Scottish ObesityAlliance
Advocating for healthy weight

Turning the Tide

Towards Healthy Weight in Scotland

A 10-year Healthy Weight Strategy

Obesity Health Alliance

Background

This document has been developed specifically for policymakers in Scotland and aims to set out a long-term agenda for evidence-informed policies to turn the tide towards healthy weight for all.

The recommendations have been adapted by The Scottish Obesity Alliance and Obesity Action Scotland from the report – *'Turning the Tide: A 10-year Healthy Weight Strategy'* – which was developed by the Obesity Health Alliance in England, with the input of expert advisors including researchers, clinicians, and policy experts with people with lived experience of overweight and obesity from across the UK.

We hope this summary will provide a useful contribution to healthy weight policy development.

The full report is available here:
obesityhealthalliance.org.uk/turning-the-tide-strategy

This project was made possible with funding from the British Heart Foundation, Cancer Research UK, the Health Foundation and the Wellcome Trust. The academic project team is part of the SPECTRUM Consortium that is funded by the UK Prevention Research Partnership (grant MR/S037519/1).

Introduction: Turning the Tide Towards Healthy Weight in Scotland

The majority of adults in Scotland do not live with a healthy weight (67%) and over a quarter live with obesity (29% of men and 30% of women), with the highest rates among the lowest socioeconomic groups. The problem extends to children as well with 33% of children at risk of being above a healthy weight.[1]

Behind the statistics are real people. Despite being the majority, people living with excess weight and obesity often experience stigma and discrimination, with 'fat shaming' common and rarely questioned or challenged. This stigma can profoundly affect people's mental health and willingness to seek care for health conditions, and the discrimination can affect people's access to support and restrict life chances at work and in education.[2]

At a population level, overweight and obesity are powerful risk factors for devastating diseases – including type 2 diabetes, cardiovascular disease, dementia, liver disease, and many common cancers.[3] Excess weight can also put strain on joints, increasing the risk of musculoskeletal conditions.[3] COVID-19 brought sharply into focus the additional challenge that obesity brings to the risk of communicable diseases – people living with obesity are at significantly greater risk both of admission to hospital and of death due to COVID-19.[4]

Adverse consequences are also seen in children living with or at risk of obesity, who have a higher risk of ill health and early death in adulthood,[5] as well as experiencing poor psychological and social effects during childhood.[6]

The costs of obesity are experienced not only in health, wellbeing, and life chances of individuals and families, but also by the economy. In Scotland overweight and obesity costs the NHS up to £600m annually, and also contributes to weakening household economies.[7]

But this is a challenge that can be overcome: it is time to learn lessons and do better. Over the same three decades in which obesity has continued to rise, UK smoking rates have been halved (from 30% in 1990 to 14% in 2019)[8] achieved through a series of comprehensive government strategies. Stop-smoking services have been widely available and the drivers of the tobacco epidemic have been addressed through a raft of population health interventions, including the prohibition of all forms of marketing, the creation of smoke-free public spaces, and significant tax rises.

Similar successes in ensuring a healthy weight for all can be realised if governments adopt population-level measures to deliver systemic change – namely, policies that reduce the risks of people becoming overweight, coupled with appropriate treatment and care that is targeted and individually tailored for those who want to lose weight, maintain weight loss, and improve their wellbeing. Strategies must also include commitments to eradicate the societal stigma associated with obesity, to include people living with obesity in policy development and implementation, and to reduce the clear and unacceptable inequalities both in the social determinants of health and in access to care for those living with excess body weight.

The COVID-19 pandemic laid bare the interdependence of the economy and the health of the population. It has never been clearer that all areas of government must act far and fast in the public interest to achieve the healthy population and economy needed for a successful and thriving nation.

