

# Review of the Scottish Diet Action Plan

## Progress and Impacts 1996 – 2005



Published by Health Scotland

Edinburgh Office:  
Woodburn House  
Canaan Lane  
Edinburgh EH10 4SG

Glasgow Office:  
Clifton House  
Clifton Place  
Glasgow G3 7LS

© NHS Health Scotland, 2006  
ISBN: 1-84485-378-0  
Ref: 2005/2006 RE36

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### REVIEW PANEL

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September 2006



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# Executive summary

The purpose of this policy review was to examine the progress that has been made in the implementation of the Scottish Diet Action Plan (SDAP) since 1996 – what has been achieved and what remains to be done – to consider its impacts to date, and to identify strategic priorities for Scotland’s future policy on improving the Scottish diet.

An external and independent review panel was appointed by Health Scotland in July 2005 and asked to report to the Scottish Food and Health Council (SFHC), chaired by the Deputy Minister for Health and Community Care. The panel sought evidence from bodies listed in the 1996 SDAP and others who were subsequently identified, attended meetings, held six days of hearings and conducted two preliminary feedback sessions with stakeholders. This report summarises the panel’s main findings and conclusions. Further documents, commissioned reports and written submissions are available in the Evaluation section of the Health Scotland website ([www.healthscotland.com](http://www.healthscotland.com)).

The SDAP was a timely policy intervention in 1996, which was endorsed by the new devolved government when it took office in 1999. In the mid-1990s, Scotland had a poor record of diet-related ill-health, and the aim of the SDAP dietary targets was to reduce diet-related mortality and morbidity in Scotland, particularly that related to illnesses such as heart disease, cancer and diabetes and to being overweight/obese. In this way, the SDAP dietary targets were, and remain, valid and laudable in their public health intent and sit comfortably with Scotland’s other social, economic and political goals.

The panel evaluated the progress made in the implementation of the SDAP recommendations over the last 10 years. This was based on evidence supplied to the panel by a large number of sources and stakeholders. Examples in which substantial progress has been made include:

- The appointment of a national level Food and Health Coordinator within the Scottish Executive with appropriate responsibility (to provide national level leadership to drive SDAP implementation and encourage cross-government working).
- The creation of alliances on food and health (to increase policy leverage).
- The formation of the Scottish Community Diet Project (SCDP) within the Scottish Consumer Council (to support community level food initiatives, especially in low-income areas/groups).
- The delivery of dietary information to expectant mothers (to improve infant and neonatal health).
- Support for breastfeeding by appropriately trained health professionals (to improve infant diet and child health).
- The development of health promoting schools and a whole school approach to healthy eating, catering and supply (to improve dietary education and the provision of healthy food in schools).

## Review of the SDAP: Progress and Impacts 1996–2005

- The provision of free fruit in schools (to intervene directly in children's diets).
- The setting of nutritional standards for school meals (to provide a lead in public sector catering).
- The distribution of nutritional advice to every household in Scotland (to empower consumers).
- The development of health education campaigns and resources on healthy eating (to raise awareness about healthy eating messages and support health professionals).
- The breeding and selling of leaner livestock (to reduce fat in the diet).

The panel highlighted *four particular areas of success*: an improvement in breastfeeding rates; an improvement in food and diet in schools; support for community food initiatives; and the production of health education resources and marketing campaigns. Rates of initiating and maintaining breastfeeding have risen sharply in all social classes. Breastfeeding rates in Scotland are now above those in England and Wales, with 70% of Scottish mothers now reported to initiate breastfeeding, compared with 55% of mothers in 1995. There is also evidence of improved outcomes from the introduction of free fruit in schools and from guidance on the nutritional content of school meals. Systematic support for community food initiatives has helped to give a voice to issues regarding food inequalities at the national level and, with small-scale financial investment, has helped to raise skills, access and consumption for some in low-income areas. However, overall, the reach and population impact of these initiatives appears small.

The initiatives that have been effective appear to share some common features of success, which provide important lessons for the future:

- Longevity: these initiatives often started before the SDAP was implemented or were part of the early implementation actions that were taken, meaning that change has been achieved over a longer time period. Many of the other SDAP recommendations were not implemented until after 2001 with the appointment of the national Food and Health Coordinator.
- They have benefited from a sustained and increasing commitment of resources to the achievement of defined objectives.
- Their delivery involved action by a defined body of professionals who could take responsibility for driving action and change.
- Local action has been supported at national level by communications campaigns to increase public awareness and help shift public attitudes.
- Regulatory and legislative actions have been used to consolidate and mainstream changes and to build consumer demand at an institutional level through public procurement systems.

There were a number of action areas in which implementation was judged by the panel to be minimal according to the evidence available, and which suggest that the food supply chain was not fully engaged. These include:

- reducing the production of dairy fat and finding alternative non-food markets for butter fat
- providing basic training in nutrition for those working in the food industry and the hospitality management curriculum
- increasing consumer demand for fruit and vegetables via the catering service and primary producers.

