



# ScotPHN r e p o r t

**Scottish Public Health Network (ScotPHN)**

**Obesity – A Route Map towards a Healthy Weight Scotland  
Report of Engagement Process**

**Dr Margaret Hannah  
Ann Conacher  
Lisa Tyrrell**

**August 2010**

<b>CONTENTS</b>	<b>PAGE</b>
<b>SECTION 1: INTRODUCTION</b>	
1.1 Report of Obesity Route Map Engagement Process	3
1.2 Design of Engagement Process	3
1.3 Events	4
<b>SECTION 2: Findings</b>	
2.1 Route Map Sorting	5
2.2 Imagining a healthy weight society	6
2.3 Priority actions	6
<b>SECTION 3: EVALUATION</b>	
Evaluation Results	7
<b>SECTION 4: DISCUSSION</b>	
Overview	7
<b>SECTION 5: CONCLUSION</b>	
Final Conclusions	8
<b>SECTION 6: APPENDICES</b>	
Appendix 1 - Steering group members	9
Appendix 2 - Attendees	10
Appendix 3 - Structure of events	17
<ul style="list-style-type: none"> <li>▪ Setting the scene</li> <li>▪ Route Map Sorting</li> <li>▪ Imagining a healthy weight society</li> <li>▪ Priority actions</li> </ul>	
Appendix 4 – Speakers & Presentations	32
Links to web-only appendices	33
<ul style="list-style-type: none"> <li>▪ Appendix 5 – Route Map grid results</li> <li>▪ Appendix 6 – Frequency Table</li> <li>▪ Appendix 7 – Priority Actions</li> <li>▪ Appendix 8 – Full evaluation</li> </ul>	

## **INTRODUCTION**

### **1.1 Report of Obesity Route Map Engagement Process**

The Scottish Government asked the Scottish Public Health Network (ScotPHN) to undertake a process of engagement on the Obesity Route Map. Published in February 2010, the Route Map is a joint publication between the Scottish Government and CoSLA which sets out over eighty actions across four key areas to stabilise the current inexorable rise in obesity in Scotland by 2030.

ScotPHN designed a process of engagement to obtain the views of as many stakeholders as possible on the actions identified within the Obesity Route Map in a systematic and interesting way. This report summarises the process of engagement and summarises its outcomes.

The outcomes of the process of engagement will inform the actions of the Leadership Group established by the Scottish Government.

### **1.2 Design of Engagement Process**

ScotPHN set up a Steering Group to design the engagement process (see Appendix 1 for membership of the group) which identified the following aims for the engagement process:

- ❖ ensure content of Route Map is well understood and afford opportunity to reflect on its content;
- ❖ translate content of Route Map into initial local and national actions; identify current activity that has been successful; and
- ❖ identify how the Route Map could be enhanced for the medium term.

The Steering Group drew up a list of stakeholders including: the Scottish Government; CoSLA; Scottish Collaborative for Public Health Research and Policy; academia; Food Standards Agency; food industry; consumers; business community; NHS; local authority; Community Health Partnerships; NGOs; and agencies involved in social marketing.

Invitations were sent to representatives from these groups to attend one of the events. Numbers at the events were limited to 50 to ensure effective discussion on the actions contained in the Route Map.

Discussion at the events was not designed to be a fully evidence-based exercise; delegates were expected to provide a mix of their practical experience, their preference and the evidence that they are aware of.

Four events were organised:

- Edinburgh (Radisson Blu Hotel) on 12 May 2010 – approximately 40 attendees;
- Aberdeen (Thistle Altens Hotel) on 18 May 2010 – approximately 30 attendees;
- Glasgow (City Halls) on 26 May 2010 – approximately 55 attendees;
- Video conference on 1 June 2010 – 16 participants.

Further details on those who attended can be found in Appendix 2.

### **1.3 Events**

A detailed description of the structure of the events can be found in Appendix 3. A summary can be found here.

Each event was divided into 4 sections which included presentations and group discussion:

#### Setting the scene

Presentations on obesogenesis, the Obesity Route Map and the local authority perspective) were given.

(Further details on speakers can be found in Appendix 4 and the powerpoint presentations are located at the ScotPHN website [www.scotphn.net](http://www.scotphn.net))

#### Route Map Sorting

The actions of the Obesity Route were 'sorted' in terms of the degree of effort required to implement them and the potential impact they might have.

The brief summary of the findings are discussed in the next section. The full set of findings can be found in Appendix 5. A frequency table of how often actions occurred can be found in Appendix 6.

#### Imagining a Healthy Weight Scotland

The delegate groups were asked to imagine what deep shifts in culture, behaviour and social norms would have taken place to enable us to de-escalate the Route Map actions. Groups were asked to present their view of Scotland as a healthy weight society in pictures or as news headlines. The details of the Groups' depictions can be found in Appendix 3.

#### Priority actions

In light of the map sorting, the envisaging of a healthy weight society, and any reflections from the presentations or other comments throughout the day, delegate groups were asked to identify the actions they felt would be most effective in achieving a healthy weight Scotland.

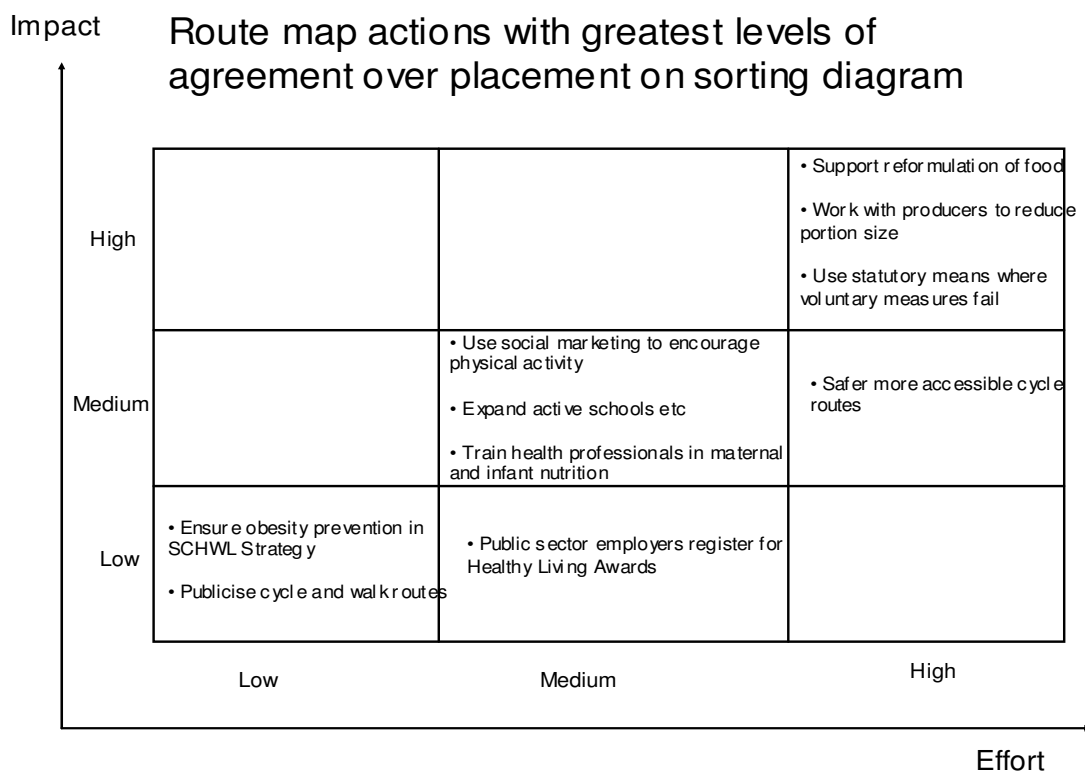
A complete list by event and group is available in Appendix 7.

