

# Dietary Monitoring and Surveillance Strategy 2026–2032

## 1 Purpose of the paper

- 1.1 This paper presents Food Standards Scotland's (FSS) Dietary Monitoring and Surveillance Strategy 2026–2032 for discussion and seeks the Board's views prior to finalisation and publication.
- 1.2 The Board is asked to:
  - Discuss and agree the proposed strategic approach to dietary monitoring and surveillance.
  - Note that feedback will inform final refinement ahead of publication.

## 2 Strategic priorities

- 2.1 This work supports the FSS strategic priority:
  - Public health and consumer protection

## 3 Background

- 3.1 FSS has a statutory duty to improve diets and protect the public from diet-related health risks. Dietary monitoring has been a long-standing function, providing independent evidence on dietary behaviours and nutrient intakes. Progress towards the [Scottish Dietary Goals](#) (SDGs) has been limited over the past 20 years.
- 3.2 In 2024/25, FSS began work to review the 2016 SDGs to ensure they continued to reflect current scientific evidence on diets and align with the policy landscape in Scotland. FSS will publish its recommendations for the updated SDGs later in 2026.
- 3.3 The Board received an early overview of the proposed vision for the strategy at the February 2026 Board seminar. Taking account of the Board's initial views, a full draft strategy has now been developed for consideration.
- 3.4 Without robust dietary surveillance, Scotland cannot effectively target or evaluate action to improve diets.

## 4 Discussion

- 4.1 The strategy sets out a six-year framework (2026–2032) to provide a consistent and flexible approach to dietary surveillance in Scotland.

4.2 It builds on existing monitoring arrangements while strengthening the ability to respond to emerging dietary risks, policy priorities and population needs.

4.3 The strategy will:

- Provide regular, policy-relevant reporting on progress towards the Scottish Dietary Goals (SDGs)
- Strengthen the evidence base to support dietary improvement actions
- Support evaluation of national interventions
- Identify and monitor nutrients of concern and population groups at greatest risk

2. Key components include:

- Robust secondary analyses of dietary intake data via Intake24 within the Scottish Health Survey
- Structured reporting aligned with survey cycles
- Use of complementary evidence sources including commercial datasets where appropriate
- Collaboration to maximise analytical capacity and reduce duplication

4.4 The strategy introduces a more structured and responsive approach to FSS dietary surveillance, with clearer prioritisation, improved alignment to policy needs and greater emphasis on translating evidence into action.

4.5 Success will be measured through improved timeliness, a stronger and more consistent application of dietary evidence, and clear, demonstrable contributions to informing policy development, implementation, and evaluation.

4.6 The full draft strategy is included as a separate Annexe (Annexe A) for the Board's review.

4.7 It is proposed that the final dietary surveillance strategy will be published alongside the revised SDGs later in 2026.

## 5 Identification of risks and issues

5.1 FSS will proactively manage key risks to ensure delivery of a robust, responsive dietary surveillance programme. The main risks and corresponding mitigations are outlined in Annexe B.

5.2 Key risks include resource constraints, data gaps and evolving policy needs. These will be managed through prioritisation and collaboration.

## 6 Equality Impact Assessment and Fairer Scotland Duty

- 6.1 An initial assessment indicates that the strategy is likely to have a positive impact by strengthening the evidence-base on dietary inequalities.
- 6.2 An EQIA and Fairer Scotland Duty have not yet been completed; these will be undertaken alongside the implementation planning to ensure that equality concerns are embedded within the delivery and use of evidence generated.

## 7 Consumer Duty

- 7.1 This work fully aligns with the aim of the consumer duty, to put consumer interests at the heart of decision making to help delivery better policy outcomes for Scotland. Outputs from delivery of the surveillance strategy will identify possible nutritional risks and benefits to diet for people living in Scotland.

## 8 Conclusion/Recommendations

- 8.1 The Board is asked to:
  - Discuss and agree the proposed strategy
  - Note that feedback will inform final revisions ahead of publication

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## Annex B

**Table 1: Risks to delivery and mitigation**

<b>Theme</b>	<b>Risk</b>	<b>Mitigation</b>
Data quality and completeness	Variability in survey participation and limited biomarker data may affect robustness.	Implement systematic data quality assurance processes, strengthen validation processes and formalise, triangulation across multiple data sources, to improve robustness.
Budget and resource constraints	Limited funding and analytical capacity may restrict scope or delay outputs	Apply a clear prioritisation framework aligned to strategic outcomes, adopt phased delivery, maximise use of existing datasets, and actively pursue collaborative and co-funded approaches.
Emerging public health or policy changes	New dietary trends, nutrient issues, or policy shifts may create unplanned evidence demands.	Embed structured horizon scanning, maintain expert engagement and implement a flexible annual evidence prioritisation process.
Evidence visibility and uptake	Limited awareness or accessibility of outputs may reduce their impact.	Provide clear, accessible outputs available in a variety of formats, strengthen academic and policy engagement; monitor and refine dissemination approaches.
External dependencies	Reliance on external survey programmes and data providers may affect timelines and data availability.	Maintain close collaboration with delivery partners, align planning cycles, and develop contingency approaches using alternative data sources where feasible.
Reputational risk	Failure to deliver timely, high-quality outputs may undermine FSS credibility and influence.	Ensure transparent reporting timelines, robust quality assurance, and clear communication of

		evidence strengths and limitations.
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