## Executive summary

However, despite the considerable progress that has been made in implementing the SDAP recommendations, overall the action taken has not had a significant impact on population trends in food consumption and nutrient intakes in Scotland over the last 10 years. A separate report from the Food Standards Agency Scotland (FSAS), as well as the panel's own analysis, shows that *the dietary targets set for 2005 are overwhelmingly not being achieved*.

The only dietary target in which the trends are moving in the right direction (but where change has not been as fast as anticipated) is the level of intake of total fat as a percentage of food energy: this has fallen from around 40% to an average of about 38%, whereas the target was to reduce this to no more than 35%.<sup>1</sup>

There has been no change in other food and nutrient intakes:

- Daily consumption of fruit and vegetables: average intakes remain at around 246g a day, whereas the target was to achieve a minimum of 400g per person per day.
- Saturated fatty acids: average intakes have fallen from about 15.6% to 15.2% of food energy, whereas the target was to reduce this to no more than 11% of food energy.
- Total complex carbohydrates: the target was to increase average intakes by 25% but intakes have remained at around 141 g per person per week.
- Weekly consumption of oil-rich fish: the target was to double consumption from 44 g per person per week to 88 g per person per week, but consumption has remained at around 34 g.
- Consumption of breakfast cereals: the target was to double consumption from 18 g per person per day, but consumption levels have remained unchanged.

Of greatest concern are those areas in which the trends are moving in the wrong direction:

- Intakes of non-milk extrinsic (NME) sugars (those implicated in tooth decay) have risen rather than being held constant (target for adults) or being reduced (target for children).
- Potato consumption has fallen by 25% instead of increasing by 25%.
- Bread consumption has fallen by 12% instead of increasing by 45%, with the consumption of brown/wholemeal bread falling by 25%.
- Overall, the consumption levels of the 'healthy' foods that were targeted to increase are significantly lower in the most deprived groups of the population.

Trends in Scotland's food consumption and nutrient intake in the last 10 years have, in part, been shaped by macroeconomic changes in food retailing and catering and related shifts in eating patterns. For example, the rising trend in sugar intakes is linked to changing patterns of eating and drinking outside the home in Scotland, where there has been a worrying rise in the consumption of soft drinks, snacks and

<sup>1</sup> In practice, reducing the proportion of food energy obtained from fat is possible by increasing intakes of complex carbohydrates, sugars or protein – all of which can provide energy in the diet. Of these, the most desired change is an increase in the energy obtained from complex carbohydrates. The small decrease in the proportion of food energy from fat shown here should be seen in the context of the increase in the proportion of energy from sugars and the lack of change in the intake of complex carbohydrates that was also noted

confectionery in recent years. Soft drinks, confectionery and lager/beer are the three greatest contributors to sugar intakes.

The panel considered a number of possible reasons why the dietary targets have not been met despite considerable success in implementing the SDAP recommendations. The most plausible explanations include:

- The direction required to achieve the level of change defined by the dietary targets underestimated the impact of inequalities.
- Resources and initiatives have been spread too thinly across a broad range of actions rather than focusing on achieving population-level impact within a few priority areas.
- The broad range of actions recommended was not transparently or consistently linked to the narrow range of food and nutrient targets identified.
- The SDAP has adopted a wholly consensual partnership approach to ‘working with’ the food industry and thus underplayed the powerful role of the food supply chain in shaping food content, access, availability and consumer demand over the last 10 years, such as the period of rapid restructuring of the food industry or the undermining of health messages by powerful marketing and advertising of foods and drinks. The SDAP has not deployed the full set of policy tools available, most notably those of exercising regulatory and legislative powers of government to control the food supply chain and help create demand.
- The areas where little or no progress has been made with implementation suggest that, until the recent public debate about rapidly rising obesity, the food supply chain has not been fully engaged with the need to change. Institutions and leadership across the supply chain have not been aligned effectively.
- At the regional level, SDAP implementation and prioritisation has appeared uneven, accountability for local implementation has not been clear and linkages with other relevant policy strands have been inadequate.

Each of the above reasons provides a plausible explanation for why the overall changes sought by the SDAP have not been achieved, although none alone is a sufficient explanation. There is no single, simple reason for the SDAP targets not being met. The panel concluded that, although some advances in thinking and practice have been made and some initiatives have been inspiring as well as effective, the total shift required and sought by the SDAP has not yet been realised. There are some important lessons for future policy:

- To achieve population-level impact, a more focused and prioritised approach to policy and implementation may prove to be more effective than a broad range, or ‘scattergun’, of initiatives.
- Given the complexity of modern food systems and their dynamics, action needs to be coordinated across all levels of food governance, from local to international level.
- The actions need to be more plausibly linked to policy outcomes and targets and founded upon the overarching strategic themes or ‘directions of travel’ with which all stakeholders (state, supply chain and consumers) can engage.
- Lines of accountability, monitoring and performance reporting on policy implementation need to be improved, using a wider range of shared intermediate outcomes to help evaluate progress towards targets across sectors.
- Greater use of regulatory powers and incentives can be appropriate and can be used to set goals for the food supply chain as well as help build consumer demand.