## FINDINGS

Overall, people found the process engaging and gave them a good opportunity to look at the Route Map in more detail and discuss the actions within it in more detail.

### 2.1 Route Map Sorting

The following figure is a composite one derived from putting together all the comments from the Route Map sorting exercise and noting where there was high agreement between groups (a frequency table of all the actions can be found in Appendix 6). These were actions that were placed in the same part of the sorting diagram four or more times.



The diametrically opposed areas of 'low effort, high impact' and 'high effort, low impact' are especially interesting; at two events, no group put cards into the low effort, high impact box, suggesting there are no quick wins in trying to prevent obesity. However, two events did include suggestions in this box.

#### Effort Low / Impact High

The pattern of responses suggest the need for integrated policy across government at a local and national level, particularly around transport and the built environment to promote active travel and activity. Emphasis on the early years is also prominent with promoting breastfeeding being mentioned twice. The new actions were around legislative action.

## **Effort High / Impact Low**

Here the main finding is how little impact education and communication strategies would have on preventing obesity. Perhaps it is the limited impact of strategies focusing on behaviour change that meant promoting breastfeeding was also chosen by one group for this box. However, given the diversity of views on this issue, it may be worthwhile taking further soundings on this issue.

There were some interesting comments about the Route Map by some groups. These are listed below:

- focus should be on society rather than just individuals;
- the public sector needs to show leadership (and be brave) in giving staff time and support for physical activity;
- integrated impact assessments have potential for benefit, but may equally become simply a bureaucratic exercise;
- need to address psychology (e.g. around physical activity, other lifestyle changes) rather than just introduce new programmes/initiatives;
- difficulty in viewing 'stand alone' actions or initiatives, focus on workplace for example would have impact on obesity if all elements considered;
- food - availability/content/choice. Much based on labelling and marketing. Licensing opportunity?
- the public sector requirement to adhere to shared standards and guidance (not different frameworks for different bodies); and
- learn from other sectors (e.g. corporate world often ahead of the game - fruit, vegetables and salads free in staff canteen. Changing behaviours before attitudes).

## **2.2 Imagining a Healthy Weight Scotland**

The following themes emerged from the healthy weight societies that were imagined: food culture; school/family life; workplace; impact of fewer obese people; and transport and health; shift in policy. Whilst the vast majority of comments were positive, just a few are quite negative. This reflects how some groups recognised a darker side to regulation and enforcement and the potential for people who are obese to become very badly stigmatised should this be the only way we try to prevent obesity.

## **2.3 Priority Actions**

Five groupings were identifiable: integration of policy and strategy (nationally and locally); regulating food intake; designing public space to promote physical activity; early years, public awareness and skills development; workplace; and research.

## EVALUATION

ScotPHN undertook an evaluation of the events to which there were 50 respondees. On the whole, the events were well received, affording the opportunity to reflect on which actions will impact most significantly on the obesogenic environment and the effort required to implement them. The following comment encapsulates the majority of views expressed on the events:

*“Really enjoyed the group work and format. It was very thought provoking as there were a really good mix of delegates/organisations present which led to debate on the priorities. From our work group work, we all came to the conclusion there is no easy quick fix action and that we need to implement a series of actions across the board short, medium and long term...”* (Event attendee)

Comprehensive results of the evaluation can be found in Appendix 8.

## DISCUSSION

Overall, this process has been highly engaging and encouraging. Each event was well attended by participants from a wide variety of sectors. People felt there were good opportunities to learn from the formal presentations and time to discuss the issues in more detail. What emerges from the Route Map sorting exercise is the need for more integrated, whole system policy making at national and local level. Focusing on individual behaviours will have only a limited effect. Further discussion of the outputs may be merited to tease out more subtle patterns and trends.

Participants did not lack for vision of a healthy weight society in Scotland and saw this being achieved through deep cultural changes – less emphasis on people as consumers and more emphasis on people as active citizens, participating fully in family, community and organisational life. This would not only have the effect of realising a healthy weight society but would be sustainable, resilient and much healthier overall. Although no attempt was made to link obesity prevention to broader sustainability issues (climate change, food production, active travel) at the events, the visions of a healthy weight society correspond strongly with those of a sustainable society. The visions articulated by participants strongly reflect those of a healthy weight society produced in the World Game on obesity undertaken by the International Futures Forum on behalf of ScotPHN in April 2010 (see:

[http://www.scotphn.net/events/international\\_futures\\_forum\\_world\\_game\\_on\\_obesity](http://www.scotphn.net/events/international_futures_forum_world_game_on_obesity)).

There were a few hints of concern that society could tip in a different direction and so stigmatise obese people that their lives would become intolerable.

When asked to prioritise actions having gone through the process of listening to presentations, sorting the content of the route map and having the opportunity to think about the deeper cultural and societal changes that would mean we were successful, there was an emphasis on reformulating food to reduce its fat and sugar content, reduce portion size and reduce alcohol consumption. A number of actions were stronger in tone than those set out in the Route Map.

There was great emphasis given to the built environment and active travel. Again some of these actions were with a stronger tone compared to the Route Map particularly in terms of preferentially planning for walking and cycling over car use.

Early years were also stressed repeatedly, but with added emphasis on developing cooking skills in children. The tone of these actions was more supportive of the Route Map, many choosing specific actions from the document as their priorities.

What was perhaps much more strongly expressed by participants at these events was the need for a more integrated public policy framework that allowed more holistic responses to the challenge of obesity, along with sustainability, climate change, the design of public space, community development and empowerment. This was reinforced by a number of actions about further engagement, consultation, consciousness raising about food and community skills development to create a new food culture in Scotland. This was reinforced by a priority to regulate irresponsible marketing of unhealthy food.

## **CONCLUSION**

The Route Map Engagement Process has allowed over 140 stakeholders from across Scotland and from a wide spectrum of organisations and disciplines to get into the detail of the document and discuss its proposed actions in a structured way. The majority found the process to be fruitful and enjoyable. Deeper cultural changes were identified that would allow Scotland to become a healthy weight society, and in so doing, address sustainability issues. When these were taken into account, the actions that were prioritised emphasised the importance of integrating policy at national and local levels, strengthening community and family life through intentional design of the built environment and prioritising active travel over private car use. Delegates signalled priorities towards children, families and communities being empowered and enabled to grow and cook more of their own food. In addition, there was a sense that government needed to get firmer with the food industry in terms of the reformulation of food, reducing portion size and curbing irresponsible marketing of unhealthy food. Finally, there was a view that public sector organisations should take a courageous lead in terms of this culture shift, ensuring people are able to be physically active during the working day, have access to wholesome food in the workplace and through more flexible working be able to achieve a better work-life balance.



