report

A HEALTHIER FUTURE – ACTION AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT

WRITE-UP OF WORKSHOPS FROM SCOTPHN ENGAGEMENT EVENT IN SUPPORT OF THE OVERALL ENGAGEMENT PROCESS BY SCOTTISH GOVERNMENT (INVERNESS, 10 JANUARY 2018)

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Workshop 1: SWOT Analysis
Aspect of Strategy: Children and Families

Strengths

- The group noted that they were pleased that the document stated that 'we will research precedent, evidence and good practice on the relationship between the planning system and food environment, including exploring how food outlets in the vicinity of schools can be better controlled, with a view to informing the review of Scottish Planning Policy.' The group felt that it was good to include this but felt that further legislation was required for planning and possible exclusion zones would be helpful which would also include mobile vans and work tying this into beyond the school gate.
- The group agreed that a strength was that the strategy noted ' we will improve the way in which services engage, inform and support women before first pregnancy to ensure they start their pregnancy at a healthy weight and in good physical health…' The group felt that it was important to start early on and was pleased to see women before they start their pregnancy as a group to engage with in terms of preventative actions but the group did wonder how this would work and how these women could be identified.
- The group agreed that more weaning was happening at 6 months instead of earlier so that good progress has been made with this action

Weaknesses

- The group explained that weight related stigma should be more prominent in the strategy.
- The group explained that there needed to be further work on legislating the marketing or reformulating weaning pouches which are often high in sugar and parents think that they are doing well for their child and giving them a good start.
- The group agreed that the strategy needed to highlight the importance of subject specific teachers for home economics and PE. Further work is required to train more home economists and PE teachers as often subject specific staff are more confident in delivering these important subjects than a non-subject specific teacher. The importance of these subjects being delivered in a fun, interactive way by confident staff was highlighted. An inequality was noted around the issue that some schools now request payment for ingredients for home economic classes.
- The group also noted that there was a requirement for greater support from Health Visitors for selective eating in early years.
- The group also noted the inequality in paying for nursery meals instead of Free School Meals of Primary 1-3.

- The group were keen to highlight the lack of mention in the strategy of people with learning and/or physical disabilities as well as other population groups.

Opportunities

- The group felt that there could be an opportunity to have more intensive support for Breast Feeding and that the strategy could provide this.
- The group highlighted that the new pre-school health check that will be undertaken by the health visitor is helpful as it will continue the relationship that is built with the parent. However the option of having a P7 health check undertaken by the school nurse would be advantageous.
- The group were keen to highlight that the strategy needed to consider the food environment in rural areas re promotions and the importance of long shelf life (such as pie and pastries in shops).
- There is an additional opportunity to link with playground/toddler groups and these could be Health visitors but could include others as well like Active School Coordinators.
- The group felt that one opportunity of the strategy was to target key opportunities in life – pregnancy. However the group were keen to highlight that it was more than just weight that needed to be targeted and that even though a pregnant women could be a normal BMI her food choices and physical activity choices could be improved.
- The group noted the differences between attendance at services and some discussion ensued about the option for paying for services but that this would require a cleverly tiered approach in order to mitigate against increasing health inequalities.
- The group highlighted the importance of linking and cohesion between policies.

Threats

- Evaluate services and money to areas of deprivation but rurality makes a difference
- Food partnerships with school are good but food industry needs to adhere to health issues as well. School meal budgets – still make it tempting and attractive.

Workshop 1: SWOT Analysis
Aspect of Strategy: Leadership

Strengths

- Environmental aspect
- Physical activity – asset approach
- Gov. document – shift responsibility to corporate
- Gov. buy in for document: ownership
- ‘everyone’s business’
- Title – change ‘diet’ to ‘food’ – public engagement
- Public sector bodies expected to get its house

Weaknesses

- Leadership challenging
- Environment – needs to go further – legislation
- Accountability – important across system and drive change e.g. staff have lunch break – keep children in schools at lunch time
- Leadership for physical activity
- Ability to scale up small good examples
- Needs clearer picture on ‘benefits’ (at local level) of measures being proposed for local buy in – leadership – see an output/change from this

