DIET AND NUTRITION: PROPOSALS FOR SETTING THE DIRECTION FOR THE SCOTTISH DIET.

1. Purpose of the paper

1.1 This paper sets out proposals for FSS advice to SG Ministers on measures required to improve the extent to which members of the public have diets which are conducive to good health.

1.2 This paper includes key principles and proposed broad measures for FSS action to reduce calorie intake and rebalance the diet through reductions in sugars, fats, salt and discretionary foods[1], together with increases in fibre rich foods such as whole grains, fruits and vegetables.

The Board is asked to:

- **Discuss and agree** the recommendations and actions set out in this paper and summarised in Annexe A.
- **Note** that there will be a further paper on an implementation and governance framework later this year.
- **Note** the importance of collaborative working with Scottish Government (SG), stakeholders and with the food and drink industry.

2. Summary

2.1 There are no easy solutions to addressing the problems with the Scottish diet. Our levels of overweight and obesity are some of the worst in OECD countries[2]. The problem is now acute and deferring or delaying action will mean that Scotland's health will only get worse. A continued worsening trend will result in increasing health costs, poorer economic performance and an increasing burden of ill health for greater proportions of the population. It's equally clear that government alone is not able to solve this problem: government, manufacturers, retailers, the food and drink sector and individuals have to accept collective responsibility to stop and reverse the current trend.

2.2 Evidence contained within a new FSS report, *Monitoring foods and drinks purchased into home in Scotland,* using retail data from Kantar WorldPanel FSS[3] indicate that over the period of 2010-2015 total calorie purchase has not reduced at a population level in Scotland. In five years the best we can say we have done is that we have stood-still. Our conclusion is that, overall whatever commendable gains have been made through reformulation to reduce calories these have been negated by recycling of sugar and fat into different products within the retail offering.

2.3 Given where we are now it is appropriate to consider **all** possible options, including tax and regulation. As evidence shows there has been little or no progress towards achieving our dietary goals in the last 15 years and current policies have been insufficient to alter the inexorable rise in obesity. The evidence on voluntary approaches overall is not good, as is demonstrated by the poor response from

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1 These are foods and drinks that we don't really need for a healthy diet and includes confectionery, cakes, biscuits, pastries and, savoury snacks, and sugary drinks.

2 Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. Edinburgh: the Scottish Government, 2010. www.gov.scot/Publications/2010/02/17140721/0

3 Monitoring foods and drinks purchased into home in Scotland, using data from Kantar WorldPanel: http://www.foodstandards.gov.scot/monitoring-foods-and-drinks-purchased-into-the-home-in-scotland

industry to *Supporting Healthy Choices: A framework for voluntary action*[4]. Although voluntary approaches alone do not appear to be the answer, we do believe there is a final chance for improvements to be made by the food industry, without direct government intervention. For that to happen industry needs to demonstrate a more radical approach to addressing diet and health than has been apparent to date.

2.4 The other options, of course are to "tinker" or "do nothing" but that would guarantee that poor and unhealthy diets will persist. Projected levels of 40% obesity by 2030 cannot be ignored. It's a stark choice; address this issue now or continue to see a deterioration in the health and wealth of this nation with even greater cost, decline in quality of life, reduced life expectancy, and poorer productivity through rises in employee sickness absence and reductions in productivity. The issues at stake are not just public health but they also impact on the economic performance of the country going forward.

3. Background

3.1 The Board agreed the recommendations of the Scientific Advisory Committee on Nutrition (SACN) report on Carbohydrates and Health[5] on 7th July and agreed proposals for changes to the Scottish Dietary Goals (SDG) on the 9th of December, as a consequence of the SACN recommendations. The Minister for Public Health has subsequently accepted FSS's advice on both the SACN recommendations and the changes to the SDG.

3.2 This paper proposes a suite of measures aimed at improving the extent to which members of the public have diets that are in line with the SDG. These improvements include, but are not confined to, the revised goals for carbohydrates.

3.3 The Food (Scotland) Act 2015[6] gives FSS a statutory duty to improve the extent to which the Scottish population have diets conducive to good health. We are clear that our overall approach to improving the Scottish diet should be a holistic one in which we work in partnership with industry and government towards achieving all of the SDG. FSS alone will not have the capacity to effect the range of actions for improvement required, but a holistic approach to securing improvement will be vital. We also believe it is important to prioritise areas where the most urgent and effective actions are needed.

3.4 Without a doubt, the most pressing diet related issue in Scotland today is obesity. It can be reasonably viewed as a crisis, the position is now far worse than it was 30 years ago. Despite public health efforts over the past 15 years there has been no improvement. On current trends we can expect a staggering 40% of the population to be obese by 2030. The graph below, adapted from the SG Obesity Indicators (2013), shows the projected increase in obesity to 2030[7].

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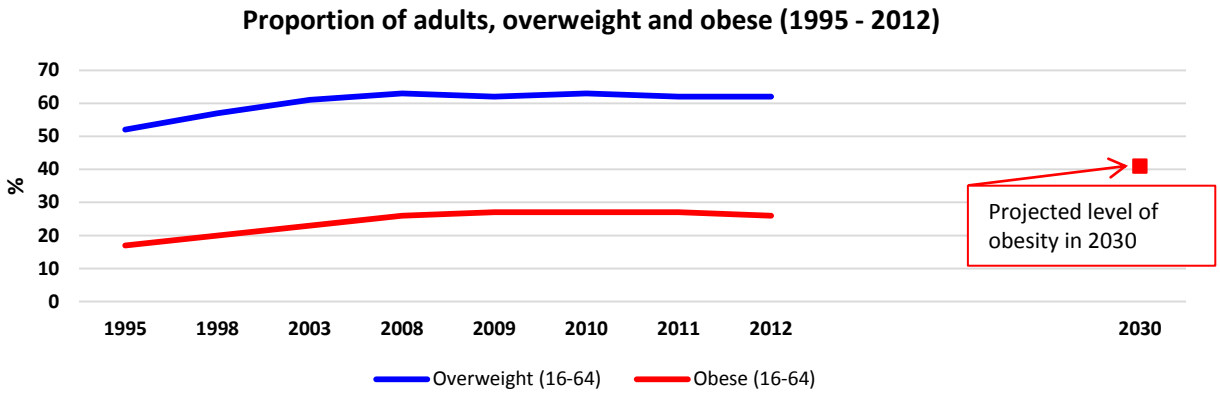
4 Supporting Healthy Choices. A framework for voluntary action: http://www.gov.scot/Publications/2014/06/8253/downloads#res454204

5 Carbohydrates and health. Scientific Advisory Committee on Nutrition, 2015: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

6 Food (Scotland) Act 2015: http://www.legislation.gov.uk/asp/2015/1/pdfs/asp_20150001_en.pdf

7 Adapted from: Scottish Government obesity indicators 2013. Monitoring Progress for the Prevention of Obesity Route Map: http://www.gov.scot/Resource/0043/00438827.pdf



3.5 Obesity and poor diet impacts all socio-economic groups but evidence shows that it disproportionately impacts those in the most deprived areas.

