



# Healthy Eating, Active Living:

**An action plan to improve diet, increase physical activity and tackle obesity (2008-2011)**



**healthier  
scotland**  
SCOTTISH GOVERNMENT



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and tackle obesity (2008-2011)**

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## Foreword

We believe that if we are to fulfil our purpose of creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth we must work differently if we are to tackle some of the most complex and intractable problems that face us. Obesity is one of the problems that, like climate change, does not have a simple solution and requires a new way of thinking. If we successfully tackle obesity then we will reduce ill-health which will in turn contribute to sustainable economic growth. As a new Administration we recognised that our institutional structures could inhibit the development of comprehensive policy required to tackle issues like obesity, therefore one of our first actions was to reorganise the Scottish Government to align it more closely with our strategic objectives and to promote closer working across policy areas.

The problem of obesity has been a long time in the making and we cannot expect to solve it quickly. Yet the fact that we have to solve it is clear if we are to retain the gains we have made in reducing mortality from chronic disease as well as limit the cost associated with treating the consequences of obesity. We are also committed to focussing our efforts on those who are most disadvantaged as we endeavour to reduce health inequalities.

For the first time we are publishing jointly the actions we are taking on diet and physical activity over the next three years. We see greater opportunity in making linkages stronger and more relevant, not just within this plan but across wider Government activity. The actions identified in this plan on diet and physical activity build on the good work that has gone before but we have reinforced our drive in some key areas.

Over the next three years we will spend over £56m, of which £40m is new money, on diet, physical activity and promoting healthy weight.

We are devoting nearly half of our new resources, over £19m, to the early years. We want to strengthen our efforts to target women who are of a child bearing age, pregnant mothers and preschool children, to improve their nutrition as the evidence suggests that this is the best time to act if we are to make the most significant impact.



We are doubling the expenditure on promoting physical activity to £12m. This has allowed us to double the support for Paths to Health which already has 20,000 people participating in volunteer led walks on a weekly basis.

For the first time we are devoting nearly £15m to programmes of activity to support people achieve and maintain a healthy weight. NHS Health Boards have already received the first instalment of £6m to support the introduction of a child healthy weight intervention which we expect to target 20,000 children over the next three years.

We are also supporting the roll out of Counterweight across Scotland from 2008.

Finally, we are working closely with COSLA and other partners to develop a community based healthy weight intervention that ties together much of this work in targeted areas.

We recognise that this plan in itself will not solve the obesity problem that this country faces, nor will the new structures alone deliver change. We want to engage with our key partners over the next few months to agree how we use our new way of working to tackle obesity. **Therefore, for the first time we are committing the Government to the development of a longer term strategy to tackle obesity.** We believe that the steps we have made, in reshaping the organisational structure of Government around our single purpose and 5 strategic objectives will provide a framework in which we can develop solutions across Government and the public sector to tackle obesity.

NICOLA STURGEON  
Deputy First Minister and Cabinet Secretary for Health and Wellbeing

SHONA ROBISON  
Minister for Public Health

STEWART MAXWELL  
Minister for Communities and Sport





# 1

## Introduction

This paper outlines how the Scottish Government will use the resources identified in the recent Scottish Budget to improve the nation's diet, encourage greater physical activity and begin to establish a base for tackling obesity through both targeted interventions and by supporting us all in achieving and maintaining a healthy weight. We have identified key life stages and settings in which we will act.

Scotland has made significant progress in recent years in reducing the number of deaths from chronic disease which has resulted in an increase in life expectancy.<sup>1</sup> However, there is concern that the impact of rising levels of overweight and obese people will reverse that progress.

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In addition, it has been estimated that the cost to the NHS in Scotland of obesity in 2003 was £171m.<sup>2</sup> More recently the Foresight Report by the UK Government Office for Science, Tackling Obesities (2007)<sup>3</sup> stated that if current trends are to continue across the UK at the present rate then by 2050 it is estimated the cost to the UK's health service will be almost £50 billion at today's prices.

Scotland has previously established strong foundations and has made progress through implementation of the existing diet<sup>4</sup> and physical activity<sup>5</sup> strategies. In this joint action plan we re-affirm our commitment to these strategies and we identify the immediate short-term actions that we believe will best contribute to improving our diet, increasing our levels of physical activity, and helping to tackle obesity. To support our actions we have identified an additional £40m for the period 2008-2011 on top of the existing £16m previously allocated to support action on diet, physical activity and obesity.

Obesity is a complex problem. This was recently made clear in the Foresight Report which provided evidence that the causes and determinants of obesity are broad ranging and involve complex interactions of cultural, social, environmental and lifestyle factors. **As a Government we are committed to reversing the increase in the incidence of obesity.** We accept in principle the conclusions of the Foresight Report and we will use the Report as a basis for developing Scotland's longer-term strategy for tackling obesity. **In the coming months we will engage with our partners from all sectors of Scottish life to help develop a longer-term strategy for tackling obesity.**

Food policy is just one example of the way in which diverse stakeholders, sectors and disciplines can play a part in shaping our contemporary environment either to promote or to tackle unhealthy weight. The development of a National Food and Drink Policy provides us with an opportunity to reshape and influence the environment in which food is produced, processed and eventually finds its way on to our plates and an early opportunity to demonstrate how as a Government we can work across traditional boundaries to effect change.

Choosing the Right Ingredients carried forward themes highlighted in the Review of the Scottish Diet Action Plan<sup>6</sup> about closer integration between the policy goals of improving Scotland's diet-related ill-health and those of social justice, sustainable development and agriculture. It also highlighted a need to refresh engagement with the food industry. The discussion on Choosing the Right Ingredients has concluded and first reflections on the outcomes have been shared, but clearly if we are to maximise our opportunity to change what we consume then the National Food and Drink Policy has to reflect our ambitions for improving the nation's health through improving its diet.





# 2

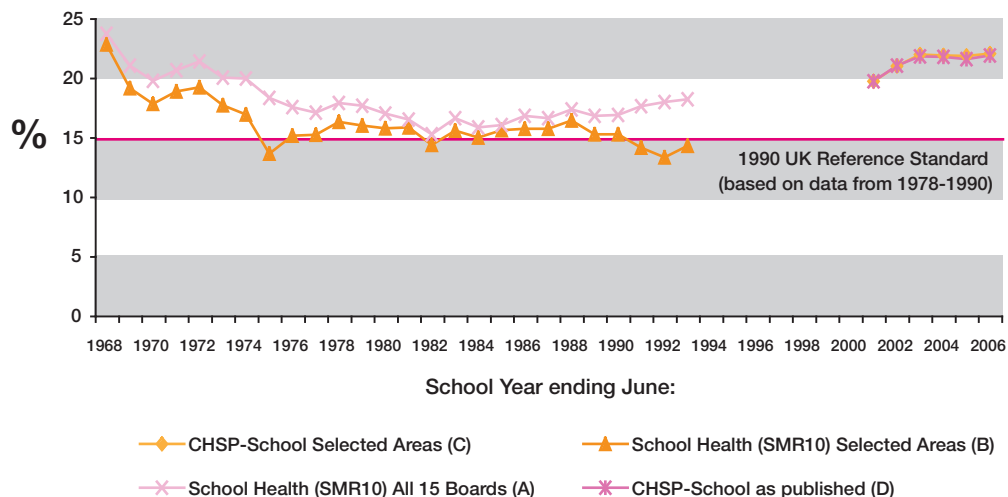
## Trends and Habits in Scotland

The following section provides a brief illustration of the position in Scotland with regard to our dietary and physical activity habits and begins with some of the consequences of those habits.

### Trends in obesity among children in Scotland

The increase in prevalence of obesity among children is not a recent phenomenon. Between the late 1960s and early 1990s in Scotland, the percentage of primary school children (aged 4-6 years) who were overweight or obese was generally higher than would be expected according to the UK reference standard. The most recent data for school children at Primary 1 (2006) suggests that the level of overweight and obesity in this age group may be levelling out, but that it is still much higher than expected. See Figure 1.

**Figure 1**  
Trend in Overweight Primary 1 School Children



Source: 1968-1993 SMR10 School Health Record; 2001-2006 Child Health Surveillance Programme ISD Scotland.