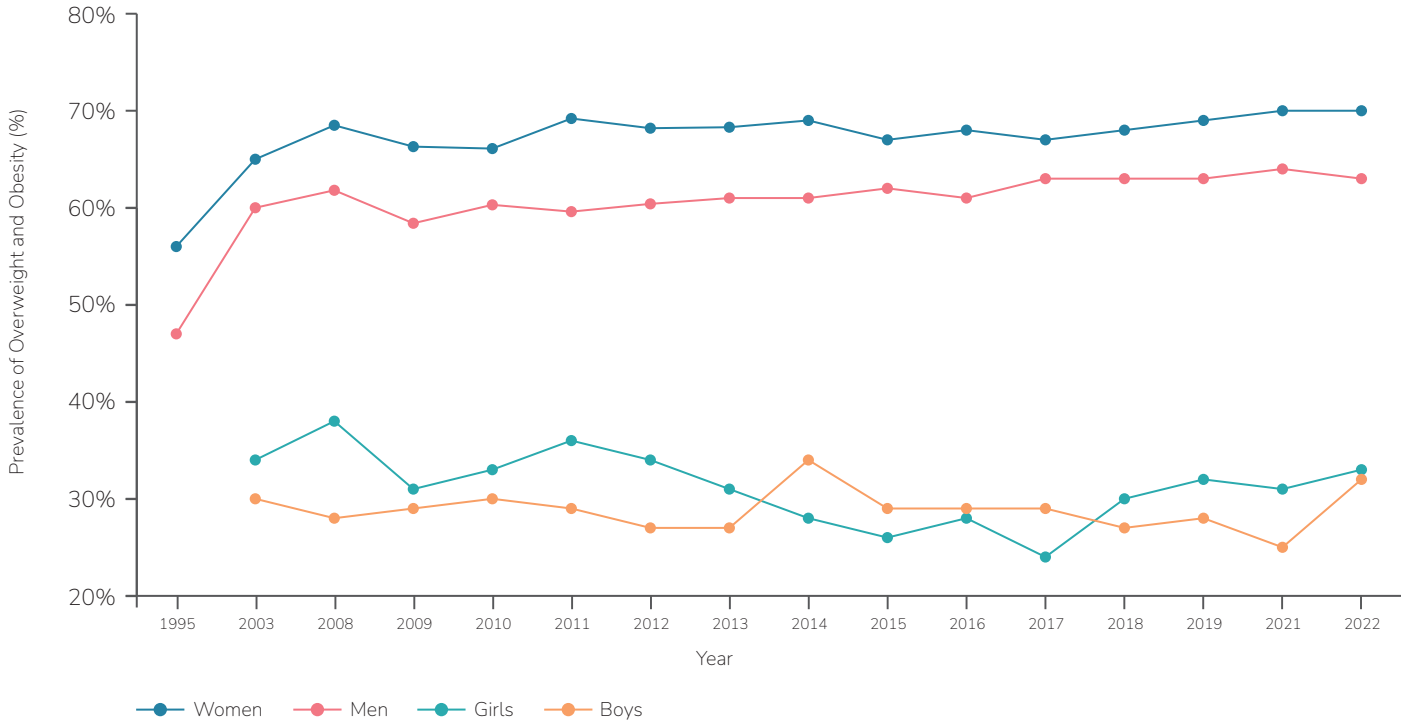
Contents

The Current Picture

The rise in rates of obesity continues across the four nations of the UK, among both adults and children. In Scotland, rates of overweight and obesity have increased from 56% and 47% for men and women, respectively, in 1995, to 70% of men and 63% of women in 2022.[9] The percentage of Primary 1 children at risk of obesity has been creeping upwards over the last decade and showed a sharp increase during the COVID-19 pandemic, rising to a peak of 16% in 2021.[10]

The already-high average figures hide pervasive socioeconomic inequalities: obesity among women in the most deprived areas in Scotland, for example, is 43% compared with 22% in those from the least deprived areas (32% and 21% for men).[11] Even more concerning, although childhood obesity may appear at first glance to have levelled off in recent years, children who live in the most deprived areas of Scotland are twice as likely to be at risk of obesity compared to their peers from the least deprived areas (14% vs 7%).[12]

Overweight and Obesity Rates in Scotland (1995-2022)



Data taken from Scottish Health Surveys 1995-2022 (https://www.gov.scot/collections/scottish-health-survey/). Adults aged 16+, Girls and Boys aged 2-15. Data for 2020 are not included due to it being heavily affected by the COVID-19 pandemic. For 2021, adult data was self-reported and statistically adjusted.

