

SIAA Response

A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight

January 2018

The Scottish Independent Advocacy Alliance (SIAA) is a membership organisation that has the overall aim of ensuring that Independent Advocacy is available to any vulnerable person in Scotland. Independent Advocacy safeguards people who are vulnerable and discriminated against or whom services find difficult to serve, empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions.

Introduction

1. We believe that the Scottish Government's approach to transforming the food environment rather than placing full responsibility for change on individuals is an incredibly positive initiative. We believe that this will help to encourage and engender a healthy environment.
2. We believe that the diet and obesity challenges are part of a systemic issue. It is really important that the issue is recognised as a health inequality epidemic and is embedded in a broader context. It is essential that a consistent and integrated approach is applied to the strategy and that a collective responsibility is upheld to tackle health inequalities.
3. We believe that having access to good quality, nutritious and affordable food is a human rights issue. The right to good quality food is something that every individual should be entitled to regardless of income or background.
4. We believe that the strategy could be strengthened through the implementation of case studies and clear evaluation and monitoring frameworks.
5. We think that it is essential for the strategy to draw upon and be shaped by the findings from community and public participation and partnerships.
6. We would strongly recommend further consultation with communities and voluntary sector organisations.

Transforming the Food Environment

7. We believe that an emphasis on transforming the food environment needs to be placed on planning and a responsibility upheld by public and local authorities to tackle 'clustering'. We feel that the focus should be to tackle health inequalities.

Public and local authorities should fully implement the Community Empowerment (Scotland) Act 2015 to strengthen communities' voices about services, prioritise reducing inequalities and to provide opportunities for community organisations "to buy, lease, manage or use land and buildings belonging to local authorities."¹

In addition, the Act outlines the "requirement for local authorities to develop a food growing strategy for their area, including land that may be used as allotment sites and identifying other areas of land that could be used by a community for the cultivation of vegetables, fruit, herbs or flowers."²

8. The strategy could work with the 'Making Places' initiative to "build communities' skills and confidence; support a wide range of participative design events; and assist communities in realising their aspirations."³

As per the previous point, we believe that this strategy needs to strongly link with the Community Empowerment (Scotland) Act 2015 while looking to international examples for inspiration; the ways in which the municipality of Amsterdam has engaged with their communities – through the employment of 'Community health promoters' and the use of social media, professional talks and 'inspirational workshops', Amsterdam has successfully increased awareness of healthy lifestyles, turned large outdoor spaces into play and sustainability spaces and introduced civic engagement programmes.⁴

9. We welcome the introduction of the ban on energy drinks for under 16s and would like to see all retailers (including the major supermarket chains) follow suit. The minimum pricing on alcohol is also welcomed.

10. We support the Scottish Government's commitment to press the UK Government to ban the broadcast advertising of foods high in fat, salt and sugar (HFSS) before the 9pm watershed. We would like to see this ban extended to 'unhealthy lifestyles' as healthy eating is only one aspect of a healthy lifestyle.

11. We support the Scottish Government's proposal to examine the extension of current Committee on Advertising Practice (CAP) restrictions at or near streets or locations commonly used by a high proportion of children. The Scotland Act 1998 (as amended by the Scotland

¹ Scottish Government. The Community Empowerment (Scotland) Act 2015 – A Summary (February 2017). <http://www.gov.scot/Topics/People/engage/CommEmpowerBill/CEAMainSummary>. Updated 2017. Accessed 29/01/2018.

² Scottish Government. The Community Empowerment (Scotland) Act 2015 – A Summary (February 2017). <http://www.gov.scot/Topics/People/engage/CommEmpowerBill/CEAMainSummary>. Updated 2017. Accessed 29/01/2018.

³ Architecture & Design Scotland, Scottish Government. Making Places: Support for community-led action in local areas 2017-2018. [file:///C:/Users/LConnell/Downloads/Making%20Places%20prospectus%20\(1\).pdf](file:///C:/Users/LConnell/Downloads/Making%20Places%20prospectus%20(1).pdf). Updated 2017. Accessed 06/12/2017.

⁴ Obesity Action Scotland. Amsterdam Community Work. <http://www.obesityactionsotland.org/international-learning/amsterdam/amsterdam-community-work/>. Updated 2017. Accessed 18/12/2017.

Acts of 2012 and 2016) confers broad, but not unlimited legislative competences on the Scottish Parliament. Control of advertising at locations popular with children seems to be within the powers of the Scottish Parliament, as within devolved matters are outdoor displays, billboards, adverts at sporting events, music and cultural events, and book, comedy and film festivals.⁵

12. We believe that improving levels of health literacy would help to tackle over-consumption. Health literacy needs to be a part of the curriculum whereby children can learn about the quality, benefits and importance of food. Early intervention is key as obesity markers are demonstrated at a young age and obesity after the age of five tends to result in a lifelong problem.

We support Obesity Action Scotland's example of the Amsterdam model of co-producing solutions with families and neighbourhoods, which is underpinned by a clear, collaborative approach by early years and childhood professionals.