## Appendix 1

Drew Walker	Director of Public Health, NHS Tayside / Chair of ScotPHN Executive Board and Chair of Steering Group
Margaret Hannah	Deputy Director of Public Health, NHS Fife / ScotPHN Obesity Lead
Annie Anderson	Director of the Centre for Public Nutrition Research, Division of Clinical Population Sciences and Education
Naveed Sattar	Professor in Metabolic Medicine at University of Glasgow / Honorary Consultant in Clinical Biochemistry, Glasgow Royal Infirmary
Laurence Gruer	Director, Public Health Science, NHS Health Scotland / ScotPHN Executive Board member (Unable to attend any meetings)
Phil Mackie	ScotPHN Lead Consultant
Ann Conacher	ScotPHN Co-ordinator
Lisa Tyrrell	ScotPHN Senior Administrator

## Appendix 2

### Edinburgh

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Adele Adams	Partnership Development	MEND
Alistair Prior	Food and Drink Industry Division	Scottish Government
Allyson McCollam	Health Improvement Lead – Children and Young People and Mental Health	NHS Borders
Amy Brown		Scottish Government
Ann Conacher	Co-ordinator	Scottish Public Health Network
Anne Aberdein	Integration Manager Health & Wellbeing	Fife Education Service
Ben McKendrick	Policy and PA Manager	BHF Scotland
Carole Robertson	Public Health Improvement Officer	Dundee City Council & the Community Planning Partnership
Cath Morrison	Senior Health Policy Officer – Child Healthy Weight	NHS Lothian
Catherine Carnie	Managing Director	Cause Celeb
Catherine Young	Head of Health Improvement	NHS Borders
Cathy Higginson	H3 Performance Management	Scottish Government
Christa Beattie	Health Development Officer	Perth & Kinross Council
Clare Simpson	Project Manager	Parenting across Scotland
David Elder	Learning and Development Adviser	NHS Health Scotland
Drew Walker	ScotPHN Executive Board Chair / Director of Public Health	NHS Tayside
Fergus Millan	Healthy Living and Screening Team, Health Improvement Strategy Division	Scottish Government
Fiona Clarke	Senior Health Promotion Specialist	NHS Highland
Flora McLean	Director	Scottish Food and Drink Federation
Gill Scott	Health Improvement Strategy Division	Scottish Government
Graham Ball	Consultant in Dental Public Health	NHS Fife
Graham Mackenzie	Consultant in Public Health	NHSLothian

Helen Colhoun	Professor of Public Health	University of Dundee / NHS Fife
Helen Summers	Health Improvement Lead – Food and Health	NHS Borders
Ian Findlay	Chief Executive	Paths for All
Ian Shearer	Interim Director	Scottish Retail Consortium
Isobel Frize	Planning Manager	NHS Lanarkshire
Jennifer Logue	Clinical Lecturer	University of Glasgow
John Drummond	Chief Executive	Scottish Grocers Federation
John Mooney	Fellow	Scottish Collaboration for Public Health Research and Policy
Karl Vanters	Principal Officer	Mid Lothian Council
Kay Barton	Head of Health Improvement Strategy Division	Scottish Government
Kevin Matheson	Food and Drink Industry Division	Scottish Government
Laura Stewart	POST Team Lead	NHS Tayside
Laurence Gruer	Director, Public Health Science	NHS Health Scotland
Lisa Tyrrell	Senior Administrator	Scottish Public Health Network
Lorna Henderson	School Travel Coordinator	City of Edinburgh Council
Lynne Porteous	Partnership Development Manager	City of Edinburgh Council
Margaret Hannah	Obesity Lead	ScotPHN
Maureen Lees	Professional Lead & Service Manager - Dietetics	NHS Lanarkshire
Moyra Burns	Health Promotion Manager	NHS Lothian
Paul Sacher	Researcher	MEND
Phil Mackie	ScotPHN Lead Consultant	Scottish Public Health Network
Rachael Anderson	Health and Education Coordinator	Quality Meat Scotland
Rachel Backenridge	Clinical Psychologist	NHS Lothian
Rachel Gillen	Trainee Planning Officer	City of Edinburgh Council
Rosie Rutherford	Associate	Cause Celeb
Susie Palmer	Corporate Policy Officer	Glasgow City Council

## Aberdeen

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Andy Carver	Prevention and Care Adviser	British Heart Foundation Scotland
Ann Conacher	Co-ordinator	Scottish Public Health Network
Anne Clarke	Counterweight Specialist	Robert Gordon University
Annie Anderson	Centre for Public Health Nutrition Research Centre for Research into Cancer Prevention and Screening and Division of Clinical Population Sciences and Education	University of Dundee
Cairns Smith	Professor of Public Health	University of Aberdeen
Carole Robertson	Public Health Improvement Officer	Dundee City Council & the Community Planning Partnership
Caroline Comerford	Nutrition Co-ordinator	NHS Grampian - Public Health Directorate
Dan Jenkins	NHSH	NHS Highland
Drew Walker	DPH	NHS Tayside
Fergus Millan	Health Improvement Strategy Division	Scottish Government
Fiona Rae	Manager	Community Food Initiatives
Flora Douglas	Department of Public Health	University of Aberdeen
Frances Price	Food & Health Alliance Coordinator	NHS Health Scotland
Geraldine McNeill	Senior Lecturer in Public Health Nutrition	University of Aberdeen
Gill Scott	Health Improvement Strategy Division	Scottish Government
Gillian Johnston	Principal Environmental Health Officer (Food Hygiene)	Perth and Kinross Council
Gillian McFarlane	Weight Management Co- ordinator	NHS Tayside
Gillian Purdon	Diet and Nutrition Advisor	Food Standards Agency Scotland
Heather Peace	Senior Diet and nutrition advisor	FSA
Janie Gordon	Professional Head of Service	NHS Fife
Jen Pittendreigh	Community Dietician	NHS Grampian
Jennie Macdiarmid	Public Health Nutrition, Research Group	University of Aberdeen
Jessica Lindohf	Manager	Paths for All
Joanne Adamson	Public Health Coordinator	NHS Grampian
John Speakman	Professor	University of Aberdeen
Joyce Thomson	Dietetic Consultant in Public Health Nutrition	NHS Tayside
Keith Walker	Health Improvement Officer	Highland Council

Kirsty McLean	Planning Officer (Health Improvement)	Angus Council
Leone Craig	Research Fellow	University of Aberdeen
Linda Smith	Public Health Lead	NHS Grampian
Lisa Tyrrell	Senior Administrator	Scottish Public Health Network
Louise Beaton	Principal Planning Officer - Education, Culture and Sport	Aberdeen City Council
Louise Napier	Senior Planner	Aberdeen City Council
Margaret Hannah	Obesity Lead	ScotPHN
Phil Mackie	ScotPHN Lead Consultant	Scottish Public Health Network
Rachel Sharp	Senior Planner	Aberdeen City Council
Tracey Gervaise	Public Health Lead	Moray Community Health & Social Care Partnership