Shifting the Focus

Turning the tide on obesity takes time, and the recent increased awareness and political will to work towards achieving a healthy weight for all is very welcome and could be the tipping point that is needed for effective action. However, decades of previous government strategies have not, so far, made a significant impact: obesity prevalence among adults and children remains unacceptably high and shows little sign of reversal, which suggests that the majority of the policy interventions announced to date have been inadequate in design, implementation and evaluation, or in all three.[13]

The evidence presented in this strategy is clear: obesity cannot be addressed one person at a time and that population-level policies to address structural change in food and broader environmental systems are needed, ensuring that everyone, of all ages and backgrounds, are equally supported to be healthy. However, many past government strategies and policies have been framed and weighted towards measures that rely on individual choice and behaviour.[13] This might have been expected to change following the UK Government's 2007 Foresight obesity report, which described the complex range of factors that affect individuals' weight and spelled out the challenges of the modern 'obesogenic environment'[14] – but, in practice, individual responsibility has remained the primary engine of change in government policy in recent years. More recent policy proposals have indicated intent to act at population level, however implementation has not followed. To maximise the potential for effective, equitable impacts, governments can adapt to lessons learnt from earlier policy limitations and prioritise policies that make minimal demands on individuals and that have the potential for population-wide reach.[13] An example of this is the Soft Drinks Industry Levy, which led to reductions in sugar in soft drinks across the UK.[15]

This strategy also focuses on the importance of taking a rights-based approach (Box 1), as set out in the United Nations Convention of the Rights of the Child and the United Nations International Covenant on Economic, Social and Cultural Rights, to which the UK is a signatory. When health is articulated within obesity policy not as a choice but as a legally enforceable right, the case for action is strengthened and the scope for action increases.

The COVID-19 pandemic has brought into sharp focus the enormous challenge and costs of obesity. It is this opportunity for a change in mindset that this strategy aims particularly to amplify and support into the long term. It is time to look beyond the focus on individual choice and behaviours and instead consider a more comprehensive, evidence-informed strategy, directly addressing the complex systems that have driven the decades-long increase in population prevalence of obesity.

New policies will be needed across government departments and at all levels of government – local, national and international. Clear cross-government and cross-sectoral responsibilities and accountabilities are critical to delivering success. This strategy therefore sets out interlinked, evidence-informed policies that are designed to address the key drivers of obesity simultaneously. Each section of this strategy explores the opportunities for intervention targeting the most powerful points of leverage in relevant systems, with the potential to bring about the most beneficial changes in diet, physical activity and obesity. It is within the power of government to take action today towards this integrated and comprehensive approach, rebalancing systems to favour healthy weight.

Box 1

A rights-based approach

Under the UK's international human-rights commitments, the UK Government is legally obligated to respect, protect and fulfil the right to 'the enjoyment of the highest attainable standard of physical and mental health'[16] including through the fulfilment of a number of other rights. Human rights should inform all government action, providing direction for all decisions that impact upon public health and healthy weight.

An example is a rights-based approach to marketing on unhealthy foods, particularly in the case of children. The UN Convention on the Rights of the Child (UN CRC) requires that the 'best interests of the child' be prioritised – with 'child' defined as all those under the age of 18.[17] As children gain independence in adolescence, they are more susceptible to the influence of their peers (including through social media) and may be more impulsive.[18]

Under the UN CRC, children's 'participation rights' (such as the right to freedom of association, such as at sports events or through social media) are to be balanced with 'protection rights' (such as the right to privacy, the right to health and the right to be free from economic exploitation).[19] Governments have the responsibility to ensure that children are free to participate in society without exposure to marketing of products that threaten their best interests and their right to health.[20]

Taking action in a complex system

The complexity of obesity (Figure 1) means that there can be no simple answer: there is no single most important intervention to improve healthy weight, and therefore there is no 'silver-bullet' policy.[21] However, there are many effective and evidence-informed levers for change. This strategy takes a fresh look at the established and emerging evidence, distilling it into system-wide policy recommendations that, implemented together, will have significant impact at both population and individual level.

Levers for change in the food system are available to address all of the 'four Ps' of the food industry's marketing mix: product, promotion, price and place. The food system is complex and adaptive, consisting of many interdependent components and subsystems, working at multiple levels from global to local, and with feedback loops within and between the subsystems that respond to changes and seek to maintain equilibrium.[22] Our recommendations suggest evidence-informed policy that will modify the system to become one that promotes health.

The recommendations place particular emphasis on the early years. While effective policies are needed to influence healthy weight across the life course, preconception, pregnancy and the first few years of life represent a unique intervention point to start children on a healthy weight trajectory.

The current treatment and care of people living with excess weight and obesity are also a core concern, particularly ensuring adequacy and equality in the provision of care.

Crucially for success, people living with obesity must be meaningfully involved throughout all policy development processes to ensure that their knowledge and experience is appropriately captured and used, both to address pervasive stigma and to inform the policies that will make a real difference to all of us. There are also growing concerns about the rise in eating disorders (affecting people across the weight spectrum) and involving specialists in policy discussions could help consider any potential impacts and ensure that the prevention and treatment of obesity and eating disorders are coordinated.

