

ELECTED MEMBER BRIEFING NOTE No. 9

The Obesity Time Bomb: Why It's Everyone's Business



Acknowledgements

This briefing note has been produced by NHS Health Scotland in partnership with the Improvement Service, Scottish Government and COSLA.

We would like to thank colleagues from the following councils, NHS Boards and organisations for their input - Dumfries and Galloway, Dundee City, East Ayrshire, East Renfrewshire, Highland, Glasgow City, Inverclyde, South Lanarkshire, Stirling and West Lothian Councils; NHS Ayrshire and Arran; NHS National Services Scotland; Scotland and Northern Ireland Forum for Environmental Health and Councillor Betty Fullerton (NHS Health Scotland Board Member).

What is the purpose of the Briefing Note series?

The IS has developed an Elected Members Briefing Series to help Elected Members keep apace with key issues affecting local government.

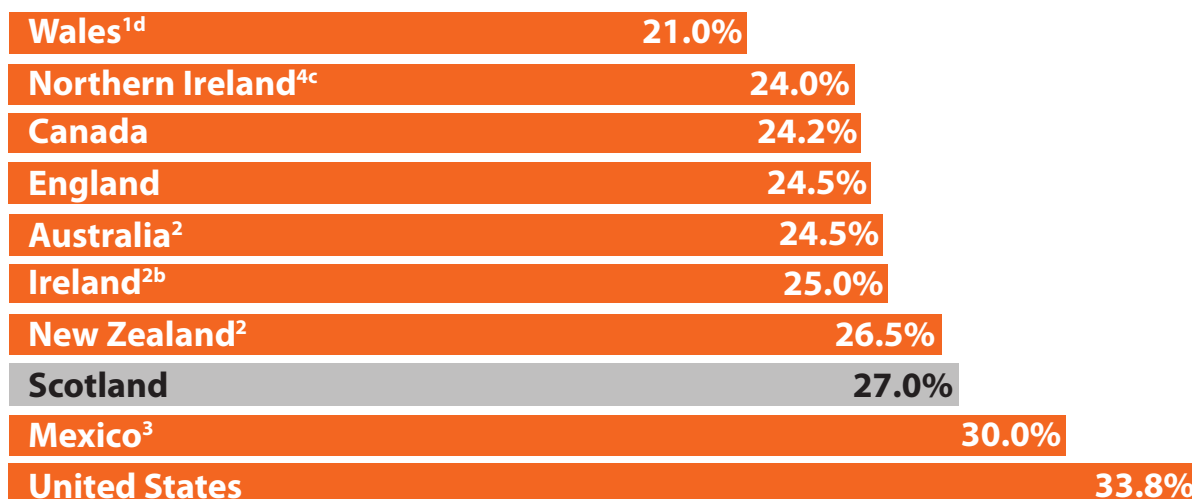
Some Briefing Notes will be directly produced by IS staff but we will also publish material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and Elected Member e-Bulletin to publicise and provide access to the Briefing Notes. All Briefing Notes in the series can be accessed at <http://www.improvementservice.org.uk/elected-members-development/>.

Introduction: obesity - a council issue?

Virtually all council services have something to contribute to the reduction of obesity levels in Scotland. Whilst the clinical treatment of obesity has traditionally been viewed as an NHS problem, all areas of the council have a significant role in supporting individuals and communities to achieve and maintain a healthy weight.

The scale of the problem should not be underestimated. By 2030, it has been projected that over 40% of Scotland’s 16-64 year olds will be clinically obese¹. At present Scotland is the third most obese developed nation behind the USA and Mexico. Scotland’s levels of obesity are higher than England, Northern Ireland and Wales².



Obesity prevalence (%)

National Obesity Observatory, 2010

Obesity is fundamentally caused by an energy imbalance between the calories consumed and calories expended. Even as little as one digestive biscuit a day can equate to a weight gain of nearly 5kg in a year if the energy consumed is not used up. Many things lie at the root of this imbalance, for example:

- increased availability, dependency on and acceptance of take away and convenience foods high in fat and sugar, including sugary drinks;
- aggressive marketing of energy dense foods, particularly to children and young people;
- environments that do not encourage physical activity (for example, lack of green space or unsafe urban environments);
- reliance on the car as a mode of transport and the reduced likelihood of walking or cycling;
- increase in desk based jobs or seated activities.