3.6 For these reasons a number of the actions proposed in this paper are made with obesity prevention as a priority; if changes are not made obesity will continue to be a major public health concern.

4. Background to Diet and Health in Scotland

4.1 On 9 December 2015 FSS published a Situation Report[8] to highlight the nature and extent of change needed in the Scottish diet to meet the pre-existing SGD. There has been little or no progress towards meeting these goals over the past 15 years. The new goals relating to carbohydrates present considerable further challenge by approximately halving the goal for free sugars and increasing the goal for fibre by around one third.

4.2 Excess calorie consumption and poor dietary balance contributes to the development of obesity and several serious non communicable diseases including cardiovascular disease, type 2 diabetes, certain cancers and other health related problems.

4.3 We are now at a cross-roads in Scotland regarding the consequences that flow from the current Scottish diet. As our Situation Report shows, two thirds of adults are overweight or obese and one third of children at risk of being overweight or obese. There are clear differentials between different socio-economic groups, with children aged 2-15 in the most deprived areas being at greater risk of obesity (22%) compared with children in the least deprived areas (13%). There is a danger of these patterns tracking into adulthood, with a possible reversal of life expectancy trends if the current situation continues.

4.4 Obesity reduces quality of life and life expectancy and creates strain on health services. The full economic cost of obesity to Scottish society is currently estimated to be at least £1 billion a year.

4.5 The costs of obesity may even be as high as £4.5 billion per year if wider economic impacts are taken into account (e.g. loss of productivity attributable to death or impaired life quality, direct health care costs and investment to mitigate the impact of obesity).

[8] Situation Report (The Scottish Diet. It Needs to Change). Food Standards Scotland, 2015: http://www.foodstandards.gov.scot/sites/default/files/Situation%20Report%20-%20COMPLETE%20AND%20FINAL.pdf

4.6 Tackling obesity and poor diet in Scotland is a public health imperative now as important as tackling smoking and alcohol consumption. We can learn from public health tobacco and alcohol policy. On the basis of clear evidence of risk to health and shifts in public attitudes, Scotland was first in the UK to introduce smoke-free legislation in public places. Following on, Scotland has been recognised as exemplary, indeed world-leading, in relation to restrictions on the sale of tobacco in vending machines, display bans and support for plain packaging.

4.7 We know from others' experience of tackling tobacco and alcohol that relying solely on individual responsibility is insufficient. The supply side cannot be ignored; how retailers display, promote, sell and price their products to attract custom and increase sales has to be part of any solution. The experience from the smoking example shows that this kind of approach to tackling diet is now likely to be essential, despite it being uncomfortable for some parts of the food and drink industry, and something that be may be subject to challenge and resistance.

5. Background Evidence

5.1 In October 2015 the House of Commons Select Committee on Health took evidence on childhood obesity. Public Health England (PHE) provided a wealth of background evidence to the Committee and, during this period, published its report *Sugar reduction: The evidence for action*[9]. The Select Committee, in turn, published its report *Childhood obesity—brave and bold action*[10] on 17 November 2015. The PHE evidence, particularly on fiscal measures, draws heavily on international research and comparisons.

5.2 Prior to this in November 2014, the McKinsey Global Institute published an economic analysis of interventions designed to overcome obesity[11]. While the report draws on international evidence it aligns with the PHE evidence and provides solutions for the UK. Annexe C provides a summary of the key points derived from the McKinsey report that are relevant to this paper.

5.3 Despite all the efforts to improve the Scottish diet, evidence is consistent across sources of evidence, that new approaches are necessary. Although public information and education will continue to play a central role in facilitating dietary improvement, it is clear that the food and drink environment directly influences purchase and consumption choices. Whilst individuals must bear some personal responsibility for their own health including diet and physical activity, evidence including that recently expressed in the Lancet series (2015)[12] recognises that environmental factors exploit biological, physiological, social and economic vulnerabilities that promote overconsumption of unhealthy foods.

5.4 Behaviour change is critical to success but the evidence points to a key component of strategy being an appreciation that it is environmental influence rather than conscious decision making that shapes the choices that people make. Behaviour change therefore needs to harness the understanding of the

9 Sugar reduction: the evidence for action. Public Health England 2015: https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action

10 Childhood Obesity – Brave and Bold Action. First report of session 2015-16 House of Commons Health Committee :http://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf

11 McKinsey Global Institute report, 'Overcoming obesity: an initial economic analysis', 2014 http://www.mckinsey.com/~/media/McKinsey/dotcom/Insights/Economic%20Studies/How%20the%20world%20could%20better%20fight%20obesity/MGI%20Obesity_Full%20report_November%202014.ashx

12 Roberto et al. (2015). Patchy progress on obesity prevention: emerging examples, entrenched barriers, and new thinking. Lancet (Obesity), 385 (9985), pp. 2400-2409: http://www.sciencedirect.com/science/article/pii/S014067361461744X

psychological impact of environment, including choice architecture, in order to understand how to change it in ways that reshape choices subconsciously.

5.5 In Scotland there is a need to tackle poor diet and obesity across the whole population. The scope of this Board paper therefore goes beyond childhood obesity and sugar consumption. However, much of the evidence presented in the PHE and Select Committee reports, as well as the McKinsey report, is directly applicable to tackling obesity in Scotland and to making the necessary progress towards our SDG. A summary of actions proposed by PHE is provided for information in Annexe B and findings from McKinsey in Annexe C.

