CONSULTATION RESPONSE

Obesity Action Scotland
Healthy weight for all

Scottish Parliament Health, Social Care and Sport Committee Inquiry into Health Inequalities - call for views

Response from Obesity Action Scotland
Closing date: 31 March 2022

Obesity Action Scotland is a member of the Non-communicable Disease (NCD) Prevention Coalition and we support their position in this consultation. In our response, we'll expand on issues raised, specifically for obesity and the food environment.

Obesity Action Scotland is hosted by the Royal College of Physicians and Surgeons of Glasgow. We support their submission to this call for views.

Question 1 – What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?

There has been little or no progress made towards tackling health inequalities in Scotland.

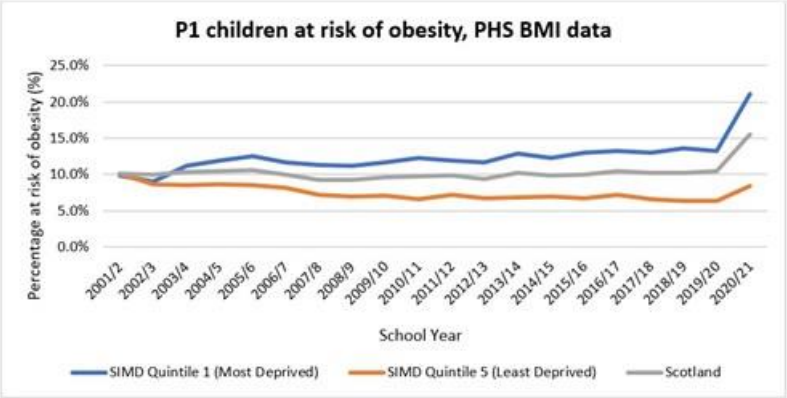
It is well evidenced that there is a clear link between levels of deprivation and life expectancy, with those from the most deprived areas and backgrounds having significantly poorer life expectancy and general health outcomes. Recently published data from the National Records of Scotland shows that not only have overall differences in life expectancy between the most and least deprived been worsening, but the gap in the number of years of healthy life expectancy is also worsening. In terms of overall life expectancy, males in the most deprived areas have a 13.5 years lower life expectancy compared to their least deprived counterparts, and for females, the difference between the most and least deprived is 10.2 years[1].

In terms of healthy life expectancy, the Scottish Government's own Public Heath Priorities highlight alarming differences between the most and least deprived, with the least deprived expected to be 'healthy' for more than 20 years longer than the most deprived[2]. Between 2015-2020, the healthy life expectancy gap between the 10% most and 10% least deprived was 22.5 years for males and 23 years for females in 2015[3] and is now 24.2 years for males and 24.4 years for females[4], demonstrating a worsening of health inequalities.

[1] National Records of Scotland (2021) Life expectancy in Scotland 2018-2020
https://www.nrscotland.gov.uk/files//statistics/life-expectancy-in-scotland/18-20/life-expectancy-18-20-report.pdf
[2] Scottish Government (2018) Public Health Priorities for Scotland
https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf
[3] National Records of Scotland (2019) Healthy Life Expectancy in Scottish Areas 2015 – 2017
https://webarchive.nrscotland.gov.uk/20210316141202/https://www.nrscotland.gov.uk/files//statistics/healthy-life-expectancy/15-17/healthy-le-15-17-pub.pdf
[4] National Records of Scotland (2022) Healthy Life Expectancy 2018 – 2020
https://www.nrscotland.gov.uk/files//statistics/healthy-life-expectancy/18-20/healthy-life-expectancy-18-20-report.pdf

Specifically, in terms of overweight and obesity, Scotland continues to face a significant challenge, with more than two-thirds of adults having overweight and obesity, and 30% of children at risk of overweight and obesity. This is clearly patterned by deprivation, with those in the most deprived quintile significantly more likely to have overweight and obesity than those in the least deprived quintile. The trend for females is particularly stark, with 40% of those in the most deprived quintile overweight or obese, compared to only 18% in the least deprived quintile[5].

For children, this pattern by deprivation is replicated – 24% of children in the most deprived quintile are at risk of obesity, compared to only 9% in the least deprived quintile[6]. These findings are further supported by the latest primary one BMI statistics, published in December 2021. The data shows in the 2020/21 school year, 29.5% of children in Primary 1 were at risk of becoming overweight or obese, an increase of 6.8% from the previous year. The biggest increase across weight categories was seen in those at risk of obesity which rose to 15.5% (up from 10% in 2019/20). Indeed, while levels of overweight and obesity have remained fairly constant in Primary 1 children since records began in 2001, 2020/21 is the first year that there has been a significant uptick in unhealthy weights. Specifically, with regards to deprivation, the data shows that 36% of children in the most deprived areas in Scotland are at risk of overweight and obesity, compared to 21% of children from the least deprived areas. This is the biggest gap seen between the most and least deprived in 20 years. Furthermore, when looking at obesity on its own, children from the most deprived backgrounds are almost three times as likely to be at risk of obesity than their peers from the least deprived areas (21% vs 8%)[7]. The graph below illustrates this data.



