CONSULTATION RESPONSE

Obesity Action Scotland
Healthy weight for all

Proposed Commissioner for Older People (Scotland) Bill – consultation by Colin Smyth MSP

Response from Obesity Action Scotland
Closing date: 12 September 2023

Obesity Action Scotland welcomes the opportunity to contribute to this consultation. Our comments relate to issues we believe a Commissioner for Older People needs to consider to improve the health and wellbeing of older adults in Scotland, rather than regarding the establishment and functions of the Commissioner role. We feel question 11 is the most appropriate question under which to make these comments. We have also briefly provided comment in response to question 4, regarding proposals for the Commissioner to cover people aged 60 and over.

Question 4 – Which of the following best expresses your view on the age range of the proposed Commissioner's remit covering all of those in Scotland aged 60 and over?

Do not wish to express a view.

We do not have a preference with regards to the age range the Commissioner should cover. Instead, we would like to comment regarding the need for consistency in age ranges used in data sources and reporting. Our comments here relate to data sources on diet and healthy weight of older people specifically.

Currently, there is inconsistency in data reporting with regards to the age ranges used in data sources. For example, in the Scottish Health Survey, the age ranges for older adults are 65-74 and 75+ when reporting BMI. However, in the Scottish Diabetes Survey, they are different, with data reported in 5-year age increments for type 2 diabetes prevalence i.e. 60-64, 65-69, 70-74, 75-79. These data sets have been chosen as examples as we refer to these later in response to question 11. This inconsistency in the age groupings/ranges used in surveys can make it more challenging to draw conclusions and outcomes. This means that it is currently not possible to report on BMI for 60-69-year olds in Scotland, despite this being possible for type 2 diabetes, which makes it more difficult to report on possible associations between BMI and type 2 diabetes in this age group – this can only be done for those aged 65 and over.

We would like to see consistent reporting across data sources, with agreed age range categories used in all surveys and data sources gathering and reporting health and wellbeing data on older people. The age range categories in data sources and surveys should align to the age range the Commissioner's remit will cover to ensure all data can be fully utilised in reporting and decision-making.

Question 11 – Do you have any other additional comments or suggestions on the proposed Bill (which have not already been covered in any of your responses to earlier questions)?

<u>Physical health of older people</u>

We note page 13 of the consultation document, in the section on physical health, outlines that one of the immediate impacts from the Covid-19 pandemic on older people with regards to physical health is insulin resistance and increased fat mass.

Within the Scottish population, the majority of older age groups (adults aged 65+) are living with overweight and obesity. Data from the latest Scottish Health Survey reports that three-quarters (75%) of adults aged 65-74 and 72% of adults aged 75+ are living with overweight and obesity (including severe obesity). Older adults aged 65-74 also have a much lower proportion of individuals a healthy weight, compared to younger age groups[1].

Furthermore, diet and nutrition continue to be poor in older age. Data from the UK Scientific Advisory Committee on Nutrition (SACN) shows that older people regularly consume too much high fat, salt and sugar foods, and do not get enough fruit and vegetables and other key nutrients like fibre in their diets. SACN recommends free sugar intake of 5% or below of total energy intake. Older people are consuming more than double this recommendation. Mean intake of free sugars as a percentage of total energy was 11.3% in the 75+ age group and 11% in the 65-74 age group[2]. This is supported by recently published research from Food Standards Scotland which found that intake of discretionary foods, which have little or nutritional value and are usually high in fat, salt and sugar, is highest in the 75+ age group. Contributions of these foods to total energy, saturated fat and sugar intakes was also greatest among this age group accounting for 16%, 20% and 35% respectively of intakes. The 65-74 age group had the second highest contribution of discretionary foods to free sugar intake at 33%[3]. This demonstrates that older adults face the same challenges as the general population in accessing and consuming healthier foods.

The health risks associated with obesity increase with age, and there are many such risks in older adults, including slowing metabolism, poor dental health, low physical activity, and poor diet/nutrition. Other risk factors include higher incidence of many non-communicable diseases including type 2 diabetes and chronic heart disease, but of particular note is type 2 diabetes[4]. We will discuss type 2 diabetes as this relates to insulin resistance, which is outlined in the consultation paper as one of the significant impacts of the pandemic.

Diet and weight are two of the biggest risk factors for type 2 diabetes. Overall, 87.3% of people in Scotland with type 2 diabetes were overweight or had obesity (measured as a BMI of 25 or above)[5]. The data shows there is a strong association between increasing age and increasing rates of type 2 diabetes. Data from the latest Scottish Diabetes Survey shows that the 60-64 and 65-69 age groups accounted for more than a quarter (26.4%) of new cases of type 2 diabetes in 2021, compared to only 5.6% in the 30-34 and 35-39 age groups[6]. The data further reports that 28% of adults aged 60 - 64 and 65-69 had type 2 diabetes, compared to only 2.3% of adults aged 30-34 and 35-39[7], meaning that adults aged 60-69 are around twelve times more likely to have type 2 diabetes than adults aged 30-39. People with diabetes have a greater risk of many chronic health conditions and early mortality.