Note: The “selected areas” for which trends in overweight are plotted on the chart are NHS Health Borders, Fife, Lanarkshire and Lothian. These areas continuously monitored overweight in P1 children using SRM10 1968-1993 and then using CHSP 2001-2006. The CHSP-School figures published include different NHS Health Boards for different years (as not all NHS Health Boards implemented the system at the same time).

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Data from the Scottish Health Survey indicate that between 1998 and 2003, estimates of prevalence of unhealthy weight (underweight or overweight/obese) among boys aged 2-15 years increased, whilst for girls there was little change over the same time period. See Table 1.

**Table 1**  
**Prevalence of children with Body Mass Index outside a healthy range**

	<b>1998</b> %	<b>2003</b> %
Boys aged 2-15y	28.9	33.7
Girls aged 2-15y	30.3	30.4
Both sexes aged 2-15y	29.6	32.1

Source: Scottish Health Survey

## Trends in obesity among adults in Scotland

The Scottish Health Survey indicates that for adults aged 16-64 years there has been a rising trend in overweight and obesity between 1995 and 2003. See Table 2.

**Table 2**  
**Prevalence of overweight and obesity in adults aged 16-64 years**

	1995 %	1998 %	2003 %
Men – overweight, including obese (BMI $\geq$ 25)	55.6	61.0	64.0
Men – obese (BMI $\geq$ 30)	15.9	18.8	22.0
Women – overweight, including obese (BMI $\geq$ 25)	47.2	52.2	57.3
Women – obese (BMI $\geq$ 30)	17.3	20.9	23.8

Source: Scottish Health Survey

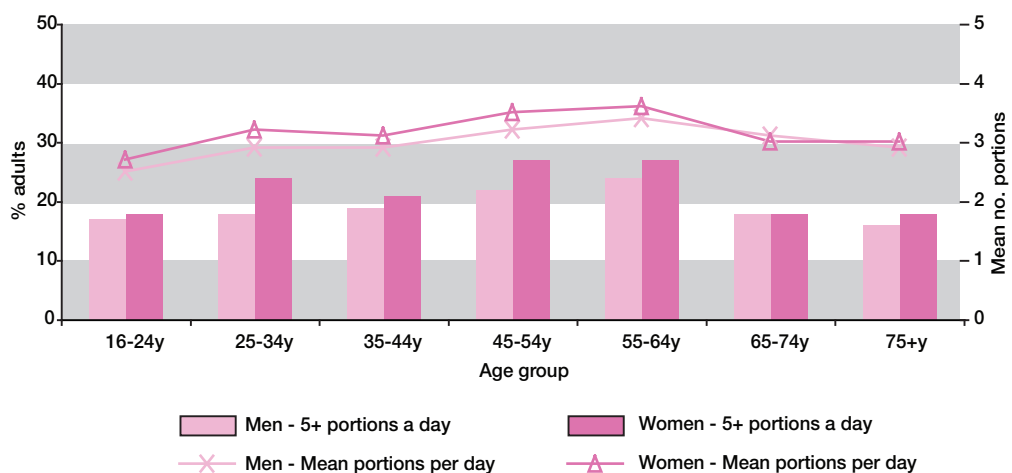
Predicting long term trends for prevalence of obesity is complex because many variables are unknown. However extrapolating from current trends the Foresight Report predicts that obesity levels across the UK could be at 60% in men and 50% in women by 2050.

## Current Dietary Patterns in the Scottish Population

A review of dietary intakes in Scotland<sup>6</sup> has indicated that although some progress has been made towards reducing total fat intake since 1996, there has been no change in the intake of saturated fat, fruit and vegetables, bread, oil rich fish and breakfast cereals. Furthermore the data indicates that there appears to have been an increase in the consumption of added sugars.

There are also marked differences in diet between affluent and deprived areas. For example, with regard to fruit and vegetable consumption, females in the least deprived areas are twice as likely to consume the recommended 5 or more portions per day than those in the most deprived areas (30% compared to 13%) (Scottish Health Survey 2003)<sup>7</sup>. A similar picture emerges for males, with 26% consuming the recommended levels in the least deprived areas compared with 12% in the most deprived areas. The same pattern is seen when examining Scottish data from the Expenditure and Food Survey<sup>8</sup>.

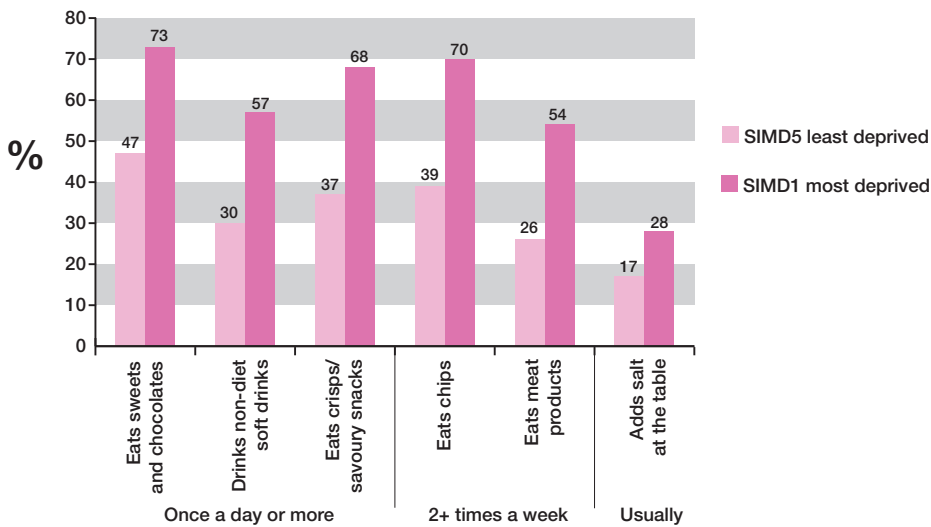
**Figure 2  
Proportion of adults eating 5+ portions of fruit and vegetables a day and mean number of portions consumed per day (Scottish Health Survey 2003)**



Source: Scottish Health Survey

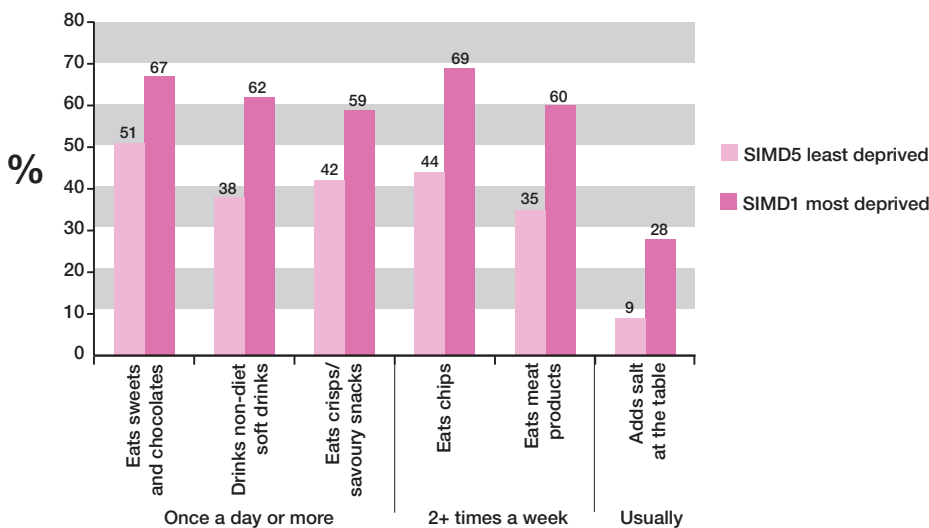
For children aged 5-15 these patterns are continued. Children in the most deprived areas were more likely to consume sweets/chocolates or non-diet soft drinks at least once a day, chips and meat products at least twice a week, and to add salt to their food than those in the least deprived areas. They were also less likely to consume 2-3 slices of high fibre bread a day; potatoes, pasta or rice at least 5 days a week; poultry at least twice a week; white or oily fish at least once a week; and to use low fat milk or to take dietary supplements than those in the least deprived areas. (Scottish Health Survey 2003)

**Figure 3**  
Regular consumption of energy dense food and added salt  
– Girls aged 2-15y, by deprivation  
(Scottish Health Survey 2003)