Opportunities

- Build momentum at local/national level but this can be a threat, get a tipping point
- Targets help with implementation
- Proposed new socio-economic duty
- Provides opportunity to influence and infiltrate but needs a ‘fully engaged’ scenario
- Socially prescribing and numerous new staff e.g. link workers
- Document suggests working with some pilot areas to test a whole system approach to a multi-faceted approach – opportunity to build on previous and existing work through community planning
- Needs systems change and ground work – needs to be sustained
- Needs buy in/leadership at the top
- Advocacy
- Need opportunity to transform our system – local opportunity for community development approach – could give opportunity to identify local ‘benefits’ to measure

- New structure arrangements , opportunity for leadership e.g. children's services KJBS
- Need business cases/ evidence to support partners/ KJB decision making
- Pose challenge of leadership at local level

Threats

- Connect Scottish government level work to local implementation
- Current 'vested interest' is with lots of individual interested people – strategy gives us opportunity to look at whole system
- Competing for pockets of money
- Continue to 'trade off' finance between TX and prevention
- IJB's – highland has an anomaly(?) model
- Threat if not on board
- Assumption available funding is going to this
- Leadership challenge

Workshop 1: SWOT Analysis
Aspect of Strategy: Treatment and Weight Management

Strengths

- Inequalities
- Environment influences (£ promotion)
- Process – Engaging with industry, what is the incentive for industry to change?

Weaknesses

- Confusion over health and weight language
- Using BMI at an individual level
- Food labelling
- Structure of social care and health partnerships
- Ability to have an overarching programme that can be localised
- Conflict between free choice and independence
- Why data collection & action targeted towards diabetes
- Working conditions (shift work etc.)
- Shift from prescriptive diets to an understanding of why we need food (nourishment/enjoyable)
- Intuitive eating

Opportunities

- Stress management
- Support food industry to grow
- To bring in third sector supporters
- Sharing of good practice/resources
- To involve wider care providers
- Longer term support and education
- Social marketing
- Social media
- Reframes messages around food
- Empowerment and control
- Language
- Stigma
- Person centred approach
- Health literacy
- Intuitive eating
- To explore habit forming behaviours

Threats

- Inequalities
- Money in industry to make change
- Short term funding
- Portions
- Inconsistent messages and approach

Workshop 1: SWOT Analysis
Aspect of Strategy: Surveillance

Strengths

- Staff recognising need for change and directing other staff and patients in the right direction
- Diet and obesity strategy helps to build on assets already in place e.g. school nurse's working with families.

Weaknesses

- Surveillance or lack of within different professions e.g. physiotherapists
- How the services are delivered
- Linking various professionals delivering services to individuals
- Need to change how services are delivered but appears impossible to do so whilst day job continues
- Monitoring around health inequalities and how it is reflected in the diet and obesity strategy

Opportunities

- Assets approach – systems and services
- Doing things that makes a difference
- Consistency, using evidence based services
- Refocus
- Permission
- Long term – whole population approach (targeted)
- Sustaining free local opportunities for families to engage in P.A
- Culture shift in attitudes
- Crowing up in Scotland – continuing 'surveillance' into adulthood for current cohort of 13 year olds.

Threats

- Media – lack of positive advertising images

Workshop 1: SWOT Analysis
Aspect of Strategy: Wider Contributions

Strengths

- Regulation and emphasis
- 3 clear headings
- Easy read, avoiding jargon
- Title 'A healthier future…' – ambitious
- Good use of questions in supporting consultation
- Style and layout
- Ambitions for leadership (good)
- Highlights key policies as links
- Good emphasis on labelling/food environment

Weaknesses

- Voluntary sector contribution briefly mentioned
- Insufficient reference to things like place standard and importance of healthy environment
- Insufficient voluntary sector contribution to strategy
- Local authority involvement?
- Document narrows down immediately to the food environment?
- Not specific indicators and measures – bit fluffy?
- Doesn't adequately recognise and value body shape diversity; nor actively promote positive body image

Opportunities

- More involvement from voluntary sector and individual communities/local authorities
- Greater use of the online forum for many others to contribute to this
- More measureable outcomes i.e. how will we know when we have achieved it
- More standardised, robust measures
- Other strategies – Good food nation; Physical activity; City?...
- To make the links or others into a more visual map for consultation or use
- Change in culture from ; businesses and individuals (but can also be a threat)
- Better/greater partnership working within existing infrastructure (specifically arm's length organisations such as ALEO)
- Greater collaboration with other national strategies such as mental health
- In order to deliver, set a very specific, targeted measure…by ___ we will ____ (SMART outcomes) as a lever. Tangible change.