6. Strategic approach for setting the direction for dietary improvement

6.1 The following principles, we believe, are key to developing a successful diet and nutrition strategy.

6.2 Principle 1 - Collaborative working

6.2.1 Collaborative working is critical to changing the current dietary landscape in Scotland. Progress towards the SDG and reducing levels of overweight and obesity will require greater collective ownership and responsibility across all partners if progress is to be made. On its own, FSS cannot effect a coherent national response to address the nature and scale of the change required.

6.2.2 A senior officials' forum, encompassing those with policy and delivery responsibility for diet and health, was established in June 2015 and has now met on two occasions to share and coordinate approaches across FSS, SG and NHS Health Scotland. Taking account of the views of this forum, FSS officials will develop a structured proposal for the Board's consideration later in 2016 to assist FSS in fulfilling its leadership remit in nutrition[13] and to:

- agree collective responsibility for dietary improvement through measured progress towards the SDG.
- propose a mechanism for greater political engagement in relation to diet and health.

6.2.3 Effective working with industry will also be key to success. There is undoubtedly growing acceptance by the food and drink industry that we have a problem with diet and nutrition in Scotland (and indeed the rest of the UK). The FSS report *Monitoring foods and drinks purchased into home in Scotland* confirms that, for the last five years, we have stood still. Effective relationships are built on a shared understanding and while there will be occasions where there is disagreement, there is also likely to be common ground we can agree upon. While there are likely to be differences of opinion with regard to some of the content of this paper, we should not shy away from those differences; in fact we should do the reverse and engage with industry and others to discuss them.

6.3 Principle 2 – Progression towards a healthier food and drink environment

[13] Food Standards Scotland, Nutrition Remit: http://www.foodstandards.gov.scot/sites/default/files/Diet%20and%20nutrition%20remit%20final%2023%20April%202015.pdf

6.3.1 Given that environmental factors can exploit individual vulnerabilities (see para 5.2), the food and drink environment has a large influence on consumer choice and consumption. This means that the food and drink industry has a responsibility to redress current imbalances in food and drink provision to make it easier for the Scottish population to make healthier choices.

6.3.2 Consumers deserve better, therefore there is also work to be done to empower consumers to challenge the accepted norms and be part of the movement for change towards a healthier food environment.

6.4 Principle 3 - All options to be considered, including non-voluntary measures

6.4.1 Voluntary approaches such as the UK Government's Responsibility Deal[14] and SG/FSS Supporting Healthy Choices[15] have not delivered as much as expected despite some success, for example in relation to salt reduction targets for reformulation. There are indications of "voluntarism" fatigue by some retailers and a perception, by those who have made significant voluntary changes, that it is unfair that no reputational consequences exist for those who have made little or no effort.

6.4.2 New approaches to improve the food and drink environment such as the use of taxation and regulation, to at least create a level playing field, should now be considered.

6.4.3 On the basis of a lack of progress based on voluntary measures, it would appear that regulation may be warranted. Areas identified for exploration on this basis are as follows:

- Price and promotions
- Advertising and marketing
- Portion size and reduction of calorie dense foods
- Reformulation
- Taxation of high sugar products including sugar sweetened beverages (SSB)
- Control of the built environment at a local level through licensing and/or planning conditions

6.5 Principle 4 – Consumer understanding and education

6.5.1 Consumer understanding and education is a critical component of our strategic approach to improve the Scottish diet. The key areas identified for action here are as follows:

- Development of dietary guidelines for Scotland
- Public information campaigns
- Affordability and acceptability of a healthy diet
- Education on diabetes

6.6 Principle 5 - The public sector as an exemplar

6.6.1 Given the size of the public sector in Scotland, and their role in relation to health, the public sector needs to lead by example.

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[14] Public Health Responsibility Deal: https://responsibilitydeal.dh.gov.uk/

[15] Supporting Healthy Choices. A framework for voluntary action: http://www.gov.scot/Publications/2014/06/8253/downloads#res454204

6.7 Principle 6 - A wide range of actions is required

6.7.1 The body of evidence published to date provides a consensus view that no single component on its own would be sufficient to bring about the nature and scale of change required to improve diet in Scotland, and the widest possible range of effective measures should be included in the suite of actions.

6.7.2 The importance of using a broad range of measures has already been recognised and applied to other public health issues such as tobacco reduction.

6.7.3 We recognise in practice that implementation of this approach will require to be phased and coordinated over the longer term but this is preferable to prioritising a limited range of the recommended measures over a shorter period of time.

7. Areas for action

7.1 Price and promotions

7.1.1 FSS evidence[16] shows that, in Scotland, 40% of all food and drink purchases are made on price promotion. The relevance of reducing the promotion of high sugar foods is supported by recent PHE evidence showing that there would be a reduction in total sugar volume purchased if price promotions of higher sugar food and drink categories had not occurred. FSS evidence shows that 'discretionary food' categories are often more frequently purchased on promotion (50% of purchase) compared to staple, healthier categories (30% of purchase). The FSS report shows that while purchase on price promotions is high across all socio-economic groups, more action is therefore required to reduce price promotions on discretionary foods and increase promotions of healthier items, which would assist those in the most deprived households.

7.1.2 The evidence suggests that the promotion discretionary foods is more likely to expand their purchase, as compared to promotion of healthier foods and the result is not in the interest of public health. While our longer term aspiration is that discretionary foods should not be promoted, our immediate aim is to reverse the balance of promotions.

7.1.3 There is also evidence for very large seasonal fluctuation in the purchase of discretionary foods and drink[16] which are likely to be driven, not only by price promotions but by other types of marketing strategy, such as product placement and other advertising and promotional activities. For example, additional purchase of discretionary foods over a 12 week period (including Christmas) equates to around 9000 extra calories which is equivalent - if consumed to 1 kg weight gain for an adult.

7.1.4 We also know that the current voluntary approach is leading to inconsistencies in promotion and while some sectors of the food industry have made voluntary changes, others have not. If improvements at a population level are to be made then there has to be consistency in approach within and between sectors. The current position is that there is no "gain" for those that make change and no "penalty"

[16] Monitoring foods and drinks purchased into home in Scotland, using data from Kantar WorldPanel: http://www.foodstandards.gov.scot/monitoring-foods-and-drinks-purchased-into-the-home-in-scotland

for those who do not. This seems unreasonable and it fundamentally undermines the commitment to voluntarism by those who have made changes. It is therefore important to create a level playing field and given the influence of promotions on consumers purchasing choices, it is now time to consider whether and how regulation could be used to effect change.