Source: Scottish Health Survey

**Figure 4**  
Regular consumption of energy dense food and added salt  
– Boys aged 2-15y, by deprivation  
(Scottish Health Survey 2003)

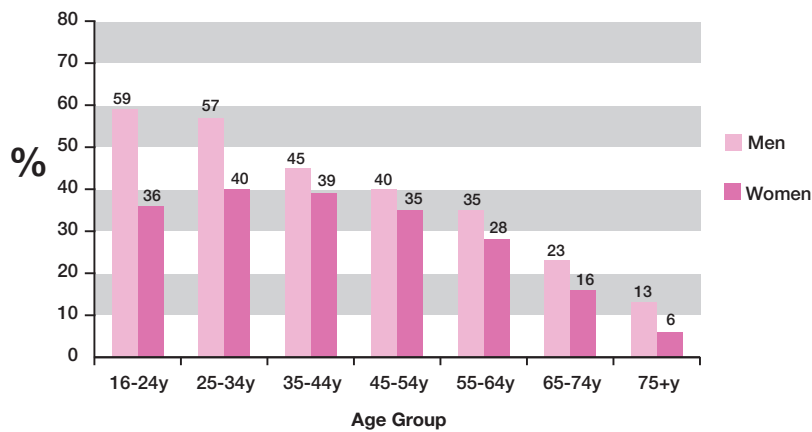


Source: Scottish Health Survey

### Current Physical Activity Patterns in the Scottish Population

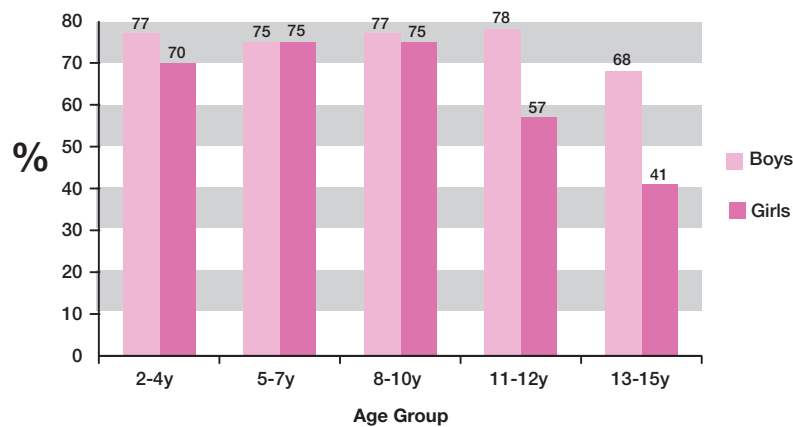
To meet the national 2022 physical activity target the percentage of the population meeting current recommendations will need to increase annually by an average of 1%. Despite the overwhelming benefits of physical activity, prevalence levels are still low in Scotland.

**Figure 5  
Proportion of adults meeting the current physical activity recommendations (30+ minutes on 5+ days a week) (Scottish Health Survey 2003)**



Source: Scottish Health Survey

**Figure 6  
Proportion of children meeting the current physical activity recommendations (at least 60 minutes a day) (Scottish Health Survey 2003)**



Source: Scottish Health Survey

Only 39% of Scottish adults and 69% of Scottish children currently meet existing guidelines. Within these figures specific groups of the population remain particularly inactive. These include women of all ages (particularly adolescent girls) and older adults. There is some room for optimism however. Comparing the data from the Scottish Health Survey in 2003 to that derived from the 1998 Survey, the percentage of adults meeting the recommendations significantly increased. The percentage of children meeting the recommendations also showed an increase over this period, although the increase was not statistically significant.

**Table 3**  
**Adults (16+) – frequency of walking in the previous seven days\***

	1999	2000	2001	2002	2003	2004	2005	2006
<b>column percentages</b>								
<b>As a means of transport:</b>								
<b>No days</b>	48.2	46.9	45.4	45.7	46.4	46.6	47.1	46.8
<b>1-2 days</b>	18.7	18.4	19.1	18.2	17.2	16.6	15.2	15.6
<b>3-5 days</b>	17.9	20.4	21.4	21.9	21.7	21.1	21.7	20.9
<b>6-7 days</b>	15.1	14.3	14.1	14.2	14.7	15.7	16.0	16.6
<b>1+ days</b>	51.8	53.1	54.6	54.3	53.6	53.4	52.9	53.2
<b>All</b>	100	100	100	100	100	100	100	100
<b>Just for pleasure:</b>								
<b>No days</b>	60.3	58.7	57.4	59.3	56.4	56.4	54.1	53.4
<b>1-2 days</b>	15.8	16.6	17.9	17.7	17.4	16.1	16.6	16.3
<b>3-5 days</b>	10.5	11.7	12.0	10.8	12.4	13.2	14.2	13.8
<b>6-7 days</b>	13.5	12.9	12.7	12.1	13.8	14.3	15.1	16.4
<b>1+ days</b>	39.7	41.3	42.6	40.7	43.6	43.6	45.9	46.6
<b>All</b>	100	100	100	100	100	100	100	100
<b>Sample size (=100%)</b>	13,768	14,533	14,643	14,041	13,936	14,737	7,001	7,111

\*The number of days in the previous seven days on which the person made a trip of more than a quarter of a mile by foot for the specified purpose.

The figures here exclude those who said "don't know", and count those who said "unable to walk" as walking on none of the previous seven days.

## Why does it matter?

People who are overweight or obese have an increased risk of a wide range of serious diseases: the greater the amount of overweight, the greater the risk to the individual. Indeed being obese has been shown to double the risk of dying among men and increased the risk of death among women by 60%.<sup>9</sup> Table 4 below taken from the recent ScotPHO epidemiology briefing report<sup>10</sup> highlights the numbers in Scotland suffering from particular disease with an estimate of those that can be directly linked to obesity.

**Table 4**  
The prevalence of obesity and related diseases and the number of people who have each condition as a result of obesity

Disease	Estimated number in Scotland annual incidence/ prevalence	Estimated proportion attributable to obesity	Estimated number in Scotland attributable to obesity (2003)
<b>Cardiovascular</b>	<b>Number</b>	<b>Percentage</b>	<b>Number</b>
■ Hypertension	1,329,696 (p)	36	478,691
■ Angina pectoris	250,344 (p)	15	37,552
■ Myocardial Infarction	135,432 (p)	18	24,378
■ Stroke	92,340 (p)	6	5,540
<b>Endocrine</b>			
■ Type 2 diabetes	73,872 (p)	47	34,720
<b>Neoplastic</b>			
■ Colon cancer	2,242 (i)	29	650
■ Ovarian cancer	616 (i)	13	80
■ Cancer of the Uterus	449(i)	14	63
<b>Musculo-skeletal</b>			
■ Osteoarthritis	118,500 (p)	12	14,220
■ Gout	20,150 (p)	47	9,470
<b>Gastro-intestinal</b>			
■ Gallstones	11,350 (p)	15	1,702

(p) = prevalence, (i) = incidence

## Health Inequalities

The most recent evidence, from the 2003 Scottish Health Survey, indicates no clear or simple correlation between deprivation and obesity across the population generally. Only amongst adult women is there a clear linear pattern of increasing obesity with increasing deprivation, ranging from 20.7% obese in the least deprived fifth of areas to 31.8% obese in the most deprived. This may be partly explained by the diet and physical activity levels in deprived areas as measured by the Scottish Health Survey. While clearly deprived people have the poorest diet there is not such a straightforward correlation between deprivation and physical activity although there are gender differences which further complicate the picture.

The Foresight Report indicates that this disparity between the sexes in respect of the relationship between obesity and deprivation may persist in future UK-wide trends. It suggests that UK obesity levels amongst adult women in the least deprived category may increase by between 10% and 15% by 2050, while obesity levels for women in the most deprived category may increase from 25% to 62%. In contrast only a modest social gradient is forecast for increases in obesity amongst adult men.

The Foresight Report recognises that obesity is not exclusively a problem related to social class or inequality. It suggests that to assume that it is primarily a feature of lower-income groups is to disguise the society-wide character of the epidemic. However, efforts to combat obesity in lower-income groups will have positive consequences for both health and inequality. The impacts of the chronic conditions associated with obesity may be compounded by other health behaviours, such as poor diet, physical inactivity, smoking or lower levels of breastfeeding.

