

## Review of public health nutrition recommendations 2016-24

### 1 Purpose of the paper

- 1.1 The purpose of this paper is to provide an overview of FSS recommendations to improve diet in Scotland since FSS was established.
- 1.2 It provides a summary of recommendations to date, and an assessment of UK and Scottish Government progress towards these recommendations including successes, alongside existing challenges. The paper emphasises the need to drive coordinated action at both Scottish and UK levels to create a healthier and fairer food environment for all.
- 1.3 The Board is asked to:
  - **Note** the progress made in Scotland and the UK thus far
  - **Discuss** the effectiveness of our recommendations to date in the context of our statutory objective “To improve the extent to which members of the public have diets which are conducive to good health” and consider our stance on this issue.
  - **Agree the recommended next steps:**
    - FSS chair writes to the Cabinet Secretary for Health and Social Care to underline the opportunities presented by the forthcoming Population Health Framework, and to advocate for strengthened action to improve the food environment as a key public health priority.
    - FSS chair writes to the Secretary of State for Health and Social Care to formally highlight the importance of incorporating further measures to improve the food environment within the UK National Food Strategy.

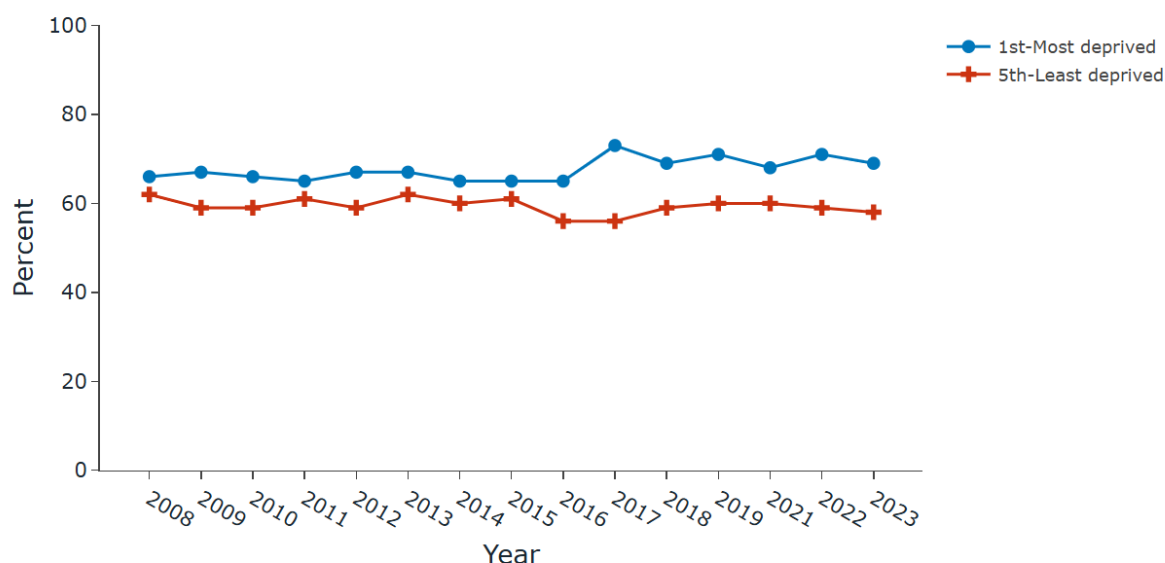
### 2 Strategic aims

- 2.1 This work contributes to the following strategic outcomes:
  - Consumers have healthier diets
  - Consumers are empowered to make positive choices around food
  - FSS is trusted and influential
- 2.2 This work also supports the achievement of FSS’ vision for a safe, healthy and sustainable food environment that benefits and protects the health and wellbeing of everyone in Scotland.