7.1.5 With 40% of all purchases made on price promotion it is clear that this could have a fundamental impact on retailers' marketing and promotion strategies and therefore we recognise that any regulation in this area will be of concern for manufacturers and retailers. Nevertheless we must address the impact that promoting discretionary foods has on food purchase habits and public health. While we recognise that promotional activities are important commercial levers, the driver here is to rebalance the **type of food and drink** being promoted and to reduce promotions of discretionary foods, rather than dismiss the principle of promotions as a commercial tool.

7.1.6 However, while regulation may be the most effective solution, it is important to consider alternatives. So whilst FSS will continue to consider the possibility of regulation in relation to promotional activity, we would welcome other proposals, within the next 12 months, from the food and drink industry to redress the balance of promotions.

7.2 Portion Size Reductions

7.2.1 Food and drink sold in retail and out of home settings is available in a wide range of portion sizes, with many at the top end of the range being unacceptably large in the context of a healthy diet. Large portions of discretionary foods are of concern given their high energy density and poor nutritional value. We expect the food and drink industry to take meaningful measures to address this by, for example, introducing calorie caps, influencing container sizes and introducing greater price differentials between large and small portions.

7.2.2 We understand that there are clear financial incentives for the food and drink industry to encourage large portion sizes with little additional cost to the consumer which, in turn, influences consumer behaviour. However changes to current practices are needed. The obesity crisis warrants exploration of the potential for regulation to address the problem of large portion sizes in the absence of industry action.

7.3 Advertising and marketing

7.3.1 Although Supporting Healthy Choices includes the need for action on price promotions, and marketing and advertising to improve dietary health, it is now clear that purely voluntary measures are likely to be insufficient. More recently, PHE has advised that price promotions, advertising and marketing are important issues to address in a programme of actions designed to tackle sugar consumption (see Annexe B).

7.3.2 FSS recognises that control over broadcast advertising is reserved to the UK Government. FSS supports the Scottish Minister for Public Health's view, expressed to UK Government Ministers, that junk food advertising to children should be prohibited prior to the 9pm watershed. Means of restricting of non-broadcast media advertising to children should also be fully explored.

7.3.3 FSS should explore any opportunities for action in Scotland, particularly in relation to the way in which food is promoted and marketed in stores and catering

establishments. We should also seek opportunities to provide support and recognition to businesses (particularly SMEs) with the purpose of encouraging best practice in terms of marketing and the provision of consumer information.

7.4 Reformulation

7.4.1 With regard to reformulation, there is industry evidence that progress has been made in some quarters, particularly towards salt reductions and sugar reductions in some SSB brands. However there is more to be done and a targeted approach should now be taken to strengthen the approaches taken by SHC and the RD. Therefore the development of more challenging time-bound reformulation targets are required. Reductions for example in the sugar content of food and drink will best be achieved on a UK basis, working together with UK Department of Health and other devolved administrations. FSS already has well established collaborative links and we would therefore wish to continue to support progress in this area on a UK-wide basis.

7.5 Taxation

7.5.1 Although sugar consumption is not the only consideration in relation to obesity, there is clear evidence from the SACN Report on Carbohydrate and Health that it is an important contributor. There are also specific considerations in relation to sugar sweetened soft drinks with respect to dental caries and risk of type II diabetes. The recent FSS Situation report[17] highlights the need for significant reductions of 50% in discretionary food and drink intakes, including SSB, confectionery, biscuits, cakes, pastries and savoury snacks.

7.5.2 An underlying mechanism driving changes in consumer behaviour in terms of purchasing habits relates to price differentials. Evidence collated by PHE[18] indicates that sugar taxation would lead, for example, to a reduction in purchases proportionate to the level of tax applied and that a tax of 10% to 20% would be necessary to have a significant impact on purchases, consumption, and ultimately on population health. Moreover, PHE concludes that the available evidence on sales data from various countries that have implemented a tax on sugar products (not just SSB) also aligns with these findings to suggest that purchases have reduced since the tax was implemented. This evidence therefore suggests that taxation mechanisms used to alter price can be applied to calorie-dense foods as well as SSB.

7.5.3 While a tax on SSB is by no means a 'silver bullet' for addressing obesity and diet related ill health, there is significant consensus and evidence that this should form part of a broader suite of actions. Evidence of the effect of a 20% sugar tax on soft drinks in Mexico[19] has shown a 12% drop in sales in one year (to the end of 2014).

7.5.4 There is a range of evidence to support a SSB tax as an important contributor to changing consumer consumption habits. However, evidence contained within a new FSS report, *Monitoring foods and drinks purchased into home in Scotland, using data from Kantar WorldPanel*[20] demonstrates that industry action can also be effective. The report includes data which show that SSB purchases in Scotland fell by 21% between 2010 and 2015 (from 220 million litres in 2010 to 173 million litres in 2015). Despite this welcome action, SSB are still the highest contributors to the purchase of sugar in Scotland and therefore much more needs to be done to reduce consumption from current levels if we are to make progress towards our SDG.

7.5.5 Despite evidence[20] for decreases in sugars and fats purchased from some product categories (e.g. SSB), the overall purchase of these nutrients is not falling. Inevitably this suggests that sugars and fats are being recycled into different products purchased within the retail offering. Therefore, a tax on sugar content across a range of products, not just SSB, should also be considered.

7.5.6 There is clear evidence and increasing public health momentum to support the introduction of a SSB tax. More generally, we also know from the recent FSS

17 Situation report. The Scottish Diet: It Needs to Change: http://www.foodstandards.gov.scot/sites/default/files/Situation%20Report%20-%20COMPLETE%20AND%20FINAL.pdf

18 Sugar reduction: the evidence for action, annex 2, fiscal evidence review: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470173/Annexe_2._Fiscal_evidence_review.pdf

19 Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study: http://www.bmj.com/content/352/bmj.h6704.full.pdf+html

20 Monitoring foods and drinks purchased into home in Scotland, using data from Kantar WorldPanel: http://www.foodstandards.gov.scot/monitoring-foods-and-drinks-purchased-into-the-home-in-scotland

study, *Attitudes to Diet and Health 2015*[21] that 54% of adults in Scotland would support an increase in the price of unhealthy foods through taxation, in order to reduce the cost of healthier foods.

