. This includes, for example, shopping, food preparation and cooking skills, understanding food labels and knowing what constitutes an appropriate portion of food. It also includes being able to identify opportunities to be less sedentary and more physically active. Research suggests that food skills interventions could be a useful starting point for initiating dietary change. The BDA Scotland Board recommend support and investment is needed for healthy lifestyle and food skills programmes, such as the BDA's Let's Get Cooking. Lifestyle programmes such as this can be delivered through schools, in the community or as part of health and social care services. Everyone has an important role in helping children and families learn and develop appropriate skills to maintain a healthy diet and weight from childhood into adulthood. Let's Get Cooking uses a skills progression approach. A rigorous evaluation of the Let's Get Cooking programme confirmed that the model is effective in teaching healthy cooking skills, transferring these skills from the school's cooking club to home and encouraging participants and their families to eat more healthily.

Question 10

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

The BDA Scotland Board consider physical activity to be protective against the development of obesity. We appreciate the strong association between sedentary behaviours or physical inactivity and obesity. Increasing physical activity on its own

²³ <https://www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/obesity>

²⁴ <http://www.healthscotland.scot/publications/public-attitudes-to-reducing-overweight-and-obesity-in-scotland>

is not enough to tackle obesity. Increasing physical activity alone has many health benefits independent of obesity, but it is unlikely to be the best single strategy for combatting excess weight²⁵. The BDA Scotland Board advocates a combination of dietary changes and increased physical activity to produce greater weight losses than diet or physical activity changes alone. When advising in weight management, along with dietary changes, Dietitians consistently promote and encourage increased physical activity along with other positive lifestyle changes.

The BDA Scotland Board believes physical activity is of most value in the treatment of obesity by encouraging weight maintenance. We believe working with local authority services, community groups and leisure partners to be helpful in supporting all ages to increase their levels of activity and making enjoyable sustainable changes. Reducing screen time can be a useful strategy in reducing sedentary behaviours. Dietitians can help with setting (Specific, Measurable, Achievable, Realistic and Timely (SMART) goals to reduce screen time and increase physical activity.

The BDA Scotland Board is supportive of the suggestions within the strategy to increase investment in active travel. These should include safe cycling and walking routes as well as promotion and incentives for these transport options, especially in our cities. Adoption of the healthy meetings initiative would provide further support. Sports/ physical activity facilities for rural communities must also be considered.

Question 11

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

While we agree that achieving a healthy weight should be a priority for all, it is important that this is framed in a positive and non-stigmatising light. We should make good health and wellbeing and, maintaining a healthy weight a priority for all.

We would hope that Dietitians, as trustworthy and reliable diet and nutrition professionals, would be included amongst those health leaders supported to enhance and share their improvement work. The BDA Scotland Board would be pleased to put forward suggestions for leaders that could be recognised and supported in this way.

As mentioned above in our response to Question 4, the HPHS should be regarded as a key way of leading by example. We strongly support efforts to improve the health and wellbeing of all Scottish Government staff, who can be collective exemplars for what is possible.

²⁵ <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2007.00328.x/full>

Question 12

How can we build a whole nation movement?

The BDA Scotland Board question if the social determinants of health have been considered for this strategy. The economic, environmental, political and social conditions in which people are born, live, work, and age, all have an impact on their health and well-being. The prevalence of obesity and the associated link with ethnicity, gender and socioeconomic factors is well documented. It is all very well to treat the symptoms of overweight and obesity but we question if the strategy adequately addresses the underlying problems and causes. Local modifiable determinants of diet and physical activity need to be identified. A whole system change is needed with regulation behind it.

The proposed strategy is currently sitting under the health agenda. To be a truly whole nation movement will require a sustainable cross government strategy. While we agree the strategy should be led by health, we strongly recommend full inclusion and participation by all Scottish Government departments, including responsibilities such as economy, education, health, justice, rural affairs, housing, environment, equal opportunities, consumer advocacy and transport.

A whole nation movement will need to have its champions, from healthcare professionals to members of the public. In Dietitians, the Scottish Government has a highly qualified and committed workforce which could undertake this role if adequately supported.

It will be important to ensure that the elements of the diet, activity and healthy weight strategy are made relevant to all, regardless of age, weight, location or economic circumstance. Ensuring that the strategy recognises those that already maintain a healthy weight, and supports them to do so in future, will be important to make sure everyone feels a part of this collective effort.