### 3 Background

- 3.1 Our health is shaped by the environment that we live in. In Scotland, dietary health has long been a concern; as a nation we face high rates of diet-related diseases such as heart disease, type II diabetes, and some cancers. Poor diet is one of the leading modifiable risk factors for ill health. Over the past decade, FSS has developed a series of strategic recommendations intended to put healthy food in reach of everyone.
- 3.2 These evidence-based recommendations focus on the necessary actions that are required to improve public health by reducing diet-related disease in Scotland. Our focus has evolved over time to put greater emphasis on efforts designed to reshape the environments in which people live and improve the food system, which is currently flooded with unhealthy options, rather than placing the onus solely on individual responsibility.
- 3.3 Ensuring that everyone in Scotland can access affordable, healthy food has never been more important. Despite longstanding commitments to improve this, dietary intakes across Scotland continue to fall short of the [Scottish Dietary Goals](#) (SDGs), with little progress over the past two decades. This lack of improvement places a significant strain on both the NHS and wider society, with the annual cost of treating overweight and obesity in Scotland estimated at between £363 million and £600 million per annum. When the wider societal impacts such as loss of productivity are included, the total cost rises to between £0.9 billion and £4.6 billion. This is unsustainable.
- 3.4 The most recent [Scottish Health Survey](#) highlights the scale of the challenge, with 66% of adults living with overweight or obesity, and 32% of adults classified as obese - the highest level recorded since 1996. Concerningly, 30% of children aged 2 to 15 years are at risk of overweight or obesity, including 17% who are at risk of obesity. Findings from our recent [DISH survey](#) reinforce these concerns, demonstrating that poor dietary intakes continue to be a significant challenge for children and young people in Scotland, particularly those aged 11 to 15 years.
- 3.5 The evidence is stark and undisputed as shown the chart below and yet overall, there remains questions around whether Governments are taking sufficiently strong action needed to turn the tide. The latest data, as shown in the accompanying Figure 1 below, demonstrates a widening gap in the prevalence of overweight (including obesity) between the most and least deprived groups in Scotland. This trend highlights growing health inequalities, the scale of the challenge, and the critical need for implementation of effective preventative measures to address health outcomes associated with poor diet and levels of healthy weight.

**Figure 1: Overweight (including Obesity) by Scottish Index of Multiple Deprivation (SIMD)**



- 3.6 Over the past ten years, FSS has shifted towards policies that focus on changing the food environment which means changing the systems and settings that influence how and what people eat. Ten years on this paper explores how policy has developed since our first set of recommendations in 2016. It also reflects on the progress and challenges of proposed and implemented actions in Scotland and across the UK more broadly.

## 4 Discussion

- 4.1 Our remit in diet and nutrition encompasses providing evidence-based advice to consumers, industry, and government; monitoring dietary intakes and health outcomes; and generating evidence to support policy and regulatory interventions to promote healthier food environments. While FSS has a key role in providing evidence-based advice and recommendations, the legislative levers to introduce the necessary changes sits with the Scottish and UK Governments. We rely on government to ensure that the required actions are properly resourced and implemented to achieve meaningful improvements in public health.
- 4.2 Our strategic focus is achieving population-level change, grounded in scientific evidence and supported by practical action. We work in partnership with Scottish Government, Public Health Scotland, and a range of stakeholders including the third sector and the food and drink industry. Our aim is to reduce diet-related health inequalities and help ensure that everyone in Scotland can access a healthy, affordable diet.

### **Recommendations for improving Scotland's diet (2016)**

- 4.3 In 2016, we published our landmark set of recommendations in [“Proposals for Setting the Direction for the Scottish Diet.”](#) This paper laid out the foundational elements required to support dietary improvement. It emphasised that poor diets are often shaped by broader socio-economic and commercial contexts making unhealthy options more accessible, affordable, and visible than healthier alternatives. The recommendations provided in the paper were wide ranging, including both devolved and reserved actions alongside a commitment from FSS to monitor progress over time.

### **Changing the out of home food environment (2019)**

- 4.4 The next focus in our recommendations came with the [Out of home \(OOH\) strategy](#) which included a focus on how to improve the out of home environment. With more people eating outside the home, and around a quarter of our calories coming from food purchased out of home, this paper highlighted how restaurant and takeaway settings could be reshaped to support better health. The recommendations were developed following a full public consultation, and the board paper included a range of proposals aimed to improve availability of healthier options and improved nutrition information in restaurants, cafes, and takeaways, especially given the high energy density and portion sizes often found in OOH food.

### **Reserved actions to support the food environment (2024)**

- 4.5 Whilst health powers (among others) are devolved to the Scottish Government, many key regulatory levers such as taxation, advertising and labelling remain reserved to UK Government. The need for a collective approach across the UK to address such reserved actions were documented within [this paper](#) alongside our public health nutrition [strategy](#). These recommendations reflect the growing consensus that transformative change requires strong governance frameworks combined with legislative backing. However, political and legal constraints around devolved vs. reserved powers can present ongoing implementation challenges. This shows that meaningful progress requires cooperation across all levels of government if we are to approach health as a national priority, and the food system must be shaped accordingly.