The COSLA/Scottish Government “Preventing Overweight and Obesity in Scotland Route Map” (2010, <http://www.scotland.gov.uk/Publications/2010/02/17140721/19>), sets the scene for Scottish action to reshape our living environment from one that contributes to weight gain to one that supports healthy choices¹. The Route Map has been agreed by the Cabinet and COSLA’s Leaders Group, and has been aimed primarily at decision-makers in central and local government. The publication of the Obesity Route Map Action Plan (<http://www.scotland.gov.uk/Publications/2011/03/17104457/2>) along with the establishment of a joint governmental leadership group, (including Ministers, COSLA Leaders and key stakeholders) will ensure the implementation of the Route Map³.

Work on implementing the Route Map and Action Plan is being taken forward by the Joint Obesity Group made up of a range of Scottish Government Ministers, representatives from the food and beverage industry, planning and transport and health services. COSLA’s Health and Well-being Spokesperson represents the interests of local government on this group.

We know that obesity is a complex issue⁴. No **single** action can prevent obesity on its own. Interventions need to be part of a wider community response with crucial interaction needed between the specific action and wider societal values.

COSLA/Scottish Government recommend four areas in which concerted effort is likely to have the greatest impact on obesity prevention:

1. **Energy consumption** - controlling exposure to, demand for and consumption of excessive quantities of high calorific foods and drinks.
2. **Energy expenditure** - increasing opportunities for and uptake of walking, cycling and other physical activity in our daily lives and reducing seated activities.
3. **Early years** - establishing life-long habits and skills for positive health behaviour through early life interventions. For example, early education of parents (<http://www.maternal-and-early-years.org.uk/topic/pregnancy>) to ensure the best possible outcomes for both parent and child.
4. **Working lives** - increasing responsibility of organisations for the health and wellbeing of their employees.

If we are to achieve the goal of Scotland’s population being a healthy weight throughout life, actions such as the following will be important:

- **the removal of vending machines** that offer unhealthy food in council buildings;
- **discouraging children from leaving school premises at lunchtimes** and providing them with healthy balanced alternatives in school;
- **the provision of greenspaces and core paths** to facilitate increased walking and cycling;
- **increased attention to community safety** which can be a barrier to people being more active.

Why does the challenge matter?

Obesity is associated with major health problems such as diabetes, heart disease, arthritis, high blood pressure, some cancers and mental health problems. These conditions often do not occur in isolation and can lead to long term care and/or disability. As well as these illnesses, there is a financial burden that the health problems cause to both NHS and council services.

Issues for councils

Unless action is taken, the cost of obesity has the potential to derail the goals of achieving sustainable economic growth and a healthier Scotland. Whilst obesity may traditionally be viewed as an NHS problem, recent work on the economic burden of obesity shows that healthcare expenditure is a small proportion of the associated total cost of obesity. Council costs are linked to higher levels of employee sickness and absence amongst those who are obese and the consequences of reduced productivity as can be seen from the loss of earnings figures in Table 1⁵. The cost to the individual and family is high in terms of poor physical and mental health, dependency or disability and the risk of the cycle of obesity being repeated in future generations.

Table 1.
Estimated direct and indirect costs of obesity in England (1998 and 2002)

Estimated costs	1998 (£ millions)	2002 (£ millions)
Treating obesity	9.4	45.8 - 49.0 ^c
Treating consequences of obesity	469.9	945 - 1,075 ^d
Total direct costs	479.3	990.8 - 1,124
Lost earnings due to premature mortality	827.8	1,050 - 1,150
Lost earnings due to attributable sickness	1,321.7	1,300 - 1,450
Total indirect costs	2,149.5	2,350 - 2,600
Total economic cost of obesity	2,628.9	3,340 - 3,724

^c The four-fold increase in the cost of treating obesity was attributable largely to increased drug costs.

^d £390 million - £435 million of the increase is due to the inclusion of new obesity related diseases.