7.5.7 There are also opposing arguments that taxation may be regressive given it may have a greater impact on those from lower socio-economic groups. However a tax on SSB may also be viewed as progressive in addressing health inequalities if tax reduces sugar consumption and leads to better health. This is important given that the consumption of SSB differs significantly according to deprivation in Scotland, with those in the most deprived areas consuming more SSB than those in the least deprived areas (229g/person/day compared with 170g/person/day)[22]. Statistically significant differences also exist in the intakes of non-milk extrinsic sugars (definition similar to free sugars)[23] between those in the most deprived areas (14.4% of food energy) compared with those in the least deprived areas (14.1% of food energy).

7.5.8 Maintaining the current financial status quo, using a regression argument, helps maintain current poor health outcomes (especially for the most deprived). The trade-off between a perceived regressive taxation and longer life expectancy and better health outcomes is a strong argument for the use of taxation as part of a suite of measures to tackle poor diet and obesity.

7.5.9 While we recognise that taxation is currently a reserved matter, this paper still proposes that there should be consideration of creation of a price differential through taxing sugar as an ingredient in food. As the mechanism for taxation is as yet unclear, we would encourage SG to raise this matter with the UK Government. However, further work will be required to take account of impacts on business as well as health across Scotland.

7.6 Labelling and consumer information

7.6.1 Providing nutrition information helps consumers to make informed choices about the food and drink they purchase. We welcome the move by many food and drink businesses to adopt the voluntary UK recommended format[24] for providing nutrition information on front of pack labels and we continue to encourage others to do so.

7.6.2 In addition to providing front of pack nutrition information on pre-packaged products, we also strongly encourage the provision of calorie labelling on menus across both the public and private sectors. FSS is currently exploring a free-to-access on-line calorie labelling tool to support small businesses with provision of information for their customers.

7.6.3 Additionally, we expect large catering businesses to ensure that full nutritional information is provided for consumers (either in print or on-line).

7.7 Empowering consumers

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21 Attitudes to Diet and Health 2015: http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015

22 Estimation of food and nutrient intakes from food purchase data in Scotland 2001 to 2013: http://www.foodstandards.gov.scot/sites/default/files/Monitoring%20Scottish%20Dietary%20Goals%20Final%20Report%20300415%20-%20with%20triple%20graphic.pdf

23 FSS Board Paper (09/12/15). Review of Scottish Dietary Goals in light of the SACN recommendations on carbohydrates and health: http://www.foodstandards.gov.scot/sites/default/files/Board%20meeting%20-%202015%20December%2009%20Review%20of%20the%20Scottish%20Dietary%20Goals%20-%20Heather%20Peace%20151202.pdf

24 Guide to creating a front of pack nutrition label for pre-packed products sold through retail outlets: http://www.foodstandards.gov.scot/guide-creating-front-pack-nutrition-label-pre-packed-products-sold-through-retail-outlets

7.7.1 There is work to be done to empower consumers to challenge accepted norms in relation to diet and health, and to become part of the movement for change. The example from smoking cessation makes it clear that the encouragement of consumer attitudes in favour of government action will be a key step towards change. We know from a recent FSS study, *Attitudes to diet and health in Scotland*[25], that around 80% of people think their diets are already healthy. However this is contradicted in the same survey by over 70% of participants reporting that there were things they could do to make their diets healthier. Furthermore 56% of participants reported being overweight while data from the Scottish Health Survey[26] show that around two thirds of the population are overweight or obese. Arguably, the perception for many people is that overweight is now the norm. Therefore a key step in tackling diet and obesity will be shifting perceptions of what is normal.

7.7.2 Part of changing the landscape also includes the need to think more about how the public is engaged in diet and nutrition. Sound public health messages about diet and health are often confused or lost amongst daily media stories on what is either good or bad for you. FSS will continue to develop positive relationships and engagement with media bodies to provide accurate information and consistent advice.

7.7.3 The challenge is to create a more positive approach to healthy food and drink and encourage positive consumer attitudes and drive public opinion towards change while taking health inequalities into account. This means we need to use social and behavioural sciences more to help shape policy and influence public attitudes by commissioning research to identify the most effective means of influencing public opinion in favour of action on diet

7.8 Public information campaigns

7.8.1 Action by FSS will include a significant element of public facing information campaigns through a number of different channels. We are aware that without appropriate safeguards, campaigns aimed at promoting healthier choices generally tend to help those who are already engaged with health, and may therefore widen health inequalities. To date, most of the messaging around diet has been too generic for it to resonate with target groups. A clear risk with communication is that it is seen as paternalistic or patronising and we also know there are different challenges with different socio-economic groups and other population sub-groups. The approach going forward therefore needs to be through careful market segmentation and testing in the design of any such information campaigns to ensure that messages are appropriately targeted.

7.9 Nutrition training for health professionals and educators

7.9.1 FSS recognises that there is an extensive workforce in Scotland engaged in helping people to have healthier diets. While many have significant qualifications in the field, others do not. To ensure that dietary messages are consistent, FSS supports existing training provided for example by Royal Environmental Health Institute for Scotland. We also understand there is a need for basic training for some of the workforce. To this end, FSS are currently developing a simple free to access on-line tutorial on healthy eating which will be in line with the revised eatwell plate and the SDG.

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25 Attitudes to Diet and Health 2015: http://www.foodstandards.gov.scot/attitudes-diet-and-health-scotland-2015

26 The Scottish Health Survey 2014: Volume 1: Main Report http://www.gov.scot/Publications/2015/09/6648

7.10 Education on Diabetes

7.10.1 Obesity is itself a key risk factor for the development of Type II diabetes as well as for other non-communicable diseases. There are currently 285,000 people in Scotland with Type II diabetes and another ½ million deemed to be at risk[27].

7.10.2 Around 80% of those who have Type II diabetes are either overweight or obese and therefore it is important to understand that Type II diabetes is largely preventable through dietary improvement. The cost of Type II diabetes to the NHS Scotland is estimated to be around £1 billion per year and if nothing is done to reduce the numbers of people at risk, will continue to grow[28]. As taxpayers, we will continue to pay the price of the associated health consequences.

7.10.3 There is poor public understanding of the consequences of Type II diabetes which can include blindness, limb loss through amputation, kidney failure, heart disease and reduced life expectancy. More needs to be done to raise consumer understanding of this condition. Working with experts and organisations such as Diabetes UK (Scotland), we need to assess consumer understanding of the consequences of diabetes and then determine whether and how this may influence dietary behaviour.