However, system adaptation in response to government policy and regulation is inevitable as food and drink companies (including infant formula producers) and other stakeholders respond in their own interests. To remain effective, government strategy must forecast possible system responses right from the start and evaluate policies in practice, so that policy can be adapted and iterated over time. Policy research and development needs must be integrated into policy planning processes to build on the existing evidence base.

A system-wide approach to healthy weight also has important co-benefits with another major priority: addressing climate change. Environmental sustainability and human health are strongly interlinked and there is potential for very significant win–wins across the obesity and Net Zero agendas – for example, better enabling population to follow the Government's Eatwell Guidance for a healthy diet could reduce greenhouse gas emissions from the food system by an estimated 30%, as well as reducing mortality from diet-related diseases by 7%.[23] This is not dealt with in detail in this strategy, but provides strong support for the approach detailed here.

Box 2

The drivers of healthy weight

Some people have underlying susceptibility to obesity: specific genes have been identified that are associated with obesity, which can be linked to excess weight gain from the earliest months of life, and these genes may contribute to an increased risk of weight gain, through hormonal and neural pathways and feedback loops. However, there are multiple other contributing factors that affect individuals' weight: life experiences and cultural norms, deprivation and employment type, psychological factors, other health issues (including mental health conditions), and access (or lack of it) to non-stigmatising treatment and support.[14]

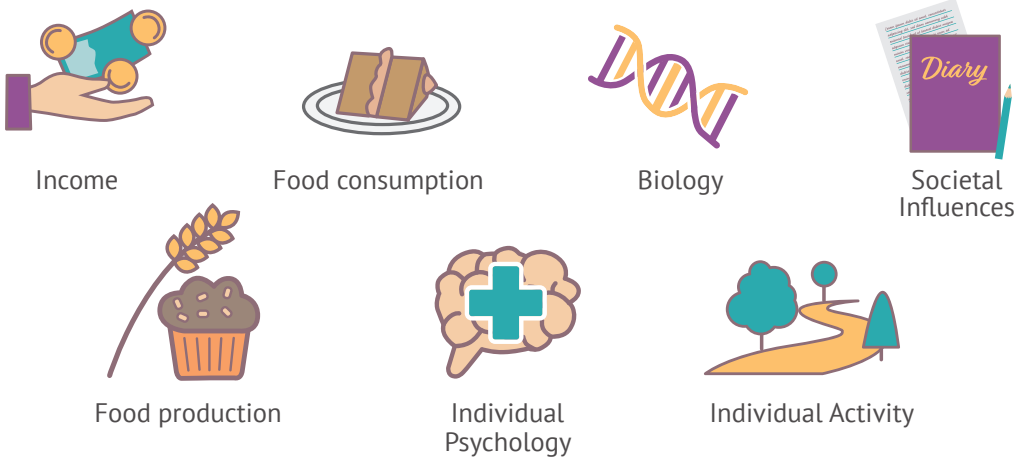
In particular, the major factor that influences every aspect of life, and over which policy can have significant influence, is the increasingly 'obesogenic' environment to which we are all now exposed from infancy onwards – one in which calorie-dense, nutrient-poor food is accessible, abundant, affordable and normalised and where physical activity opportunities are not built into everyday life. Exposure to obesogenic environments is not equally felt by all: there are significant inequalities in both the food and physical-activity environments which drives unhealthy weight in deprived areas.[24]

There has been a substantial shift in population weight over decades, not because people no longer care about being a healthy weight, but because obesity is a normal response to this abnormal environment: the 'micro' environment (such as an individual's own home, school or place of work) also contributes to whether individuals develop obesity, with the 'macro' environment determining the prevalence of obesity in a society.[25] This leaves the majority of people vulnerable to obesity, with the greatest barriers to healthy weight being faced by the most disadvantaged in our society.

'People in the UK today don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales'

Tackling Obesities: Future Choices – Project Report[14]

Figure 1 – Factors that can contribute to weight[14] (list not exhaustive)



Our recommendations are underpinned by the following rationale:

- A healthy population is essential to the social and economic wellbeing and resilience of the country – and health is challenged by obesity in many ways.
- Creating an environment that enables people to improve their health is a role of government and government leadership is required.
- There is no one single cause of obesity and no one single policy that will address it: a broad range of actions are required, which positively change the systems and structures that are driving unhealthy weight.
- Multiple, coordinated approaches are required to foster healthy weight at every stage of life, from pre-conception and pregnancy through childhood to older age.
- Policies must apply without discrimination, focusing on enabling health-promoting behaviours regardless of individuals' weight, and providing sustained, compassionate support for those living with a higher weight.
- Obesity is not solely a problem of individual responsibility: shame and stigma cause damage and lead neither to weight loss nor to health-promoting behaviour.
- Many of the root causes of obesity are driven by wider socioeconomic inequity. This strategy must be considered as part of a broader cross-government approach to tackle inequalities.
- There is a major opportunity for action on obesity to have co-benefits with actions needed to address the climate crisis.
- This strategy has been developed independently of government and any commercial vested influences.

