

DIET AND NUTRITION: PROPOSALS FOR SETTING THE DIRECTION FOR THE SCOTTISH DIET ONE YEAR ON.

1. Purpose of the paper

The purpose of this paper is to review the landscape relating to the Scottish diet since publication of our January 2016 Diet and Nutrition paper [<http://www.foodstandards.gov.scot/fss-board-meeting-20-january-2016>] in which we proposed a package of measures for reducing calories and rebalancing the diet [see Annexe A]. This paper also follows an update to the FSS Board in October 2016. [<http://www.foodstandards.gov.scot/board-meeting-19-october-2016>].

1.1 Included in this paper, are five new recommendations for the Board to consider and advise on.

1.2 The work discussed in this paper supports FSS Strategic Outcome 3 – Consumers Have Healthier Diets

1.3 The Board is asked to:

- Discuss and comment on our progress to date;
- Discuss and comment on the recommendations summarised in section 6.5; and,
- Note that further updates will be provided throughout the year and that a full review will be presented to the Board in Spring 2018.

2. Summary

2.1 The January 2016 Diet and Nutrition Board paper established FSS as the body responsible for providing independent evidence based policy analysis and advice on diet in Scotland. The proposals contained within the January paper have been frequently quoted by health professionals and charity organisations advocating the need for action to stem obesity and reduce diet related health conditions such as type 2 diabetes and cancer. Evidence from the most recent wave of the biannual Food in Scotland Consumer Attitudes Survey shows an encouraging increase in consumer awareness, trust and understanding of our role within diet and nutrition, including increased recognition of our expertise and public awareness of our responsibility to promote and enable healthier eating in Scotland.

2.2 Although obesity rates have levelled, set against the backdrop of an ageing population and evidence of lack of dietary progress, we can expect to see as many as 40% of us being obese by 2030. Annexe B shows current overweight and obesity prevalence rising with age. This is unsustainable with respect to demands on NHS resources, coupled with potential loss of earnings and revenue as more of us become unfit for work as a consequence. The full economic cost of obesity is currently estimated by Scottish Government (SG) to be £2.37bn per annum. Obesity is therefore not just a health issue, but also a major risk in the sustainability of a productive economy.

2.3 The publication by the Westminster Government of its Childhood Obesity Action Plan (COAP) and the announcement of a UK wide soft drinks industry levy (SDIL) will bring about some of the changes we recommended in our proposals. For example, the COAP has heralded activity on sugar reformulation and we welcome that fact that a number of businesses have, or intend to reformulate their soft drinks in advance of the introduction of the SDIL. However, the COAP does not go far enough. For example, it had been expected to contain measures to curb the promotion and marketing of high fat ,sugar salt (HFSS) foods but, disappointingly, it did not.

2.4 Changing the food and drink environment in which consumers make their food choices, including where consumers shop and eat out of the home, is an essential step towards improving the Scottish diet.

2.5 Over recent years, retailers and manufacturers have gone some way in response to government calls for change; for example with respect to salt reduction and voluntary front-of-pack labelling. However, the out of home (OOH) industry which is skewed towards provision of less healthy food in Scotland is lagging behind. The OOH environment in Scotland must be considered within the overall approach to improving diet and health and must now play its part to reduce calories, fats, sugars and salt in their offering, provide clear calorie information for consumers and make nutrition information available to support development of reformulation targets. To ensure action is taken forward, a new overarching Scottish strategy on OOH should be developed.

2.6 The density of HFSS provision within local food and drink environments should be reduced. Work to take this forward is a priority, at the same time as making healthier food and drinks choices more available and more attractive to consumers.

2.7 Regulation of promotions, both within premises and in the external environment, is now also essential and should be taken forward as a priority in Scotland. As demonstrated by the recent meeting of the Scottish Parliament's Health and Sport Committee, there is an increased political recognition of the need to change the food environment. While maintaining awareness for the need for change will remain an important focus for FSS, this paper signals a strengthening of our 2016 recommendation to Ministers for regulation of the food environment as a means to improve diet-related health outcomes.

2.8 Given clear evidence of lack of progress towards our Scottish Dietary Goals, together with current and projected unsustainable prevalence of overweight and obesity, maintaining the status quo is not an option. Without regulation to address the obesogenic food environment, insufficient progress will be made in Scotland. The case must now be for others to justify **not** regulating.

3. **Background**

3.1 The 2016 January Board paper represents the outcome of a period of critical analysis of the evidence, including evidence from the McKinsey Global Institute (see

Annexe C of the January Board paper), to identify cost effective interventions for tackling diet and obesity in Scotland. Broadly, these encompass:

- reformulation of food and drink products;
- control of portion sizes;
- limiting availability, advertising and promotions of high fat/ sugar /salt (HFSS) food and drink;
- taxation, particularly of high sugar products; and,
- consumer engagement.

Progress against each of these areas is outlined in section 5

3.2 Analysis of the evidence to identify potential interventions was coupled with a programme of engagement with targeted sectors of the food and drink industry to develop further our recommendations to improve the Scottish diet. An update on industry engagement is also provided in paragraph 5.1.