Another important consideration for child health and weight is maternal obesity, and this again shows a clear pattern of deprivation. There is significant evidence showing that maternal obesity is linked to childhood obesity[8]. Data on hospital births published by Public Health Scotland shows that deprivation continued to influence the health of pregnant women and babies, with expectant mothers from deprived areas more likely to be overweight or have obesity – 59% of women in the most deprived areas, compared to 45.5% in the least deprived areas. Further, the proportion of women who are overweight or obese during pregnancy has steadily increased over the last decade,

[5] Scottish Government (2020) Diet and Healthy Weight Monitoring Report Data tables. Table 2
[6] Scottish Government (2019) The Scottish Health Survey 2019 Volume 1. Main report https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/09/scottish-health-survey-2019-volume-1-main-report/documents/scottish-health-survey-2019-edition-volume-1-main-report/scottish-health-survey-2019-edition-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2019-edition-volume-1-main-report.pdf
[7] Public Health Scotland (2021) Primary 1 Body Mass Index (BMI) statistics Scotland https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2020-to-2021/

[8]Heslehurst, N., Vieira, R., Akhter, Z., Bailey, H., Slack, E., Ngongalah, L., Pemu, A. and Rankin, J. (2019) *The association between maternal body mass index and child obesity: A systematic review and meta-analysis.* PLoS medicine, 16(6), p.e1002817.

but this increase has been sharper in women from more deprived areas, highlighting a profound worsening of inequalities for both women and their babies[9].

Finally, there is inequality in the provision of and access to healthy food in communities across Scotland. Research has found that essential food items can cost up to 3 times as much in deprived areas[10], and the clustering of fast food outlets disproportionately affects deprived areas[11]. Further, the poorest fifth of UK households would need to spend 40% of their disposable income on food to meet the Eatwell Guide healthy diet, compared to just 7% for the richest quintile[12]. This clearly demonstrates the impact that related policy areas, such as planning, can have on health and inequality outcomes. We'll discuss this further in our response to question 2.

All of the above data and evidence highlights the significant and growing gap between the most and least deprived in our society, and emphasises that urgent action is required to overcome and address it. We need action to focus on population level public health interventions which reduce access to unhealthy food and food high in fat salt and sugar (HFSS), contributing towards reducing deaths from NCDs and addressing health inequalities.

Question 2 – What are the most effective approaches to tackling health inequalities and how successful is Scotland in pursing such approaches?

To tackle health inequalities, action needs to be focused on population level interventions, which help to address the underlying causes of inequalities in Scotland. Such an approach is most effective, particularly for tackling health inequalities. A continued focus on individual behaviour change interventions will further entrench inequalities. This is because those who are the least deprived have more capacity and resources to respond to such individual interventions, compared to the most deprived. Further, focusing on population level public health interventions removes the focus on individualism and incorrect narratives which argue that adverse health outcomes, such as overweight and obesity, are the result of individual choices and fail to acknowledge the profound impact of environments on health outcomes and inequalities. The notion that overweight and obesity is the fault of the individual and a result of poor choices is hugely damaging and needs to be removed from policy discourse and decision-making[13].

Another critical factor for tackling health inequalities is consideration of factors out with the health system, which impact significantly on health outcomes. This includes a wide range of social, economic, environmental and political factors. As already discussed, these wider determinants have a profound impact on overweight and obesity outcomes by creating environments which produce adverse health impacts and promote poor health behaviours. Such factors also have a disproportionate impact in more deprived areas, as unhealthy environments are more strongly clustered in more deprived areas, and individuals within these communities often have less capacity and fewer resources to make decisions and take actions which limit their impact. Therefore, taking a more holistic and whole systems approach to diet and healthy weight, and other health harming commodities, is critical for tackling health inequalities.

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[9] Public Health Scotland (2021) Births in Scotland. Year ending 31st March 2021 https://publichealthscotland.scot/media/10489/2021-11-30-births-report.pdf

[10] https://www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf

[11] Macdonald, L, Olsen J. R, Shortt, N. K and Ellaway, A (2018) Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate more in deprived areas in Glasgow City, Scotland?' Health and Place 51, 224 – 231

[12] Food Foundation (2021) The Broken Plate. The State of the Nation's Food System https://foodfoundation.org.uk/sites/default/files/2021-10/FF-Broken-Plate-2021.pdf

[13] Government Office for Science (2009) Foresight: Tackling Obesity Future Choices Project Report 2nd edition https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

In this regard, understanding linkages with and the influence of decisions in other policy areas on health and inequalities is also important. For example, a planning decision to permit a hot food takeaway or a business selling unhealthy food in an area will have a significant impact on the health and wellbeing outcomes of that area, and is likely to significantly worsen inequalities, especially if it is in a more deprived area where, as discussed, there is both a greater concentration of these types of premises and where healthier food is more expensive. It is therefore important that health and inequalities impacts are a primary consideration in decision-making in related policy areas such as planning. For planning in particular, this is something we have previously called for[14] and echo this call here.