Box 3

A note on language

We have chosen to call this a 'healthy weight' strategy in recognition of its focus on population health. As a coalition of health-focused organisations, we acknowledge that health is broader than weight alone, reflected in the approach taken by this strategy.

This strategy will predominantly use first-person language that considers people in a holistic way, rather than by a characteristic.

Overweight and obesity are defined by the World Health Organization as abnormal or excessive fat accumulation that presents a risk to health.[26] In this strategy, overweight and obesity are used as clinical terms.

This strategy refers throughout to unhealthy, healthy and healthier food. While we recognise the challenges of categorising individual products, a way to identify the foods that contribute little to health is needed for effective policy implementation:

- **Unhealthy / less healthy –** used to refer to food and drinks that are high in fat, sugar and salt (HFSS). These are typically high calorie and frequently highly processed products that contribute little in terms of nutrients. In the UK, the nutrient profiling model is used to identify products that are HFSS.[27]
- **Healthy –** used to refer to food and drinks that contribute to a healthy diet. These are typically foods that are part of the Eatwell Guide, such as fruit and vegetables, seeds and nuts, fish and seafood, olive oil, and whole grains that have been minimally processed.
- **Healthier –** this refers to all food and drinks that are not classed as high in fat, sugar and salt, based on the nutrient profiling model. 'Healthier' is not a proxy for healthy.

References

1. Scottish Government; Scottish Health Survey (2022). https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/pages/12/
2. S. Le Brocq et al. 2020 'Obesity and COVID-19: a call for action from people living with obesity' The Lancet Diabetes & Endocrinology (8)8: 652–4
3. World Health Organization. Obesity and Overweight – Factsheet. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
4. M. Gao et al 2021 'Associations between body-mass index and COVID-19 severity in 6·9 million people in England: a prospective, community-based, cohort study' Lancet Diabetes & Endocrinology 9(6): 350–9
5. J.J. Reilly and J. Kelly 2011 'Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review' International Journal of Obesity 35(7): 891–8 https://doi.org/10.1038/ijo.2010.222
6. J. Rankin et al. 2016 'Psychological consequences of childhood obesity: psychiatric comorbidity and prevention' Adolescent Health, Medicine and Therapeutics 7: 125 https://doi.org/10.2147/AHMT.S101631
7. Scottish Government 'Obesity Indicators 2018'. https://www.gov.scot/publications/obesity-indicators/pages/1/
8. ASH 2021 'Smoking statistics' (factsheet)
9. Scottish Government; Scottish Health Survey. https://www.gov.scot/collections/scottish-health-survey/
10. Public Health Scotland; Primary 1 Body Mass Index (BMI) statistics Scotland (2021). 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/
11. Scottish Government; Scottish Health Survey (2021). https://www.gov.scot/publications/scottish-health-survey-2021-supplementary-tables/
12. Public Health Scotland; Primary 1 Body Mass Index (BMI) statistics in Scotland (2023). https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2022-to-2023/
13. D. Theis and M. White 2021 'Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992–2020' Milbank Quarterly 99(1): 126–70 https://doi.org/10.1111/1468-0009.12498
14. Government Office for Science 2007 Tackling Obesities: Future Choices – Project Report (the Foresight report) https://www.gov.uk/government/publications/reducing-obesity-future-choices
15. Rogers, N.T., Pell, D., Mytton, O.T., Penney, T.L., Briggs, A., Cummins, S., Jones, C., Rayner, M., Rutter, H., Scarborough, P. and Sharp, S., 2023. Changes in soft drinks purchased by British households associated with the UK soft drinks industry levy: a controlled interrupted time series analysis. BMJ open, 13(12). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10711915/
16. UN 1966 International Covenant on Economic, Social and Cultural Rights https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx
17. UN Office of the Commissioner on Human Rights 1990 Convention on the Rights of the Child https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
18. WHO Europe 2019 Evaluating Implementation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children
19. M. Tatlow-Golden et al. for WHO Europe 2016 Tackling Food Marketing to Children in a Digital World: Trans-disciplinary Perspectives
20. A. Garde and S. Byrne 2021 'Combatting obesogenic commercial practices through the implementation of the best interests of the child principle' in A. Garde and O. De Schutter (eds), Ending Childhood Obesity: A Challenge at the Crossroads of International Economic and Human Rights Law, chapter 10 (Edward Elgar Publishing).
21. H. Rutter 2012 'The single most important intervention to tackle obesity…' Int J Public Health 57(4): 657–8 https://pubmed.ncbi.nlm.nih.gov/22752266/
22. M. White et al. 2020 'What role should the commercial food system play in promoting health through better diet?' BMJ 368: m545 https://doi.org/10.1136/bmj.m545
23. P. Scheelbeek et al. 2020 'Health impacts and environmental footprints of diets that meet the Eatwell Guide recommendations: analyses of multiple UK studies' BMJ Open 10: e037554 https://doi.org/10.1136/bmjopen-2020-037554
24. A. Power et al. 2009 Strategic Review of Health Inequalities in England Post-2010: Task Group 4: The Built Environment and Health Inequalities https://www.instituteofhealthequity.org/resources-reports/built-environment-task-group-report
25. S.R. Karasu 2014 'The obesities: an overview of convergent and divergent paradigms' Am J Lifestyle Med 10(2): 84–96 https://doi.org/10.1177/1559827614537773
26. World Health Organisation. 'Obesity: Overview' https://www.who.int/health-topics/obesity#tab=tab_1
27. Food and Drink Federation. 'Nutrient Profiling'.