The BDA Scotland Board has concerns in relation to the interpretation of the strategy title. The title of 'Action and Ambitions on Diet, Activity and Healthy Weight' does not capture this as an obesity or weight management strategy. The work 'diet' is particularly misleading. 'Diet' often implies the use of specific intake for weight loss whereas factually 'diet' actually refers to everything we eat and drink and is not just about weight loss. Clarification on the scope of the strategy would be useful. Is this a strategy focusing solely on weight management or is it a wider diet and physical activity strategy? A diet strategy would cover all aspects of the impact of food and nutrition on health and cover not only weight management. Clarity in definition and scope of the strategy is required.

The whole population needs to be brought into the development, implementation and roll out of this strategy. Innovative and creative ways need to be considered to ensure a population wide response is captured. A customary consultation approach is unlikely to target and engage the general public. A traditional consultation response format such as this is at risk of not portraying accurately and adequately what the whole population needs, aspirations and wishes are and is unlikely to promote innovation or shared commitment. There is a strong need to engage the

public with this issue which will likely take more thought, energy and time and a shift in culture. We welcome the approach taken recently by ScotPHN in the organisation and format of recent diet and obesity engagement workshops. It would be useful to consider expanding this approach for wider engagement with the general public. Deliberative research / citizen jury approaches would allow the issues of healthy weight and obesity to be explored in greater detail with the general public. Public messaging and the need for a consumer facing campaign are required. A national consumer facing awareness campaign is needed to highlight the positive steps that people can take to improve their health. Such a campaign should include the impact of obesity on physical health and mental wellbeing as well as address diet and physical activity. The results of the recent Scottish Social Attitudes Survey²⁶ on obesity indicate the public agree that levels of overweight and obesity in Scotland are a problem. Interestingly the health impacts of the current levels of overweight and obesity in Scotland are also underestimated which may have an impact on individuals' motivation to address their own weight issues and support action to address levels of obesity in Scotland. The findings from this survey provide useful insight into how different groups talk about and understand obesity. This information should be used to tailor interventions to get maximum benefit.

Question 13

What further steps, if any, should be taken to monitor change?

To reiterate, it is important that the Scottish Government plans to monitor change over the long term, beyond any single parliamentary term. Obesity is a complex and multifaceted problem and will take many years to resolve. Success needs to be measured over decades, not just years.

The BDA Scotland Board recognises there have been many policy attempts in Scotland to address the issues of overweight and obesity. As part of the Scottish Government's Healthy Eating, Active Living Action Plan to improve diet, increase physical activity and tackle obesity (2008-2011), eight Healthy Weight Communities were set up in Scotland. ²⁷ Although initially successful, this programme was not sustained. Political leadership is essential for longevity of programmes. This must include the Scottish Government setting up robust and ongoing systems for evaluation and monitoring.

There are many examples of best practice for evaluation and monitoring. These include relevant NICE²⁸ and SIGN²⁹ guidance. Also, National Obesity Observatory frameworks and resources³⁰.

²⁶ <http://www.healthscotland.scot/media/1705/public-attitudes-to-reducing-obesity-in-scotland.pdf>

²⁷ <http://www.gov.scot/Topics/Health/Healthy-Living/Healthy-Eating/Healthy-Weight-Communities>

²⁸ <https://www.nice.org.uk/guidance/cg43>

<https://www.nice.org.uk/guidance/cg189>

<https://www.nice.org.uk/guidance/ph53>

²⁹ <http://www.sign.ac.uk/assets/sign115.pdf>

³⁰ <http://webarchive.nationalarchives.gov.uk/20170210160947/http://www.noo.org.uk/core>

Question 14

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

- *The BDA Scotland Board strongly supports the Scottish Government's commitment to call on the Soft Drinks Industry Levy to include sugary milk based drinks containing less than 95% milk, as the current limit of 75% is far too low.*
- *Clarity is required on funding and how this will be allocated equitably. Secure rolling funding is required to ensure effective and sustainable weight prevention and management programmes. A whole systems collective approach is needed with adequate permanent funding streams clearly reflected within the long-term targets.*
- *If the strategy is to be a true "diet" strategy, it should include consideration of other forms of malnutrition, namely undernutrition, which has greatest impact amongst our older population³¹. Ensuring our older people eat enough food to maintain a healthy weight should be regarded as of equal importance to helping those with excess weight.*

³¹ <http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-scotland.pdf>