- Makes commercial sense
- Avoid ‘food’ snobbery and support people where they are at
- ‘Mindful’ eating – or responding to our own needs/feelings
- Emphasise health rather than weight
- More positive media messages

Threats

- Budget and resources within public bodies and others
- Culture – consumerism; business power; private sector engagement
- If we restrict certain foods/drinks without providing alternatives which they are supported to make can be damaging
- Coolness/attractiveness of foods that might not be healthy (counter-culture or resistance to the messages)
- The diet industry and the prevalence of health boards/interventions to support referral to dieting programmes.
- Strategy overload (ie more joined up thinking)
- i.e. its great but nothing happens
- if we focus too much on ‘lifestyle’ and language (obesity) –ve risk further alienating the most vulnerable and widening health inequalities gap
- Not wanting to ‘upset’ businesses
- Individual could feel ‘blame/shame’
- Overall ‘heath’ messages can widen a health inequality gap
- Messages are confusing, keep it simple
- Media and body shaming

Workshop 2: Local Implementation
Aspect of Strategy: Children and Families

'What are we going to do to help support local implementation?'

- The group agreed that services would require re-designing in order to address Health Inequalities and weight based stigma as well as the socio-economic factors
- The group highlighted the importance of expectations and that they don't want the enthusiasm to fizzle out. In addition a point was raised that as much as implementing locally is important that legislation and national work is vital to ensure that the healthy choice is the easy choice.
- Better networking was noted as an important part of implementing the work.
- The group agreed that a consistent language was vital, whether this is healthy weight or obesity or something else.
- Building relationships was highlighted as of importance in implementing locally.
- The group noted that there wasn't a great awareness of the current Scottish Government social media campaign 'Eat Better, Feel Better'. The group agreed that consistent and cohesion messages re campaigns was vital between different organisations (e.g. FSS, NHS England) so that the public would not be confused by different messaging. In addition with campaigns it is important to note the different TV watching approaches now and the increased use of social media.
- The group discussed the importance of children and young people to be taught the skills of shopping and eating intuitively. In addition we discussed the importance of providing guidance for education staff/canteen staff/parents on eating intuitively and portion control.
- The group felt that there was an important role that could be undertaken in working with non-home economics staff (e.g. Modern studies and English staff) on teaching food advertising, manipulation, resilience and political engagement– this could be a role for Education Scotland.
- There is a greater quantity of Breakfast clubs required and links made with supermarkets to support them and to ensure they are sustained.
- The group agreed that the canteen and vending options in public sector organisations and trusts/ leisure services and colleges needed further improvement similar to HLA (Healthy Living Award) and HRS (Healthcare Retail Standard). The discussion of the importance of planning of the curriculum to ensure that lunch breaks are provided in colleges was raised.
- The group felt that in implementing the strategy another gap needed to be addressed which was the support for Looked After and Accommodated (LAAC) young people. The group highlighted that further independent living

skills on moving into first tenancy and learning healthy eating, cooking and budgeting was vital.

- The group noted that some procurement challenges exist and the group felt that it would be good if the rules were more flexible and reflected local issues and needs. Sharing examples of rules and how to implement these as well as economy of scale. One example was raised of a local nursery no longer buying local food for children as an activity as they had to procure through set channels and couldn't just take a trip to the local green grocers to get fruit and veg for children to taste and to learn about the importance of shopping.
- The group agreed that there was an important role in increasing the budget for school meals and nursery meals to ensure that they were still nice and attractive for pupils.
- A discussion was raised about portion sizes vs eating intuitively and the importance of changing wording in the strategy to reflect this.
- The group raised the fact that Highlife (Highland) and Fitlife (Moray) cards encourage families into PA with free sessions for families but more could be involved. Active Schools should also be included in this.