(National Obesity Observatory 2010)

As obesity levels continue to rise, it is clear that costs associated with all aspects of obesity will be higher than the figures presented in Table 1, and will continue to rise unless something is done.

Responding to inequalities issues

Helping and supporting the most vulnerable and deprived individuals in our communities to achieve and maintain a healthy weight adds an extra challenge. Transport links and access to greenspaces, safe walking and cycling routes are not always available in geographical areas of disadvantage and such areas also often have a high number of fast food outlets. For example, figures show that in terms of meeting physical activity and nutritional guidelines, it is those in the most deprived areas that are less likely to achieve recommended levels⁶.

The role of the Councillor in addressing the obesity problem

There are a number of related issues for elected members in tackling obesity which are set within the context of the key elements of the elected member role itself. These are your:

- **representational and community leadership role** and the ability to influence and encourage individuals within local communities to adopt healthier eating behaviours and to create opportunities for them to become more physically active. This can be linked with improving community safety and encouraging healthy eating cultures in council run premises and events.
- **policy and scrutiny role** and the links with ensuring Best Value, quality and efficiency in council procurement policies tied in with, for example, locally sourced and produced foods.
- **partnership role** and the links to achieving outcomes for communities through partnerships with other community planning partners and a unified concerted effort in prioritising and targeting specific communities or groups.

It is important that council services are not viewed in isolation, but from the sum of the parts. However, the following examples highlight some illustrations of what different areas of the council can and are doing to tackle obesity. You may wish to use this information as the basis of finding out more about what your council is doing to tackle obesity and what further improvements could be made.

Corporate services

Your council has an important role in the procurement of foods and snacks used in all of its public and staff premises and in raising awareness of healthy eating amongst its staff and the public. The Healthy Living Award (<http://www.healthylivingaward.co.uk/>) recognises organisations' efforts to do just this⁷.

The Scottish Government National Food and Drink Policy (<http://www.scotland.gov.uk/Publications/2009/06/25133322/11>) made it clear that food should not be considered as just another commodity to procure by the public sector⁸. By its very nature it has the potential to influence our diet and therefore our health, our environment and our economy.

Example

A report on East Ayrshire Councils 'Food for Life' School Meals project (http://www.footprintconsulting.org/images/stories/downloads/FCL_EAC_FFL_SROI_Summary_Report_12Dec08.pdf) used Social Return on Investment (SROI)* methodology to calculate that the extra £71,000 spent on healthy, unprocessed, local and organic school meals (compared with 'normal' school meals), created over £500,000 of economic, social and environmental benefit for stakeholders⁹. This links with the reduction of future health conditions such as cancer and coronary heart disease; reduced staff absence levels and reduced food miles leading to less CO₂. The £500,000 worth of benefits from the Food for Life school meals are in line with the objectives of East Ayrshire Council and other partners, and contribute to the achievement of East Ayrshire's Single Outcome Agreement.

** "The SROI model provides an evaluation method for understanding, measuring and reporting on change, and the value that is created by an organisation or activity. It examines the social, economic and environmental impacts arising from the organisation's work, and attributes a value based upon common accounting and investment appraisal methods, in order to estimate its financial value."*⁹

Education and community learning

Schools and nurseries play a key role in ensuring healthy behaviours begin early, in line with Curriculum for Excellence^{10,11} (<http://www.ltscotland.org.uk/understandingthecurriculum/whatiscurriculumforexcellence/index.asp>). For example activities such as:

- breakfasts clubs;
- walking buses (a simple concept encouraging a group of children to walk to school together accompanied by adults for safety reasons);
- encouraging cycling to school and participating in a wide range of purposeful and enjoyable physical activity pursuits both within and beyond the place of learning;
- ensuring nutritional recommendations are met;
- making participation in sports and physical activity more accessible and attractive to both children and the local community by opening the school estate over and above regular hours to facilitate Community Sports Hubs and Active Schools, are all ways in which councils respond.

Links with community learning can be enhanced through use of school and community facilities for cookery skill classes incorporating shopping on a budget for affordable and accessible healthy meals.