### **Glasgow**

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Alison Duman	Occupational Therapist	Ayrshire Council
Alister Hooke	Senior Public Health Research Officer	NHS Ayrshire and Arran
Andrew Hale	Health Improvement Officer	North Ayrshire Council
Andrew Tannahill	Head of Evidence for Action / Consultant in Public Health Medicine	NHS Health Scotland
Andrina Hunter	Health Improvement & Inequalities Manager	Inverclyde CHP
Ann Conacher	Co-ordinator	Scottish Public Health Network
Anna Cardona	Policy Officer	Sustainable Development Commission
Anné Gebbie-Diben	Health Improvement Lead	NHS Greater Glasgow and Clyde
Catherine Nelson	General Manager	North Ayrshire Council
Catrina Henderson	Health Improvement Lead	Health at Work
Christine Reid	Senior Health Promotion Officer	NHS Lanarkshire
David Clyne	Access Officer (Nithsdale)	Dumfries and Galloway Council
David McDove	Assistant Business Manager (Roads Strategy and Safety)	North Lanarkshire Council
David Shennan	Health Promotion Officer	<i>NHS Ayrshire &amp; Arran</i>
Drew Walker	ScotPHN Executive Board Chair / Director of Public Health	NHS Tayside

Eddie Glover	Policy and Projects Officer	The South West of Scotland Transport Partnership
Eileen Steinbock	Head of Health and Nutrition	Brakes
Elaine Young	Senior Manager, Public Health Dept	NHS Ayrshire and Arran
Elizabeth Smart	Consultant in Public Health (at this event as representative from the Scottish Health Promotion Managers Group)	NHS Dumfries and Galloway
Fhiona Wyhte	Catering Officer	Dundee City Council
Fiona Crawford	Public Health Programme Manager	Glasgow Centre for Population Health
Gill Scott	Health Improvement Strategy Division	Scottish Government
Grace Christie	Public Health Practitioner	NHS Forth Valley
Heather McCann	Healthy Weight Communities Co-ordinator	North Ayrshire Council
Jacqui McGinn	Health Improvement Lead	West Dunbartonshire CHP
Jo Kopela	Health Improvement Programme Lead – Education & Young People	NHS Dumfries & Galloway
Jodi Milliot	Health Improvement Team	East Renfrewshire CHCP
John Casey	Health Improvement Practitioner	South West Glasgow CHCP
Jonathan Cavana	Programme Manager, Fit for Fun	NHS Lanarkshire
Julie McCarthy	Health Improvement Lead	West Glasgow CHCP
Katie Mackie	Public Affairs Adviser	Scottish Grocers Federation
Katrina Reid	Development Officer (impact)	Consumer Food and Health (Scotland)
Kevin Hutchison	Health Improvement Officer	Inverclyde CHCP
Laura Hainan	Health Improvement Lead	East CHCP
Lesley Deans	Principal Transportation Planner	Clackmannanshire Council
Linda McCartan	Community Health Development Manager	East Ayrshire Council
Linda McFarlane	Health Improvement Lead – Food & Health & Physical Activity	NHS Dumfries and Galloway
Linda Owen	Healthy Weight Communities Programme Manager	Dumfries and Galloway Council

Lisa Tyrrell	Senior Administrator	Scottish Public Health Network
Lorna Forde	Service Lead GCWMS	NHS Greater Glasgow and Clyde
Mandy Brown	Outdoor Access Officer	Falkirk Council
Margaret Hannah	Obesity Lead	ScotPHN
Martine Stead	Institute for Social Marketing	University of Stirling
Mary Colvin	Programmes Manager	NHS Tayside / Public Health Directorate
Mary Lawton	Senior Policy Advocate	Consumer Focus Scotland
Maureen Kidd	Health Improvement Programme Manager, HEAL	NHS Health Scotland
Maurice Golden	Development Coordinator	Consumer Focus Scotland
Megan Hager	Health Improvement Team	North Glasgow CHCP
Michael Craig	Public Health Advisor (Food Nutrition and Healthy Weight)	NHS Health Scotland
Michele Dowling	Joint Services Manager	South Lanarkshire Council
Mike Melville	Pharmacy Manager	Boots Chemist
Naveed Sattar	Professor in Metabolic Medicine at University of Glasgow / Honorary Consultant in Clinical Biochemistry, Glasgow Royal Infirmary	University of Glasgow
Oliver Harding	Consultant in Public Health Medicine	NHS Forth Valley
Patricia Renfrew	Lead Professional Childrens Services	Argyll and Bute CHP
Phil Mackie	ScotPHN Lead Consultant	Scottish Public Health Network
Robin Gourlay	Food and Drink Industry Division	Scottish Government
Roisin Robertson	Health Improvement Manager	Renfrewshire Council
Sheila McNaughton	Lead Dietitian	Glasgow and Clyde Weight Management Service
Simon Reid	Research Assistant	Inverclyde Council
Susie Palmer	Corporate Policy Officer	Glasgow City Council
Tom Meikle	Travel Plan Officer	North Ayrshire Council
Tony McKay	Active Health & Physical Activities Manager	Culture and Sport Glasgow
Veronica King	Health Improvement Lead – Early Years	NHS Dumfries and Galloway

## Video Conference

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>	<b>Site</b>
Ann Conacher	Network Coordinator	ScotPHN	Elphinstone House
Ann Kerr	Head of Healthy Living	NHS Health Scotland	Elphinstone House
Colin Gilmour	Assistant Health Promotion Manager	NHS Western Isles	NHS Western Isles
Elsbeth Clark	Senior Health Improvement Advisor	NHS Shetland	NHS Shetland
Julie Johnson	Head of Dietetics	NHS Shetland	NHS Shetland
Lisa MacKellaich	School Travel Plan coordinator	Highland Council	Highland Council HQ
Lisa Tyrrell	Senior Administrator	ScotPHN	Elphinstone House
Maggie Dunne	Environmental Health Manager	Shetland Island Council	NHS Shetland
Malina MacDonald	Travel Plan Co-ordinator	Highland Council	Highland Council HQ
Margaret Hannah	Obesity Lead	ScotPHN	Elphinstone House
Maureen Halcrow	Lead Dietitian	NHS Orkney	NHS Orkney
Neil MacRae	Transportation Plan Coordinator	Highland Council	Highland Council HQ
Nicola Blance	Health Improvement Advisor	NHS Shetland	NHS Shetland
Phil Mackie	Lead Consultant	ScotPHN	Elphinstone House
Sally Jones	Dietitian	NHS Shetland	NHS Shetland
Gill Scott		Scottish Government	Elphinstone House
Simon Hindson	Graduate planner	Highland Council	Highland Council HQ
Susan Dawson	Health Improvement Officer	Argyll and Bute Council	Elphinstone House
Susan Laidlaw	Public Health Consultant	NHS Shetland	NHS Shetland
Susie Palmer	Corporate Policy Officer	Glasgow City Council	Elphinstone House
Suzanne Baird	Health Promotion Officer	NHS Orkney	NHS Orkney



## Appendix 3

### STRUCTURE OF ENGAGEMENT EVENTS

#### 1.1 Setting the Scene

At each event, there were three presentations on:

