



INTEGRATION JOINT BOARD

Appendix 1 – Proposed consultation response from the IJB to the Scottish Government

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 would agree with Scottish Government’s (SG) intention to take forward measures to restrict the promotion of food and drink high in fat, sugar and salt. In addition, we suggest consideration to promotions that promote extra food for no /minimal extra cost, for example, ‘buy one get one free’; meal deals, increase portion size for minimal extra cost.

We would like to see more evidence of what works to change consumer purchases and behaviour towards promoting a healthier diet by restricting these price promotions. Numerous different price promotions are likely to be confusing for the consumer, especially those on a low budget and with poor literacy. A scoping exercise on the various types of price promotion (in-store and out-of store, e.g. online) would help with an overview of the evidence on what would work to promote the healthier food options.

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 answers.

We agree that foods high in fat, sugar and low in nutrition value should be targeted first. In general we would wish for a straight forward and easily understandable system for the consumer, taking into consideration equality principles. It would be an advantage to focus initially on children’s food items, energy drinks and juice.

We would also recommend information that is easy to understand for the consumer on portion sizes as people don’t eat one food in isolation.

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



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- Neutral
- Disagree
- Strongly disagree

Please explain your answer?

Whilst we strongly agree to extend current restrictions on the advertising of food and drink high in fat, sugar and salt to before the 9pm. We questioned the effectiveness of just focusing on TV advertising. We acknowledge advertising is a strong influence on choice but this is now done through numerous ways, including social media. We would particularly endorse restricting advertising to children, at sporting events and promotion products within TV programmes and films.

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

We agree to building on the work that has been happening nationally and locally such as promoting the Healthy Living Award. In addition, developing and extending the commitment to working with retailers, Food Standards Agency, NHS Health Scotland and the industry to become a Good Food Nation. Whilst we recognise the importance of local partnership arrangements and the need to promote the local economy through local enterprise, industry and tourism, there appears to have been a rapid growth in out of home section provision. From the information provided it is clear that this out of home provision is a staple part of people's lifestyle/diet. Local networks such as Sustainable Food Networks, food growing strategies provide a basis for this local working and changing the food culture. More positive actions to encourage large and small businesses to follow / promote "Good Food Nation Policy", such as tax subsidies and incentives, could help.



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Environmental health and trading standards officers work regularly with food businesses and could have a role in assisting businesses to comply with new laws or guidelines, although they may need additional resources so they have capacity and appropriate training to provide this support to businesses.

A specific strategy for out of home providers will be tricky to implement at local level – need to engage the industry and public at start. There is a need to involve the public and educate them on what is being planned so that we can fully understand the rise in out of home sector.

The healthy living award should be extended or further developed to support small and medium enterprises (SME's) in deprived areas, working with local corner shops and support with provision of fresh food and veg and encourage sign up to award scheme. It would be helpful to do more profiling of healthier options and work with communities to identify what they would like to see in store. This will also need an increased food sampling and analysis regimen to ensure compliance.

Share good practice and evidence, both locally and nationally, for example, licensing, public engagement, social marketing, ways to promote the healthy option as the easy option, such as from the third sector and social enterprises.

Question 5

Do you think current labelling arrangements could be strengthened?

Yes

No

Don't know

Please explain your answer

We agree that current labelling arrangements should be further explored and strengthened and would endorse the view of a more simplified, easier to understand system. This should then be communicated to families and the public and fully evaluated. Consideration should be given to effectiveness of food labelling for people with poor health literacy and language barriers. We therefore would recommend a health impact assessment be undertaken on new proposals.



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Question 6

What specific support do Scottish food and drink SME's {small and medium enterprises} need most to reformulate and innovate to make their products healthier?

Need to support the SME retailers to ensure they survive as we recognise their importance in the local economy. This is very important in remote and rural areas, but also in urban areas to ensure local access for a range of population groups, especially where transport to larger retailers is a barrier to food access. This is particularly evident at local levels in the Health and Social Care Partnership.

Sustainable Food Cities is about changing food culture and one of the 6 indicators is about building a food economy and another is about food procurement, this process could identify examples of good practice that could be shared. Additional capacity and resource at a local level would help strengthen and scale up ways of working at a faster pace. Funding needs to be ring fenced and sustained over longer periods of time to support change. Economic and business development would have a role to play in supporting this; small businesses could get support from environmental health backed up by public analyst services but again this requires to be resourced.

Supporting SMEs with grant agreements and contracts that encourage healthier choices could also be piloted. Minimise loss of profit for businesses through social marketing and promotion of access to local options.

Providing healthier food and drink choices should not be more expensive and challenging but used to promote their businesses in contributing to a healthier population through, for example, awards schemes.

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.



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We endorse the proposals to build on existing work from the past decade to work with local staff such as midwives, health visitors and school nurses as well as in education, 3rd sector and community settings. We would further recommend an increased focus on healthy school and healthy community settings and promotion of health equity. We would agree with a consistent preventative approach for this important life stage and suggest connection to local actions, such as Healthy Cities, UNICEF's Child Friendly City and Sustainable Food Cities. Strategies to increase promotion of food skills in communities and the school curriculum would help.

A clear and sustained commitment to the areas of work that has been progressed is required in order to scale up and create change. This needs to be supported by sustained financial commitment.