Example

West Lothian Food and Health Steering Group (<http://www.westlothianchcp.org.uk/what/community/hit>) works in partnership with a wide range of organisations, the voluntary sector and communities to implement the West Lothian Food and Health Action Plan¹². Examples of current activities include: 'get cooking' - a cooking skills course which includes budgeting skills aimed at vulnerable group and specific localities. The other arm of 'get cooking' is a Community Food and Nutrition Skills course (CFNS), which trains others to deliver 'get cooking' classes and related activities e.g. weaning groups, health promotion events.

Culture, leisure, recreation

Affordability of, and access to, services is an important factor to consider in addressing the problem of obesity. Just as income can influence the dietary choices people make, being able to afford to use facilities like leisure centres is extremely important in making physical activity adoption a realistic option.

Example

Highland Council's High Life leisure access scheme (<http://www.highland.gov.uk/leisureandtourism/sportsfacilities/highlife>) has been highlighted as a good example of how Scottish councils are trying to tackle obesity because it provides affordable, all-inclusive access to Leisure Facilities¹³. High Life has successfully turned around a situation of declining user numbers and income, raising user numbers by 32% and income by 70%.

Roads and transportation

Research has shown that workplaces with health promotion programmes (like active travel plans) have: lower staff turnover rates, employees that take fewer days off sick, improved productivity, morale and mental health and fewer industrial injuries¹⁴.

Example

'Moving You' in East Renfrewshire council used the internet and staff email newsletters to encourage staff take-up of a Step Challenge¹⁵. Staff received pedometers, area walking maps, daily step count cards and an employee travel plan. Staff recorded their steps using pedometers. The totals were calculated to reveal the winning team at the end of the week.

Staff were very motivated by the competitive element of the scheme and the prizes on offer. Data analysis showed that many staff had increased their physical activity levels by walking to work and walking at lunch time with colleagues. It also raised general awareness of the health and environmental benefits of walking.

Planning and the environment

How can councils, using the opportunity afforded by the National Planning Framework for Scotland 2 (<http://www.scotland.gov.uk/Publications/2009/07/02105627/0>), which seeks to “promote development which helps to improve health, regenerate communities and enable disadvantaged communities to access opportunities”, ensure that policies in development plans have a positive impact on active living and healthy weight¹⁶? i.e. Do planning applications for new developments prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their life? Are pedestrians, cyclists and users of other transport that involve physical activity given the highest priority when developing or maintaining streets and roads? Can public open spaces and public paths be reached on foot, by bicycle or other mode of transport involving physical activity?

Example

In line with its status as a World Health Organisation (WHO) Healthy City (<http://www.who.int/en>), Stirling Council now uses the Principles of Healthy Urban Planning in its Planning Structure^{17,18}. Part of Stirling Council's mission statement on becoming a Healthy City is to “work to a holistic model of health....giving priority to the life stages, populations and communities where needs are greatest and inequalities in health exist”. Health Impact Assessment (<http://www.healthscotland.com/resources/networks/shian.aspx>) has been used by the council to support decision-making on planning permission and plans have been refused on the grounds that they would potentially have a major impact on levels of binge-drinking, anti-social behaviour, noise, litter and drink driving¹⁹.

Housing and regeneration

Creating environments that make the healthy choice the easier choice is an important role for councils. Regeneration of community areas can transform attitudes and behaviours. Greenspaces and places that are appealing to the public are a positive step towards achieving this.

Councils have a key role to play in regeneration and housing developments to ensure planning maximises the opportunities for the incorporation of walking and cycling paths, greenspaces, play and recreational areas.

Community safety

Creating safer communities is important if local services and initiatives are to be successful. Walking prevalence reduces if people feel unsafe and therefore don't want to leave their homes. This may be due to inadequate street lighting or perceived threat of violence.^{20,21,22,23}

Various councils are undertaking pilots focusing on tackling anti-social behaviour (ASB). The establishment of the five pilots (Fife Community Safety Partnership, South Lanarkshire, Shetland Islands Council, Stirling Community Safety Partnership and North Lanarkshire Partnership) (<http://www.scotland.gov.uk/Publications/2010/11/30093150/11>) was a commitment in the Scottish Government's Anti Social Behaviour Framework published in 2009.^{24,25} The objectives of each of the pilots include:

- to bring diverse people together and support community cohesion;
- to promote empowerment of individuals and communities;
- to promote active citizenship to create better public services.