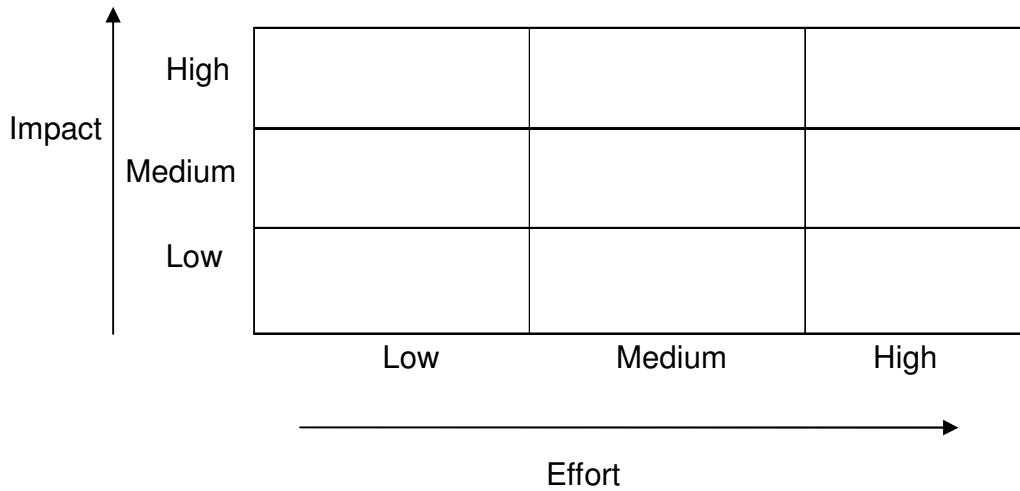
- ❖ obesogenesis and the Foresight Report (Steering Group member);
- ❖ Obesity Route Map (Scottish Government); and the
- ❖ Local Authority perspective (Local authority representative).

Further details on speakers can be found in Appendix 3 and the powerpoint presentations located at the ScotPHN website [www.scotphn.net](http://www.scotphn.net)

#### 1.2 Route Map Sorting

The eighty plus actions in the Route Map were summarised and posted onto playing cards. These were shuffled and distributed to delegates who worked through a bunch of them in groups of six or seven. Each group had to work through their deck of cards and stick them on a grid according to the degree of effort and potential impact that particular action might have on preventing obesity in Scotland. In total, seven packs of cards were used. Twenty three groups, across all the events, were involved in processing the seven packs.

### Grid to Sort Route Map actions



In addition, participants could identify actions that were not included in the Route Map that they felt were important and add other comments on post-it notes.



The results of this sorting process are listed in Appendix 4. A few features are drawn out in this section. At two events, no group put cards into the low effort, high impact box, suggesting there are no quick wins in trying to prevent obesity. However, two events did include suggestions in this box. These are listed below.

### Effort Low / Impact High

The following actions were put into the low effort, high impact box by participants (NB multiple inclusions of an action represent how often the action was included by the participants):

Maximise promotion of healthy lives approach in public sector through clear, consistent vision. (Route Map page 24)
Ensure good design of buildings to promote active travel and activity. (p21)
Ensure good design of buildings to promote active travel and activity. (p21)
Ensure the National Transport Strategy includes review of active travel. (p20)
Ensure the National Transport Strategy includes review of active travel. (p20) <ul style="list-style-type: none"><li>• <i>Additional comment- Reallocation of funding / resources e.g. from road budget to active travel.</i></li></ul>
Use Scottish Sustainable Communities Initiative to encourage active travel, accessible open spaces. (p21) <ul style="list-style-type: none"><li>• <i>Additional Comment - Highland have Active Travel master plans for all Highland towns which give priority list for funding of infrastructure</i></li></ul>
Creation and maintenance of green space.(p21) <ul style="list-style-type: none"><li>• <i>Additional comment - Highland Council have 'open spaces' in new residential developments.</i></li></ul>
Ensure obesity prevention embedded in Scottish Centre for Health Working Lives strategy. (p24]
Make sure all government policies promote positive environments for children and families.(p23) <ul style="list-style-type: none"><li>• <i>Additional Comment - Better integration of policies and strategies. Food &amp; Drink policy, Hungry for success, Maternal &amp; Infant Nutrition strategy.</i></li></ul>
Support pregnant women and new mothers to adopt healthy lifestyle behaviours. (p23)
Promote breastfeeding. (p23)
Promote breastfeeding. (p23)
Consistent way of labelling on packs for easier understanding (p19)
Ensure all hospital catering facilities are working towards Healthy living Award Plus. (p24)
Training for health care professionals on maternal and infant nutrition.(p23) <ul style="list-style-type: none"><li>• <i>Additional comment - This is happening anyway.</i></li></ul>
Use the Scottish Grocer's Federation Health Living Programme more.(p18)
New Action: Tax on high energy foods / Incentives on fruit and vegetables.
New Action: Ban economy ranges & high energy food.
New Action: Legislate against irresponsible promotions e.g. alcohol / high density food products.

The pattern of responses here suggest the need for integrated policy across government at a local and national level, particularly around transport and the built environment to promote active travel and activity. Emphasis on the early years is also prominent with promoting breastfeeding being mentioned twice. The new actions were around legislative action.

### Effort High / Impact Low

Participants put the following actions into the high effort, low impact box:

Encourage less use of cars for short journeys.(p21)
Optimise impact of Active Nation campaign. (p22)
Improve formulation of popular food options to ensure in line with nutrition regulations. (p18)
Possible ban on advertising unhealthy foods before 9pm. (p20)
Find out how to communicate to those who are less health literate about energy density.(p19)
Ensure consumers are well informed about high-calorie meals.(p18)
Communicate what healthy eating is and what healthy portion size is.(p20)
Use appropriate social marketing to encourage people to be more active.(p22)
Communicate what healthy eating is and what healthy portion size is.(p20) <ul style="list-style-type: none"> <li>• <i>Additional comment - Culture change. Concerted high effort over a very long period of time for any decent level of impact.</i></li> </ul>
Find out how to communicate to those who are less health literate about energy density.(p19)
Clean up local neighbourhoods (p22) <ul style="list-style-type: none"> <li>• <i>Additional Comment - Its impact would be in contribution to the bigger cultural shift required to be less sedentary.</i></li> </ul>
Educate parents on how to provide themselves and their children a healthy diet (p23) <ul style="list-style-type: none"> <li>• <i>Additional comment - This represents a very small contribution to actual behaviour.</i></li> </ul>
Promote breastfeeding (p23)
Encourage the responsible use of 'healthier' in marketing.
Educate parents on how to provide themselves and their children a healthy diet (p23)
Make cycling and walking to every day destinations safer.(p21)

Here the main finding is how little impact education and communication strategies would have on preventing obesity. Perhaps it is the limited impact of strategies focusing on behaviour change that meant promoting breastfeeding was also chosen by one group for this box. However, given the diversity of views on this issue, it may be worthwhile taking further soundings on this issue.

