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|  | **Scottish Directors of** |
| **Public Health**  **Public Health** | |

**Position Statement: Healthy Weight**

**Public Health Priority 6: *a Scotland where we eat well, have a healthy weight and are physically active***

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| **1.** | **Situation** |
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| 1.1 | The Scottish Government and COSLA have embarked on an ambitious programme of public health reform to improve population health and reduce health inequalities. As part of this programme a set of *Public Health Priorities for Scotland* was published in June 2018. Although some of the priorities address lifestyle topics and others relate to the wider social determinants of health, all are interlinked.  The purpose of this position statement is to set out what the Scottish Directors of Public Health will undertake and coalesce with respect to the national public health priority 6:  *A Scotland where we eat well, have a healthy weight and are physically active.*  This ambitious vision is not going to be achieved by a single set of actions. Rather, it will require concerted action over time. In creating this position statement, we have chosen to focus on aspects which are current challenges to the health of the general population of Scotland: overweight and obesity; and physical activity. It is clear that there are wider issues which are encompassed by public health priority 6, undernutrition, food insecurity and eating disorders being specific cases in point. It is the intention of the SDsPH to consider such areas in due course. |
| 1.2 | With reference to public health priority 6, a number of connected policy frameworks have been published:   * *A Healthier Future – Scotland’s Diet & Healthy Weight Delivery Plan*, focuses on five key outcomes:  1. Children have the best start in life – they eat well and have a healthy weight; 2. The food environment supports healthier choices; 3. People have access to effective weight management services; 4. Leaders across all sectors promote healthy diet and weight; and 5. Diet-related health inequalities are reduced.  * *Framework for the Prevention, Early Intervention and Early Detection of type 2 diabetes*, focuses on the provision of comprehensive weight management services at four levels:  1. Universal services, health promotion and early detection; 2. Early detection and early intervention; 3. Targeted intervention; and 4. Complex case management.  * *A More Active Scotland: Scotland’s Physical Activity Delivery Plan*, focuses on six key outcomes:  1. We encourage and enable the inactive to be more active; 2. We encourage and enable the active to stay active throughout life; 3. We develop physical confidence and competence from the earliest age; 4. We improve our active infrastructure – people and places; 5. We support wellbeing and resilience in communities through physical activity and sport; and 6. We improve opportunities to participate, progress and achieve in sport.   All of these policy frameworks are underpinned by assessment of population need and by the same principles of reducing health inequalities, collective leadership and partnerships, an asset-based approach, co-production, person centred approaches, values based care, evidence based interventions and population wide measures. |
| 1.3 | The Scottish Directors of Public Health acknowledge their key role individually and collectively in working with partners locally and nationally to achieve the implementation of a range of actions which create environments where people live and work, and support opportunities for eating well, having a healthy weight and being physically active.  This statement focusses on the healthy weight aspects of public health priority 6, recognising the contributions that eating well and physical activity can make to achieving a healthy weight. However, the benefits of eating well and of being physically active are relevant to many other aspects of health and wellbeing. For this reason, both eating well and physical activity will also be addressed in more detail in separate position statements. |
| **2.** | **Background** |
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| 2.1 | Poor diet, low physical activity levels, sedentary behaviour and being above a healthy weight, together, place a substantial economic burden on the NHS as well as the consequences of ill health to individuals and their families. Eating a diet rich in wholegrain foods, oily fish, fruit and vegetables, and low in sugar, fat, salt and processed foods is known to significantly reduce the risk of a range of non communicable diseases. Physical activity can improve metabolic health reducing the risk of developing type 2 diabetes and can help maintain a healthy weight and support weight loss. |
| 2.2 | The following statistics from national surveys and surveillance programmes provide an indication of the nutritional wellbeing and physical activity levels among the population in Scotland in 2017, unless otherwise stated. Across all of the measures described there were marked inequalities; those living in the most deprived areas fared worse than those in the least deprived areas.  **Preconception and pregnancy**   * The nutritional wellbeing and weight of a mother prior to pregnancy has a profound lifelong effect on the health of her unborn baby and on subsequent generations. Only 53% of women in Scotland reported that they took folic acid supplementation prior to pregnancy; 41% of women in the most deprived areas reported they took a folic acid supplement compared to 67% in the least deprived areas[[1]](#footnote-2). Half of all women were found to be above a healthy weight in early pregnancy[[2]](#footnote-3). In 2018, 56.4% of women from the most deprived areas were overweight or obese at the antenatal booking appointment, compared to 43.9% of women in the least deprived areas. * Infants born to mothers with gestational diabetes have 20% higher body fat than those without, and are more likely to be obese later in childhood. Women who have had gestational diabetes are at high risk of type 2 diabetes within the five years following their pregnancy. Between 1981-2012, there was a ninefold increase in prevalence of gestational diabetes[[3]](#footnote-4).   **Infant feeding**   * Breastfeeding rates in Scotland are low and vary by geographical area within Scotland. Breastfeeding confers a wide range of benefits to the short and long term health of mothers and babies, including a lower risk of obesity later in childhood. NHS Ayrshire & Arran has the lowest breastfeeding rates in Scotland, with the highest rates in NHS Orkney. The most recent data showed that only 18.1% of babies in NHS Ayrshire & Arran were exclusively breastfed at 6-8 weeks compared to 30.7% of babies in Scotland and 52.6% in Orkney. Women living in the least deprived areas were three times more likely to breastfeed their babies at 6-8 weeks than those living in the most deprived areas [[4]](#footnote-5).   **High Body Mass Index**   * Being above a healthy weight places individuals at risk of a range of health conditions including type 2 diabetes, hypertension, cardiovascular disease, cancer, osteoarthritis and poorer mental wellbeing. Two thirds (65%) of adults in Scotland were overweight or obese[[5]](#footnote-6). For both men and women, prevalence obesity was higher among those from the most deprived areas compared to those from the least deprived areas. Older data from the 2008, 2009 and 2010 Scottish Health Surveys showed that 33% of women in the most deprived areas were obese compared to 19% of those in the least deprived areas. Although there was the same pattern in men, the increase was less steep[[6]](#footnote-7). * In the school year 2017/18, 22.4% of Primary 1 children were at risk of overweight or obesity[[7]](#footnote-8). In 2001/02 there was no difference in the proportion of children at risk was of overweight or obesity. Since then the proportion of children at risk has increased in the most deprived areas but decreased in the least deprived areas. In the most recent school year, 26.2% of children in the most deprived areas were at risk of overweight or obesity compared to 17.1% of those in the least deprived areas.   **Diet**   * Low fruit and vegetable consumption is associated with cancer, cardiovascular disease and type 2 diabetes and is commonly used as a proxy indicator of overall diet quality. 68% adults ate less than the recommended five portions of fruit and vegetables per day and 11% said they ate no fruit or vegetables at all each day[[8]](#footnote-9).   **Physical activity**   * Substantial evidence demonstrates an association between physical activity and the prevention and management of over twenty chronic conditions. Physical inactivity is the fourth leading risk for global mortality accounting for 6% of deaths[[9]](#footnote-10). 65% of adults met current physical activity guidelines; however, only 56% of those living in the most deprived areas met the guidelines compared to 72% of those living in the least deprived areas. Around one fifth (21%) of adults reported they did less than 30 minutes of moderate activity per day; 29% of those living in the most deprived areas did less than 30 minutes of moderate activity per day compared to 14% of those in the least deprived areas. * The proportion of children meeting physical activity guidelines declined with age from 45% in those aged 5-7 years to 18% in those aged 13-15 years. Children living in the most deprived areas were less likely to meet the guidelines, including activity at school, than those in the least deprived areas (27% compared to 37%, respectively)[[10]](#footnote-11).   **Children’s dental health**   * The food and drinks we consume impacts on oral health; high consumption of sugar leads to dental decay and contributes to overweight and obesity. In addition, regular consumption of acidic food and drinks contributes to dental erosion. In 2017/18, 71% of Primary 1 children had no obvious decay which is a significant improvement compared to only 45% in 2003[[11]](#footnote-12). |
| **3.** | **Assessment** |
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| 3.1  3.2  3.3 | A fundamental principle that should underpin this priority is a need to shift from focusing on lifestyle behaviours to addressing the social determinants of health. It is well established that inequality, deprivation, discrimination and trauma impact on biology, physiology and psychology[[12]](#footnote-13). Equally Well (2008)[[13]](#footnote-14) outlined how deprivation, discrimination and other forms of long term chronic stress lead to disease including obesity and type 2 diabetes, so whilst enabling and empowering individuals to change their behaviour is important, it is insufficient to effect change at a population level. Highlighting the importance of access to affordable healthy food, acknowledging the social aspects of food, and on the need to build skills and knowledge of population groups can all contribute to the shift from a focus on lifestyle and behaviour towards addressing the social determinants of health. Our society needs to address our obesogenic environment which discourages physical activity, encourages sedentary behaviour, and makes the unhealthy choice of consuming large amounts of energy dense food the easy choice.  The challenge of obesity should not be viewed as an NHS issue; it requires collaboration across all sectors of society and investment for sustainable changes. Given the complexity of the issue, solutions require systemic, far reaching changes in infrastructure, environments, cultural and social norms over decades.  Over recent years, international and national agencies, professional bodies and third sector organisations have been consistent in the actions they have called governments to take to prevent obesity[[14]](#footnote-15),[[15]](#footnote-16),[[16]](#footnote-17),[[17]](#footnote-18). These include:   * a whole systems approach, including planning and creation of healthy environments; * fiscal measures, including taxation; * regulation, particularly of portion sizes and the availability of energy dense food and drinks; * physical activity[[18]](#footnote-19) and active travel; and * prioritising early years, including provision of support, resources and information for families.   