The Scottish Parliament has been forward looking in some aspects and has successfully introduced some population-level public health interventions, such as the ban on smoking in public places and minimum unit pricing of alcohol. Research funded by the British Heart Foundation found that the smoking ban in Scotland has contributed to a 74% reduction in heart attacks and a 68% reduction in strokes, as well as improvements in blood pressure and cholesterol levels[15]. However, there is still a long way to go and action needs to go much further. There has been a lack of bold and decisive population-level action in tackling overweight and obesity, in particular in regulating the food environment, which as highlighted, has a profound impact on health outcomes and inequalities. It is disappointing there has been such little action in this area to date and we call on the Scottish Parliament and Government to take the necessary bold and decisive steps to deliver population-level public health interventions which will significantly reduce levels of overweight and obesity, improve overall population health and tackle deeply entrenched health inequalities.

Question 3 – What actions would you prioritise to transform the structural inequalities that are the underlying causes of health inequalities?

As previously outlined, we would like to see the prioritisation of population-level public health interventions focused on changing the food environment and addressing structural causes of overweight and obesity, and inequality. This includes action on price, availability and marketing of unhealthy, high in fat, salt and sugar (HFSS) foods.

Price

A key factor in supporting people to live healthier lives and also help to tackle inequality is to make it easier and cheaper to access healthier options. In other words, the healthiest option should also be the easiest and most cost-effective option. This can be achieved through a series of pricing mechanisms to make unhealthy food products more expensive, such as a ban on multi-buy discounts and promotions and simple price discounts on HFSS and other unhealthy products, and making healthier food options affordable.

Heavily discounted or price (and non-price) promoted high fat, salt and sugar foods (HFSS) make a significant contribution to our poor diet, which is driving the high rates of overweight and obesity. Evidence from a recent study which looked at price promotions in the 4 main UK supermarkets (Asda, Morrisons, Tesco and Sainsbury's) over a 5-week period in 2021, found that over 43% of promotions appeared to promote HFSS products. Price promotions – including simple price promotions and volume-based price promotions - can lead to a 14% and 22% respective increase in consumption of promoted products[16], many of which are HFSS products.

[14] https://www.obesityactionscotland.org/media/1688/oas-response-npf4-local-gov-committee-jan-2022.pdf
[15] A.S.V. Shah et al., Clinical burden, risk factor impact and outcomes following myocardial infarction and stroke: A 25-year individual patient level linkage study, The Lancet Regional Health - Europe (2021), https://doi.org/10.1016/ j.lanepe.2021.100141
[16] Superlist UK Health 2021. Supermarkets and the promotion of unhealthy food 76335340-81f7-4dc4-b3bf32c49bef0a4f_QM-Superlist-UK_Health_FINAL-perpage.pdf (prismic.io)

We understand the UK Government plans to introduce restrictions on in-store promotions of HFSS foods in October this year, which includes a ban on multi-buy offers and restrictions on placement and location of products within stores[17]. We call on the Scottish Government to do the same as a priority, and would like to see this included in the forthcoming Public Health Bill. Such actions do fall within the devolved powers of the Scottish Parliament and Government, as the Scottish Government has previously introduced similar legislation for alcohol which placed limits on where the products can be located in stores, and a ban on multi-buy deals for alcohol. This is something we would like to see extended to HFSS foods. The Scottish Government have already consulted on this issue and committed to action. However, the necessary legislation to implement the commitment has not yet been forthcoming.

Availability

Evidence shows there is a clear link between poorer health outcomes, and areas and population groups with increased availability of unhealthy HFSS foods. As already outlined, evidence shows there is a greater clustering of fast food takeaways in more deprived areas, significantly impacting on inequalities. Urgent action is needed to reduce the availability of such products, especially in more deprived areas.

As already outlined, the planning system has a significant role to play in determining what types of products are available in an area through the planning decisions it makes. Currently, under Scottish planning policy, local authorities are unable to control planning decisions on the basis of health; instead, other reasons such as the impact of littering and anti-social behaviour are used. To overcome this challenge, health also needs to be included as one of the material considerations of the planning system. It is our understanding that these material planning considerations are the only things that can be considered in relation to a planning application i.e. the grounds on which to approve or refuse an application. It is therefore essential that health is added to the list of material planning considerations for the planning system in Scotland, to ensure health is at the heart of decision-making processes. In doing so, health must have equal weight to the other material considerations. We called for this in our response to the Scottish Government's consultation[18] and the call for views held by the Local Government, Planning and Housing Committee[19] on NPF4 and echo the call here. Ensuring health is a core function of the planning system is a first critical step to address health inequalities.