3.3 The January 2016 Board paper also established a set of key principles for framing our approach. In light of the scale of the current and future diet related public health problems we face, these principles recognised the necessity for:

- Collaborative and partnership working;
- Improvements in the food and drink environment;
- Consideration of both voluntary and non-voluntary measures;
- Assisting consumers to understand the relationship between diet and health and the need for taking personal responsibility;
- The Scottish public sector to lead by example ;
- A range of actions, rather than any single measure; and,
- Areas for action to include price and promotions, reductions in portion sizes, product reformulation and reductions in advertising and marketing.

3.4 Our October 2016 paper to the Board provided an update of changes in the political landscape, relevant to nutrition, between January and October 2016 and included:

- The introduction of the SDIL, and our response to the HM Treasury and HMRC consultation on the levy. The levy will take effect from April 2018;
- The publication of the COAP; and,
- Scottish Government's intention to consult on a diet and obesity strategy and the proposed introduction of a Good Food Nation Bill.

4. Recognition and Impact of the January 2016 Board Paper

4.1 The 2016 paper was well received and widely supported by partners and broadly welcomed by the food industry and the public health community. The paper received extensive and favourable media coverage at the time of publication which penetrated beyond Scotland. It has continued to resonate with spontaneous

references and quotes by various media sources since January 2016. We are also aware that the paper has been read with interest further afield by other government departments/agencies. Most recently, the paper was referred to by both Obesity Action Scotland and Cancer Research UK in their submissions to the Health and Sport Committee discussion on Obesity on 6 December 2016 (see section 5.16 below).

4.2 The paper added to a significant body of evidence supporting the movement for dietary change and a growing acceptance of the case for action. In addition, the paper has extended our influence and reputation as an evidence based organisation with a strategic outcome to improve the extent to which consumers in Scotland have diets conducive to good health.

5. Review of progress and recommendations

5.1 Industry Engagement

5.1.1 In the January 2016 Board paper we challenged the food industry to propose alternatives to regulation and taxation to improve the food environment (Annexe A). In December 2016, Food and Drink Federation Scotland convened a group of industry leaders and representative bodies, together with SG and FSS officials, to take stock and discuss how the food and drink supply chain could play its part in setting a new, different direction to help to tackle obesity and diet related ill health in Scotland. Action already taken to reduce sugar in sugar sweetened beverages and industry engagement with the PHE led Reduction and Reformulation Programme (RRP) were highlighted as significant commitments for industry. Industry representatives also highlighted that there were significant challenges inherent in reformulating certain product categories and that the majority of Scotland's food and drink businesses are of small or medium size. It was also noted that the technical issues associated with sugar reductions are different to those found to be effective in salt reformulation. In December 2016, the forum agreed to meet again to take forward work including:

- best ways to test ideas for change;
- best ways of sharing industry data that could assist in policy development;
- support for businesses on reformulation; and,
- reinvigorating Supporting Healthy Choices.

5.1.2 We recommend that FSS positively supports the industry forum established in December 2016 and encourages industry to take this work stream forward as a matter of urgency.

5.2 Taxation

5.2.1 In January 2016 we recommended to SG Ministers that SG and FSS officials actively consider how a sugar tax may be introduced and at what rate (see Annexe A). However, as intimated in our October paper to the Board, in March 2016 SDIL was announced in the UK Budget and was later incorporated into the COAP,

together with the UK Government's plans for reducing sugar by 20% by 2020 by way of setting voluntary targets (see section 5.3).

5.2.2 In our response to the UK Government's consultation on the SDIL we expressed our disappointment that it was too narrowly focussed and that taxing a wider range of foods and drink would be more effective.

5.2.3 We accept that the levy represents an important signal from the UK Government to industry that loading drinks with sugar is incompatible with public health. We also recognise that a number of significant industry players have, or are, in the process of reformulating their soft drinks in advance of the introduction of the levy which. In our view, this strongly reaffirms the case, made in our January 2016 Board paper, for a wider sugar tax to support progress towards our dietary goals.

5.3 Progress on reformulation

5.3.1 The January 2016 Board paper identified the need for challenging and time bound voluntary UK wide reformulation targets to reduce calories, sugar, fat and salt in food products (see Annexe A). In our October Board paper, we outlined the work PHE is undertaking, following the publication of the COAP, to set up an extensive reduction and reformulation programme (RRP) with the aim, in the first instance, of reducing sugar in 9 food categories by 20% by 2020.

5.3.2 PHE engagement on the RRP extends to representatives of manufacturing, retailing and out of home (OOH) food sectors as well as other government departments and non- governmental organisations. The details of the programme have yet to be agreed and finalised but overall it contains three mechanisms for achieving sugar reduction, namely:

- reductions in the sugar content of products;
- reductions in portions sizes; and,
- reductions in the promotion of high sugar food and drink.

5.3.3 Although the RRP programme is part of the UK Government's COAP, it is not narrowly aimed at "children's food". Instead it is anticipated that it will benefit all consumers across the UK, including low income groups. FSS is actively engaged with PHE officials with a view to ensuring meaningful UK wide reformulation action is taken to reduce sugar consumption in Scotland, and that later phases will also tackle calories and saturated fats.