All of this data highlights the significant impact of diet and weight on the physical health outcomes of older people. When considering remedies to improve physical health outcomes for older people, it is important that any policy advocacy positions taken by the Commissioner take account of the full definition of malnutrition. There has, rightly, been increasing attention nationally about malnutrition

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[1] Scottish Health Survey (2021) Supplementary tables – BMI: Table N1
[2] Scientific Advisory Committee on Nutrition (SACN) (2021) SACN Statement on Nutrition and Older Adults Living in the Community https://www.gov.uk/government/publications/sacn-statement-on-nutrition-and-older-adults. Accessed: 24/07/2023
[3] Food Standards Scotland (2023) Consumption of discretionary foods and drinks and other categories of dietary concern in adults (16+ yr): analyses of data from Intake24 within the 2021 Scottish Health Survey https://www.foodstandards.gov.scot/downloads/Intake24_further_analysis_2021_data_-_Summary_of_findings.pdf
[4] Obesity Action Scotland (2022) Obesity and older people briefing https://www.obesityactionscotland.org/media/ubkhd1mx/obesity-and-older-people-1-final.pdf
[5] Scottish Diabetes Survey 2021, Table 69 https://www.diabetesinscotland.org.uk/wp-content/uploads/2023/02/Diabetes-Scottish-Diabetes-Survey-2021-final-version.pdf.
[6] Scottish Diabetes Survey 2021, Table 4 https://www.diabetesinscotland.org.uk/wp-content/uploads/2023/02/Diabetes-Scottish-Diabetes-Survey-2021-final-version.pdf.
[7] Scottish Diabetes Survey 2021, Table 6 https://www.diabetesinscotland.org.uk/wp-content/uploads/2023/02/Diabetes-Scottish-Diabetes-Survey-2021-final-version.pdf. 3

in older adults but often this focuses only on undernutrition. Use of a historical definition of malnutrition, to mean only undernutrition, risks creating confusion and an unnecessary conflict in priorities and actions. In fact, a focus on tackling only one aspect of malnutrition could cause harm. As the data outlined above shows, overweight and obesity is a significant issue for older adults in Scotland.

In this regard, it is helpful to imagine malnutrition as a continuum from undernutrition to overweight and obesity, with the possibility of micronutrient imbalances occurring at any point. In recognition of the whole spectrum of diet-related problems, authorities such as the World Health Organization[8], European Commission, and Global Nutrition Report have been increasingly using the terms of '*malnutrition in all its forms'* and '*double burden of malnutrition'*. We would like to see this definition of malnutrition[9] adopted in any advocacy positions taken by the Commissioner, and for the Commissioner to work with and influence other policy makers and Government departments, to ensure when they use the term malnutrition, they are not inadvertently only referring to undernutrition, as we have seen this issue arise regularly in policy documents relating to older people.

We called for this in our response to the Scottish Government's consultation on the Health and Social Care Strategy for Older People[10] held last year and reiterate the point here. This is important with regards to existing policy and institutional practice, and ensuring it is accounted for in these processes which direct decision making.

Key functions of the Commissioner

Page 29 of the consultation document outlines a list of proposed key functions for a Commissioner. Despite a focus throughout the consultation document on improving the health and wellbeing of older people and on reducing inequalities, there is no specific mention of the promotion of good health and wellbeing in the key functions of the Commissioner. The Commissioner has the potential to have a central role in achieving a healthier older population.

To achieve this, actions need to be focused on prevention. A key role of the Commissioner in this regard to promote good health and wellbeing would be working with national government and public sector to encourage them to promote a healthier weight and prevent weight gain through the life course by improving food and physical activity environments. It is important that adults arrive at older age already a healthy weight as this will help ensure they can avoid the risks associated with overweight and obesity. A second key role of the Commissioner in delivering a key function on promoting good health and wellbeing is to influence the Scottish Government to ensure that opportunities for weight management and early detection of type 2 diabetes services are accessible to the older adult to help those older adults already living with overweight and obesity.

We would like to see the key functions of the Commissioner section updated to include a function to promote good health and wellbeing of older people, for both current older people, and the older people of the future, through a prevention-focused approach for the latter.

Another key function of the Commissioner we would like to see is ensuring joined up and coherent policy across all areas which do and will impact on health and weight outcomes for older people. There a number of policies and strategies supporting healthy weight in older people including A Fairer Scotland for Older People: A Framework for Action (2019), Active Scotland Delivery Plan (2018), A healthier future: Scotland's diet and healthy weight delivery plan (2018), Physical Activity

[8] https://www.who.int/health-topics/malnutrition#tab=tab_1. Accessed: 24/07/2023
[9] Obesity Action Scotland (2021) Position Statement on Malnutrition https://www.obesityactionscotland.org/media/m5zg1gqw/oas-position-statement-on-malnutrition-090321c.pdf
[10] Obesity Action Scotland submission to Scottish Government consultation on Health and Social Care Strategy for Older Adults https://www.obesityactionscotland.org/media/50pj3vf2/oas-response-sg-health-and-social-care-strategy-for-older-people-final.pdf

Guidelines for older adults (aged 65 and over), and the forthcoming Health and Social Care Strategy for Older People, as well as a range of other diet and healthy weight policies and strategies that will impact the health and wellbeing of older people. A key function of the Commissioner in this regard would be to provide a coordination role to ensure the policies and strategies aimed at improving health and wellbeing outcomes for older people are coherent, don't have any unintended consequences, and that decisions taken in one area don't undermine or negatively impact decisions taken in another. This coordination function can also include helping to avoid duplication and improving efficiency and effectiveness in decision-making processes.

About us

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

For any enquiries relating to this submission, please contact Jennifer Forsyth
jennifer.forsyth@obesityactionscotland.org