We have already stated in *Better Health Better Care*<sup>11</sup> that our top priority in improving the health of the nation is to tackle health inequalities. The Ministerial Task Force on Health Inequalities<sup>12</sup> published its report and recommendations on 19 June 2008. **The actions set out in this document to improve diet, increase physical activity and support people to achieve and maintain a healthy weight are targeted mainly towards those at greatest risk of health inequalities.**





# 3

## **Building on Success – Strategies, Targets and Goals**

In Scotland we have well established strategies to improve our diet and encourage greater physical activity. Eating for Health – A Diet Action Plan for Scotland (1996) identified practical measures across the food supply chain to support improvement in our diet. It also set out dietary targets and a number of recommendations aimed at reducing dietary related morbidity and mortality in Scotland. These were endorsed by Improving Health in Scotland – The Challenge (2003)<sup>13</sup> and Eating for Health – Meeting the Challenge (2004).<sup>14</sup> The National Physical Activity Strategy (2003)<sup>15</sup> endorsed international recommendations for the quantity and quality of physical activity required for a health benefit.



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The broad objectives of the current physical activity and diet strategies are to:

- Create, improve and maintain the supply of natural and built environments encouraging more active lifestyles (this includes opportunities for walking, cycling and informal recreation space as well as formal leisure centres, sports fields or swimming pools);
- Develop, increase and maintain capacity in a wide range of settings and sectors to support people to become more active;
- Stimulate interest in and demand for increased participation in physical activity by raising awareness in the general population and relevant professional groups about the health and wellbeing benefits and the recommended guidelines for achieving these;
- Promote healthy food choices, meal preparation and eating habits by communicating practical achievable steps towards the consumption of a healthier diet;
- Increase access to healthier food choices, particularly for those on low incomes and provide support, education and skill development to allow people to break through the barriers of food affordability and availability, and the negative impact of culture and lack of food skills;
- Work with the food manufacturing, processing and retailing industries to further develop and promote healthier choices;
- Ensure that primary food producers at both national and local level contribute fully to the achievement of Scottish dietary goals; and
- Monitor impact of current activity and ensure current policy and practice are supported by best available evidence.

We will continue to monitor progress in implementation of the physical activity and diet strategies through existing and new targets. The current targets for physical activity described in the strategy are left unaltered.

## National Physical Activity Strategy

The National Physical Activity Strategy included the target that by 2022, 50% of adults and 80% of children will be expected to meet the current recommended levels of physical activity and that adults should accumulate at least thirty minutes of moderate intensity activity on most days of the week and that children should accumulate at least one hour of moderate intensity activity on each day of the week.

The review of the Scottish Diet Action Plan<sup>9</sup> highlighted that progress in some areas was slow and that the dietary targets are not being achieved as the level of change defined by these targets had underestimated the impact of inequalities to achieve population level impact.

We still believe that the underlying principles and goals established in the Scottish Diet Action Plan remain valid and that the failure to progress as quickly as hoped on dietary targets is not sufficient reason to change the overall thrust of the strategy. However, given the current dietary targets are time-limited (up to 2010), we are currently considering a more pragmatic approach of adopting a set of longer term dietary goals which we will use to underpin our diet policy initiatives. The existing dietary targets are shown in Table 5.

**Table 5: Scottish Diet Action Plan – Dietary Targets**

Fruit & Vegetables	Average intake to double to more than 400g per day
Bread	Intake to increase by 45% from present daily intake of 106g, mainly using wholemeal and brown breads
Breakfast Cereals	Average intake to double from the present intake of 17g per day
Fats	Average intake of total fat to reduce from 40.7% to no more than 35% of food energy Average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy
Salt	Average intake to reduce from 163mmol per day to 100mmol per day
Sugar	Average intake of NME sugars in adults not to increase Average intake of NME sugars in children to reduce by half i.e. to less than 10% of total energy
Breastfeeding	See breakout box on page 27
Total Complex Carbohydrates	Increase average non-sugar carbohydrates intake by 25% from 124g per day, through increased consumption of fruits and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption
Fish	White fish consumption to be maintained at current levels Oil rich fish consumption to double from 44g to 88g per week

The National Performance Framework sets out the Government's overall purpose of sustainable economic growth, supported by national outcomes and national indicators for the whole of the public sector in Scotland for the first time. The framework includes a target for local authorities and their Community Planning Partners to contribute to **reducing the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018.**

We will support Community Planning Partners with evidence about the contributions they can most usefully make to achieving this, both separately and acting together.

Within this target, and contributing to it NHS Health Boards will be expected to deliver healthy weight intervention programmes to a specified proportion of overweight and obese children between 5 and 15 years old by 2010/11.

Further details of the child healthy weight intervention programme are provided at section 5.2





# 4

## The Action Plan

This section details the specific actions we will take over the next three years to support people to make healthier choices in what they eat, to build more physical activity into their everyday lives and to maintain or achieve a healthy weight. New actions are clustered according to the population groups at which they are targeted. In addition to these new initiatives, we have highlighted just a few of the exemplar projects and programmes that have been developed over recent years. We will continue to support these projects in this new funding period and, in many cases, we have been able to increase our level of support. Many of the projects highlighted in this chapter are led by stakeholders outwith the health sector. These initiatives across sectors and disciplines begin to expose the far-reaching nature of action needed to tackle the causes of overweight and obesity in the long-run.

### 4.1 Early Years

We want to ensure that we create the best environment that promotes a mother's and child's health. We want to improve their nutritional status, to help mothers understand that the future health of their child is dependent on their diet and lifestyle, and to encourage parents to have the confidence to play with their child to assist their social and physical development.

The nutrition of women of childbearing age and pregnant women is important as dietary intake before and during pregnancy has been shown to have positive impacts on women's health during pregnancy, on pregnancy outcome, and later health of the baby.

Available evidence on tackling inequalities suggests the need to improve nutritional outcomes in lower-income groups across the early years, and this points to key areas of intervention including pregnancy, breastfeeding, weaning and diet in early childhood.

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We have considered our manifesto commitment to provide free fruit to pregnant women and children in pre school establishments. We have concluded that to best improve maternal and infant nutrition this commitment should be broadened out to include maternal and infant nutrition generally. We will provide NHS Health Boards with broad parameters within which to work with their partners, but intend that they will have flexibility within this to consider a range of interventions which best meet their local population's needs. These will include new and existing practice, including Healthy Start as mentioned below.

- We will make £19m available over the period 2008-2011 to improve nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas.

The existing Healthy Start scheme, established in 2006 to replace the Welfare Foods scheme, is targeted at pregnant women on certain benefits. It offers vouchers which can be exchanged for fresh fruit, fresh vegetables and milk (including infant formula) from over 3,700 participating shops across Scotland. Currently we estimate that 48,000 are eligible to receive Healthy Start vouchers in Scotland and that the uptake rate for the UK is around 87%. We want to increase the uptake rate of Healthy Start through NHS Health Boards, working in partnership with other key bodies, while at the same time supporting the delivery of a range of actions to promote maternal and infant nutrition.

Key actions will include direct support for recipients of Healthy Start vouchers to assist them with lifestyle behaviours including breastfeeding, nutrition during and after pregnancy, cooking skills and general healthy living advice.

A condition of the support available to NHS Health Boards will be that they work in partnership with local authorities, Community Food and Health Scotland (CFHS), local community food initiatives, and other relevant stakeholders to ensure optimum opportunity for interventions.

- We will focus efforts to increase the uptake of Healthy Start.

Currently the range of foods that can be purchased using Healthy Start vouchers is limited. We believe there may be a case for expanding the range of produce to include, for example, frozen or tinned fruit and vegetables, with the goal of improving nutrition.

- We will seek advice from the FSA(S) and NHS Health Scotland on extending the range of produce that can be purchased with Healthy Start vouchers.