7.11 Affordability and acceptability of a healthy diet

7.11.1 The financial cost of a healthy diet is an understandable concern for many consumers, as is the acceptability of healthy food. It is therefore important for FSS, not just to communicate the health benefits of a good diet, but also to directly demonstrate how this may be achieved in an affordable and acceptable way. This will require shifts in cultural perceptions of what is acceptable, and will extend to addressing issues such as cooking skills, food access and availability. The outcome of work in this area, which we will carry out in collaboration with partners, will be included in the development of dietary guidelines for Scotland.

7.12 Provision of consistent dietary messaging

7.12.1 As individuals bear considerable responsibility for their own health, it is therefore important that FSS fulfils its statutory duty and remit to be the authoritative primary source of evidence-based diet and nutrition advice for Ministers, delivery partners and consumers to ensure that consumers have diets conducive to good health.

7.13 Development of dietary guidelines

7.13.1 In Scotland, the eatwell plate is used extensively as the primary tool to promote a healthy balanced diet. It is currently being revised to encompass the new SACN recommendations for carbohydrates and, as such, it will continue to be widely used by health professionals and educators in Scotland. Although the eatwell plate is a useful simple pictorial representation of healthy eating, it does not encompass wider cultural and environmental elements relevant to food choice and consumption.

7.13.2 Dietary guidelines have been developed in many countries across the world[29,30] and these vary greatly in scope which in addition to including evidence

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27 The Age of Diabetes (Diabetes UK) https://www.diabetes.org.uk/upload/Scotland/SOTN%20Diabetes%20Scotland%20August%202015.pdf

28 The Age of Diabetes (Diabetes UK) https://www.diabetes.org.uk/upload/Scotland/SOTN%20Diabetes%20Scotland%20August%202015.pdf

29 Food and Agricultural Organisation of the United Nations: http://www.fao.org/nutrition/education/food-dietary-guidelines/regions/en/

based information on healthy eating, can also extend to the provision of advice on diet related issues such as alcohol consumption, physical activity, food waste and environmental sustainability.

7.13.3 In developing Dietary Guidelines for the Scottish population, FSS officials propose to work collaboratively to ensure the final set of guidelines will provide consistent messaging and a common script for everyone involved in dietary health improvement in Scotland.

7.13.4 It is envisaged that new guidelines for Scotland would have a broad focus which would include advice to assist different sectors of the population to move towards our SDG, including our new goals for sugars and fibre. The guidelines would go further than this to ensure the advice is culturally, socially and environmentally tuned for Scotland and to ensure consumer access to healthier food and drink. The guidelines may also take a meal based approach, have a focus on modes of eating, provide information to reduce the barriers to healthy eating such as skills affordability and acceptability while at the same time recognise the pleasure that is afforded by healthy eating.

7.14 Working with local authorities

7.14.1 FSS will encourage local authorities to improve the food and drink offering by local businesses. For example through the provision of catering guidelines. FSS is currently investigating the potential of a free on-line tool to assist businesses to display calorie labelling and allergen information on menus.

7.14.2 FSS will explore with local authorities, the potential for additional regulatory measures such as planning and licencing conditions for certain food premises that may be available to control the food and drink environment. This work should include consideration of both the siting and density of food establishments and also whether the design of customer environments within establishments could be regulated through licensing conditions to better enable healthy choices and promote the availability of healthy alternatives.

7.15 The public sector

7.15.1 The important role of public sector organisations as exemplars is recognised in Supporting Healthy Choices. To date, work is underway, particularly within NHS premises where a retail standard[31] has recently been set for the provision and promotion of healthy food and drink. Work is also underway to ensure that the Healthy Living Award, for provision of healthier catering[32], is in place in all hospital canteens serving staff and visitors in hospitals in Scotland. The introduction of new and more challenging SDG may however, warrant a review of the criteria for this award.

7.15.2 More needs to be done to improve food and drink provision in the wider public sector including local authority establishments such as sports centres, museums. There is scope to extend this work to shops and restaurants within higher education facilities (universities and colleges).

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30 Food-Based Dietary Guidelines in Europe, EUFIC REVIEW 10/2009 http://www.eufic.org/article/en/expid/food-based-dietary-guidelines-in-europe/

31 Criteria for the Healthcare Retail Standard: http://www.gov.scot/Publications/2015/09/7885/1

32 Healthy Living Award: http://www.healthylivingaward.co.uk/index

7.15.3 FSS should consider with partners, ways in which good practice within the public sector may be better acknowledged and publicised to encourage further work by others.

8. Discussion

8.1 Delivering such an ambitious programme will not be easy and changes will not occur overnight, nor indeed over the lifetime of one Parliament. It is therefore critical that FSS, as an independent, non-ministerial organisation engages with all parties to build consensus as far as possible on the scale and range of changes that are needed.

8.2 It is clear that some of the recommendations in this paper are likely to elicit an adverse reaction from industry, at least in the short term, and may be portrayed as too heavy-handed or indeed unnecessary at this stage.

8.3 Recent comments by the Food and Drink Federation, the British Soft Drinks Association and the Advertising Association published in the Times[33], 8th January stating that 'Responsible food and drink producers are focusing their efforts on where they can have most impact. By adapting recipes, limiting portions, developing healthier options and broadening choice to enable consumers to have better overall diets.' This is of course welcome.

8.4 Our approach is not about being anti-business. It is important to recognise that businesses need to make money and generating profit is a fundamental element of most commercial businesses. We are also committed to the principles of better regulation, and therefore we remain committed to working with industry on generating solutions aligned with these principles. To date FSS engagement with a range of industry stakeholders has been positive and we hope we can continue in that vein.

8.5 It has also been argued that there is no evidence that shows a food and drink tax would be effective in tackling obesity. We would agree that sugar tax is not a panacea, but we believe there is sufficient evidence to show it would have an impact on consumer demand as part of an overall strategy to improve the Scottish diet.

8.6 While we agree with industry that there is a need to move to healthier, more balanced diets and that individuals have some responsibility for their own health, we know that addressing individual behaviour alone is insufficient.