Recommendations

KEEP This section outlines our support for moves by the Scottish Government to implement evidence-informed policies that will contribute to healthy weight at a population level.

1 Comprehensive and timely delivery of A healthier future: Scotland's diet and healthy weight delivery plan, particularly on shifting the obesogenic environment, including the following:

- Introduction of restrictions on HFSS promotions (price and location) across a variety of settings (physical locations and online).
- Deliver on proposals set out in the 2021 Diet and healthy weight: out of home action plan.
- Progress action on commitment to engage with local authorities, transport companies and media agencies to develop a code of practice to restrict advertising of HFSS foods on sites they manage such as bus shelters, stations and inside buses and trains
- Maintain the Universal Health Visiting Pathway programme within Scotland which consists of 11 home visits to young families.

2 Effective implementation of the Good Food Nation (Scotland) Act 2022

- Ensure that the Independent Food Commission is established, represents the interests of public health and delivers change to the food system to the benefit of public health in Scotland.
- Ensure national and local food plans take action to improve the diet of the Scottish population.

3 Support the UK government with the introduction of a 9pm watershed on TV and a ban of paid-for advertising online for unhealthy food and drink adverts.

INTENSIFY This section outlines our recommendations that build on existing evidence-backed policies or interventions to improve the health of people in Scotland.

4 Ensure that government communications and campaigns do not perpetuate weight stigma and policies and strategies relating to healthy weight actively refute stigma.

5 Continue to support Public Health Scotland's challenging weight stigma learning hub and take steps to promote its use nationally.

6 Introduce regulations to restrict the sale of energy drinks to children under the age of 16 and introduce stronger labelling on energy drink products to raise awareness of their harm to vulnerable groups (e.g. pregnant women).

7 Ensure high quality data on breastfeeding through regular infant feeding monitoring using population samples which are sufficient in size and representation.

8 Use devolved powers to introduce regulation to ensure all advertising in outdoor settings is for healthier food and drinks. This should include:

- Removal of all outdoor advertising for unhealthy food and drinks.
- Removal of sporting and event sponsorship and advertising
- End marketing and promotions related to unhealthy food and drinks, such as sponsorships, giveaways and competitions in family attractions, childcare and educational establishments.

9 Support and encourage the UK government to build on existing policies that will improve the health of people in Scotland and where necessary consider using devolved powers to progress issues, including:

- Extension of proposed TV and online HFSS marketing restrictions to other media such as cinema, radio and brand advertising to reduce loopholes.
- Making a specific, time-bound commitment to introduce regulation to mandate calorie limits on single-serve portions of HFSS products if 25% of the calorie reduction targets have not been achieved by the first report point (2022) in the ongoing calorie reduction programme.