As is stated in the Promoting Positive Behaviour Annual report (<http://www.scotland.gov.uk/Publications/2010/11/30093150/0>), it is not the intention of Scottish Government to set up new pilots, but to capture and disseminate learning from the range of activities taking place across Scotland and to identify the support that would be required for those wishing to introduce such a scheme.²⁵

Social work and community care

Looked After Children

The Nutritional Guidance for Children and Young People in Residential Care Settings (<http://www.scotland.gov.uk/Publications/2011/02/17140611/12>) adopts a whole approach to health and wellbeing and acknowledges the concept of a 'health promoting environment' similar to that established within health promoting schools.²⁶ It seeks to support the nutritional requirements within the Schools Health Promotion and Nutrition (Scotland) Act 2007 (http://www.legislation.gov.uk/asp/2007/15/pdfs/asp_20070015_en.pdf) as they are applied at evenings and weekends in residential care settings and recognises the sensitivity in providing this type of support within what is essentially the home of children and young people.²⁷

What does good practice in the area look like?

Joining it all up

The council service led work covered in the previous section, plays an essential role. We know however, (section 1 of this briefing) that the challenge is joining this up so the sum of the parts forms a whole, including Community Planning Partnership (CPP) efforts. For example, your NHS Board partners will be working on “Child Healthy Weight” (<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/childhealthyweight>) initiatives as part of their HEAT targets.²⁸

The following questions can be asked by elected members to influence the direction of this:

- Are the individual strands of work undertaken by partners to tackle obesity embraced in a strategic overview, so that one intervention in one part of the system does not have a counterproductive effect elsewhere?
- Does the council/CPP measure the impact on health outcomes of initiatives that are in place to tackle obesity?
- Is the council/CPP taking all available opportunities to influence individual’s beliefs, attitudes and behaviours around health weight?

The Healthy Weight Communities pathfinders have been funded by the Scottish Government to pilot approaches in addressing these issues. The Healthy Weight Communities pathfinders ‘...*demonstrate the ways in which engaging communities in healthy eating, physical activity and healthy weight activities as part of a single coherent programme may have a greater impact on health outcomes than current discrete activities.*’ In other words the task was not to establish new activities but to ‘bring together existing activities, and combine these with innovative approaches, to direct energy towards a clear common purpose.’²⁹

Each of the pathfinders is developing new approaches to partnership working, drawing on social marketing and community engagement techniques. ‘Health related social marketing’ is: “*the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, to improve health and reduce inequalities*”.³⁰ The aim is to create a “brand” and raise awareness of healthy living activities and by embracing the role of community champions.

North West and Town Centre Dumfries, was selected as one of eight Scottish Government Healthy Weight Community pathfinders and work started in February 2010. This programme is jointly led by Dumfries and Galloway Council and NHS Dumfries and Galloway and has brought together over 21 different services that impact on healthy weight. Political leadership is provided by a local Councillor who is the healthy

weight champion for the area. A recent evaluation noted the approach taken in Dumfries has “been able to combine both strong local action with a strong link to strategic structures and stakeholders”. Products such as monthly recipe cards, online cookery videos and pasta portion measurers have all helped keep healthy weight messages in the public eye.

Schools have been provided with snack charts, healthy packed lunch cards, healthy weight drama and an active travel challenge. All schools are using the branding and the Healthy Weight Community key messages of healthy eating, being active and feeling good to meet the outcomes in Curriculum for Excellence. A recent survey at the school gates resulted in 89% of parents surveyed recognising the brand and 58% reporting behaviour change due to the products distributed.

More information can be found at <http://www.healthyweightcommunities.org.uk/>.³¹

Key messages for Elected Members

The scale of the obesity problem in Scotland should not be underestimated, however there is still much that can be done. Virtually all council services have something to contribute to the reduction and prevention of obesity in Scotland and all areas of the council have a significant role in supporting individuals and communities to achieve and maintain a healthy weight.