5.3.4 PHE industry engagement on the RRP is targeted at large UK wide businesses. However, to ensure that Scottish small medium enterprises (SMEs) are not left behind, some support will be required to enable them to compete in the market and to augment Scottish consumer choice with respect to healthier products. In December 2016, representatives of the Scottish food and drink industry told us that SME support would be required for reformulation (see paragraph 5.1 above).

5.3.5 Given our engagement with PHE, we recommend that FSS works with the SG to develop proposals to be included in the forthcoming SG Diet and

Obesity Strategy, to support Scottish SMEs to reformulate their products to reduce sugars, calories, fats and salt.

5.4 Portion Control

5.4.1 The January Board paper identified the need to intervene with respect to portion size. FSS also undertook to work with industry to consider serious alternatives to regulation in terms of portion size and to conduct further research in this area. Included were recommendations that FSS should commission work to explore the potential for regulation in relation to retail and out of home portion size. (see Annexe A).

5.4.2 One of the prongs of the RRP is development of portion size reductions, alongside reformulation of products.

5.4.3 FSS has separately commissioned research to obtain publically available calorie and nutrient information provided by a sample of around 90 OOH establishments operating in Scotland. The purpose of this research is twofold; a) to consider the potential for developing 'calorie caps' to reduce portion sizes of main meals offered in OOH settings and, b) to identify the gaps in the provision of calorie and nutritional information provided by OOH establishments

5.5 Limiting availability, advertising and promotions of high fat/ sugar /salt (HFSS) food and drink

5.5.1 The need to change the food environment by controlling the availability, advertising and promotion of HFSS foods was highlighted in our January 2016 Board paper (see Annexe A). This was echoed by the Health and Sport Committee of the Scottish Parliament in their letter of 23 January to The Minister for Public Health and Sport (see paragraph 5.14.1).

5.5.2 As stated in paragraph 5.1.1, FSS challenged the food industry to identify alternatives to regulatory intervention. Industry commitments and voluntary actions, (for example reformulation, and the reduction of sugar content in soft drinks in advance of the introduction of the SDIL) are welcome. However, it is our view that without regulation to limit the availability, advertising and promotion of HFSS food and drink, insufficient progress will be made towards tackling diet and obesity in Scotland.

Broadcast and non- broadcast media advertising to children

5.5.3 Although public health is devolved, changes to advertising HFSS on broadcast and non- broadcast media is not within the gift of the Scottish Government. As long as this aspect of advertising retains its reserved status, options to effect public health change through this route are reliant on engagement with the UK Government and with Committee on Advertising Practice (CAP).

5.5.4 Following consultation, in December 2016, CAP announced new rules banning the advertising of HFSS food or drink products across children's non-broadcast media including, print, cinema and more significantly to online and across social media channels, which will take effect from 1 July 2017. This aligns rules applying to non-broadcast with existing rules on broadcast media.

5.5.5 This positive step is however offset by a retrograde one, to allow the use of licensed characters and celebrities to endorse products advertised to children under 11 years. Previously, the use of characters and celebrities could only apply to fresh fruit and vegetables. CAP uses a nutrient profiling model (NPM) to identify food and drink that can be advertised to children. However, the NPM used is out of step with current dietary recommendations for sugar and fibre. The use of licensed characters and celebrities will allow greater endorsement of products advertised to children, some of which will not support the achievement of current dietary recommendations. Our concern is that this practice will be firmly embedded in CAP before a new NPM is established.

5.5.6 FSS officials are fully engaged with PHE regarding their review of the NPM model and we expect the outcome will be aligned with current dietary recommendations. Presently CAP has given no commitment to adopt a revised NPM quoting, '*CAP will need to consider carefully whether any new model continues to achieve a proportionate regulatory balance, mindful of the evidence of advertising's limited impact on children's food preferences*'. We will continue to advocate that an appropriately revised NPM is adopted by CAP at the earliest opportunity. The proposed timescale for the review of the NPM is still under review and is due to be published on gov.uk at the end of February 2018.

5.5.7 Any food or drink product targeted at children under 16 will be subject to the new rule. However it is recognised that it may be difficult to determine the age of the audience when considering non-broadcast media. It will be incumbent on industry to demonstrate exemption from the rule by showing that less than 25% of the audience are under 16. Given this complexity, we are of the view that this should be subject to review once the regulations have had time to bed in to ensure food and drink advertising to children under 16 is appropriate.

5.5.8 FSS officials met with CAP representatives last October and, together with SG Health officials, again in January 2017 to set out dietary health issues in Scotland. We will maintain a constructive dialogue with CAP to ensure Scottish interests are taken account of when considering this regulatory framework for advertising and we will continue to contribute to the revision of the NPM. This work will continue, with a clear focus on ensuring diet and health priorities are fully taken into account of within this regulatory framework for food advertising.

Advertising and promotion within retail stores and OOH establishments

5.5.9 A 2015 study commissioned by SG and conducted by the University of Stirling on the Impact of Food and Drink Marketing on Scotland's Children and Young People [<http://www.stir.ac.uk/health-sciences-sport/research/groups/social-marketing/projects/food/content/>] provides strong evidence that marketing of HFSS products affects the purchasing behaviour of our children and young people.