In recognition of the importance we place on the best possible start, we have recently appointed an Infant Nutrition Co-ordinator for Scotland whose role is to lead the development and implementation of the infant nutrition strategy for Scotland, providing advice and support to Ministers, NHS Health Boards and all those involved in infant nutrition. This post supports a major strand of maternal and child health policy and wider policy to promote health and tackle health inequalities. The development of this strategy will also provide an opportunity to explore in greater depth indications from existing evidence that there may be important links between infant nutrition and low levels of breastfeeding and increased risk of overweight or obesity later in childhood<sup>16</sup>. The importance of breastfeeding in improving and maintaining health and in establishing healthy eating patterns in infancy will also be emphasised and will contribute to the support for NHS Health Boards on improving breastfeeding rates<sup>17</sup>.

Scotland leads the way in the UK in terms of breastfeeding support. The Breastfeeding etc (Scotland) Act 2005 is the first of its kind in the UK, making it an offence to stop or prevent a person feeding milk to an infant in a public place where the infant is legally entitled to be. We are taking steps to promote breastfeeding and there is now evidence that women in Scotland are more comfortable breastfeeding in public than those elsewhere in the UK.

## Breastfeeding

Breastfeeding rates vary according to deprivation. We have targeted NHS Health Boards via their HEAT target to increase the proportion of newborn children who are exclusively breastfed at 6-8 weeks from 26.2% in 2006-07 to 32.7% in 2010-11.

Early years establishments, e.g. nurseries, childminders, playgroups etc play a crucial role in shaping children's eating and physical activity patterns. The Nutritional Guidance for Early Years (2006)<sup>18</sup> set out the nutritional requirements for children aged 1 to 5 and we will build on the work currently underway by local authorities and health boards.

- We will implement a comprehensive programme of education, training and support for health professionals on maternal and infant nutrition to ensure that all pregnant women and mothers have access to the best quality care and advice about how they feed themselves and their child.
- We will continue to raise awareness of the importance of folic acid supplementation at preconception and in the early weeks of pregnancy while awaiting definitive advice from the FSA regarding fortification of bread or flour.

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We also wish to help encourage mothers and families to help their child's physical development and body awareness. Play@home is a programme that encourages recognition of the fact that all movement in babies can be exercise and health related. Through a programme of physical activity for children over three stages, from birth to five years, Play@home provides parents with guidance on safe and beneficial ways of handling an infant to improve family emotional ties, stimulate child development and promote a stimulating, nurturing environment within the home for the child's early years.

- We will support the roll out of Play@home across Scotland.

#### 4.2 Schools and School Age Children

Our aspiration for all our young people is that they are successful learners, confident individuals, responsible citizens and effective contributors. Schools have an important role to play in developing in young people qualities of resilience and adaptability so that they are able to make informed choices to enhance their own and their families' health and wellbeing. This is now supported by a legislative duty on Scottish Ministers, local authorities and managers of grant-aided schools to ensure that schools are health promoting.

The review of the curriculum from 3 to 18 has as its aim to help prepare all young people in Scotland to take their place in a modern society and economy which will include the promotion of active and healthy lifestyles and skills for work. On 13 May 2008, draft experiences and outcomes for health and wellbeing from 3 to 15 within Curriculum for Excellence were released<sup>19</sup> together with guidance for local authorities and schools<sup>20</sup> on the Schools (Health Promotion and Nutrition) (Scotland) Act 2007. In addition, Building The Curriculum 3, A Framework For Learning and Teaching which the Cabinet Secretary for Education and Lifelong Learning published on 10 June, provides guidance for those involved in planning the curriculum for children and young people.

The framework for learning and teaching includes entitlements for every child and young person to have a broad general education to the end of S3 which will include all of the experiences and outcomes across all curriculum areas, including health and wellbeing to the third level. From S4 to S6, young people will have an entitlement to a senior phase where they can obtain qualifications. There will continue to be an emphasis on health and wellbeing, including the relationship between food, health and wellbeing. Taken together these documents describe the Scottish Government's expectations for promoting the health and wellbeing of children in school. It is the responsibility of schools and their partners to bring the experiences and outcomes together and apply the national entitlements to produce programmes for learning.

## Active Schools

The Active Schools<sup>21</sup> programme is responsible for providing high quality opportunities for children to be active in and around the school day and incorporates programmes such as the Youth Sport Trust's TOP Play and TOP Sport programmes (aimed at primary aged children), the Out of School Hours Learning, Sporting Champions, the NHS Health Scotland Class Moves programme, Sustrans Safe Routes to Schools programme and a wide range of sport and physical activities into a comprehensive whole school approach. Instrumental to delivering Active Schools is the development of a staffing network of 630 co-ordinators and 32 managers who are responsible for putting in place and driving forward a range of planned activities in both school and community settings.

As part of Curriculum for Excellence, the Scottish Government expects schools to continue to work towards the provision of two hours of good quality physical education for each child every week. This commitment is reflected in the draft experiences and outcomes for health and wellbeing. There are also draft experiences and outcomes for physical activity and sport. These will take place in addition to planned PE.

In addition to the work above we are also continuing to support a variety of initiatives aimed at promoting active and healthy living.

As figure 5 indicated in section 3, unlike young boys, physical activity declines steeply as young girls move into adolescence. For this reason we are funding three national programmes directly targeting physical activity promotion in young girls; "Fit for Girls", "Dance for Girls" and "Girls on the Move".

- We will support the national delivery of "Fit for Girls". This project is a joint collaboration between the Youth Sport Trust and Sportscotland and will offer training and support to key stakeholders on the barriers and potential solutions to providing access to high-quality activities for school-aged girls together with financial support for those initiating girls only projects. It will be made available in every local authority.

## Dance in Schools

The YDance initiative<sup>22</sup> was a three year programme designed to develop and provide resources to enhance the delivery of dance education in schools. Successful pilots in Midlothian and Inverclyde in 2005 led to the programme being rolled out across Scotland with workshops and in service training delivered. The programme has been delivered in 320 schools, to over 57,600 children (aged 5-17) and over 720 primary and PE teachers.

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- We will build on the successful YDance programme. The focus will be on providing dance workshops out with the school curriculum and strengthening links and pathways to local opportunity and provision in three targeted Scottish localities.
- We will continue to provide support for national delivery of Girls on the Move<sup>23</sup> in partnership with the Robertson Trust.<sup>24</sup> This is a community based programme that promotes physical activity through participation and leadership programmes and focuses on girls and young women from hard to reach groups.
- We will continue to support Scottish Sports Futures<sup>25</sup> develop and deliver the jump2it programmes. This innovative programme uses the Scottish Rocks Basketball team to take healthy living messages directly into schools.
- We will introduce Scotland's first Cooking Bus in 2008 as a means of highlighting the importance of food and nutrition for children, teachers and communities. This will provide links to a better understanding on how food can affect health, especially in light of the changes to food provision in schools resulting from Hungry for Success and Curriculum for Excellence.

## Hungry for Success

School meals in Scotland have undergone a transformation due to the Hungry for Success initiative. The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 builds on Hungry for Success and will require local authorities and managers of grant-aided schools to ensure that food and drink provided in schools comply with the nutritional requirements specified by Scottish Ministers in regulations. These regulations will apply to all food that is sold or served in local authority and grant-aided schools, including tuck-shops and vending machines.

NHS Health Boards will deliver child healthy weight intervention programmes to meet the new target mentioned earlier. The essential features of the approved interventions will be that they engage children in participatory and educational sessions over a specified period of time. These sessions will offer multi-stranded support addressing dietary, physical inactivity, social and behavioural causes of weight gain and, crucially, they will engage parents and carers to create the foundations for sustainable results. NHS Health Scotland has developed guidance to establish these basic requirements and will provide further support to NHS Health Boards in planning and delivering these services.

These healthy weight services will be locally procured and there will be scope for variation in how individual NHS Health Boards choose to implement the guidance. This diversity in approach will be important in enriching our understanding of what works. **It is anticipated that 20,000 children will benefit from these interventions by 2011.**

Provision of broader health checks to school age children will be based on the assessed need of the most disadvantaged children in each region and the recommendations from Hall 4.<sup>26</sup> The Scottish Government has developed proposals for a **community based integrated school health team** that will increase the nursing and other healthcare capacity to schools.

This model supports a multi-disciplinary approach to meeting the health challenges of school children and their families using a range of skills. Examples will be determined by the identified health needs of individual schools and may include: mental health nursing, dieticians and sexual health workers who will work in partnership with teachers and the local community to meet those needs. It aims to provide opportunities for teachers and school staff to be proactive in identifying those who are particularly vulnerable or have complex needs.