Marketing

Marketing of products drives purchase and consumption of them. For HFSS foods and other health harming products, it also drives harm, and this harm is most acutely experienced in more deprived communities. Evidence from a study conducted in Scotland found that children (aged 10 and 11) who resided in more deprived areas were more likely to be exposed to marketing of unhealthy food and drink than those living in more affluent areas[20]. Regulating the content and extent of marketing is vital and forms a key part of a whole systems approach to diet and healthy weight, de-normalising the purchase and consumption of HFSS foods. Current voluntary regulation regimes by the industry

[17] https://www.gov.uk/government/news/promotions-of-unhealthy-foods-restricted-from-october-2022

[18] https://www.obesityactionscotland.org/consultation-responses/our-response-to-scottish-government-consultation-on-draft-national-planning-framework-4-npf4/

[19] https://www.obesityactionscotland.org/consultation-responses/our-response-to-scottish-parliament-local-government-housing-and-planning-committee-call-for-views-on-draft-national-planning-framework-4-npf4/

[20] T., Mooney, S. J., Rundle, A. G., Mitchell, R. and Hilton, S. (2021) Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data. Health and Place, 68, 102535. (doi: 10.1016/j.healthplace.2021.102535) (PMID:33636594)

are ineffective and do not work, and Government action is needed to more stringently regulate and control industry advertising and marketing practices.

Evidence from a research project we undertook in 2021 on outdoor advertising spaces in the East of Scotland found a strong recognition that a reduction in health inequalities (and healthcare costs) could be a benefit of restrictions to HFSS advertising, alongside opportunities to promote healthier brands and products. The findings also indicate a strong desire and clear preference for national-level action on outdoor advertising restrictions[21]. In its 2018 Diet and Healthy Weight Delivery Plan, the Scottish Government recognised the need for action in this area and proposed a Code of Practice to restrict outdoor advertising. This has not progressed and the findings from the report should provide important food for thought about the best way of implementing action on outdoor advertising. Action needs to be taken imminently in this area.

A recently published narrative review from the World Health Organisation[22] highlights the widespread reach and influence of marketing of HFSS products specifically to children. It found that over 50% of food marketed to children is unhealthy, with sugar-sweetened beverages, confectionary, and fast food the three most common types of unhealthy food groups. The research showed such tactics are used more often to promote unhealthy products as opposed to healthy ones to young people. A key finding of the review was the positive association found between exposure to adverts and higher consumption of the advertised foods, demonstrating the significant impact that marketing activity can have on food choices and consumption patterns of children.

The Scottish Government should take action to tackle advertising of HFSS foods in the areas that are within devolved powers. The forthcoming Public Health Bill should introduce mandatory national health-protecting outdoor advertising policy that covers outdoor advertising spaces and advertising on transport networks.

Out of Home (OOH) Sector

With regards to the above 3 action areas, a significant area of concern for health inequalities in relation to the food environment is the out of home sector. As has been highlighted, there is a clustering and greater density of unhealthy food outlets in more deprived areas, and this has a significant negative impact on health inequalities.

Evidence shows that the out of home sector plays a significant role in the food we consume. On average a person in the UK will visit the out of home sector around 200 times per year, and it accounts for between a fifth and a quarter of all calories consumed[23]. Further, the top 10 food items purchased in the out of home sector are predominantly unhealthy products, such as soft drinks, confectionary, and cakes[24].

In September 2021, the Scottish Government published their Out of Home Strategy and Action Plan, which detailed actions they plan to take in the Out of Home Sector. These include legislation to bring forward mandatory calorie labelling, a code of practice for children's menus, and a voluntary standard for full nutrition information[25]. Whilst it is welcome that this has been published, we do not

[21] Obesity Action Scotland (2021) Outdoor Advertising: Policy arrangements in the East of Scotland https://www.obesityactionscotland.org/media/1661/outdooradvertising_oct-2021-final-version.pdf
[22] World Health Organisation (2022) Food marketing exposure and power and their associations with food-related attitudes, beliefs, and behaviours: a narrative review https://www.who.int/publications/i/item/9789240041783
[23] Obesity Action Scotland (2019) The out of home sector and its impact on the obesogenic environment https://www.obesityactionscotland.org/media/1202/eating-out-briefing2-002.pdf
[24] Food Standards Scotland (2020) The Scottish Diet: It needs to change https://www.foodstandards.gov.scot/downloads/Situation_Report_-_The_Scottish_Diet_It_Needs_to_Change_%282020_update%29.pdf
[25] https://www.gov.scot/publications/diet-and-healthy-weight-out-of-home-action-plan/

believe it goes far enough – it does not provide enough detail, is limited in scope, and there is a lack of commitment to a clear timetable for it. We are also concerned by the commitment to a voluntary standard, as wide-ranging evidence and current experience shows that voluntary codes are ineffective and do not work. In this regard, we would like to see clear commitments to mandate calorie information on menus in the OOH sector; controlling portion size in the OOH sector – setting a maximum portion size (for different product types); regulate to control portion sizes and introduce mandatory calorie caps; and action to regulate or limit access to unhealthy food through licensing arrangements for out of home sector. This should minimise geographic overprovision, prevent clustering, enable and encourage improved menus and food offerings. We are calling for these items to be included in the forthcoming Public Health Bill.