The Diet and Healthy Weight Delivery Plan sets out the Scottish Government’s commitment to an ambitious programme of action and a pledge to halve childhood obesity by 2030 – this is to be commended, however, caution is required given the projected rise in child poverty. It is particularly welcome that Scottish Government will take action at national level on issues where local authorities and their local partners have limited influence or no control. We welcome the commitment to transform the food environment by introducing restrictions on the promotion and marketing of foods high in fat, sugar or salt, including their advertising especially to children.  We look forward to the forthcoming publication of Food Standard Scotland’s Out of Home Strategy. We understand a requirement for caterers and food businesses to provide information on the calorie content of foods sold has the potential to lead to product reformulation and influence customer choice. However, we caution against any intervention that relies on personal agency as this can increase health inequalities[[19]](#footnote-20). We suggest to be effective, such requirements must also be mandatory.  A constant source of frustration for education and public health professionals is the limited power that local authorities have to influence the food environment around schools. Despite improvements to the nutritional content of school food as a result of the introduction of mandatory standards for school lunches and food sold throughout the whole day, many pupils choose to leave school at lunchtime. Mobile vans, takeaways and small independent food outlets selling energy dense food and drinks with limited healthier options, as well as the promotion of meal deals containing foods of low nutritional value aimed at schoolchildren on their way to school, at mid-morning break and at lunchtime is commonplace across the country. We fully support the proposal to review and strengthen Scottish Planning Policy and urge Scottish Government to hold its position in response to likely opposition from some food businesses. We recommend consideration by Scottish Government is given to placing restrictions on primary and secondary aged children leaving the school environment during the school day.  We endorse introduction of the soft drinks industry levy (the sugar tax) by the UK Government, however, we believe fiscal measures should be used to make further nutritional improvements at population level, such as reductions in portion sizes of energy dense food and drinks and reformulation to reduce the fat, sugar and salt content of manufactured products. We recommend consideration by Scottish Government is given to cross-subsidisation of fruit and vegetables using resources generated by the sugar tax.  We fully support the priority given to improving the nutrition health and wellbeing of children from the earliest age and welcome the continued focus on improving breastfeeding rates. As part of the universal health visiting timeline all children are now weighed and measured at the 27-30 month assessment. This offers prime opportunity for early intervention and practical support to families if a child is found to be above a healthy weight. However, the majority of Boards continue to target their child healthy weight allocation on those aged 5-15 due to the previous health improvement target. There is a need to gather information on local practice and map the interventions provided at the 27-30 month assessment for children above a healthy weight to determine where gaps and opportunities exist across Scotland. NHS Health Scotland has mapped child healthy weight interventions across Scotland and this information could be extended to include early years. We recommend consideration is given to the introduction of additional height and weight measurements in primary and secondary schools as recommended in the Scottish Public Health Network report on Child Healthy Weight in 2014. |
| 3.4 | The Physical Activity Delivery Plan sets out the Scottish Government’s vision to enable more people in Scotland to be more active, more often. This is not a straightforward task and there are similarities to the Diet and Healthy Weight Delivery Plan in terms of the paradigm shift and national action required to achieve improvements in population health. The WHO prioritises such action under four key themes in their *Global Action Plan on Physical Activity 2018-2030[[20]](#footnote-21)*: active societies; active environments; active people; active systems.  We welcome the significant investment in infrastructure for active travel and the joint work with Transport Scotland and other national agencies including Sustrans, Energy Saving Trust and Cycling Scotland. We urge Scottish Government to sustain this investment in the long term to ensure changes in infrastructure become embedded and accepted as the norm. As well as the benefits to the food environment that the review of Scottish Planning Policy will bring, there will undoubtedly be opportunities to improve the environment to promote physical activity.  We also welcome a number of the actions targeted at specific subgroups within the population such as children and young people, particularly girls and young women, older people and more deprived populations. Creating and promoting access to opportunities for people to be physically active, to remain active, and removing the barriers to participation in physical activity (including active play) or sport are essential.  