### **Integrating climate and dietary health**

- 4.6 Many of our recommendations have focussed on improving health outcomes but we also recognise that actions increasingly intersect with environmental objectives. Given the significant impact of food systems on climate impacts, consideration has also been given to address how Scotland could achieve both health and climate goals and the nutritional implications on our diet of doing so, with particular attention to the contribution of [meat and dairy products](#). These factors are also being considered during the current review of the [Scottish Dietary Goals](#) which is estimated to conclude towards the end of 2025.

## Summary of FSS recommendations to improve diet in Scotland

- 4.7 Table 1 in Annex A provides a summary of key recommendations and thematic areas of work that have shaped our strategic approach to improving the Scottish diet over time. These recommendations have informed both our internal direction and advice to Scottish Government and wider engagement with partners, aligning with our remit to influence and support a healthier food environment. Many of the recommendations have been incorporated into Scottish Government policy commitments as outlined in the [Healthier Futures Delivery Plan](#) and Out of Home [Action Plans](#). As we do not have a legislative mandate, we are reliant on government to implement these measures however we continue to provide essential data and evidence to support this process and monitor impact.

## Assessment of progress towards implementation of measures in Scotland and the UK

- 4.8 Tables 2-4 in Annex B provides an assessment and overview of the progress towards implementing the evidence-based policies required to improve dietary health and create a healthier food environment in Scotland.
- 4.9 Several policy commitments to improve diet have been made by both Scottish and UK Governments over the past ten years, but progress has been slow and uneven with significant delays between policy development and implementation. Accelerating this process, particularly regulatory interventions which will drive population-level change, is essential if we are to make real progress towards our dietary goals and reduce health inequalities.
- 4.10 The Scottish Government has demonstrated clear policy intent and alignment with many FSS recommendations, including measures such as commitments to restrict promotions on high fat, sugar and salt (HFSS) [products](#). However, some years later action to support these ambitions are yet to be implemented despite widespread consultation and evidence base supporting the need for action. The pace of policy progression has not kept up with the scale of the public health challenge, nor consumer acceptance of the need to address the number of promotional offers on HFSS products.
- 4.11 Table 4 in Annex A provides an assessment of dietary policy progress across the UK. This shows that voluntary initiatives have achieved limited impact, and although the [Soft Drinks Industry Levy](#) (SDIL) has shown measurable success in reducing sugar levels in drinks, wider voluntary sugar reformulation targets have proved far less effective. We welcome the recent UK Government commitment to expand [the SDIL](#) to include a broader range of drinks categories however further mandatory measures are necessary to realise reformulation opportunities for other food and drinks categories.

## Challenges and opportunities

- 4.12 Scotland's progress over the last decade has been too slow, although we recognise that external factors including the Covid pandemic, Brexit, and the war in Ukraine have influenced where Government has had to focus. Nonetheless, several key challenges remain:

- **Lack of policy cohesion:** Despite the breadth and clarity of evidence-based recommendations, implementation has been uneven across all parts of government as health is balanced with the drive for economic growth and often comes second.
- **Implementation of legislation:** Improvements to the food environment in Scotland have predominantly relied on voluntary actions from food and retail sectors; comprehensive mandatory regulations are required to achieve a level playing field.
- **Health inequalities:** Low-income communities remain disproportionately affected by unhealthy diets; we must address these disparities.
- **Resource constraints:** Dedicated budget to support preventative health measures has been insufficient to support the range of measures required to be progressed and implemented.

**4.13** As identified within our recommendations, evidence-based solutions do exist, but all governments have shied away from taking bold, unified action at both a Scotland and UK-level. If governments are concerned about the cost to the NHS of dietary health, and the economic consequences of increasing sick absence and loss of productivity then they must take stronger action to improve diet and healthy weight. The alternative of course is to accept the constant and likely increasing cost burden to the NHS. Opportunities for progression at a UK level include implementation of food advertising and marketing regulations, mandating front of pack labelling, mandatory action to support the [Food Data Transparency Partnership](#) and application of sugar and /or salt taxes on a broader range of commodities. Urgent action by government is essential to prevent further increases in overweight and obesity prevalence and the subsequent unsustainable consequences for public health.