Concerted effort in the four key areas identified by COSLA/Scottish Government in the “Preventing Overweight and Obesity in Scotland Route Map” (2010) (<http://www.scotland.gov.uk/Publications/2010/02/17140721/19>), is likely to make the greatest impact on obesity prevention:

1. energy consumption;
2. energy expenditure;
3. early years;
4. working lives.

To ensure that the goals set out in the Obesity Route Map Action Plan (<http://www.scotland.gov.uk/Publications/2011/03/17104457/0>) are met, it is important that council services are not viewed in isolation, but from the sum of the parts, including Community Planning Partnerships. Actions should benefit all in society while also making sure any one group is not disadvantaged above another and health inequalities are not widened.

Engaging communities in healthy eating, physical activity and healthy weight activities as part of a single coherent programme may have a greater impact on health outcomes than current discrete activities. The Healthy Weight Communities are one example of how to bring together existing activities, and combine these with innovative approaches.

Further support and contacts

Della Thomas

Health Improvement Programme Manager,
Local Government Programme
NHS Health Scotland
Tel: 0131 313 7524
della.thomas@nhs.net

Greig Stanners

Health Improvement Programme Officer,
Local Government Programme
NHS Health Scotland
Tel: 0141 354 2932
greigstanners@nhs.net

References

1. Scottish Government. *Preventing overweight and obesity in Scotland: A route map towards healthy weight* (2010). <http://www.scotland.gov.uk/Publications/2010/02/17140721/19> (Accessed 20 May 2011).
2. National Obesity Observatory. Adult obesity prevalence webpage, latest available (Homepage on the internet) data. http://www.noo.org.uk/NOO_about_obesity/international/ (Accessed 20 May 2011)
3. Scottish Government. *Obesity Route Map - Action Plan* (2011). Available at <http://www.scotland.gov.uk/Publications/2011/03/17104457/2> (Accessed 20 May 2011)
4. Foresight - *Tackling Obesities: Future Choices*. Government Office for Science. 17 October 2007. Available at <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/KeyInfo/Index.asp> (Accessed 20 May 2011).
5. Morgan, L. Dent, M. *The economic burden of obesity* (2010). National Obesity Observatory. Available at http://www.noo.org.uk/uploads/doc/vid_8575_Burdenofobesity151110MG.pdf (Accessed 20 May 2011)
6. Scottish Government. *The Scottish Health Survey 2009*. Available at <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Publications> (Accessed 20 May 2011).
7. Healthy Living Award (Homepage on the internet) Available at <http://www.healthylivingaward.co.uk/> (Accessed 20 May 2011).
8. Scottish Government. *Recipe for Success - Food and drink policy for Scotland* (2009). <http://www.scotland.gov.uk/Publications/2009/06/25133322/0> (Accessed 20 May 2011)
9. Lancaster, O. Durie, S. *Summary Report. The Social Return on Investment of Food for Life School Meals in East Ayrshire* (2008). Footprint Consulting for East Ayrshire Council. http://www.footprintconsulting.org/images/stories/downloads/FCL_EAC_FFL_SROI_Summary_Report_12Dec08.pdf (Accessed 20 May 2011).
10. Scottish Government. Learning and Teaching Scotland. *Curriculum for Excellence* (Homepage on the internet) Available at <http://www.ltscotland.org.uk/understandingthecurriculum/whatiscurriculumforexcellence/index.asp> (Accessed 20 May 2011)