Workshop 2: Local Implementation
Aspect of Strategy: Leadership

- Fitting the strategy and actions with what is in local outcome improvement plans to get buy in e.g. connecting communities; access (moray) – asset focussed
- Long term funding and leadership to sustain interventions - - new and real money to help make a difference
- Commitment to a more holistic approach – paying people to work in areas of deprivation
- Sharing of good practice across the H-SCP's and localities across the board areas
- Data collection – evaluation
- Ability and capacity to do things at scale – need boldness in decisions
- Leadership – connection across all levels of our systems
- Recognition – leadership for issues in remote and rural areas that may need very local solutions
- Pockets of deprivation throughout create the environment for change
- Be bold to say what isn't working and what needs to change – evidence based approach and systems to support data collection and evaluation
- Tap in/use resources in organisation e.g. health intelligence and share across partners
- Everyone's agenda, work cross system and pull on professionals strengths
- To get leadership at a local level need everyone to recognise their contribution – need leadership for this – not just 'health's' responsibility
- Leadership in and from the community planning partners with shared consensus around language – can be local enough and strategic with asset based approach – but leadership is from everyone – positive CPP's to make a difference to local outcomes – right people in the mix of new people to help provide the leadership
- But some structural arrangements may be barriers to enable local implementation e.g. locality
- Different levels of leadership (includes local community) e.g. food access and food delivery
- Make a connection to the community empowerment act – assets and allotments – food growing strategies
- Local joined up visions are evolving through community planning in some areas
- Is there a conflict between the strategy and community empowerment/ development approaches – community may not want this – enablers are education, work and schools to break the cycle, practical cooking skills

- Join up the dots on the ground for local staff and people – more holistic approaches working with families especially where stress is high e.g. poverty/substance misuse/unemployment
- Connect to other strategies e.g. early years, rather than sit in isolation, consider resources at local level for holistic approaches, role of third sector to be recognised
- Improve health and literacy, support local connections (e.g. prisoners)
- Forums for sharing good practice needed at local levels
- Leadership is at all levels so we have a role to play to get it on others agendas.

Workshop 2: Local Implementation
Aspect of Strategy: Treatment and Weight Management

- Leadership- staff capacity/understanding/partners on board.
- Awareness/support all levels – rurality (hard to reach)
- Marketing appropriately
- Link existing resources with new strategy
- Funding
- Local capacity
- Showcase – share good practice
- Continue to support & expand existing technology being mindful of challenges i.e., attend anywhere- google chrome not supported by NHS IT
- Quality rather than quantity measures
- People centred & locally treated
- Mindful that people will interpret strategy differently (positive and negative)

‘Please note above written based on the SWOT activity – difficult to think about local implementation if the barriers are not addressed. Some of the strategy should be reviewed so local implementation is possible. ‘

Workshop 2: Local Implementation
Aspect of Strategy: Surveillance

- Who delivers? When is it delivered? Where?
- Who has overall responsibility for delivery, reporting (on what) and feedback?
- Who - Health promoting services – professional delivers where the opportunity arises and/or feels the time is right for ‘brief opportunity’ – professional sign posts – clear pathways are required

Workshop 2: Local Implementation
Aspect of Strategy: Wider Contributions

Local network –

- updates; knowledge sharing; cascading
- checking against previous understanding e.g. the example of 'loneliness and social exclusion networks'
- so something local takes place (an event or similar) which triggers local networks
- ambivalence about whether we are expected to develop 'local' strategies – or action plans
- needs a launch and then locally developed into measurable outcomes

National –

- e.g. some of the work around food environment etc. will be national also local authority/NHS have restricted resources etc. – can't all be down to local areas

Don't want to –

- calorie counting; portion control ; or idea of weight discrimination,
- don't want 'big picture' stuff around key messages and language
- maybe we don't need to do anything extra – is it about forming networks and playing to strengths (e.g. Contribution of third sector)
- ' a whole system approach' i.e. its wider than 'food' – Holistic
- Without measures it is difficult to act – need for targeted and identified outcome measures such as 'deprivation'; access etc.
- What do communities want or need? Who or what are the enablers?
- We need more community development workers and resources bridges into communities – don't have to be based within public sector – but from somewhere (are there other 'human resources' in other programmes/projects which can be utilised)
- Social enterprise opportunities
- Shared good examples /case studies
- CLD educational review (P.E.F fund)
- Body image – acknowledged in document (cultural shift) – nationally locally imbedded within early years – teens exploring positive body image and tackling weight or size discrimination
- Stop making appearance based statements
- National and locally – using media to support positive messages
- Child friendly apps and social media
- Is this about 'weight' or 'health'? Perhaps we need to support a shift from weight discussions to 'health' discussions.

- Needs to be an ‘asset based’ approach – so e.g. the document identifies ‘the problem’ rather than ‘what are the strengths’ e.g. how about rather than restrictions – enhancing or supporting ‘healthy choices’ (national work to support this)
- Role models – within communities or peers
- Need to be able to build up relationships and trust
- To do this properly we need time and resources
- Can the £42 million be targeted instead to boost capacity for preventative work in local communities using community development instead of wholly towards diabetes 2 treatment services?

report

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