8.7 Given the size of the problem that we face, we cannot ignore how the supply side and the current food and drink landscape might be re-shaped for the benefit of public health, especially when we know that the consumption of discretionary foods needs to reduce by 50% to make significant progress towards the SDG. There is undisputable evidence going back many years which shows the influence that promotion and marketing activity has had on consumer purchasing behaviour. If industry changes the types of food and drink being promoted in favour of healthier products, the case for regulatory or taxation measures may be lessened.

8.8 We remain willing and ready to consider alternatives to "blunt policy tools" but that means we need evidence of more meaningful industry action than has been demonstrated through sign up to Supporting Healthy Choices and the Responsibility

[33] The Times: Sugar tax is not the answer to obesity crisis – Letters to the editor (from the Food and Drink Federation, Advertising Association and British Soft Drinks Association): http://www.thetimes.co.uk/tto/opinion/letters/article4659151.ece

Deal. Without a comprehensive approach, covering all sectors of the food and drink industry, we will not generate the paradigm shift from where we are now.

8.9 We recognise and welcome the fact that the food and drink industry has made considerable changes through reformulation, especially to reduce salt towards the 2017 salt targets[34] as well as reducing the sugar content of many sugar sweetened beverages. However more is needed.

8.10 We do believe there is a final chance for improvements to be made without direct government intervention and therefore we would welcome meaningful proposals from across all sectors of the food and drink industry as reflected in our recommendations to the Board.

9. FSS Resourcing

9.1 FSS recognise how important partnership working will be to the delivery of the suite of actions proposed in Annexe A. However ensuring sufficient FSS resource and capacity is also critical. It should be noted also that as well as this programme of work, the Nutrition Science and Policy (NSP) branch carry out an array of supporting work which includes dietary monitoring, provision of expert advice for government directorates and partners, as well as commissioning research and evidence gathering to underpin policy development. Included in the provision of expert advice to government are topics such as vitamin D, folic acid fortification and also revision of the school food and drinks to regulations in light of the new SACN recommendations and SDG.

10. Risks and mitigation

10.1 **Risk**: We fail to make progress towards the SDG through ineffective collaboration.

10.2 **Mitigation**: It's clear that FSS alone cannot deliver the degree of change that is needed and that collaboration is key. Effective strategic governance will be critical to ensuring key partners are involved at a strategic level and that action is co-ordinated through an appropriate governance structure. A further paper will come to the board later this year.

10.3 **Risk:** There is insufficient political consensus on the need for change.

10.4 **Mitigation**: certainly within Scotland, during the passage of the Food (Scotland) Bill there was consensus around the need to address diet in Scotland. The recommendations in this paper are not going to achieve change within the lifetime of one Parliament and it is therefore important that FSS, as an independent non ministerial department, works to build Parliamentary consensus for the measures required to effect change. The ideal is cross-party support for all actions identified here.

10.5 **Risk:** Proposed actions to control the food and drink environment are unlikely to be acceptable to the food industry although there are some calls from industry to level the playing field before progress can be made.

10.5.1 **Mitigation**: the consequences of the current approach will inevitably have an economic impact on the food and drink industry, at least in the short term. If the

[34] 2017 Salt targets: http://www.foodstandards.gov.scot/2017-salt-targets

inexorable rise in obesity continues, the consequential health costs will need to be met either through personal taxation, corporate taxation or hard choices on prioritisation of expenditure. All of these consequences can be ameliorated through joint efforts to tackle this problem, particularly through effective working with industry to ensure that options and impacts are fully explored. The food industry as employers are also not immune from the ill health consequences of poor diet of their employees either. This is a population level problem and what has been tried so far has not worked, so now is the time for different action to be taken. The alternative is that we remain one of the worst OECD countries in the world for levels of obesity, and continue to bear the health consequences and costs.

10.6 **Risk:** Public opinion doesn't change sufficiently to recognise the need for change in the food and drink environment or in their own consumption behaviour. While there is some evidence of public appetite for change and even for taxation on unhealthy foods (if healthy foods are subsidised), there are still many who will oppose and see any actions as those of a nanny state.

10.6.1 **Mitigation**: As part of our public engagement strategy we will need to demonstrate the costs and benefits of a healthy diet and provide evidence that healthy eating can be an affordable and acceptable option. Recognising that consumers are critical to the movement for change, FSS will work to identify the most effective ways of driving consumer opinion.

10.7 Risk: The risk of legal challenge to fiscal and regulatory measures.

10.7.1 **Mitigation:** We will need to consider the risk of legal challenge but the recent European Court of Justice judgement on Minimum Unit Pricing suggestions that general taxation is a reasonable measure to deliver improved health outcomes.

11. Conclusions

11.1 There is no doubt that this is an extremely challenging area of public policy, but there is also no doubt that we cannot continue on the same trajectory. We are in serious danger of becoming a really unhealthy nation. There will no doubt be advocates and critics of the actions we recommend here, but without action now, the stark alternative is acceptance of a continuing rise in obesity levels. This is not however just a health issue: increasing levels of poor health through poor diet will lead to poorer economic performance through poor productivity and increase employee absence. Increasing health costs will mean hard choices: either increasing income through taxation to pay for the rising costs of ill health, or difficult decisions on public expenditure. Neither is palatable and both are preventable. Ultimately, the question is do we take action now to make positive progress towards Scottish Government's aspiration for Scotland to becomes a Good Food Nation[35] or do we accept that in another 15 years, the prevalence of obesity could rise to 40%?

12. Next steps

12.1 The purpose of this paper is to set out proposals for broad measures to improve dietary health in Scotland. If accepted, the Executive will take a further

[35] Good Food Nation – Our vision: http://www.gov.scot/Topics/Business-Industry/Food-Industry/national-strategy/good-food-nation

paper to the Board later this year with further detail on the design of a relevant implementation and governance framework. However, commensurate with resources, the Executive will commence any programs of work as soon as possible.

13. Recommendations

The Board is asked to:

- **Discuss and agree** the recommendations and actions set out in this paper and summarised in Annexe A.
- **Note** that there will be further paper on an implementation and governance framework later this year.
- **Note** the importance of collaborative working with SG, stakeholders and with the food and drink industry.