Advertising within premises (retail or OOH) is excluded from the CAP regulatory framework, which means that consumers may be exposed to advertising within premises that would not meet standards regulated by CAP. If there is an intention that HFSS foods should not be marketed to children through broadcast and non-broadcast media, there is a compelling argument that this should also apply to the way in which HFSS foods are promoted and advertised through price promotions and product placement within premises.

5.5.10 Given that in store advertising and promotion is not reserved then there is scope in Scotland to consider regulatory measures to improve the balance of promotions.

5.5.11 There are indications that retail price promotions on food and drink have recently reduced from 40% to 37%. We will confirm this with our next data acquisition from Kantar in Spring 2017 and will examine the data for any change to the balance of promotions towards healthier food and drink.

5.5.12 With respect to promotional activity within OOH establishments, FSS has commissioned a project to collect information on marketing and advertising activities across a spread of business types including quick service, retail cafes, coffee and sandwich shops.

5.5.13 We recognise the good progress made by some retailers, for example by removing confectionery placed at till points. However, a level playing field is required to ensure all manufacturers, retailers and OOH businesses align activity and act in unison to redress the overall balance of in store promotions. We believe that improving the balance of promotional activity towards healthier food and drink will require regulation, and to introduce regulation, it has to be demonstrated that regulation will be effective in achieving the policy objective, and that there will not be disproportionate burden on business.

5.5.14 However, our conclusion, from robust evidence, is that current voluntary approaches alone will not work. In 15 years we have made no progress towards reaching the Scottish Dietary Goals. Given the unsustainable current and future obesity prevalence, and the associated personal, societal and economic cost of continuing to fail to achieve change, the case must now be to justify **not** regulating.

5.5.15 The aim should be for a regulatory framework that is capable of adaptation as evidence emerges or once different classes of business have been supported in preparation for change. Development of such a framework should be the goal, and securing political support and agreement for overarching primary legislation to enable regulatory approaches the next step.

5.5.16 The timescale for agreeing and enacting primary legislation should be sufficient to allow detailed standards to be developed on the basis of emerging evidence, including on-going FSS research.

5.5.17 **We recommend that the regulation of promotions of HFSS food and drink within premises be taken forward as a priority. This should start with a full assessment of the current legislation (including and beyond food law) to**

establish the extent to which this could be used to regulate the food environment inside premises.

5.6 Location and density of food and drink provision

5.6.1 Many of our cues to consume food and drink are derived from the environment around us. This includes environments within stores, as discussed above, and external environments where triggers to over-consume are influenced by the many OOH opportunities to access HFSS food and drink, coupled with a paucity of opportunity and incentives to access healthier options. Limiting access to HFSS food and drink and increasing access to healthier choices within local environments in Scotland is fundamental to changing social norms, reducing health inequalities and improving diet and health. Addressing sensory stimuli, such as cooking odours associated with the provision and preparation of HFSS foods, should also be considered.

5.6.2 We fully recognise and value the work community groups do to improve access to healthier food and to assist with cooking and growing healthier food, for example. However, there is also a need to explore the potential for regulation to reduce the provision of HFSS foods and increase provision of healthier options, particularly in areas of social deprivation.

5.6.3 The potential to explore additional local authority regulatory measures, such as through planning and licencing conditions, was included in the January 2016 Board paper. This covered 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.

5.6.4 FSS has recently initiated work to develop a Geographic Information System with a view to mapping and spatially analysing food establishment information. This will be connected to a new FSS Scottish National Database which will be a central hub for Local Authority Food Enforcement and registration Information. A spatial dataset will provide FSS with the evidence to overlay the density of certain classes of establishment and their relative proximities to other amenities, such as schools. The development of this system will assist us and others in policy development relevant to the external food and drink environment

5.6.5 In 2014, SG published *Beyond the School Gate* [<http://www.gov.scot/Publications/2014/05/4143/downloads>] which contained advice on improving the food environment outside of schools. Included was consideration of the use of the Civic Government (Scotland) Act 1982 to introduce a condition/restriction on street traders licences. It also reported that at the time of publication, 14 authorities had placed a condition/restriction on traders licences to restrict their operation in the vicinity of schools.

5.6.6 Beyond the School Gate also provides advice on the potential for the planning system in Scotland to tackle the food outlets outside schools, though states that, as it stands, the planning system may not readily lend itself to this purpose.

5.6.7 The use of planning restrictions to regulate the siting of certain classes of outlet is being actively investigated in England and it seems appropriate that it should be further considered in Scotland, through discussion with others including SG, Local Authorities and COSLA.

5.6.8 The use of a scheme of selective licensing may provide the best means of targeting requirements to specific classes of food business. Such a scheme should also be capable of progressive development as standards applicable to the nature and scale of different types of food business are developed.

5.6.9 Regardless of whether regulation to improve the food and drink environment is brought about through new or existing legislation, the next step should be to establish workable standards as a basis for regulation. Establishment of standards ahead of any legislation would also inform businesses of the direction of travel and encourage voluntary change in the shorter term.

