Food (Scotland) Bill

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

The MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow carries out research to provide the most robust and timely evidence possible to inform policies to improve population health and reduce inequalities in health. The Unit receives core-funding from the Medical Research Council and the Chief Scientist Office in the Scottish Government Health and Social Care Directorates, as well as grant funding for specific projects from a range of sources. Its aim is to promote human health by the study of social, behavioural, economic and environmental influences on health, and its five objectives are:

- to study the multiple interacting processes through which social, behavioural, economic and environmental factors influence physical and mental health over the lifecourse;
- to discover mechanisms which can modify these processes and have the potential to improve population health in a complex world;
- to develop translational interventions which harness these mechanisms to improve public health and reduce social inequalities in health;
- to evaluate interventions and policies in terms of their ability to improve public health and reduce social inequalities in health;
- to influence policy and practice by communicating the results and implications of research to policy, professional and lay audiences.

The Unit therefore welcomes the proposal to establish a new independent body that will seek not just to protect people in Scotland against food-related risks but also to improve their diet. We particularly welcome the commitment to take ‘radical action’ to improve diet and nutrition, similar to the public health action on alcohol and tobacco. An important aspect of those actions is that they involve measures to change the environment within which people make choices, for example by making it illegal to smoke in public places or to advertise tobacco at the point of sale, or by restricting availability or increasing the price of alcohol, rather than focusing primarily on individual attitudes, knowledge or behaviour.

Experience in many areas of public health policy has shown that individually focussed interventions, unless they are combined with action at a structural or environmental level, are expensive and likely to fail, or to succeed at the expense of increasing health inequalities. If it is to improve diet and nutrition

---

at a population level, without widening inequalities, the FSS must take a
similarly broad approach to the determinants of dietary behaviour. It must
address the way food is produced and marketed in Scotland, for example
through regulation of advertising, rather than simply providing the public with
information, advice or encouragement to eat a healthier diet.

We also welcome the proposal to give the new body powers ‘to ensure it has
access to sufficient information to be able to exercise its functions and duties
effectively – especially engaging in, co-ordinating and sharing research and
gathering information.’³ The Scottish Government’s actions on alcohol and
tobacco have been accompanied by substantial programmes of ex ante
appraisal, monitoring and evaluation, and it will be important to take a similarly
thorough approach to actions to improve diet and nutrition.

As well as protecting the public as a whole, the establishment of the FSS
marks a major opportunity to develop and test ways to improve nutrition via
settings such as schools and their surrounding environment, public sector
workplaces and prisons, where government, local authorities and other public
and private agencies can directly influence what people eat. For example,
research by this unit has shown that football clubs can be an effective setting
for weight loss interventions⁴ and this pioneering approach is now being
adapted to other sports clubs, and to secure settings such as prisons. In other
research, we have shown that there is a dense clustering of food outlets
around secondary schools – 35 on average within a ten minute walk.⁵ Outlets
selling food near schools offered meal deals and promotions to pupils that
contrasted sharply with the food available in school canteens, and pupils who
bought their lunch outside school tended to buy convenience foods of poor
nutritional quality.

At present, the evidence base for effective action to tackle obesity is relatively
weak.⁶ Given the uncertainty about ‘what works’ a systematic approach to
identifying promising approaches, developing them in the light of theory and
the best available existing evidence, and then implementing them in ways that

³ (Food (Scotland) Bill. Policy Memorandum, SP Bill 48-PM, Session 4 (2014), para 17.
⁴ Hunt K et al. 2014. A gender-sensitised weight loss and healthy living
programme for overweight and obese men delivered by Scottish Premier League
football clubs (FFIT): a pragmatic randomised controlled trial. Lancet 383, 1211-
21.
⁵ Ellaway A et al. 2012. Do obesity-promoting food environments cluster around
socially disadvantaged schools in Glasgow, Scotland? Health and Place 18(6),
1335-40.
⁶ OECD 2010. The Impact of Interventions, in Obesity and the Economics of
Prevention: Fit not Fat. OECD Publishing.
http://dx.doi.org/10.1787/9789264084865-14-en
allow for rigorous evaluation of both effectiveness and cost-effectiveness, is a necessity.

Although, as noted, there are examples in Scotland of good practice, this approach is not by any means applied to all public health policies (or public policies in general). A 2009 report by the House of Commons Health Select Committee on the UK Government’s policies for tackling health inequalities remarked that ‘All the reforms we have discussed are experiments on the public and can be as damaging (in terms of unintended effects and opportunity cost) as unevaluated new drugs or surgical procedures. Such wanton large-scale experimentation is unethical, and needs to be superseded by a more rigorous culture of piloting, evaluating and using the results to inform policy.’ More recently a National Audit Office review of evaluation in Government found that although the Government’s own guidance set out an expectation that all significant new policies should be subject to proportionate evaluation, many departments failed to do this, cost effectiveness studies were rare, quality of evaluation evidence was variable and over half the evaluations reviewed were not fit for purpose.

In its evidence to the House of Commons Health Select Committee, the SPHSU set out a number of guidelines that evaluation of new policies should follow. In summary these include:

- Development of a clear theory of how the policy is expected to achieve the desired effect
- Adoption of a prospective, controlled study design, and consideration of the possibility of adopting one of the range of randomised designs
- Prior specification of the primary outcomes according to which effectiveness will be measured, and objective measurement of harms as well as benefits
- Appropriate lengths of follow-up, relative to the outcomes of interest, and incorporation of methods of measuring long-term and potentially adverse consequences
- Collection of information about how the intervention is implemented in practice, and how impacts vary by gender, age, ethnicity and measures of socio-economic status

---

Collection of information on costs and provision for an economic evaluation.

These recommendations were accepted by the Select Committee, and we believe they apply equally to the evaluation work that the FSS must do if it is to exercise its functions and duties effectively. An important point to note is that the way in which new policies are implemented may have to be modified if their effectiveness is to be measured. For example it may be necessary to phase the implementation of the policy, area by area (ideally with the order of implementation decided at random), to enable controlled comparisons. If there is genuine uncertainty about the effectiveness or cost-effectiveness of the policy, then the disadvantage of an initially slower implementation should be outweighed by the benefits of good information about impact.

There is a substantial community of public health researchers in Scottish Universities and national bodies such as NHS Health Scotland, with relevant expertise in nutrition, evaluation methods, and economic evaluation who can assist FSS in implementing the approach we have outlined. The costs associated with food borne illness, estimated in the policy memorandum as £140 million per annum, and obesity, estimated by the Scottish Public Health Observatory at over £450 million per year in 2007-8 and forecast to rise steeply in future, should mean that, as well as being feasible, the cost of conducting such research should be far outweighed by its benefits.

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
May 2014

---

Scottish Public Health Observatory. Obesity- key points.