Policy coherence

Another priority action is policy coherence and improved understanding of the impact of decisions in other policy areas on health inequalities. As previously discussed, the planning system, for example, has a crucial role to play in the creation of obesogenic environments, through decisions to permit planning applications of unhealthy food businesses, both in terms of location and density, and other factors including lack of green space. The Lancet series in 2011 urged us to create a systems approach to tackling obesity, arguing that 'business as usual' was no longer acceptable in terms of its cost on population health[26]. Such an approach requires all sectors to be involved, including the planning system. **Policy coherence has been identified as a key factor in influencing food systems[27].** We must ensure that all policies reinforce each other and, where we have commitments from Scottish Government to tackle overweight and obesity, improve diet, and tackle health inequalities, we must ensure that policies elsewhere in Scotland reinforce, rather than undermine, these commitments.

In relation to all of the above, taking a health-first approach in all policy decision-making should be a key priority action. Focusing on health and addressing health inequalities needs to be put at centre of decision-making processes. Failure to do so will further entrench and exacerbate health inequalities and not address the underlying causes of these inequalities. The Good Food Nation Bill provides an opportunity to join-up action across the food system, if it amended in with line with the recommendations from the Scottish Food Coalition[28], of which we are a member.

Question 4 – What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland? Please note, the Committee is interested in hearing about both positive and negative impacts.

The Covid-19 pandemic has had a significant impact on both health inequalities and on action to address them. The pandemic has had, and continues to have, a profound impact on the food system and society more broadly in several ways.

The Covid-19 pandemic has changed our relationship with food and consumption patterns. It has exacerbated existing problems with diets and unhealthy eating and weight, with many people reporting eating more unhealthy foods on a more regular basis, and has exposed weaknesses and vulnerabilities of our food system. To better understand the impact of the pandemic on people's food consumption behaviours, we commissioned polling activity in May 2020 and March 2021 to track changes over the course of the pandemic, and found a clear indication that the pandemic had changed the lifestyles of people in Scotland. The survey found two thirds (66%) of respondents reported changing bodyweight since the outbreak of pandemic. The majority of these people saw an increase in their bodyweight since lockdown restrictions began (47%), with only 19% of people self-

[26] https://www.thelancet.com/series/obesity-2011
[27] https://www.city.ac.uk/__data/assets/pdf_file/0003/570441/7643_Brief-3_Integrated_food_policy_What_is_it_and_how_can_it_help_connect_food_systems_WEB_SP.pdf
[28] https://www.foodcoalition.scot/good-food-nation-bill.html

reporting their bodyweight as much lower or a little lower than pre-March 2020[29]. The initial survey in May 2020 found that 54% reported eating more out of boredom, with people reporting more snacking on cakes and biscuits (49%), confectionery (47%) and savoury snacks (48%)[30]. These changes demonstrate how quickly a modified environment can change people's behaviours, and the impact that unhealthy social environments can have on health outcomes. Obesogenic environments are a powerful driver of high obesity levels in Scotland, causing unhealthy lifestyles to become the default option.

When comparing evidence from the start the pandemic to a year later in March 2021, there is clear evidence of worsening health outcomes over the course of the pandemic. In March 2021, 60% of polling participants reported that their mental health has got worse since the start of the pandemic, compared to 51% in May 2020, and 40% reported their diet has got worse, compared to 35% in May 2020. There has also been a significant increase in the number of people reporting eating takeaways since the start of the pandemic – 31% in March 2021, compared to only 12% in May 2020[31]. This demonstrates the pandemic has had a significant negative impact on both physical and mental health and wellbeing outcomes.

Further, the impact of the pandemic has not been felt equally across society, with certain groups disproportionately negatively impacted. Further evidence from our lockdown polling shows a there has been unequal impact, with certain groups of the population more negatively impacted. Eating more out of boredom, which was the most significant behaviour change reported in the polling, was more acutely experienced among those with worsening mental wellbeing (67%), young people aged 16-24 (61%), women (59%), people with children (58%), and people working from home (57%), compared to 52% of people overall. Mental wellbeing shows a particularly strong gradient with age, with those in younger age groups significantly more likely to report worsening mental wellbeing – 71% of 25-34-year olds and 70% of 16-24-year olds reported they felt their mental wellbeing had got worse over the course of the pandemic, compared to 37% of over 65s[32].

Lockdown has also had an impact on the diets on children. Our polling activity found a rise in the number of households with children eating more takeaways over the course of lockdown – 17% of households with children ate more takeaways in 2020, and this rose to 40% in 2021. Households without children also saw a rise but it was not as sharp, increasing from 11% to 28%. There was also increased consumption of confectionary - 52% reported they ate more confectionary than pre-March 2020, compared to 40% with no children present. The biggest difference in eating habits comes from ready meals. In 2020, 7% of adults with children present reported eating more ready meals and this proportion increased to 23% in March 2021. This compares to a rise of only 2% in households with no children (9% in 2020 rising to 11% in 2021)[33].