11. Scottish Government. Learning and Teaching Scotland. *Curriculum for Excellence: Experiences and Outcomes* (Homepage on the internet) Available at <http://www.ltscotland.org.uk/understandingthecurriculum/howisthecurriculumstructured/experiencesandoutcomes/index.asp> (Accessed 20 May 2011)
12. West Lothian Community Health and Care Partnership. Health Improvement Team (Homepage on the internet) Available at <http://www.westlothianhchcp.org.uk/what/community/hit/#B> (Accessed 20 May 2011)
13. Highland Council. Highlife Leisure Access Scheme (Homepage on the internet). Available at <http://www.highland.gov.uk/leisureandtourism/sportsfacilities/highlife/> (Accessed 20 May 2011)
14. Sustrans. Active Travel (Homeage on the internet). Available at <http://www.sustrans.org.uk/what-we-do/active-travel/active-travel-information-resources/the-evidence/workplace-active-travel> (Accessed 20 May 2011).
15. Sustrans. *Moving towards improved health and a better environment* (2007). Page 5. Available at <http://www.sustrans.org.uk/assets/files/AT/Scotland/Scotland%20Publications/Moving%20towards%20improved%20health%20and%20a%20better%20environment.pdf> (Accessed 20 May 2011)
16. Scottish Government. *National Planning Framework for Scotland 2. Long term spatial strategy for Scotland's development*. Available at <http://www.scotland.gov.uk/Publications/2009/07/02105627/0> (Accessed 20 May 2011).
17. The World Health Organisation. (Homepage on the internet). Available at <http://www.who.int> (Accessed 20 May 2011)
18. The World Health Organisation. Urban Health (Homepage on the internet) Available at <http://www.euro.who.int/en/what-we-do/health-topics/environmental-health/urban-health> (Accessed 20 May 2011).
19. NHS Health Scotland. Scottish Health Impact Assessment (HIA) Network (Homepage on the internet). Available at <http://www.healthscotland.com/resources/networks/shian.aspx> (Accessed 20 May 2011)
20. The Community Guide. *Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies* (Homepage on the internet). Available at <http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html> (Accessed 20 May 2011)
21. National Institute for Health and Clinical Excellence. *PH8 Physical activity and the environment: guidance* (2008). Available at <http://guidance.nice.org.uk/PH8/Guidance/pdf/English> (Accessed 20 May 2011)

22. Centers for Disease Control and Prevention. *Physical Activity. Overcoming Barriers* (Homepage on the internet) Available at <http://www.cdc.gov/physicalactivity/everyone/getactive/barriers.html> (Accessed 20 May 2011)
23. *Does the built environment influence physical activity?: examining the evidence* (2005). Committee on Physical Activity, Health, Transportation, and Land Use, Transportation. Research Board, Institute of Medicine of the National Academies. Available at <http://onlinepubs.trb.org/Onlinepubs/sr/sr282.pdf> (Accessed 20 May 2011)
24. Scottish Government. Convention of Scottish Local Authorities. *Framework for tackling antisocial behaviour, 'Promoting Positive Outcomes' 2009*. Available at <http://www.scotland.gov.uk/Publications/2009/03/18112220/3> (Accessed 20 May 2011)
25. Scottish Government. *Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour in Scotland Volume 4: Annual Report to Parliament 2010*. Available at <http://www.scotland.gov.uk/Publications/2010/11/30093150/11> (accessed 20 May 2011).
26. Scottish Government. *Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings* (2011). Available at <http://www.scotland.gov.uk/Publications/2011/02/17140611/12> (Accessed 20 May 2011)
27. Scottish Government. *The Schools (Health Promotion and Nutrition)(Scotland) Act 2007*. <http://www.scotland.gov.uk/Publications/2008/05/08160456/0> (Accessed 20 May 2011)
28. Scottish Government. *H3 Child Healthy Weight* (Homepage on the internet) Available at <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/childhealthyweight> (Accessed 20 May 2011)
29. Scottish Government. *Healthy Weight Communities: Interim Evaluation Report* (2011). Available at <http://www.scotland.gov.uk/Publications/2010/12/23134717/0> (Accessed 20 May 2011).
30. French, J, and Blair Stevens, C. (2005) *Social Marketing Pocket guide* (1st Edition) National Social Marketing Centre for Excellence. Available at http://www.nsmcentre.org.uk/sites/default/files/NSMC_Big_Pocket_Guide_Aug_2007_2.pdf (Accessed 20 May 2011)
31. Scottish Government. *Healthy Weight Communities* (Homepage on the internet) Available at <http://www.healthyweightcommunities.org.uk/> (Accessed 20 May 2011)

Westerton House, Westerton Road
East Mains industrial Estate
Broxburn
EH52 5AU
Tel: 01506 775558
Fax: 01506 775566
Email: info@improvementservice.org.uk
www.improvementservice.org.uk

May 2011



The Improvement Service is devoted to improving the efficiency, quality and accountability of public services in Scotland through learning and sharing information and experiences.