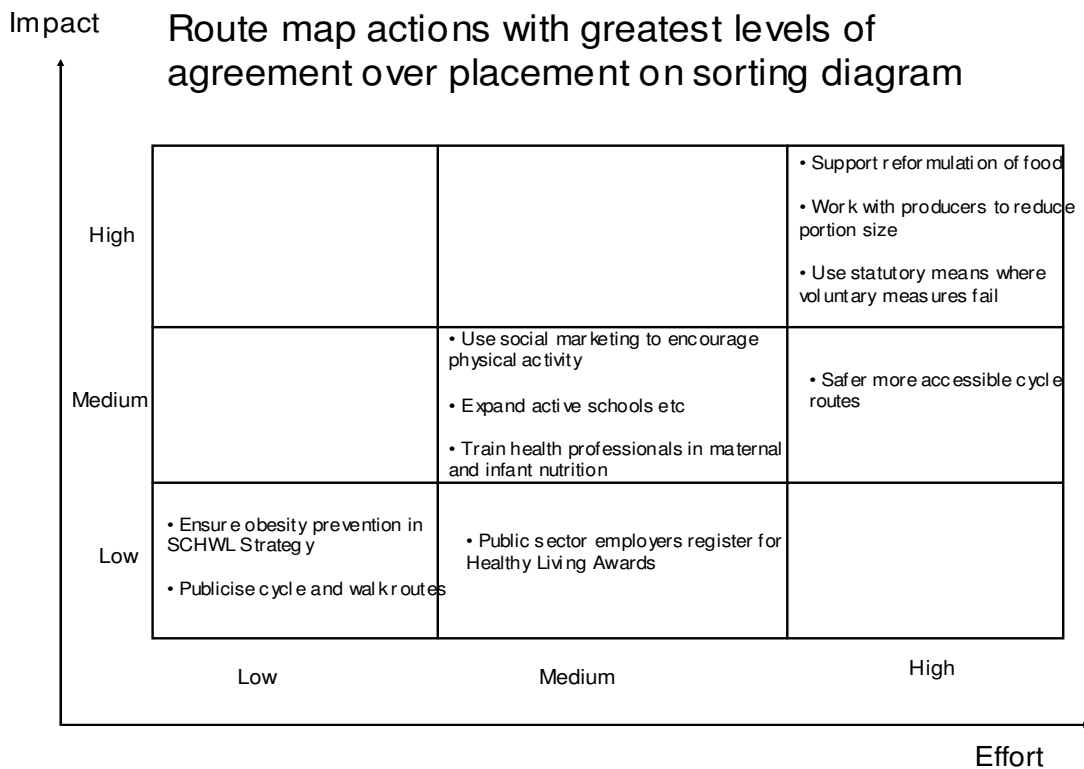
There were some interesting comments about the Route Map by some groups. These are listed below:

- focus should be on society rather than just individuals;
- the Public Sector needs to show leadership (and be brave) in giving staff time and support for physical activity;
- integrated impact assessments have potential for benefit, but may equally become simply a bureaucratic exercise;
- need to address psychology (e.g. around physical activity, other lifestyle changes) rather than just introduce new programmes/initiatives;
- difficulty in viewing 'stand alone' actions or initiatives, focus on workplace for example would have impact on obesity if all elements considered;
- food - availability/content/choice. Much based on labelling and marketing. Licensing opportunity?
- the Public Service requirement to adhere to shared standards and guidance (not different frameworks for different bodies); and
- learn from other sectors (e.g. corporate world often ahead of the game - fruit, veg. and salads free in staff canteen. Changing behaviours before attitudes).

There were also a few comments about the process of sorting actions:

- 'Effort' is taken to include human endeavours, political will and cost;
- lots of actions may have 'low' impact but collectively they may have 'high' impact and overtime the effort will lessen as culture changes; and
- assessment of 'effort' and 'impact' is difficult and depends on a variety of aspects including the time frame. Would be worthwhile looking at the relationship between the actions - are there 'priorities' or do they depend on one another so much that we need to do them all now?

The following figure is a composite one derived from putting together all the comments from the Route Map sorting exercise and noting where there was high agreement between groups (a frequency table of all the actions can be found in Appendix 5). These were actions that were placed in the same part of the sorting diagram four or more times.



Overall, people found this process engaging and gave them a good opportunity to look at the Route Map in more detail and discuss the actions within it in more detail.

### 1.3 Imagining a Healthy Weight Scotland

The same delegate groups were asked to imagine what deep shifts in culture, behaviour and social norms would have taken place to enable us to de-escalate the Route Map actions. Groups were asked to present their view of Scotland as a healthy weight society in pictures or as news headlines. Some groups preferred simply to list their thoughts.

The headlines and comments are listed below clustered around themes: food culture; school/family life; impact of fewer obese people; and transport and health along with some pictures. There is some repetition in these comments as they were mentioned by different groups. News headlines are put into quotation marks. Whilst the vast majority of comments are positive, just a few are quite negative. This reflects how some groups recognised a darker side to regulation and enforcement and the potential for people who are obese to become very badly stigmatised should this be the only way we try to prevent obesity. Full details and more pictures are available on the ScotPHN website [www.scotphn.net](http://www.scotphn.net).



### Change in Food culture

"Supermarket no long king."
"Fast food outlets go bust, last burger served!"
"Fiscal policy under attack" – food industry aims for health, not profit.
Legislation (reduce portion size/energy density; (market only health foods).
Moderation in portion size.
Scottish identity associated with healthy foods.
More allotments and more trading of vegetables in communities.
Small batch shopping in local stores, grocers.
True market gardens, farmers' markets.
"No more high fat shops."

Local food production.
Healthy food cheaper.
More allotments, food labelling clear, smaller portions size.
Majority food low energy dense – people like it and it’s seen as cool by kids.
“Vertical farming” – more green space for active living.
Fast food exception rather than norm.
Tyranny of temptation gone.
Lower alcohol consumption will = less social disruption.
‘Fast food’ as a meal option not ‘snack’.
Locally sourced public sector food – use hospital land to grow this.
Sensible alcohol consumption.

### Change in School/family life

“TV dinners are so last century”.
“Child given detention for bringing mars bar to school”.
A simpler way of life – more community consciousness.
Local produce.
Ability to cook.
Children higher IQ = higher education.
Happy community – A ‘sunnier place to live’.
More cycling and pram pushing.
Children out to play – hopscotch returns.
Balanced diet/can we have treats?
People know how to cook, can cook local food and can deal with overwhelming choices.
Use ‘treats’ with more care.
Establish good habits early!
Less screen watching – children find other activities more attractive.
Smaller plates, smaller portions, families eating together.
Kitchens cooking local food in schools.
Healthy tuck shops and high school meals uptake.
Home:
<ul style="list-style-type: none"> <li>▪ breastfeeding;</li> <li>▪ families eating together;</li> <li>▪ families active together.</li> </ul>
Days to count before next ‘food treat’ – more work needed to prepare people for this.
More family activities and cooking together.
Breastfeeding the norm.
More time given to eat together.
Less screen time.
“Eating to live, not living to eat”.
Work-life balance better --- more family time for cooking/eating.
More family activity.
Children view ‘healthy eating;’ as positive and have older role models.
Nutritionally balanced ready meals. People also cooking from scratch, enjoying / celebrating food more.
No TV broadcasting between 6-7pm
Breastfeeding is the norm.

## Change in Workplace

Workplace activity..... continue from school.
Community/culture shift.
Better work/life balance.
Activity built into working day, flexible working hours (take into account winter/daylight summer).
Lunch hour exercise (forced).
Workplace active travel, yoga classes at lunch break, local food and healthy food at work.
Competitions between companies for being the healthiest workplace.
Actively health conscious e.g. taking part in activity that is not work.

## Impact of fewer obese people

"Weight watching organisations go bust!"
"Bariatric surgeons change speciality to orthopaedics."
"'Liposuction' removed from the dictionary."
Fat people are no longer the norm.
Slimming industry gone bankrupt.
No need for weight watching organisations.