13. We believe that transforming the environment needs to extend to work and educational environments, ensuring that workplaces encourage healthy lifestyles and taking into account quality, affordability and accessibility.

14. Portion control and labelling within the out of home sector are key areas for action and consideration should be given to mandatory calorie caps, nutritional labelling and appropriate price differentials between portion sizes. We must also see an end to the practice of upselling, whereby price incentives encourage us to buy larger portions.

15. We believe that it would be beneficial to readdress the balance in promotional campaigns, promoting healthy products and designing supermarkets accordingly.

16. There is a need for improved awareness and understanding of food labelling in the general population. We ask for the nutritional labelling schemes to be extended to alcohol products.

17. We need improved and consistent nutritional information across the out of home sector. In both Scotland and England voluntary initiatives resulted in only a fraction of businesses providing calorie labelling on their menus.

18. It is essential that this strategy links in to the Fuel Poverty and Connected Scotland strategies in order to improve health literacy, reduce fuel poverty and tackle social isolation. Fuel poverty and social isolation are factors that are at the heart of the diet and obesity crisis. It is necessary to look at the resources that people have available as it is cheaper to use a microwave than an oven, and suggestions like batch cooking are only suitable if there is a freezer.

Projects like the Food Train are essential in ensuring that older people can retain

⁵ Alcohol Focus Scotland. Promoting good health from childhood. Reducing the impact of alcohol marketing on children in Scotland. 2017.

independence, enjoy a nourishing meal and tackling social isolation.⁶

19. We are concerned about the lack of support for vulnerable individuals. For example, the NHS Lothian 5 tier programme excludes individuals with moderate-severe learning disabilities, unstable psychosis, dementia, uncontrolled hypothyroidism and those who are pregnant. The strategy also fails to mention prisoners or those detained under the Mental Health Act. The Scottish Government has a responsibility to protect vulnerable people and groups; most of these individuals will experience health challenges and inequalities and it is vital that these are addressed and supported.
20. Currently, it would appear that women are most affected in terms of inequality. We ask that more research be conducted and that one way this could be addressed would be to increase the support for pregnant women. Whilst we welcome the improvement of services, we believe that these services and support must be available before, during and after pregnancy, focusing on those most at risk. We also ask that clarity be provided as to the funding source(s) of these services.
21. We believe it is vital to target people while they are able to self-manage with the view to ensuring people are aware of the options available to them, can make their own choices and implement any changes accordingly and knowingly.
22. Long term funding needs to be provided to independent advocacy and support organisations who help people to know their rights, their options and to make informed choices.
23. We are concerned about the lack of information regarding food banks in the strategy. It is essential that a plan is developed and implemented to improve the quality of food being donated to food banks – usually the food that is donated to food banks is high calorie, convenient and low in nutritional value.

Living Healthier and More Active Lives

24. We believe it would be useful for there to be a variety of access points to health-related programmes' and services as many individuals will not be able to approach their GP. Amsterdam's 'community health promoters' is a successful example of this.
25. We believe it would be helpful for the relevant bodies to be able to gather and access child school exit weight data in order to get an accurate record of obesity markers.
26. We believe that any programmes need to support home lives as well as school or work. The strategy should strongly consider wraparound care for at risk individuals.
27. We believe that there need to be clear frameworks designed in order to monitor remission and to support individuals. Programmes need to be tailored to the individual in order to ensure that

⁶ The Food Train: Supporting Local Older People At Home. <http://www.thefoodtrain.co.uk/our-services>. Updated 2017. Accessed 19/12/2017.

any underlying problems are addressed and that one addictive behaviour is not replaced with another. It is therefore essential that support is provided before, during and after weight loss programmes.

28. We believe that the culture we are trying to create cannot happen through legislation alone. It requires a societal and cultural commitment. We believe that community led methods like social prescribing and befriending could help to increase levels of health literacy whilst reducing levels of ill-health causing factors like obesity, loneliness and isolation. Projects such as ‘Pilton Community Health Project’⁷ are an outstanding example of this.

Leadership and Exemplary Practice

29. It is essential that the strategy assumes a collective responsibility for tackling health inequalities.

30. It is essential that the strategy clearly outlines short, mid-term and long term objectives and we believe it is vital to stress the importance of SMART actions in tackling the obesity problem in Scotland. All actors – governments, international agencies, civil society organisations, businesses and actors in other sectors should specify in a SMART manner how commitments in their own sectors can help advance nutrition.

31. We believe there is a need for the Scottish Government to renew their commitment to community food initiatives. In general, temporary funding is the number one challenge for any organisation delivering services on the ground. This is an issue that needs to be addressed and long term funding needs to be implemented. Ideally, budgets would be increased but we ask that at the very least, budgets are protected.

The Scottish Independent Advocacy Alliance (SIAA) is Scotland’s national membership body for advocacy organisations. The SIAA promotes, supports and defends independent advocacy in Scotland. It aims to ensure that independent advocacy is available to any person who needs it in Scotland.

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⁷ Pilton Community Health Project. Hungry For Change: Community led responses to food insecurity in north Edinburgh. 2017.

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