The data presented here highlights the significant negative impact of the pandemic on the population's diet, and that this negative impact is not experienced equally across all population groups. We are facing a greater challenge than ever before in improving diet and it is concerning that younger people and those with children in their household have experienced more profound, worse outcomes.

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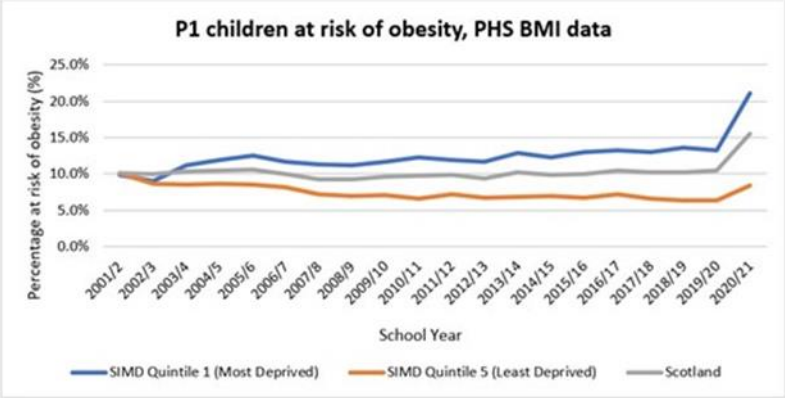
[29] Obesity Action Scotland (2022) Impact of Covid-19 control measures on health determinants an overview https://www.obesityactionscotland.org/media/1712/oas-lockdown-polling-further-analysis-2022-final.pdf
[30] Obesity Action Scotland (2020) Healthy Diet, Healthy Weight and Resilience https://www.obesityactionscotland.org/media/1497/resilience-oas-final.pdf
[31] Obesity Action Scotland (2021) Impact of Coronavirus Control Measures on a Selection of Health Determinants in Scotland – One Year On Summary Report https://www.obesityactionscotland.org/media/1624/polling-summary-report-2104-final-v2.pdf
[32] Obesity Action Scotland (2022) Impact of Covid-19 control measures on health determinants an overview https://www.obesityactionscotland.org/media/1712/oas-lockdown-polling-further-analysis-2022-final.pdf
[33] Ibid

It is important to mention that, prior to the pandemic, Scotland had a significant problem with overweight and obesity, and there were already significant levels of inequality, with those in the most deprived communities experiencing worse outcomes. The pandemic has undoubtedly further exacerbated these existing inequalities in diet and unhealthy weight in the population, with those in lower socioeconomic groups experiencing worse outcomes[34].

The pandemic has highlighted how important healthy weight is to the overall health of the population and for our response to this and future pandemics. A healthy diet is key for improving immunity, and the interconnectedness between the pandemic (outcomes) and the food system cannot be ignored. This was recognised in the House of Lords report 'Hungry for Change', which concluded "*The Covid-19 pandemic has reinforced the need, and provided the opportunity, for the government to act now with commitment and focus to deliver the improvements to the food system, public health and environmental sustainability that are so urgently required*"[35]. Therefore, the response to Covid-19 must include actions to help people in Scotland eat healthier diets. This will build resilience to communicable diseases and help to address diet-related NCDs, such as heart disease and diabetes, that are so prevalent in Scotland and render the population vulnerable to complications from other disease such as viral infection. Being overweight or having obesity is a known risk factor for Covid-19.

Another significant impact of the pandemic has been a rise in levels of food insecurity in Scotland. In 2020, 8% of adults in Scotland reported food insecurity, with younger adults more likely to experience food insecurity (11% of 16 – 44-year-olds)[36]. Evidence shows a significant negative impact of the pandemic on food insecurity and a widening of existing inequalities. There was an 89% increase in the need for emergency food parcels during April 2020, compared to same month the previous year, and a 107% increase in food parcels given to children[37].

There has also been an inequalities impact from the pandemic on children's weight, with the latest primary 1 BMI data showing a widening gap between the most and least deprived since the pandemic. As indicated in the graph below, the data shows a significant rise in rates of overweight and obesity since the pandemic, with a growing gap between the most and least deprived[38].