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ANNEX A: Proposed range of actions to improve dietary outcomes in line with Scottish Dietary Goals (SDG)

Recommendations	The board is asked to agree:		Section in paper
1 - General	a)	To note that FSS officials will report back to the board on an appropriate implementation and governance framework for delivery of changes to improve the Scottish diet.	1.2
	b)	That FSS officials and Board members should engage with all political parties to help build consensus and support to address the current situation in Scotland	6.2.2
2 – Price and Promotions	a)	That FSS should work with industry on meaningful alternatives to regulation for the promotion of discretionary foods and recommend this approach to Ministers.	7.1
	b)	To give industry 12 months to propose evidence based measures to re-balance promotions for implementation within a reasonable time frame.	7.1
	c)	That FSS should explore areas where improvements have been made and assess where regulation is required to create a level playing field.	7.1
	d)	To recommend to SG Ministers that FSS commissions further work to explore how and where regulation might be most effective with regard to rebalancing promotions in favour of healthier food and drink.	7.1
3 – Portion size reductions	a)	That FSS should commission further work to explore the potential for regulation in relation to retail and out of home portion size.	7.2
	b)	That FSS should work with industry on serious alternatives to regulation.	7.2
4 – Advertising and Marketing	a)	To recommend to Scottish ministers that they continue to argue strongly to UK Government ministers for restrictions on children's advertising and to include the introduction of advertising restrictions on non-broadcast media.	7.3
	b)	That FSS officials develop, support and explore mechanisms to recognise good business practices (particularly SMEs) in terms of marketing and provision of consumer information.	7.3
5 - Reformulation		That the current voluntary approach to reformulation should continue but be revised to include more challenging time-bound targets	7.4
6 - Taxation	a)	To recommend to SG Ministers that SG and FSS officials actively consider how a sugar tax may be introduced and at what rate.	7.5
	b)	To give industry a 12 month period to come up with an alternative acceptable solution to a sugar tax to reduce sugar purchase from current levels.	7.5
7 - Empowering consumers		That FSS should commission research to identify the most effective means of influencing public opinion in favour of action on diet.	7.7

8 - Public information campaigns	That future communications and marketing activity should be targeted and use a segmented approach where that makes sense to do so, thus addressing the different needs of different groups	7.8
9 - Education on diabetes	That FSS should work with key stakeholders to raise public awareness of the consequences of Type II diabetes	7.10
10 - Affordability and acceptability of a healthy diet	That FSS work with partners to address the issues of affordability and acceptability of a healthy diet	7.11
11 – Provision of consistent dietary messaging	That FSS in collaboration with partners, develop dietary guidelines for Scotland.	7.13

Annex B

Public Health England recommendations for a successful programme aimed at reducing sugar consumption

(Source: Sugar reduction - the evidence for action, PHE October 2015)

1. Reduce and rebalance the number and type of **price promotions in all retail outlets including supermarkets and convenience stores and the out of home sector (including restaurants, cafes and takeaways)**

2. Significantly reduce opportunities to **market and advertise high sugar food and drink products to children and adults across all media including digital platforms and through sponsorship**

3. **The setting of a clear definition for high sugar foods** to aid with actions 1 and 2 above. Currently the only regulatory framework for doing this is via the **Ofcom nutrient profiling model, which would benefit from being reviewed and strengthened**

4. Introduction of a broad, structured and transparently monitored programme of **gradual sugar reduction in everyday food and drink** products, combined with **reductions in portion size**

5. Introduction of a **price increase of a minimum of 10-20%** on high sugar products through the use of a tax or levy such as on **full sugar soft drinks**, based on the emerging evidence of the impact of such measures in other countries

6. Adopt, implement and monitor the government buying standards for food and catering services (GBSF) **across the public sector, including national and local government and the NHS** to the ensure provision and sale of healthier food and drinks in hospitals, leisure centres etc.

7. Ensure that accredited training in diet and health is routinely delivered to all of those who have opportunities to influence food choices in the **catering, fitness and leisure sectors** and others within local authorities

8. Continue to raise awareness of concerns around sugar levels in the diet to the public as well as health professionals, employers, the food industry etc., encourage action to reduce intakes and **provide practical steps to help people lower their own and their families sugar intake.**

Annexe C

Summary of key points derived from the McKinsey Global Institute report, 'Overcoming obesity: an initial economic analysis', 2014.

In November 2014, the McKinsey Global Institute (MGI) published an initial economic analysis in relation to overcoming obesity. The authors conducted a meta-analysis from 74 interventions around the world, and analysed and presented the cost-effectiveness and potential impact of 16 obesity levers in relation to the UK. The analysis was used to assess what a program to reverse rising obesity might look like at a population level.

The areas of action relevant to diet were:

- Portion control*
- Reformulation*
- Availability of high calorie food and drink*
- Weight management programs
- Parental education*
- School curriculum*
- Provision of healthy meals*
- Surgery
- Calorie and nutrition labelling*
- Restrictions on price promotions*
- Pharmaceuticals
- Media restrictions*
- Subsidies, taxes and prices*
- Workplace wellness
- Active transport
- Public health campaigns*

* closely aligned with proposed FSS suite of actions.

The main findings relevant to diet were:

- Reversing obesity requires a multi-pronged approach—no single intervention can offer a solution, nor address all population segments.

- Health-care costs and productivity savings that accrue from reducing obesity outweighed the direct investment required to deliver almost all interventions analysed.

- Education and personal responsibility are important but are not enough by themselves - interventions that rely less on an individual's willpower, make healthy lifestyles more easily achievable is a vital part of any obesity programme.

- Effective action to tackle obesity requires a renewed focus on coordination - achieving the full potential impact will likely require commitment from across government, employers, education, retail, caterers and manufacturers, including a mixture of top-down and bottom-up approaches.

The report also identified four imperatives for progress:

1. **As many interventions as possible must be delivered to have significant impact:**
   A holistic approach by the public, private, and third sectors is the best way forward.

2. **Understanding how to align incentives and build cooperation is critical to success:**
   Some attempts to overcome obesity failed because they did not align with the incentives of the required participants.

3. **Government, health-care systems, and private and social-sector organizations and entities should not focus overly on prioritizing interventions because this could hamper constructive action:**
   Consideration of potential impact, cost effectiveness and feasibility is important. However, in the case of obesity, focusing unduly on priority interventions could be unhelpful given the need for a holistic response

4. **While investment in research should continue, society should also engage in trial and error.**
   Relevant sectors of society should be pragmatic with a bias toward action, especially where the risks of intervening are low, using trial and error to flesh out their understanding of potential solutions.