### What does our Assessment Tell us of Progress

- 4.14** Overall, in all the areas identified in Annex B, progress is largely either limited, moderate or emerging. While changing population health is not something that can happen quickly, the fact is, in too many areas the progress is limited so the inexorable rise in NHS costs continues, as does the health inequality gap.
- 4.15** We accept that governments sometimes must make tough choices and difficult decisions, but what this paper clearly shows is that those choices and decisions have been side-stepped, avoided or delayed. FSS is not alone in recommending strong, cohesive actions. Evidence from the [Food Foundation](#), Joseph Rowntree Foundation, [Nesta](#), and the [House of Lords](#) underscores the urgent need for systemic change to improve our food environment. The [Joseph Rowntree Foundation reports](#) that over a third of UK households could not afford a healthy, balanced diet in 2022, with many resorting to measures like skipping meals or eating cold food. [Nesta's Blueprint](#) analysis suggests that a £3 billion investment in obesity-reduction interventions could halve obesity rates by 2030, generating societal benefits worth £30 billion annually. The House of Lords has reinforced these calls for action: both the 2021 Obesity Report and the 2024 Food, Diet and Obesity Committee report (*A Plan to Fix Our Broken Food System*) warn that the current food system is failing to deliver healthy diets for all and call for co-ordinated



reforms across regulation, marketing, and food production to make healthier choices easier and more affordable.

- 4.16 All the evidence shows that progress needs to be improved and accelerated, but we are also aware that there are positive examples of the difference that can be achieved. For example, the food industry has been instrumental in making progress towards salt reduction targets. However, there has been uneven progress in reduction of sugar across categories, retailers and manufacturer branded products, with greater reductions in products such as yogurts/fromage frais and breakfast cereals, and limited progress in calorie reduction overall. The absence of mandatory measures results in an uneven playing field, where progress is inconsistent. It is not just FSS calling for regulation, many in industry are asking for it too.
- 4.17 What this demonstrates is that a difference can be made when there is a will to make a difference. But we're also seeing from the implementation of the most recent regulations in England on promotions, the steps that have been taken by retailers to exploit loopholes that restrict location promotions. For example, end of aisles promotions are no longer HFSS products, but instead digital advertising for them designed to draw consumers into the aisles where they are for sale; and HFSS end of aisle promotion moved to areas out with the scope such as within aisles areas instead. This isn't helping to achieve policy outcomes, it's finding ways to side-step the legal requirements.
- 4.18 Across the UK, there is an urgent need to speed up delivery, particularly in areas with clear evidence that supports strong action coupled with public support. In Scotland, the forthcoming Scottish Government Population Health Framework provides a chance to refocus and act decisively on long-standing recommendations alongside the focus on achievement of [Good Food Nation](#) outcomes and underpinning [updated Scottish Dietary Goals](#). The new [UK Food Strategy](#) provides a further critical opportunity to commit to bold measures to achieve this UK-wide action and maintain momentum but it is vital that it includes health improvement alongside growth. On reserved matters, the UK government should not be distracted from the importance of dietary health improvement alongside growth objectives: it doesn't have to be one or the other.
- 4.19 Collectively, these findings make clear that without bold, systemic action to improve the food environment, ensuring healthy, affordable food is accessible to all, the UK will continue to face rising obesity rates, widening health inequalities, and unsustainable pressures on the NHS and the wider economy. Addressing these challenges must be a public health and policy priority to improve long-term health outcomes and reduce the burden of diet-related disease.

## 5 Conclusion/Recommendations

- 5.1 Scotland has an opportunity to achieve a greater scale and pace of change through the [Good Food Nation National Plan](#) and actions to support healthier food environments underpinning the forthcoming Population Health Framework. The Framework must use this opportunity for Scotland to focus on delivering tangible,

preventative measures that will achieve meaningful change. It requires bold action from Scottish Government, sufficiently resourced and comparable to the commitment shown in implementing Minimum Unit Pricing [of alcohol](#). Success will mean a healthier food system, a stronger workforce, and improved health outcomes for the people of Scotland.