5.6.10 We recommend that FSS works in partnership to promote, encourage and participate in the development of standards to regulate the food environment in Scotland.

5.7 Collaboration with the Scottish Food Enforcement Liaison Committee (SFELC)

5.7.1 SFELC [<http://www.foodstandards.gov.scot/food-safety-standards/regulation-and-enforcement-food-and-feed-law/scottish-food-enforcement-liaison>] established a Diet and Nutrition Working Group in January 2016, demonstrating environmental health officers' appetite to be involved in this aspect of public health. However, we also understand that Local Authorities feel that Environmental Health Departments require advice from FSS regarding the science and evidence base and policy direction relating to diet and health.

5.7.2 FSS is represented on the SFELC working group whose aims are to help drive progress towards the Scottish Dietary Goals, improve access to and availability of healthy food and to improve consumer access to nutritional information within the local environment. The MenuCal pilot, referred to later in section 5.8.6 is being carried out through our collaboration with this group.

5.8 Food and drink consumed OOH

5.8.1 It is clear that the OOH environment in Scotland must be considered as part of the overall approach to improving diet and health. The sections above on reformulation, portion control, promotions, location and density of food establishments, together with insufficient consumer information on the food and drink served all highlight areas where there is scope for the OOH industry to improve.

5.8.2 Publication, in October 2016, of the NPD Crest report on the OOH landscape in Scotland [<http://www.foodstandards.gov.scot/assessment-out-home-food-and-drink-landscape-scotland>] refocused our attention on the need to rebalance food and drink consumed OOH, which is currently skewed towards less healthy options.

5.8.3 We have written to and met with a number of large OOH businesses on the basis of our evidence, although disappointingly not all have responded or offered to arrange face to face meetings with us.

5.8.4 Larger businesses, for example those who employ nutritionists, are more likely to have the resource to analyse and adapt their recipes and provide nutritional information. These businesses should now step up and lead the OOH sector to rebalance its offering to consumers and make choosing healthier food much easier when eating out.

5.8.5 Many large OOH businesses already provide calorie information on menus, but not all. Therefore to level the playing field, there may be a case to consider mandatory calorie labelling.

5.8.6 We recognise that reformulation and the provision of calorie and nutrient information is harder for small OOH businesses and therefore we are currently piloting the use of MenuCal in collaboration with local authority enforcement officers. MenuCal is an online application, developed in the Republic of Ireland, where the development of calorie posting legislation is part of their Healthy Weight Action Plan [<http://health.gov.ie/blog/publications/a-healthy-weight-for-ireland-obesity-policy-and-action-plan-2016-2025/>]. This tool, which is free at the point of use, provides small businesses with a means to provide calorie information on their menus and to revise and reformulate their recipes, as necessary, to reduce calories. Newly developed business guidance for voluntary calorie labelling is also being piloted alongside MenuCal.

5.8.1 Given the growth in consumer spend on OOH visits, coupled with evidence that food and drink provided by this sector is skewed towards less healthy options, it is increasingly important that the OOH sector contributes positively towards the achievement of the Scottish Dietary Goals (see recommendation at paragraph 5.10.3 below).

5.9 Public sector food

5.9.1 It remains our view that food and drink served within the Scottish public sector should provide a positive example and set the standard for healthy eating. Hospitals, other health care establishments and schools are priorities because of the large number of people who access food and drink in these settings. By providing an example of healthy eating, they have the opportunity to positively influence personal and family food choices and contribute to changing social norms.

5.9.2 Adoption of the Healthy Living Award by Health Boards to raise standards in catering for staff and visitors in health care settings and development of a Health Care Retail Standard are important steps towards achieving the aim of the public sector being an exemplar for dietary health.

5.9.3 Any proposals to set (non- clinical) nutritional standards in health care, or other public sector settings, should be fully aligned with the FSS remit and advice to ensure consumers always receive consistent messages with respect to healthy eating.

5.9.4 Schools are also key to providing an example of healthy eating for children and families. Following the Board paper of 15 December 2015 [<http://www.foodstandards.gov.scot/fss-board-meeting-09-december-2015>], FSS Chair wrote to the Minister for Public Health to advise that policies aligned with the Scottish Dietary Goals, including school food regulations, be strengthened to reflect the current recommendations for sugars and fibre.

5.9.5 In November 2016, John Swinney, Deputy First Minister, instructed SG officials to set up a technical working group to complete a first stage review of the school food regulations in light of the manifesto commitment¹ on school fruit (see below) and recent changes to the Scottish Dietary Goals on the advice of FSS.

5.9.6 FSS officials together with NHS Health Scotland (NHS HS) and Education Scotland staff have been invited to join a small technical group advising Ministers of the revisions. The group is supported by officials from the Support and Wellbeing Unit within SG Learning Directorate who have policy responsibility for school food provision and food education.

5.10 Overarching strategy for OOH

5.10.1 While there are existing policies and initiatives designed to address healthy eating OOH, a new strategic approach which reflects the full scope of improvement required in the OOH sector is warranted.