- **We will** support and monitor the delivery of family focused, multi-stranded childhood healthy weight intervention programmes in each NHS Health Board area.
- **We will** continue to support national development officers for physical activity and food based within Learning and Teaching Scotland. The posts will support schools deliver relevant Curriculum for Excellence outcomes and relevant guidance on the Schools (Health Promotion and Nutrition) (Scotland) Act 2007.
- **We will** develop a team, skills based approach to increase the healthcare capacity in schools beginning in our most deprived communities.

In recognition of the need to work in partnership in securing healthy environments beyond the school environment we commissioned the Scottish Consumer Council to produce guidance on commercial sponsorship in the public sector. This covers public sector settings beyond schools, and outlines the considerations and risk assessment that can help ensure that decisions on sponsorship in the wider public sector provide continuity on health improvement messages and settings.

- **We will** with the Scottish Consumer Council publish guidance on commercial sponsorship in the public sector.

In addition, there are a number of other areas where the public sector can help create healthier environments. Guidance for local authorities is being developed with the Association of Public Service Excellence (APSE) and others, to capture examples of the ways that policies and practices on both food and physical activity can help contribute to better health outcomes called “Beyond the School Gate”. This work will support the development and delivery of Single Outcome Agreements.

### **4.3 Adults and Workplaces**

A great deal of daily life is spent at work, or getting to and from work. We want to work with employers and employees to maximise the opportunity to be active and to eat healthily. The Government believes that the public sector should be an exemplar in the provision of healthy choices for those who use its services and for those who work within it. We have already produced nutritional standards for schools and hospitals, and intend to support a range of programmes for the workforce to help deliver healthy eating and physical activity in workplaces.

- **We will** support the Scottish Centre for Healthy Working Lives (SCHWL) in their activities to help local workforces deliver quality physical activity programmes as part of the national Healthy Working Lives Award.
- **We will** continue to fund the national Institute for Sport, Parks and Leisure (ISPAL) physical activity accreditation award. The ISPAL programme uses six pre-set criteria to assess the performance of an organisation in relation to physical activity promotion in the population. To date seven organisations have gained the award and six are in progress.
- **We will** identify the gaps around healthy catering training with Education colleagues and with scientific advice from Food Standards Agency Scotland and NHS Health Scotland.
- **We will** create a role that will support the food sector to drive forward and support positive changes within industry and ensure that health objectives are integrated. Although large food businesses have the resources to reformulate (reduce fat, saturated fat, salt and sugar) products and innovate, that is not always the case for small to medium sized enterprises (SMEs). Our aim is to work with SMEs to identify the interventions that can have the biggest impact and we will identify the best use of this resource in partnership with key partners.
- **We will** ensure that the NHS fully implement existing NHS Quality Improvement Scotland Clinical Standards for Food, Fluid and Nutritional Care in Hospitals, through an integrated programme supported by NHS Quality Improvement Scotland, Health Facilities Scotland and NHS Education Scotland.

- We will develop and pilot interactive tools (e.g. through workplace intranet sites) for use in the workplace to allow employees to keep a track of any changes in their own weight and to help them understand what health consequences there may be associated with an increasing weight. The programme will prompt individuals to make those connections and provide appropriate advice.

## Keep Well

The Keep Well<sup>27</sup> programme addresses health inequalities by strengthening and enhancing primary care services in the most deprived areas of Scotland. It attempts to counter the inverse care law which recognises that those who need health care most are least likely to get it, and has a particular focus on cardiovascular disease and its contributory risk factors, including smoking, diet and physical inactivity, and alcohol. The aim is to engage those communities/individuals who have previously not made full use of the medical care available to them. People are screened to identify potential/existing health risk and offered appropriate medical treatments and referral to a range of health, local authority or voluntary agencies to support health behaviour change, designed to improve their health and prevent future ill health.

One of the programmes that we have made available to GP practices delivering Keep Well is Counterweight.<sup>28</sup> Counterweight is an evidence-based approach to managing weight in primary care that helps obese patients achieve a healthier lifestyle and lose some weight. Counterweight is based on specialist Weight Management Advisers working across health board areas and training local dieticians and other primary care staff about obesity and the delivery of Counterweight. The programme for each patient lasts a year with continuing follow up. Since the programme started in Scotland, 1000 patients have enrolled across 62 GP practices.

- We will, in addition to supporting the roll out of Counterweight in wave 2 of Keep Well, support the roll out of Counterweight to NHS Highland, NHS Borders, NHS Forth Valley, NHS Dumfries and Galloway, NHS Western Isles, NHS Shetland and NHS Orkney from 2008.

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It is also recognised that GP exercise referral schemes, if properly managed and supported, can provide an opportunity to address inequalities in healthcare and disease prevention. We wish to build on the lessons learned from Keep Well about how we support patients through their treatment programme and the intensity of that support. The Scottish Government is taking a phased approach to the promotion of physical activity in primary care, which includes advice about “exercise on referral”. The first phase, which will be complete this August, is to develop material to help raise awareness of physical activity in the primary care setting which is underway. This will be followed by the identification of suitable tools that can be used to assess patients’ physical activity levels which will conclude in December 2008. The final phase will focus on identifying suitable and effective interventions that can be used to get patients more active and will conclude in 2010.

- We will support the development of guidance and promotion of physical activity in primary care settings by developing material to help raise awareness and identifying suitable assessment tools by the end of 2008, and identifying suitable and effective interventions by 2010.

#### 4.4 Older People

Good nutrition and being physically active plays a vital part in the well-being and health of older people contributing to reducing the risk or delaying disease. We will consider both the needs of free living older people and those in long term care establishments e.g. hospitals and care homes. At the same time we will support the development of skills in all physical activity-related professionals working with older people and training staff in residential care and similar settings in how to support residents to benefit from physical activity. We have commissioned research, jointly with NHSScotland, to identify effective interventions to improve nutrition for older people living in the community and to map current relevant practice in Scotland.

- We will work with COSLA to develop nutritional standards for the vulnerable elderly in care settings.
- We will implement appropriate interventions based on the research.

## Active for Later Life

Keeping active is acknowledged to be a key factor in maintaining health and well-being in later life. Active for Later Life aims to help all those involved in developing physical activity programmes for older people of all ages and abilities. The Active for Later Life resource provides practical guidance documents for practitioners, summaries of evidence and recommendations, policy and strategic connections, and a series of working papers that support health, social care and public service planning colleagues.

- We will support the introduction of the new British Heart Foundation/ NHS Health Scotland 'Active for Later Life'<sup>29</sup> guidance for the physical activity workforce.

### 4.5 Communities

The shape and character of the communities in which we live and the ways they are connected to the places where we work and play have an undeniable impact on how much physical activity we are likely to build into our everyday lives. This in turn has consequences for the amount of contact we have with others in our communities with corollary benefits in terms of positive mental wellbeing. Opportunities for being physically active in groups and with our friends provide essential developmental lessons in early years and valuable social contact in later life.

The Foresight Report places particular emphasis on the role our physical living environment plays in affecting the choices we make in our everyday life; choices that result in almost inevitable incremental weight gain across the course of our lives. Evidence is emerging that people who live in more walkable neighbourhoods and areas with higher levels of mixed land-use are more active and have somewhat lower body weights than those in areas less conducive to walking or cycling as part of their everyday routine.

## **Greenspace Scotland**

Greenspace Scotland<sup>30</sup> is supported by the Scottish Government to promote the goal of everyone living and working in urban Scotland having easy access to quality green space which meets local needs and improves their quality of life by enabling delivery and embedding action within local authorities, community planning partnerships and other local delivery bodies.

We know from Scottish research<sup>31</sup> that those living in more deprived communities are more likely to report a lack of appealing outdoor environments in their neighbourhoods in which to walk or play with their families and that this also correlates with poorer self-reported health status and lower indicators of social cohesion. Further evidence is needed to understand whether there are parallel patterns linking the design of communities and the built environment with healthier food choices. However, the Foresight Report serves to highlight the potentially important foundations that more sustainable places may provide for healthier, more confident and resilient communities.