[34] Douglas M, Katikireddi SV, Taulbut M, et al (2020) Mitigating the wider health effects of covid-19 pandemic response. BMJ 369:1–6. https://doi.org/10.1136/ bmj.m1557

[35] House of Lords Select Committee on Food, Poverty, Health and Environment Report of session 2019-20. Hungry for change: fixing the failures in food https://publications.parliament.uk/pa/ld5801/ldselect/ldfphe/85/85.pdf

[36] Scottish Government (2021) Scottish Health Survey 2020 edition. Telephone Survey. Volume 1 Main Report https://www.gov.scot/publications/scottish-health-survey-telephone-survey-august-september-2020-main-report/

[37] https://policyscotland.gla.ac.uk/evidence-round-up-food-insecurity-and-learning-loss/

[38] Public Health Scotland (2021) Primary 1 Body Mass Index (BMI) statistics Scotland https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2020-to-2021/

In terms of action to address health inequalities, the pandemic has had a negative impact. A significant piece of legislation which would have had a positive impact on addressing many of the issues outlined above was the Restricting Price Promotions Bill, which was due to be introduced to the Scottish Parliament in 2020, but was dropped/postponed due to the pandemic. This has significantly delayed the response to both tackling health inequalities and addressing impacts of the pandemic. We now understand that the measures proposed under the Restricting Price Promotions Bill will be incorporated into the forthcoming Public Health Bill, which will legislate on measures on alcohol, smoking and unhealthy food. It is imperative that the Public Health Bill takes forward policies to tackle underlying structural causes of health inequalities that we have discussed i.e. measures on the price, availability and marketing of HFSS foods (and other unhealthy commodities). The pandemic has highlighted the urgency of health inequalities that were worsening before the pandemic and have been further exacerbated

Positively, the pandemic has presented us with an opportunity to re-prioritise and re-build a healthy food and social environment, with a key focus on action to address the inequality that underlies so many health issues in Scotland, including overweight and obesity prevalence. Covid-19 has changed how we value food as a society, and we need to now grasp the opportunity to create a society that values nutritious, sustainable food and which tackles inequality in approaches to improving the food environment. A joined-up approach to food governance, linking health policy with all steps of the food system, is a vital part of addressing the current siloed approach, which prevents Scotland's food system and the Scottish Government's health priorities from delivering to their potential[39].

Question 5 – Can you tell us about any local, regional or national initiatives throughout the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of harder to reach groups? How can we sustain and embed such examples of good practice for the future?

OAS is a national partner for Scotland's Whole Systems Approach to Diet and Healthy Early Adopter Programme, championed by Scottish Government and presented in the Programme for Government. OAS also hosts the National Co-ordinator role which actively supports the programme. Whole Systems Approaches (WSAs) are increasingly understood as effective in addressing overweight and obesity in Scotland by promoting a healthy weight and diet. A WSA embraces the complex system of factors that contribute to an obesogenic environment and acknowledges that there is no 'silver bullet'. Poverty and health inequalities are critical factors in the creation of obesogenic environments, with the most deprived populations being disproportionately affected by overweight and obesity.

Eight local areas across Scotland have adopted a WSA to diet and healthy weight. The programme started pre-pandemic and has evolved and adapted as a result of the pressures of the pandemic. The programme encourages cross-sector working and working groups consist of health practitioners, third sector representatives, physical activity specialists, local business owners and local residents. In the first lockdown, North Ayrshire's team were proactive in establishing emergency food services for the most vulnerable people in their communities. This was a combined effort of many local partners working together. In Eyemouth, Scottish Borders, the local working group have prioritised three main themes from their workshops. There is high momentum to implement actions locally, many of which are targeted at the more vulnerable community members and will be a core part of their local Covid-19 recovery plans.

[39] https://www.obesityactionscotland.org/media/1497/resilience-oas-final.pdf

Question 6 – How can action to tackle health inequalities be prioritised during Covid-19 recovery?

Specifically, in relation to diet and weight, Scotland has made no progress in achieving its dietary goals and continues to have a high prevalence of overweight and obesity. As has been demonstrated throughout our response, overweight and obesity is linked to poorer health outcomes, for both Covid-19 and a range of non-communicable diseases, and worsening pre-existing health inequalities, exacerbated by the pandemic. Any recovery plan for Scotland must prioritise healthy weight and focus on obesity prevention, if we are to tackle health inequalities. Further, there are many issues that exist in the food environment that make it difficult for the healthy option to be the easiest option for all. Unhealthy food is still heavily promoted, with clear impacts on consumer choice and health. Therefore, actions which aim to reduce health inequalities should be present in all prevention plans and in all policy areas.

Actions to reduce the obesogenic environment, including structural changes not dependent on individual agency, are urgently needed if the long-term health, social and inequality consequences of obesity are to be reduced[40]. In this regard, as previously discussed, action on population-level public health interventions should be prioritised, specifically action on the price, availability and marketing of unhealthy commodities, including HFSS foods. Action in these areas needs to be prioritised to tackle health inequalities and to avoid a return to levels of poor pre-pandemic health. We urge the Scottish Parliament and Scottish Government to take action in the form of public health interventions and make meaningful decisions to reduce the damaging impact of health harming products.