## Change in Transport System

"Bike ownership outstrips car sales."
"One thousandth car – free city opened today."
"M8 to become cycle route."
Safe walking/cycle routes.
Public Transport.
Increased active travel.
People see their neighbourhoods as being safe.
Far less car use – car free cities.
Vouchers for using cycling.
Lots of open space.
No cars.
Fewer cars, quieter, farmers' markets, cycle/walk routes.
People more active, more outdoors, water sports (climate change).
Shift of transport system towards cycling and also healthier transport of goods.
People walking / roller blading / cycling.
Fewer cars on the street – Roads narrower / pavements wider.





### Impact on Health

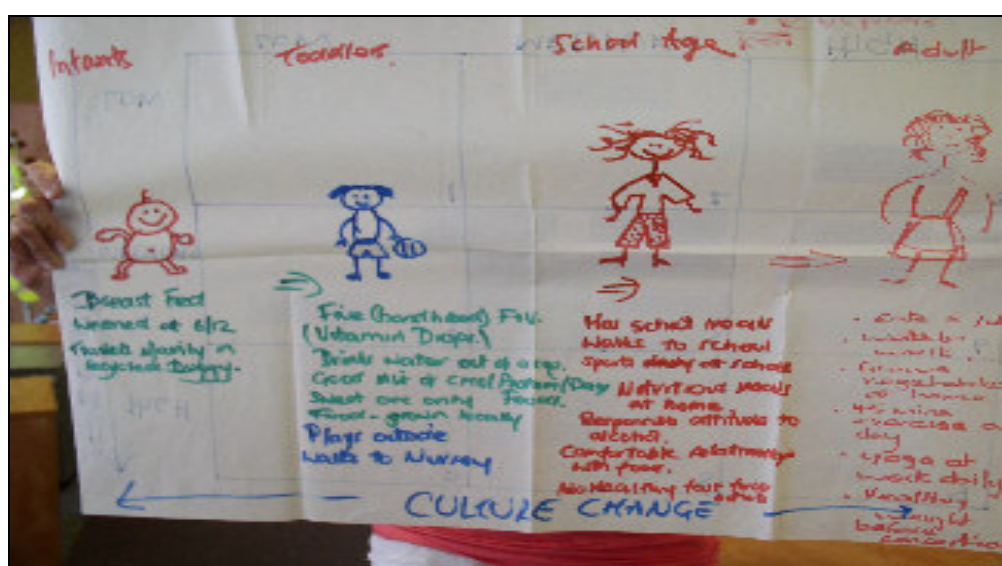
"Shettleston men get letters from King/Queen."
"Better nourished youngsters clog up higher education."
"Scotland wins 25 golds at Commonwealth Games."
"Club 80-90 holiday makers run riot on Ibiza."
"Santa no longer gets stuck up the chimney!"
"Stigma of obesity causes rise in suicide."
Socially acceptable to be healthy and active.
Community spirit higher – team sports, active, commonwealth games legacy.
"Scotland win world cup again!"
"Biscuits on prescription" (exceptions for patients who require high calorie diets).
NHS costs less.

### Shift in Policy-making

Consultation.
Cross referencing plans and policy.
Long term investment.
Not just NHS.
Shared responsibility across society.
Better understanding of over consumption.

Cross Party Consensus.
Radical change (taxation; fuel; active travel).
Public sector acts as an example.
Innovation; research and development; proper evaluation.
Role and power of media harnessed.
Scottish benefits – to economy; to inward investment, etc.
Subsidies in Common Agriculture Policy shifted.
Agricultural policy is fruit/vegetables/cereal – based.
Cities designed for active living and healthy eating.
Government beats food industry into shape. (Legislation introduced by the government).
United we stand and sit and stand... (Government and food industry and active workforce work together).
Closed borders therefore Scotland has space, food production etc.
Terminate obese people!

A group in Orkney presented their ideas for culture change in a four-panel picture depicting life from infancy to adulthood.



Infant

- Breastfed – weaned at 6/12 months.
- Travels in a recycled buggy

Toddler

- 5 pieces of fruit and vegetables a day
- (Vitamin drops)
- Drinks water out of the tap
- Good mix of carbohydrates / protein / dairy foods
- Sweets occasionally

- Eats locally grown food
- Plays outside
- Walks to nursery

School age

- Has school meals
- Walks to school
- Sports daily at school
- Nutritious meals at home
- Responsible attitude to alcohol
- Comfortable relationship with food
- No unhealthy fast food outlets

Adult

- Eats 5 a day
- Walks to work
- Grows vegetables at home
- 45 mins exercise a day
- Yoga at work daily
- Healthy weight before conception

Another group in Glasgow presented their feedback as “The diary of Andrew Walker aged 13 and  $\frac{3}{4}$ ” as follows:

**06:00** Got up, felt very bright and rested, looking forward to my healthy breakfast and active neighbour visiting (after tending to the allotment).

**07:00** Sat down with the rest of the house to a great breakfast - the normal fruit and cereal. Had a great chat with the family about the about the day ahead.

**08:00** Cycled to school on one of the pool bikes, cycle lane all the way, yeah!!

**09:00-12:00** A great block of learning sessions with active breaks and yummy healthy food.

## 1.4 Priority Actions

Finally, given what they had imagined in the previous exercise, the discussions they had when sorting actions in the Route Map and any reflections from the presentations or other comments throughout the day, the groups were asked to identify up to five actions they felt would be most effective in achieving a healthy weight Scotland.

These are summarised below in five groupings: integration of policy and strategy, regulating food intake, designing public space to promote physical activity, early years, public awareness and skills, workplace and research. A complete list by event and group is available in Appendix 6.

### Integration of policy and strategy, nationally and locally

More integration of departments and stop looking at obesity as only a health issue.
Health improvement fully integrated into planning processes.
Better integration of all policies relating to health improvement.
Co production / community development in local communities to ensure change for healthy weight / food & health especially in low income communities.
Supporting families and communities through cohesive action.
Communities take responsibility for own health and wellbeing.
Development of workforce to deliver and support actions identified.
A better understanding through education support and raising awareness.
Incentives and legislation.
Better management and consultation with priority user groups i.e. children & young people.
Scottish Government long term plan and investment no less than 20 years. i.e. cross party alignment & commitment secured.
Local Authority to support, encourage and give priority to community driven projects which support healthy eating and physical activity.
Leading by example, Government, Local Authority & schools.
Consider statutory means of increasing change if/when voluntary efforts fail. (p18)
More integrated working between sectors.
Use National Planning Framework for Scotland to ensure plans have positive impact on exercise and weight. (p21)
Explore general policy strategy to: Food / drink production.
Climate change.
Manage inequalities.
Shared responsibility to address health priorities. It is not just NHS business!
Sustainability – economic and infrastructure.
All public sectors act as exemplars in food and physical activity, but we recognise the economic cost may make it difficult.
Promote the link between alcohol and obesity with a view to reducing consumption.
Planning of our towns / Greenspace / Built environment / Density of fast food