5.2 The Board is asked to:

- **Note** the progress made in Scotland and the UK thus far
- **Discuss** the effectiveness of our recommendations to date in the context of our statutory objective “To improve the extent to which members of the public have diets which are conducive to good health” and consider our stance on this issue.
- **Agree the recommended next steps:**
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## Annex A

**Table 1 – Summary of FSS recommendations to improve diet**

Theme	FSS Recommendation	Date
<b>Governance</b>	Report to the Board on an appropriate implementation and governance framework for delivery of changes to improve the Scottish diet.	Jan 2016
<b>Regulation of Promotions</b>	SG to commission FSS to explore how and where regulation might be most effective with regard to rebalancing promotions in favour of healthier food and drink.	Jan 2016
	Undertake a full assessment of current legislation to explore potential to regulate food environment inside premises.	Mar 2017
<b>Advertising Restrictions</b>	Implement restrictions on children's advertising, including non-broadcast media.	Jan 2016
<b>Reformulation</b>	Review and revise current voluntary approach with more challenging, time-bound targets.	Jan 2016
	Develop proposals to support Scottish SMEs to reformulate products to reduce sugar, calories, fats, and salt.	Mar 2017
<b>Regulation of Portion Sizes</b>	Commission further work to explore potential for regulating portion sizes in retail and out-of-home settings.	Jan 2016
<b>OOH Sector</b>	Work in partnership to promote and support standards to regulate the OOH food environment.	Mar 2017
	Develop an Out of Home (OOH) strategy for Scotland.	Mar 2017
	Include short, medium, and long-term actions in OOH Strategy; embed monitoring and evaluation.	Aug 2019
	Make calorie labelling mandatory for OOH food businesses in Scotland and explore implementation options.	Aug 2019
	Develop voluntary standard for full nutritional information (online and printed).	Aug 2019
	Explore fiscal levers to improve food offered in the OOH sector.	Aug 2019
	Lead the development of a code of practice for OOH children's menus.	Aug 2019

	Explore shifting to mandatory provision of calorie information on request (vs. point of choice) in OOH outlets; consider broader nutrition information.	Sep 2024
<b>Taxation</b>	Actively consider how a sugar tax could be introduced and at what rate.	Jan 2016
<b>Public Sector Standards</b>	Introduce mandatory standards for healthier food in public sector settings.	Aug 2019
<b>Consumer Engagement / Campaigns</b>	Use segmented approach in marketing to address different population groups.	Jan 2016
	Develop consumer engagement and social marketing to complement OOH strategy.	Aug 2019
<b>Dietary Guidance</b>	Address issues of affordability and acceptability of a healthy diet.	Jan 2016
	Develop dietary guidelines for Scotland.	Jan 2016
<b>Climate Change</b>	Recommend any reduction in meat intake targets high consumers of red/processed meat ( $\leq 70\text{g/day}$ ); advise against overall reduction in dairy at this time.	Dec 2023

### List of Board papers

Date	Link to Board paper
<b>Jan 2016</b>	<a href="#">Proposals for setting the direction for the Scottish Diet</a>
<b>Mar 2017</b>	<a href="#">Proposals for setting the direction for the Scottish diet one year on</a>
<b>Aug 2019</b>	<a href="#">Recommendations for an out of home strategy</a>
<b>Dec 2023</b>	Modelling the impact of reduction in meat and dairy intakes on micronutrient intakes in Scotland (closed meeting)
<b>Sep 2024</b>	<a href="#">FSS position on calorie information in the Out of Home sector in Scotland</a>

## Annex B

**Table 2 - Descriptive Scale for Policy Progression/Implementation**

Term	Description	Indicative Coverage / Progress
<b>Minimal</b>	Very early-stage activity; awareness may exist but no tangible outputs	1–10%
<b>Limited</b>	Some action taken in isolated areas or among a small group; many components absent	10–25%
<b>Emerging</b>	Initial steps underway across more locations; progress is visible but patchy or uncoordinated	25–40%
<b>Moderate</b>	A significant portion of the policy is in place; core elements functional but gaps remain	40–60%
<b>Substantial</b>	Most components are implemented and working, though refinement or full coverage is pending	60–80%
<b>Comprehensive</b>	Policy is full or nearly fully in effect; implementation is coordinated and widespread	80–100%