Specific actions we would like to see prioritised include:

- Through the Public Health Bill:
  - Restrictions on all types of in-premises and online retail promotion of HFSS products including price and non-price promotions, and incentivising businesses to increase the amount of healthy food on promotion
  - Consider mandatory and standardised front of pack nutrition and calorie labelling on all HFSS products, clearly denoting the calories and fat, sugar and salt content per portion ***if*** this is not taken forward at UK level or requires legislation to enable a UK wide approach
  - Action to tackle advertising of HFSS foods in the areas that are within devolved powers, including mandatory national health-protecting outdoor advertising policy that covers outdoor advertising spaces and advertising on transport networks.
- Changes in the out of home sector to shift towards healthier options, including mandatory calorie labelling on menus and controlling portion sizes
- The Good Food Nation Bill to be amended, as per the Scottish Food Coalition recommendations, to provide an opportunity and stronger basis for policy coherence across the food system

Question 7 – What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling inequalities? What actions should be treated as the most urgent priorities?

We are a member of the NCD Coalition. In 2021, the Coalition published a report on non-communicable disease prevention, which outlined 6 priority policy actions for the Scottish Government to take[41]. Specifically, in relation to unhealthy food, one of six actions was for the Government to publish an Out of Home Strategy. Whilst it is welcome that the Out of Home Strategy/Action Plan has been published, the Strategy does not go far enough – it is limited in scope

[40] Tod E, Bromley C, Millard AD, Boyd A, Mackie P, McCartney G. Obesity in Scotland: a persistent inequality. Int J Equity Health. 2017 Jul 27;16(1):135. doi: 10.1186/s12939-017-0599-6. PMID: 28747194; PMCID: PMC5530512

[41] https://www.obesityactionscotland.org/publications/reports/non-communicable-disease-prevention-priorities-for-202122/

and detail, and there is a lack of commitment to a clear timetable for it. It is also a based on voluntary action, which is well evidenced as being ineffective at achieving the required levels of action and change.

Intrinsically linked to this, a priority for action must be changing the food environment to ensure everyone has access to food that is healthy, nutritious and sustainable and that such food is the easiest and most cost-effective option. This change can be delivered through some of the actions already discussed, on tackling the price, availability and marketing of unhealthy food, and taking a whole systems approach to diet and healthy weight. The evidence shows a clear link between overprovision and overconsumption of unhealthy, HFSS foods in more deprived areas which has a significant impact on health outcomes and inequalities. Addressing this as a priority is therefore a critical step in tackling health inequalities.

The Scottish Government has committed to a Public Health Bill, with a focus on improving "public health, with action to cut tobacco use, tackle alcohol misuse and reduce obesity" and this is a welcome commitment. In this regard, we will be calling for the Bill to take direct action on these areas, and will be advocating for a range of policy asks focused on improving the food environment and wider determinants of health to improve diet and healthy weight outcomes (reduce rates of overweight and obesity) and tackle inequalities. The Bill provides an important opportunity to drive forward the implementation of public health interventions to make the fundamental changes necessary for reducing incidence of NCDs, tackling health inequalities, and improving the food environment to reduce rates of overweight and obesity. In doing so, the Bill needs to reduce preventable deaths from NCDs, reduce the number of those being diagnosed with an NCD, and address the structural, social and commercial determinants of health inequalities. It is therefore critical that the Bill is sufficiently robust to be able to effectively achieve these outcomes.

Question 8 – What role should the statutory, third sector and private sector have in tackling health inequalities in future?

Statutory actors – in this case the Scottish and UK governments – have a significant role to play in tackling health inequalities in a number of ways. Firstly, the state/government is a rights duty bearer and so has a duty to ensure all citizens have the same rights. This includes the right to health, for example, and ensuring this is delivered equally to all citizens, without discrimination.

Secondly, the state is responsible for introducing the legislative and regulatory measures required to address many of the issues discussed which continue to drive health inequalities, including regulatory action to address the price, availability and marketing of unhealthy food and drink. We believe that the statutory actors must take the necessary regulatory action to introduce population level interventions that can improve health and tackle the health inequalities gap as we have described throughout this response.

The role of the state is this regard is to both deliver on the fundamental human rights, including the right to health, that all citizens are entitled to, and to take proactive policy and regulatory action to address the impact of health harming commodities on both health inequalities and general population health and wellbeing outcomes.

Parts of the private sector can be a major driver of the health inequalities and poor health outcomes highlighted throughout our response. They are responsible for the production, marketing and selling of the health harming commodities, including unhealthy food and drink, that are a major driver of health inequalities in society. We know that voluntary measures and codes of action for these producers do not work and, instead, there needs to be population level statutory regulatory and legislative interventions from governments and state actors to force them to act. Such regulation, like the Soft Drink Industry Levy for example, can act as a catalyst to force private sector producers to reformulate their products to make them healthier and less harming to health. In this regard, we are disappointed that the Out of Home Action Plan published by the Scottish Government in

September 2021, outlines proposals to create a voluntary out of home framework – the forthcoming Eating Out, Eating Well strategy[42].

It is critical that the private sector has no role in policy development in relation to public health at any time. Including them in such decision-making would be a clear conflict of interest and would fatally undermine the legitimacy of any public health policy decisions and interventions introduced.

About us

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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[42] https://www.gov.scot/publications/diet-and-healthy-weight-out-of-home-action-plan/