5.10.2 An overarching strategy, encompassing public and private sectors and large and small businesses, should be developed, in collaboration with SG and NHS HS partners, with a view to aligning and progressing work in this area to address the following issues:

- the current skew towards less healthy options;
- provision of consumer information (e.g. calorie labelling);
- excessive portion sizes;
- the promotion of HFSS food and drink;
- provision of HFSS food and drink and density of premises selling HFSS foods in local environments; and,
- introduction of nutrition standards for public sector procurement.

¹ *Manifesto commitment - School food regulations will be reviewed to make sure all primary school children have access to at least 5 of their '5 a day'.*

5.10.3 We recommend an overarching OOH strategy for Scotland be developed by FSS, SG and NHS Health Scotland and be considered for inclusion in the forthcoming SG Diet and Obesity Strategy.

5.11 Consumer engagement

5.11.1 FSS's first Healthy Eating campaign ran in September 2016 on TV, outdoor and digital advertising, and via a press partnership, radio promotion, social media, and field marketing.

5.11.2 The focus for the campaign was based on evidence presented in our December 2015 report, *The Scottish Diet: It Needs to Change* in which we highlighted the negative impact of discretionary foods and drinks on the Scottish diet. [<http://www.foodstandards.gov.scot/scottish-diet-it-needs-change>]

5.11.3 The campaign was developed using bespoke qualitative research which aimed to find the most effective means of motivating behaviour change amongst parents and encouraging them to reduce the volume of 'discretionary' foods they and their children consume: unhealthy snacks and treats, which contribute excess calories fats and sugars into the Scottish diet.

5.11.4 The campaign's disruptive approach hit a nerve with the target audience (C1C2DE) parents of children aged 2-15). The evaluation of the campaign which was carried out independently by TNS as an online survey amongst a 300-strong sample of the target audience, showed the campaign overall to be effective. In summary, the topline findings were:

- 35% of the target audience were spontaneously aware of the campaign;
- Overall reach at 43% for TV (i.e. those people who remembered having seen the campaign upon prompting) is a strong result based on comparatively low campaign spend and the short length of campaign activity;
- Of those who had seen the campaign prior to the evaluation, 72% reported that they were motivated to change behaviour. Those who were not already felt that they and their children had a healthy diet and did not snack too frequently. The campaign landed best with those already considering change;
- Campaign message understanding was high at 86% with the core messages about the potential long-term impact of the cumulative effect of unhealthy snacking landing well, alongside the critical message regarding cutting down on discretionary foods;
- 55% of respondents felt more strongly than they did prior to seeing the campaign about why they should reduce unhealthy snacks/treats; and,
- 71% of those who had seen the campaign prior to the research claimed to have gone on to take some kind of action as a result, including buying fewer unhealthy snacks/treats, swapping a snack or drink for a healthier option and choosing and looking for snacks with less sugar/fat.

5.11.5 The campaign performed well on those measures which demonstrate whether the campaign will be noticed and assimilated into the long-term memory: novelty value, whether it has made an affective (emotional) impact and relevancy.

The campaign was particularly strong in making an emotional connection with those who saw it, making it more likely to result in behavioural change than a simple public information campaigns.

5.11.6 Whilst a new social marketing campaign may have an immediate and potentially long-term effect on behaviour, we would not expect to see any significant movement in long-held, ingrained attitudes after the first burst of activity of a new campaign. Nevertheless most of the attitudes held by the target audience in relation to diet and snacking were found to be nudging in a positive direction after the campaign.

5.11.7 To maximise consumer impact and ensure best value for money, the campaign is being re-run in March 2017 and this second burst of campaign activity will be evaluated and compared with the findings above.

5.12 Public awareness of FSS diet & nutrition remit

5.12.1 In November/December 2016 the third wave of our biannual Food in Scotland Consumer Attitudes Survey of a representative sample of the Scottish population provided evidence that consumer awareness of and trust in FSS has increased. Consumer awareness and understanding of FSS's specific role within the diet and nutrition landscape has also increased. For example, 47% of people in Scotland believe that FSS has the necessary expertise to help people in Scotland eat healthily. This is an increase of 6% in the space of a year. A further 28% of people in Scotland are aware that FSS has responsibility for promoting and enabling healthy eating in Scotland, again up 6%.

5.13 Consumer messaging and behaviour change

5.13.1 Alongside prioritising the need for changes to the food environment, the January 2016 paper also recognised the role individual behaviour change has to play in dietary improvement. In December 2016 Dr Julia Allen from the University of Aberdeen presented a paper to the Board which generated considerable interest and discussion. Officials now plan to follow this up with further discussion to encourage behaviour change, both from the perspective of developing interventions and modifications to the food environment, and through improved consumer messaging to assist consumers take personal responsibility for their diet and health.

