

Fairer Scotland Duty summary

FSS Strategy 2026 - 31

Summary of aims and expected outcomes of strategy, proposal, programme or policy

FSS's remit covers dietary health and prevention of foodborne illness in the Scottish population. Evidence regarding foodborne illness and food hygiene practices in particular are constrained by the availability of relevant and up to date baseline data. However, available relevant trends for dietary health and foodborne illness are included in this document.

This is an over-arching strategy document which sets out Food Standards Scotland's vision, purpose, values, its priorities, and how it will deliver over the next five years. The strategy lays out FSS's Statutory obligations under the Food (Scotland) Act. 2015 to protect the public from risks to health that may arise through the consumption of food, to improve dietary health, and to protect the other interests of consumers in relation to food.

We expect the strategy to underpin the delivery of our work over the next 5 years. To deliver on the Strategy, annual delivery plans, aligned with our three priorities will set out the specific actions we will take to drive progress. Our progress against our three priorities will be measured via a number of strategic indicators. Our 3 strategic priorities are:

- Public health and consumer protection
- Evolving and reforming the regulatory landscape
- Providing an effective public service for the people of Scotland

Over the course of the Strategy FSS will aim to continue to strengthen our roles as Scotland's public sector food body by:

- protecting consumers from potential risks associated with food and feed by taking the necessary action to prevent, and investigate, all food crime and related incidents.
- working with partners to implement a proportionate and effective delivery approach that supports the food and drink industry by applying evidence

based and targeted controls, recognising good practice, applying robust sanctions where appropriate and providing guidance which promotes compliance

- maintaining a robust and effective regulatory assurance regime in Scotland, working across the UK and internationally to strengthen consumer confidence and support trade
- working with the FSA to provide an effective risk analysis process for the UK and ensuring our decisions and advice are underpinned by robust science and evidence relating to public health risks and the interests of consumers in Scotland
- strengthening our leadership role in public health nutrition; enabling accountability through the publication of a transparent evidence base on Scotland's diet
- providing the authoritative source of nutrition advice and promoting partnerships which will support a healthier food environment
- ensuring consumers have the necessary information about the nutritional content and provenance of their food and can trust the food they buy
- undertaking research, surveillance, monitoring and analysis to generate a robust evidence base which enables us to understand trends in foodborne illness, dietary behaviours assess risks, and target actions to where they are most likely to have an impact
- playing our part in supporting efforts to create a more sustainable and resilient food system for Scotland
- developing the skills of our staff and enhancing the capacity within our workforce to strengthen our use of data and digital technologies
- supporting our partners across government in ensuring policies on climate change adaptation and sustainability take full account of food and feed safety and public health nutrition.

Summary of evidence

Evidence indicates that socio-economic disadvantage in Scotland is closely linked to poorer dietary health outcomes and greater vulnerability to foodborne illness. People living in the most deprived areas consistently have less healthy and more energy-dense diets, contributing to higher rates of obesity, coronary heart disease and cerebrovascular disease. Dietary patterns in these communities include lower intake of fruit, vegetables and wholegrains and higher consumption of foods high in fat, sugar and salt. As a result, the burden of diet-related disease falls disproportionately on low-income groups.

Affordability is a significant driver of these outcomes. Healthier foods are more expensive, and low-income households spend a higher share of their budgets on food, making it harder to meet dietary guidance. Food insecurity is also more common in deprived areas, where people are more likely to worry about running out of food, eat less than they need or experience periods without food. Individuals facing food insecurity tend to consume a narrower range of nutritious foods.

Financial pressure also affects decision-making, with households prioritising low-cost, filling options over long-term health. Additional structural barriers—such as limited access to affordable healthy retailers, transport constraints, reduced cooking facilities and lower food skills—further restrict healthier choices.

While behaviour-change interventions can support improvements, disadvantaged groups often benefit less due to lower starting points and greater environmental barriers. Socio-economic disadvantage also interacts with protected characteristics. Women on low incomes, particularly single parents, experience higher levels of food insecurity, and younger adults are also at higher risk.

Inequalities are also evident in foodborne illness outcomes. Although Campylobacter infection rates appear lower in deprived areas, hospitalisation rates and associated healthcare costs are higher, likely reflecting poorer baseline health. Some unsafe food practices, such as defrosting meat in water, appear more common among lower socio-economic groups, though wider evidence remains limited.

Summary of assessment findings

The strategy remains a high-level document that sets out FSS's vision and priorities for the next five years while recognising that future policies must consider the needs of disadvantaged groups across Scotland. It highlights the importance of targeting interventions and communications to populations most affected by poor diet and foodborne illness and emphasises the role of partnerships as a core mechanism for delivery. Strengthening implementation will involve formalising partnerships with organisations that represent and support people experiencing poverty and disadvantage, ensuring that FSS can reach communities more effectively and tailor interventions to their needs.

The strategy also commits to creating ongoing opportunities for direct engagement with key stakeholders, including staff, neurodiversity forums, the BSL community and other relevant groups, to gather insights and feedback on FSS's Accessible and Inclusive Communications Plan. This inclusive approach is intended to improve communication practices and ensure they meet the needs of diverse audiences.

A new Partnership Framework will guide how FSS collaborates across the system. It will prioritise working with organisations aligned to FSS's strategic goals, amplify messages on public health and food safety, support key delivery partners such as local authorities and industry bodies, promote consistency across the food system and minimise mixed messaging, and provide shared assets, expert content and coordinated communications opportunities.

Sign off

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