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?

Better understanding of best practice with better investment on longer term evaluations; recognise that a range of options may be necessary at a local level for weight management; optimum would be to co-produce and have holistic interventions that include psychological and practical elements e.g. cooking, support in order to promote self-management and empowerment. Use of inclusive and non-medical language would assist in promoting community based and non-NHS based programmes that could be co-produced with people living with diabetes, wider partners and professionals.

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.

Opportunity, support and resource to widen out good practice in this area is to be welcomed and encouraged in non-NHS settings within a social prescribing model. More emphasis on living well rather than single interventions, building citizenship and asset based approaches with sustained funding over time.



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Question 10

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

We recognise the importance of infrastructure, environment, planning and usefulness of the Place Standard to increasing physical activity. But we would recommend an inclusive and co-produced approach with people experiencing long term conditions, mental health difficulties, overweight and obesity to improve local outcomes. Stigma needs to be reduced and language may be a barrier to engaging families and people. Undertaking health impact screening and assessment at planning stages would help identify potential negative impacts. Local work between local people with, for example, schools, Living Streets could help shape local planning and infrastructure.

Question 11

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

Agree with the actions but needs to be non-stigmatising with a culture change to enable leadership at all levels across all our systems rather than being seen as an issue for the NHS to address. The emphasis on transforming the food environment, physical activity and early years is welcomed and important for prevention. However, need to scale-up healthy living programmes to enable people to self manage and live fulfilling lives. Achieving the ambitions and actions at a local level will need leadership at all levels and across local partnerships and systems.

We support the need for numerous actions at different levels and it is good to see learning has been taken from other strategies such as alcohol and tobacco, however, the complexity of preventing a further increase in numbers of people who are overweight or obese should not be underestimated.

Question 12

How can we build a whole nation movement?

Build the momentum, take pride, celebrate our success and do more of what works and build best practice. Social marketing, include the public, local and national politics, communication and consistent messages, partnerships and shared accountability. Resource preventive actions better and provide support to better evidence the benefits of prevention over time. Promote health equity to reduce inequalities and be more proactive with doing health impact screening or assessment during planning stages (health in all policies approach).



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Align with the other strategies and policies e.g. alcohol and drugs; mental health; community justice, community empowerment (Scotland) act, and the proposed new socio-economic duty. Move from a topic based approach to a social environmental approach.

Involve all stakeholders at political, organisational and community levels and start a movement with people, families, employers, employees, communities. Work in and with key settings pre and postnatally, early years, children and young people, adults and elderly (across the life span).

Question 13

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

To support collaborative working and shared accountability by having access to monitoring systems across community planning. This would support and change the way local information can be used to help monitor change.

Consider setting targets and establish performance indicators or look at how we incorporate existing measures to monitor progress in tackling overweight obesity Evaluate the effectiveness of actions with lower socio-economic status.

Increase local capacity to enable support and use of improvement methodology and scaling up of projects.

Question 14

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

The document appears to be more NHS focused and the language needs to change to be more reflective of a strength based and inclusive approach, enable wider leadership and collaborative working that will promote a healthy food culture. The focus on the food environment is welcome, however, support for this area will require legislation rather than rely on voluntary agreements.

Behaviour change and seeing the connections with the environment at local levels in design stages e.g. planning decisions, greenspace, walking and cycling infrastructure is important.

The above responses endorse the view of Scottish Government that a wide range of approaches and interventions are required and should include the following key elements to address the complex issue of becoming overweight and of obesity:



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Communities - including health literacy, engagement and insight, develop health champions, whole family approach and identifying and sharing good practice (do more of what works)

Leadership – including advocacy, making sure it's everyone's priority, i.e. councillors, non-executive board members, managers, head teachers - anyone that has the authority to make change. Key to this is influencing the partners we work with through, for example, community planning.

Legislation – including national and local quality assurance (evidence based, measuring/monitoring/evaluation) and raising awareness of implications of legislation (example- proximity of food vans)

Early intervention, promotion and prevention – need a range of approaches starting with children and their families, need a focus on food skills and everyone giving out the same consistent messages and information

Services – need to include the views of service users, their families and their networks to develop a person-centred weight management service. All services/organisations need the time and the skills to include these conversations in their work.

The above IJB response to the Scottish Government's draft strategy for diet, activity and healthy weight was collated from comments received from the following staff in Aberdeen City H&SCP and Aberdeen City Council and endorsed by Aberdeen City's Integration Joint Board on 30.01.18:

Senior wellbeing coordinator, AC H&SCP
Health improvement officer – Neighbourhoods x 2, AC H&SCP
Health improvement officer – Schools, ACC
GP clinical lead/paediatrician, AC H&SCP
Lead dietitian, AC H&SCP
Community health worker, AC H&SCP
Public health dietitian, AC H&SCP
Protective services manager-Communities, Housing and Infrastructure, ACC
Planning and development manager, ACH&SCP
Head of locality, AC H&SCP
Service manager, AC H&SCP
Public health co-ordinator, AC H&SCP
Childsmile co-ordinator, AC H&SCP
Senior health improvement officer, AC H&SCP
Health improvement officer – children & young people, AC H&SCP



Aberdeen City Health & Social Care Partnership

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