## Regulating food intake

Improved access to healthy food options at affordable prices in local communities.
Reformulation and reducing portion sizes.
Reformulation of food. Industry & producers working together.
Ban ready meals / snacks that's are not "fit for purpose" (e.g. number of calories, salt content).
Support reformulation.
Work with producers, retailers and caterers to ensure portion sizes reflect energy needs. (p18)
Incentivise suppliers to support locally grown health food.
Price subsidies on healthy food & disincentives on unhealthy food and drink.
Work with retailers to encourage stocking of smaller and less energy-dense portions. (p17)
Implementation of Health Promotion & Nutrition Act 2007 & extensions. (Adoption of sensible drinks).
Nutritional standards – appropriate and integrated – applied across public sector caterers and as an aspiration.
Taxation of high fat, sugar foods compiled with incentives for healthier foods.
Portion size control.
Provide incentives to produce lower energy food and disincentives to produce high energy products. (p18)
Change in legislation towards incentive to sell and promote healthy foods whilst de-incentivising high energy foods through stopping economy ranges on high energy foods and stopping discounts on high energy and unhealthy food.
Reduce portion sizes.
Reduce energy density.
Marketing of healthy foods only.
Legislate against irresponsible promotion of energy dense food / drink products (buy 1 get 1 free).
Food Industry / Retailers e.g. portion sizes, subsidise fruit and veg prices, no 2 for 1 offers on unhealthy foods.
Controlling the availability of energy dense food e.g. taxation, legislation, choice.
Reformulation of food products to less energy dense products consumption and less portions of energy dense foods.
Recast relationship with food production & retail industry.
Local Authority have a responsibility for all people to have access to healthy foods by limiting number of fast food outlets particularly in disadvantaged communities and encouraging the provision of outlets for healthy convenience foods and drinks e.g. increased powers & responsibilities for Planning & Economic Development Departments to support 'healthy' projects/building and not support 'unhealthy' applications.
Less consumption of 'empty' (sugar-based) calories – both carbonates and alcohol drinks. Link to more sensible eating and drinking (hydration).

## Designing public space to promote physical activity

Increased active travel.
Transport exclusion zones / more to address current travel norms.
Use Scottish Sustainable Communities Initiative to encourage active travel, accessible

open spaces. (p21)
Increased measures to restrict traffic in town and city centres in order to promote active travel following for instance the example of the congestion charges in London and the resultant increase in cycling.
Make cycling and walking to every day destinations safer. (p21)
Ensure future planning prioritises active travel over car travel as in the Scottish Planning Policy (p21)
Shaping environment to allow active living – Better cycle routes.
Creation and maintenance of Greenspace. (p21)
Active travel implementation – Personal travel opportunities- as Scottish Planning Policy (SPP).
Scottish Government spend more money and direct Local Authorities to make places people friendly not focusing on roads and car transport.
Ensure good design of buildings to promote active travel and activity. (p21)
Cycling.
Less sedentary activities for young children. (p23)
Investment in the built environment.
Taxation of fuel (transport) incentives to encourage active travel.
Financial support at local level to support physical activity.
Active travel (more physical activity) to promote more energy expenditure (personal) and less carbon dioxide expenditure (climate change).
National planning guidance should be more proactive in enforcing the creation of environments that promote healthy options & physical activity

## Early Years

Ensure every child learns to cook from scratch.
To put home-economics and nutrition back into the curriculum linking with the curriculum for excellence, involving lessons in nutrition, cooking healthy meals (not only baking), designing menus, shopping tours on healthy eating with outreach work into communities supporting schools education activities.
Implement Maternal and Infant Nutrition Strategy – mentioned twice. (p23)
Education and establishing habits from and early age.
Support pregnant women and new mothers to adopt healthy lifestyle behaviours – mentioned twice. (p23)
Promote breastfeeding. (p23)
Provide and maintain environments that promote healthy opportunities for children. (p22)
Focus on early years and maternal nutrition.
Continued use of Getting it Right for Every Child. (p23)
Schools can provide a key setting.
Provide opportunities for children, young people & adults to engage in healthy activity.

## Public Awareness and Skills development

More understanding for how to develop motivation & confidence of families & individuals to adopt healthy lifestyles.
--

Working from raw ingredients with clear & concise messaging. Consistent way of labelling on packs for easier understanding. (p19)
Through responsible use of "healthier" as a strategic marketing tool i.e. the 'healthy' label should only be used for genuinely healthy foods.
Consistent labelling for easier understanding (could be for alcohol as well as food).
Elaborate a more realistic approach to obesity knowledge. Elaborate social and cultural action in antecedents to obesity - public and professionals.
Equip people with the skills to shop and cook healthier. (p19)
Use social marketing to change culture. (p19)
Standard, consistent labelling. (Honest labelling).
Tackling false marketing of unhealthy foods and increase marketing of food facts. Ethical marketing sustained over time.
Refocus priorities towards environments that REALLY make healthier choices natural and accessible to all.
Cookery skills development in the home.
Education. Schools environment attractive fun.
Legislate for responsible marketing.
Educate parents on how to provide themselves and their children a healthy diet. (p23)
Educate women of dangers of obesity in pregnancy for woman and baby (p23)
Role and power of the media.
Education and influencing decision makers.

## Workplace

Better work / life balance. Support active travel to/from work. (Happier employees).
Workplace physical activity time and facility provision.
Support workplace 'healthy working lives'.
Work life balance.

## Research

Research and innovation to support public health policy e.g. large scale natural experiments. Plus evaluation of incentives.
Evaluation of actions

## Appendix 4

<b>Presentation</b>	<b>Speaker</b>
Obesogenesis / Foresight	<p>Laurence Gruer (Director, Public Health Science, NHS Health Scotland)</p> <p>Annie Anderson (Director of the Centre for Public Nutrition Research, Division of Clinical Population Sciences and Education)</p> <p>Naveed Sattar (Professor in Metabolic Medicine at University of Glasgow / Honorary Consultant in Clinical Biochemistry, Glasgow Royal Infirmary)</p> <p>Margaret Hannah, (Obesity Lead, ScotPHN / Deputy Director of Public Health, NHS Fife)</p>
Obesity Route Map Priorities	<p>Fergus Millan (Health Improvement Strategy Division, Scottish Government)</p> <p>Gill Scott (Health Improvement Strategy Division, Scottish Government)</p>
Local authority perspective	<p>Susie Palmer (Corporate Policy Officer, Glasgow City Council)</p> <p>Keith Walker (Health Improvement Officer, Highland Council)</p>



## **Appendix 5**

Link to results of Route Map sorter –

[http://www.scotphn.net/xls/2010\\_07\\_07\\_Sorted\\_Grid\\_Results1.xls](http://www.scotphn.net/xls/2010_07_07_Sorted_Grid_Results1.xls)

## **Appendix 6**

Link to frequency table –

[http://www.scotphn.net/xls/2010\\_08\\_06\\_Obesity\\_Aims\\_Frequency\\_Tablev32.xls](http://www.scotphn.net/xls/2010_08_06_Obesity_Aims_Frequency_Tablev32.xls)

## **Appendix 7**

Link to group actions -

[http://www.scotphn.net/doc/2010\\_06\\_02\\_Group\\_Actions1.doc](http://www.scotphn.net/doc/2010_06_02_Group_Actions1.doc)

## **Appendix 8**

Link to full evaluation -

[http://www.scotphn.net/xls/2010\\_06\\_28\\_Evaluation\\_summary\\_22.xls](http://www.scotphn.net/xls/2010_06_28_Evaluation_summary_22.xls)



# ScotPHN r e p o r t

For further information contact:

ScotPHN  
NHS Health Scotland  
Elphinstone House  
65 West Regent Street  
Glasgow  
G2 2AF

Email: [nhs.healthscotland-scotphn@nhs.net](mailto:nhs.healthscotland-scotphn@nhs.net)  
Web: [www.scotphn.net](http://www.scotphn.net)