5.14 A growing political consensus for change

5.14.1 In December 2016, the Scottish Parliament's Health and Sports Committee held a short enquiry into obesity. Based on the evidence considered, the convener wrote to the Minister for Public Health and Sport on behalf of the Committee on 23 January supporting a bold approach to the new obesity strategy [http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/Letter_to_SG_FI_NAL_-_no_signature.pdf]. The Committee considered the central role the food environment plays in shaping consumption and recognised the significance of placement as part of successful promotion. It considered it essential for SG to look 'to tackle price, promotion, place and product to the extent possible through

regulation and fiscal control'. It suggested that this may, for example, '*be through changes to rules surrounding price and promotion of unhealthy foods as was done with alcohol and multipack sales*'. Furthermore it recognised that this '*could also be achieved by regulations on the placement of products within shops to stop the unhealthy choice being placed on rotunda displays where they are more likely to be selected*'. It is interesting to note that the letter concludes by intimating that the Committee discussed consideration of a Committee Bill covering obesity.

5.14.2 The political landscape has shifted significantly in the UK and Scotland in the direction of increased willingness for significant and tangible change to improve dietary health. SG's intention to consult on a new Diet and Obesity Strategy this year represents an important opportunity for FSS to contribute to its development with dietary aims aligned with those agreed by the Board in January 2016. The proposed Good Food Nation Bill and the possibility of a Committee Bill covering obesity provide specific and relevant opportunities in the legislative process for SG to consider new primary powers to improve dietary health.

6. Conclusions and table of recommendations

6.1 Over the past year, there has been considerable change across the political landscape relating to diet and obesity. FSS has provided strong leadership and gained recognition and respect for setting the direction for dietary change in Scotland. In progressing our work in diet and nutrition, we will strive to maintain and enhance our standing as an evidence-based organisation known and trusted for putting the consumer first.

6.2 We have done much to raise awareness of the issue of poor dietary health in Scotland and we are encouraged by the growing political consensus around the need for action to tackle the food environment. In our view, without regulation to create a level playing field for industry, we face the prospect that insufficient progress will be made to avoid serious and unsustainable future burdens on our NHS and the wider Scottish society.

6.3 Our evidence shows that in Scotland OOH provision is skewed towards less healthy options. With indications that OOH is a growing market sector we need to act now to ensure OOH businesses provide healthier food and drink options for consumers when they are out and about. We have emphasised the need for the impact of the OOH market to be fully considered within the mix of measures required for health improvement and we have proposed an overarching OOH Strategy for Scotland be developed to coordinate and strengthen actions.

6.4 Dietary Guidelines for Scotland remain a priority as identified in the FSS Corporate Plan. The introduction and dissemination of the new Eatwell Guide represents a significant keystone for this piece of work. Our intention remains that the Guidelines, while being closely aligned with current dietary advice, will also explore cultural and psycho-social aspects of consumption and challenge some of the social norms and habits, for example our perceived need to snack or graze throughout the day.

6.4.1 14 months after the publication of our paper to the Board in January 2016, we have successfully raised awareness of the case for action on the Scottish diet. In doing so, we have engaged with representatives of the food industry and have collaborated with our partners. The publication of the UK Government's COAP and the announcement of a SDIL herald changes to food and drink products available across the UK. However these measures alone will not address diet and obesity in Scotland and our primary task now is to build on engagement to support, encourage and drive effective action needed to help us meet the Scottish Dietary Goals and to seek opportunities to regulate the obesogenic food environment.

6.5 Summary of recommendations

Number (para)	Recommendations
1 (5.1.2)	<u>Industry work stream</u> : we recommend that FSS positively supports the industry forum established in December 2016 and encourages industry to take this work stream forward as a matter of urgency.
2 (5.3.5)	<u>Support for SMEs</u> : we recommend that FSS works with the SG to develop proposals, to be included in the forthcoming SG Diet and Obesity Strategy, to support Scottish SMEs to reformulate their products to reduce sugars, calories, fats and salt
3 (5.5.17)	<u>Regulation of promotions</u> : we recommend that the regulation of promotions of HFSS food and drink within premises be taken forward as a priority. This should start with a full assessment of the current legislation (including and beyond food law) to establish the extent to which this could be used to regulate the food environment inside premises.
4 (5.6.10)	<u>Development of standards</u> : we recommend that FSS work in partnership to promote, encourage and participate in the development of standards to regulate the food environment in Scotland. In taking this forward we will engage with COSLA.
5 (5.10.3)	<u>Development of an OOH strategy</u> : we recommend an overarching OOH strategy for Scotland be developed by FSS, SG and NHS Health Scotland and be considered for inclusion in the forthcoming SG Diet and Obesity Strategy.

7. FSS Resourcing

7.1 In January 2016, we highlighted the importance of partnership working and over the year we have made significant efforts to progress and maintain this. In addition, our workload has significantly increased in line with interest in the January 2016 paper and increased interest and activity resulting from UK developments. For example, staff resource is committed to ensuring that Scottish interests are fully represented with respect to the PHE development and implementation of the RRP and the new NPM.

7.2 Adjacent to the work and progress outlined in this paper, we have continued to maintain our dietary surveillance programme which is essential to the evidence base to support policy development.

7.3 In accordance with our remit from Scottish Ministers, the provision of expert advice on diet and nutrition is widely called upon and remains a clear focus for us and which, for example, has required significant resource with respect to folic acid fortification, and will now require our input and expertise in relation to school food regulations. Going forward, we envisage additional new strands of work will be necessary to support development of standards and regulatory proposals.