## **Protection and use of open spaces for recreation and sport**

Scottish Planning Policy Guidance (SPP) 11 'Physical Activity and Open Space'<sup>32</sup> was published in November 2007. It emphasises the importance of quality open spaces and sets out national planning policy on the provision and protection of open space within and on the edges of settlements and on sports and recreation facilities in urban and rural settings. It requires all local authorities to prepare an open space audit and strategy.

As part of our work within communities we plan to pilot **Healthy Weight Community Projects** in partnership with local authorities in one or more locations across Scotland. The projects are inspired by the EPODE<sup>33</sup> model developed in France and will be tailored to suit Scottish circumstances. The aim is to develop community-wide awareness of the importance of healthy weight and establish this as a common thread across all opportunities available in these communities to make healthier food choices and build more physical activity into everyday life. These opportunities will encompass many of the programmes and initiatives already listed here in this action plan. Local stakeholders across all sectors will be engaged to create leading examples of environments and initiatives that support healthy living and healthy weight in an interconnected and cross-sectoral way. Local leadership and a strong sense of community ownership will be central to the success of these projects.

### Case Study

**Ensemble, Prévenons l'Obésité des Enfants (EPODE – 'Let's Prevent Childhood Obesity Together')** – is a programme designed to tackle rising obesity levels in France. Ten towns in diverse regions across France have participated in this programme since its launch in 2004. Since then uptake of the programme has spread to additional towns in France and wider to Spain and Belgium. A variety of community initiatives involving schools, local businesses and others are delivered in these towns to improve healthy eating and physical activity awareness and habits amongst primary school aged children and their families. This programme was based on findings from two towns in Northern France where earlier community nutritional initiatives were found to have had positive impacts on children's eating habits, benefits for other family members, and an apparent freezing of childhood obesity rates while those in comparable non-participating communities rose.

- We will introduce pilot Healthy Weight Community Projects in selected locations across Scotland in partnership with Local Authorities, NHS Health Boards and other key partners.

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We are committed to working within our communities to improve the opportunities to access health promoting programmes. In addition we will endeavour to work across policy areas to maximise the impact of joint initiatives for example in establishing links between Smarter Places, Smarter Choices and the Scottish Sustainable Communities Initiative. Smarter Places, Smarter Choices is a cross-Government programme that will support a number of sustainable transport demonstration towns. Scottish Government and COSLA are working in partnership with a selection of local authorities to put in place intensive programmes to reduce car dependence and increase physical activity, to improve health and create sustainable places, while reducing emissions and congestion. Activities may include personalised travel planning, development of travel plans by schools, public buildings, retail centres or work places, improvement of green spaces, road space reallocation, using public spaces to increase opportunities for recreational physical activity and the promotion of opportunities for and benefits of active travel. These projects will evaluate the impact on health outcomes.

- **We will** support directly the introduction of Smarter Places, Smarter Choices to support a number of sustainable travel demonstration towns.

The Scottish Government is encouraging local authorities and their partners to propose new sustainable communities as part of the solution to meeting housing requirements in their areas. The Scottish Sustainable Communities Initiative will seek proposals that are ambitious and innovative and lead to the creation of sustainable places which will serve as exemplars of good practice in planning and building in Scotland. The location, design and environmental standards of these communities will at the broadest level lead to the creation of healthier places to live, work and play.

In addition to the cross-cutting work designed to help reshape the environment we are also continuing to support a wide range of targeted programmes. These have included support for voluntary groups to encourage walking and jogging, especially in deprived areas and amongst key target groups such as teenage girls.

## Paths to Health

Paths to Health<sup>34</sup> is a leading delivery agent for the physical activity strategy whose aim is to develop local walking schemes. Since we began our support of Paths to Health over 200 community based schemes have been supported, over two thirds of which are located in deprived areas, with 1,700 Walk Leaders trained to lead walks in communities and up to 20,000 people participating in led walks every week.

- We will continue to support Paths to Health to develop local schemes in key settings including communities with a focus on disadvantaged areas, as well as workplaces, as an option for onward referral from primary care and in schools through the support and development of their volunteer network.
- We will provide support to JogScotland<sup>35</sup> to develop jogging groups in three key settings: workplaces, communities, and with children and young people.
- We will support Living Streets<sup>36</sup> to continue to campaign for environments conducive to physical activity and to take forward a number of key programmes including practical support for implementation of recent National Institute for Clinical Excellence (NICE) guidance on physical activity and the environment,<sup>37</sup> national walkability audits and development of a community empowerment toolkit.

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#### Green Gym

The BTCV<sup>38</sup> Green Gym<sup>®</sup> is a scheme that inspires participants to improve their health and the environment at the same time. It offers them the opportunity to 'work out' in the open air through local, practical environmental or gardening work. The Green Gym has: involved approximately 10,000 volunteers in improving over 2,500 green spaces. There are now 95 Green Gyms across the UK with 17 in Scotland.

- We will support the expansion of the BTCV led "Green Gyms" programme across Scotland to increase the number to 56 by 2012.

The Scottish Government is working with a range of stakeholders in the public, private and third sectors to improve access to and take-up of affordable healthier food options, helping to drive forward long-term changes towards a healthier Scottish food culture to the mutual health and economic benefit of suppliers, manufacturers, retailers and consumers.

#### Scottish Grocers Federation Healthyliving Programme

The Scottish Grocers Federation Healthyliving Programme<sup>39</sup> is improving the supply and provision of healthier food choices, focusing on fresh produce, in local neighbourhood shops particularly in low income areas. Participating stores have registered an average increase in sales of fresh fruit and vegetables of between 20% and 30% since the start of the programme which now boasts 500 stores representing around 1 million transactions per week.

## Healthyliving Award

The Healthyliving Award<sup>40</sup> is a national award that encourages the food service industry to deliver healthier food across the range of provision. It is run by the Scottish Consumer Council.<sup>41</sup> The Award recognises and rewards caterers who reduce the amount of fat, salt and sugar in food they provide and make healthy options more easily available. Launched in August 2006 over 300 sites across Scotland have won the award, with around 270,000 customers eating in Healthyliving establishments every day.

- **We will** with the Scottish Consumer Council, develop a new higher level (Gold) Healthyliving Award for public sector workplaces to ensure an increased range of healthier choices.
- **We will** work with Community Food and Health (Scotland) to identify activities and opportunities for joined up working across Scotland's community food initiatives, to explore opportunities for improving food supply chain development, achieving better economies of scale and encouraging the sharing of expertise from the wider food sector.





# 5

## Delivery and Evaluating Success

In addition to actions outlined in this plan to work with individuals, groups and communities we also need to ensure that we have the evidence and infrastructure in place that provide the best support for decision making and service delivery.

The recent Scottish Obesity Action Resource (SOAR)<sup>42</sup> report from the Scottish Public Health Network highlighted the diversity of practice in referral to, and delivery of, healthy weight services across health boards. We are currently conducting a review of best practice in order to provide guidance to NHS Health Boards on preparing local healthy weight strategies. This will cover treatment in primary, secondary and tertiary care, addressing coordination of services through local regional and national pathways and standards for intervention, referral and staff training. The guidance will highlight the needs of key groups such as children and families and pregnant women. The guidance will also take account of the role of the health service in prevention of obesity through health promotion and participation in community planning to address environments that promote weight gain.

- We will publish guidance for NHS Health Boards on locally delivered healthy weight strategies by the end of 2008.
- We will provide resources to NHS Health Boards to support training of primary care professionals to develop a better understanding of obesity and how to manage the condition.

Following a review during 2005 and 2006, the Scottish Health Survey will now run continuously with national results available annually for the first time from mid 2009. The continuous nature of the new Scottish Health Survey will allow more detailed analysis to be carried out. A wider range of results will be available at NHS Health Board level and results broken down at individual Board level for all NHS Health Boards will now be available from mid 2012. The survey contains detailed questions on behaviours and attitudes relating to physical activity, diet and healthy weight. It also includes measurement of respondents' heights and weights in order to calculate body mass index (BMI), which will be used to monitor against the new national indicator to reduce the rate of increase of children with their BMI outside a healthy range. The new combination of behavioural and attitudinal data collected in this survey will allow comparison of, for example,

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respondents' reports of their own eating and activity habits with their BMI and respondents' awareness of whether their own weight may be a health risk. This will, amongst other measures, help us better to target the messages of our social marketing approaches.