We support the view that a range of agencies and professional groups have a valuable role to play in promoting and enabling more people to be physically active, including through signposting individuals towards specialist services. As such we endorse the commitment in the Health & Social Care Delivery Plan to roll out and embed the national physical activity pathway in all appropriate clinical settings. In addition, there is a need for key messages on physical activity to be included in preparation programmes and continuing professional development sessions for health and social care, education, and culture and leisure staff using the principles of the Health Promoting Health Service. Further opportunity exists to strengthen the role that Community Planning Partnerships have to drive forward changes in infrastructure, transport, land use and green spaces at local level.  Technological advances and increasing automation within many industries and as part of modern day living have the potential to result in an unintended consequence where more people become more sedentary; they do also have the potential to help people be more physically active e.g. electric bikes.. Such macro level issues are not explicitly addressed in the Delivery Plan, however, they do need further consideration. |
| 3.5 | Five NHS Boards have been invited to be early adopters for implementation of the *Framework for the Prevention, Early Intervention and Early Detection of type 2 diabetes.* In addition, these five Boards have been invited to work with Scottish Government and a number of national agencies, such as Food Standards Scotland, Obesity Action Scotland and NHS Health Scotland, to be trailblazer sites for a wider systems approach to obesity prevention. This presents the opportunity to highlight local work already underway and the crucial importance of collaboration across Community Planning Partnerships and Health & Social Care Partnerships. Locality planning structures provide a mechanism to engage with communities to co-create healthier places and environments for people to live, work and play.  The Scottish Directors of Public Health recognise the important contribution physical activity makes to general health and wellbeing. To ensure sufficient focus on this important public health issue, the benefits of physical active for the maintenance of healthy weight are addressed in this position statement and, as mentioned previously, the wider benefits are addressed in a separate but complementary position statement. |
| **4.** | **Commitments by Scottish Directors of Public Health** |
| 4.1 | Achieving the ambition that everyone in Scotland eats well, has a healthy weight and is physically active, and that childhood obesity is halved by 2030 demands a multifaceted approach. We have described a number of challenging issues from a local perspective. The Scottish Directors of Public Health are already working to provide the local leadership necessary to create a renewed impetus in addressing local need, whilst remaining committed to taking this work forward across the public health system on a “once / best for Scotland basis” where appropriate.  However, this public health agenda also requires a national response and the Scottish Directors of Public Heath have agreed to use their collective influence to facilitate wider action. In order to stimulate such wider action, the Scottish Directors of Public Health will commit to focus on the following key issues:   * encouraging improvements in local food and physical activity environments to support children and their families; * commissioning ScotPHN (or PHS) to undertake a scoping exercise to determine: current practices around weighing and measuring of children at the 27-30 month assessment; whether local pathways are in place; what services are available providing additional support for families if a child is identified as above a healthy weight; and what resources are being used; * ensuring that health and other professionals are equipped with practical skills, the knowledge and attributes to enable them to confidently raise the issue of weight, and the opportunity to deliver inequalities sensitive healthy weight interventions or at least signpost individuals towards specialist services; * ensuring staff are competent to have a skilled conversation to encourage, support and enable families to make healthier lifestyle choices; * facilitating discussion on the introduction of further measurement of children’s BMI around secondary school entry; * ensuring that the public sector leads by example and working with Community Planning Partnerships and Health & Social Care Partnerships, encouraging and supporting communities and the organisations that work with them to provide necessary leadership; that leadership should extend to explicit commitment and action to promote physical activity, healthy eating and healthy weight amongst public sector staff; * ensuring future investment is targeted at the prevention of obesity as well as treatment services; * facilitating the work of national agencies such as Public Health Scotland and Food Standards Scotland in addressing healthy weight; including around planning and licensing of takeaway and fast food outlets. This would include undertaking a mapping exercise to determine the density of fast food outlets by local authority (based on the ‘Obesity and the environment’ report produced by Public Health England[[21]](#footnote-22)); * facilitating the work of national agencies such as Public Health Scotland or Sustrans in addressing physical activity, around promoting participation in physical activity and active transport as part of healthy weight initiatives; and * using the influence Scottish Directors of Public Health can bring to ensure that Community Planning Partnerships are accountable for delivery of not only priority 6 but all of the public health priorities.   In setting out these specific commitments in the context of healthy weight actions, the Scottish Directors of Public Health are also mindful of the need to explore wider public health and wellbeing issues associated with eating well and physical activity. Issues such as food insecurity and undernutrition, or of cardiovascular fitness, are all part of public health priority 6 and further work to develop position statements on eating well and physical activity is already underway. |

SDsPH PHP6 Healthy Weight Steering Group

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