10 Improve the nutritional content of infant food by strengthening the existing commercial infant and baby food and drink reformulation programme to fully align with WHO recommendations for sugar and salt. Commit to the introduction of a regulatory lever (such as fines or sanctions) for manufacturers that do not reformulate their products by 2024.

11 Extend all existing and new advertising restrictions to adverts for food and drink brands that are associated with predominantly unhealthy products.

12 Incentivise a shift to promotions on healthier food and drinks in the out-of-home sector by ensuring the proposed restrictions on promotions of unhealthy food and drink products include meal deals, temporary price reductions and to all outlets and online food delivery platforms.

13 Continue to monitor, evaluate and progress the scope of the Healthcare Retail Standard, the Eating Out, Eating Well Framework and the Healthy Living Programme to ensure they are positively influencing the obesogenic environment.

14 Monitor, evaluate and progress the scope of healthy eating in school guidance and regulations related to school meals.

15 Build on the current whole school approach to healthy diet and physical activity for both primary and secondary schools. Ensure that it is effectively monitored and evaluated.

16 Expand and develop the International Society for Physical Activity and Health Whole-of-Schools programmes investment which allows schools to combine all physical activity opportunities available in the school environment (PE classes, active classrooms, break time, after school physical activity opportunities).

17 Build stronger arrangements to ensure cross-government co-operation, action and accountability in tackling obesity. This should include improved governance, monitoring and evaluation of healthy weight policies and public health priority 6.

18 Improved investment and support is needed to guarantee consistent and equitable access to all levels of effective weight management services

- NHS Scotland weight management services should be supported to implement intensive outreach models designed to create easy access for less engaged groups (e.g. collaboration with community champions to encourage uptake, peer support models)
- Ongoing use of EQIA reports to help identify barriers to access for different groups. This should include ensuring services offer support that is; culturally appropriate, available in various languages, accessible to people with learning difficulties and people living with disability, and accessible in virtual environments.
- Clear monitoring, reporting and evaluation of the implementation and outcomes of the standards for the delivery of tier 2 and tier 3 weight management services for children and adults in Scotland
- Continued public reporting of weight management services data for Scotland
- Weight management service providers should carry out ongoing evaluation and actively engage in user feedback using data. All NHS Scotland boards should report regularly to the Scottish Government on the effectiveness of their support services guided by national targets.

19 Build on the aims and implementation of Becoming Breastfeeding Friendly Scotland report and ensure engagement with those socioeconomic groups least likely to breastfeed

20 Apply the existing National Planning Framework 4 (NPF4) approach to the food environment, which includes food growing, retail and non-retail outlets, promoting a town centre first approach and consideration of clusters of outlets that may be affecting community wellbeing.

21 Create community environments where everyday trips can be made using an active form of transport (walking, cycling, wheeling) to achieve both health-related and climate goals.

22 Ensure the commitment to 20-minute neighbourhoods allowing people to live and be active locally leads to improved access to physical activity and healthy foods.

23 A range of professionals have a stake in improving health and training; it is vital to ensure they have the right knowledge and skills.

Health and care professionals should receive comprehensive training in discussing weight with confidence, in a sensitive and non-stigmatising way and able to assist patients to access appropriate services.

This can be achieved in the following ways:

- Education and training curricula for all health and care professionals should include a) an understanding of the complexities of obesity and b) the implications of weight stigma in healthcare environments.
- Health and care providers should encourage all clinical staff to complete appropriate training on the damage of stigma and how to discuss weight and health appropriately with patients.

Development of the Public Health Scotland weight stigma learning hub to ensure it achieves maximum reach and impact.

Training for professionals working with expectant parents and families must include the skills needed to discuss infant and child healthy growth and healthy eating with compassion and sensitivity.

Training for early years practitioners should include skills to enable them to incorporate physically active play in their settings and confidently reach out and support play between parents and children in and around the home.

Training for planners and other built environment specialists should include modules on healthy place-making, providing an understanding of the role of the built environment as part of the wider determinants of health and its potential to help reduce – or exacerbate – health inequalities

New N

NEW This section outlines our recommendations for new policies or interventions that will deliver the vision of this strategy

24 Ensure that healthcare environments are size-inclusive where feasible, with provision of suitable equipment for people with obesity.

Ensure that health care workers can advise users on comfortable and non-stigmatising transport to the place of service.

25 Take steps to introduce the following new policies or approaches:

- Provide greater clarity on the legal responsibility of employers to not discriminate against employees based on their weight. This should include consideration of policies that would specifically prohibit obesity discrimination in the workplace.
- Set out a process to ensure that the UK Government, in its trade negotiations and agriculture policy development, protects the right to health, the right to adequate nutritious food and related rights for all.