A significant gap in our knowledge is the relationship we have with food and how our behaviours and health are shaped by that relationship.

- We will commission work aimed at improving our understanding of our relationship with food and how our culture influences the choices we make.
- We will convene a national Physical Activity Research and Evaluation Group to identify existing gaps in current research and knowledge.

For the past three years we have supported the Scottish Physical Activity Research Collaboration (SPARColl).<sup>43</sup> SPARColl is a Scottish based collaboration that brings together the world's leading physical activity academics and researchers. The aim of SPARColl is to contribute to the evidence base on physical activity and health by evaluating the effectiveness of specific practice-based interventions and to share that work with policy makers and practitioners. The current programme of work is focused on identifying the best ways of getting individuals and populations more active through walking. SPARColl have published a systematic review of interventions to promote walking<sup>44</sup> and have followed this up with a pedometer study. The main objective is to determine if pedometers, in conjunction with physical activity counselling, can increase and maintain independent walking behaviour.

- We will continue to support SPARColl.

The Food and Health Alliance and the Physical Activity and Health Alliance provide national networks and fora for all organisations and individuals with an interest in delivering Scotland's objectives for improving diet and increasing physical activity. The Alliances are intended to be the catalyst for facilitating and enabling stakeholders to inform national policy and then to support its implementation in Scotland. In line with our desire to improve our joined up working we intend to develop these networks to provide a renewed emphasis and clearer focus on supporting delivery and developing connections to create better joint working across professions and disciplines and sharing of best practice that will support policy.

- We will retain and strengthen the Food and Health Alliance and the Physical Activity and Health Alliance ensuring a focused strategy for future activity.

This year we will formally assess progress in implementing the National Physical Activity Strategy. This will include a national engagement exercise with all relevant stakeholders to examine what has worked well and what challenges still remain, and a horizon scanning exercise to identify key opportunities in the future that can be used to enhance the promotion of physical activity in Scotland.

- We will publish the report of the group reviewing implementation of the National Physical Activity Strategy.

The National Physical Activity Workforce Development Plan<sup>45</sup> (one of the first of its kind in the world), was initially set up to cover the period 2005-2008 and was led by NHS Health Scotland. It was a broad strategy for the physical activity sector, covering workforce and organisational learning and development for paid staff and volunteers to encourage inactive people to become more active. Key programmes of work included the Leadership for Health Improvement Programme, Health Behaviour Change Training for Trainers, Physical Activity Consultation Courses, “Let’s Make Scotland More Active” e-Learning course, and Participatory Appraisal Training for Trainers.

In order to achieve joined up action on diet, physical activity and obesity it is important that we have a joined up workforce working towards common goals. This will include members of both the physical activity workforce and the diet and nutrition workforce.

- We will review the National Physical Activity Workforce Development Plan, and, building on its success, develop a Healthy Weight Workforce Development Plan which incorporates key work in physical activity, diet and obesity.

As part of delivering our Strategic Framework for Environment & Health the Scottish Government has developed a methodology for identifying the most fruitful factors in creating health-promoting environments. This methodology allows us to interrogate the complex relationships between environmental factors (in the broadest sense) and health outcomes. We are able to apply this methodology to the excellent evidence-base gathered by the Foresight project and by consulting experts in the Scottish context to identify the key cross-cutting routes to tackling obesity. The outcomes of this project will enable us to move beyond the frame of this action plan to develop a wider long term strategy.

- We are conducting a focused inquiry to identify highest priorities amongst the aspects of Scotland’s environment and infrastructure that promote unhealthy weight and the sectors and stakeholders that must be engaged in order to address these.





# 6

## **Health Improvement Social Marketing Strategy**

Following a review of health improvement social marketing conducted by central government and our partners in Scotland a new strategic approach to communications addressing the health needs of Scotland's population has been adopted. Within this a range of health improvement topics (including diet, physical activity, healthy weight, alcohol moderation, breastfeeding, smoking, sexual health and mental wellbeing) will be treated as part of an interconnected, mutually reinforcing healthier living message. This strategy is one of the means by which we can tackle health inequalities in Scotland. It will be based on research into the health priorities of more deprived groups and the messages most likely to motivate them. Key to its success is communicating recommendations that feel realistic and benefits that are clear and concrete.

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The approach aims to empower and enable people to make achievable and lasting changes in their lives; and is explicit about real health benefits of behaviour change in terms of preventing serious chronic conditions such as obesity, heart disease, cancer and diabetes. Central to this strategy is the role of positive mental wellbeing, both in helping people feel ready to make healthier choices and as a genuine pay-off of leading a healthier life.

The first campaign targeting adult audiences in the new strategy, Take Life On, was launched on 1 June 2008. This campaign covers physical activity, healthy eating, alcohol moderation and wellbeing. The key message of Take Life On is that simple everyday changes, based on ten practical steps (see below) will improve our health and make us feel more positive. The first wave of Take Life On is promoted through television, radio and billboard advertisements, and a website [www.takelifeon.co.uk](http://www.takelifeon.co.uk). But critical to our strategic social marketing approach is underpinning these with a longer train of below the line approaches to reinforcing the messages. Campaigns on further health improvement topics will follow in subsequent waves and we will also develop proposals for a parallel youth health communications strand.

1. Base your meals on starchy foods (wholegrain where possible)
2. Eat lots of fruit and vegetables (try to eat a varied 5 portions a day)
3. Eat more fish (including a portion of oily fish each week)
4. Cut down on saturated fat
5. Cut down on sugar
6. Try to eat less salt (limit of 6g per day for adults)
7. Get active and try to be a healthy weight (aim to achieve a total of 30 minutes brisk walking or similar activity 5 times a week)
8. Drink plenty of water (6 to 8 glasses of water) or other non-alcoholic fluids every day
9. Watch your alcohol intake (aim to have 2-3 days without alcohol every week)
10. Read the labels (especially to help reduce how much salt, sugar and saturated fats you eat)

- **We will** continue to work with our partners to implement the Health Improvement Social Marketing Strategy.

Of course we do not have the market to ourselves and the advertising of foods high in fat, sugar and salt are a concern. Food companies can and often do play an important and positive role by taking a responsible attitude to the ways in which they market their products to children. However, we support the stance that there should be a pre-9pm ban on TV advertising for foods that are high in fat, sugar and salt as defined using the Food Standards Agency's nutrient profiling model.

- **We will** liaise with Ofcom and the UK Government in support of this change. In addition we will examine further opportunities to limit the promotion of unhealthy food to children.





# 7

## Developing a Longer Term Strategy to Tackle Obesity

This plan outlines the range of actions that we will take over the next three years in continued support of our diet and physical activity strategies and on additional focused interventions to tackle obesity in Scotland. However, this work will only be a small element of the comprehensive cross-Government and multi-disciplinary action that is required if we are truly to halt rising obesity levels.

Over the coming months we need to engage across all Government and other sectors to identify opportunities to influence the environments and pressures that shape our lives in a way that supports healthy weight rather than promoting weight gain. We already have good examples of Government policies that have begun to reshape the way we live our lives to make them more healthy, such as the exemplary work in our schools to promote greater activity and improve diet. But we recognise that schools are only one of the many settings in which we can address this challenge. We need to ensure that all policy areas that can contribute to supporting healthy weight do so giving appropriate priority to achieving the goal of tackling obesity.

This is clearly not only a role for central government. Local authorities working hand in hand with their local service delivery partners, including the third and private sectors, have a crucial contribution to make to the long term strategy on obesity. We will support and build on existing good practice by those local authorities who have already begun to reshape their communities in innovative ways that impact positively on health and contribute to tackling obesity.

We will enter into dialogue with all our partners to help develop a longer term and wide reaching strategy to tackle obesity. We are committed to working across Government and with all sectors of Scottish life to develop this strategy and we will put in place structures and mechanisms to monitor our progress in achieving this.

- We will working across Government and with all sectors of Scottish society, develop a longer term strategy to tackle obesity.

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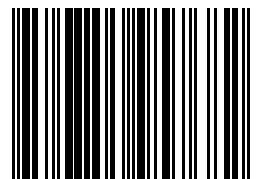
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