8. Risks and mitigation

An update on risks and mitigations, identified in January 2016, is provided in Annexe C. A new risk has been added, in recognition of the possible resource implications of BREXIT, which in turn, may impact on our ability to fully deliver on FSS Strategic Outcome 3 – Consumers Have Healthier Diets. (See FSS Board paper 17/03/07: Initial consideration of consumer interests associated with exiting the European Union)

9. The Board is asked to:

- **Discuss and provide a view** on the review of work to date; and,
- **Discuss and provide a view** on the recommendations summarised in paragraph 6.5.

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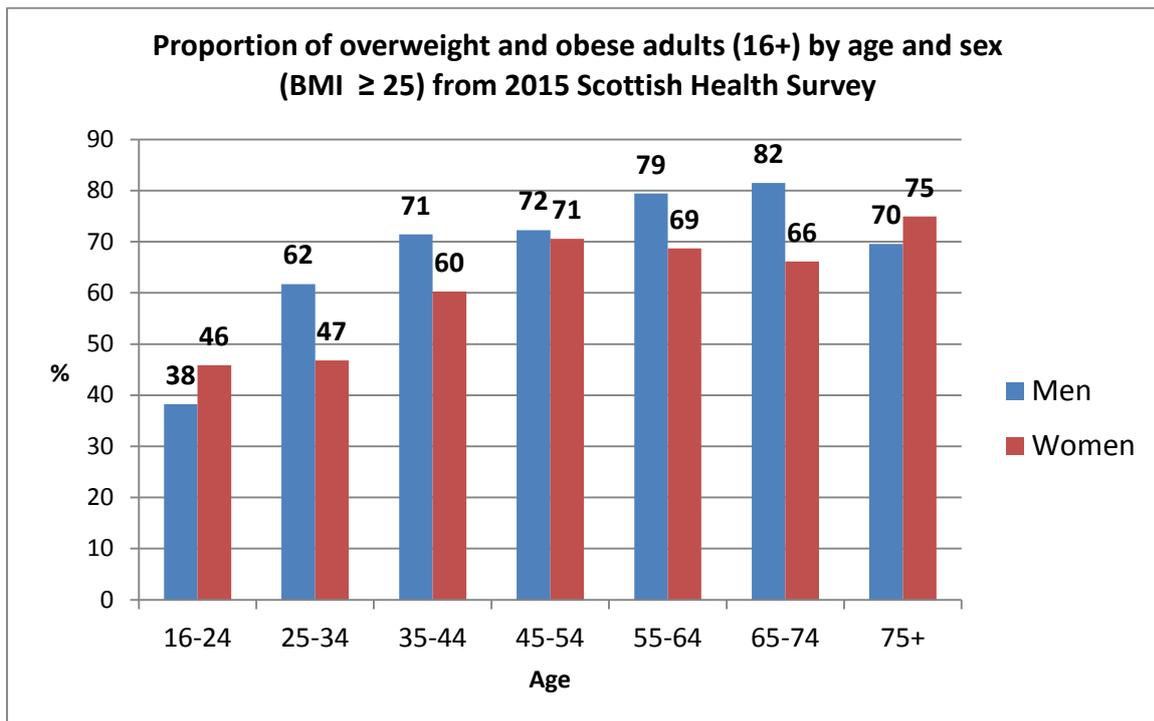
Date: 03 March 2017

ANNEXE 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) 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) 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 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	Agree 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 <u>how</u> a sugar tax may be introduced and at what rate.	7.5
	b) 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 commission research to identify the most effective means of influencing public opinion in	7.7

	favour of action on diet.	
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

ANNEXE B: Obesity statistics for Scotland



ANNEX C: Risks and mitigations identified in 2016 and updated for 2017 where applicable**Risk 1: We fail to make progress towards the SDG through ineffective collaboration.**

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.

March 2017 Update: Collaborative and partnership working is embedded into working practice. Following the establishment of a SG senior officials group (as outlined in the section 4.6.2 of the October Board paper) FSS officials have been working with officials across government to build a strong public health nutrition evidence base for assessing the impacts of potential future food policy.

Risk 2: There is insufficient political consensus on the need for change.

Mitigation: 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.

March 2017 Update

There is greater acceptance of the case for change, for example most recently by the Health and Sport Committee of the Scottish Parliament

Risk 3: 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.

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 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

Risk 4: 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.

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.

March 2017 Update

Evidence from FSS Tracker demonstrates growing awareness of FSS in the diet and nutrition landscape. There is a considerable body of research underway by partners to explore the issues of diet and affordability.

Risk 5: The risk of legal challenge to fiscal and regulatory measures.

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

March 2017 Update

Introduction of the SDIL limits the prospect of additional taxation of sugary foods in the medium term. However, in the absence of sufficient voluntary action, bespoke legislation for the introduction of regulatory measures to improve food provision within local environments in Scotland (including in store) must now be actively explored.

New 2017 Risk identified: Impact of BREXIT on FSS resource