## Executive summary

If Scotland's current dietary trends continue, they will remain a contributing factor to its poor relative position on health within the UK and Western Europe, with a toll of unnecessary premature death, long-term illness and dental ill-health. A legacy of rising levels of overweight and obesity among both adults and children is also emerging. Food and nutrition are not the only factors involved, but they are important and malleable elements. The case for renewed policy focus and intervention is strong. In Scotland, childhood obesity, for instance, is rising rapidly, with levels among younger and older children double what might have been expected on the basis of data for the UK as a whole.

The panel concluded that the direction of policy on food, diet and nutrition needs a serious rethink if the necessary step change is to be achieved. The panel considered how Scotland might rise to this challenge, drawing on lessons from policy implementation over the past 10 years as well as international experience. A patchwork of localised stand-alone initiatives is unlikely to work. The challenge is to frame policy to address a complex, multicausal problem in a cross-cutting way, to focus action on a few priorities and to identify policy measures that will be effective in tackling these priorities. If change is to be achieved across the entire food system, it is not a task that can be left to others – everyone has to be engaged, with concerted action at national, UK, European and international level.

To provide this shared direction of travel, the panel proposes four overarching strategic themes to guide Scotland's policy in the future. For each of these themes, examples are provided to illustrate specific actions that might be taken. These need to be debated, refined and widely 'owned' if they are to be effective:

- *Closer integration between the policy goals of improving Scotland's diet-related ill-health and those of social justice, sustainable development and agriculture.* Over the coming years, sustainability criteria will become more important in diet and health improvement policy. The quality of Scotland's food production and supply will be judged not only in economic or health terms but also in terms of its impact on the environment on which the food supply and lifestyles depend. Scotland should anticipate this change and transform the SDAP into a new Sustainable Food and Health Policy that brings together and attempts to harmonise food production, supply and consumption to meet the policy goals of sustainability and public health.
- *The centrality of the principle of equality in this proposed new Sustainable Food and Health Policy.* In the mid-1990s, the SDAP targets were set for whole populations, even though it was clearly recognised that food consumption patterns are strongly influenced by deprivation, with more inadequate and/or inappropriate diets in low-income areas and poorer households. The challenge today is not whether, but how, to express food-related targets for Scotland in terms of equality of outcomes. Since 2000, Scottish Executive policy has emphasised the priority attached to improving the health of ethnic minority groups (*Fair For All*, 2001, 2002), as well as reducing inequalities related to poverty and deprivation. The 2004 spending review (*Closing the Opportunity Gap*) reframed its health improvement targets in terms of increasing the rate of improvement for the most deprived communities, as measured by the Scottish Index of Multiple Deprivation (SIMD). The new Sustainable Food and Health Policy must be actively linked to this policy focus of reducing inequalities in health.
- *The need to re-establish the grounds for engagement with the food industry in Scotland so that public health and sustainability are the over-riding drivers for*

*food production and supply.* In a world where vast sums of money are spent trying to frame consumer demand for products that have little health value, it is obvious that the public health world must engage with the food supply chain to ensure that health is central, not peripheral, to current food and drink strategies and supply chain dynamics. So pervasive is poor diet, that reliance on individual choice as the prime ideology in shaping food supply is no longer an adequate policy or ideology. If Scotland's diet and food culture is to change, the quality and nutritional value of the food grown, processed, retailed and catered in Scotland will have to alter. The 'push', as well as 'pull', will have to change so that all parties – state, supply chain and civil society – are moving in the same direction.

- *The need to develop new multilevel governance structures, institutions and leadership.* There is, in principle, already a strong policy commitment to food-related health improvement but this needs to be renewed across all levels and sectors/departments. Where necessary, there will have to be a political appetite for legislative support. This has worked for breastfeeding and tobacco control, sending strong signals that health has to be the priority. Such leadership is needed, both in other areas and at all levels of governance, from the community level to the international (especially European) level. Whether the vehicles for change are legislative or voluntary measures, and whether aiming for slow, incremental or faster step change, food alliances need to be supported by leadership at the top political level and right across the relevant professions and organisations. National and local health improvement strategies require clear signals from government, together with engagement at all levels.

The panel judges that Scotland's current national dietary profile is still unacceptable and that the pace of improvement is too slow and patchy at best. With obesity levels rising fast, the case for radical or step change is strong. There is much to build on: a strong commitment to cross-government action to improve health and sustainability, as well as a strong political will to achieve economic, social and health improvements in a devolved Scotland. Forging alliances across government and civil society, and at local, national and international level, is essential.

To shift the entire food system in a more health enhancing and sustainable direction will take time. The radical shift justified by the epidemiology and evidence reviewed by the panel will not be delivered quickly and needs to bring in all citizens, not just the more affluent. The task may appear daunting, but the panel believes that Scotland has much in its favour, not least its political room for manoeuvre. In an interconnected world, Scotland has the opportunity to work with other small nations in Europe on food and nutrition policy, building on the lessons learned over the past 10 years and acknowledging its failures while retaining a commitment to tackle the real problems that exist.