**Table 3 – Summary of progress towards implementation of measures in Scotland**

FSS Recommendation	Scottish Government Response	Assessment
<b>Restrict HFSS promotions</b>	Commitment made in <i>A Healthier Future</i> to restrict promotions; consultations held; legislation delayed.	<b>Emerging progress</b> – Policy intent clear and consultation completed but implementation timeline slow.
<b>Mandatory calorie/nutritional labelling in OOH sector</b>	Supported in <i>OOH Action Plan</i> ; however, commitment to updated approach and mandatory action still pending.	<b>Limited progress</b> – Awaiting response and action delayed.
<b>Reformulation with time-bound targets</b>	Support offered to industry (especially SMEs); no mandatory targets or actions proposed.	<b>Limited progress</b> – Voluntary focus, slow pace of change.
<b>Public sector food standards</b>	Some standards in place in many settings (e.g. schools); and guidance in early year.	<b>Emerging progress</b> – Direction is positive but lacking progress in areas such as OOH.
<b>Affordability and accessibility of healthy foods</b>	Embedded in aspects of some SG policies (e.g., Best Start Foods).	<b>Limited progress</b> – Focus on early years.
<b>Comprehensive OOH food strategy</b>	<i>OOH Action Plan</i> published in 2021. Includes range of actions, including industry engagement, voluntary OOH nutrition framework.	<b>Emerging progress</b> – Commitment to clear direction of travel and scoping underway but implementation outstanding.
<b>Framework for improved out of home food including children's menus</b>	Highlighted in <i>OOH Action plan</i> ; EOEW framework developed and piloted, next steps under consideration but not yet implemented.	<b>Limited progress</b> – No formal standards introduced yet.
<b>Link diet policy with climate and sustainability goals</b>	Acknowledged, for example in GFN, but not yet consistently embedded across all policy areas.	<b>Limited progress</b> – Increasing policy alignment (e.g. with Dietary Goals), but more integration needed.

**Table 4 – Summary of progress towards progress towards implementation of measures in the UK**

Recommendation	UK Government Action	Assessment
<b>Restrict promotions of HFSS foods</b>	Implementation of restrictions on volume-based promotions for high fat, sugar, and salt (HFSS) foods delayed until October 2025. Policy will <u>only</u> address volume and <b>not</b> other types of promotion (e.g. temporary price reductions)	<b>Substantial progress</b> – Delays of full implementation impact effectiveness of the policy.
<b>Expand fiscal levers (e.g., extend the Soft Drinks Industry Levy)</b>	Soft Drinks Industry Levy (SDIL) remains in place, with commitment to expand criteria and reduce thresholds. However, there have been no new fiscal measures introduced to address other categories of unhealthy foods.	<b>Substantial progress</b> – SDIL – inclusion of broader categories and updated thresholds in train.
<b>Mandate calorie and nutrition labelling in the OOH sector</b>	Mandatory calorie labelling for large out-of-home (OOH) food businesses introduced in April 2022. Smaller businesses are currently exempt, and no requirement for broader nutritional information.	<b>Moderate progress</b> – Initial steps taken, but coverage is incomplete.
<b>Strengthen advertising restrictions for HFSS products</b>	Plans to implement a 9 pm watershed for HFSS product advertising on TV and a ban on paid online adds delayed to October 2025.	<b>Moderate progress</b> – Repeated delays impact.
<b>Enhance front-of-pack (FOP) nutrition labelling</b>	The voluntary traffic light FOP labelling scheme continues, with no current commitment to make it mandatory.	<b>Limited progress</b> – Voluntary nature limits effectiveness.
<b>Implement mandatory reformulation targets</b>	Reformulation efforts have primarily been voluntary. Most progress observed in specific categories due to the SDIL. No mandatory targets in place for other food and drink categories.	<b>Limited progress</b> – Voluntary approach yields inconsistent results.
<b>Develop a comprehensive UK-wide food strategy</b>	The UK Government have committed to a new cross-government food strategy designed to improve the food system.	<b>Emerging progress</b> – New UK food strategy in development by Defra.
<b>Integrate health metrics into food industry reporting</b>	The Food Data Transparency Partnership (FDTP) was launched to develop health metrics for large food and drink companies. Participation is voluntary, and the initiative is still in its early stages.	<b>Emerging progress</b> – Early development phase with limited immediate impact.

<b>Address affordability and accessibility of healthy foods</b>	There have been limited initiatives to directly tackle the affordability and accessibility of healthy foods, with most efforts focusing on education and voluntary industry actions.	<b>Limited progress</b> – Greater range of actions are needed.
<b>Align dietary policies with environmental sustainability goals</b>	UK Government has acknowledged the importance of sustainable diets, but policies integrating environmental considerations are lacking.	<b>Limited progress</b> – Sustainability integration remains minimal.