26 Consider opportunities for devolved taxation powers to be used as levers to improve the obesogenic environment, where these are not forthcoming from the UK Government.

27 Consider opportunities for devolved powers to reduce and prevent advertising and promotion of harmful food and drink products, where these are not forthcoming from the UK Government.

28 Ensure that all infants and young children at risk of, or who have overweight and obesity are identified and supported.

This requires the following:

- Height and weight measurements taken at 2/2.5-year check with data nationally collated.
- Development of a model pathway with guidance to identify infants and key principles for future management plus the development of targeted pathways for highest risk communities such as looked after children and those with special education needs.
- When intervention is deemed to be appropriate, follow-up support should focus on holistic health for the child as opposed to a purely weight-based support.
- The Scottish Government should aim to include an additional child measurement programme at national level. This could be a similar measurement programme to that in England, where both the youngest and oldest year groups in primary school are measured annually.

29 Consider what powers Scotland has to prevent the misleading marketing of food and drinks aimed at infants and young children; ensure honest labelling that aligns with public health advice; strengthening the ban on advertising infant formula milk to follow-on formula so marketing cannot be used to undermine breastfeeding or mislead parents; and implement the full WHO International Code of Marketing of Breastmilk Substitutes across the entire public and private sector.

30 Initiatives must be undertaken across the entire healthcare system to increase the uptake of weight management services, particularly amongst socio-economic groups that are most under-represented in these services. These should include targeted outreach campaigns to encourage uptake from under-represented demographic groups, and encouraging healthcare professionals to take-up training and development opportunities about discussing weight and health with patients.

- Service providers should aim to focus on core marketing techniques (e.g. digital campaigns, community champions) and undertake a whole systems approach to ensure community awareness of support available.
- Promote support opportunities that involve self-management, and ensure strong links with other relevant services in the community (e.g. health visitors, third sector groups).

31 The four UK governments should work together to develop fair and ethical principles for interacting with the food industry, underpinned by the latest evidence on the commercial determinants of health.

DEVELOP This section outlines our recommendations for further policy development and research to inform future policies and interventions in the longer-term.

32 The following areas require further policy development with a view to bringing in new policies in the next ten years.

- Explore and develop effective policies that address disproportionate pricing structures of HFSS products to prevent multi-portion servings being sold for proportionately less than individual servings.
- Policies that could facilitate increased purchasing of healthier options on food delivery aggregator platforms.
- Policy mechanisms that reduce the accessibility of unhealthy food and drink, particularly to older children. This should include the potential impact of licensing on retailers or curbing the hours when particular products can be sold.
- Assess the potential and utility of fiscal stimulus mechanisms to support food businesses to shift towards the production, manufacture, and sale of healthier food and drink products.

33 In reviewing relevant literature to inform the strategy, a number of research gaps were identified. This is not an exhaustive list, but instead examples of topics where new or further research is needed to inform future policies and interventions. There is further work needed to develop research priorities in the short, medium and longer term.

The following areas have been identified as current research gaps, for which Scottish Government should monitor emerging evidence:

- The relative effect of different elements of HFSS product packaging – such as use of colour, pictures, warnings and branding on what people buy and consume.
- Digital marketing innovation – emerging food marketing techniques.
- The impact of price reduction strategies on HFSS product purchasing.
- How to reduce obesity stigma, including the impact of classifying obesity as a disease.
- Effectiveness and take-up of weight management support and interventions for families.
- Impact of regular monitoring of weight in healthcare settings on motivation of patients and healthcare professionals.
- An assessment of the latest developments in treatment options, across the entire range of services, and the potential impact of adapting existing weight management services to make better use of these options.
- Effectiveness of new commercial self-management services.
- Develop a better understanding of the barriers to breastfeeding and how to increase uptake in less engaged groups.
- Exploration of what is effective for people who are already living with overweight and obesity in terms of physical activity as part of treatment.
- Exploring ways of achieving behaviour change in people alongside structural adaptions for environmental planning goals.
- Developing ways of making public food both healthy and appealing as part of a larger shift in food culture.
- Further research into ultra-processed food and its effects on health.
- How weight stigma in isolation contributes to negative health outcomes.
- How to make weight management more personal and delivered in the context of people's lives.

www.scottishobesityalliance.org
info@scottishobesityalliance.org

Obesity Health Alliance

Scottish ObesityAlliance
Advocating for healthy weight

2024